SOGC Junior Members Committee

RESIDENCY SURVIVAL GUIDE

2013 Edition

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SOGC Resident Well-being Subcommittee 2012/2013
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Introduction

This handbook was developed by members of the Society of Obstetricians and Gynecologists of Canada Junior Members Committee who are dedicated to the promotion of resident well-being.

Staying well in residency is not always easy. Residents are faced with many professional and personal challenges. In this guide, we provide some strategies for dealing with some of these issues. At the end of this document you will also find a list of professional physician support services in your area, as well as web-based resources for assistance with common issues faced by residents, including workplace conflict, stress management, mental health and substance use disorders. We hope that you will find this handbook useful!

Sara Hulliger,
Chair, SOGC Resident Well-being Sub-Committee 2012/2013
Residency is a very busy time in our lives. We can find ourselves overwhelmed because we have too many things to do! We have to balance work, call and studies with family, friends and our personal wellbeing, (see resident chart) and that is not always possible or easy. Having gone through medical school, which was a busy time as well, we all have the capacity to adequately manage our time. However, what may have worked during medical school may simply not be enough during residency. There are many effective time management strategies, but here are a few tips that may help.

- **Evaluate how you spend your time**
  o If you find yourself lacking time, take a few days to determine how you’re spending your time. Write down exactly what you’re doing for 3 or 4 days. Then look for time that can be used more wisely. **Cut out nonessential tasks.**
  o If you find yourself dreading certain tasks, plan to work on them a few minutes at a time until they get done (i.e. housework!).

- **Plan each day**
  o **Carry a planner** (electronic or paper) with you at all times. The few extra minutes it takes to plan each day will be worth the advantages (you will accomplish more and have a sense of control over your daily activities).
  o **Write a to-do list.**
    - Don’t forget to **delegate/ask for help!**
  o Always leave time for unexpected events.
  o Make sure to **leave time for adequate sleep, exercise and healthy eating.** It will help your focus and concentration which in turn will make you more efficient.
  o **Take breaks when needed!**
    - Plan an evening (once a week for example) when you can do whatever you want. Shop, go for a massage or simply relax at home.

- **Prioritize**
  o This will simply make sure that you have time to do what’s truly important to you.

- **Limit distractions**
  o Most of us have iPhones, iPads or equivalents. Although they have multiple advantages, they also make us very available. Texting and emails can be very distracting and make us less efficient. Therefore, consider putting away your electronic device in order to concentrate better on your task. If you are using it for the task at hand, consider turning off your notifications or turning on ‘airplane mode’ if necessary.
- **Avoid procrastination**
  o Try to identify why you procrastinate and then counter those reasons.
- **Set reasonable goals**
  o Trying to do too much will simply cause undue stress. Therefore, be realistic in your goals. Plan the appropriate amount of time needed to achieve something. Quality before quantity!

If you find yourself needing more tips/help with your time management, this website may be of use: [http://www.mindtools.com/pages/main/newMN_HTE.htm#goal](http://www.mindtools.com/pages/main/newMN_HTE.htm#goal).

An excellent resource is the Time management guide published by the Royal College! You can purchase it from their website (also available in French!):


Otherwise, don’t be afraid to ask for help from your senior residents or from your staff/professors.
Residents as teachers
Lisette Haddad

A main part of our role as residents is teaching, not just patients, but medical students and other residents as well. For example, it is estimated that up to 80% of clinical teaching to medical students is done by residents.

Clinical teaching is done in two main ways:
Firstly, we are **role models**! Everything we do in a clinical setting is observed by our junior/future colleagues, whether it is our technical skills, our work ethic or simply our dealings with patients. They can learn from everything we do. Being aware of this fact is important since we will actively shape the learners’ future career!
Secondly, we will be **supervising** and **actively teaching**. Most of us have no formal training on how to teach and yet it is an integral part of our job description.

Here are some **general tips/strategies** in order to improve the teaching experiences (which can be very rewarding!!).

