Queen's University - Emergency Medicine - Kingston

2022 R-1 Main Residency Match - first iteration
CMG Stream for CMG

Last approved on October 06, 2021

PRINT COPY LINK

Summary of changes
Approximate Quota: 3

Accreditation status : Accredited

Provincial Criteria

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Program Contacts

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Important Information

Competence by Design (CBD) is a Royal College of Physicians and Surgeons of Canada initiative to transition Canadian postgraduate medical education into a model of competency based medical education. CBD organizes residency into four stages: Transition to Discipline, Foundations of Discipline, Core of Discipline and Transition to Practice. At each stage, learners are guided by stage-specific outcomes and promotion between stages may occur when those outcomes have been met. While CBD will use time as a framework rather than the basis for progression, the duration of training is expected to remain at five years for the majority of trainees.

The Emergency Medicine Specialty Committee at the Royal College has approved:

- Entrustable Professional Activities (EPAs) – These are cardinal competencies required to become an emergency physician. EPAs are stage-specific, targeted learning observations and involve frequent, formative assessments within the clinical workplace and simulation lab to ensure residents are progressing and receiving feedback on the skills they need. They form the basis of evaluation and promotion decisions in the CBD model.
- Required Training Experiences (RTEs) - These determine which rotations and experiences residents must undertake in each stage of training and may be linked to Special Assessments to document competence in key, discrete skills and/or knowledge related to Emergency Medicine. RTEs replace the previous Royal College Standards of Training Requirements for Emergency Medicine.

With approval from the Royal College, Queen's University underwent an institution-wide implementation of CBME in July 2017. Although Queen's EM transitioned to CBME one year earlier than other EM training programs, our CBD curriculum fully aligns with framework approved by the EM Specialty Committee at the Royal College.

The duration of the CBD stages in our program are:

- Transition to Discipline (PGY1) – 3 blocks (3 months)
- Foundations of Discipline (PGY1) – 10 blocks (9 months)
- Core of Discipline (PGY2-4) – 39 blocks (36 months)
- Transition to Practice (PGY5) – 13 blocks (12 months)

The Royal College certification exam will take place at the end of Core of Discipline (PGY4) rather than at the end of residency.

Residents maintain a personal learning plan and have an Academic Advisor assigned to monitor progression and act as a "coach" for identified learning needs. Promotion between stages occurs once the requisite competencies in a particular stage have been completed as determined by a Competence Committee. Our Competence Committee is comprised of the Academic Advisors, Competency Committee Chair and Program Director and reports to the Emergency Medicine Residency Program Committee.

CBD implementation at Queen's University has been very successful. Our first cycle of CBD residents are entering the Transition to Practice stage and are in their final year of training. Our dedicated team of faculty, residents and program leadership continue to grow the program and make Queen's EM an amazing place to work and learn.

Some changes we have introduced are:

- Better sequencing of our curriculum to meet the needs of learners including modifications to off-service rotations to maximize relevance to Emergency Medicine
- A comprehensive curriculum dedicated to resident wellness and career sustainability
- An expanded Summer Series and new procedural workshops including cadaveric procedural skill training for airway and rare procedures
- A comprehensive administration, quality improvement and patient safety curriculum for leader and professional competencies with dedicated bootcamp style workshops in the Foundations of Discipline and Transition to Practice stages
- Implementation of personal learning plans with protected academic time for self-reflection and individual goal setting to better identify learning needs and tailor educational experiences
- More frequent and targeted assessment and feedback in the clinical workplace
- Academic Advisors that monitor individual resident progress within training and act as a coach to identify learning needs and facilitate individualized training experiences when necessary
- A dedicated research curriculum in the Foundations of Discipline stage that integrates evidence-based medicine principles and landmark EM literature with clinical reasoning for cardinal presentations such as back pain, shock, shortness of breath and chest pain
- Training in an Area of Concentrated Expertise (ACE) occurs in Transition to Practice (PGY5)

We haven't changed:

- Our selection processes
- Our dedicated, enthusiastic and expert faculty
- Our excellent and diverse training sites
- Our outstanding training in simulation and resuscitation, ultrasound, and pediatric EM
- Our protected full academic day
- Our culture of support and mentorship
- Our commitment to diversity, work-life integration, professional development and clinical excellence
- The duration of residency

Electives

We recognize that the COVID-19 pandemic has impacted candidates' opportunities to arrange and complete electives and would like to reassure you that a lack of elective activity this year will not negatively impact your application to our program.

