

LE BULLETIN

VOL. 45

NO. 3

SUMMER 2023



**BURNOUT
HOW TO RECOGNIZE
AND PREVENT IT**

BOARD OF DIRECTORS 2023-2024



From left to right, front row: Doctors Heithem Joober, Arielle Jalbert, Bouchra Tannir, Cédric Lacombe and Alex Vignola.
Back row: Doctors François Bouchard-Boivin, Kenza Achtoutal, Ghassen Soufi, Ziyu Xiao. Not appearing in the photograph, Dr Alexis Charron.



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ISBN/ISSN: Canada Post Publication Agreement 1484699



PRESIDENT'S MESSAGE

2023-2024: A BUSY YEAR ON THE POLITICAL FRONT AT THE FMRQ

Dear Colleagues,

As the new President of the *Fédération des médecins résidents du Québec*, I should like first to welcome all our new colleagues who have just begun their residency. I should also like to say hello to all those “old-timers” with from some dozen to several thousand hours in hospitals under their belt who, like me, are aspiring finally to be in autonomous medical practice.

As many of you know, the Federation conducts ongoing watch on the different issues that have an impact on medical education, as you would expect, but also goes well beyond that, monitoring the quality of the medical act, and access to and organization of healthcare services. In the past few years, we have raised several of these issues, notably the Royal College’s new competency-based approach to training, CBD; the process for obtaining PREMs and PEMs in family medicine; the addition of a mandatory third year of postgraduate training in family medicine being proposed by the College of Family Physicians of Canada; and more besides. During the coming year, we will continue this ongoing watch on these issues, some of which will require great vigilance, owing to the major impact they can have on us and our future colleagues—cases in point being two current projects: Bill 15, and renewal of our collective agreement.

In 2022-2023, the FMRQ spoke out publicly and submitted a brief to the Parliamentary Committee reviewing Bill 15, *An Act to make the health and social services system more effective*. This draft legislation contains 1,180 sections that can have a huge impact on the practice of medicine in Quebec, and some of them concern us particularly—for instance, introduction of a system of specific medical activities (AMPs) in specialties other than family medicine, or measures requiring future doctors to set up in specific regions or establishments on starting out in practice. Fortunately, these measures have not yet been adopted, and review of the Bill will continue this fall. We will be front and centre, to defend your rights in this matter, and ensure intergenerational equity between us and physicians already in autonomous practice.

The other crucial issue for the future is the negotiations for renewal of our collective agreement, which expired back on March 31, 2021. In 2022-2023, the FMRQ met on three occasions with the members of the Ministry of Health and Social Services (MSSS) negotiating committee. Our non-monetary, monetary, and salary demands were tabled on November 9, 2022. But discussions are moving forward too slowly. Having been involved this past year in these bargaining sessions as President of the *Association des médecins résidents de Montréal* (AMRM), I can tell you that we will be investing every effort in ensuring that the negotiations advance in the coming months.

As this *Bulletin* shows, the health and wellness of our members is a primary concern at the FMRQ. Despite the progress we have managed to make over the years, the mental health of those delivering care continues to deteriorate, and the upcoming generation of doctors are obviously not immune to this. There are some studies that suggest the mental health of learners in medicine declines the farther forward they move along their academic path, reaching a critical point in the second year of residency. In this issue, we present the findings of our recent survey on stress and burnout in Quebec resident doctors, along with a brief backgrounder on action taken by the FMRQ on the health and wellness front over the years. And don’t miss the report on the talk by Marie-France Marin, who looks at the causes of stress and offers us solutions for controlling our stress more effectively.

Other issues will no doubt be added to those already being studied, and the FMRQ will be there to put forward your viewpoint. The members of the 2023-2024 Board of Directors are already hard at work representing you, and I invite you to feel free to get in touch with us to tell us about any situations or problems on which you would like us to act.

I wish you all an excellent, stimulating academic year, as well as some time for yourselves, your family, and your friends.

Warmest best wishes,

A handwritten signature in black ink, appearing to read "Lacombe".

Cédric Lacombe, M.D.
President



YOUR HEALTH AND WELLNESS ARE OUR PRIORITY

Our mission

The FMRQ's mission is the study, defence, and advancement of the economic, social, moral, academic, and professional interests of the unions and their members.

The FMRQ currently has some 4,000 members, headed for practice in family medicine or one of the 59 other specialties recognized in Quebec. Since its inception, the Federation has worked constantly to defend resident doctors' rights, in particular by negotiating a collective agreement for them that guarantees the best possible work and learning conditions. In that spirit, call duty, which could previously last as long as 36 or 48 hours, was progressively cut back to a schedule of 24 hours, then to no more than 16 hours in a 24-hour period. The 16-hour rule followed a legal ruling (June 7, 2011), but is unfortunately not always complied with. The FMRQ also negotiates a series of financial services, and group and personal insurance plans tailored to your needs.

On the members' health and wellness front, several measures have been put in place over the years. For instance, the Federation constantly reports situations of intimidation and bullying. It introduced awareness campaigns in that regard as far back as 1996, with a refresher 20 years later, in 2016, having observed the failure of the measures implemented in training sites to eliminate this scourge. In the past few years, campaigns have been superseded by information tours, first for members, then for staff physicians, in order to denounce abuse, but above all to initiate dialogue in training sites between teaching physicians and residents—

concerning stress, psychological distress, financial issues, and, sadly, since it has to be talked about, suicide. In the same vein, a few years ago the FMRQ adopted an eco-responsibility policy, something close to the heart of the majority of our membership. We are taking the opportunity in this *Bulletin* to present to you the Federation's latest eco-responsibility report, with details of our emissions and our carbon offset for the past year.

The focus of this *Bulletin* is also to raise your awareness of the difficulties you may be faced with, and to tell you about the resources the FMRQ makes available to you in those circumstances. Never hesitate to use them, and do feel free to get in touch with us as required.

Thank you to the 2022-2023 Resident Wellness Committee (CBER) for their contribution to the organization of Resident Doctor Day

Dr Alexandre Hudon (AMRM)

Dr Katherina Gianios (ARM)

Dr Isabelle Tardif (AMReQ)

Dr Xiang Zhang (AMReS)

Dr Alex Vignola, CBER Chairperson and FMRQ Vice-President

Sylvain Schetagne, Director, Research and Socio-political Action,
FMRQ, responsible for the CBER

2.

STRESS AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS – AN FMRQ SURVEY

COMPARISON BETWEEN THE 2017 AND 2023 STUDIES

According to the literature on physicians' psychological health, a significant proportion of resident doctors are struggling with symptoms of occupational burnout. Several studies carried out before and during the pandemic showed an increased incidence of burnout among resident physicians. The purpose of this study was to measure the prevalence of burnout among Quebec resident doctors in 2023, and to compare these findings with those obtained in 2017.

To assess burnout levels among resident doctors in Quebec, we used one of the tools most frequently reported on worldwide in the literature on this topic: the Maslach Burnout Inventory (MBI), of which there are several variants. The one used for this study is the Maslach Burnout Inventory – Human Services Survey for Medical Personnel (MBI-HSS [MP]), the MBI originally developed to measure exhaustion/burnout levels in professionals delivering care, as we physicians do.

The MBI-HSS (MP) form comprises 22 questions exploring three components of burnout: respectively, 9 questions on Emotional Exhaustion (EE), 5 on Depersonalization (DP) or cynicism, and 8 on Personal Accomplishment (PA). The responses are expressed on a scale of seven conditions depending on the frequency of exposure to the elements measured, going from "never," to which a score of 0 is given, to "each day," which scores 6 points. The MBI-HSS (MP) is relatively simple to calculate and interpret. Respondents obtaining more than 27 points on the questions concerning emotional exhaustion will be considered to have burnout symptoms, as will those obtaining 10 points on depersonalization or 33 points or less on personal accomplishment.