- **A good orientation** at the beginning of a medical student’s rotation is very important. It will save you (and the med student) a lot of time and effort. It will also decrease his/her stress level!
- **Discuss objectives.**
  - i.e. 1st, 2nd and 3rd trimester bleeds. Abdominal pain. Interpreting an NST. Gestational hypertension. Pre-eclampsia. Physiologic changes of pregnancy. First prenatal visit. OR related objectives (post-op orders, complications,...) Etc...
- **Motivate!** This is important. Show them that you have certain expectations.
- Let THEM give you an **impression and plan**. Do not simply give them the answer. Let them summarize the problem. **Ask questions.**
- Ideally, do NOT take the place of the student when he/she is with a patient.
- **Give feedback.**
  - Be specific, descriptive and informative. One on one.
  - Start with positive. Note where improvement is needed. Insist on important concepts and why.

**Specific situations:**
- **Morning rounds:**
  - We all know they can get hectic.
  - The best strategy is to **plan ahead**. Organize morning rounds the day before: either by adjusting your meeting time based on the number of patients that need to be seen or give your students the names of the patients they must see ahead of time as well as a deadline.
  - You will find they can actually help rather than slow you down.
- **The Operating Room!** If you can remember to do at least 1 or 2 of the following, you will have succeeded at teaching in the OR:
o Allow them to **ask questions** (before, during, after). Make it clear that they are welcome. If you’re not able to answer during the surgery because it is an emergency, answer questions afterwards.

o If the student is scrubbed in, let him/her be an **active part of the surgery** if possible. Ask questions (anatomy, goal of procedure etc...)

o Get them **involved in the chart** (OR note, prescriptions etc...)

o **Overview** of the surgery in between cases.

- **Birthing unit:**
  o Again, allow them to **ask questions**.
  o If possible, allow your student/junior resident to do what you are already comfortable doing (actual births, repairs, etc...)
  o Allow them to **assist** you even if you don’t necessarily need it.

Hopefully these tips were helpful! Remember that residents are important teachers and it is not only a crucial role throughout our 5 years as residents, but also as future obstetricians and gynecologist. If your program offers the RaTS (Residents as Teachers) program or an equivalent, it might not be a bad idea.
Family life in residency
Audrey Binette

Considering having a baby during residency is a big decision. It is exciting, but it can also be overwhelming... Some people agree that “residency is the best time to become a parent”. They even find that having a baby in residency helps them organize their study sessions and become more efficient. Others admit that “it provided an easy, relaxed way to connect with patients”. We questioned some residents who are actually playing a parent’s role and here are some tips and general advice you should know if you want to take that big step. The key is to anticipate the challenges and to plan accordingly.

1. Count on a solid support system

Residents all agree that it would be easier if your partner is available to help in child care, especially if you must go to work early in the morning, before daycare opens. This situation is often seen in our surgical field. For single parents, or parents whose partner is not be available for child care, you will need to have a very solid, comprehensible and flexible support system. Living near family would particularly help. Respondents clearly identified the value of having family nearby to help out. Those who didn’t have such access commented on this absence. In which case, a nanny could be an option. However, this may be too expensive for some.

2. Spend some quality time with your kids

As a resident, you won’t always be present for your family. Your kids will be more understanding if you specifically save time for them, either in the evenings or during your weekends off. Have them participate in that planning, by the means of a calendar for example. Note that spending quality time with them means not doing daily tasks, such as lessons. When it’s possible, suggest something different on weekdays, such as playing sports or doing small fun activities.

3. Save your relationship

Recently, a medical survey showed that the biggest challenge in having a baby during residency was the lack of time to invest in the couple’s relationship. Guilt came up as common theme, along with the unequal share of the work that fell to spouses. As a resident, you unfortunately cannot do everything perfectly, because a day has only 24 hours. In that case, let the others help you with the cleaning and the cooking (a nanny or a cleaning lady for example), and focus on the important things to you. Get a babysitter for your kids and spend an occasional night with your partner. It is important for you two to have some time as a couple, and not only as new parents. When both parents are medical residents, the pressure is even greater, but understanding what one’s partner is going through can sometimes make up for the pitfalls of irregular hours.