COVID-19 vaccination requirements:

Please refer to the 'Restrictions' section of the Ontario eligibility criteria for messaging regarding COVID-19 vaccination requirements.

General Instructions

Program application language: English

Supporting Documentation

Canadian citizenship

CaRMS partners with third-party organizations to verify your citizenship or permanent resident status. If your status is verified by one of these organizations, you will not need to provide citizenship documents in your application. If your citizenship status is not verified, you must provide one of the documents listed below.

Document must be notarized/certified

Required

Submit one of the following documents to verify your Canadian citizenship:
- Canadian Birth Certificate or Act of Birth
- Certificate of Canadian Citizenship
- Confirmation of Permanent Residence in Canada
- Passport page showing Canadian Citizenship
- Canadian Permanent Resident Card (both sides of card)
- Canadian Citizenship Card (both sides of card)

Proof of valid current citizenship or permanent resident status must be provided by submitting one of the following verifications to CaRMS by the **File Review Opening deadline**. Failure to provide valid proof will result in your application being removed. No other forms of verification are acceptable:

1. Notarized/certified photocopy of Birth Certificate/Act of Birth issued by an authority in Canada accompanied by photo ID (must be Canadian government issued photo ID).
2. Documents must be notarized/certified photocopies. Notarized/certified copies must not be older than two years from the application submission deadline; otherwise, a new notarized/certified copy is required.
3. Confirmation of permanent residence must be accompanied by photo ID (must be a Canadian government issued photo ID).

CaRMS is partnering with third-party organizations to automate the verification of citizenship/legal status required by postgraduate offices for entry into residency. Third-party verification simplifies the process for applicants and programs. All applicants who do not receive third-party citizenship verification will be required to upload and assign an acceptable proof of citizenship document. Please see additional information here.

Reference documents

Required

Applicant support form Number requested: **3**

Number Requested: Three (3)

- Three structured reference letters are required. If possible, one or more from a faculty member from Emergency Medicine is helpful, but not required. We realize that this may not be possible this year with the restrictions on electives and reassure you that this will not be detrimental to your application. Letters from residents will NOT be accepted.
- It is recommended that at least one reference be from an Emergency Medicine Physician with some academic involvement if possible, but is not required. We realize that this may not be possible this year with the restrictions on electives and reassure you that this will not be detrimental to your application.
- At least two (2) references should be from someone you worked with clinically
- A maximum of three (3) letters will be reviewed

Applicants must copy and paste these links directly into their reference requests.

Both PDF and fillable PDF forms are available for referees to choose from:

https://www.carms.ca/pdfs/Emergency-Medicine-Structured-Reference-Letter.pdf

https://www.carms.ca/pdfs/Emergency-Medicine-Structured-Reference-Letter-Fillable-PDF.pdf

Additional documents

Required

Personal Letter

A personal letter is required.

It is recommended the candidate address the following information:

- Outline the reasons for choosing the FRCP Emergency Medicine training program
- Describe efforts made to identify and foster experience/interest in the specialty
- Outline reasons for applying to Queen's EM
- Identify key personal strengths and weaknesses relevant to a career in Emergency Medicine
- Describe how your unique skill set and experience will contribute to Emergency Medicine and to your residency program

Any other information considered relevant by the candidate may be included.

Word count limit for the personal letter is 500 words maximum.

Medical Student Performance Record

Order from your Registrar.

Photo
[Note: Photograph is used as memory aid only]

Medical School Transcript

Transcripts from the applicant's graduating university (ideally sent directly by the university to CaRMS however if there are administrative barriers to doing this transcripts may be directly uploaded by the candidate)

Documents not in English must be accompanied by a notarized translation.

Custom Résumé / CV

A complete curriculum vitae including all education, employment, academic and extracurricular activities is required.

Medical School Diploma

Optional - will be reviewed

Abstract/Publications

Review Process

Applications submitted after file review has opened on January 31, 2022

- ○ Will be considered until
- ◉ Will NOT be considered

Supporting documents (excluding letters of reference) that arrive after file review has opened on January 31, 2022

- ○ Will be considered until
- ◉ Will NOT be considered

Letters of reference that arrive after the unmasking date on January 31, 2022

- ○ Will be considered until
- ◉ Will NOT be considered

Each applicant's file (as outlined in "Supporting Documentation") will be reviewed and scored by a subset of the Selection Committee members (1-2 faculty, 1-2 residents, Program Director, Assistant Program Director) using a standardized evaluation tool. The evaluation tool looks for personal attributes and skills compatible with a career in Emergency Medicine including:

- Strong interpersonal skills
- Ability to self-reflect and incorporate feedback
- Excellent decision-making ability
- Maturity, leadership and motivation
- Demonstrated interest in the specialty – has completed an elective rotation(s), scholarship in Emergency Medicine (or related field), record of leadership
- Creativity in life adjustments and achievement of educational goals

Prior clinical exposure in Emergency Medicine is important and applicants are encouraged to complete at least one elective in the specialty. Desirable candidates will have the background or traits that showcase their potential to become future leaders, educators, researchers or administrators in Emergency Medicine.

