

Residents & H1N1

The ongoing H1N1 pandemic has placed demands on Canada's medical workforce. As frontline health care providers, residents have been at the vanguard of meeting this challenge and can take great pride in the exemplary manner in which they have risen to fulfill the demand for patient care that has been witnessed in recent months.

While commending these efforts, CAIR would also like to remind residents of the resources available to them.

Over the past few weeks, CAIR has consulted with the Provincial Housestaff Organizations (PHOs) regarding difficulties that residents may have reported as a result of H1N1. It is heartening to note that no widespread systemic concerns have been reported. That being said, individual concerns have been expressed. Some residents were initially denied access to the H1N1 vaccine. Others have faced challenges in obtaining time off to recover from the flu themselves.

CAIR's 2009 "Guidelines for Incorporating Resident Physicians into Pandemic and Disaster Response Plans" reiterates the key principles around patient safety, resident well being and educational needs. Residents should be cognizant of their rights and responsibilities including:

- The right to access personal protective equipment and vaccinations;
- The right to timely and effective communication around protocols, roles, and responsibilities;
- The primacy of patient safety in determining the nature of service provision and adequate levels of supervision; and
- The need for transparency and resident input in planning pandemic responses.

The full CAIR statement is available [here](#).

Residents can also contact their PHOs [here](#) or the Canadian Public Health

Association [here](#).

Other resources can be found through the following:

- **Public Health Agency of Canada:** www.fightflu.ca
- **CMA:** www.cma.ca/h1n1
- **Canadian Public Health Association:** <http://pandemic.cpha.ca/>

Happy Holidays &
best wishes for 2010
from the
CAIR Board of Directors
and staff!



Proposed enhancements to Internal Medicine training in Canada

The Royal College's Specialty Committee in Internal Medicine (SCIM) has proposed changes to the structure of Internal Medicine (IM) training in Canada. Under the proposal, the core training pathway for internists would be reconfigured into a three-year Foundations of Internal Medicine (FIM) program and a new two-year subspecialty called General Internal Medicine (GIM).

The FIM program would focus entirely on "core" competencies for all residents wanting to pursue IM or related subspecialties. Graduates would then undergo a Principles of Medicine exam and earn Royal College attestation, qualifying them for Cardiology, Critical Care Medicine and other subspecialties as well as the new GIM subspecialty program. The Specialty Committee has noted that GIM already exists through a variety of clinical fellowships and that the proposed changes would introduce national standards and a formal system of recognition for GIM.

CAIR formed part of a group of key

stakeholders invited to comment on the proposal and participated in a National Summit on December 14, 2009. As the national representative body of resident physicians, CAIR is committed to ensuring that proposed enhancements to the education and training environment have a positive impact on both the quality of medical education and the practice environment of residents.

To view CAIR's response on the proposal to restructure IM training in Canada, please [click here](#). Additional information on the proposal can be found [here](#).

Consultations, by the SCIM are continuing and results will be presented to the Royal College's Committee on Specialties in April 2010. In the interim, if you have any comments or questions, please e-mail us at cair@cair.ca.

Now available online! CAIR's 2009 Family Medicine Forum Session: Exploring opportunities for to- morrow's medical leaders

- Learning to lead in good times and in bad.
- Practicing medicine under extreme circumstances.
- Collaborating with other health professionals to deliver the best care possible.

These were some of the life lessons shared by all speakers at CAIR's **Exploring opportunities for tomorrow's medical leaders**, a session held in Calgary on October 29, 2009 as part of the College of Family Physicians of Canada's Family Medicine Forum.

(Continued on page 2)



(Continued from page 1)

Exploring opportunities for tomorrow's medical leaders

(continued)

The Executive Summary, audio Podcasts and Powerpoint Presentations from the session are available for download [here](#) for you to read, view and listen to these dynamic and inspiring presentations:

► "Mountains Inspire Leaders, but Valleys Mature Them" (Winston Churchill).

Dr. (LCol) Scott McLeod, Canadian Forces, spoke of the challenges of treating both military members and Afghan civilians in the NATO multinational field hospital in southern Afghanistan.

► Medicine, Motherhood, and Mme la Présidente.

Dr. Ruth Wilson, Chair, Canadian Medical Forum, reflected on how her days of practicing rural medicine across Canada has shaped her as a physician and a leader.

► 101 Career Options Your Mother Doesn't Want You to Try.

Dr. Richard Currie, *Médecins sans frontières*, contrasted his experiences working in remote regions in Kenya and Ethiopia with his practice in British Columbia.

More pictures from the session are also available [here](#).

Upcoming Events

CAIR Board of Directors Meeting

Ottawa, February 6-7 2010

National Resident Awareness Day

February 9, 2010

Please visit the **CAIR website in January 2010 for more information!**

Residents, Policy and Advocacy

By Dr. Sasha Ho Farris Nyirabu Advocacy & Policy Committee Chair

I am a first-year resident in the Family Medicine Northern Remote Stream, at the University of Manitoba, a much-needed residency program which actualizes my aspirations for becoming a doctor.

Last October, the Canadian Association of Internes and Residents sent me to Ottawa to attend the first meeting for the 2009-2010 CAIR Board of Directors. Now, I serve as Chair of the Advocacy and Policy Committee.

Being a part of CAIR is a fortuitous medical educational opportunity which has heightened my awareness and knowledge of health policies and other health care professionals who are partners within our public healthcare system.

To sustain and improve our healthcare system, residents must be well-informed in order to serve effectively as national healthcare advocates for positive change.

Issues being addressed by my committee include:

Health Human resources - growing shortages of health human resources, combined with an aging population and inflationary pressures in healthcare costs, have created untenable patient wait times.

Technology - Traditional health care delivery is being replaced with innovative models that increasingly use new technologies and allied health professions to deliver care. For example, provincial telehealth systems,

free and confidential to patients and staffed by registered nurses, have been implemented. The scope of practice of pharmacists has been broadened and health care providers such as physician assistants have emerged.

EHRs and EMRs increasingly play a crucial role in providing immediate patient histories, enhance patient self-management, and improving access in remote regions of the country.

Residents are early adopters of technology and CAIR has advocated with the federal government for continuing investment in information technology to improve the efficacy of the health care system. It is important that residents are aware of these rapid changes and that training evolves to reflect new models of health care delivery.

Medical education for the 21st century - physicians must incorporate knowledge of political, social, economic, and environmental health factors, for an interdependent view of healthcare systems. Cognizant of this need for a more global approach, CAIR will look to advocate for a national medical education license as well as explore international elective opportunities for Canadian residents.

Healthcare to rural, remote areas -

Chronic medical personnel shortages persist and Canada's residents are increasingly undertaking much of their training in satellite sites located outside of the traditional academic health science centre. We need resources to ensure that our residents are provided with the optimal learning experience that will encourage them to establish future practices in these locales. This is crucial given the evidence that trainees who have a positive learning experience in rural & remote locations are more likely to practice there after completing their training.

The challenges of universal healthcare are numerous. What can a single resident do? As healthcare professionals, we must be informed and proactive with a common vision for change.

Fellow residents, we welcome your comments and ideas for going forward. We are your voice for future change!