4. Schedule flexibility, program support

Normally, we suggest pregnant residents notify their program director of their new condition as soon as possible, so rotations can be rearranged during pregnancy and so the time when you are released from call duty can be scheduled. Most residents suggest you tell your colleagues; that
way, they will be more conciliatory and co-operative during that period and when you come back from maternity leave.

5. **Returning to work**

You should also make preparations for returning to work after your parental leave ends. Many of the respondents affirm that re-entry to work was the most stressful event. In fact, there are many themes to consider, such as scheduling rotations to allow maximal flexibility and time with your family, breastfeeding, maintaining clinical and surgical skills while absent. Again, make sure that you communicate with your partner and your program director about your goals and your expectations.

**Maternity Leave**

Here are some resources regarding the maternity leave based on your location.

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<thead>
<tr>
<th>Province</th>
<th>Resource</th>
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<tbody>
<tr>
<td>Alberta</td>
<td><a href="http://www.para-ab.ca">www.para-ab.ca</a>&lt;br&gt;Maternity and Parental Leave&lt;br&gt;Article 9.03 and 9.04</td>
</tr>
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<td>British Columbia</td>
<td><a href="http://www.par-bc.org/calling-all-parents/">www.par-bc.org/calling-all-parents/</a></td>
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<tr>
<td>PEI</td>
<td><a href="http://www.parimp.ca">www.parimp.ca</a>&lt;br&gt;Section on parental leave</td>
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<td>Manitoba</td>
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<tr>
<td>Quebec</td>
<td><a href="http://www.fmrq.qd.ca">www.fmrq.qd.ca</a>&lt;br&gt;Le guide de la grossesse, de l’adoption et de la parentalité</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td><a href="http://www.saskresidents.ca">http://www.saskresidents.ca</a>&lt;br&gt;Section Information and Resources -- Forms&lt;br&gt;Article 13.3.1 ; 13.8</td>
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How to survive distributed education rotations
Elizabeth Randle

More schools are recognizing the benefits of training learners in community settings in the hopes that learners will, as physicians, stay to work at the sites at which they are trained. As such, more of us are spending more time at distributed education sites. Although the thought of spending weeks or even months at a distant site can be distressing, when approached with the right attitude, the entire adventure can be quite rewarding. Remember that learners are valued members of the team at most of these sites, and they often provide a great opportunity to obtain hands-on experience as a junior resident. Here are a few tips and tricks to help you make the most of your rotation!

1. Maintain your general well-being

   Good physical and mental health is key to enjoying life, at home or away. With that in mind, here are some ways to keep your good habits going strong, wherever you are

   - **Gym membership:** Employee discounts are often available through the hospital corporation, a reduced rate for GoodLife is also available through the CMA. When signing a contract at the beginning of residency, think about portability of the membership. GoodLife memberships are valid at gyms across the country, so you can keep up your fitness routine away from your home gym. Community hospitals often have employee fitness centres located within the hospital, and access is often free/very affordable.

   - **Medical Services:** If you are completing a rotation at a community site that has a university affiliation, you are often able to access the university student health services. This generally includes physical and mental health resources. Often the medical education office at distributed sites will have a list of family physicians who are willing to see residents who don’t have a family doctor. Don’t forget about occupational health if concerns are work-related.

   - Remember, although you’re away, you’re still part of your home program and all of the resources available to you at home are still available to you away. Lots of support can be found via email/telephone/skype conversations!

2. Organize your finances

   Away rotations can get expensive when you take into account travel while on rotation, re-stocking a bare apartment, and the temptation to eat-out/order in instead of cooking. Here are a few tips to cut down the cost.

   - **Cell Phone:** make sure you have long distance coverage before you leave to avoid racking up a substantial phone bill! Most carriers will forgive at least a portion of the bill if you beg and plead...but best to avoid this all together.

