FM Residency Newsletter – R2 Calgary/Rural and Enhanced Skills Residents – November 9, 2018

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- ALL Residents: SAVE the DATE – Resident Fall Conference Social – Thurs, Nov 22

R2 CALGARY: ACEs FEEDBACK

Dear Residents,

We have received some informal resident feedback recently regarding ACEs that some experiences are observational, or that on arrival the ACE was not aware of a resident’s planned presence. Both of these can be extremely disappointing for learners, and are not in keeping with our rationale for selecting these experiences for you. Our schedulers have taken the time to confirm the schedule with these clinics, and we have previously negotiated strong clinical opportunities.

In every distributed schedule, the Learner Schedulers include the following standardized section:

“All ACEs should provide a valuable learning experience. If you attend an ACE that does not meet the learning objectives please email the Learner Scheduler or your Division Coordinator or fill in a detailed evaluation for that ACE.

Send an email to me at <insert your email address here> if:
- An ACE/clinic experience is cancelled.
- If you arrive at an ACE/clinic experience and they advise you that they don’t have you scheduled.
- If the ACE/clinic experience is a shadowing or observation experience.”
In response to hearing these informal pieces of feedback, I reached out to our Learner Schedulers. Unfortunately, where these unwelcome events have occurred recently, we do not appear to have captured them.

We are truly eager to adjust residents’ learning experiences to ensure they are as positive as possible, and we need your help to do so!

As we reconsider the best way to capture these unfortunate experiences, please continue to notify the Learner Schedulers directly, and complete ACE Evaluations on One45.

Steve

Stephen Mintsoulis, MSc, MD, CCFP
Clinical Assistant Professor
Director, Calgary Residency Program
Department of Family Medicine

R2 CALGARY: CALL FOR RESIDENT APPLICATIONS TO JOIN THE CONTINUITY WORKING GROUP

We are looking for 2 residents to join a time-limited working group focused on improving continuity of care in our residency training program. In your role on the team, you will help to review the current curriculum to discuss and develop possible solutions to improve the continuity of care experience for residents, preceptors and patients. Resident representatives will attend 2 x 60-90 minute meetings between November 19th and December 5th, as well as a few meetings in January 2019. Resident representatives will be chosen by the Chief Residents, and do not necessarily need to be a member of the Residency Leadership Committee (RLC).

If you are interested in participating, please complete a short application survey by Friday November 16th found at: https://goo.gl/forms/jFyNRy9CffL8u7SY2.

Please email jeffrey.mccarthy@ucalgary.ca if you have any questions.

R2 CALGARY & RURAL RESIDENTS: FAMILY MEDICINE FIELD NOTE(FN) GUIDANCE DOCUMENT

Field Note Guidance Document
Are you unsure of what makes a good field note? Are you looking for ways to enhance the quality of your field notes and ensure that you receive top-notch feedback from your preceptors? Please refer to and direct your preceptor to the Field Note Guidance Document for details and take some time to go over filling out a field note together with your preceptor.

Attachment: 2018-11-09 FM Field Note Guidance Document

R2 CALGARY & RURAL RESIDENTS: MCGILL HOSPITALIST MEDICINE R3 SPOT AVAILABLE TO OUT OF PROVINCE TRAINEE

Dear Family Medicine Residents,

A 12 month Hospital Medicine Enhanced Skills program is available at McGill University for 2019-2020.
The McGill Hospital Medicine Enhanced Skills program is offering one position to a Canadian family medicine resident who is currently in a postgraduate program outside of Québec.

The goal of this 12 month program is to help develop the skills of family physicians who will choose to work primarily in hospitals. We are seeking enthusiastic applicants who espouse a multidisciplinary approach to patient care and who have an interest in making our hospitals function optimally.

The training is based in Montreal, Québec at McGill University affiliated hospitals. A fuller description can be found on the McGill Family Medicine site. A working knowledge of French is required. [https://www.mcgill.ca/familymed/education/postgrad/enhancedskillsprograms/hospital-medicine](https://www.mcgill.ca/familymed/education/postgrad/enhancedskillsprograms/hospital-medicine)

Applications are being accepted now. **The deadline for all applications is December 21, 2018.**

Questions about the program can be sent directly to Dr Benjamin Schiff, at benjamin.schiff@mcgill.ca; or to Mr Roger El Asmar at admissionspg.med@mcgill.ca.

Interested candidates are encouraged to come meet us at FMF! McGill representatives will be able to answer your questions in person from Thursday- Saturday in the exhibit hall!