The prevalence or rate of occupational burnout corresponds to the percentage of respondents with symptoms of burnout in at least one of the components compared with the total population studied. The level of burnout rises in line with the number of components present in each respondent. Finally, as well as questioning resident doctors so as to measure burnout, this study also explores the impact on burnout of sources of stress, certain work environment-related dimensions, type of specialty, and such socio-demographic characteristics as age, gender, and parenthood.

Methodology

To conduct the survey, the *Fédération des médecins résidents du Québec* emailed on April 14, 2023 all its members with valid electronic addresses, inviting them to complete the questionnaire on the SurveyMonkey website. Three reminders were emailed, on April 18, 25, and 28, 2023. Data collection ended on April 30, 2023. In all, of the 3,469 invitations sent out, 2,664 or 76.8% of the emails were opened. Of the 2,664 who opened the invitation, 1,047 responded to the questionnaire, representing 39.3% of residents who opened the invitation and 30.2% of terminating residents polled. A considerable majority (60.8%) of resident doctors who completed the questionnaire were aged 25-29. Seven out of 10 respondents were women, a slightly higher proportion than among the FMRQ's membership as a whole at the time of the survey. Also, 59.3% of respondents were married or had a common-law spouse, and 12.7% had children. Finally, respondents came from the four Quebec medical schools, and worked in some 40 different specialties, the most representative of which were the following: 279 respondents in Family Medicine; 138 in Internal Medicine; and 88 in Psychiatry. The margin of error for this survey is 3%, 19 times out of 20.

STRESS AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS

BURNOUT AMONG RESIDENT DOCTORS

Table 1 presents the findings concerning the three components of burnout, as defined in the MBI-HSS (MP), for the 933 respondents who completed this part of the questionnaire. First, emotional exhaustion (EE) seems to be relatively high in many Quebec resident doctors. Close to 3 residents in 4 (73.9%) said they feel used up at the end of their workday, at least once a week. Some 6 out of 10 residents said they feel fatigued when they get up in the morning and have to face another day on the job, or that they are working too hard on their job. Also, approximately 11 out of 20 resident physicians feel burned out or emotionally drained from their work. On the other hand, only 1 out of 10 residents (11.6%) feel working with people directly puts too much stress on them, and 3 out of 10 (31%) find working with people all day is really a strain for them.

Depersonalization (DP) or cynicism appeared to be less frequent than emotional exhaustion in the resident doctors surveyed. But close to 4 out of 10 respondents (39.4%) said they have become more callous toward people, at least once a week, since starting residency. Personal accomplishment (PA) seems to remain high, except perhaps with respect to energy levels, since more than half (51.8%) of resident doctors said they feel very energetic once per month or less, a few times a year, or even never.

TABLE 1

Maslach Burnout Inventory (MBI) 2023	Never	A few ties a year	Once per month or less	A few times a month	Once a week	A few times a week	Every day
%							
Emotional burnout (EE)							
1 I feel emotionally drained from my work	1.8	11.32	8.7	22.6	15.3	29.2	11.1
2 I feel used up at the end of the workday	0.3	3.5	5.4	16.9	14.8	36.7	22.4
3 I feel fatigued when I get up in the morning and have to face another day on the job	2.1	10	7.7	21.8	14.4	29	15
6 Working with people all day is really a strain for me	17.5	20.6	13.2	17.8	12.5	13.2	5.3
8 I feel burned out from my work	2.7	10.8	9.1	22.7	17.4	24	13.3
13 I feel frustrated by my job	3.6	12.5	12.9	25	19.1	20	6.9
14 I feel I am working too hard on my job	1.9	7.3	10.4	20.7	15.8	26.8	17.1
16 Working with people directly puts too much stress on me	40.4	26.2	10.8	11	6	4.1	1.5
20 I feel I am at the end of my tether	10.2	23.2	11.4	16.2	15.5	15.9	7.8
Depersonalization and cynicism (DP)							
5 I feel I treat some patients as if they were impersonal objects	40.1	20.5	11.3	10.2	7.6	9	1.4
10 I have become more callous towards people since I took this job	15.6	15.4	12.1	17.4	15.4	15.5	8.5
11 I worry that this job is hardening me emotionally	24.1	16.7	12.2	14.7	11.9	12	8.4
15 I don't really care what happens to some patients	41.7	23.9	1.5	11.4	7.1	3.5	1
22 I feel patients blame me for some of their problems	30.9	27.9	12.2	11	9.6	6.8	1.6
Loss of accomplishment and productivity (PA)							
4 I can easily understand how my patients feel about things	1	1.9	1.9	7.8	10.5	32.8	44.1
7 I deal very effectively with the problems of my patients	1.3	1.1	2.3	7.7	7	46.1	34.6
9 I feel I am positively influencing other people's lives through my work	0.5	2	2.7	9.2	15.5	38.3	31.7
12 I feel very energetic	5.7	7.1	12.4	26.7	19.3	24.9	4
17 I can easily create a relaxed atmosphere with my patients	1.3	1.2	1.5	3.1	7	36.9	49.1
18 I feel exhilarated after working closely with my patients	1.9	2.6	3.4	9.9	15.5	39.3	27.3
19 I have accomplished many worthwhile things in my job	0.8	2.8	3.4	12.1	15.8	36.3	28.8
21 In my work, I deal with emotional problems very calmly	3.8	3.5	7.3	13.8	15.2	30.4	25.9

STRESS AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS

INDEX OF BURNOUT AMONG QUEBEC RESIDENT PHYSICIANS

Combining the responses to each of the questions concerning the three components on a scale from 0 to 6 points, where 0 is given to those who have never experienced the suggested element and 6 to those experiencing it each day, the MBI-HSS (MP) is used to gauge the prevalence of occupational burnout. **Table 2** presents the prevalence and level of burnout of resident doctors in Quebec at the time of the survey, as well as the combined results in response to the questions concerning the three components of burnout, as measured by the MBI.

TABLEAU 2

Maslach Burnout Inventory MBI-HSS (MP)	2023	%
Prevalence of burnout among resident doctors		
With burnout symptoms	73.2	
Without burnout symptoms	26.8	
Burnout levels		
High	15.6	
Average	30.4	
Low	27.1	
None	26.8	
Emotional exhaustion (EE)		
High (27 and more)	60.8	
Average (19 to 26)	20.3	
Low (0 to 18)	19	
Depersonalization and cynicism (DP)		
High (10 and more)	46.9	
Average (6 to 10)	21.8	
Low (0 to 5)	31.3	
Loss of accomplishment and productivity (PA)		
High (0 to 33)	26.3	
Average (34 to 39)	32.5	
Low (40 and more)	41.3	
n=	933	

According to the survey findings, 73.2% of Quebec resident doctors presented burnout symptoms at the time of the poll. More specifically, 60.8% of residents suffered from emotional exhaustion, 46.9% exhibited signs of depersonalization or cynicism, and 26.3% did not often feel any personal accomplishment in their work as resident physicians. As to the level of burnout, i.e., the presence of high symptoms of burnout in one, two, or three of the components measured, 27.1% of Quebec resident doctors had symptoms in only one of the three components measured, while 30.4% (DP) and 15.6% (PA) respectively had symptoms in two or three burnout components.

Burnout in resident doctors may stem from numerous factors, stress being first among them. There is no shortage of sources of stress during residency. Rotation assessments, exams, call schedules, work-life balance, financial pressures, and seeking a position are all stress factors intrinsic to residency that can lead to burnout. Of all factors suggested in the survey (**Table 3**), workload was by far the main source of stress for the largest number of resident doctors (21%), followed by work-life balance, call schedules, and the possibility of making a medical error.

BURNOUT AND SOURCES OF STRESS

The prevalence of burnout varies, depending on the sources of stress. Thus, 81.5% of resident doctors stating that rotation assessments were their main source of stress over the past three months presented burnout symptoms.

