

the 2018 - 2019  
**MATCH  
BOOK**

a guide to prepare you  
for the Canadian Residency Match



Canadian Federation of Medical Students  
Fédération des étudiants et des étudiantes  
en médecine du Canada

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Special thanks also to Kaylynn Purdy (Vice-President Education) and Avrilynn Ding (Vice-Chair Education Committee) for their work in editing.

2018 Edition, © 2018

CFMS Match Book

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The tips from residents presented in this publication were not collected systematically. They reflect personal opinions and do not represent the views of any organization. Readers should use their judgment in this regard. The CFMS is not responsible for any consequence resulting from readers' actions based on these tips.

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# INTRODUCTION

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## MESSAGE FROM THE MATCH BOOK EDITORS

The Match Book, created in 2008 and currently in its 11th edition, is a publication from the Canadian Federation of Medical Students (CFMS). It is a student-written resource tailored for Canadian medical students entering the confusing and sometimes overwhelming residency-matching process administered by the Canadian Resident Matching Service (CaRMS).

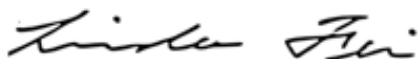
New to this year's edition is the Unmatched Canadian Medical Graduates (uCMGs) section, which was created to prepare students for the unmatched scenario and to help those who are unmatched. Moreover, this edition will provide an overview of how the Canadian residency match process works, statistics from previous matches, and practical tips provided by medical students who have gone through the process in recent years. The Match Book covers the major steps involved in residency application and aids Canadian medical students at various stages of training in planning their strategy for matching to their preferred programs.

Additionally, we are proud to share that this year's Match Book will be the first edition with a full version published in French. Special thanks go to the CFMS Bilingualism Committee for making this possible.

We are grateful to all the respondents of our survey for providing valuable insight for future CaRMS applicants. We would like to thank the members of the CFMS Education Committee; Kaylynn Purdy (current Vice-President Education), Avri Lynn Ding (Vice-Chair Education Committee), and Maylynn Ding (current Education Attaché) for their contributions; and finally, CFMS members at large for their contributions in the advancement of this annual publication. Thank you to Nancy Duan (Illustrator for the Match Book) for making this edition visually appealing from cover to cover. We also extend our thanks to the previous Match Book editors for their tremendous work in creating the framework of the current Matchbook.

The CFMS Education Committee was created in 2014 and is responsible for the CFMS Education Portfolio, which comprises several active projects including the Match Book. Any CFMS member interested in editing future editions of the Match Book is advised to apply for the CFMS Education Committee in Fall 2018. Any questions can be addressed to the CFMS Vice-President Education ([vpeducation@cfms.org](mailto:vpeducation@cfms.org)).

Sincerely,



**Linda Yi Ning Fei**  
Class of 2021  
University of Ottawa



**Casey Wang**  
Class of 2019  
McGill University

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## MESSAGE FROM CARMS CEO AND CHAIR

CaRMS greatly values our relationship with the CFMS, its leadership, members and medical learners across the country. We are committed to continuing to work together to help ensure medical students have the tools and information they need to successfully navigate Canada's postgraduate medical training application, selection and matching system. We're also happy to contribute to the CFMS Matchbook – a valuable resource for those of you embarking on your career selection journey.

One of the best ways CaRMS can help prepare you for your own match experience is with information. The right data at the right time can help you make fully informed decisions.

When we analyzed the results of the [2018 R-1 Main Residency Match](#), some clear themes emerged:

- The ratio of positions to graduates is getting tighter;
- The alignment between applicant interest and position availability is shifting; and,
- The average number of applications is going up.

There's no doubt that the ratio of available positions to the number of Canadian medical graduates continues to tighten. In addition, shifting alignment between applicant choice and position distribution is increasing demand on certain disciplines, creating more pressure in the system. The limited positions left after the match (outside of Quebec), coupled with the rising number of applicants who are unmatched or choose not to participate in the second iteration of the match, all point toward a lack of alignment between supply and demand in the system. The rise in the number of applications submitted by applicants seems to be a direct reaction to these pressures.

One of the unintended and undesirable outcomes of a system under pressure like this is an upward trend in the number of unmatched graduates. When we look at the data, we can see that there are a variety of reasons graduates may not match. For some, it comes down to a lack of available positions. For others, it's the result of a deliberate decision they've made about discipline or location choice. And for still others, it's much harder to specify.

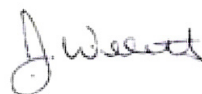
What is important to remember is that even for those who don't match in their graduating year, the road doesn't end there. On average for the past five years, 99.5 per cent of Canadian medical graduates do match within two years after graduation.

CaRMS is committed to working with our partners, like the CFMS, to achieve the best possible outcomes for Canadian graduates and to work with all partners for a continuously improving application, selection and matching system.

Sincerely,



**John Gallinger**  
CEO  
CaRMS



**Dr. Janice Willett**  
Chair  
CaRMS Board of Directors

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## MESSAGE FROM THE AFMC

Dear medical students:

The process of career decision making and the match into residency is a major part of every medical student's life. The Association of Faculties of Medicine of Canada (AFMC) is pleased to provide you with career counseling online tools such as the [Myth Buster video clips](#), developed with faculty leaders from across the country, to help you make these important decisions.

AFMC is concerned about the number of unmatched Canadian medical graduates. Our report, [Reducing the Number of Unmatched Canadian Medical Graduates](#), confirms the commitment of the Deans of Medicine to providing strong support to medical students and unmatched graduates from Canadian medical schools on their path to a meaningful (clinical or non-clinical) career that contributes to improved health for all Canadians. AFMC and the Deans of Medicine across the country have also mandated the establishment of appropriate structures, policies and procedures to support unmatched graduates and are actively engaged in a system-level reform. In addition, AFMC has been advocating strongly with government to increase the number of residency spots and to ensure that graduates from Canadian medical schools have access to all CMG spots.

As we continue to work together to reduce the number of unmatched Canadian medical graduates, I invite you to share any feedback you may have. Please let us know how else we can help support you.

Sincerely,



**Geneviève Moineau, MD, FRCPC**  
President and CEO  
Association of Faculties of Medicine of Canada

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## MESSAGE ABOUT WELLNESS

**“No man is an island, Entire of itself, Every man is a piece of the continent, A part of the main.”  
- John Donne “Meditation 17” (1624)**

Congratulations, final year students! You have made it and the end of this journey is in sight. It is a bittersweet moment to know this adventure is nearly done but a new adventure awaits. Congratulate yourself for how far you have come. You have accomplished much while navigating academic and personal challenges. Along the way you learned not just medical sciences but also about your own strength and resiliency.

The match process will challenge you in new ways. It is not uncommon to feel isolated, inadequate, or overwhelmed. These are common emotions, but each person’s experiences will be different. Even if you feel so, you are not alone on this emotional roller coaster. It is a journey all medical students have or will face. As you navigate the ups and downs of this process, looking after your own health is key.

Maintaining wellness (not just physical but also mental, emotional, and spiritual health) can be increasingly difficult this year. If you have not already, this is a good time to explore available resources.

For example, many universities offer free counselling, gym memberships, accessibility offices, spiritual centres, LGBTQ+ resources, and more. Your undergraduate medical education office may offer additional mental health resources, financial advisors, and career support. Classmates, mentors, family and friends, including those outside medicine, are important emotional supports; they want you to succeed too.

Maximize resources by helping them help you. Access them early, ie. use them prophylactically. As well, the importance of explicitly identifying needs was a lesson I learned from my mom (because moms are usually right, aren’t they?). She is not in medicine or familiar with the match, so it helped her to explicitly state emotions, explain them, then say what was needed. For example, “I am frustrated with personal letters. I’m often too critical of myself and I’m selling myself short. Can you help me list my strengths?” This may sound straightforward, but the hardest step is often the first step, reaching out for support.

It is not easy to ask for help when our profession highly values perfectionism. In discussing wellness, we must acknowledge that this culture of perfectionism can be a barrier. Like most things in medicine, social norms and culture influence an individual’s actions.

On the other hand, this is also a bidirectional relationship. Our actions direct the evolution of medical culture. We can adopt the perspective of seeing someone’s strength, courage, and dedication to their work when they ask for assistance. Essentially, as the incoming generation of physicians, we can embody the culture in which we want to work. It is inspiring to see that many medical students and residents are doing this already. For final year students, this is an important time to support your classmates and their wellbeing.

However, you define wellness, check-in regularly with yourself this year and make sure your needs are met. Many resources are available to help you. Look out for your classmates too. Behind the facades of success, they may be feeling isolated or overwhelmed. You can offer support, so they know no one is doing this alone.

Good luck! And don't forget to have fun!

Sincerely,

A handwritten signature in black ink that reads "Lauren Bilinsky". The signature is written in a cursive, flowing style. The signature is enclosed within a faint, light-colored oval border.

**Lauren Bilinsky**

PGY-2, Public Health and Preventative Medicine with Family Medicine  
University of Calgary



# SECTION 1: BACKGROUND

## 1.1 THE MATCH PROCESS

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### Overview

The CaRMS R-1 match process allows applicants to decide where to train and Program Directors to decide which applicants they wish to enrol in postgraduate medical training.

The R-1 match is the largest match program that is offered through CaRMS, and students from all 17 medical schools in Canada as well as eligible students from the US and international medical students (IMGs) with no prior postgraduate training in Canada or the US participate in the match. It is offered in two iterations, where positions and applicants that were not matched in the first iteration can participate again in the second round for another opportunity at a match.

Once matched, applicants are legally bound to attend the residency program and programs are legally bound to accept applicants. Read more on this topic in Section 1.2: The New CaRMS Contract. Visit the [CaRMS website](#) for more information about this contract.

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### Match Algorithm<sup>1</sup>

CaRMS uses the Roth-Peranson algorithm to match students into postgraduate medical training programs throughout Canada. This is roughly the same matching algorithm that is used in the United States for their National Resident Matching Program (NRMP), as well as for matches in many other programs including law, dentistry, psychology, optometry, and pharmacy.

#### A Brief History of the Matching Algorithm

We will cover here a brief history of the matching algorithm and how it works. We will also run through how an example match works, and some practical tips about how to rank residency programs. The algorithm used today by CaRMS is slightly more complicated than what we present here because it must deal with complex situations such as couples matching, but we hope that our simplified example here helps with understanding how the process works.

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<sup>1</sup> Resources:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3399603/>  
<https://www.simonsfoundation.org/2010/09/24/playing-with-matches/>  
<https://www.nobelprize.org/prizes/economics/>  
<https://www.natmatch.com/matchingprogram.html>  
<https://www.carms.ca/en/residency/match-algorithm/>

Interestingly, the work that went into this algorithm won the Nobel Prize in Economics in 2012 for Alvin Roth (Harvard University) and Lloyd Shapley (UCLA). Their work was pioneering because unlike with traditional markets, where prices can be adjusted so that supply meets demand, the process of residency matching provides a special challenge because prices cannot be used at all to allocate the limited resources of residency spots or graduating medical students.

In the early 1900s, residency matching in the US worked roughly the same way as traditional job offers. This presented a problem, however, because with the scarcity of promising medical students, hospitals would make offers for residency spots increasingly early — often before students had enough time to decide where their interests lie in medicine. With medical students often rejecting residency offers, hospitals would give “exploding” job offers, which had extremely short expiration dates.

Lloyd Shapley and David Gale developed a “deferred acceptance” algorithm in their theoretical work in game theory whereby applicants take turns applying to programs of their choice, making “tentative matches”, and programs will take their most preferred applicant who matched to them. Importantly, they showed that such an algorithm would always result in stable matches. That is, after the final match, there would be no switches of an applicant to another program that would be preferable to both sides. Moreover, the deferred acceptance algorithm is one-sided. Whichever side proposes first (the students or the programs) has an overall advantage in terms of how likely they are to obtain their top choice matches.

In the 1950s, the residency matching program in the US brought in the economist Alvin Roth and Elliot Peranson to help with their matching algorithm. Roth discovered that the algorithm that the NRMP was using was very similar to the “deferred acceptance” algorithm that Shapley and Gale had developed. They helped develop the algorithm further and adapt it for some special conditions, including couples matching.

### How does it work?

The match algorithm compares rank-order-lists (ROLs) submitted to CaRMS by applicants and programs and matches applicants to programs based on both parties’ stated preferences. ROLs submitted by applicants indicate a list of programs where they wish to train ranked in order of preference. Similarly, ROLs submitted by programs indicate a list of applicants they wish to train ranked in order of preference.

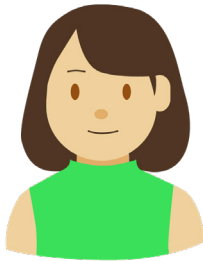
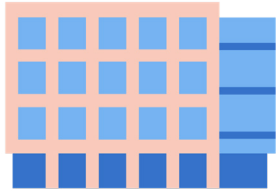
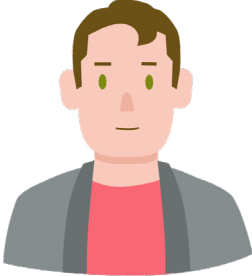
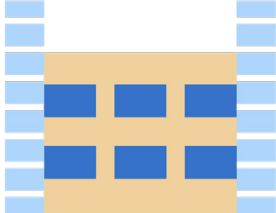

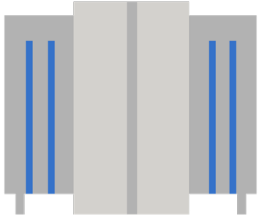
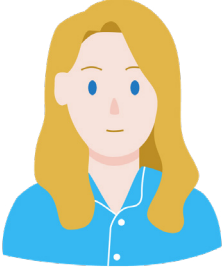

The algorithm is applicant-proposing, meaning it starts with an attempt to place an applicant into their most preferred program. In this way, the algorithm provides applicants with their best possible outcome based on the ROL submitted. At the end of the match process, each applicant is either matched to their most preferred choice possible from their ROL or all choices submitted by the applicant have been exhausted and they go unmatched.

Following the first iteration of the match, unmatched applicants can reassess their standing and apply to programs with unfilled positions in the second iteration. The same algorithm is applied to this second match.

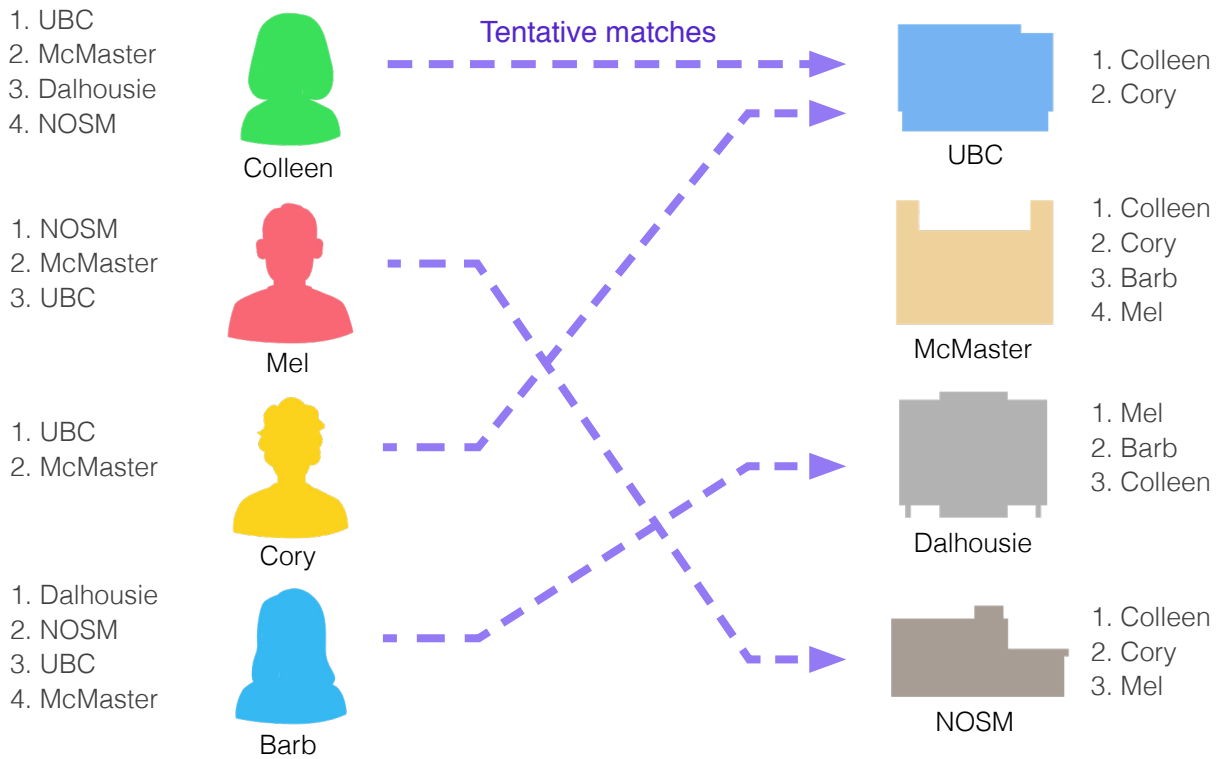
Let's Work Through an Example...