**R2 CALGARY & RURAL RESIDENTS: ATLS DATES FOR WINTER/SPRING**

ATLS is offered on the following dates in the Winter/Spring:

January 3-4, 2019
February 25-26, 2019
March 11-12, 2019
April 4-5, 2019

The hours for the courses are as follows: (with the exception of the 2 full day course):
First day: 0730-1800
Second day: 0730-1800

Please remember to apply for the time off for these courses via One45 to your Program Coordinator **before** paying your fee. Time off for ATLS **does** count as time away from the rotation. For course availability please contact Sandra Dowkes at atlscalgary@gmail.com.

If you have any questions, please contact your Program Coordinator:

NE - Christine Serpico serpicoc@ucalgary.ca
NW - Joy Hodgson fmrnw@ucalgary.ca
South - Tannis Dorscht tannis.dorscht@ahs.ca

**Attachment:** [2018-11-09_ATLS regform2019](#)

**ENHANCED SKILLS RESIDENTS (AM, COE, MNC, PC and SEM only): B05 ROTATION TRACKER DUE FRI, NOV 7**
ES rotation schedules must be submitted via the Rotation Tracker (http://www.calgaryfamilymedicine.ca/residency/index.php/cr/rotation-tracker) 10 days prior to the end of the rotation – BEFORE or ON Friday, November 9 to fmr3@ucalgary.ca.

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ENHANCED SKILLS RESIDENTS (AM, COE, MNC and SEM only): B05 CALL STIPENDS DUE FRI, NOV 30

All ES call must be submitted via the ES Call Template (http://calgaryfamilymedicine.ca/residency/index.php/cr/call-stipends).

PLEASE NOTE: It is important that your calls are submitted ON TIME. Late submissions create a lot of extra work for both DFM Program staff and AHS. Please make every effort to submit your calls BEFORE or on the deadline. If you would like to be paid on time, please submit on time. LATE CALLS ARE SUBMITTED EVERY 3 MONTHS.

Call submissions will not be processed unless they are submitted using the template.

Please send all submissions to Camille Baguio (fmr3@ucalgary.ca).

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ALL RESIDENTS: “SEXUAL HARASSMENT, BULLYING AND THE CULTURE OF MEDINE” WITH SENATOR MARILOU McPHEDRAN – TUES, NOV 13

A reminder of an upcoming event next Tuesday, Nov. 13 that is open to the UCalgary medical community:

Senator Marilou McPhedran has been invited by one of our students to give a talk on ‘Sexual harassment, bullying and the culture of medicine’ in Theatre 4, Health Sciences Centre at 2:30pm, followed by a panel discussion at 3:45pm.

The online calendar entry can be found at: https://events.ucalgary.ca/cumming/#!view/event/event_id/555.

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ALL RESIDENTS: 2019 SANDRA BANNER STUDENT AWARD FOR LEADERSHIP(SBSAL) IS NOW OPEN

The online application process for the 2019 Sandra Banner Student Award for Leadership (SBSAL) is now open. Interested students and residents enrolled full-time in a Canadian medical education program and residing in Canada as Canadian citizens or landed immigrants are eligible to apply using the online submission form on our website.

Applications will be accepted until Friday December 14, 2018 at 17:00 ET.

The SBSAL was established in 2013 by the CaRMS Board of Directors in recognition of the 29 years of leadership Sandra Banner provided to CaRMS. The purpose of the SBSAL is to encourage the development of future leaders in medicine through public recognition and financial support of leadership activities. It is awarded annually to one undergraduate medical student and one postgraduate medical trainee demonstrating an interest in and an aptitude for leadership. Learn more about the award by visiting carms.ca/sbsal.

This year’s awards will be presented at the annual CaRMS Forum during the Canadian Conference on Medical Education in Niagara Falls in April 2019.
Please note: Individuals who serve or have served on the CaRMS Board of Directors or any of its Committees are not eligible to apply for this award. In addition, members of the Awards Committee are not eligible to make nominations or provide letters in support of award submissions.

If you have any questions about the Sandra Banner Student Award for Leadership, please contact: awardscommittee@carms.ca.