TABLE 3

	The most stressful element in the last three months	With burnout symptoms
Workload	21.0 %	78.1%
Obtaining a PEM-PREM	9.8%	76.1%
Work-life balance	17.1%	79.0%
Your exams	11.8%	74.5%
The possibility of making a medical error	12.2%	79.3%
Your rotation evaluations	10.1%	81.5%
Your call schedules	14.4%	79.8%
Others	3.7%	72.3%

BURNOUT AND WORK ENVIRONMENT

In addition to the sources of stress intrinsic to residency, other factors appear to have an impact on burnout. **Table 4** presents the percentage of resident doctors who said they agree or disagree with a series of statements describing their work environment. More residents presenting symptoms of burnout agree with the statements that they cannot spend all the time required on studying because of their work as resident doctors (92%), that they spend so much time at work that it takes them away from other personal interests (93%), and that they do not have enough time to do the work that must be done (78%). On the other hand, the following factors are prevalent among those with no burnout symptoms: being a member of a team that cooperates with one another (88.5%), seeing their efforts usually noticed by peers (52.4%), feeling that supervising physicians treat all resident doctors fairly (36.5%), or having control over how they do their work (20.6%).

STRESS AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS

TABLEAU 4

	AGREE	NEUTRAL	DISAGREE
	%		
I do not have enough time to do the work that must be done			
Without symptoms	48.1	75.2	36.6
With symptoms	78.3	11.6	10.1
I spend so much time at work that it takes me away from other personal interests			
Without symptoms	60.5	15.6	23.9
With symptoms	89.9	4.9	5.2
I have control over how I do my work			
Without symptoms	42.1	26.9	31.0
With symptoms	20.6	24.2	55.2
My efforts are usually noticed by peers and in my evaluations			
Without symptoms	78.6	11.1	10.3
With symptoms	52.4	22.4	25.2
I am a member of a team that cooperates with one another			
Without symptoms	93.0	5.8	1.2
With symptoms	74.3	16.2	9.5
I am always competing with other resident doctors			
Without symptoms	6.6	9.5	84.0
With symptoms	16.7	12.1	71.2
Supervising physicians treat all resident doctors fairly			
Without symptoms	55.6	23.5	21.0
With symptoms	36.5	19.3	44.2
I can't spend all the time required on studying because of my work as a resident doctor			
Without symptoms	68.7	15.6	15.6
With symptoms	88.5	5.8	5.6

TIME AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS

Workload and lack of time for reconciling professional responsibilities and other personal or family interests appear to have a significant impact on burnout. To corroborate this, **Table 5a** presents average hours worked by physicians in their residency in relation to their level of burnout. Resident doctors not presenting burnout symptoms generally work fewer hours per week than those with burnout symptoms.

TABLE 5a

	Average hours spent in residency per week
	%
Prevalence of burnout among resident doctors	
Without burnout symptoms	63.4
With burnout symptoms	68.1
Level of burnout	
High	72
Average	68
Low	66.1

Thus, resident doctors with no burnout symptoms work an average of approximately 63 hours 20 minutes per week. In comparison, resident physicians with burnout symptoms work an average of 68 hours. Also, depending on the level of burnout, the average number of hours varies: the more hours residents do, the more likely they are to have burnout symptoms. Among resident doctors severely affected by burnout, it is observed that they work an average of 72 hours per week, compared with 66 hours for those with symptoms in only one of the components of burnout.

The link between hours worked and burnout is even clearer when residents are divided by group of hours worked (**Table 5b**). So, burnout affects 62% of resident doctors working no more than 54 hours a week, compared with 85% of residents working more than 85 hours a week.

TABLE 5b

NUMBER OF HOURS	WITHOUT SYMPTOMS	WITH SYMPTOMS
1-54	38.1%	61.9%
55-59	29.5%	70.5%
60-64	33.2%	66.8%
65-69	27.3%	72.7%
70-74	20.7%	79.3%
75-79	25.5%	74.5%
80-84	18.7%	81.3%
85+	14.9%	85.1%

P under .05

STRESS AND BURNOUT AMONG QUEBEC RESIDENT DOCTORS

Burnout levels may also vary by medical specialty, gender, age, marital status, and whether residents are parents. Nevertheless, burnout among Quebec resident doctors does not appear to vary by age, gender, whether residents are parents, year of residency, or specialty. While there are major variations among specialties, these are not statistically significant. On the other hand, the prevalence of burnout is higher in Quebec resident physicians who were married at the time of the survey (80%), and among those enrolled in the McGill University Faculty of Medicine (86.2%).

BURNOUT AMONG RESIDENT DOCTORS PRE- AND POST-COVID-19 PANDEMIC

The FMRQ had studied burnout among its members in spring 2017. The 2023 survey is an identical repeat of the 2017 poll. **Table 6** compares burnout in Quebec resident doctors in spring 2017 and spring 2023, using the same indicator, the MBI-HSS (MP).

TABLE 6

Maslach Burnout Inventory MBI-HSS (MP)	2017	2023
	%	
Prevalence of burnout among resident doctors		
With burnout symptoms	62.2	73.2
Without burnout symptoms	37.8	26.8
Level of burnout		
High	9.4	15.6
Average	24.8	30.4
Low	28	27.1
None	27.8	26.8
Emotional burnout (EE)		
High (27 and more)	45	60.8
Average (19 to 26)	25.1	20.3
Low (0 to 18)	29.9	19
Depersonalization and cynicism (DP)		
High (10 and more)	38.4	46.9
Average (6 to 10)	20.9	21.8
Low (0 to 5)	40.7	31.3
Loss of accomplishment and productivity (PA)		
High (0 to 33)	21.6	26.3
Average (34 to 39)	34.8	32.5
Low (40 and more)	43.5	41.3
n=	932	933

The prevalence of burnout symptoms in Quebec resident doctors has risen significantly since 2017, from 62.2% to 73.2%. The proportion of residents with burnout symptoms climbed by 15.8% between 2017 and 2023, from 45% to 60.6%. Notable is the increase between the two surveys in the proportion of residents saying they are fatigued and emotionally drained (+15.3% and +14.2%). And not only is the prevalence of symptoms on the rise, but the level of burnout also increased between the two polls, particularly among those suffering from moderate (+5.6%) and severe (6.2%) burnout.

DISCUSSION

The results of this study show that burnout is a scourge with major consequences, that it continues to plague Quebec resident doctors, and that the situation has worsened between 2017 and 2023. While it is not always simple to compare the prevalence of burnout between studies, in particular owing to the great variety in how questionnaire responses are processed, the data from this year's survey show that burnout among Quebec resident physicians is as high as, if not a little higher than, burnout rates measured in equivalent studies.

Of all the factors studied that can influence burnout among resident doctors, those concerning workload and hours worked appear to have a significant impact on burnout. Thus, the importance given to workload as a major source of stress, lack of time to carry out all the work asked for, to study, or to spend on other personal interests, or the number of hours worked are all directly associated with a higher prevalence of burnout symptoms. Yet support from the workplace, such as being a member of a team that cooperates with one another, seeing their efforts noticed by peers, seeing supervising physicians treating all resident doctors fairly, or having control over how they do their work, seems to reduce the incidence of burnout among Quebec resident doctors. Finally, unlike other studies, gender, year of residency, and specialty appear to have no impact on the prevalence of burnout symptoms among Quebec residents.

Other analyses remain to be carried out in order to understand more clearly which factors raise or lower the risk of burnout among Quebec resident doctors. Analyses in greater depth of the findings of this survey and an inventory of experiments to mitigate the impact of factors contributing to burnout, such as enhancing preventive peer support measures in the workplace and better control of hours and workload could be hugely helpful in advancing knowledge concerning stress management and burnout prevention among Quebec residents.

CONCLUSION

This study helped highlight the scale of burnout among Quebec's resident doctors and its evolution over the past few years. Close to 4 out of 5 residents in Quebec exhibit burnout symptoms, an 11-percentage-point increase in six years! Other work remains to be done in order to understand and thus better prevent burnout. The more we talk about this problem with residents, the better will be our chances of helping those struggling with one form or another of burnout.