Interviews

Details regarding interview dates:	The Interview Day is Thursday, March 3, 2022 Applicants will be notified no later than the middle of February regarding interview date *Notification/Invitation: Program will notify all applicants.*
Notification/Invitation:	Program will notify all applicants through CaRMS Online and will send email invitations directly to applicants selected for an interview.
Details regarding the interview process:	Virtual personal interviews will be offered to a limited number of applicants based on results of the file review. Applicants selected for interviews will be contacted by the end of February (at the latest). Only applicants who are interviewed will be ranked. Interview dates are coordinated with other Emergency Medicine programs across Canada. Candidates will participate in two interviews, each approximately 15 minutes in

duration. Each interview team will consist of 2 Faculty and 1-2 residents. Interviews will involve standardized questions and each interviewer will score the candidate independently. Each reviewer will complete a standardized scorecard based on a descriptive rubric based on the goals of our residency program and desired attributes of an Emergency Medicine resident.

Candidates will participate in an exit interview with the Program Director. The exit interview is an opportunity for candidates to receive information about the program and to have any remaining questions answered. This interview is not scored and does not contribute to the candidate's total interview score.

An information session will be provided by the residents of the program and a social event is held on the evening prior to the interview date. Participation in these events is optional and does not contribute to the candidate's total interview score.

Selection Criteria

The Selection Committee consists of all interviewers, Program Director and Assistant Program Director. All Queen's EM residents participate in a general discussion regarding each candidate and may identify issues related to professionalism for the Selection Committee to consider during their deliberations. Only the members of the Selection Committee participate in generating the rank order list.

Program goals

Queen's University Emergency Medicine Residency Program Mission Statement

The Queen's University Emergency Medicine Residency Program is committed to providing a program of educational and clinical excellence. Our program is rigorous, enjoyable and compassionate. We embrace diversity and teamwork and value the community we form with our patients, their families and our medical and allied health colleagues. We aim to create a culture of support and mentorship in which our residents enjoy working and learning.

Our program is dedicated to training:

- specialist Emergency Medicine physicians who are outstanding clinicians and compassionate patient advocates
- Specialist Emergency Medicine physicians who are leaders in research, administration and educational scholarship dedicated to the advancement of knowledge in the specialty of Emergency Medicine
- Specialist Emergency Medicine physicians who are self-reflective and willing to embrace emerging technologies such as simulation as a means to optimize personal performance and the safe delivery of patient care
- Specialist Emergency Medicine physicians who demonstrate a commitment to personal wellness, career sustainability and professional development and are able to successfully integrate work and life within the challenges of working in the ED environment

We are looking for a cohort of residents with strong interpersonal, organizational and problem solving skills who possess the ability to selft reflect and a growth mindset. Our residents adhere to high ethical and professional standards in providing patient care. They demonstrate leadership and value our culture of community and teamwork. Our residents embrace diversity and are keem to contribute to our program with their unique skill set and experience.

Selection process goals

The Selection Committee reviews the interview scores and ranks candidates based on the attributes already mentioned (see sections "General Information" and "Review Process") and the following:

- Strong work ethic
- Team player
- Empathy
- Commitment to a work-life integration
- Growth mindset and willingness to embrace change
- Ability to contribute in a unique way to our program

We abide by the Queen's University Postgraduate Medical Education policy guiding Resident Selection:

- Recruiting practices that promote diversity of the resident body, are free of inappropriate bias and respect the obligation to provide for reasonable accommodation needs where appropriate
- Maintaining an environment of equity and fairness where all can work and learn

File review process

Review team composition : Program Director, Assistant Program Director, 3 Queen's EM faculty, All PGY 3 residents

Average number of applications received by our program in the last five years : 51 - 200

Average percentage of applicants offered interviews : 0 - 25 %

Evaluation criteria :