Imagine there are four applicants (Colleen, Mel, Cory, and Barb) and four residency programs (UBC, McMaster, Dalhousie, and NOSM), each with one position. The following is how the applicants and the programs have ranked each other:

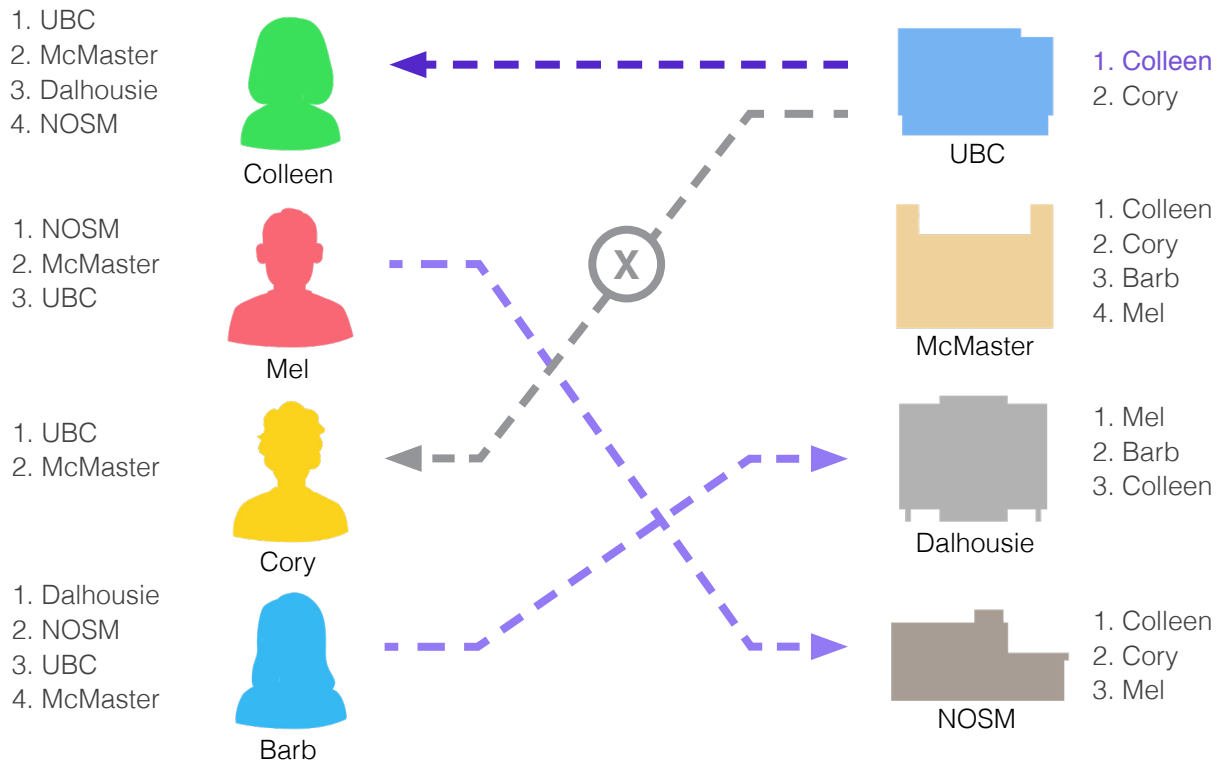
1. Applicants and residency programs make their Rank Order List.

<ol style="list-style-type: none"> <li>1. UBC</li> <li>2. McMaster</li> <li>3. Dalhousie</li> <li>4. NOSM</li> </ol>			<ol style="list-style-type: none"> <li>1. Colleen</li> <li>2. Cory</li> </ol>
<ol style="list-style-type: none"> <li>1. NOSM</li> <li>2. McMaster</li> <li>3. UBC</li> </ol>			<ol style="list-style-type: none"> <li>1. Colleen</li> <li>2. Cory</li> <li>3. Barb</li> <li>4. Mel</li> </ol>
<ol style="list-style-type: none"> <li>1. UBC</li> <li>2. McMaster</li> </ol>			<ol style="list-style-type: none"> <li>1. Mel</li> <li>2. Barb</li> <li>3. Colleen</li> </ol>
<ol style="list-style-type: none"> <li>1. Dalhousie</li> <li>2. NOSM</li> <li>3. UBC</li> <li>4. McMaster</li> </ol>			<ol style="list-style-type: none"> <li>1. Colleen</li> <li>2. Cory</li> <li>3. Mel</li> </ol>

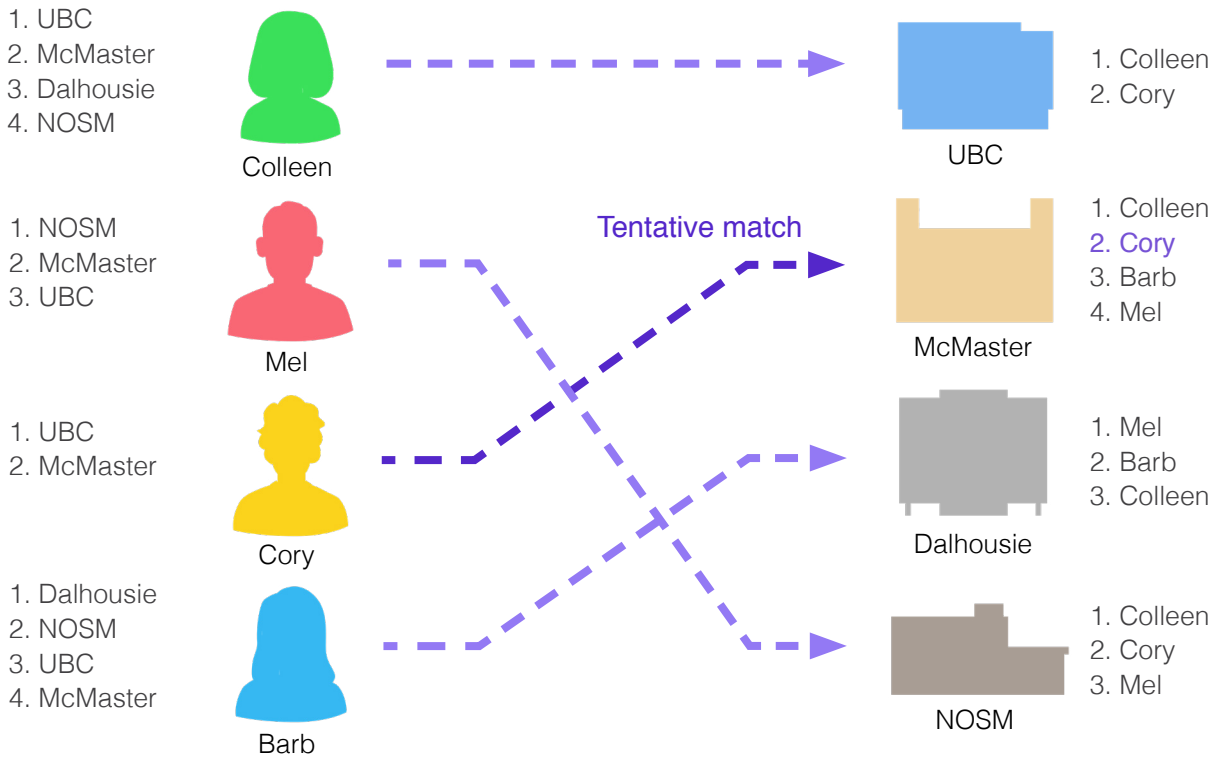
2. The algorithm attempts to match each candidate with their first choice



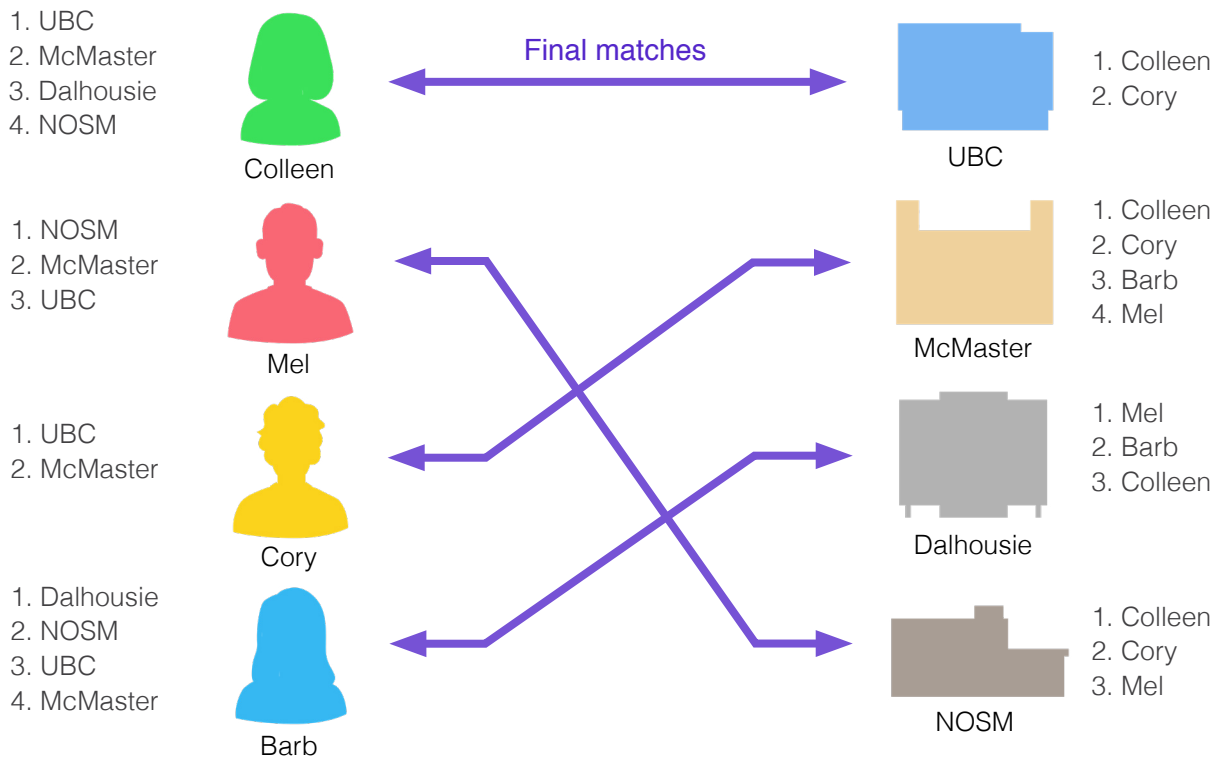
3. Colleen and Cory are both tentatively matched to UBC, but there is only one spot. Therefore, UBC is able to choose a candidate based on their Rank Order List.



4. Cory now makes his second choice based on his Rank Order List.



5. There are no more conflicts, and therefore a final match is made!



## Rank Strategies

**COLLEEN** is a strong candidate and is confident about her applications and interviews. She chooses to rank UBC Peds first as this is her preferred program but she also ranks the others, which she also finds acceptable. The program director at UBC Peds told her that she would be ranked highly. Candidates should be cautious of these statements and they should not be considered commitments. **Colleen has chosen a wise strategy. Applicants should consider ranking all programs they would consider to maximize their chances of matching.**

**MEL** also prefers UBC Peds but thinks he has a low chance of getting in so he ranks it last. He leaves Dalhousie Family Medicine off his list because he thinks his interview went terribly, even though he would like this program. **These are both poor strategies. Applicants should rank programs in order of preference, and they should rank all programs to which they would consider matching.** Ranking should not be influenced by speculations of programs' rankings, as these may be inaccurate.

**CORY** decides after his interviews that he no longer wants to pursue a residency in Dalhousie Family Medicine or NOSM Internal Medicine so he leaves them off his list. **This is a wise strategy. You should only rank programs that you would consider.**

**BARB** really wants to go to NOSM Internal Medicine but does not think her application is competitive enough. She ranks it first anyway because this is her preferred program and the other programs will never know she ranked them lower. **This is a wise strategy. During the match, an applicant is placed into the most preferred program that ranks the applicant. Always put your most preferred program as your first choice.**

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## Second Iteration

If a candidate, like Mel, goes unmatched after the first iteration, they can participate in the second iteration of the R-1 match in CaRMS Online. They are not automatically enrolled in the second iteration. The second iteration is approximately five weeks in duration.

CaRMS will post a list of unfilled positions available in the second iteration. During this time, candidates can supplement any other documentation they require to apply for additional programs. Documentation that was previously uploaded will still be on file. Applications continue to be sent to programs through CaRMS Online.

Your faculty advisor may assist you during this stage of the process. Note that requirements vary from program to program and are subject to change during the second iteration. The most up-to-date requirements will be posted on carms.ca. Most notable is the short time frame within which the application must be submitted.

**As in the first iteration, candidates are legally bound to their matched residency program.**

### Tips for Creating Your Rank-Order-Lists

- The sequence of your rank order list should reflect your true personal preferences.
- Rank all the programs that are acceptable to you and do not rank any programs which you find unacceptable. **Remember, a match result is BINDING and you are not able to decline a match result.**
- Postgraduate programs are not permitted to ask you questions about your rank intentions and you are able to decline answering such questions.

## Couples' Match

### Overview

CaRMS' ranking tools allow two applicants to prepare and submit their ROLs as a couple. Using this option, each program desired by one partner can be paired with a program desired by the other partner, and a single ROL composed of these pairings will be used. To have a successful match, both programs on the top pairing must match with both applicants. If not, the algorithm moves down to the next preferred pairing, until both partners match.

Note: By pairing their choices, couples may be limiting their individual chances of a successful match because each partner depends on the other for the match results.

### Let's work through another example<sup>2</sup>...

Imagine a couple, Colleen Esterase and Cory Za, who decide to try matching as a couple.

**Step 1: Each partner should prepare their own individual list of preferred programs on a separate piece of paper.**

#### Colleen Esterase

1. McMaster Pediatrics
2. UBC Pediatrics
3. MUN Pediatrics
4. Dalhousie Pediatrics
5. Western Pediatrics

#### Cory Za

1. McMaster Orthopedic Surgery
2. UBC Orthopedic Surgery
3. Western Orthopedic Surgery
4. MUN Orthopedic Surgery
5. Dalhousie Orthopedic Surgery

<sup>2</sup> <https://www.carms.ca/match/r-1-main-residency-match/applicant/ranking-r1/couples-ranking-example-r1/>

**Step 2: Both partners must decide together what PAIRS of programs they are prepared to rank.**

Couples may consider all possible pairings where the programs are in the same general location or they may also wish to form some pairs where the programs are not in the same location. One rank in a pair may be designated as “No match” to indicate that one partner is willing to go unmatched if the other can match to their preferred program.

**Colleen Esterase**

1. McMaster Peds
2. McMaster Peds
3. Western Peds
4. Western Peds
5. UBC Peds
6. MUN Peds
7. MUN Peds
8. Dalhousie Peds
9. Dalhousie Peds
10. McMaster Peds
11. No match
12. UBC Peds

**Cory Za**

- McMaster Ortho
- Western Ortho
- McMaster Ortho
- Western Ortho
- UBC Ortho
- MUN Ortho
- Dalhousie Ortho
- MUN Ortho
- Dalhousie Ortho
- No match
- McMaster Ortho
- No match

Note: A couple may choose to rank only some or all possible combinations of their programs. Ranking more pairings will reduce the chance that partners go unmatched. However, unacceptable pairings should be omitted from the list.

**Step 3: Next, both partners must decide together the order in which these pairs are preferred. Each partner must then enter their side of the list independently into the online system.**

The couple might have a final list of paired programs like the one on the following page.



**Colleen Esterase**

1. McMaster Peds
2. UBC Peds
3. McMaster Peds
4. MUN Peds
5. Dalhousie Peds
6. Western Peds
7. MUN Peds
8. Dalhousie Peds
9. Western Peds
10. McMaster Peds
11. McMaster Peds
12. McMaster Peds
14. UBC Peds
15. UBC Peds
16. UBC Peds
17. UBC Peds
19. MUN Peds
20. MUN Peds
21. MUN Peds
23. Dalhousie Peds
24. Dalhousie Peds
25. Dalhousie Peds
27. Western Peds
28. Western Peds
29. Western Peds
13. McMaster Peds
18. UBC Peds
22. MUN Peds
26. Dalhousie Peds
30. Western Peds
31. No match
32. No match
33. No match
34. No match

**Cory Za**

1. McMaster Ortho
2. UBC Ortho
3. Western Ortho
4. MUN Ortho
5. Dalhousie Ortho
6. Western Ortho
7. Dalhousie Ortho
8. MUN Ortho
9. McMaster Ortho
10. Dalhousie Ortho
11. UBC Ortho
12. MUN Ortho
14. McMaster Ortho
15. Western Ortho
16. MUN Ortho
17. Dalhousie Ortho
19. McMaster Ortho
20. UBC Ortho
21. Western Ortho
23. McMaster Ortho
24. UBC Ortho
25. Western Ortho
27. UBC Ortho
28. MUN Ortho
29. Dalhousie Ortho
13. No match
18. No match
22. No match
26. No match
30. No match
31. McMaster Ortho
32. UBC Ortho
33. Western Ortho
34. MUN Ortho

Once you have listed all your couples rank options, each individual can choose to continue ranking programs to maximize individual match opportunities.

A rank of 'No match' should only be used if the couple agrees that one partner matching is a more acceptable result than neither partner matching. For example, using the pattern below, both individuals from the pair are given the same opportunity for their best-case match result as an applicant who submits an individual rank order list.

For example, if Colleen's best match opportunity was Western Peds (her fifth choice) and Cory's best match opportunity was McMaster Ortho (his first choice), they would match at rank 9. However, if Colleen was not ranked by any programs or ranked behind other candidates and all positions were filled, and Cory's best match opportunity was McMaster Ortho (his first choice), they would match at rank 31, giving both partners the match result they would have received if they had submitted individual rank order lists.