3

HOW TO HUNT THE MAMMOTH AND MAKE IT OUT ALIVE



- How do you become stressed?
- What is the impact of stress on physical and mental health?
- Why do we develop abdominal fat, depression, or anxiety disorder when we are experiencing chronic stress?

On June 16, 2023, researcher **Marie-France Marin** gave a presentation, in virtual mode, to more than 900 FMRQ members, as part of 2023 Resident Doctor Day. The purpose of her talk was to offer participants a new way of dealing with stress, looking at it from another perspective, and acting to prevent it from having a devastating impact in the medium or long term.

What is stress?

The speaker began her presentation with THE big question: What is stress? And why are we stressed by a given situation?

First she referred to Vienna-born Montreal physician, Hans Selye, who in the 1930s highlighted the body's physiological reaction to outside attacks that he called the "stress response." Marie-France Marin noted that the stress response leads to increased adrenaline and cortisol in a given situation. The effect of stress on memory depends mainly on context, mnemonic process, and emotions rather than on individual differences. For instance, the same situation may be stressful for one person, but not another. It depends on each individual's interpretation. Moreover, chronic stress can also lead to anxiety, depression, and burnout.

What are the sources of stress?

According to Ms Marin, "Any situation over which you have no control is a source of stress." She pointed out that the following elements are a guide for identifying stress factors, summed up in the acronym **NUTS**, developed by researcher Sonia Lupien, Director of the Centre for Studies on Human Stress (CSHS):

- Novelty
 - Unpredictability
 - Threat to ego
 - Sense of low control

HOW TO HUNT THE MAMMOTH AND MAKE IT OUT ALIVE

Marie-France Marin went on to distinguish two types of stressors to which humans are subject: absolute stressors, and relative stressors. The former constitute a threat to physical integrity, and require an immediate response: you have to react. The latter cause different reactions in different people, but represent no immediate threat to the individual's life.

"If you understand the source of the stressor, you're halfway to resolving the problem." — Marie-France Marin.

We should be aware that the brain is a threat detector. Our system is not made to operate constantly under stress, Ms Marin reminded us. She noted that chronic stress is often associated with physical and mental disorders. It is tied to a situation the brain does not become habituated to, and which exhausts the individual—intimidation/bullying being a case in point. This can also be due to the accumulation of several stressful situations not dealt with over an extended period of time. The physiological manifestations of chronic stress include truncal obesity, weight gain, elevated heart rate, higher cholesterol levels, and high blood sugar.

When do you lose control over stress?

According to Ms Marin, we lose control over our stress level when our selective attention ability is affected. "Selective attention allows you to focus on a specific element while ignoring other, irrelevant elements. So it is necessary for action and cognitive functioning in general."

Brooding over problems means your brain thinks the stressor is still there.

To illustrate this phenomenon, the speaker even invited participants to conduct a visual test: looking at a slide and identifying a white star. This first exercise proved to be quite an easy one. But the second was harder because of the larger amount of information and the difficulty of isolating the different elements (green items, white items, and white stars). This led us to observe that, when we are stressed, we can sometimes have trouble finding the right information. And when we are chronically stressed, we can become hypervigilant or hypovigilant. Hypervigilance can lead us always to see the worst case scenario, whereas hypovigilance, or loss of vigilance, can lead to indifference, withdrawal, and not giving a damn. In both cases, it is a problem for the individual.

Stress is the enemy of performance

Marie-France Marin recalled the perception of some researchers in the 1980s, who believed Type A personalities (competitive, motivated, impatient, etc.) were more predisposed to cardiovascular disease than Type B personalities. This theory no longer holds up. It is now known, rather, that hostility increases the risk of developing this type of pathology.

How to control your stress

To control your stress more effectively, you have to review its causes and establish a form of resilience. To that end, the Centre for Studies on Human Stress (CSHS) has drawn up a questionnaire table that you will find on the site, which invites you to deconstruct your stress, one element at a time. The table charts the four components of NUTS, the acronym listing the four main stressors, which we mentioned earlier.



https://www.humanstress.ca/wp-content/uploads/2020/06/EN_Utile_Déconstruire_CINÉ_Couleurs.pdf

(See table www.humanstress.ca)

The NUTS questionnaire can be found on the CSHS site:
humanstress.ca/stress/nuts-questionnaire-2020

Some tips for reducing the impact of stress

In her talk, Marie-France Marin also emphasized the different ways of controlling your stress level more effectively. These include the following:

- Breathe deeply
- Keep moving
- Laugh
- Listen to music with lyrics to limit brooding
- Practise mindfulness

HOW TO HUNT THE MAMMOTH AND MAKE IT OUT ALIVE

How to help someone experiencing intense stress

You know someone—probably more than one person—experiencing high stress. You can help them reduce their stress, merely by approaching them, asking them how they are doing, and whether you can help them.

We invite you to consult the Centre for Studies on Human Stress (CSHS) site, and *Mammoth Magazine*, where you will find questionnaires and tests, information on the status of the research group's research, and different publications.

Marie-France Marin, PhD (Neuroscience) is interested in the mechanisms whereby stress and fear act on memory and behaviour. She studies diverse populations with respect to health, from childhood to adulthood, and is interested in anxiety disorders and post-traumatic stress disorder (PTSD), too. She is also involved in various knowledge transfer activities in order to provide the general public with information and tools with respect to stress, fear, and memory.

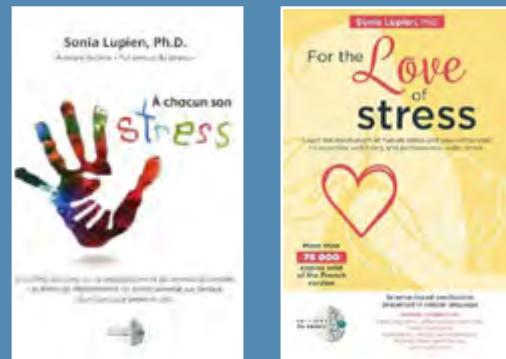
How to hunt the mammoth and make it out alive

- Mammoth series – talks developed by Sonia Lupien PhD

Over the years, Dr Lupien has developed four series of talks: Mammoth Talks, Stress in children and teens, Work-related stress, and intensive workshops.

You may also obtain information on stress through Sonia Lupien's books, published by Éditions Va savoir and available in bookstores and online.

- *À chacun son stress* (French only)
- *For The Love of Stress* (2nd edition)



Grant Program for Research Projects on Postgraduate Medical Education



Introduced several years ago, the FMRQ's Grant Program subsidizes research projects submitted by resident doctors, to the tune of \$10,000 per project. Covering a broad range of topics, projects are most often multi-year. In 2021, the Federation subsidized the research project of Dr Laurence Davies, currently an R5 in General Internal Medicine. An article presenting her research findings—entitled “Rural Versus Urban General Internal Medicine – What Factors Are Influencing Resident’s Choice of Practice?”—was recently published in the *Canadian Journal of General Internal Medicine*. <https://cjem.ca/index.php/csim/article/view/690>

4.

BRIEF BACKGROUNDER ON FMRQ ACTION ON HEALTH AND WELLNESS

RESOURCES ACCESSIBLE TO ALL

The *Fédération des médecins résidents du Québec* has been monitoring issues associated with stress, distress, and manifestations of intimidation/bullying in training sites for more than 30 years, whether on an individual basis, by coming to the assistance of resident doctors struggling with particular difficulties, or collectively, through information campaigns aimed at raising awareness among all system stakeholders as to these scourges that undermine learning sites.



In 1990, the FMRQ became one of the founding members of the Quebec Physicians' Health Program (QPHP), which provides fully confidential assistance without charge to all Quebec doctors, including residents and medical students. The Federation has sat on the QPHP Board of Directors from the outset, and contributes financially to the program on a yearly basis, to guarantee its survival, in conjunction with the FMSQ and FMOQ.