   - **Cable and Internet:** If you’re going to be away for a significant period of time, it might be reasonable to cancel your current subscription and re-subscribe at a good intro price when you return home. Other options include changing the
address to your new “home” address if cable and internet is not provided at your accommodations, or changing your subscription to include portable options like internet sticks or tethering options.

- **Driving:** Most programs will reimburse your travel to and from your distributed site on either end of your rotation, plus any required travel for exams, educational days, etc. at your home site. This is generally reimbursed on a per-mileage basis, but save your gas and any toll receipts just in case. For travel on weekends and other times during your away rotation, look into carpooling with other residents/medical students. Often, other people are looking to go home at the same time and the drive can be more enjoyable (and a lot cheaper) when you share it with friends!

3. **Keep up with recreation/hobbies**

You have to have a life outside of work, right? Although smaller communities often don’t have quite the same level of cultural events that big cities have to offer, that doesn’t mean the local crew don’t have fun! Getting involved in the community can help the time fly by. Here are some suggestions for resources to check out.

- **Municipal websites:** A great resource for local events, festivals, etc. Some offer subscription to electronic event calendars that come to your inbox regularly.

- **Running room:** if you’re a runner/walker, there’s often a group suited to your level. Membership is free, and it’s a great way to meet people as well as get in some exercise. If there’s no Running Room storefront in town, you can always call the closest location. They may have insight into some local groups looking for new recruits. Also, check out provincial race websites (ie. atlanticchip.ca) for upcoming events where you can meet people with common interests.

- **Sport and social clubs:** Recreational and competitive leagues run through the city are a great way to stay active and make new friends. Membership is generally reasonable and people are generally understanding when it comes to missing games for call!

- **Intramural sports teams:** If your rotation is in a university town, this is another great way to meet other students. These teams generally run the full semester, so only work for those rotations where you’ll be there for several months. Also, you need to have a student ID from the university in question.

- **Local Parks:** Check out provincial/national parks nearby for hiking/biking/walking/running/swimming. Community events are sometimes held within and around these parks and the interpretive centres/welcome centres can provide this information. Also, often a great source for rental equipment if you didn’t lug your kayak out with you for a month! Seasonal passes can cut down on the cost of repeat visits.

- **Twitter/Facebook:** Interest groups often have social media pages that can provide you with information on events and meetings nearby.
4. Social Life

Away rotations are generally a great opportunity to meet fellow residents and bond over your mutual exile. Take advantage and try some of the following ideas to keep in touch!

- **Database:** Create an Excel file of who’s going to be where and when, with contact information, at the beginning of the year. That way you always know who’s stuck in the boonies with you, and how you can reach them!

- **Mailing Lists:** The Undergraduate Medical Education office often has mailing lists of the residents who are away together (to facilitate those official emails that remind you of all the paperwork you have to do!). Those lists can be a great way to organize dinners, parties, day trips, you name it! Sending out a mass-email at the beginning of the rotation can give you some insight into who might become a trusty ally for the coming weeks, and you can direct subsequent emails to avoid the inevitable backlash from multiple mass emails.

- **Allied Health Professionals:** Even if you’re the only resident for miles, chances are there are some fun people with similar interests to you who work in the hospital. Take advantage of departmental events and everyday encounters to make connections with nurses, physio/occupational therapists, respiratory therapists, etc. They’re the ones who can dish the dirt on the hot spots in town, and chances are they’ll be more than happy to show you the best the town has to offer themselves!
Research guide for residents
Sarah Maheux-Lacroix

Conducting or participating in a research project is now a requirement of most Canadian residency programs. To be able to complete a research project before you graduate, it is advisable to start thinking about it very early in your residency. Ideally, your research protocol should be developed during your second year in order to recruit participants during your third year and finish the project during your fourth year. You will then be able to present and publish your results during your fourth year and focus on your exams during your fifth year. If you are already advanced in your residency and you have not started a research project DO NOT PANIC. Some residents were able to get through all stages in a single year. It is also possible to join a project in progress. It is especially important to set REALISTIC EXPECTATIONS because every step takes usually longer than what we expected!

