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Residency has a language all of its own. This glossary will explain many of the unfamiliar terms used in the resident profiles.

Academic Half Day: This is a half day (or longer) set aside for academic teaching that is protected from clinical duties. Half Day is run by each program and offers residents an opportunity to learn about topics that are core to their specialty. For those on an off service rotation, it is an opportunity to reconnect with one's residency colleagues.

Attending/staff: A physician who has completed residency training and who usually functions in a supervisory role is called an attending or staff physician.

Call shift: This is a shift when a physician is available on call to answer questions and to see patients, either for clinical issues or to admit them to hospital. Being on call usually requires one to continue to be available overnight after working a normal day shift. Call shifts can be in-house, where one stays in the hospital and (with any luck) sleeps in a call room, or at home, where one can be reached by a pager and summoned to the hospital if necessary.

CaRMS: The Canadian Resident Matching Service, or CaRMS, is basically a speed-dating algorithm that each year matches more than 3,500 applicants with postgraduate medical training programs. Applicants rank their specialty preferences and CaRMS uses a mathematical formula to find the best possible matches for specialty, program, and location. The service centralizes the residency application process while accommodating the personal choices of applicants as much as possible. For information see www.carms.ca

Charting: Recording the particulars of patient encounters to communicate results and medical management plans to the rest of the team is called charting. The chart is a legal document that can be referred to in future if there is any need to review the details of a patient encounter.

Clinic: During a clinic residents see ambulatory outpatients who have come in for a medical appointment with a physician.

Clinical Teaching Unit (CTU): This is an inpatient ward where medical trainees learn by providing patient care. Supervision is provided by attending doctors, while junior and senior residents as well as medical students perform the necessary assessments, referrals, counsel, or medical services.

College of Family Physicians of Canada (CFPC): One of two medical licensing bodies in Canada, the CFPC licenses family medicine physicians.

Elective: Sometimes residents can make their own choice about a rotation, which is called an elective. Residency programs offer variable amounts of elective time, and some programs may restrict the choice of disciplines, but an elective is an opportunity to direct one's learning to an area of interest or to fill a knowledge gap. Before major exams, some residents take study electives so they can focus exclusively on preparing for the examination.

EMR: The Electronic Medical Record, or EMR, is a computerized system used for charting.

Fellowship: This is a period of additional specialized training after residency.

Grand Rounds: Department-wide presentations on a clinical subject are called Grand Rounds. Delivered by residents, attending physicians, or visiting speakers, they are typically held once a week and are mandatory during residency.

Handover: Information about Patients and their medical issues is shared during handover between the team that is completing a shift and the new team that is taking over the patient's care. Handover typically happens at 7-8 am and 5 pm.

Glossary of Terms for Resident Profiles

Off Service Rotations: These are clinical rotations spent in a discipline other than the primary focus of one's residency program. For example, an anesthesia resident might spend some time doing obstetric rotations. The goal of rotations is to enhance the general knowledge that relates to one's specialty, help residents understand the clinical perspective of practitioners in other disciplines, and strengthen clinical skills. The first year or two of residency is most likely to focus on off service rotations so that residents are trained to competently manage a range of clinical problems within and associated with their primary discipline.

PGY: This designates one's postgraduate year of training after completion of medical school. Those in first year of residency are known as PGY-1, those in second year of residency are PGY-2, etc.

Provincial House Staff Organizations (PHO): These are organizations that represent residents at the provincial and/or regional level. PHOs negotiate collective agreements that regulate resident work hours and vacation; represent residents on local and provincial postgraduate medical education committees; and support local events for resident well-being. Examples are the Professional Association of Residents and Interns of Manitoba (PARIM) and Resident Doctors of British Columbia.

RDoC: Resident Doctors of Canada is a not-for-profit organization representing more than 9,000 resident doctors across Canada.

Referral: This is a request made by one physician to another to assist with the care of a patient. The referral may be for a clinical opinion or procedure, or it may be a request for the other physician to take over some or all of the patient's care.

Rounding: Checking on patients who are admitted to hospital wards is called rounding. Each patient is seen by a designated medical team who discusses their medical issues together. Residents may also have to "pre-round," which means checking on each patient ahead of the rounding period in order to be prepared to discuss any issues that may have developed overnight.

Royal College of Physicians and Surgeons of Canada (Royal College or RCPSC): One of two medical licensing bodies in Canada, the Royal College licenses physicians in all specialties except family medicine.

Selective: This is similar to an elective, but usually the options are more restricted. Most are set by the residency program and offer subspecialty learning within a specialty. An example of a selective might be a choice between palliative and geriatric medicine.

Specialty: In Canada specialty refers to more than 30 large branches of medical practice. Graduates of medical school choose their specialty through the CaRMS match and pursue postgraduate training in that field throughout residency. Specialty training is very specific and can take 2-7 years, depending on the field. It culminates in examinations by the Royal College of Physicians and Surgeons (medical, surgical or laboratory specialty) or the College of Family Physicians of Canada (family medicine). After being certified in a specialty, physicians can practise in that field or develop greater expertise in a subspecialty through further training.

Subspecialty: A subspecialty is an area of medicine with a more focused or advanced scope that builds on the knowledge learned in specialty training. Physicians usually decide on subspecialty training after or midway through residency. Some subspecialty programs are direct entry, and medical graduates can apply for them through the main CaRMS match. Examples of subspecialties are cardiology within internal medicine, or vascular surgery within surgery. The Royal College of Physicians of Surgeons of Canada has more than 80 certified specialties, subspecialties, specialty programs, and areas of focused competence.

Teaching rounds: In a teaching round one listens to (or gives) a presentation on a clinical subject or an interesting patient/medical case.