ALL RESIDENTS: HSL INSTRUCTION SESSIONS – NOVEMBER 2018

The Health Sciences Library will be offering the following free workshops:

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Description</th>
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<tbody>
<tr>
<td>Tues, Nov 13</td>
<td>12:30 – 13:30</td>
<td>EndNote Desktop</td>
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<tr>
<td>Tues, Nov 13</td>
<td>13:30 – 14:00</td>
<td>EndNote Web</td>
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<tr>
<td>Tues, Nov 20</td>
<td>09:00 – 12:00</td>
<td>Systematic Review Searching (RCPSC CME Credit Available)</td>
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<tr>
<td>Wed, Nov 21</td>
<td>10:30 – 12:00</td>
<td>Introduction of Qualitative Data Analysis Using NVivo 12</td>
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<tr>
<td>Wed, Nov 21</td>
<td>13:00 – 14:30</td>
<td>Intermediate Qualitative Data Analysis with NVivo 12</td>
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<tr>
<td>Wed, Nov 28</td>
<td>10:00 – 11:30</td>
<td>EndNote for Systematic Reviews NEW!</td>
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<td>Wed, Nov 28</td>
<td>14:30 – 15:30</td>
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<td>Wed, Nov 28</td>
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<tr>
<td>Thurs, Nov 29</td>
<td>13:00 – 14:00</td>
<td>Understanding Systematic Reviews</td>
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<td>Thurs, Nov 29</td>
<td>14:00 – 15:00</td>
<td>Searching Medline Systematically</td>
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All workshops are held in Room 1460A, Health Sciences Library. Please go to: http://workrooms.ucalgary.ca/calendar/lcr-workshops/ for further details and to register. The Health Sciences Library sessions are in light green.

For further information, please contact the Health Sciences Library service desk at: 403.220.6855 or hslibr@ucalgary.ca

R2 CALGARY RESIDENTS: RESIDENT SPORTS MEDICINE INTEREST GROUP – WED, NOV 21

Residents are invited to attend the Resident Sports Medicine Interest Group as follows:

**When:** Wednesday Nov 21 at 7 pm at the medical school.
**Topic:** Ankle
**Description:** This will be an ongoing journal club throughout the year, with a total of 6 sessions. The sessions will begin with a review of anatomy and a discussion around an article. Participants will be provided with a review package one week in advance, which will include links to helpful videos. There will be 1-2 sports medicine preceptors available to help demonstrate/discuss physical exam PEARLs (hopefully).
**Capacity:** Space is limited to 12-15 residents
**RSVP:** Please send your RSVP’s or questions to Basia at: bmokonie@ucalgary.ca

**Other resources:** There are numerous other resources available to interested residents. This includes:
- CASTED, hands on orthopaedic course directed to family medicine physicians interested in procedures (https://casted.ca/)
- Sports Medicine Rounds at 1630 occurring on Wednesdays. Please email Peg (johnsom@ucalgary.ca) to be on the mailing list
- Orthobullets, an online resource. You can also sign up to do a sports medicine course, with daily review articles (https://www.orthobullets.com/)

ALL RESIDENTS: REMINDER - 2018 RESIDENT FALL CONFERENCE – THUR, NOV 22, 2018

Calgary Residents:
A reminder that the Resident Fall Conference is occurring on November 22nd. Residents are expected to attend unless on a rural rotation or out of town elective 150 km one way, or on approved leave. If you have any questions please contact your Division Coordinator.

Rural Residents:
A reminder that the Resident Fall Conference is occurring on November 22nd. Residents are expected to attend unless on a rotation over 300 km away, or on approved leave. If you have any questions please contact your Division Coordinator.

ALL RESIDENTS: 9TH CANADIAN PEDIATRIC EMERGENCY MEDICINE REVIEW COURSE 2019 BANFF AB

You are invited to attend the Canadian Paediatric Emergency Medicine Review Course 2019!

For Online Registration details, please visit: emo.simplesignup.ca
Course Date: January 31st, February 1st and 2nd, 2019
Place: Elk + Avenue Hotel, Banff, Alberta

Reservation Cut-Off Date: January 10th 2019
To receive the group rates, guests are asked to call reservations at 1-877-442-2623 and quote the group code provided above. Please note that reservations must be made by phone, the group rate will not be applied to reservations made online.

For educational leave requests, please review the Attendance and Leave policy on the DFM website at http://calgaryfamilymedicine.ca/residency/dox/container/bc9ad1dfeb06c76a7e5c5a2d44d04ff6.pdf

Attachments: 2018-11-09_PEM Review Course Poster 2019 &
2018-11-09_Canadian PEM Review Course 2019 Itinerary

ALL RESIDENTS: SAVE the DATE – PRECISION MEDICINE ACADEMIC HALF DAY – FEB 21, 2019

What is Precision Medicine? Precision medicine is an important emerging field that uses an individualized approach to patient care based on a patient’s specific characteristics to treat or prevent disease. However, most physicians feel inadequately informed about precision medicine and how it can help their patients. This includes resident physicians, who will be the precision medicine leaders of tomorrow.