Summary of the recommended schedule:
- First year: Start looking for an interesting research question and a supervisor
- Second year: Write your protocol
- Third year: Recruit participants/collection data
- Fourth year: Analyze data and present and publish the results
- Fifth year: Study your exams!

Here are presented each usual step of a research project. Each of these steps will have to be discussed with your supervisor. Some steps may not be necessary or relevant to your project.

1. Find a research question and a supervisor. You have to look in the literature to ensure the relevance of your research question. A supervisor who is familiar with this literature will be a valuable asset.
2. Write the research protocol and submit it to your supervisor and other relevant colleagues. You may have to develop a questionnaire, a data collection tool or use an existing one. Try to have corrections and comments from more than one specialist and also from at least one researcher that will be able to correct the methodological problems.
3. Find sources of funding. There may be local resources or you may have to submit your protocol to granting agencies. Also, your project may not need to be funded.
4. Submit your project to the research ethics committee of the concerned institutions. This step is essential and often takes longer than expected!
5. Recruit participants.
6. Collect and analyze the data. You will need to meet a statistician who will guide you in achieving an adequate codebook and write an analysis plan. It is best to consult him or her at the time of drafting the protocol to plan the analysis.
7. Submit your abstract to a meeting (SOGC!).
8. Write an article and submit it to a journal! It is advisable to write a manuscript knowing the requirements of the journal in question. Also, follow guides for reporting studies (CONSORT - randomized controlled trials, STROBE - observational studies, PRISMA – systematic reviews).
9. Celebrate your nice work!
Guide pour la réalisation d’un projet de recherche en résidence
Sarah Maheux-Lacroix

Introduction

La réalisation d’un projet de recherche est grandement encouragée pendant la résidence, voire obligatoire dans certains programmes. Pour plusieurs résidents, il s’agit d’un premier contact avec la recherche et sans la connaissance de certains concepts de base leur expérience peut s’avérer difficile. Ce document est un guide présentant les principales étapes nécessaires à la réalisation d’un projet de recherche ainsi que certains trucs et astuces pour y arriver.

La première section traite des revues de littérature et de la gestion des références. Il s’agit d’un aspect essentiel qui vous servira tout au long de votre recherche. Nous traiterons ensuite des étapes de réalisation d’un projet de recherche dans l’ordre suivant :

1. Élaboration de la question de recherche
2. Trouver ses collaborateurs
3. Écriture du protocole de recherche
4. Demande de financement
5. Approbation éthique
6. Recrutement des participants
7. Collecte et analyse des données
8. Rédaction de l’article scientifique
9. Soumission du résumé dans des congrès
10. Soumission de l’article dans un journal scientifique

En espérant que ce document puisse aider à rendre votre expérience en recherche agréable et stimulante.

Revue de la littérature et gestion des références

Tout au long du projet de recherche, il vous faudra questionner la littérature. Cela vous servira entre autre à vérifier la pertinence de votre question de recherche, justifier votre méthodologie et situer vos résultats par rapport aux connaissances actuelles.

Pour réaliser une bonne revue de littérature, il faut d’abord définir ce que l’on cherche. L’acronyme PICOS peut nous aider à bien préciser notre question de recherche:
Un exemple de question de recherche pourrait alors être :

Est-ce que l'ASA comparée au placebo permet de prévenir la pré-éclampsie chez les femmes enceintes?

Dans cet exemple, la question de recherche est vaste et on peut soupçonner qu'un très grand nombre d'articles seront trouvés. Il peut être intéressant d'être aussi peu précis lorsque nous savons que peu d'études ont été faites à propos de notre question d'étude et qu'il y aura très peu d'articles s'y attachant ou lorsque nous voulons faire une recherche très exhaustive sur un sujet. À un certain point, il deviendra difficile d'identifier les articles qui nous intéressent si notre recherche nous rapportent un trop grand nombre d'articles et il faudra alors raffiner notre question de recherche. Par exemple, la question pourrait devenir :

Est-ce que l'ASA de 80mg débuté avant 16 semaines d'aménorrhée comparé au placebo permet de réduire l'incidence de pré-éclampsie sévère chez les femmes enceintes avec atcd de pré-éclampsie ?