## 1.2 THE CARMS CONTRACT<sup>3</sup>

The CaRMS Contract is legally binding and explains the expectations of the applicants and programs participating in the match, as well as the consequences if either party breaches the contract. The contract is interpreted and enforced by the laws of the Province of Ontario and the federal laws of Canada. It is important to only rank programs in which you are willing to train in.

Applicants who wish to withdraw an application to a program must do so before file review. After a match has been made, applicants must obtain the appropriate licensure from the medical regulatory authority in the province or territory in which they have matched by July 1. CaRMS has the right to remove applicants from the matching program if credentials cannot be verified or found to be falsified.

If an applicant matches to a program but decides to not accept the match, the violation will be reported to the CaRMS violation review committee and the applicant will be contacted to try to resolve the issue. If the issue is not resolved, the applicant will face a penalty decided upon by the violations review committee. The most common consequence is disqualification from entry into CaRMS matches for up to three years. All contract breaches are reported to licensing authorities and medical colleges, and becomes part of the applicant's professional history.

## 1.3 FAQ ABOUT CARMS<sup>4</sup>

### What is included in a CaRMS application?

Application requirements will vary depending on province, school, and program. A typical application will require your transcript and MSPR (provided to CaRMS directly from your medical school). You will also be able to enter details on the following: language skills, licensure (Medical Council of Canada exams, any international medical training, etc.), achievements and interests, undergraduate education and CÉGEP, graduate education, medical education, clinical electives, residency training and electives (for when applying to a subspecialty), professional training, work experience, volunteering experience, scholarly activities and research (publications and presentations), observerships, clinical experience, and fellowships.

### What does it mean when a program has multiple streams?

This means the program offers training at more than one site, such as a Family Medicine program that has sites in London and in Windsor.

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<sup>3</sup> <https://www.carms.ca/policies/>

<sup>4</sup> <http://www.carms.ca/en/match-process/faqs/cmfg/>

### Can I submit a bilingual application?

Yes, you may submit applications in English and French.

### I applied to the first iteration, but I didn't receive any interviews so I didn't submit an ROL. Do I need to withdraw to enter the second iteration?

You do not need to withdraw your application. From the start of the second iteration until file review, you can make changes to your application, assign documents, and apply to other programs.

### Can I modify a personal letter after it has been assigned to a program?

Yes, you can modify personal letters until the closing of the application period.

### Do I have to rank all the programs that I applied to?

No, you do not have to rank all the programs that you applied to. Rank only the programs in which you would be willing to train in.

### How do I rank multiple streams in the same program?

Each stream can be ranked individually and would be treated like any other program that you're ranking. No two programs or streams can have the same ranking.

### How much does it cost to apply to CaRMS?

Applicants who wish to register in a CaRMS match must pay a participation fee, which varies by match type. Currently, the cost of R-1 Main Residency Match participation fee is \$321.52, which includes applications to eight programs. Each additional program is \$30.50 each, with no minimum number of programs that you can apply to. The Family Medicine/Emergency Medicine Match participation fee is \$202.00. You do not have to pay for interviews, however if you request an interview via videoconference, the program has the right to charge you for any fees incurred for the accommodation. You can find a list of fees [here](#).

### I am also applying in the US through the National Resident Matching Process (NRMP), do I need to notify CaRMS?

If you are participating in the NRMP match in addition to the CaRMS match, you must notify CaRMS through your online application prior to the rank order list deadline. If you fail to notify CaRMS of your participation in the NRMP match, you can be removed from the CaRMS match and your match results voided.

# SECTION 2: PREPARATION

## 2.1 DATES AND MILESTONES

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated deadlines, please visit the [CaRMS website](#).

### General Information

All fourth year students applying for entry into postgraduate medical training programs will be going through the R-1 Main Residency Match. The R-1 Main Residency Match is divided into the first and second iteration. Below is important information pertaining to both, which will be essential for you to consider through the application process.

FIRST ITERATION	SECOND ITERATION
<b>Sept 5, 2018</b> CaRMS opens for CMG applicants	<b>Jan 3, 2019 noon ET</b> CaRMS online opens
<b>Oct 11, 2018 Noon ET</b> Program selection begins	<b>Feb 6, 2019</b> <a href="#">Physiciansapply.ca</a> examination information and document transfers
<b>Oct 31, 2018</b> Documents sent by mail (MSPRs and transcript)	<b>Feb 7, 2019</b> Translation requests
<b>Nov 2, 2018 17:00 ET</b> Deadline for translation requests	<b>Feb 26, 2019 12:00 ET</b> Match participation opens for applicants unmatched in first iteration
<b>Nov 8, 2018</b> <a href="#">Physiciansapply.ca</a> examination information and document transfers	<b>Feb 28, 2019 12:00 ET</b> Program selection opens
<b>Nov 16, 2018</b> Deadline for reference letters sent by mail	<b>March 8, 2019</b> Deadline for documents sent by mail and reference letters sent by mail or online.
<b>Nov 20, 2018 Noon ET</b> Application and document assignments	<b>March 14, 2019 Noon ET</b> Application and document assignments. File review begins.

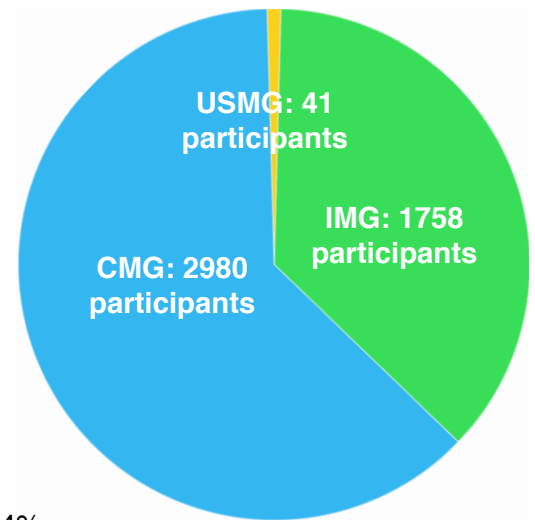
FIRST ITERATION	SECOND ITERATION
Nov 20, 2018 12:05 ET File review begins	March 19, 2019 Noon ET Ranking period begins
Nov 27, 2018 Noon ET Reference letters assigned to programs	March 28, 2019 15:00 ET Deadline for rank order lists
Jan 12 – Feb 3, 2019 National Interview Period	April 10, 2019 noon ET Match Day for second iteration of R-1 match
Jan 24, 2019 Noon ET Ranking period begins	May 7, 2019 15:00 ET CaRMS online closes
Feb 13, 2019 15:00 ET Deadline for rank order lists	
Feb 26, 2019 Noon ET Match Day	

## 2.2. STATISTICS

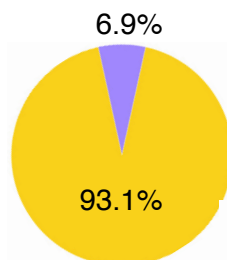
Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated statistics, please visit the CaRMS website [here](#).

In the **2018 CaRMS R-1 Match**, there were 2980 Canadian Medical Graduates (CMGs), with an **overall CMG match rate of 93%**.

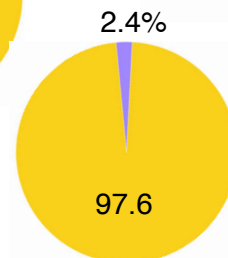
1758 IMGs had a match rate of 46.4% and 41 USMGs had a match rate of 70.6%.



Out of 3308 total residency positions, **3080 (93.1%) were filled** and 228 (6.9%) remained vacant after the first iteration match.



**3230 (97.6%) were filled** and 78 (2.4%) remained vacant after the second iteration match.

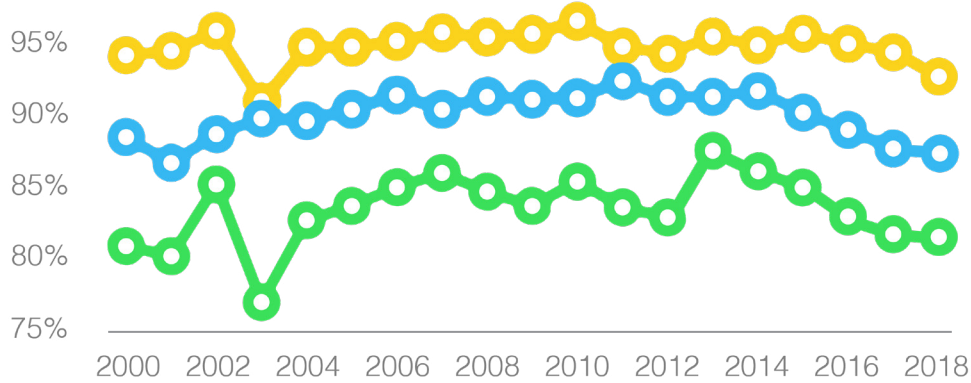


**CMGs applied to:**  
 An average of **20.6** programs  
 An average of **1.9** disciplines  
**1.02** = ratio of quota to CMGs

### CMG First Iteration

The R-1 match has, overall, become **increasingly competitive** in recent years, especially when looking at the 1st iteration.

In 2018, 58.9% of CMGs matched to their 1st choice program.



Matched in 1st iteration: **92.64%**

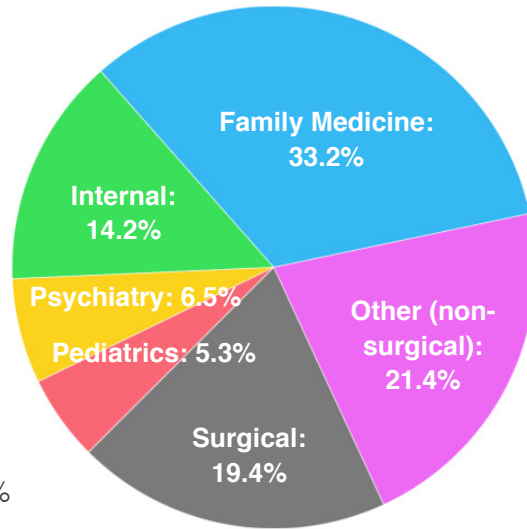
Matched to 1st choice discipline: **86.7%**

Matched to 1 of top 3 program choices: **81.7%**

### CMG 1st Choice Disciplines

CMGs matched to first choice discipline by discipline group:

- Family Medicine: 98.9%
- Internal Medicine: 90.7%
- Surgical: 77.0%
- Other Non-surgical: 76.9%

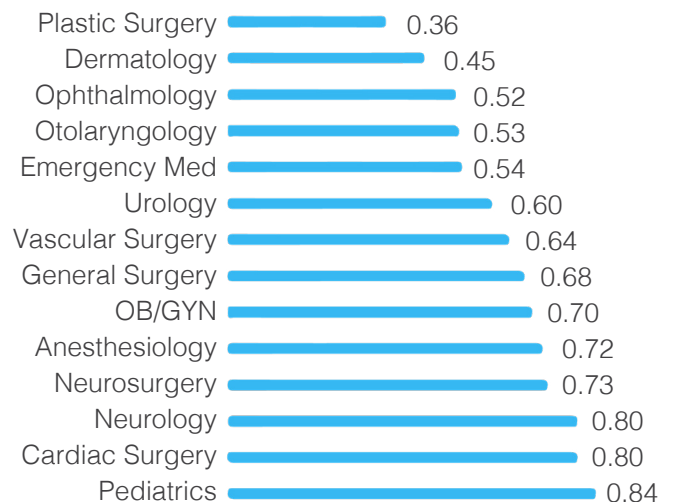


Compared to the 2017 Match, **surgical specialties were more popular in 2018** (19% compared to 14%) while Internal Medicine and other non-surgical specialties were slightly less popular.

### CMG Quota filled after 1st iteration, number (% filled):

- Family Medicine: 1202 (89.2%)
- Internal Medicine: 437 (96.5%)
- Psychiatry: 175 (95.1%)
- Pediatrics: 132 (100%)
- Anesthesiology: 104 (99.1%)
- Diagnostic Radiology: 77 (92.8%)
- Emergency Medicine: 66 (100%)
- General Surgery: 82 (100%)
- Neurology: 43 (97.7%)
- Obstetrics & Gynecology: 78 (100%)
- Orthopedic Surgery: 49 (100%)

### First Choice Discipline vs Availability (supply < demand)



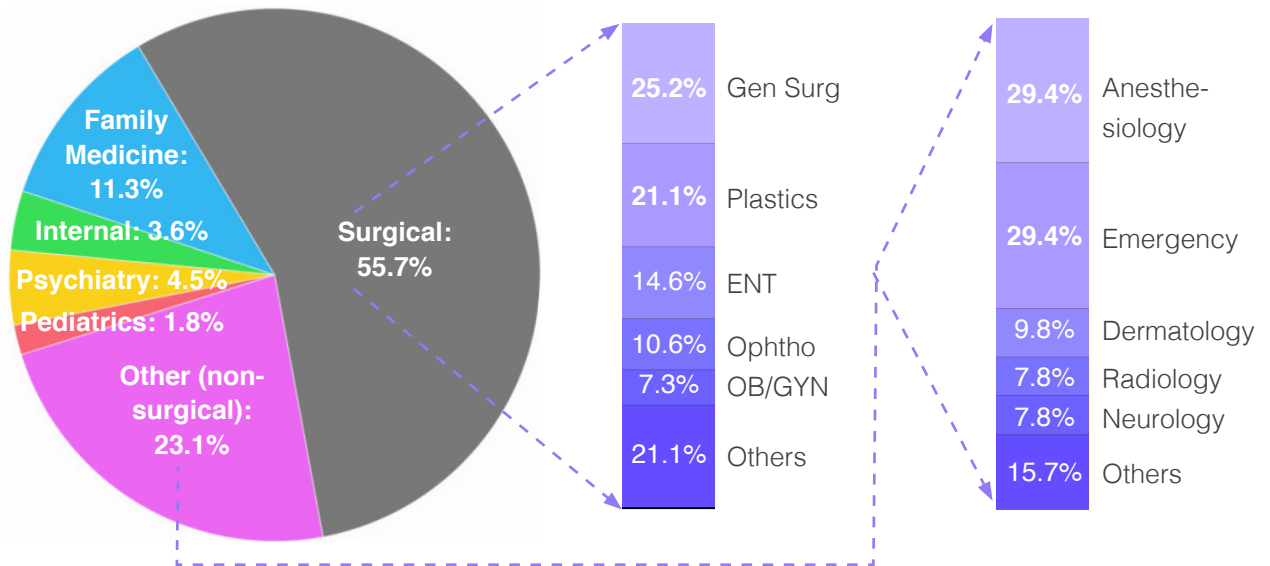
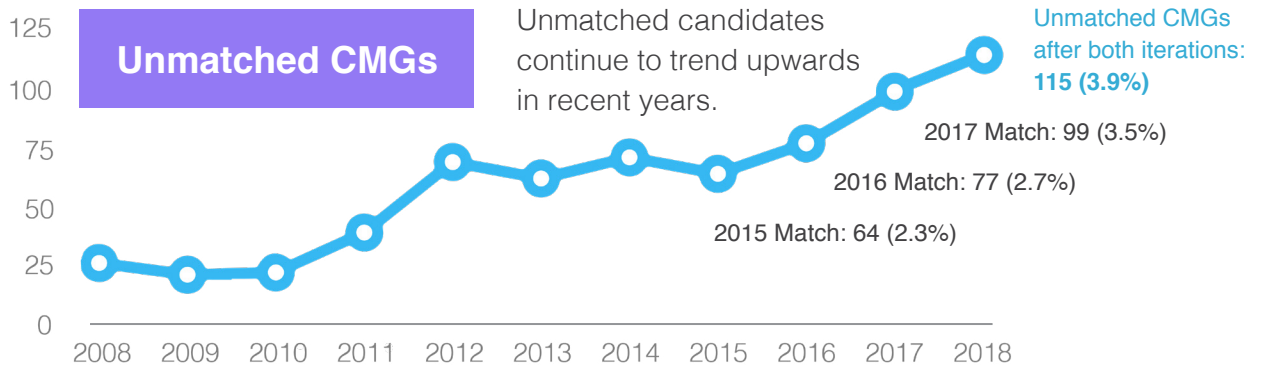
	1st Choice 2018, % (fraction)	1st Choice 2017, %	1st Choice 2016, %
Anatomical Pathology	84.2 (32/38)	91	100
Anesthesiology	68.5 (100/146)	70	73
Cardiac Surgery*	80 (8/10)	70	75
Dermatology	43.3 (26/60)	49	44
Diagnostic Radiology	88.9 (72/81)	79	88
Emergency Medicine	50.4 (62/123)	53	50
Family Medicine	96.4 (935/970)	97	96
General Pathology*	-	100	75
General Surgery	63.6 (77/121)	72	79
Heme Pathology*	75 (3/4)	100	100
Internal Medicine	88.9 (370/416)	84	88
Laboratory Medicine	-	92	100
Medical Genetics*	100 (6/6)	100	100
Medical Microbiology	66.7 (2/3)	100	64
Neurology	76.4 (42/55)	67	90
Neurology - Pediatric*	62.5 (5/8)	67	75
Neuropathology*	100 (2/2)	100	-
Neurosurgery	69.2 (18/26)	58	67
Nuclear Medicine*	100 (3/3)	100	67
OB/GYN	63.4 (71/112)	63	70
Ophthalmology	52.1 (37/71)	69	69
Orthopedic Surgery	80.4 (45/5)	82	87
Otolaryngology	47.2 (25/53)	69	69
Pediatrics	77.6 (121/156)	71	75
Physical Medicine & Rehabilitation	83.9 (26/31)	81	60
Plastic Surgery	34.6 (18/52)	49	46
Psychiatry	85.8 (163/190)	88	88
Public Health*	65 (13/20)	84	78
Radiation Oncology*	77.8 (21/27)	100	100
Urology	58.3 (28/48)	60	64
Vascular Surgery*	57.1 (8/14)	88	75

## Matches in First Iteration by Discipline

For each individual discipline, please refer to the table on the left, which shows the percentage of CMGs who chose the discipline as their 1st choice who matched after the 1st iteration.