File component	Criteria
CV	Organized and professional presentation of themself
Electives	Evidence of an interest in Emergency Medicine
Examinations	We do not evaluate this file component.
Extra-curricular	Contribution to the community, ability to maintain work-life integration
Leadership skills	Evidence of meaningful leadership activities as part of and beyond medical school
MSPRs	Academic performance and personal contributions during medical school
Personal letters	Clear, concise, well-formulated articulation of how Queen's EM aligns with your career goals
Reference documents	Successful and meaningful participation in clinical activities in the context of Emergency Medicine
Research/Publications	Evidence of meaningful scholarship during medical school in EM or related field
Transcripts	Academic performance during medical school

Elective criteria

Elective Requirements:	We encourage applicants to have completed at least one elective in our discipline.
On Site Elective:	We do not require applicants to have done onsite electives.
Other information regarding elective requirement:	Evidence of regional and national experience in academic EM and allied specialties. We recognize that travel restrictions related to the pandemic will have influenced elective opportunities.

Interview process

Interview format :

- [ ] Traditional (one on one/two on one)
- [x] Panel
- [ ] MMI or rotating station

We may accommodate requests to re-schedule interviews for applicants due to weather, technology failure, or unforeseen circumstances.

Interview evaluation criteria :

Interview components	Criteria
Collaboration skills	Evidence of and enthusiasm for teamwork and collaboration in clinical setting
Collegiality	Evidence that they get along and support colleagues, ability to discuss personal experiences
Communication skills	Evidence of excellent verbal and non-verbal communication skills, able to convey thoughts succinctly
Health advocacy	Evidence of advocacy activities in patient care and health care system
Interest in the discipline	Demonstrable interest in Emergency Medicine
Interest in the program	Demonstrable interest in Queen's Emergency Medicine
Leadership skills	Evidence of meaningful leadership roles in medical setting
Professionalism	Evidence of professionalism in all interpersonal interactions and behaviours on the interview day
Scholarly activities	Achievements in scholarly activities are viewed as an asset, not a requirement

Information gathered outside of CaRMS application

Specifically, we may consider:

- [x] Social interaction during program related events
- [x] Communication with program administration
- [ ] Social media
- [ ] Unsolicited reference letters
- [ ] Unsolicited email references
- [ ] Unsolicited verbal information on a candidate's prior performance
- [ ] Unsolicited feedback from colleagues and co-workers

Ranking process

The behavior(s) exhibited below during the interview process may prevent an applicant from being ranked by our program :

- [x] Unprofessional or inappropriate behavior
- [x] Did not attend interview
- [x] Interview performance was not competitive

Program Highlights

Queen’s EM is proud to offer a nationally recognized, five-year training program in Emergency Medicine. As one of the first EM programs in Canada, our curriculum has been carefully developed and refined to offer our residents an outstanding educational experience. Our faculty is diverse and includes recognized experts in research, education, administration and

clinical practice. Residents experience the full breadth of medical practice in exceptional training facilities including both academic and community hospitals and a state-of-the-art simulation center. Queen's EM has a long tradition of innovation and we continually strive to grow our program while ensuring we maintain our strong sense of community. Our residents come from across the country and choose Queen's EM because of its many strengths including:

- Clinical Exposure

Our residents are fortunate to see a high volume, high acuity and wide variety of patients, which is necessary to become competent specialist Emergency Medicine physicians. This includes a high volume of pediatric patients.

- Exceptional Faculty

Our faculty members share a passion for teaching and are incredibly supportive of our residents. While we maintain a low faculty to resident ratio, over recent years our Department has welcomed an enthusiastic group of new, young and talented faculty members with expertise in Critical Care Medicine, Education, Toxicology, Ultrasound, Clinical Epidemiology, Global Health, Quality Improvement, Simulation, Resuscitation Medicine and Disaster Medicine.

- Program flexibility, Innovation and Responsiveness

Queen's EM has a strong tradition of being learner-centered. Our program allows flexibility for residents to pursue academic areas of interest including opportunities for interprovincial and international electives. We encourage residents and faculty to be active in program innovation. We offer a robust academic curriculum and are committed to continue to improve the learning experience for our residents. To that end, we actively seek feedback from our residents on program performance during semi-annual program evaluations. Results of these evaluations are discussed at our resident retreats and inform opportunities for growth.

- Simulation

Queen's EM is a national leader in simulation and resuscitation medicine. Our residents learn and train in a state-of-the-art simulation facility on a weekly basis starting from Week 1 of residency. As residents progress through training, they take on a teaching role in our weekly Junior Resuscitation Rounds. The annual CAEP Simulation Olympiad originated at Queen's as a means to showcase the outstanding resuscitation skills of our residents.