All residents in Calgary are invited to a free Academic Half Day presentation on Precision Medicine. This AHD is sponsored by PGME. Lunch is included.
**WHEN**: Thursday February 21 2019 from 13:00-17:00.

**WHERE**: Best Western Village Park Inn, 1804 Crowchild Trail NW, Calgary

To RSVP, please sign up on Event Brite [https://www.eventbrite.com/myevent?eid=50463329176](https://www.eventbrite.com/myevent?eid=50463329176) or email resident organizer Dr. Sarah MacEachern [sarah.maceachern@ucalgary.ca](mailto:sarah.maceachern@ucalgary.ca).

For educational leave requests, please review the Attendance and Leave policy on the DFM website at [http://calgaryfamilymedicine.ca/residency/dox/container/bc9ad1dfebb06c76a7e5c5a2d44d04ff6.pdf](http://calgaryfamilymedicine.ca/residency/dox/container/bc9ad1dfebb06c76a7e5c5a2d44d04ff6.pdf)

**Attachment**: 2018-11-09 Precision Medicine Academic Half Day

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**SOCIAL EVENTS**

**ALL RESIDENTS: SAVE the DATE – RESIDENT FALL CONFERENCE SOCIAL – NOV 22**

Following the Fall Conference on November 22, 2018, residents are invited to come mingle with peers for an enjoyable evening of drinks and food.

This is a wonderful opportunity for all years as well as rural and urban residents to get to know each other a bit better and relax after a day of opioid teachings!

**Where**: Craft Beer Market, 345 10 Avenue SW, Calgary, AB, T2R 0A5
**When**: 7:30 pm

Guests welcome.

We hope to see you there!

SWAG committee
Why use field notes?

- To provide the Preceptor and Resident a focus for observing performance and, most importantly, for recording the specific feedback provided to the Resident at the end of a clinical encounter, case discussion or chart review.
- To confirm for Residents what they did well.
- To identify areas requiring improvement and to help the resident find ways to achieve this.
- They are quick and easy to use.
- A way of documenting feedback provided even after a short exposure to the Resident.
- Collectively, field notes provide a method of “multiple sampling” of performance over time by different observers, this leads to more reliable assessment.
- Field notes are used as “evidence” of performance and help to conform or otherwise if the Resident is “on track” at a progress review.

Who carries the pad of field notes?

- The Resident will carry a pad of blank field notes

When and how often should a field note be completed?

- During Family Medicine-based clinical experiences, a minimum of one field note should be completed for each half day or call shift with a PGY1 Resident and one per full day or call shift with a PGY2 Resident.
- Completion of field notes is NOT currently expected during non-FM clinical experiences/rotations.

It is critically important that enough quality field notes recording feedback on a range of topics, key-features, EPAs and skill dimensions are collected over the training period to ensure there is sufficient good quality assessment data available at the time of each progress review as well as at the time of promotion and completion-of-training decisions. Where this is not the case, it may be necessary to extend training to ensure sufficient assessment data is available for this purpose.

Note that feedback on procedural skills is recorded using a Direct Observation of Procedures (DOPs) form (at the back of the field note pad) and feedback on intra-partum competencies is recorded on an intra-partum field note-IPFN).
Upon what should the field note be based?

- Direct observation of a Resident encounter with a patient; patient’s family member(s); other health care team members; colleagues and others; or
- Resident’s case presentation of a patient and discussion around differential diagnosis, approach to management; investigations, interventions and/or follow-up; or
- Chart review; or
- Anything the Preceptor feels is important to provide feedback on.

What should the content of a field note be and who completes the field note?

- Short (only in the space provided)
- A specific and meaningful, descriptive comment on what was observed, and what was discussed by the Preceptor with the Resident, with a focus on recording the feedback provided.
- The reference point for feedback, as much as possible, should be the Key Features listed for each of the CFPC Priority topics.
- Feedback can also be based on any additional program-specific competencies (listed on EPA templates)
- The Preceptor or Resident should complete the field note after feedback has been discussed and any follow-up agreed (must also be recorded).
- The field note should also include: setting; topic; skill dimension; phase of encounter, domain of clinical care (DOCC) and any relevant Entrustable professional Activity (EPA);

1. **Topic**
   - E.g. Abdominal Pain, SOB, ETC - feedback should be focused on any Key Feature listed for the chosen priority topic