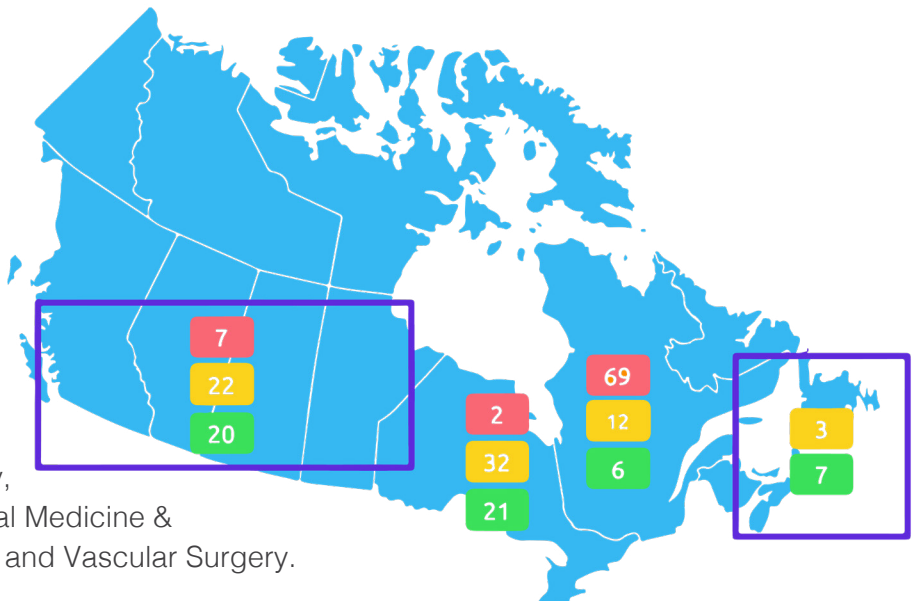
\* indicates that fewer than 20 applicants chose this specialty as their 1st choice discipline. Match percentages may vary greatly from year to year due to the small number of applications.

- indicates that the data for this discipline was not reported in that year.



Of the **222** CMGs who went unmatched in the **1st iteration**, 55.8% (123) applied with a first choice surgical specialty, and 23.1% (51) applied with a first choice “Other (non-surgical)” specialty. Within the surgical specialties, General Surgery had the highest unmatched rates, whereas in the “Other” category the highest rates were in Anesthesiology and Emergency.

A total of **78 positions were unfilled** after the 2nd iteration match. The majority of these were in Family Medicine (65). The others included Medical Microbiology (4), and 1 each for Anatomical Pathology, Diagnostic Radiology, Internal Medicine, Medical Genetics, Neuropathology, Nuclear Medicine, Physical Medicine & Rehabilitation, Psychiatry, and Vascular Surgery.





## SECTION 3: STRATEGY

### 3.1 GUIDE TO ELECTIVE PLANNING

Fourth year electives are meant to broaden and enhance your knowledge base, assist you in making a career choice, and provide an opportunity to learn in a specialty of your interest. Many students have found that the planning process can be overwhelming, especially when you're getting started. Here is a guide to help de-mystify the elective planning process.<sup>5</sup>

#### Step 1: Register on the AFMC Student Portal

Register as a medical student on the [AFMC Student Portal](#). This is an online bilingual service that places students in visiting electives at the 17 faculties of medicine in Canada. Please see Section 4.2: AFMC Elective Portal for more detailed information on the AFMC.

#### Step 2: Choosing your Electives

Electives can be done at any Canadian medical school and in any discipline. If you don't mind matching to any school in Canada, it is strongly recommended that you do electives in the specialty that you like in various locations across the country.

To ensure students get a broad range of experience, medical schools generally require students to complete electives in at least 3 different different disciplines. The definition of a discipline varies by school policy. The CaRMS entry disciplines are listed below for your reference:

- Anatomical Pathology
- Anesthesiology
- Cardiac Surgery
- Community Medicine
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Medicine
- Family Medicine MOTP
- General Pathology
- General Surgery
- Hematological Pathology
- Internal Medicine
- Laboratory Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Neurology
- Neurology – Pediatric
- Neuropathology
- Neurosurgery
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Physical Med & Rehab
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Urology

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5 References

<https://medicine.dal.ca/departments/core-units/student-affairs/career-support/advice-on-electives.html>

<http://www.mcgillmed.com/elective-and-career-planning-made-ridiculously-simple/how-to-book-electives/>

[https://www.umanitoba.ca/faculties/health\\_sciences/medicine/education/undergraduate/media/Elective\\_Scheduling\\_-\\_Help\\_Document\\_for\\_Students.docx.pdf](https://www.umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Elective_Scheduling_-_Help_Document_for_Students.docx.pdf)

<http://mdconsultants.ca/wp-content/uploads/2017/12/Booking-electives.pdf>

Some programs may also ask for a broad range of electives. You may want to do electives that are relevant to your specialty of choice and consider how you can justify choosing those electives in your interviews.

Try to book electives with committee members for schools you are strongly considering. It is also advantageous to book electives with staff who are well-known in their field and obtain a reference letter from them.

**Order of Electives:** You may want to consider doing your first elective at your home school to help you transition from core rotations to electives in a familiar environment. However, if you strongly prefer to match to your home school, you may consider scheduling electives at your home school later when you have more prior clinical experience.

**Length of Electives:** Usual length of an elective is 2 or 4 weeks. 3 week electives are allowed at certain schools but less common. Different medical schools have different requirements for the number of weeks of electives that students must complete in their 4th year. Generally, schools require around 12-18 weeks of electives to be completed to be eligible for graduation.

**Pre-Requisites:** Some electives require pre-requisites. For example, to register for an elective in a surgical discipline, you must have completed your core rotation in General Surgery. This information can be found within the institution profile on the AFMC Portal in Section 4.2.

**Documents:** Each medical school may have its own requirements of what they would like you to provide before starting or while on the elective. Generally, schools may ask for:

- Recent photo of yourself
- Proof of N95 Mask Fitting
- [Immunization Forms and Records form](#)
  - › Please note that McMaster and Queen's University will additionally require students to provide proof of HIV and Hepatitis C testing
- Resume/CV

We recommend that you verify required documents on school pages as some requirements are specific to certain institutions.

You can send in an application without having all of the documents submitted right away. Eventually you will need to send them in by a certain date, but schools can accept an elective while documents are pending.

**Blackout Periods:** Blackout periods are periods when schools do not accept elective students. They are usually around Christmas, New Year's and March break.

**Travel:** There is no extra time provided to travel between electives. Students will travel between electives during weekends.

**Credit/Grades:** To receive credits and grades (pass/fail) for your electives, you must ask your supervisor for an assessment. It is the responsibility of the student to obtain their evaluation in a timely manner.

## 3.2 TIPS FROM R1 RESIDENTS

### Pre-CaRMS

This section is a collection of advice from fourth year medical students who applied to residency in the 2017-2018 application cycle, specifically written for their younger cohorts. We hope that this section can help demystify the process and provide further insight for students applying in this year's cycle and beyond.

#### Choosing Your Discipline

Quote	Specialty
It's important to really ask yourself what you would be happy doing. As you go through clerkship, you'll find there are some things you don't like which eliminates some specialties immediately. The difficult part is the rotations that you enjoy. You have to decide among these which you'd be happy doing as a career. It's daunting, but everyone has to do it in medicine.	Family Medicine
Try to determine if you're interested in surgical vs medical as soon as you can. Observerships will be your friend with this. It's tough to fully know what you want, but it's easier to start crossing specialties off your list. It's ok if you switch in clerkship. I have friends who matched to competitive specialties once they decided in clerkship.	Family Medicine
Utilize summers in pre-clerkship to explore areas of medicine to help decide what specialty most interests you.	General Surgery
Keep your options open. You are allowed to like, and apply, to more than one area of medicine. It's a good thing to remain undifferentiated for as long as possible. None of us come into medicine knowing absolutely what kind of doc we will become, what we know is that we want to be a doctor. Never forget that the only kind of doctor you should ever see yourself being is a good one. Being a doctor, any kind of doctor, is cool.	Neurology
I think it is important to do electives in first and second year to explore specialties you are interested in. If you are still unsure about your specialty when planning for 3rd year clerkship, do the ones you are considering early in the clerkship year to help make that decision and have time to plan for electives. Deciding on a specialty is difficult, but the earlier you do it, the more straightforward the CaRMS process is.	Obstetrics and Gynecology
Try to have your specialty picked, or at least have relatively high confidence that you want to do that specialty, by Christmas of 2nd year.	Orthopedic Surgery

Quote	Specialty
Take into consideration if you see yourself working with colleagues in your field (getting along and fitting in with the people in your specialty)!	Pediatrics
I matched to something I didn't know was even a CaRMS position until I was starting clerkship. Be open to change. Approach every rotation and elective like this is your chosen career. Talk to residents about what they like and don't like. Ask about the realities of the specialty. Ask yourself what is important to you in and outside of your career and think about how the specialty helps or hinders you from achieving those goals. If you are applying to more than one specialty, prepare two separate versions of your letters, CVs, and interview prep. You are a diverse person and are allowed to have diverse interests, you just need to convince PDs and programs of that to take a chance on you.	Pediatric Neurology
Committing to a specialty early on is advantageous for research and other opportunities in the field to strengthen your application.	Radiation Oncology

### Building Your Dossier

Quote	Specialty
Use the plethora of time in pre-clerkship well. Take time to relax and strengthen friendships. Look into research or education projects (it's the connections you make, not necessarily the work you do that makes a difference). Do some (some - not hundreds) of electives to get a feel for the hospital and different areas of medicine. Challenge yourself in any area you feel weaker in! This is the best time to grow.	Anesthesiology
Get involved in the department/specialty you're interested in. This could be through research, student groups, shadowing, etc. This is invaluable in developing relationships with the people you may be applying for a residency to in the future!	Anesthesiology
If I could talk to my pre-clerkship self, I would say to spend more time on research, spend more time shadowing and study harder.	Cardiac Surgery
Be organized by maintaining your CV and keeping track of memorable experiences to share in interviews.	Family Medicine
Get involved early in extra-curriculars to build your CV. Contact doctors in your interested field re: research.	Family Medicine

Quote	Specialty
<p>In preclerkship, I completed non-credit electives, I was heavily involved in leadership and advocacy, and I began a community-based research project that I remain involved in to this day. In clerkship, I worked hard in every rotation and began collecting reference letters from family and non-family preceptors who offered to write one and/or knew me well. At the end of clerkship, I received several awards, including the College of Family Physicians of Canada scholarship and an award for overall clinical competence.</p>	<p>Family Medicine</p>
<p>In pre-clerkship, I used my two summers to do a 6-week surgical global health elective, and research leading to national-level presentations. In my final year, pre-CaRMS, I did three family medicine, one pediatrics, one psychiatry, and one emergency medicine elective. Without a doubt, my favourite and best experience was my four weeks at the Family Medicine Teaching Unit in Pembroke, Ontario - I would highly recommend the elective to anyone seeking an exceptional family medicine experience.</p>	<p>Family Medicine</p>
<p>Ultimately, the best revelation, which, in retrospect seems obvious, is: make connections with people who matter early, and make them like you. Grow roots at your home school - find out who the staff on selection committees are, get to know the program director/s, do research with said staff, do your best to form personal relationships with them. Because, at the end of the day, the CaRMS process is all about who you know and first impressions - no one cares about your grades, what you published, or if you are a nice person. You just need to make the right connections, make them early, and maintain them.</p>	<p>Internal Medicine</p>
<p>Do as many extracurricular activities as possible (get involved in research and clubs early)!</p>	<p>Internal Medicine</p>
<p>Participate in extracurriculars you are genuinely interested in and passionate about. Research in any field is well regarded when applying to obs/gyn, it doesn't have to be obs/gyn specific!</p>	<p>Obstetrics and Gynecology</p>
<p>I switched specialties late. I was able to do so because I had been involved in class council, as well as completed research. If you think there is a chance you'll do something competitive, do research preferably prior to clerkship.</p>	<p>Otolaryngology</p>
<p>Expose yourself to as many specialties as possible before clerkship starts.</p>	<p>Pediatrics</p>

Quote	Specialty
Don't worry so much about the MSPR hours for interest groups, etc - MSPR isn't standardized across schools. Program directors told me they ignore it. Focus your energy more on studying, research, and meaningful community involvement - it means more to have 2 or 3 activities you did for years than 25 interest groups you did for a day.	Pediatric Neurology
Try to explore as many potential disciplines as you can through horizontal electives/observerships while you still have time in pre-clerkship. If you want to do research, do it in things that you can find passion in, because it'll be indicative of what you actually want to do in your career, besides actually making it a lot more fun and meaningful while reducing the suffering.	Psychiatry

### Tips for Clinical Rotations

Quote	Specialty
The expectation of knowledge is much higher in electives than it is in core clerkship.	Internal Medicine
Through clerkship, try to enjoy every rotation and learn something from it.	Obstetrics and Gynecology
Given my plan to commit to 1 specialty prior to 3rd year, I tried to ensure that I spent as many electives as possible in my field of choice (while still completing the required number of diversities). I tried to tailor my diversity electives to my desired specialty. I did all of my electives in Orthopedic Surgery. However, for my required 3 diversity electives, I chose: Plastic Surgery (working with a surgeon who specialized in the hand), Rheumatology, PM&R, and an additional Emergency Medicine elective, as I knew I would get to see some trauma, but I was also genuinely concerned that I had forgotten how to do everything else in medicine due to my constant orthopedic-related exposures.	Orthopedic Surgery
While rotating in your core rotations, make sure you consider each specialty for its characteristics and not solely based on the experience you had (because you can have a great team, have an amazing rotation and be influenced by that then have an equally horrible experience in the same specialty in another hospital). Be objective when evaluating if a specialty is right for you, and make sure you are taking into account the bread and butter of each specialty as that is what you're most likely to be practicing.	Radiology

## Elective Choice

Quote	Specialty
Don't choose electives just because you feel like you 'should' do them - do what you enjoy.	Family Medicine
Do not hesitate to change your electives last minute if this is truly what you want.	Family Medicine
I planned electives with the intent of capturing the breadth of Family Medicine and my interests (community Family Medicine, Pediatrics, Global Health OB/GYN, Palliative Care, GIM).	Family Medicine
Select electives in your area of interest at as many different schools as possible and across the country. Do not limit yourself to one province or region, not only is it helpful for CaRMS but it allows for exposure to many different systems.	General Surgery
Ironically, backing up might backfire. Some programs may question your genuine interest in their specialty if you err on the side of caution and back-up with another program.	Internal Medicine
Book a smaller range of away electives pre-CaRMS if looking to stay.	Internal Medicine
Only do electives in your chosen specialty. I decided to do collateral electives to be a well-rounded applicant and didn't get many interviews.	Obstetrics and Gynecology
When choosing 4th year electives, think about where you would actually want to match to. I applied for 2 electives at a time for each time period and indicated as many alternate dates as possible to maximize my chances of getting electives. If you are applying for a competitive specialty, electives can be hard to get, electives at your home school or in smaller communities in your province are a good backup plan if something falls through. Try to do as many pre-carms electives in the specialty you are interested in so you can to get letters from those schools.	Obstetrics and Gynecology
Make sure you parallel plan even if it's with another competitive specialty and don't underestimate the value of a 2-week elective. Don't always feel obliged to rotate in the big centres (they interview without electives while some smaller programs prefer to know their candidates).	Radiology

## Duration of Electives

Quote	Specialty
2 week electives are sufficient.	General Surgery
A 2 week elective with one preceptor is usually enough time to expect a good reference letter from an elective.	Internal Medicine
A 3- or 4-week elective can be a great way to have time to better integrate into the team, feel more comfortable, and get a strong reference letter. I found that doing a longer elective helped me break up a really busy string of elective blocks so I didn't feel that I was constantly starting over again in different workplaces.	Pediatrics

## Other Electives Advice

Quote	Specialty
Do electives in your desired specialty and similar areas (ex. Look at off-service rotations in your residency program to see what they deem high yield). Always actively look and ask for opportunities to observe and perform clinical skills/procedures.	Anesthesiology
1) Leave your most desired location electives until later to ensure you look the best for reference letters. 2) Try to have a legit backup specialty that you'd be happy practicing in and try to ensure your application can support that specialty as well. 3) Just be a hard worker in electives and take the extra time to be present and be helpful/pleasant.	Anesthesiology
Start planning your electives early and know that most people apply to more than one per block, because there are no guarantees!	Family Medicine
Ophthalmology rotations were largely one day with each staff and were not a good opportunity to build rapport and get reference letters. Build relationships earlier.	Family Medicine
Start booking electives even if you are not set on a specialty (it's better to have to cancel early on than have to scramble to find something later).	Family Medicine
Electives and CaRMS is so expensive (and so inefficient), you really need to be aware, set your standards low for how inefficient the process is, and be ready to just throw money into the abyss.	Dermatology