Cette question est très précise. Il faudra être aussi précis pour déterminer la question de notre projet de recherche. Toutefois, pour notre revue de littérature, une question aussi précise risquerait de nous faire manquer des articles pertinents. Il faudra donc s'ajuster et faire des tests pour avoir une question ni trop large ni trop précise selon le sujet qui nous intéresse. Pour se faire, il faudra parfois laisser tomber certains termes du PICOS pour arriver un bon équilibre.

Une fois que notre question de recherche est bien définie, nous utiliserons des bases de données pour rechercher les articles pertinents. Ils existent plusieurs bases de données dont voici une liste non-exhaustive :

- Medline (Pubmed)
- Embase
- Web of science
- Cochrane database
- Biosis
- Google scolars (littérature grise)
Certaines de ces bases de données ne recensent que les articles publiés dans des journaux avec comités de pairs (Medline, Embase, Cochrane Database) alors que d’autres recensent aussi la littérature grise (Google Scholar). Biosis est une base de données permettant de rechercher des résumés et conférences présentés dans des congrès. Chacune de ces bases de données comptent certains articles qui ne se retrouvent pas dans les autres. Toutefois, les articles les plus importants sont habituellement recensés dans une base de données comme Medline ou Embase ce qui fait qu’il est acceptable de n’utiliser que l’une de ces bases de données pour notre revue de littérature, à moins d’avoir besoin d’être très exhaustif comme lors de la réalisation d’une revue systématique.

Nous nous concentrerons ici sur l’utilisation de la base de données Medline via le moteur de recherche Pubmed. Dans Pubmed, les principaux opérateurs booléens sont le AND, OR et NOT. Le AND relie différents concepts entre eux et diminue le nombre de références. Le OR recherche les termes équivalents d’un même concept, élargis la recherche et augmente le nombre de références. Les NOT exclue les références contenant ce terme. Ce dernier est à utiliser avec précaution (l’exclusion du termes « héparine » pourrait exclure des études pertinentes ayant présenté des résultats séparément pour l’héparine et l’aspirine). Les opérateurs booléens doivent absolument être inscrits en majuscules sinon ils ne seront pas considérés par le moteur de recherche.

![Diagram showing AND, OR, and NOT operators](image)

La troncature à l’aide de le l’étoile peut être utilisée au début et/ou à la fin d’un terme pour permettre la recherche de plusieurs termes ayant une composante commune. Par exemple, le terme pregnan* cherchera pour les termes pregnant, pregnancy et pregnancies.

Pour construire notre stratégie de recherche nous devrons choisir les termes qui seront recherchés dans les titres et abstracts de la base de données. À cette fin, il est possible de s’aider des dictionnaires terminologiques et des thesaurus. Des exemples de dictionnaires terminologiques sont Terminologie CISMeF et le Grand dictionnaire terminologique (disponibles en ligne). Ils vous aideront à trouver les
synonymes des termes que vous cherchez. Les thesaurus correspondent à un vocabulaire contrôlé propre à chaque base de données. Dans Pubmed, il s’agit des Mesh. La recherche à l’aide des Mesh permet d’identifier les articles qui comprennent l’un des termes définis par celui-ci. Voici un exemple avec le terme aspirine.