In 1996, the FMRQ began work on an information campaign to raise awareness of intimidation and bullying, entitled *Intimidation, no way!*

On December 12, 1997, the Federation adopted its own definition of intimidation/bullying and reported on the various bullying behaviours experienced by its members at the time.



DEFINITION OF INTIMIDATION/BULLYING (FMRQ, 2017)

Intimidation/bullying means conduct or verbal comments from a person who uses a position of power to bother, embarrass, or influence the acts or ideas of another person that has a detrimental effect on the employment, academic performance, or wellness of the person targeted by such conduct or verbal comments.

Resident doctors' health and wellness have always been a core concern at the FMRQ.

In 2002, in conjunction with the Academic Affairs Committee – Family Medicine, the Federation drafted an information handbook entitled *Wellness, Stress and Distress: Myths, Realities and Solutions* intended for resident doctors. This was accompanied by a practical handbook for associate deans, program directors, and teaching faculty, for the *Planning of prevention and intervention strategies vis-à-vis medical residents*.

In 2004, in view of the scale of the problems identified by resident doctors, the Federation added a new sectoral committee to those responsible for Union Affairs and Academic Affairs (Family Medicine, and other Specialties): the Resident Wellness Committee (CBER). This committee has been pursuing its missions for nearly 20 years now, notably through the *Health and Wellness Tour* aimed first at members, and then in the last few years at teaching physicians. The CBER comprises one FMRQ Board member and representatives of each of the four affiliated associations (AMRM, ARM, AMReQ, and AMReS).

BRIEF BACKGROUNDER ON FMRQ ACTION ON HEALTH AND WELLNESS

Resident Doctor Day, introduced 20 years or so ago, has become a tradition, providing an opportunity to raise issues of concern to resident physicians and to bring forward potential solutions to them.

Later, in 2013, the Federation issued 10 position statements on resident doctors' health and wellness, along with recommendations for raising residents' awareness and informing residents and teaching physicians of situations experienced by members, but also for fostering dialogue to help identify problems and bring tangible solutions to them, in the field.



Also, in 2020, at the start of the pandemic, a 24/7 psychological support service was set up, on the FMRQ's initiative, in conjunction with residents doctors' group insurance, underwritten by Beneva.

In April 2021, the FMRQ offered its membership a free subscription to Headspace, a mobile app focussing on meditation.

Finally, since July 2023, all members have had access to the services of an Employee Assistance Program (EAP) that has replaced the psychological support service, but offers numerous other benefits.

Full information on Headspace and the EAP is available via the FMRQ's mobile app.

Finally, suicide prevention is an extremely important issue, primarily in the context where resident doctors belong to the age group that already has the highest suicide risk. We invite all residents in distress not to hesitate to get in touch with Quebec's suicide prevention association (AQPS) as necessary, by dialling 1-866-277-3553 (1-866-APPELLE).

In 2016, 20 years after raising the alarm on intimidation/bullying in postgraduate education sites, the FMRQ launched a second campaign to raise awareness of intimidation/bullying across Quebec. *Intimidation is infectious—Let's Fight It Together* emphasized the importance for the different healthcare and education stakeholders of realizing that intimidation had not gone away, and that everyone should be involved in an approach to eradicate it. But more work remains to be done.

The FMRQ's concerns with respect to resident doctors' health and wellness also find tangible expression in negotiations for our collective agreement, and underlie all decisions concerning members' work and learning conditions.

FREE, STRICTLY CONFIDENTIAL RESOURCES

FMRQ Assistance for University Affairs department

As we mentioned earlier, the FMRQ offers various services which members can draw on as and when they need to. An Assistance for University Affairs department provides resident doctors with accompaniment in the event of academic or other difficulties, to equip them when they want to contest a failed rotation or a recommendation for exclusion, or for any other academic situation between those two extremes. Residents can also get in touch with the university assistance offices.

SUPPORT RESOURCES

Academic difficulties: aide-affaires-universitaires@fmrq.qc.ca

Intimidation/bullying: intimidation@fmrq.qc.ca

University assistance offices: fmrq.qc.ca/en/wellness-support/directory-of-resources

Headspace and Employee Assistance Program (EAP): available on the FMRQ's mobile app ([GooglePlay](#) or [AppStore](#))

WELLNESS ISSUES RAISED BY THE FMRQ OVER THE YEARS

- Psychological distress, burnout, and mental health
- Psychological harassment (bullying)
- Parenthood
- Presenteeism among resident doctors
- Current challenges facing international medical graduates (IMGs)
- Debt and finances
- Work conditions and climate
- PREMs
- Transition from residency to practice

5.

REPORT ON FMRQ ECO-RESPONSIBILITY DOUBLE OFFSET FOR CARBON EMISSIONS IN 2022

SOCIAL RESPONSIBILITY NOW FULLY INTEGRATED

In fall 2019, the Federation adopted a *Policy for Socially and Ecologically Responsible Action*. This initiative dovetailed perfectly with the organization's mission to defend its members' social and moral rights and with its main values, among them accountability, humanism, engagement, and respect—all values formally embedded in the FMRQ Statement of Principles and Values.

Through this Policy, the Federation seeks to maintain a balance among fulfilment of its mission, delivery of quality services to its members, fulfilment of its legal obligations, and the goal of acting as a responsible legal person, notably by protecting the different ecosystems in our environment. The FMRQ thus undertakes to comply with the principles of social and ecological responsibility in all areas of its activity, both in its internal operations, its political activities, and the organization of Federation-wide events, and in its relations with its affiliated associations, members, and different partner organizations. The Policy provides that the values of social and ecological responsibility have to be complied with in the Federation's activities as far as is reasonably possible, even if this may involve additional effort or costs. The organization thus aims to limit GHG emissions and offset its carbon emissions with a view to achieving "net zero" (carbon neutrality), and even with the goal of achieving a positive carbon footprint through carbon offsets greater than GHG emissions where possible.

Fortunately, source prevention is now part of our daily practices, whether in choosing suppliers who have practices in line with our eco-responsibility goals or through organizational choices in tune with those goals. Analysis of expense items takes these changes into account, such as, for instance, the almost complete disappearance of paper printing expenses, whereas barely five years



ago it was still the norm to print our Federation documents. There too, a balance has been found, whereby, for example, we still provide a paper version of the *Bulletin* for members who want it, but paperless political body meetings and Federation events have become the norm. Limiting the use of paper in order to be "green" is not the most telling example, since after all paper remains a resource that generates much less pollution than fossil fuels do—indeed, the latter represent a challenge that is much more harmful environmentally, as it significantly alters the carbon cycle. But the fact remains that limiting the waste of resources that the non-essential use of printed-paper material can represent is a simple, achievable way for us of taking eco-friendly action, always based on an analysis where we seek a balance between the need to provide adequate, relevant services to members and the need to do so in an environmentally responsible way.

EMERGENCE FROM THE PANDEMIC AND ITS LASTING IMPACT

While the COVID-19 pandemic and the resulting public health emergency with its strict rules limiting inter-personal contact initially turned the organization of our Federation-wide activities completely on its head, the emergence from the pandemic appears to demonstrate that new ways of doing things will be staying beyond the public health situation, with inconveniences in terms of mobilization, but also advantages, including one indisputable positive effect in terms of GHG emissions, with the new practices of discussion via videoconference that can limit sometimes non-essential travel.

During the pandemic, there was nothing positive in itself in the restrictions on our ability to carry out collective political action, but new methods of working and discussion introduced from necessity nevertheless now have a beneficial impact in terms of the environment and effective time management within the organization. A balance has yet to be found, though, between the need to mobilize members around quality discussions through essential human contact and practices that more systematically integrate an assessment of the need for in-person travel, depending on the nature of the activities in question and the goals of those activities.