Quote	Specialty
Gun if you want to match to a specialty. It's obvious who knows their stuff or even who's trying vs who's not actually serious and ok with being mediocre.	Orthopedic Surgery
Apply to more specialties/places than you think because you can always decline interviews or not rank a place but you can't wish you had more to choose from after the fact. Apply to anything that you would be happy in. It all comes down to your elective experiences for the most part - very little else matters.	Pediatrics
Regardless of whether you decide to do all your electives in one specialty to try and be as competitive or split your electives this doesn't change much. You can challenge your interviewers if they ask you why you chose your electives in that manner/in that specialty only. Make them aware and conscious of the reality of the matching system today and availability of residency spots and the importance of matching to validate your MD and all of your hard work.	Radiology

## Paper Work

### General Advice

Quote	Specialty
Don't worry about anybody else but yourself during the process. You've done everything you can and have earned your spot where you are. You'll meet some amazing people during the process but just remember others are thinking the same thing when they meet you so just continue to do your own thing.	Anesthesiology
Don't get your hopes up about your #1 spot; those stats they give us about 85% matching to one of your top three choices aren't describing the competitive specialties.	Emergency Medicine
When applying to CaRMS, apply broadly to every location in the specialty or specialties you are interested in. 8 applications are included in the CaRMS fee anyway, and the rest are a low cost. You can always turn down interviews or not rank the programs later, but it is important to maximize your chances of getting lots of interviews - which is what really matters in helping you match!	Obstetrics and Gynecology
You can be competitive to multiple specialties but you have to be a strong overall candidate.	Orthopedics

Quote	Specialty
Find mentors. Residents, staff, people outside of Medicine to help you find answers and learn more about career options. Take advantage of services offered by your faculty of Medicine (eg. interview prep and help in preparing letters). But, take everything everyone says with a grain of salt. Residents will swear by their strategy because it was successful for them but they honestly have no idea what worked or why they matched that spot. Have a hobby or two you can talk about in interviews that also helps keep you balanced!	Pediatrics

### Reference Letters

Quote	Specialty
Always ask for strong reference letters, and ALWAYS accept an offered letter.	Anesthesiology
It is difficult to get an EM ROL - you have to advocate for yourself. It is not unusual for medical students to ask preceptors that they have gotten along with if they can come for another "unofficial" shift if they are not officially scheduled to work with them more than once. Don't be afraid to (tactfully) ask, but also respect the response.	Emergency Medicine
Reference letters are the most important part of your application. Being excellent clinically will matter.	Emergency Medicine
Ask anyone for a reference letter, the worst they can say is no. Get multiple disciplines in case your interest changes down the road.	Family Medicine
Start thinking of who you would like to write your letters early. Find out who writes good letters (by talking to residents, perhaps staff), and work with and get to know the staff who write these letters. Do not expect most of your letters to come from your electives - this is a bad move. You do not have enough time to really make the best impression. You will be just one of the 100s of other students passing through asking for a letter. But if you've done research with a staff for 2 years prior, you will stand out, and that may be a much better letter.	Internal Medicine
No matter the specialty, if it went well - ask for a letter! It is always better to have more than you need.	Obstetrics and Gynecology
Letters matter and who they're from matters.	Orthopedic Surgery

Quote	Specialty
Don't stress too much about reference letters, most staff will expect you to ask and be happy to write you one.	Pediatrics
Get as many reference letters as you can from your clerkship year - don't rely on fourth year electives for reference letters.	Pediatrics
Asking for letters is awkward at first but everyone knows you are looking for one. Try to arrange for a feedback session before the end of your rotation/elective to get input from the staff you are working with on your performance. Use that to gauge what kind of letter they could write you. If they have a glowing review, ask then! If they have room where you can improve, make a conscious effort to work on those areas then ask closer to the end of the elective once they've seen you respond to feedback to be a better medical student. Ask for general letters from core rotations that aren't your specialty of interest, you never know when you might need an extra letter and it's always better to have more to choose from than less. They also come in handy for late switches or parallel plan specialties.	Pediatric Neurology
Hound referees for the letters more/be prepared for some references not to respond.	Psychiatry

### Personal Statement

Quote	Specialty
Spend more time making your personal letter jump out and be a positive reflection of who you are.	Family Medicine
Begin writing your personal statements for the program you are visiting while on elective. What you like about the program and city is very fresh in your mind and it will save you a lot of time when you are finalizing your application later in the fall.	General Surgery
Write you essays in the summer before; it takes much longer to write than you anticipate.	Psychiatry

### Adapting Your Personal Statement for Each School

Quote	Specialty
For family, most electives and experiences are applicable, depending on how you present them.	Family Medicine (Rural)

Quote	Specialty
I recommend starting personal statements early and tailoring them for each program you are applying to; programs want to know why you are interested in training at their school and/or in their city.	Pediatrics

### Additional Electives After CaRMS Deadline

Quote	Specialty
My Post-CaRMS electives were for interest and fun - in vascular surgery and anesthesia.	Family Medicine
Do electives not in your specialty of choice after interviews. It is nice to do something different, and perhaps something broad like Emergency or Family that will be helpful for the LMCC.	Obstetrics and Gynecology

## Interviews

### Booking Your Interviews

Quote	Specialty
Do not cancel interviews, unless there is a conflict with your preferred specialty.	General Surgery
Be yourself during interviews. Go to as many interviews as possible. When you're back up with another specialty, acknowledge that your dossier is more oriented towards another and find a reason for why you have "changed your mind". No one has the golden key to CaRMS - it is so unpredictable.	Internal Medicine
Push harder for schools that schedule conflicting interviews to give an alternative interview date (especially when one was my home school).	Psychiatry

### Traveling Advice

Quote	Specialty
Interviews were all over the country, and I feel I took more than I seriously considered - I should have turned down more interviews. I traveled with two sets of interview clothes and essentially only what I would need to look my best for interview day - all of my interview prep was done through my laptop and friends.	Family Medicine

Quote	Specialty
During the CaRMS tour, when possible, travel with the same airline to accumulate loyalty points.	General Surgery
A recommendation that I wish I knew about prior to CaRMS, is apply for a NEXUS card. A NEXUS card allows you to bypass lineups at security which would have really come in handy when your interviews are later in the day and give you very minimal time to make your flight. However, note that the application process can take months, so apply for it at some point in 3rd year.	Orthopedic Surgery
Try to talk to someone who did the tour in your specialty of interest in a prior year and get their opinion on how feasible your travel plans are, what their experience was like, what the general feel of the interviews were like, etc.	Pediatrics
Try to explore the city you interview in (time permitting) - CaRMS is a unique opportunity to explore so much of Canada!	Psychiatry
Book your flights as multi-city across Canada and you will save a lot of money. There are a lot of unexpected expenses that pop up, so plan for that. Plan ahead and plan early, for every step of the process. If you can travel with a friend, you can have good company and save money!	Radiation Oncology

### How To Prepare for Your Interviews

Quote	Specialty
Start preparing for interviews as soon as CaRMS is submitted.	Cardiac Surgery
Prepare for common questions and come up with a selection of experiences that can lend themselves to a range of questions. Don't memorize answers word for word. Relax and try to have a conversation during interviews.	Family Medicine
Reflect more on clinical experiences in order to prepare for interviews.	Family Medicine
I consulted both peers in medicine and family outside medicine. Definitely ask multiple people to provide you with feedback! I believe that I received interview offers at every school that I applied to and matched to my first choice program because I had evidence of clinical competence, referees who knew me well, and a longitudinal commitment to advocacy for underserved populations.	Family Medicine

Quote	Specialty
Throughout clerkship, think of experiences that you can use for answering interview questions. Begin working on your interview responses and personal statements early. Think of questions that are important to you before attending the interviews, and make them location specific (for example, with regards to family med: What is the distribution of patient demographics? What is the main industry in town? Are there special patient populations represented at this location? etc).	Family Medicine
I switched disciplines in July at the end of third year and it was okay, believe it or not. I was able to get the electives I needed, and people were willing to help me arrange them even at the last minute. During interviews, people were interested in hearing about my clerkship experiences that lead to a major change. It ultimately resulted in matching to my first choice discipline in a location that will allow me to build the exact career I'm hoping for. If you find something that makes you happy, trust yourself and go for it.	General Surgery
I would start off by getting access to a list of documents previous questions from past interviews. There's usually one floating around somewhere, just start asking. Simply start thinking about some of the ways you might go about answering some of the questions. Start reciting back to yourself your memories of a variety of experiences that you may be able to draw on in interviews.	Orthopedic Surgery
Being offered an interview does not mean that you will be able to attend as it might conflict with interviews at other sites. Therefore, I would have applied more broadly to ensure I interviewed at as many schools as possible.	Public Health and Prevention Medicine
Anticipate very different interview styles between family medicine and a specialty interview. Whereas the former was relaxed and contained entirely predictable questions based on CanMEDS roles, the latter tended to be highly technical questions which required a healthy dose of preparation and studying.	Public Health and Prevention Medicine
Practice some interview skills with someone who has been through the process so they can give you advice on how to do better.	Radiation Oncology

### During the Interview

Quote	Specialty
Being a genuinely nice human being is the best asset to have. Once you are offered an interview, that is the most important thing.	Anesthesiology

Quote	Specialty
Authenticity will be one of your best allies in your interviews.	Family Medicine
My best interview was the one where I showed up in boots and jeans under my dress, carrying a baby—because St John’s, snowstorm, lost, and no parking. Moral of the story, be yourself at your interviews, because you don’t want to match to somewhere you don’t “click” anyway.	Family Medicine
When on elective and over the CaRMS tour take a few notes on what you liked about each program and the feel of the interview. It can be easy to forget what you really liked/ disliked about a program when you completed the elective several months prior and the tour is a blur.	General Surgery

### Asking the Right Questions During the Interview

Quote	Specialty
I asked program-specific questions during the interviews.	Family Medicine
Some common topics would be further questions about their Clinician Investigator Program (if they haven’t already answered it in presentations), plans for the future in terms of additions or changes to the program (if they’re going through a Program Director change), research facilities/ resources, resident drop-out/transfer rate (if applicable), staff-resident relationship, certain rotations they may have in first year, fellowship connections after residency, opportunities for electives, fun things to do in that city, etc. Don’t ask questions that they’ve already answered through presentations, this shows you weren’t paying attention.	Orthopedic Surgery

### After the Interview

Quote	Specialty
The number of rural family medicine programs can be overwhelming. Try to decide what’s most important to you (remote, near family, unique population etc.) then find out what programs match! Keep notes as you go through interviews everything blends together by the time the rank list is due.	Family Medicine

Quote	Specialty
My first couple interviews didn't go as smoothly as I had imagined with this strategy. So the night after my second interview, I went back to the hotel and typed out general ideas for how I wanted to structure and what I wanted to include in my answer to "Tell us a little bit about yourself". I think I did script myself a little bit, but I think it was worth it to avoid stumbling over my words and trying to think of what else would be valuable to say mid-interview.	Orthopedic Surgery

## Post-CaRMS Match

### Rank Order List

Quote	Specialty
Pick places on your rank list not only based on your interest, but where your family is, how comfortable you want to be during your residency.	Family Medicine
You are not entitled to be a certain specialty in a certain city. Be prepared to move to places that your services are in need of.	Family Medicine
Do not rank a program that you cannot see yourself training at, but weigh the possibility of not matching to that specialty with not ranking a program.	General Surgery
The key to being happy on Match Day is to open yourself up to the possibilities offered by all the residency programs you've ranked. It may also help to have exciting non-residency options in mind in the event of going unmatched. Either way, you'll have something to look forward to!	General Surgery
Think long and hard about ranking programs that you won't be happy in. Do some honest reflection about if you would (worst case scenario) rather go unmatched or to a specialty/location that you don't want.	Obstetrics and Gynecology

### Couples Matching

Quote	Specialty
Use an excel sheet to figure out your couples match list and don't input it into CaRMS until you have the final draft because you will not be able to edit it (it will also take you several hours to input it into CaRMS).	Pediatrics



Quote	Specialty
Couples matching: rank ALL combinations. You will have in the order of hundreds. If you don't rank options where one partner goes unmatched, you risk both going unmatched. We came up with a formula that weighted out individual program preferences, and proximity, to help us organize our choices.	Pediatric Neurology

### For the Unmatched Candidate

Quote	Specialty
I went unmatched in the first round, but was lucky enough to match in the second. Even if you've decided that you're going to be a plastic surgeon or something else that competitive, there ARE alternatives that you would be happy doing. It's important to consider these in the first-round. The match rate in the first round was 93.0%. The match rate in the second round was 54.0%. It's much more competitive to get anything at all.	Family Medicine
Lastly, it's important to realize that not matching can happen to anyone, even strong candidates. CaRMS is non-selective in a way, and you just get unlucky sometimes. It's tough because it's the rest of your life. Life isn't fair though, and people slip through the cracks. You need to take care of yourself, and the best way is to be realistic about the process.	Family Medicine
If you didn't match and another specialty was available in second iteration and you would consider applying to it, then you should also consider applying to it in first iteration and give yourself the best chances of matching. Look at the matching stats and their predictions...numbers don't lie. Your best chances of ever matching remains as a current year graduate in first iteration. It drops significantly in second iteration and even more so as a second year applicant. Doing a masters as an unmatched candidate doesn't necessarily give you better chances of matching to your specialty of choice the subsequent year. You are away from clinical duty for a year, without any insurance or possibility of doing electives, and hence are viewed as less competitive.	Radiology
If you are doing the USMLE take it seriously especially if you want a competitive specialty, because once you pass you can't retake them and if you didn't match and wanted to try the States as well you need a good Step1 score to match.	Radiology

Quote	Specialty
Make sure your school has a support system in place for those unmatched and make sure they are advocating publicly on your behalf and for those affected.	Radiology

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## Other

Quote	Specialty
<p>The match year, electives, interview period, match day and second iteration are by far the most difficult period in all of medical school to process emotionally. It will test your resilience and push you to your breaking point. Don't forget to surround yourself with friends and family who will support you no matter what. Don't forget to care for yourself. Don't forget your values and limits and respect them while on elective and interview tour. Don't feed into the pure pressure of needing to impress everyone, stay true to who you are. It is very tiring so make sure to eat and sleep well when you can. This is also a very expensive year so don't forget to plan ahead for it and don't let the financial burden of this year cause extra stress (it will get paid off as soon as you start working).</p> <p>And please don't forget that you are not alone going through this. There has been many before you and many to come. Your classmates are also going through it and there's no shame in reaching out for help!! Please support one another and look out for one another.</p>	Radiology

# SECTION 4: HOW-TO'S AND GUIDES

## 4.1 Hidden Costs of Fourth-Year Medical School — and How to Manage Them

Dr. Daniel Peretz, with consultation from Dr. Han Yan  
Statistics updated by the Matchbook Editors

Getting into medical school was our first challenge — paying for it is another. There's no doubt that medical school is expensive! It's not just the cost of tuition and books: as we head into our fourth year of med school, we'll need to be prepared for the additional, variable expenses associated with rotations, away electives and Canadian Resident Matching Service (CaRMS) interviews.

Costs related to electives and CaRMS will vary, depending on how many away electives you select and the number of programs you apply to. The number that medical students apply to keeps rising every year. In 2016, the average number of programs per applicant was 17.7, up from 12.1 just five years ago.<sup>6</sup> The number continues to increase entering 2018.

Here are some of the more significant additional costs you can expect in fourth year.

CaRMS Costs	Other Costs
<ul style="list-style-type: none"><li>• R1 Match participation fee: \$315.04 (includes application to nine programs). Each additional program fee is \$30.50 plus applicable taxes<sup>7</sup></li><li>• Total CaRMS costs (including travel): Generally between \$3,000 and \$5,000, depending on how many applications you submit and where the matches are located</li></ul>	<ul style="list-style-type: none"><li>• Medical Council of Canada Qualifying Examination (MCCQE) Part I application fee: \$1,105<sup>8</sup></li><li>• Association of Faculties of Medicine of Canada (AFMC) online portal registration: \$200<sup>9</sup></li><li>• Administrative fee for elective application (cost varies depending on school): \$100 to \$400</li><li>• Elective experience (travel estimate): \$2,000</li></ul>

Note: All figures are for 2017–2018 and should be re-evaluated for subsequent years.

6 Canadian Resident Matching Service, 2016.

7 Canadian Resident Matching Service, 2018. <https://www.carms.ca/match/r-1-main-residency-match/match-fees-r1/>

8 Medical Council of Canada, 2018. <http://mcc.ca/examinations/mccqe-part-i/>

9 Association of Faculties of Medicine of Canada. <https://www.afmcstudentportal.ca/About>

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## Tips for Reducing Costs

I wanted to learn how students can best plan for 4th year expenses from a financial perspective, so I checked with MD Financial Management, which until recently was owned by the Canadian Medical Association (CMA) and is the exclusive financial services partner of the Canadian Federation of Medical Students (CFMS). MD shared a few tips to help students plan ahead and save money.

### ✓ Set Up a Budget

One of the best things you can do early on in your medical school experience is to meet with a financial advisor. Your CMA membership gives you access to a financial advisor at MD Financial Management, and he or she can provide objective, specialized advice to medical students.