En cliquant sur « Aspirin » vous constaterez que ce Mesh inclu tous les termes suivants :

- Acetylsalicylic Acid
- Acid, Acetylsalicylic
- 2-(Acetyloxy)benzoic Acid
- Acylyprin
- Aloxiprimum
- Colfart
- Dispril
- Easprin
- Ecotrin
- Endosprin
- Magnecyl
- Micristin
- Poloprin
- Polopiryna
- Solprin
- Solupsan
- Zorprin
- Acetysal

Concernant notre exemple de question de recherche, notre stratégie pourrait être la suivante :

P: pregnan*, gestation*, pregnancy [Mesh]
Il faut ensuite rejoindre les termes définissant une même composante du PICOS par des OR :

P: pregnan* OR gestation* OR pregnancy [Mesh]
I: Aspirin OR Acetylsalicylic Acid OR ASA OR Aspirin [Mesh]
C: Placebo OR placebos [Mesh]
O: Pre-eclampsia OR preeclampsia OR pre eclampsia OR Pre-eclampsia [Mesh]

Puis rejoindre les composantes du PICOS par des AND :

(Pregnan* OR gestation OR Pregnancy [Mesh]) AND (Aspirin OR Acetylsalicylic Acid OR ASA OR Aspirin [Mesh]) AND (Placebo OR placebos [Mesh]) AND (Pre-eclampsia OR Preeclampsia OR Pre Eclampsia OR Pre-eclampsia [Mesh])

Une fois la stratégie de recherche terminée, il ne reste plus qu’à la copier dans l’outil de recherche Pubmed :
Pour spécifier le type d’étude auquel on s’intéresse, il est possible d’utiliser les filtres qui sont présentés dans la barre d’outils à gauche de la fenêtre sous l’onglet « Article types ». On pourrait par exemple restreindre notre recherche aux « Randomized Controlled Trial ».

Il est possible d’utiliser l’option « Advanced » sous la barre de recherche pour préciser un auteur, une année, un journal ou combiner des recherches (#1 AND #2 NOT #3). Pubmed permet de sauvegarder vos recherches par l’option « Save search ». En vous créant un compte, vous pouvez aussi vous inscrire pour recevoir par courrier électronique de façon hebdomadaire tous les nouveaux articles qui correspondent à votre recherche.

Si un article vous intéresse, Pubmed vous offre parfois un lien vers une version gratuite de l’article, sinon plusieurs articles seront disponibles via les abonnements de votre université. Il vous faudra contacter une bibliothécaire de votre université ou de votre hôpital pour connaître les façons d’y avoir accès. Sur la page de l’article, remarquez que Pubmed vous suggère, sous l’onglet « Related citations » d’autres articles pouvant être pertinents à vos recherches.
Gestion des références

Plusieurs logiciels permettent la gestion des références (Endnote, Reference Manager). Nous nous attarderons sur l’utilisation du logiciel Endnote. Pour vous procurer ce logiciel, vous pouvez vous informez auprès du service informatique de votre université car ils ont parfois des rabais pour les étudiants. Pour importer des références à partir de Pubmed, vous devez :

1. Sélectionner les articles désirés dans Pubmed
2. Cliquer sur « Send to »
3. Sélectionner le format « Medline »
4. Cliquer sur Create File
Enregistrer ensuite le fichier créé sur votre ordinateur. Dans Endnote, créez une nouvelle bibliothèque (File -> New). Ensuite avec l’option File -> Import, sélectionnez votre fichier et spécifiez dans l’onglet Import Options, PUBMED (NLM).
Il est aussi possible de rentrer vos références « à la main » en utilisant l’option « New Reference ».

Lorsque vous désirez insérer une référence dans un texte Word, placer le curseur à l’endroit désiré dans le texte, sélectionner la référence dans Endnote, puis cliquez sur « Insert Citation » dans le menu du haut de la fenêtre.