- Point of Care Ultrasound Training (POCUS)

Our residents receive outstanding training in the use of basic and advanced POCUS applications. Residents learn POCUS during their first academic day of residency. Our dedicated POCUS curriculum includes: monthly grand rounds, US journal club, six annual half days that cover the breadth of basic and advanced applications, a rotation in advanced ultrasound in Core of Discipline (PGY3), mentored scanning shifts and archived image review for quality assurance of image generation and interpretation.

- Balanced Life Style

We place a heavy emphasis on well-being and resident wellness. We are committed to maintaining a culture that fosters a balanced lifestyle for faculty and residents, celebrates diverse interests and values our sense of community.

- Environment

Due to the smaller size of our academic centre, faculty and residents from all disciplines get to know each other personally and collaborate well in educational, clinical and administrative areas. Our residents are a cohesive group who enjoy one another's company and have created an active social atmosphere.

- Kingston

The City of Kingston is continually ranked as on the best places to work and live in Canada. Our residents are happy here and enjoy its high quality of life, abundant attractions, lower cost of living, and minimal commute.

Program Curriculum

This residency program is for 5 years.

Program length of training does not exceed the Royal College or College of Family Physicians of Canada standard.

The Queen's University Emergency Medicine Residency Program is committed to providing a program of educational and clinical excellence. Our program is rigorous, enjoyable and compassionate. We embrace diversity and teamwork and value the community we form with our patients, their families and our medical and allied health colleagues. We aim to create a culture of support and mentorship in which our residents enjoy working and learning.

Our program is dedicated to training:

- Specialist Emergency Medicine physicians who are outstanding clinicians and compassionate patient advocates
- Specialist Emergency Medicine physicians who are leaders in research, administration and educational scholarship dedicated to the advancement of knowledge in the specialty of Emergency Medicine
- Specialist Emergency Medicine physicians who are self-reflective, resilient and willing to embrace emerging technologies such as simulation as a means to optimize personal performance and the safe delivery of patient care
- Specialist Emergency Medicine physicians who demonstrate a commitment to personal wellness, career sustainability and professional development and are able to successfully integrate work and life within the challenges of working in the ED environment

We are looking for a cohort of residents with strong interpersonal, organizational and problem solving skills who possess the ability to self reflect and a growth mindset. Our residents adhere to high ethical and professional standards in providing patient care. They demonstrate leadership and value our culture of community and teamwork. Our residents embrace diversity and are keen to contribute to our program with their unique skill set and experience.

The Queen's University Emergency Medicine residency program is accredited by the Royal College of Physicians and Surgeons of Canada (March 2018).

Queen's University Emergency Medicine transitioned to a Competency by Design (CBD) framework in July 2017.

A Curriculum Map is provided on our departmental website at https://emergencymed.queensu.ca/academics/frcpc-residency-program

PGY-1

The PGY1 year consists of the Transition to Discipline and Foundations of Discipline stages.

Transition to Discipline (TD) consists of:

- 3 blocks Emergency Medicine (KGH/HDH)
- Attainment of the TD EPA 1-3 and Special Assessment (more information provided to successful candidates)
- Junior Resuscitation Rounds
- Summer Series – a mix of seminars, simulation rounds and procedural workshops

Foundations of Discipline (FD) consists of:

- 4 blocks Emergency Medicine (KGH/HDH)
- 1 block Psychiatry
- 1 block Pediatric Emergency Medicine - Children's Hospital of Eastern Ontario (CHEO)
- 1 block Pediatrics (KGH/HDH)
- 1 block Emergency Medical Services
- 2 blocks Anaesthesia (KGH)
- Attainment of FD EPA 1-4, relevant Core of Discipline EPAs (on Anaesthesia) and FD Special Assessments (more information will be provided to successful candidates)
- Critical appraisal and clinical reasoning curriculum
- FD administration bootcamp Coaching sessions for presentation skills

- Junior Resuscitation Rounds
- QCare - A common academic half-day organized by Postgraduate Medical Education for all PGY1 residents. Topics include physician wellness, social responsibility and health advocacy, medicolegal issues, ethics, bedside teaching and supervision of junior learners and clinical documentation.
- Simulation Rounds, Trauma Rounds and Academic Day

This year of training will prepare the resident for the Medical Council of Canada Qualifying Examination Part II.