2. **Setting**
   - E.g. FM Clinic, Urgent Care

3. **Phases of clinical encounter**
   - a) History (gather the appropriate information)
   - b) Physical examination (gather the appropriate information)
   - c) Hypothesis generation (or early differential diagnosis)
   - d) Diagnosis (interpret information) (The term “diagnosis” is used in the general sense, and so includes problem identification.)
   - e) Investigation (gather the appropriate information)
   - f) Treatment (or management)
   - g) Follow-up
   - h) Referral

4. **Domains of clinical care (DOCC)**
   - a) Maternity care and care of newborn
   - b) Care of child and adolescent
   - c) Care of adult
   - d) Care of elderly
   - e) Palliative care and end of life care
   - f) Behavioural medicine & Mental Health
   - g) Care of indigenous populations
   - h) Care of vulnerable and underserved populations

5. **Skill Dimensions**
   - a) Patient centered approach
   - b) Communication skills
   - c) Clinical Reasoning
   - d) Selectivity
   - e) Professionalism

6. **Entrustable Professional Activity (EPA)**
   - See list at front of field note pad
What about “level of supervision”?  
Where the field note is based on the Resident’s management of a patient they have seen in clinic, or other clinical setting, that day, please indicate the level of supervision you provided or felt was appropriate for that Resident for that encounter only (by circling the number at the bottom of the field note) based on the following descriptors for each level:

- **Level 1** – has acquired knowledge and skills, but insufficient to perform. May observe a more senior learner or preceptor, but is not allowed to perform the activity themselves.

- **Level 2** – may perform an activity under full, proactive supervision: the supervisor decides about the intensity of supervision. The preceptor must also assess the patient in one of the following ways:
  - by observing the interaction between the resident and patient (directly in the examining room or by video monitor);
  - or by interacting directly with the patient, e.g., repeating or supplementing parts to the history and/or physical examination;
  - or by first hearing the resident’s case presentation and then seeing the patient.

- **Level 3** – may perform an activity under qualified, reactive supervision: the Resident asks for the supervision. This assumes that the preceptor is comfortable with the Resident’s ability to judge their need for assistance. (If not, the Resident is at Level 2.)

- **Level 4** – may perform an activity with “back stage” supervision, i.e. case discussion or chart review at the end of the day. This is threshold of competence. Once this level is reached, the activity may be safely entrusted to the resident – i.e. Independent practice.

- **Level 5** – may provide supervision to others, i.e. is functioning at least at level 4, and has sufficient skill and experience to teach and supervise more junior learners.

Please note again that the supervision level chosen applies just to the specific patient that you based your feedback on. This is NOT an indication of the Resident’s supervision level in relation to any EPA.

Who signs the field note?
- Both the Preceptor and Resident should sign the field note indicating the Resident has received the feedback provided and recorded.

What should happen when the field note has been completed?
- The top copy of the field note is submitted to the Resident’s Program Division or site office by the Resident.
- The collected field notes are used by the Resident to show their progress in the Program at their 4 monthly Progress Review Meetings.
- Residents also use field notes to identify gap areas when constructing their draft Learning Plans ahead of their 4 monthly progress reviews.
- The Resident’s Primary Preceptor or Site Director/CCB Preceptor reviews samples of field notes ahead of the 4 monthly progress review as a way of confirming progress.
Some helpful tips on completing a quality field note

REMEMBER...

- Complete ‘top’ section of Field Note (Resident) for sorting/tracking
- Record the Feedback being given/received
- Circle the Level of Supervision for the encounter
- Sign the Field Note

BUT... What about QUALITY?
You may have come across a Field Note like this...

![Field Note Example]

NOT HELPFUL!

(But at least the top section is filled out!)
When the time comes for an overall assessment (at the 4-month Progress Review) – Field Note QUALITY is crucial!

Writing a **GOOD Field Note**

- Be timely
- Be specific
- Be descriptive
- Be constructive

Sounds easy enough!

To help improve your field notes try also to include the following words¹-

- suggest
- try
- consider
- because
- next time

¹. Thanks to Dr’s Shelley Ross, Shirley Schipper and Mike Donoff in the Department of Family Medicine, University of Alberta for this helpful tip.

The feedback provided should be as close in time to the encounter as possible (**timely**). Being **constructive** means noting resident’s **specific** strengths, areas for improvement, and ways to improve. Being **descriptive** allows for easier tracking/recall of the field note down the road and the suggestions are more likely to be adopted.