Les programmes présentés dans cette section offrent plusieurs autres outils forts utiles qu’il vous sera possible d’explorer. Vous pouvez au besoin consulter les modules d’aide ou d’auto-apprentissage fournis par ces différents outils.
**Resident Wellbeing Resource List**

Sophia Pin

**Finding a Family Physician:**

**BC:** College of Physicians and Surgeons of British Columbia: [https://www.cpsbc.ca/node/216](https://www.cpsbc.ca/node/216)

**Alberta:** The Alberta Medical Association Physician and Family Support Program (1-877-767-4637) keeps a list of family physicians willing to treat residents and their immediate family members. [https://www.albertadoctors.org/services/physicians/your-health/pfsp](https://www.albertadoctors.org/services/physicians/your-health/pfsp)

**Saskatchewan:** Saskatoon Health Region: [http://www.saskatoonhealthregion.ca/your_health/doctors_ap.htm](http://www.saskatoonhealthregion.ca/your_health/doctors_ap.htm)

**Manitoba:** The Family Doctor Connection  Mon-Fri 0830-1630, Ph: (204) 786-7111

**Ontario:** Health Care Connect is a Ministry of Health and Long-Term Care (MOHLTO) program, which helps Ontarians without a family health care provider find one. To register call 1-800-445-1822 or [http://www.health.gov.on.ca/en/ms/healthcareconnect/public/](http://www.health.gov.on.ca/en/ms/healthcareconnect/public/)

**Quebec:** Quebec Physicians' Health Program Phone: (514) 397-0888 – 1-800-387-4166

**Nova Scotia:** Health Services, 6230 Coburg Road. Appointment line: (902) 494-2171


**Newfoundland and Labrador:** The College of Physicians and Surgeons of Newfoundland and Labrador has a search option for doctors accepting new patients: [http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=2](http://www.cpsnl.ca/default.asp?com=DoctorSearch&adv=2)

**Prince Edward Island:** [http://www.healthpei.ca/patientregistry](http://www.healthpei.ca/patientregistry) 1-855-563-2101

**Resources for Burnout, Mental Health and Substance Abuse:**

1. ePhysicianHealth.com is the world's first comprehensive, online physician health and wellness resource designed to help physicians and physicians in training be resilient in their professional and personal lives. Check out www.ephysicianhealth.com [http://www.ephysicianhealth.com/](http://www.ephysicianhealth.com/)


• CAIR’s Field Guide to Residency includes: Learn from the Masters Series (ie. Ten Strategies for Staying Human During Residency)
• Resources for addressing intimidation and harassment -- Transition into Practice (TiPs) resource

5. Resident well-being resource for the Maritimes
http://www.parimp.ca/default.asp?mn=1.94.108

The Canadian Physician Health Network
Assistance is available for any personal problems that affect home or work life, including but not limited to marital or family problems, alcohol or drug use, depression, anxiety, stress, legal or financial issues, career or work-related concerns.

**BC:**
- Physician Support Program 1-800-663-6729, 604-742-0747 (0900-1700)

**Alberta:**
- Physician and Family Support Program 1-877-767-4637, 403-850-1809
- Alberta Mental Health Board 1-877-303-2642
- AADAC (Alberta Alcohol and Drug Abuse Commission) Helpline 1-866-332-2322

**Saskatchewan:**
- Physician at Risk Committee
  - SMA office 1-800-667-3781, 306-244-2196
  - 0800-1700

**Manitoba:**
- Physician at Risk Program 204-237-8320

**Ontario:**
- Physician Health Program, In-province: 1-800-851-6606
  - Throughout Canada: 1-800-268-7215 x2972
  - 0800-1700 Monday through Friday

**Quebec:**
- Quebec Physicians Health Program 514-397-0888, 1-800-387-4166 (0900-1645)

**Nova Scotia:**
- Professional Support Program 902-468-8215

**New Brunswick:**
- Physician Health Program
  - Chair of Physician Health Committee 506-635-8410
  - New Brunswick Medical Society Office 506-458-8860

**Newfoundland and Labrador:**
- Professional’s Assistance Program 1-800-563-9133

**Prince Edward Island:**
- Physician Support Program 1-888-368-7303 (0800-1700)

**Stress Management**

http://www.mentalhealth.com/mag1/p51-str.html

Stress management for Physicians  http://www.texmed.org/Template.aspx?id=4619

Professional Support

American Colleges of Physicians Resident Stress and Wellbeing
http://www.acponline.org/srf/res_stress.htm