Core of Discipline (PGY-2-4)

The Core of Discipline (CD) comprises the bulk of residency training.

Attainment of CD EPAs 1-15 and Special Assessments will continue throughout the stage (more information will be provided to successful candidates).

The Royal College certification exam will be completed at the end of CD in PGY4.

The following rotation assignment is typical however; there is flexibility in the order in which rotations may be completed.

PGY2

- 4 blocks Emergency Medicine (KGH/HDH)
- 1 block Orthopedics/MSK – a clinic based rotation at various Kingston training sites
- 1 block Obstetrics & Gynecology (Lakeridge Health - Oshawa)
- 1 block General Surgery (KGH)
- 1 block Plastic Surgery (KGH/HDH)
- 2 blocks Critical Care Medicine (KGH)
- 1 block Geriatric Medicine (PCC)
- 1 block Internal Medicine (KGH)
- Completion of a Critically Appraised Topic with presentation at the Department of Emergency Medicine RJ Brison Research Day
- Mentored teaching role in the simulation lab for Junior Resuscitation Rounds
- Summer Series, Simulation Rounds, Trauma Rounds and Academic Day

PGY3

- 5-6 blocks Emergency Medicine (KGH/HDH)
- 1 block community Emergency Medicine
- 2 blocks Cardiology (KGH)
- 1 block Advanced Ultrasound (KGH)
- 2 blocks Pediatric Emergency Medicine – Children's Hospital of Eastern Ontario (CHEO)
- 1 block ED Administration (KGH)
- Optional trauma elective
- Academic Project (may be clinical research, educational scholarship or a quality improvement project)
- Coaching sessions for presentation skills
- Large group didactic presentations at Grand Rounds, Journal Club and Morbidity & Mortality Rounds
- Small group teaching in the simulation lab during Junior Resuscitation Rounds
- Trauma Team Captain call shifts when on EM rotations
- Base hospital physician for our regional Emergency Medical System
- Summer Series, Simulation Rounds, Trauma Rounds and Academic Day

Residents will rotate acting as Head Resident in the PGY3 year

PGY4

- 6-9 blocks Emergency Medicine (KGH/HDH)
- 3-6 blocks electives
- 1 block Toxicology – Ontario Poison Control Center at the Hospital for Sick Children

- Present Academic Project at the Department of Emergency Medicine RJ Brison Research Day
- Large group didactic presentations at Grand Rounds and Journal Club
- Small group teaching sessions including Point of Care Ultrasound, Summer Series half days, procedural workshops and Junior Resuscitation Rounds
- Trauma Team Captain call shifts when on EM rotations
- Base hospital physician for our regional Emergency Medical System
- Summer Series, Simulation Rounds, Trauma Rounds and Academic Day
- Royal College certification exam

Transition to Practice (PGY-5)

The PGY5 year consists of the Transition to Practice (TP) stage and the Area of Comprehensive Expertise (ACE)

- 6 blocks of Emergency Medicine (may be longitudinal over 13 blocks with approval of the Program Director) (KGH/HDH)
- 7 blocks (may be longitudinal over 13 blocks with approval of the Program Director) of dedicated training in an area of advanced learning
- Attainment of the TP EPAs 1-6 and Special Assessments (more information will be provided to successful candidates)
- TP administration bootcamp
- QCare+ - A common academic half day organized by Postgraduate Medical Education twice a year that is mandatory for all residents in their final year of training. These sessions address issues related to transition to practice and career management
- Large group didactic presentations at Grand Rounds and Journal Club
- Small group teaching sessions including point of care ultrasound, Summer Series half days, procedural workshops and Junior Resuscitation Rounds
- Trauma Team Captain call shifts when on EM rotations
- Base hospital physician for our regional Emergency Medical System
- Summer Series, Simulation Rounds, Trauma Rounds and Academic Day

Teaching Rounds

Summer Series (July – August)

The Summer Series is an eight-week curriculum of topics and skills essential to the practice of Emergency Medicine and is mandatory for all EM residents throughout their training program. Topics include trauma, prehospital care, procedural sedation and analgesia, MSK injuries, disaster or wilderness medicine and pediatric resuscitation. Seminars of topics related to physician wellness and the humanities are also included. Specific procedural skills include suturing, slit lamp examination, central lines, casting/splinting, airway management, thoracentesis and paracentesis, fracture reduction, nerve blocks and lumbar puncture. Point of Care Ultrasound basic skills are taught and it is expected that by the end of the summer most PGY1 residents will have completed the required 50 scans in each of the primary domains required for certification.