**Let’s look at an example:**

**Not so helpful Field Note:** “Good job on FIFE”

not descriptive

not constructive

**Great but TOO detailed for a Field Note:** “Good job exploring patient’s thoughts and ideas on their back pain (she thought it was a muscle spasm or strain). Don’t forget to explore patient’s expectations for the visit – do they come to see you wanting medications, investigations, massage Rx?, etc. This will help you meet the patient’s needs and find common ground during your management discussion.”

**This feedback should be part of your discussion with the Resident, and the Field Note should be a SUMMARY of the discussion:**

(NO**TE — ‘back pain’, ‘adult’, and ‘communication’ or ‘patient-centered approach’ would already be documented in the TOP portion of the Field Note)

**Effective Field Note:** “During FIFE - explored ideas well. Next time cover expectations when finding common ground.”
Let's look at another example:

_Not so helpful Field Note:_ ‘Be more selective during PE’

not specific

not descriptive

_Great but TOO detailed for a Field Note:_ ‘Need to be more focused and selective during your Physical Exam. If the patient is complaining of wrist pain you already suspect to be a sprain, why do a cranial nerve exam? Physical Exam should be used to rule in/out your differential.’

_REMEMBER - ‘wrist pain’ or ‘MSK pain’, ‘child/MSK’, ‘physical exam’ and ‘selectivity’ would already be documented in the TOP portion of the Field Note_

_Effective Field Note:_ ‘Good exam but overall PE needs to be more focused’

_Even better:_ ‘Good wrist exam [more specific] but overall PE needs to be more focused – don’t need cranial nerve exam’. [more descriptive]

_Last example:_

_Not so helpful Field Note:_ ‘DDx too broad’

not descriptive

not constructive

_Great but TOO detailed for a Field Note:_ ‘The Differential Dx you presented to me was too long and over-inclusive. Consider your DDx in the back of your mind as you take your history, and narrow it as you go. Use your physical exam to help narrow it further. When presenting the case, narrow to the 2-3 most likely choices and tell me what you’ve ruled out and why.’

_REMEMBER - ‘DDx’ and ‘Clinical Reasoning’ or ‘Selectivity’ as well as the topic (ie chest pain) would already be documented in the TOP portion of the Field Note_

_Effective Field Note:_ ‘DDx over-inclusive. Try to narrow to 2-3 most likely choices + why less likely are ruled out. Read around clinical presentation of costochondritis.’

References and resources

4. Dalhousie University Family Medicine “Using Field Notes-Video Tutorials” [http://fmr.medicine.dal.ca/resources.htm](http://fmr.medicine.dal.ca/resources.htm)
ADVANCED TRAUMA LIFE SUPPORT COURSE

COURSE SCHEDULE:
Courses begin on the both days at 0730 hours until about 1800. Days vary but are during the week.

FORMAT:
Didactic and interactive lectures, coupled with practical skill stations (located at the University of Calgary Medical School) and the ATLLS.

ACCOMMODATIONS:
Hotels within close proximity to the hospital are:
Best Western 403-289-0241
1804 Crowchild Trail NW
Quality Inn 1-800-661-4667
2359 Banff Trail NW
Holiday Inn 403-289-6600
2227 Banff Trail NW
Super 8 Motel 1-800-800-8000
1904 Crowchild Trail NW
Thriftlodge 403-289-0211
2304 – 16 Ave NW

NOTE: Contact me with the date of your choice BEFORE sending any eTransfer or forms to ensure there is room. At that time, send me your cell phone number and city of residence, please.

Inquiries via email only: atlscalgary@gmail.com

ATLS reserves the right to cancel the course and refund tuition fees only.

COURSE CONTENT:
Initial Assessment
Airway Management
Thoracic Trauma
Abdominal Trauma
Head Trauma
Spinal / Spinal Cord Trauma
Musculoskeletal Trauma
Injury Due to Burn and Cold
Paediatric Trauma
Trauma in Women
Transfer to Definitive Care
Triage Booklet Discussion
Patient Simulation Scenarios
Initial Assessment Practical Scenarios/Written Test

REGISTRATION DEADLINE:
Pre-registration is recommended ASAP. Payment is preferred to be received two months before the start of the course you’re registered for. Confirmed applicants will be sent course details / manual approximately 2-4 weeks before the course begins.

CANCELLATION POLICY
Cancellations one month prior to the course date will incur an administrative fee of $300. Cancellations within 14 days prior to course date will be subject to a $500 processing fee. No refunds for cancellations within seven days of course date (this last part applies to auditors, as well).