DOUBLE OFFSET FOR CARBON EMISSIONS IN 2022

Calendar 2022 was a year of transition to emergence from the pandemic, although concerns about the resurgence of new variants of the virus remained until fall 2022. But certain Federation activities, including the Welcoming of R1 members, resumed in summer 2022, for the first time since summer 2019. FMRQ staff were limited for most of the year to telework, and only last fall was the current 50-50 formula introduced, targeting a return to work in person at least half the time, much as many other service businesses and organizations in downtown Montreal had done during the year. This provides quite a clear illustration of the lasting effects of the pandemic on work organization practices, but also highlights differences in the realities of the organization of healthcare services on a day-to-day basis for our members.

BELOW ARE SOME OF THE ACTIVITIES EVALUATED IN GREATER DETAIL WITH REGARD TO THE FMRQ'S CARBON FOOTPRINT

May 2022 Resident Doctor Day [held via videoconference]

Resident Doctor Day 2022, run in hybrid mode, involved a symposium in the morning organized by the Federation and attended by some 800 people, and different local activities put on by the affiliated associations in the afternoon. The current carbon footprint reflects only the portion of the Day organized by the FMRQ (held via videoconference).

June 2022 Symposium on PREMs in FM [held in Montreal]

The Symposium on PREMs in FM held June 10, 2022 included a talk by the Federation on the process for awarding positions [PREMs and PEMs] in family medicine, followed by a networking happy hour with representatives from Quebec's different regional departments of general medicine [DRMGs], on-site, to present to members the advantages of a practice in their respective regions and subregions. The event was aimed at our R1s in family medicine, to prepare them for looking for positions during the summer ahead of the application process that takes place yearly in the fall. More than 300 family medicine R1s (including 73 from Quebec City and 72 from Sherbrooke) attended. So we based our estimate of emissions on participants' home faculties and the DRMGs' regions. On-site logistics and catering were also taken into account.

FMRQ Career Day [held in Montreal in fall 2022]

The FMRQ's Career Day in 2022, as in 2021, also drew exhibitors from outside Quebec. The report on the 2022 edition shows higher rental revenue attributable in particular to the larger number of exhibitors, and that supposes more transportation for their representatives. There was also travel for 820 members (including 180 from Sherbrooke and 130 from Quebec City), and a slightly higher number of exhibitors' representatives as public health-related restrictions were lifted.

Welcoming of R1s [held in Montreal in cruise mode]

For the R1 Welcoming event, the report takes into account transportation for the exhibiting organizations, Board members, and staff, as well as food provided on-site, bus transportation for the 451 members participating, and the river cruise.

FMRQ lobbying activities

[conferences and external committees across Canada, and political advocacy in Quebec, including the FMU Tour – transportation and accommodation]

These activities were still scaled down despite the emergence from the pandemic, and numerous external committee meetings were held virtually. Taking into account the expenditure ratio and activity reports compared with previous years, we gauge the activity ratio for 2022 at around 36%, although we did observe a more sustained resumption of external meetings held in-person since the beginning of 2023—but that has no impact for the period covered by the report.

Federation political bodies

[Board of Directors and Delegates' Assembly meetings]

For 2022, the FMRQ held 12 regular Board meetings in Montreal (seven of them via videoconference or in hybrid mode) and three extraordinary meetings (two via videoconference and one in Orford). A sign of new practices as we emerge from the pandemic is that a single Board meeting was held with all 10 elected members attending in person. The Federation also held three Delegates' Assembly meetings: one via videoconference, one in Montreal, and one in Orford. Two DA meetings were followed by evening activities, and therefore an additional night's hotel accommodation for delegates travelling from outside the meeting area.

FMRQ sectoral committee meetings [transportation and accommodation]

Practically all sectoral committee meetings were held via videoconference in the first six months of 2022, then in hybrid mode for the rest of 2022.

**The total carbon footprint of Federation activities
from January to December 2022 (12 months)
amounted to 158.97 tonnes of CO₂**

DOUBLE OFFSET FOR CARBON EMISSIONS IN 2022

OFFSET AND ENVIRONMENTAL INVESTMENT METHODS BY TWO MAIN GROUPS OF ACTIVITIES

SECTOR 1

For the activities of Federation permanent staff, political bodies, committees, and lobbying (63.77 tonnes of CO₂ to be offset)

Carbone boréal offset via tree planting

Carbone boréal, through tree planting, is both a greenhouse gas offset program and a research project led by researchers at the University of Quebec at Chicoutimi (UQAC), through its chair in eco-advising. The Carbone boréal planting network is protected from commercial harvesting. In order to maximize carbon stock permanence, the experimental blocks are spatially distributed to decrease the risk of losses by natural disturbances (wildfires, insects, etc.), and a supplemental plantation network is used as backup. Each experimental block that includes the trees associated with individual contributors is geo-referenced and registered in the Carbone boréal documentation. The register is public, and available at any time via the **Inform yourself/Donor Registry** tab. The plantations, amounting to more than 1 million trees, have been verified in compliance with the ISO 14064-3 standard by the Quebec Standards Bureau (*Bureau de normalisation du Québec*), a recognized, independent third party. Carbone boreal plantings are carried out in naturally open areas of Quebec's boreal forest where the woodlands do not self-regenerate. The project establishes research forests within these open woodlands, in collaboration with the provincial Ministry of Natural Resources and Forests, while respecting forest ecosystems and boreal biodiversity.

carboneboreal.uqac.ca/en/about

Planting of 447*2 = 894 trees to offset 63.77 tonnes of CO₂ emitted with the climate-related prevention option which involves double emissions offset in an intergenerational perspective and in order to go beyond net zero.

Cost: \$4,125.14

SECTOR 2

For Federation events held in Quebec (95.2 tonnes of CO₂ to be offset)

Scol'ERE educational carbon credit offsets

Carbon offsets with Carbone Scol'ERE are one-of-a-kind. Educational carbon credits have a lasting impact, and twofold value: they are used to offset greenhouse gas emissions, and thereby contribute to the funding of an innovative project promoting education and subsequent action by Quebec youth in the fight against climate change. Profits generated by the sale of educational carbon credits are reinvested in the Carbone Scol'ERE project. One educational carbon credit is equivalent to 1 tonne of CO₂ avoided through the commitment to reduce GHG emissions made by the students and their families participating in the project. Educational carbon credits stem from a recognized approach followed by an advisory committee piloted by the Quebec industrial research centre, CRIQ. Laval University is an *Éco-merite* partner of the program, which is also supported by McGill University.

qc.carbonescolere.com/a-propos/partenaires

qc.carbonescolere.com/mcgill

Purchase of educational carbon credits to double offset 95.2 tonnes of CO₂ emitted.

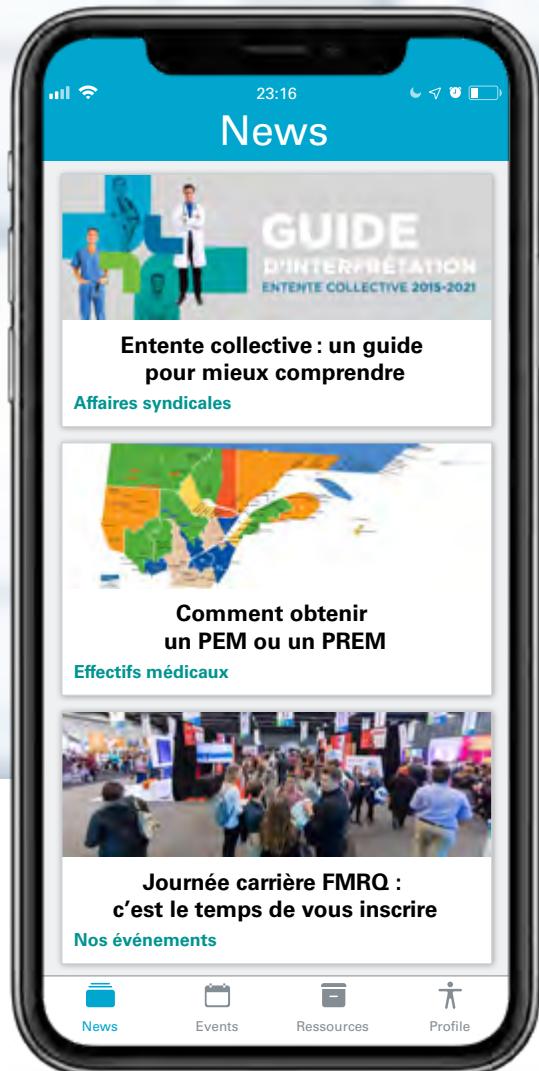
Cost: \$5,712.01

SUMMARY OF CARBON OFFSET AND ENVIRONMENTAL INVESTMENT

Double carbon offset for **158.97 tonnes of CO₂** emitted for the FMRQ's 2022 activities, representing an environmental investment to offset beyond net zero, at a total cost of **\$9,837.15**.