For PGY1 residents, the Summer Series will provide a “bootcamp” orientation experience to ensure that all incoming residents have a standard skill set on which to build their clinical expertise in Emergency Medicine. In the PGY2-5 years, residents will again be exposed to these skills with the expectation that they achieve greater levels of competency as they advance in training. By the PGY 4/5 years, it is expected that residents will assume a teaching role in the summer series.

Academic Day (September – June)

Academic teaching rounds are held weekly on Thursdays. Attendance is mandatory and residents are excused from clinical duties to attend rounds. While the morning session consistently includes Grand and Core Rounds, the afternoon session content will vary but is typically simulation based or procedural workshops.

- Grand Rounds – PGY3-5 residents will be assigned to present Grand Rounds on a rotational basis. Rounds may be case specific, address a topic relevant to EM or explore an area of evolving evidence or controversy. A review of current relevant literature is expected. Attending staff will also give a case presentation at start of the session.
- Core Rounds – A detailed curriculum has been developed and is presented in a two-year cycle; year one covers "Disorders of the Body Systems" and year two covers trauma, special populations, toxicology, environmental emergencies and prehospital care. Topics related to the non-medical expert CanMEDs roles are integrated into the curriculum. Rounds are led by a faculty member and are intended to be interactive learning opportunities.
- Cadaveric Procedural Skills – Residents practice airway and rare/resuscitative procedures such as ED thoracotomy on cadavers for two half days per year. These sessions are paired with didactic seminars.
- ECG Rounds – ECG interpretation rounds are led by a faculty member two times per year
- WRaPEM @QEmerg - A wellness curriculum consisting of bimonthly sessions on various aspects of Wellness, Resilience and Performance in Emergency Medicine. Topics include: Personal Purpose, Self-care, Communication, Bad Outcomes, Gender & Diversity, Crisis Resource Management, Finances and Conflict Resolution.
- Trauma Rounds and Trauma Case Review – Once each per month led by a faculty Trauma Team Leader
- Point of Care Ultrasound – Three half day sessions/year focused on advanced ultrasound skills and clinical reasoning/application. Models with relevant pathology are provided during these hands-on training sessions.
- Simulation Rounds - These rounds are intended to allow EM residents opportunities to develop crisis resource management skills and learn/refine their management approach to cardinal acute patient presentations in resuscitation and critical care, including clinical presentations which may be rarely encountered in actual clinical practice. Although junior residents are encouraged to attend, Simulation Rounds are geared to senior learners in order to provide challenging scenarios with which to hone their resuscitation skills. Weekly Junior Resuscitation Rounds are dedicated simulation rounds for PGY1/2 residents to learn cardiac resuscitation skills in a safe, supportive and interdisciplinary environment. Pediatric Resuscitation Rounds occur approximately 3 times/year in collaboration with the Department of Pediatrics.

Research and Scholar Competencies

We offer a dedicated research curriculum in the Foundations of Discipline stage (PGY1) that integrates evidence-based medicine principles and landmark EM literature with clinical reasoning for cardinal EM presentations such as back pain, shock, shortness of breath and chest pain.

Residents are expected to complete a critically appraised topic (CAT) project in their PGY1/2 year and scholarly project or quality improvement project in their PGY3-5 years. Melanie Walker, our Resident Research Supervisor, is available to assist residents in accessing the resources and supports necessary to facilitate their research interests. Resident research and academic projects are highlighted at the RJ Brison Research Day held annually each spring.

Residents are funded to present research at national and international academic meetings/conferences.

Journal Club occurs monthly and attendance is mandatory for residents while on Emergency Medicine rotations. Two senior residents (one FRCP and one CCFP-EM will be assigned on a rotational basis to present an article of interest in Emergency Medicine literature and lead a discussion on critical appraisal appropriate to the type of research study chosen. Residents will also facilitate a higher-level discussion on the integration of the evidence in an Emergency Medicine practice.

Leader and Professional Competencies

Residents participate in a comprehensive administration, quality improvement and patient safety curriculum for leader competencies that includes two academic half days per year, one block of ED Administration (PGY3), presentation of a Morbidity & Mortality Rounds (PGY3), completion of a mortality audit (PGY3) and dedicated bootcamp style workshops in Foundations of Discipline (PGY1) and Transition to Practice (PGY5). In the clinical setting, residents are actively involved in our clinical discrepancy process for laboratory and radiography studies.