If you haven’t already paid when you cancel out of a course, the applicable penalty will be added to the course fee of any you do attend.

Penalty could be waived if you find a replacement for yourself.

REGISTRATION FORM
ATLS COURSE, CALGARY
(please print legibly & fill in ALL information requested)

Dr/Mr/Ms _________________________________________
Male □ Female □

Specialty: ___________________________

Resident: Yes □ No □
Auditor: Yes □ No □

If resident, circle: R1, R2, R3, R4, R5, Fellow

Email: ______________________________________

Address: ______________________________________

City/Town: ________________________________
Prov, Postal Code ___________________________
Res. Phone: _______________________________
Pager/Cell _______________________________

Course Date: _______________________________

REGISTRATION FEE (check box):
Physician / Resident: $1500 □
Auditor: $350 □ (Must accompany application)

Auditors are requested to play the part of a trauma patient during the testing on the last day.

Have you taken ATLS® before (even as an auditor)?
Yes □ No □
If yes, when and where? ___________________
Course #: _____________ ID# _____________
Under what name? ________________________

ABOUT YOU
Are you vegetarian? Yes □ No □
Food allergies □ Specify ____________________

eTransfer your fee (use ATLSATLS as the password) to rose.wright@albertahealthservices.ca
AND
email this form to me (Sandra Dowkes) at atlscalgary@gmail.com

Manuals will be mailed to you, via CanadaPost - a signature is not needed to deliver it. If you can pick up the book at my address, let me know.
9th Canadian Paediatric Emergency Medicine Review Course

January 31st, February 1st and 2nd, 2019
Elk + Avenue Hotel
Banff, Alberta

SKI & CME IN Banff!

Case Based, Exam Style, Interaction with Guest Speakers,
Current Review of Core Topics in Paediatric Emergency Medicine
Mini Pediatric POCUS Workshop
Review and update physician’s knowledge on core topics in paediatric emergency Medicine

FELLOWS, RESIDENTS AND CONSULTANT PHYSICIANS ARE WELCOME TO REGISTER! GROUP RATES AVAILABLE.

For Online Registration details, please visit: http://emo.simplesignup.ca
**Thursday January 31st, 2019**

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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</thead>
<tbody>
<tr>
<td>1530-1600</td>
<td>REGISTRATION &amp; SNACK</td>
<td>Elk Hotel</td>
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<tr>
<td>1600-1615</td>
<td>Welcome &amp; Opening Remarks</td>
<td>Dr. Victor Istasy&lt;br&gt;Children's Hospital, London, ON</td>
</tr>
<tr>
<td>1615-1700</td>
<td>Environmental Emergencies</td>
<td>Dr. Margaret Colbourne&lt;br&gt;Children's Hospital, Vancouver, BC</td>
</tr>
<tr>
<td>1700-1745</td>
<td>Upper and Lower Airway</td>
<td>Dr. Dominic Allain&lt;br&gt;IWK Health Centre, Halifax, NS</td>
</tr>
<tr>
<td>1745-1815</td>
<td>PALS and NRP Update: 30 Min</td>
<td>Dr. Russell Lam&lt;br&gt;Alberta Children's Hospital, Calgary, AB</td>
</tr>
<tr>
<td>1815-1845</td>
<td>ASK the PRO – Questions/Answers Period/Evaluations Completion</td>
<td>Dr. Victor Istasy and Dr. Margaret Colbourne</td>
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</table>
# 9th Canadian Paediatric Emergency Medicine Review Course Itinerary

**Friday February 1st, 2019**

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>0700-0800</td>
<td><strong>REGISTRATION &amp; BREAKFAST</strong></td>
<td>Elk Hotel</td>
</tr>
</tbody>
</table>
| 0800-0845| Surgical Emergencies                       | Dr. Victor Istasy  
Children's Hospital, London, ON |
| 0845-0945| Cardiac Emergencies                        | Dr. Andrew Warren  
IWK Health Centre, Halifax, NS |
| 0945-1045| Child Maltreatment                         | Dr. Margaret Colbourne  
Children's Hospital, Vancouver, BC |
| 1045-1130| Hematological Emergencies                  | Dr. Victor Istasy  
Children's Hospital, London, ON |
| 1130-1215| **LUNCH**                                  |                                                   |
| 1215-1300| CNS Emergency                              | Dr. Dominic Allain  
IWK Health Centre, Halifax, NS |
| 1300-1345| Behavioural Emergencies                    | Dr. Shruti Mehrotra  
Children's Hospital, London, ON |
| 1345-1445| Toxicology                                 | Dr. Russell Lam  
Alberta Children's Hospital, Calgary, AB |
| 1445-1500| **BREAK**                                  |                                                   |
| 1500-1545| Procedural Sedation                        | Dr. Maala Bhatt  
Children's Hospital of Eastern Ontario, Ottawa, ON |
| 1545-1645| Trauma                                     | Dr. Graham Thompson  
Alberta Children's Hospital, Calgary, AB |
| 1645-1700| ASK THE PRO – Question/answer period/Evaluations Completion | Dr. Victor Istasy |
### Saturday February 2nd, 2019