A financial advisor can help to connect you with banking and credit advice, as well as work with you to create a personal budget. Building an annual budget in advance of each year of medical school will help you estimate your costs and potential income—and help you better manage your money. Knowing your fourth-year costs ahead of time will allow you to make changes to your budget so that you're not caught off guard.

### ✓ Consider a Line of Credit

Many medical students use a line of credit at some point during their education, and many banks offer lending options specifically for students. Make sure you don't over-borrow. As with any type of debt, effective management is crucial. A heavy debt load or a bad credit record can affect everything from your future job opportunities to your ability to acquire, establish or incorporate a medical practice.

### ✓ Make Use of Credit Cards

Many credit card companies offer rewards or cash-back, often free of charge for medical students. Paying for your travel expenses, for example, by credit card has a few advantages: there is always an interest-free grace period between the purchase date and the payment due date, and some cards offer insurance on car rentals and even some types of travel insurance. But credit cards can also come with financial risk, especially if you miss the grace period and end up paying high interest rates. Just be sure to pay down your credit card bills by their due dates; missing payments entirely could have a negative effect on your credit rating.

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## Travel-Related Tips and Tricks

Here are some other ways you can be more prepared for fourth-year expenses.

### ✓ Ask a Peer for Advice

Whether you're travelling for CaRMS or for other purposes, your fellow students can help. They may have tips that will save you time and money—for example, where to stay and where to eat.

### ✓ Look for Travel Deals

Transportation will eat up a large portion of your travel expenses, so don't forget to ask about student rates when you make reservations. CMA members get discounts from Via Rail and Enterprise/National car rentals, and the CFMS also offers a number of travel discounts.

### ✓ Take Advantage of Loyalty Programs

Many companies offer member programs that allow you to accumulate points or privileges on every trip. Ask family members if they would consider donating points for you to use.

### ✓ Consider Accommodation Alternatives and Discounts

For many medical students, electives will take place across the country and costs for flights, accommodation and meals can add up quickly. Some students may have the option to stay with friends or family, while others will have to find hotels, Airbnbs or sublets.

As a CMA member, you can get discounts from several hotel chains, and the CFMS offers discounts for Choice Hotels. You can also try to stay at university residences and apartment complexes to avoid costly hotel bills.

## What to Expect

As the Class of 2019 heads into fourth year, we know there will be unavoidable additional expenses. But we shouldn't base our program decisions on cost. There are ways to plan ahead and mitigate the financial impact — and it all starts with knowing what to expect.

### About the Authors

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MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.cma.ca](http://md.cma.ca).

# The Hidden Costs of Final Year Medical School

Getting into medical school was your first challenge—paying for it is another. As you head into your final year of med school, be prepared for these additional, variable expenses.



**Away rotations/electives**  
**\$200:** AFMC's elective portal<sup>1</sup>  
**\$100–\$500:** Administrative fee for elective application  
**\$2,000:** Elective experience (travel estimate)



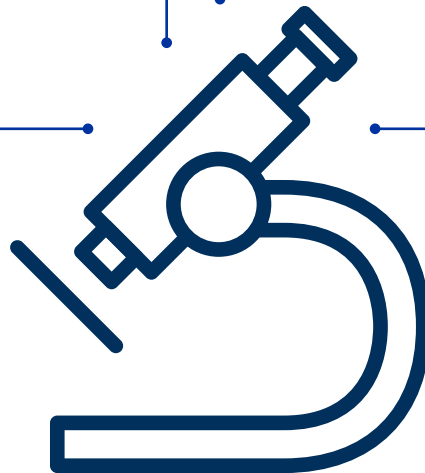
**CaRMS participation fees**  
**\$315.04:** R-1 Main Residency Match for 9 programs<sup>2</sup>  
**\$30.50:** For each additional program



**Interviews for residency and match**  
**\$3,500–\$10,000:** Accommodation, travel, food, attire and incidentals



**MCCQE Part I<sup>3</sup>**  
**\$1,105:** Application fee for Medical Council of Canada Qualifying Examination (MCCQE) Part I



**Your move to your residency program**  
**Variable:** Moving costs are variable. Keep your receipts for income tax purposes.

MD Financial Management is the exclusive financial services partner of the Canadian Federation of Medical Students. Visit [mdm.ca/meded](http://mdm.ca/meded) to contact MD MedEd Counsel™, a team of MD Advisors and Early Career Specialists dedicated to medical students and residents.



**MD Financial Management**  
CMA Companies

Note: Figures are for 2018-2019, and are likely to change in subsequent years.

<sup>1</sup> Effective Dec. 11, 2017. Association of Faculties of Medicine of Canada. <https://www.afmcstudentportal.ca/About>. • <sup>2</sup> Canadian Resident Matching Service, 2018. <http://www.carms.ca/en/match-process/your-application/fees/>. • <sup>3</sup> Starting in April/May 2019, there will be opportunities to take the MCCQE Part I four times per year in 2019 and up to five times a year in 2020 versus the current two times per year. <http://mcc.ca/examinations/mccqe-part-i/>.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. MD Financial Management Inc. is owned by the Canadian Medical Association. For a detailed list of these companies, visit [md.cma.ca](http://md.cma.ca). MD MedEd Counsel™ services are provided by MD Management Limited, a CMA company. MD MedEd Counsel™ is a trademark of the Canadian Medical Association.

## 4.2 AFMC ELECTIVE PORTAL

**The AFMC Student Portal is the one-stop-shop for Canadian and international students applying for visiting electives at all faculties of medicine across the country.**

This application system is designed to streamline the elective placement process and make life easier for students. It includes a searchable database of all visiting electives offered in Canada, payment processing, and a communication tool to keep students informed about their application status. The portal also reflects the commitment of the faculties of medicine to streamline elective workflows, timelines and policies.

Students are encouraged to use the [AFMC Student Portal's Visiting Elective Guide](#) to explore options available across Canada. The Guide is an online central database of visiting elective opportunities and can be searched at any time without having to register or submit an application.

- To access the AFMC Student Portal, visit: [www.afmcstudentportal.ca](http://www.afmcstudentportal.ca)
- For a comprehensive guide on how to navigate the AFMC Student Portal and submit an application, see the [following video](#).

NOTE: Please refer to [specific school policies](#) on the availability of visiting elective opportunities for Canadian and international medical students.

### [AFMC Student Portal – FAQs by school \(a Quick Reference Guide\)](#)<sup>10</sup>

Answers to common questions on the AFMC Student Portal can be found in the following two pages, organized by school. Please note that this information is subject to change without notice.

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<sup>10</sup> Association of Faculties of Medicine of Canada 2018.

[https://www.afmcstudentportal.ca/content/pdf/Answers\\_to\\_Common\\_Questions\\_Quick\\_Reference\\_Guide\\_for\\_Students.pdf](https://www.afmcstudentportal.ca/content/pdf/Answers_to_Common_Questions_Quick_Reference_Guide_for_Students.pdf)

# Answers to Common Questions: a Quick Reference Guide for Students

	University of British Columbia	University of Alberta	University of Calgary	University of Saskatchewan	University of Manitoba	Northern Ontario School of Medicine	Western University	McMaster University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	No	No	Consult Institution Profile	No	No	No	No	No
Does the faculty maintain a waitlist?	Yes	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	Yes	No	No	No	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No	No	No, must be organized between student & preceptor	No, must be organized between student & preceptor	No	No	Contact department directly	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before the start date, without mitigating circumstances	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is received less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before the start date	Possible if cancellation is rec'd less than 6wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date
Do you offer 1 week electives?	No	Yes	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	28 to 12 wks before start date	28 to 10 wks before start date	28 to 8 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date
My home school is outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 8 wks	We do not accept Int'l visiting students	We do not accept Int'l visiting students	We do not accept Int'l visiting students that are not residents of SK	Not exceeding 8 weeks	Yes, consult portal for particulars	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, once confirmed. CPSBC Licensing Package, details in confirmation	Sometimes, you will be notified via Portal as needed	Sometimes, you will be notified via Portal as needed	Yes, License and Immunization & Serology forms	Yes, once accepted	Yes	Yes, consult Portal profile	Yes, consult Institution Profile
English is not my first language; will I be required to provide a proof of language?	Yes, see language requirements in Policies	Yes, see lang. requirements in student types + req. docs.	No	Yes	No	Yes	Yes	Yes
French is not my first language; will I be required to provide a proof of language?	N/A	N/A	N/A	N/A	No	No	No	No



# Answers to Common Questions: a Quick Reference Guide for Students

	University of Toronto	Queen University	University of Ottawa	Université Laval	Université Sherbrooke	McGill University	Université de Montréal	Memorial University	Dalhousie University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	Yes	No	No	No	No	No	Yes	No	Yes, consult Institution Profile
Does the faculty maintain a waitlist?	No	Yes, consult Institution Profile	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	Yes	Only if within the elective window of date of application	No	Yes	Yes	No	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	No	No	No	No	Yes	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No, contact hospital	No	No	Contact hospital for availability	No	No, contact department or supervisor	No	No	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	4 wks before the start date	8 wks before the elective start date	8 wks before the elective start date	6 wks before the elective start date	8 wks prior to the start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 4 wks before the start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if insufficient or no notice of cancellation is provided	Yes if failure to provide 6 wks notice.
Do you offer 1 week electives?	No	Yes with some departments	No	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	28 to 16 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date	28 to 12 wks before start date	28 to 12 wks before start date	28 to 16 wks before start date	28 to 6 wks before start date	28 to 16 wks before start date	28 to 16 wks before start date
My home school is outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 4 weeks	Not exceeding 4 weeks	Not exceeding 4 weeks	No	No	Not exceeding 8 weeks	N/A	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, student will be notified via the Portal	N95 mask fitting, if not completed (Int'l Students)	Possibly, will be contacted directly.	Only for « étudiants hors-Québec »	No	Possibly, you will be contacted directly	No	Yes, consult Institution Profile	No
English is not my first language; will I be required to provide a proof of language?	Yes, applicable to international students	Yes	No	No	Non	No	No	Yes via Home School Verification	No (for Cdn. Students) Yes (for Int'l. students)
French is not my first language; will I be required to provide a proof of language?	N/A	No	No	Yes	Yes	No	Yes	No	No

## 4.3 THE UNMATCHED SCENARIO

A new addition to the CFMS Matchbook

Lead Editor: Peter Farag

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### Introduction

The number of unmatched students has unfortunately continued to increase over the years, reaching an alarming total of 222 in 2018. The sense of isolation from peers, uncertainty surrounding next steps, and financial expense have been reported by past unmatched students as major sources of stress. Accordingly, the Unmatched Canadian Medical Graduate Task Force has compiled the following strategies and supports to assist in developing a sound plan, promote mental wellbeing, and ease financial burden for students who find themselves in the unmatched scenario.

Note: The options outlined below are subject to offering by school of training. Please check with your Student Affairs Office to confirm feasibility.

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### Strategies

#### Applying in the Second Iteration

By Andy Ng & Peter Farag

Immediately after the Match results are released, unmatched students are required to make a few time-sensitive decisions. One of these is whether or not to apply in the CaRMS Second Iteration. To aid prospective applicants in making an informed decision, the following points have been highlighted:

- **The 2nd Iteration application window opens only a few days after release of 1st Iteration match results and closes in only 7-14 days.**
  - › As the window for application changes from year to year, please confirm the Applicant's Timeline at the [CaRMS website](#).
- Prospective applicants should review the list of unfilled residency positions and identify those positions that they are willing to train in.
  - › The list of unfilled positions is available on the CaRMS website and may be requested through the Student Affairs Office.
  - › There may be unfilled positions in the applicant's first choice or second choice specialties, however, the majority will be in Family Medicine (and many of these are only available to Francophones).
  - › A 'competitive' designation means that the position is also open to IMGs.
  - › A 'ROS' designation means that there is a post-residency requirement to work in that province's underserved communities for a set number of years.

- Prospective applicants should consider the greater competitiveness of the 2nd Iteration. In 2018, 54.6% matched in the 2nd Iteration vs. 93.0% in 1st. Reasons include:
  - › CV not geared towards specialty applied to.
  - › Competition with IMGs.
  - › Many Family Medicine positions inaccessible to Anglophones.
  - › Enthusiasm for specialty not relayed through Personal Statement or interview.
- Applicants are encouraged to reach out to their Student Affairs Office for additional support and advice in making a decision.
  - › Alternative options vary in offering by school of training.
  - › Participation in the 2nd Iteration is required by some schools to attain eligibility for alternative options.
- Should an unmatched student apply in the 2nd Iteration, consider that:
  - › The requirements for application (e.g. Personal Statement criteria) may change and should be checked through the CaRMS Program Descriptions.
  - › There is a fee for each application.
  - › Documents from the 1st Iteration are kept, though new documents can be uploaded.
    - Consider seeking out new or modified reference letters where possible, particularly if applying to a new discipline. Should your Student Affairs Office have a Letter of Reference toolkit, consider forwarding this to your referee
    - CVs used for the first iteration should be modified to emphasize areas that are relevant to the position being applied for.
    - Ask academic advisors or mentors (in the relevant specialty, if possible) to review your new CV and Statements.
  - › The 'My Information' sections cannot be edited once an application is submitted and one cannot remove/cancel an application once submitted.
  - › The opportunity cost of participating is that you may lose 1-3 weeks of time to plan alternative options for the coming year (e.g. additional electives).
- Should an unmatched student attain an interview, please consider that:
  - › Character, work ethic, enthusiasm, and understanding of the specialty are especially important to relay.
  - › Skype sessions may be requested. Ensure that your equipment is working, and that Skype is installed on an alternative device (e.g. cell phone) in case technical issue arises with computer.
  - › Opting for an in-person interview when it is optional may or may not be viewed in positive light.
- **Ranking a program is still binding!**

## Applying in the Post-Match Process

By Salpy Kelian and Peter Farag

Within a couple days after the 2nd Iteration results are released, CaRMS may enable a Post-Match Process (PMP). Programs with positions that went unfilled after the 2nd Iteration have the option of participating but are not obligated to do so. Unlike the first two iterations, there are no application fees in the PMP nor is the matching algorithm used. Instead, CaRMS serves as a traditional job application site allowing students to submit applications to the programs of their choice with all steps past that being up to the programs. As a student you may upload new documents but cannot edit any of the “My Information” sections previously completed.

Schools may send offers for interview or acceptance at any time. Typically, they will place a two-day time limit on the offer before moving on to the next candidate. Applicants should expect short turn-around times between interview offers, interview dates, and offers for a position. **As there is no Rank Order List, offers are not binding and applicants may decline offers for acceptance.**

Helpful advice:

- Apply as soon as the post-match application window opens; interviews may be offered as early as three days into the process.
- Be ready for even same-day interviews.
- Given the fast turn-around times, Skype is commonly used. Ensure your equipment is working with a test call and have Skype installed on a backup device.
- You may be able to ask your Dean to advocate for you. Check with your Student Affairs Office regarding this option.
- Programs that did not grant you an interview in 2nd Iteration may for the PMP.
- Be honest about your motivations for applying and have well thought-out answers for why you felt you went unmatched in prior iterations.

## Applying for the Canadian Armed Forces (CAF) Medical Officer Training Program (MOTP)

By Peter Farag

An option that debuted in 2018 was the CAF-MOTP. This allowed unmatched students to enter Family Medicine residency programs throughout Canada on the condition that they fulfill 4 years of post-residency service with the CAF. Given the shortage of Family Physicians in the CAF, this option is likely to be offered again next year but is not guaranteed. Entrance in 2018 required the following dual-application but is subject to change.

- CAF Application:
  - › Open a job application to register with the CAF.
  - › Await instruction by email to contact nearest recruitment centre to complete a Canadian Forces Aptitude Test (CFAT) and Trait Self Descriptor (personality test). CFAT is at Grade 10 academic level evaluating verbal skills, problem-solving and spatial ability.
  - › You must then pass a medical exam to establish fitness for military service, and have a job interview.

- Family Medicine Program Application:
  - › A standard application, however, all documents are sent directly to the school (i.e. CaRMS is not involved at all).
  - › Applicants are interviewed by the program as well.
- Timeline:
  - › For 2018, application window opened on May 1, however, it will likely be earlier for 2019 should the program be offered again.

One may email [HealthSvcsRecruiting-RecrutementSvcsdesante@forces.gc.ca](mailto:HealthSvcsRecruiting-RecrutementSvcsdesante@forces.gc.ca) or visit the [CFMS website](#) for more information.

### Re-Applying the Following Year Through CaRMS

By Ana-Maria Iancu, Sandra Rao & Peter Farag

While going unmatched may present a difficult obstacle to your professional journey, it may also present an opportunity for much reflection and personal growth that strengthens your candidacy for the next cycle. Almost all schools offer a '5th year' with reduced tuition (check with your Student Affairs Office). Some schools such as Queen's or Western may have a more formalized 5th year while others provide you much flexibility. You may consider dedicating some time to additional electives and/or other interests outside of clinical practice. Such interests may include research, education, public health, etc. To ultimately relay the value of the unmatched experience at the next CaRMS interview, it's best to select a mix that builds on self-reflection and feedback.