THE FMRQ MOBILE APP, A MUST!



QUAND COMMENCER À ÉPARGNER ?

Après avoir passé des années à dépenser pour vos études, vous touchez enfin un revenu d'emploi. Commencer à épargner tout de suite ou reporter ce geste à plus tard ? Une question qui vaut son pesant d'or.

La plupart des résidents en médecine ont accumulé une dette d'études plutôt rondelette. Vous hésitez entre consacrer toutes vos liquidités à son remboursement dès maintenant et vous occuper de vos finances plus tard, lorsque votre rémunération augmentera ? Profiter dès maintenant de votre revenu pour mettre de l'argent de côté est sans contredit le meilleur moyen d'assurer votre prospérité financière à long terme. Une bonne gestion de vos finances devrait vous permettre à la fois de rembourser vos dettes et d'épargner pour réaliser vos projets.

LE TEMPS, VOTRE CARTE MAÎTRESSE

S'il est incontestable que vos revenus vont croissant, il y a fort à parier que vos obligations financières suivront une courbe semblable, avec l'achat d'une propriété, l'arrivée des enfants et l'augmentation générale de votre train de vie. Sans régime de retraite, vous ne pouvez compter que sur vous-même pour assurer votre avenir. La clé ? Commencer à épargner tôt.

Imaginez que vous mettez 25 000 \$ par année dans votre REER à partir de l'âge de 35 ans et ce, jusqu'à vos 65 ans, pour une épargne totale de 750 000 \$. À un rendement de 5 %, vous obtiendriez, au final, plus de 1,7 million de dollars.

Or, en commençant 10 ans plus tôt, pour une épargne identique et en supposant le même rendement, vous compteriez sur un actif de plus de 2,8 millions de dollars à vos 65 ans. Un écart de près de 1,1 million de dollars ! Et ce, uniquement parce que vous auriez agi de 25 à 35 ans plutôt que de 35 à 65 ans (*graphique*).

Diana Zapata, Pl. Fin.
*Représentante en épargne collective
 Clientèle jeunes médecins*



Différence d'accumulation à durée égale de contribution



La différence d'accumulation illustre à merveille que le meilleur moyen de profiter de l'extraordinaire avantage du temps, c'est de mettre de l'argent de côté régulièrement dès que vous commencez à percevoir un revenu.

PLUS D'ARGENT DANS VOS POCHE

En vue de maximiser l'argent dont vous disposez, il est essentiel de chercher à réduire le plus possible vos impôts. À cet égard, le REER, le CELI et le CELIAPP sont des outils incomparables, car ils font croître vos économies à l'abri de l'impôt.

En cotisant au REER, vous réduisez votre revenu imposable au moment de la cotisation, ce qui pourrait vous valoir un remboursement d'impôt substantiel. Le CELIAPP donne également droit à une déduction fiscale et le retrait des fonds n'est pas imposable, du moment qu'ils sont utilisés pour acheter une première habitation admissible. Le Régime d'accès à la propriété (RAP) vous permet aussi de retirer de votre REER, en franchise d'impôt, la mise de fond de votre première propriété. Le CELI ne donne droit à aucune déduction fiscale, mais les fonds peuvent être retirés en tout temps sans imposition, pour tout projet qui vous tient à cœur.

PREMIÈRE ÉTAPE

Quels que soient vos objectifs financiers – voyager, acheter un condo, constituer votre capital-retraite –, vous y arriverez plus sereinement et plus rapidement si vous comptez sur un bon plan qui aiguillera vos efforts.

Vous ne savez pas par où commencer ? Appelez-nous. Spécialisés dans l'accompagnement des médecins, nos conseillers financiers vous bâtiront un plan personnalisé qui évoluera en fonction de vos priorités et de votre situation. Les bons réflexes, ça nous connaît !

NOUS JOINDRE :
info@fondsfmoq.com ou 1 888 542-8597

ACHAT D'UNE PROPRIÉTÉ ASSURANCE HYPOTHÉCAIRE OU ASSURANCE VIE TEMPORAIRE?

Acheter sa première propriété est un projet qui peut sembler intimidant pour de nombreuses personnes. Cependant, en raison du contexte économique actuel et de la montée des taux d'intérêt, beaucoup se demandent si c'est le bon moment pour acheter une propriété. Si vous avez décidé de franchir le pas, il est important de choisir l'assurance vie qui convient le mieux à votre situation personnelle.

L'ASSURANCE VIE HYPOTHÉCAIRE OU L'ASSURANCE VIE TEMPORAIRE?

L'assurance vie hypothécaire est un produit que l'on vous propose lorsque vous prenez une hypothèque auprès d'une institution financière. Il est important de noter que cette assurance n'est pas obligatoire pour obtenir votre prêt hypothécaire, mais elle est souvent proposée par les banques pour couvrir le solde du prêt hypothécaire en cas de décès de l'emprunteur. De l'autre côté, il y a l'assurance vie temporaire, qui elle n'est pas rattachée à votre hypothèque et peut donc couvrir votre hypothèque et d'autres besoins éventuellement.

Cependant, il y a plusieurs différences entre l'assurance vie hypothécaire et l'assurance vie temporaire que vous devez connaître avant de prendre une décision.

Le montant de couverture: L'assurance vie hypothécaire est décroissante, ce qui signifie que la couverture diminue à mesure que le solde de votre prêt hypothécaire diminue. Alors qu'avec l'assurance vie temporaire, vous pouvez choisir le montant de la couverture qui convient le mieux à vos besoins et ce montant ne diminue pas au fil du temps. Il est donc possible de choisir un montant de couverture supérieur à celui de l'hypothèque, qui permettrait de couvrir d'autres besoins sous un seul et même contrat.

L'assurabilité: Avec l'assurance vie hypothécaire, si vous changez d'institution financière, cela aura des conséquences sur votre assurabilité, car il faudra à nouveau fournir des preuves de santé et cela pourrait être un problème dans le cas où il y aurait eu des changements à votre état de santé. Cela aura aussi une incidence sur la prime, qui sera recalculée en fonction de votre âge au moment du changement et sera donc plus élevée.

Avec l'assurance vie temporaire, le fait de choisir un montant de protection plus élevé que vos besoins actuels, vous permettra de garantir votre assurabilité future. En effet, le surplus servira à couvrir vos besoins futurs, et vous évitera donc de devoir fournir de nouvelles preuves de santé pour une demande d'assurance vie plus tard pour couvrir ces besoins.

Méziane Larab M. Sc. Fin.
*Conseiller en sécurité financière
Segment jeunes professionnels*



Le choix du bénéficiaire: Lorsque vous souscrivez une assurance vie hypothécaire, la banque est automatiquement le bénéficiaire et en cas de décès, la banque recevra le montant de l'assurance vie pour rembourser le solde de votre prêt hypothécaire. En revanche, avec une assurance vie temporaire, vous pouvez désigner le bénéficiaire de votre choix, qui recevra le montant total de la couverture en cas de décès. Ainsi, la prestation pourra servir à payer l'hypothèque restante et le surplus pourra être utilisé par le bénéficiaire à sa guise.