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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<tbody>
<tr>
<td>0715-0815</td>
<td><strong>REGISTRATION &amp; BREAKFAST</strong></td>
<td>Elk Hotel</td>
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<tr>
<td>0815-0915</td>
<td>Critical Appraisal</td>
<td>Dr. Graham Thompson</td>
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<tr>
<td></td>
<td></td>
<td>Alberta Children's Hospital, Calgary, AB</td>
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<tr>
<td>0915-1000</td>
<td>Infectious Disease</td>
<td>Dr. Katrina Hurley</td>
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<tr>
<td></td>
<td></td>
<td>IWK Health Centre, Halifax, NS</td>
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<tr>
<td>1000-1100</td>
<td>Orthopedic Emergencies</td>
<td>Dr. Sasha Dubrovsky</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montreal Children's Hospital, Montreal, QC</td>
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<tr>
<td>1100-1130</td>
<td>Dermatology</td>
<td>Dr. Katrina Hurley</td>
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<tr>
<td></td>
<td></td>
<td>IWK Health Centre, Halifax, NS</td>
</tr>
<tr>
<td>1130-1215</td>
<td><strong>LUNCH</strong></td>
<td>Dr. Sasha Dubrovsky</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montreal Children's Hospital, Montreal, QC</td>
</tr>
<tr>
<td>1215-1300</td>
<td>Pediatric Bedside Ultrasound Cases</td>
<td>Dr. Dominic Allain / Dr. Shruti Mehrotra</td>
</tr>
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<td></td>
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<td>IWK Health Centre, Halifax, NS</td>
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<tr>
<td>1300-1400</td>
<td>Quick Snappers</td>
<td>Dr. Sasha Dubrovsky</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Montreal Children's Hospital, Montreal, QC</td>
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<tr>
<td>1400-1415</td>
<td><strong>BREAK- Evaluations Completion</strong></td>
<td>CLOSING REMARKS</td>
</tr>
<tr>
<td>1415 - 1615</td>
<td>ULTRASOUND WORKSHOP/</td>
<td>PEM Exam Preparation Workshop</td>
</tr>
<tr>
<td></td>
<td>FRACTURES: Dr. Sasha Dubrovsky</td>
<td>Go over Exam bank questions:</td>
</tr>
<tr>
<td></td>
<td>SKIN ABSCESSES/ Foreign Body: Dr. Victor Istasy</td>
<td>Dr. Victor Istasy</td>
</tr>
<tr>
<td></td>
<td>LUNG Station: Dr. Russell Lam</td>
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<tr>
<td>1615 - 1630</td>
<td>Evaluations Completion</td>
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Learning Objectives:

- Review and update physician’s knowledge on core topics in paediatric emergency Medicine
- Review current literature and guidelines on common pediatric emergency medicine topics such as trauma, toxicology and respiratory emergencies.
- Learn about strategies to improve bedside ultrasound skills for acute care problems in children.
- Update knowledge on procedural sedation, common hematological emergencies, cardiac emergencies, surgical, neurological and behavioral emergencies seen in emergency department setting.
- Learn how to critically appraise pediatric emergency medicine literature.

- 25% of this program is dedicated to physician interaction.
PGME SPONSORED

PRECISION MEDICINE
ACADEMIC HALF DAY

What is Precision Medicine? Join us for an interactive introduction to Precision Medicine, how it is being used clinically in Calgary, and how you can apply it to your own practice!

Featuring three amazing speakers:

Dr. Dan Muruve
Nephrologist

Dr. Susa Benseler
Pediatric Rheumatologist

Dr. Nils Forkert
Imaging Specialist

SAVE THE DATE:
FEBRUARY 21ST 2019, 13:00-17:00
BEST WESTERN VILLAGE PARK INN
ALL RESIDENTS WELCOME & FREE LUNCH INCLUDED