- **Reflection and Feedback:**
  - › Re-evaluate each part of your application and clinical performance - was there any aspect that you doubted or felt some unease?
  - › Reach out to your preceptors and referees for their honest opinions. Explain the situation and consider obtaining detailed feedback on your performance according to the CanMEDS roles. They may reveal an area for improvement or suggestions for next steps. Reach out also to a trusted mentor or the academic counsellors.
  - › Consider speaking with colleagues for their honest opinions. It may be difficult for them to say or for you to hear but there may have been a negative impression given off, if even unintentionally.
  - › Speak to your Student Affairs Office to explore the options available for a '5th year' at your institution.
- **Electives:**
  - › Pursuing additional electives is especially valuable if you felt that your clinical performance may have been better or if you wish to explore another specialty.
  - › Should you wish to pursue more electives, it is often advisable to not graduate in order to maintain liability insurance and gain the school's assistance in securing placements (especially when the AFMC system is prohibitive).
  - › It is recommended that you not pursue the same elective at the same school unless you have a strong reason.
  - › Consider electives of longer duration. These may allow for a letter of reference

that attests to a more thorough assessment of your abilities. They may also be less disrupting to your schedule and less burdensome on travel expenses.

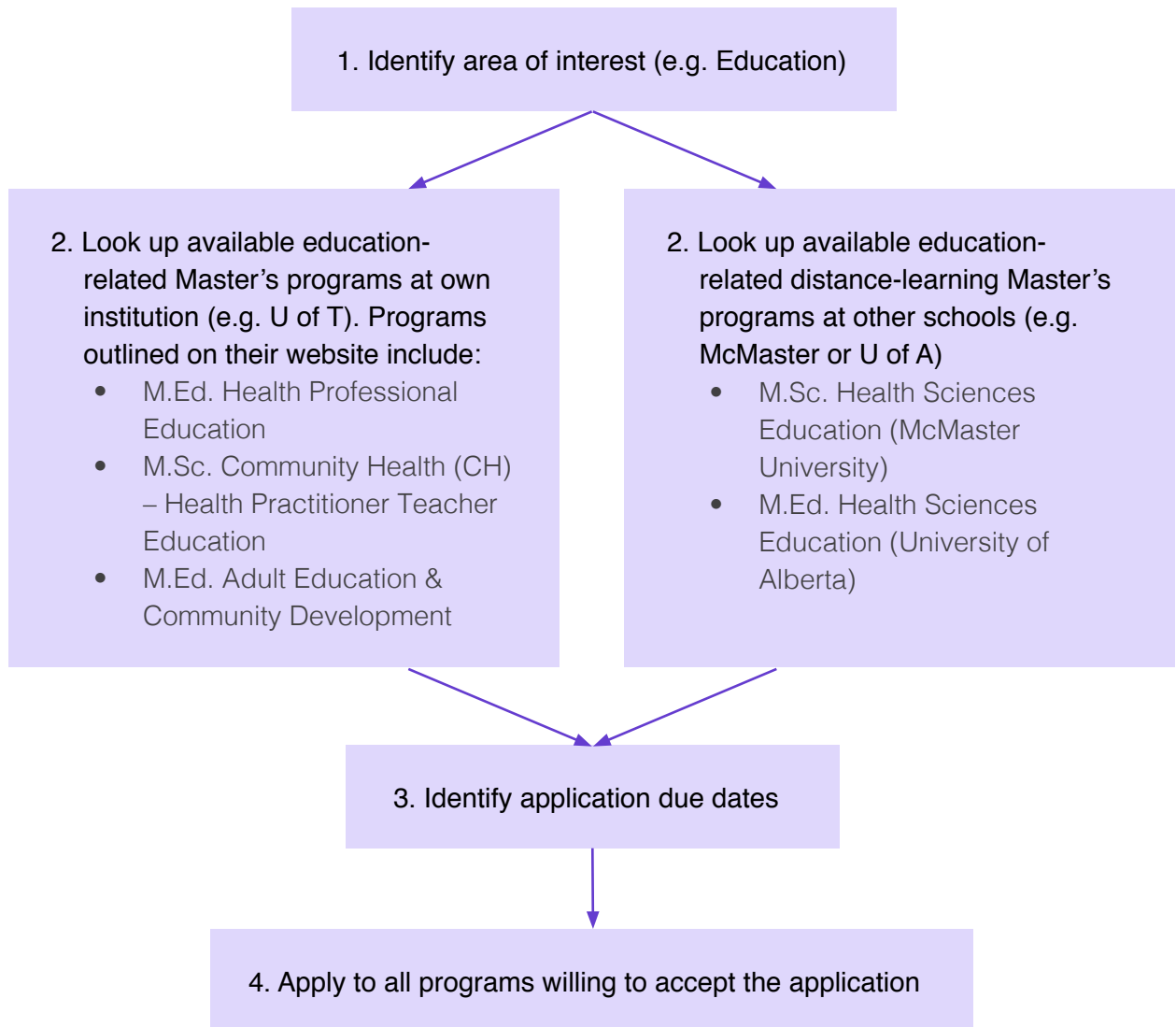
- › Should you have financial or time constraints, consider a greater proportion of electives at your home school. This may not be as detrimental as it may seem.
- › For Family Medicine applicants, be sure to have a good breadth of experiences and secure at least one or two rural electives.
- › During these electives, it is advised to not hide your experience of going unmatched as staff or residents may be more understanding and seek to advocate for you. The stigma of going unmatched cannot however be ruled out so do not be discouraged, but remain confident, if preceptors seem to be searching for a weakness.
- › Ensure that you obtain letters of reference from referees that are enthusiastic in supporting you, where possible. Review with your academic advisors how best to select referees.
- › If prepared, consider meeting the PD on elective and discussing your story; you may not get the room to do so thoroughly in your personal statement.

- **Scholarly Project:**

- › Often mixed with electives for the “5th year”.
- › Start thinking about potential projects as early as possible and identify a supervisor to help you. Prior preceptors may have ideas.
- › Research projects or fellowships are especially useful for re-application to competitive specialties such as Ophthalmology.
- › If research is not for you, consider alternative projects such as those in medical education.
- › Ideally, you want some results to talk about during the interview process. Projects such as those in Quality Improvement may have a suitable turn-around time.

- **Master’s Focus:**

- › Many institutions offer course (or thesis) based graduate programs that can be completed within 1 year. The challenge is deciding what area of interest you’d like to pursue, and then researching available programs that are still accepting applications in the spring.
- › On the following page is an example of how you might find a Master’s program that caters to your interests:



**\*\*NOTE:** Although Match Day occurs later than some programs' application deadlines, you should contact the programs you are interested in applying to in case they are willing to provide an application extension. Some programs have done this in the past and applicants have successfully been admitted into graduate school.

### Applying the Following Year to the United States

By Peter Farag

For unmatched students who are willing to cross the border, the United States presents a great opportunity for matching as there are far more residency positions. Keep in mind, however, that the process will require much time and effort, and even the US has a growing unmatched problem. It is recommended that prospective applicants consult their school's resources for detail on successfully matching to the US. Below are a few key points for consideration:

- Residency programs require completion of the USMLE.
  - › Virtually all require the results of Step 1 for file review. This can be taken in select

- Canadian cities. More competitive programs require higher scores.
  - › Step 2 is two parts and tests clinical knowledge (CK) as well as Clinical Skills (CS). Step 2 may not be required for the selection process but must nevertheless be completed before offers may be accepted. Select Canadian cities offer CK but CS is only offered in the US.
  - › Adequate preparation for Step 1 can take from 1 – 4 months. Recommended resources include your medical school notes, UWorld, and First Aid.
- There is significant variability in quality of residency programs. Forming a shortlist requires rigorous research.
- Applications are submitted through ERAS which begins accepting applications in June. A token for access must be requested through CaRMS.
  - › Some programs e.g. Plastic Surgery and Ophthalmology do not go through ERAS.
- Given that interviews are offered on a rolling basis (as early as October), it is advised to have everything ready for submission by the September window when submissions are first accepted.
- Applicants often take 4-8 weeks of electives in their preferred programs to improve their competitiveness. These are essentially auditions. They are also costly and may require malpractice insurance purchase from the home school (if not provided by the US hospital).
- The US match may or may not take place before the CaRMS.
- Prospective applicants may consult those who took this route before by contacting their Student Affairs Office. They may provide pearls such as which programs (or even States) tend not to take Canadian graduates.
- A resource some unmatched students who desire a surgical residency have found helpful is [US Surgeon](#), which is an agency that helps learners find residency vacancies in the US and assists with the VISA process. You can email [director@ussurgeon.net](mailto:director@ussurgeon.net) with uCMG in the subject line to explore this process.

### Exit PGME

By Peter Farag

This option involves graduating with an MD and seeking out an occupation that does not require residency. Of course, this rules out registration with the provincial licensing body and one may not independently provide the care for patients as a physician would. There are however companies (such as those in pharmaceutical industry) who may hire MDs as a consultant or liaison. This career path requires significant reflection on what type of career one may be happy with but is nevertheless an option that some have considered in the past.



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## Supports

### Mentorship and Counselling

By Romesa Khaled and Peter Farag

An unmatched year can be difficult and confusing. Good mentorship and career counselling can provide great benefits both professionally and emotionally. Fortunately, there are multiple options available to support and guide unmatched students.

Firstly, The Canadian Federation of Medical Students (CFMS) has recently launched a confidential **unmatched CMG peer support network**, providing unmatched students with a peer mentor who can help them navigate the year ahead. These mentors, part of a growing database, are people who also have experience going unmatched. Every effort is made to align the candidate's unmatched experience, specialty of interest and province of interest with their mentor's. Interested students can reach out to [vpeducation@cfms.org](mailto:vpeducation@cfms.org) to confidentially request a mentor. For more information about the Peer Support Network, visit the [CFMS website](#).

Another great source of career counselling can be your school's **Student Affairs Office**. Often, the student affairs are the same people who have helped you with your 1st Iteration CaRMS application and have experience guiding unmatched students. The services offered by Student Affairs varies from school to school but may include:

- analysis of your application to look for reasons you may have gone unmatched
- review of personal essays and applications for 2nd Iteration CaRMS applications
- facilitation of feedback from program directors about your application, and practicing interview skills
- sharing information about research opportunities, graduate programs and other academic opportunities available to you
- connecting you with peer mentors from your own school, if available
- helping you decide what steps to take next (e.g. whether you wish to apply for second round or extend your clerkship)

**Preceptors** you have already worked with and ideally built a relationship with can also be ideal mentors. Remember that a good physician not only relates to patients, but also forms strong relationships with team members. Keeping in touch with preceptors who made a difference in your life not only nurtures your professional growth but also provides a resource to turn to in tough situations. Most preceptors will be more than happy to help you figure out what went wrong, give feedback about how you could improve, write strong reference letters for your subsequent applications and generally provide time-tested professional advice.

In that vein, it is also a good idea to at least try to reach out to the **program directors** of the programs and schools you applied to in order to get a clearer understanding of the reasons you have gone unmatched. Most will politely decline but it is always worth trying to find out if you can be given any useful information that you can work on for future applications. Program directors usually have the last word in creating their program's rank list and their thoughts on what they are looking for in a candidate can offer valuable insight. Your school's Student Affairs Office

may also be able to help you arrange a feedback session or meeting at least with the relevant program director of your home school.

**Third-party career counselling firms** such as MedApplications and MD Consultants are part of a growing movement to provide medical students with structured feedback and guidance on their path from medical school to postgraduate training. Their services include one-on-one sessions with residents and physician mentors, application reviews, and interview training, supports which are often applicable to unmatched candidates. Although they come with a cost ranging from \$150 to \$5000 depending on what is requested, such consultants can be a helpful resource for students who have graduated from their medical training and may not have the benefit of their school's career counselling services.

**Physician Health Programs (PHP)** are initiatives run by many provincial and territorial medical associations to offer education and supports to medical students, residents and physicians who have concerns about their mental health and well-being. It is a confidential, self-referral process that can be made by contacting a toll-free number at 1-800-851-6606. A clinical coordinator will then assess your concerns, identify your needs, offer information or advice as requested, connect you with a medical director as requested and finally, match you to community supports that best serve your needs. These resources include workshops promoting peer interactions, coping strategies, mental readiness, mindfulness and resilience. New sessions are also geared towards building confidence for optimal interview performance. To find your provincial PHP, please refer to the following [page on the CMA website](#).

Lastly, although most importantly, don't forget to turn to your **personal support system** – your friends and family! The unmatched year is a stressful time full of decisions to be made about your career. It's a process that requires a lot of mental and physical energy so don't forget to care for yourself outside of your identity as a physician. Turn to those who know and love you regardless of your career aspirations and who have been there for you through your medical school journey. Enjoy the time you have to spend it with people who can give you a refreshing outsider's perspective and a reassurance that there is more to life out there to be embraced. Your life is more than a career in medicine! In addition, your classmates in medical school may very well be the residents who interview you in subsequent CaRMS cycles and can provide a wealth of knowledge and insight about what to expect. They are also the people who understand your situation the best and will be your confidantes and advocates.

Finally, remember that there are many people who will help you along during your unmatched year. Don't forget to **keep them updated** about your life regardless of the outcome and especially once you do match. Give a little token of thanks for their help. A small gesture goes a long way to building meaningful, fulfilling professional and personal relationships.

### Financial Supports

By Peter Farag and Kaylynn Purdy

The debt accumulated throughout medical school and the prospect of more expenses through future applications or an unpaid year is certainly concerning. Below are some resources to help alleviate the financial stress

1. **CFMS Discounts**
  - a. Flights and accommodations: for more information on Westjet discounts, refer to the [CFMS website](#) for more detail.
  - b. Small bursary: A value of \$150 offered by MD Financial following application to the second iteration and distributed through CFMS. Information provided in the application is kept confidential. Contact [vpeducation@cfms.org](mailto:vpeducation@cfms.org) for more information.
2. **School Bursary Programs:** Contact your Student Affairs office or Enrolment Services at your school to determine what bursary or financial aid is available. They may, for example, provide an application to reimburse travel expense for the 2nd Iteration or '5th year' electives.
3. **Banks**
  - a. Most medical student and resident line of credits do not go into repayment until two years after you graduate (RBC for example).
  - b. If you enroll in a 5th year program, be sure to submit your letter of enrolment to your bank, and the letter of continuing studies to the National Student Loan Centre.
  - c. Speak with an MD Advisor for free advice on how to budget and maximize your finances, more information at the [MD Financial website](#).

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## Other Questions

### If I do not match in the first iteration, do I have to apply for the second iteration?

No. An unmatched student from the first iteration has the choice to opt out of the second iteration and thereby delay entry into postgraduate training for one year. They can then enter the match again in the first iteration of the following year.

### What if I go unmatched following the second iteration of the Match?

Should a candidate remain unmatched following the second iteration, he or she can choose to take part in what is referred to by medical students as the "Scramble," or more formally, "post-match process". During this time, students apply to participating programs through CaRMS Online. These positions are publicly available on CaRMS' webpage.

Any candidate who goes unmatched should consult their undergraduate office to determine their options. This may involve discussing their career planning with a faculty advisor. Individual faculties may have a point-person who can help unmatched students strengthen their application for the following year. Options for the interim year can include an additional year of undergraduate medical education or a research fellowship before enrolling in the match the following year.

If the student chooses to apply to a program following the second iteration, students may need to contact individual schools to identify any available programs and apply directly through them. CaRMS facilitates document transfer through CaRMS Online for participating programs in the post-match process and posts a list of participating programs on their [website](#).

# SECTION 5: MISCELLANEOUS

## 5.1 CMFS POCKET CARDS: for medical school and beyond

# DOMESTIC & CHILD ABUSE

## GENERAL PHYSICAL EXAM SCREENING TIPS

For Domestic Violence, the **HITS** (Hurts, Insults, Threatens, Screams) survey was found to be an effective screening tool.<sup>[1]</sup>

- 4 screening questions where patients answer in a 5-point frequency format
- Scores range from 4-20, and a score over 10 is considered to be 'positive'
  - ↳ This identifies that there may be abuse and a safety risk
  - ↳ Indicates a need for intervention from health care team
- HITS survey has been shown to be effective in both females and males

Over the past 12 months, how often did your partner :	Never 1	Rarely 2	Sometimes 3	Fairly Often 4	Frequently 5
Physically HURT you?					
INSULT you or talk down to you					
THREATEN you with physical harm					
SCREAM or curse at you					

## QUESTIONS TO ASK WHEN YOU SUSPECT ABUSE

When domestic violence is suspected, ask direct questions that the patient will be able to respond with a 'yes' or 'no'.<sup>[1]</sup>

SOME DIRECT QUESTIONS CAN BE:

- Are you ever afraid at home?
- Has your partner ever hit you?
- Has your partner ever made threats to kill anyone?
- Are you pregnant?
- Do you feel isolated or alone?
- Do you lack support?
- Have you ever had thoughts to self-harm?
- Do you ever feel that you have to go along with sex to keep the peace, or does your partner refuse to take no for an answer?



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# DOMESTIC & CHILD ABUSE

## WHAT TO DO IF YOU SUSPECT CHILD ABUSE

**The Escape Form** was developed by physicians in the Netherlands. It is a series of 6 questions that the treating physician answers to assess whether or not the child is at risk of child abuse.

### “ESCAPE FORM” Checklist for Potential Child Abuse Used at Emergency Departments<sup>a</sup>

Is the history consistent?	Yes	No <sup>a</sup>
Was there unnecessary delay in seeking medical help?	Yes <sup>a</sup>	No
Does the onset of the injury fit with the developmental level of the child?	Yes/NA	No <sup>a</sup>
Is the behaviour of the child/carers and the interaction appropriate?	Yes	No <sup>a</sup>
Are the findings of the top-to-toe examination in accordance with the history?	Yes	No <sup>a</sup>
Are there any other signals that make you doubt the safety of the child or other family members?	Yes* <sup>a</sup>	No

\* If 'Yes', describe the signals in the box 'Other Comments' below.