We believe that residents need to be competent educators and encourage the development of teaching skills by various means. Residents learn teaching methodology in the core curriculum and are given graded responsibility for teaching in one-on-one settings, small group and large group settings as they progress through training.

All residents are supported to achieve instructor status in PALS, ACLS, and ATLS and are encouraged to teach these programs during residency and after graduation.

Residents are encouraged to register for the faculty development sessions (formerly Residents as Teachers) on clinical and classroom teaching offered by Postgraduate Medical Education.

Coaching sessions on presentation skills are provided annually for our PGY2/3 residents.

Residents are provided with mentored teaching opportunities in the Simulation Lab including scenario development and debriefing strategies.

TMTL Rounds

Work life integration is essential for a long sustainable Emergency Medicine career. TMTL Rounds are held once a year following the winter resident retreat. During the rounds, staff and residents present a brief topic of anything of interest or importance to their lives outside of medicine. These rounds help us maintain our collegial working environment and remind us that TMTL (There's More to Life).

Awesome & Amazing Rounds

Paired with our Morbidity & Mortality Rounds, the A&A Rounds recognize positive deviance in residents, faculty or our medical/allied health colleagues who have demonstrated exceptional skill in clinical care, advocacy or teamwork.

Practice Examinations

All Residents are involved on a rotational basis with increasing frequency as resident progress through their training. On average, PGY1 residents may expect to participate in one oral examination/year whereas PGY4 residents may expect to participate in oral examinations monthly.

Residents participate in the semi-annual Canadian In Training Exam. This written exam is modelled in the Royal College format. Residents receive an individual mark as well as a rank among their Canadian PGY cohort.

Formative OSCE examinations will be completed in the Simulation Lab twice yearly. These assessments will be videotaped to allow each resident to self-reflect on his/her performance and learning issued identified by the OSCE preceptor.

Our Department offers the annual National Review Course in Emergency Medicine, an exam preparation course offered to all PGY5 residents.

Training Sites

Kingston General Hospital (KGH)

All in-hospital core rotations except Obstetrics take place at KGH. KGH is a 480-bed tertiary care hospital and is the referral center for a population of 500,000. KGH is the regional trauma center receiving an average of 380 multiple trauma patients (defined by an Injury Severity Score of greater than 15) per year. The Emergency Department is staffed 24 hours per day with triple coverage by attending physicians from 1100-0100 daily. A nurse practitioner is present to assess and manage lower acuity patients from 1100-1900 daily. The Emergency Department patient volume is 60,000 visits/year. The Emergency Department consists of six patient areas and has 44 active treatment beds, 15 overflow patient care beds and 12 chairs for ambulatory patients. There are 21 monitored beds and the acute resuscitation area has 9 beds. Residents, staff physicians and the charge nurse are linked with cordless telephones to facilitate communication. Paramedics have direct phone link communication with the attending staff and senior residents. All medical records, including patient charting, laboratory and radiology investigation and physician order entry is performed on the Emergency Department Information System (EDIS).

Hotel Dieu Hospital (HDH)

All outpatient clinics and a large outpatient imaging service are located at the HDH. The Urgent Care Center is open from 0800 – 2000 daily and is equipped to handle ambulatory emergencies. There is double coverage by attending physicians from 1000 – 2100 daily. The patient volume is 50,000 patients per year. The HDH is an excellent facility for learning the management of less serious outpatient medical problems, minor procedural skills and ED administrative principles such as patient flow strategies. All medical records, including patient charting, laboratory and radiology investigation and physician order entry is performed on the Emergency Department Information System (EDIS).

Children's Hospital of Eastern Ontario (CHEO)

Pediatric Emergency rotations take place at CHEO. Residents do one block of Pediatric Emergency Medicine at CHEO in first year as a junior resident and two blocks in PGY3 at the senior resident level. CHEO is a University of Ottawa teaching hospital and is the tertiary pediatric referral center for Eastern Ontario.

Other Teaching facilities

The Toxicology rotation is based at the Ontario Poison Control Center located at the Hospital for Sick Children in Toronto.

The Obstetrics and Gynecology rotation is arranged through the Department of Family Medicine and takes place in Oshawa.

Residents may pursue mandatory rotations outside of the usual locations listed above upon approval of the Program Director. If rotations are completed outside of the usual location, residents are required to fund associated accommodation and transportation costs.

FAQ

Please contact our Program Administrator with specific questions.

Summary of changes

Section	Summary of changes	Updated on	Actions
Important Information	Note added regarding changes to the Ontario eligibility criteria	10/06/2021 10:45:35 EDT	