NA = Not Applicable

<sup>a</sup>If one of these answers is selected, the risks of child abuse could be increased and action is recommended.

A large cohort study across numerous hospitals in the Netherlands, showed increased screening rates, and increased numbers of child abuse cases being discovered upon implementation of the tool. Cases were identified if they met certain inclusion and exclusion criteria and then screened using this tool. It was determined to be an effective tool for identifying children at high risk of abuse.

<http://www.sciencedirect.com/science/article/pii/S014521341300344X>

### QUESTIONS TO ASK THE CHILD

- To assess neglect, ask child to describe a typical day – what they eat, who makes the food, where they play, who comes to or leaves the house and when, whether they have electricity, etc.
- Does any place on your body hurt?
- What happens when you do something your parents don't like?
- What happens at your house (or daycare) when people get angry?
- Do people ever hit? Who do they hit? What do they hit with? How often does it happen? Is it scary?
- Are you afraid of anyone?
- What happens when you take a bath?
- Where do you sleep? What happens when you go to sleep?
- Has anyone touched you in a way you didn't like?

<http://childabuse.stanford.edu/screening/children.html>

### ASKING THE PARENTS

- Do you feel that your child is safe at school (or at daycare or at the babysitter's)?
- Is your child behaving differently lately in a way that concerns you?
- Have you noticed, or has your child complained about, any new physical symptoms lately?



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# ENVIRONMENTAL HEALTH

**Environmental health encompasses the extrinsic physical, chemical, and biological factors contributing to a person's health.**

## HIGH RISK GROUPS



**RURAL/REMOTE**, including Aboriginal populations - more likely affected by environmental factors, such as air or water pollution and climate change

**CHILDREN** - young children under age 5 are most at risk of illness and death due to environmental hazards (e.g. pneumonia, diarrheal diseases)

**ELDERLY** - older adults aged 50 and up are more likely affected by largely non-communicable diseases due to environmental or occupational exposures (e.g. respiratory illness)

## GENERAL



Is there anything that you are exposed to at home, school or work that reduces your quality of life? (E.g. air or noise pollution; mould; unsafe water; toxic hazards)

Do you ever have trouble breathing outside? What triggers this?

How often and how long are you exposed to the sun? With/without sunscreen?

## HOUSING



*Health risks include respiratory infections (dampness - moulds, bacteria), falls/injuries (esp. for elderly), indoor smoke, disease vectors (insects, rodents), allergens (scents, pets), and toxins (asbestos, lead paint).*

Where do you live, in what type of housing, and in what kind of neighbourhood?

How many people live in your household? Do any of them share medical conditions? (e.g. allergies, asthma, skin problems)

Do you have access to a stable source of heating and electricity?

Do you use an indoor or outdoor stove or fireplace? If so, with what kind of fuel?

Does your home have a carbon monoxide detector?

## EMPLOYMENT



*Health risks include hearing loss, back pain, poisoning, COPD and other respiratory illnesses, and carcinogen exposures. Stress is a significant occupational hazard, so do screen for mental health status.*

What is/was your occupation? Are there any hazards that you are aware of in your current or past workplace? (e.g. dust, chemicals, waste, radiation, loud noise, fumes, heavy lifting, pesticides, asbestos, biological agents, etc.)

Do you feel that your health, including your mental health, is aggravated by your work?

Is personal protective equipment worn at your workplace? If so, how often and what kind?



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# ENVIRONMENTAL HEALTH

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## TRANSPORT



*Health risks include traffic injuries, air pollution (exhaust), and physical activity levels. Note that use of public transit or active transport (walking, cycling) not only improves individual health through activity, but also impacts air quality, the environment and overall population health by reducing emissions, for example.*

How do you typically get around or commute to work/school?

Do you ever have problems getting to work, or encounter hazards which affect your health?

## NUTRITION & WATER



*Health risks include foodborne and waterborne diseases, malnutrition, eating disorders, overweight/obesity and related chronic diseases.*

Where do you normally obtain food and how is it prepared (at home/eating out)?

Do you have access to safe, nutritious food? If not, why not (e.g. cost, availability, quality)? How do you store your food and does it often go bad?

Do you have access to adequate clean water? How do you access water for various uses? E.g. drinking (filtered or boiled?), washing produce, bathing, etc.

## RESOURCES

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Health Canada - Environmental & Workplace Health  
[hc-sc.gc.ca/ewh-semt/index-eng.php](http://hc-sc.gc.ca/ewh-semt/index-eng.php)

Health Canada - First Nations & Inuit Health - Environmental Health  
[hc-sc.gc.ca/fniah-spnia/promotion/public-publique/home-maison/index-eng.php](http://hc-sc.gc.ca/fniah-spnia/promotion/public-publique/home-maison/index-eng.php)

Healthy Canadians - Health and the Environment  
[healthycanadians.gc.ca/healthy-living-vie-saine/environment-environnement/index-eng.php](http://healthycanadians.gc.ca/healthy-living-vie-saine/environment-environnement/index-eng.php)



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# HUMAN TRAFFICKING

As a health care provider, you are in a unique position to recognize and provide help to victims of human trafficking. The emergency room or clinic may be the only opportunity victims have to get help.

## RED FLAGS

- ACCOMPANIER ANSWERS QUESTIONS FOR PATIENT
- ACCOMPANIER REFUSES TO LEAVE PATIENT
- INCONSISTENT HISTORY
- LACK OF MEDICAL FOLLOW-UP OR DELAY IN SEEKING CARE
- LACK OF PERSONAL IDENTIFICATION DOCUMENTS OR ACCOMPANIER HAS DOCUMENTS
- SIGNS OF ABUSE
- YOUNGER THAN STATED AGE
- CHILD/ADOLESCENT WITH NON-GUARDIAN
- MULTIPLE VISITS TO EMERGENCY ROOM
- ACCOMPANIER IS IN A HURRY
- INAPPROPRIATE DRESS FOR WORK/WEATHER
- AGE INAPPROPRIATE FAMILIARITY WITH SEXUAL TERM
- INABILITY TO LEAVE JOB
- FEAR OF DEPORTATION
- NON-ENGLISH SPEAKING DESPITE BEING IN CANADA FOR EXTENDED PERIOD OF TIME
- AFRAID/SUBMISSIVE
- BEING CONTROLLED BY ACCOMPANIER
- TATTOO MARKING OWNERSHIP BY TRAFFICKER
- DOES NOT KNOW ADDRESS/UNFAMILIAR WITH LOCAL SURROUNDINGS

## PATIENT IS UNLIKELY TO IDENTIFY HIMSELF/HERSELF AS A VICTIM

*According to the United Nations, human trafficking involves Action, Means and Purpose. If one condition in each of these categories is met, a person has been trafficked.*

Traffickers undertake **ACTION** using **MEANS** for the **PURPOSE** of exploiting people.

recruitment  
transfer receipt  
**ACTION**  
transportation  
harbouring



abduction force  
threat/coercion  
**MEANS**  
abuse of power  
fraud/deception



servitude forced labour  
sexual exploitation  
**PURPOSE**  
removal of organs  
slavery or similar practice

## FIGHTING THE STEREOTYPES:

About 1 in 4 victims are male. Women and minors are not always victims - they can also be the traffickers.

Labour trafficking makes up close to half of the human trafficking cases in Canada. This includes work in construction, agriculture, retail, hotels, restaurants, nail salons, and in private homes as nannies/caregivers.

Victims are not only from outside of Canada. Although migrant workers, refugees, and immigrants are some of vulnerable populations, over half of the victims are Canadian citizens. Other vulnerable populations in Canada include indigenous women, homeless youth, and those who are socially or economically disadvantaged.



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# HUMAN TRAFFICKING

1.

LET YOUR TEAM KNOW THAT YOU ARE GOING TO SCREEN THE PATIENT FOR HUMAN TRAFFICKING.

2.

TALK TO THE PATIENT WITHOUT THE ACCOMPANYING TRAFFICKER PRESENT.

3.

PROVIDE A SAFE ENVIRONMENT AND LET THE PATIENT KNOW THAT YOU ARE HERE TO HELP.

4.

ALLOW THE PATIENT TO DECIDE THE STEPS THEY WANT TO TAKE IN RECEIVING CARE.

- Request professional translation services if needed
- Do not refer to the accompanying person as "trafficker"
- Allow the patient to tell his/her story
- Avoid blaming statements e.g. Why are you staying with... when he/she obviously treats you poorly?
- Screen for violence after you have gained the patient's trust
- Use language that the patient is comfortable with
- Be able to explain why you are asking certain questions, and do not ask more than you need to.

## HELPFUL QUESTIONS TO ASK:

\*Some sites may have a forensic nurse complete the full screen once you have identified someone as a potential victim. You can also request the help of a social worker to complete the full screen.

- It is my practice to ask all of my patients about violence, is it alright for me to ask you a few questions?
- I would like to ask you some questions about your safety so I can take care of you, is that ok?
- Have you ever felt unsafe from someone else?
- Have you ever been physically hurt or threatened by someone?
- Do you feel like your family is threatened?
- Have you ever been forced to do something you did not want to do?
- Have you ever had your ID or legal documents controlled by someone else?
- Can you leave your job if you want to?
- What are your work/living conditions like?
- Have you ever had your money controlled by someone else?

If the victim is a minor, contact **Child Protective Services**.

For all other victims, offer to contact **911** or **Crime Stoppers**.

If the patient does not want to report the crime, offer a referral to a social worker and provide information for contacting local services/shelters assisting victims.

Document the patient's decision and your actions.

If you believe that the patient, yourself, or your health care team are in immediate danger, **contact the police** regardless of the patient's decision. If you ever suspect human trafficking, you can call Crime Stoppers anonymously, however you cannot provide any patient identifiers without his/her permission.



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# MIGRANT & REFUGEE HEALTH

Infectious Diseases	LEGEND	Women's Health
Mental Health & Physical and Emotional Maltreatment	Chronic and Non-Communicable Diseases	

Chest X-Ray	All immigrants and refugees 11 years of age and over
Urinalysis	All immigrants and refugees 5 years of age and over

<b>DO VACCINATE</b>	
Diphtheria, pertussis, tetanus and polio	All adult and children immigrants with missing or uncertain immunization records
Hepatitis B	Those who are negative for all three markers
HPV	9-26 year old female patients
Measles, mumps and rubella	All adult and children immigrants with missing or uncertain immunization records
Varicella	All immigrant children < 13 years of age without prior serologic testing

<b>DO SCREEN</b>	
Cervical cytology	Sexually active women
Contraception	Immigrant women of reproductive age
Dental disease	All adult immigrants and all immigrant children and adults
Depression	Adults, if an integrated treatment program is available
Diabetes mellitus (Type II)	Immigrants and refugees > 35 years of age from ethnic groups at high risk for type 2 diabetes (those from South Asia, Latin America and Africa)
Hepatitis B	Adults and children from countries where the sero-prevalence of chronic hepatitis B virus infection is moderate or high (i.e. $\geq 2\%$ positive for hepatitis B surface antigen), such as Africa, Asia and Eastern Europe
Hepatitis C	All immigrants and refugees from regions with prevalence of disease $\geq 3\%$ (this excludes South Asia, Western Europe, North America, Central America and South America)
HIV	With informed consent, all adolescents and adults from countries where HIV prevalence is greater than 1% (sub-Saharan Africa, parts of the Caribbean and Thailand).
Schistosoma	Refugees newly arriving from Africa
Iron-deficiency anaemia	Immigrant women of reproductive age and immigrant/refugee children aged one to four years
Syphilis	All immigrants and refugees 15 years of age and older
Strongyloides	Refugees newly arriving from Southeast Asia and Africa
Tuberculosis	Tuberculin skin test for patients under 50 years of age from countries with a high incidence of TB
Varicella	All immigrants and refugees from tropical countries $\geq 13$ years of age.
Vision health	Perform age-appropriate screening for visual impairment.



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# MIGRANT & REFUGEE HEALTH

Infectious Diseases	LEGEND	Women's Health
Mental Health & Physical and Emotional Maltreatment	Chronic and Non-Communicable Diseases	
<b>DO NOT ROUTINELY SCREEN</b>		
Child maltreatment	Be alert for signs and symptoms of child maltreatment during physical and mental examinations, and assess further when reasonable doubt exists or after patient disclosure.	
Intimate partner violence	Be alert for potential signs and symptoms related to intimate partner violence, and assess further when reasonable doubt exists or after patient disclosure.	
Malaria	Be alert for symptomatic malaria in migrants who have lived or travelled in malaria-endemic regions within the previous 3 months (suspect malaria if fever is present or person migrated from sub-Saharan Africa).	
Post-traumatic stress disorder	Be alert for signs and symptoms of post-traumatic stress disorder (unexplained somatic symptoms, sleep-disorders or mental health disorders such as depression or panic disorder).	
<b>CULTURE SHOCK</b>		

Not everyone will experience culture shock, however it can take months to present so do not rule it out if the patient does not present with the following immediately.

- LONELINESS
- CHANGES IN SLEEP PATTERNS
- LETHARGY
- LACK OF CONFIDENCE
- IRRATIONAL ANGER
- IRRITABILITY
- UNWILLINGNESS TO INTERACT WITH OTHERS
- DEPRESSION
- LONGING FOR FAMILY
- HOSTILITY TOWARD NEW CULTURE

## TRANSLATION

DO NOT use children as translators as they may be unable to comprehend the level of information, thus creating a difficult power dynamic between the child and the parents. Professional translation services should be used whenever available.

Familiarize yourself with local services available to help migrants transition and encourage them to find local groups of people from the same background that continue practising their culture. Remember that some medical conditions such as mental health may not be openly discussed in other countries and as a result patients may be reluctant to talk about such topics.



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"Guidelines adapted from: Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees. CMAJ 2011;183(12):E824e925. Special thanks to Catholic Social Services Edmonton for providing additional information."



# SOCIAL DETERMINANTS OF DRUG USE ABUSE AND OVERDOSE RISK ENVIRONMENT

Social determinants directly shape health risk behaviours such as substance use and create environments that can exacerbate health consequences of drug use.

## SOCIAL FACTORS THAT CONTRIBUTE TO HEALTH OF DRUG USERS



*Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Adapted from Galea S and Vlahov D, 2002.<sup>1</sup>*

- **Socioeconomic status** – affects risk behaviour itself, access to quality care, discrimination, poor education and lack of preventive behaviour
- **Homelessness** – increases risk behaviours, decreases access to medical care including drug treatment (ie, methadone maintenance programs), lack of social support
- **Incarceration** – can increase risk behaviour and create cycle of incarceration-low SES for repeat offenders (return to high-risk environments)
- **Ethnicity** – minorities experience disproportionately high adverse health outcomes from drug use
- **Inequality** – unequal income distribution independently associated with overdose risk<sup>2</sup>
- **Built environment** – deterioration of external environment associated with fatal drug overdose<sup>3</sup>

## SOCIAL AND STRUCTURAL ASPECTS OF THE OVERDOSE RISK ENVIRONMENT<sup>3</sup>

### PHYSICAL

- Detoxification and drug treatment facilities (e.g. supervised injection sites)
- Medical institutions (e.g. overdose prevention counselling before release from detox)

### SOCIAL

- Home environment (e.g. overdose prevention education materials and naloxone)
- Ambulance type (e.g. equip with naloxone)
- Family (e.g. family education on harm reduction approaches)
- Law enforcement (e.g. overdose prevention and response interventions)
- Medical & community attitudes (e.g. training on overdose recognition & against stigma)

### ECONOMIC POLICY

- Cost of naloxone and drug treatment (e.g. no/low cost distribution of naloxone)
- Pharmacies' naloxone availability (e.g. improve naloxone access)
- Community CPR and rescue breathing training
- Increase number of narcological ambulances
- Revise hospital detox policies
- Legal status of methadone and buprenorphine
- Coordination and data access on fatal overdoses in the community
- Laws governing drug use, health, welfare, civil rights

### SOURCES

1. Galea S and Vlahov D. 2002. Public Health Reports, 117 (Suppl 1), S135-S145.
2. Galea S, et al. 2003. *Drug Alcohol Dependence*, 70(2): 139-148.
3. Green TC, et al. 2009. *International Journal of Drug Policy*, 20: 270-276.
4. Hembree C, et al. 2005. *Health & Place*, 11(2): 147-156.



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# TOOLS FOR ADDRESSING DRUG ABUSE FOR CLINICIANS

The Opioid Risk Tool has been shown to be effective in assessing risk of addiction to opioids based on previous experiences in a patient's life prior to prescribing opioids.

## OPIOID RISK TOOL (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction

MARK EACH BOX THAT APPLIES	FEMALE	MALE
<b>FAMILY HISTORY OF SUBSTANCE ABUSE</b>		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>PERSONAL HISTORY OF SUBSTANCE ABUSE</b>		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Rx Drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>AGE B/W 16-45 YEARS</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>HISTORY OF PREADOLESCENT SEXUAL ABUSE</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 0
<b>PSYCHOLOGIC DISEASE</b>		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>SCORING TOTALS</b>		

### ADMINISTRATION

On initial visit.  
Prior to opioid therapy.

### SCORING (RISK)

0-3: low  
4-7: moderate  
>8: high

When assessing a patient for opioid abuse or drug abuse in general, the DAST-10 (Drug Abuse Screening Tool) can be used. It can be found online here:

<https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf>

### SOURCE

1. Webster, L. R. and Webster, R. M. (2005), Pain Medicine, 6: 432-442.



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