L'assurance vie temporaire offre également deux droits intéressants : **le droit de transformation** et **le droit d'échange**. Le droit de transformation permet de transformer une partie ou la totalité de l'assurance vie temporaire en assurance vie permanente sans preuve de santé. Cela est utile lorsque vous serez rendu en pratique et que vous aurez la capacité financière suffisante pour payer les primes plus élevées pour couvrir vos besoins d'ordre successoraux (impôts au décès, héritage...).

Le droit d'échange, quant à lui, permet d'échanger le terme de l'assurance vie temporaire pour un terme plus long sans preuve de santé. Il peut habituellement être exercé pendant les cinq à sept premières années du contrat.

Ainsi, selon les cas, le fait d'exercer son droit d'échange avant la fin de la 5^e année, pour un terme de protection plus long, permettrait de prolonger sa période de couverture tout en fixant les primes sur une plus longue période afin d'éviter les primes de renouvellement à la fin du terme initial qui augmente de manière exponentielle. Mais aussi, cela pourrait permettre de faire une économie sur le montant total de la prime selon l'âge de la personne. Car en effet, plus on est jeune et moins l'assurance coûte cher et l'inverse est vrai aussi.

Pour toute ces raisons, lorsqu'il est temps de prendre une assurance vie, parlez-en à votre conseiller en assurance de Sogemec Assurances pour évaluer vos besoins en assurance vie et ainsi comparer quel est le meilleur produit pour votre situation.

L'ÉQUIPE DE CONSEILLERS DE SOGEMEC EST LÀ POUR VOUS AIDER ET NAVIGUER AVEC VOUS ENTRE LES DIFFÉRENTES OPTIONS.

1 800 361-5303
information@sogemec.com

Pierre-Luc Collin, B.A.A., Pl. Fin.
*Conseiller en gestion de patrimoine,
jeunes professionnels*



POUR VOTRE PREMIÈRE PROPRIÉTÉ, PENSEZ AU CELIAPP!

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- Une fois le compte ouvert, vous pouvez y verser une cotisation annuelle de 8000 \$, jusqu'à une cotisation maximale à vie de 40 000 \$. Le montant d'une cotisation annuelle peut être reporté à une année ultérieure.
- La cotisation annuelle versée dans le compte est déductible aux fins du calcul de l'impôt. Ça veut dire que vous pourrez utiliser le montant d'impôt épargné pour votre cotisation de l'année suivante, donc, double bénéfice!
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CELIAPP ET RAP

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Le RAP, c'est le Régime d'accès à la propriété. Il vous permet de retirer jusqu'à 35 000 \$ de votre compte REER dans le cadre de l'achat d'une première propriété. Les cotisations au REER donnent lieu à une déduction aux fins du calcul de l'impôt et le montant n'est pas taxable lors du retrait. Lequel privilégié alors ?

**Vous avez d'autres questions ? N'hésitez pas à contacter un de nos conseillers spécialisés dans votre profession.
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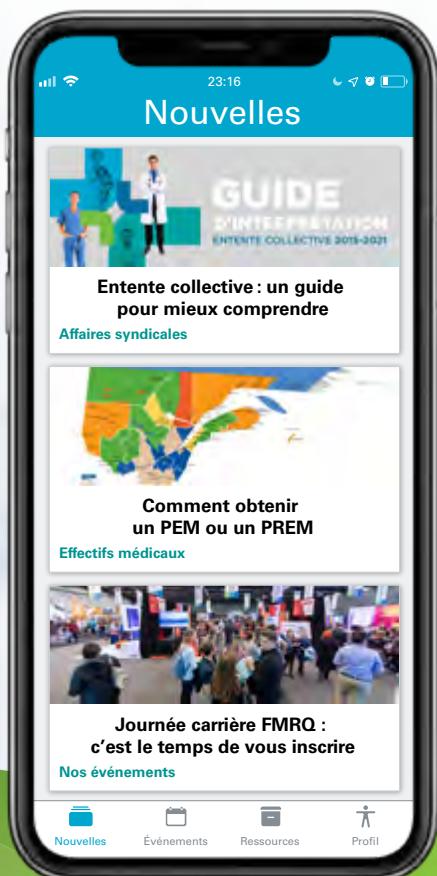


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L'appli **FMRQ MOBILE**,
un **INCONTOURNABLE!**





Médecin généraliste médecin de famille

Centre médical Cardiogenix, Montréal (Québec)

Le Centre médical Cardiogenix, un établissement médical privé en activité depuis 2006, accepte les candidatures pour un médecin généraliste (médecin de famille).

Le candidat idéal sera:

- Dédié à l'excellence du service, avec des compétences interpersonnelles exceptionnelles
- Engagé dans la mission et les valeurs du Centre médical Cardiogenix
- Intéressé par la pratique de la médecine dans un environnement collégial, peu fréquenté

Le Centre médical Cardiogenix est un établissement privé à service complet qui comprend:

- Une technologie de pointe
- Un système de purification de l'air de qualité hospitalière, une salle d'examen virtuelle avant l'examen et des équipements de protection individuelle de qualité supérieure pour les médecins, le personnel et les patients
- Un ratio de 1:1 personnel de première ligne / soutien administratif - médecin
- Une charge patient limitée par médecin
- Des spécialistes médicaux (cardiologie, dermatologie, endocrinologie, gynécologie, allergie et immunologie, gastro-entérologie et spécialistes de chirurgie) sur place
- Un milieu collégial et de soutien; travailler aux côtés de médecins de famille expérimentés
- Un salaire annuel de premier ordre (non basé sur les visites des patients)
- Être situé au centre de la ville, à proximité de tous les quartiers de Montréal et du centre-ville
- Être accessible en métro; un parking gratuit également disponible

Visitez notre site Web: <https://cardiogenix.com>

Pour postuler, veuillez envoyer votre CV et des références à:

Dr. Ashok Oommen, directeur médical

Courriel: cheryl@cardiogenix.ca



CHEZ CARDIOGENIX, NOUS MISONS SUR UN ACCÈS ET DES SERVICES COMPLETS

Après avoir travaillé 15 ans aux urgences du Centre hospitalier de St. Mary à traiter des milliers de patients atteints de problèmes cardiaques et de cancer, la frustration du Dr Ashok Oommen grandissait. Il savait qu'un grand nombre de ces patients gravement malades auraient pu éviter ce destin si, des années auparavant, ils avaient pu bénéficier d'un niveau de soins que les médecins de famille du système de santé canadien ne peuvent simplement pas offrir. «Dans le système de santé québécois, un médecin de famille qui maintient un cabinet de plus de 1 500 patients est inévitablement pressé; pour connaître véritablement votre patient et offrir les meilleurs soins, vous devez passer suffisamment de temps ensemble», une réalité qui a motivé le Dr Oommen à ouvrir le Centre médical Cardiogenix, une clinique impressionnante qui offre tous les services et qui est située sur Décarie, près du métro De La Savane.

Depuis 17 ans, le nombre de patients de chaque médecin est limité, et les patients demeurent avec leur médecin aussi longtemps que nécessaire. «Les deux aptitudes les plus importantes pour un médecin sont l'écoute et l'observation. Les patients ont besoin de temps pour discuter non seulement de leurs symptômes, mais de ce qui se passe dans leur vie. Plutôt que de se concentrer uniquement sur la maladie, nous visons à améliorer la longévité et la qualité de vie d'une personne.»

Les médecins du Centre médical Cardiogenix ont accès à la division Spécialistes, situé dans le même édifice.



Toute l'équipe de Cardiogenix a joué un rôle déterminant pour s'assurer que je suis à mon meilleur. Avoir un horaire aussi chargé et partir en tournée signifie que tous les problèmes doivent être diagnostiqués et traités tôt et aussi efficacement que possible. Ils sont disponibles pour moi chaque fois que j'en ai besoin: en personne, au téléphone ou par courriel. C'est excellent pour mon bien-être et ma paix d'esprit.

Sugar Sammy, humoriste

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COCKTAIL 5 À 7

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› Hôtel de Mortagne
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RSVP avant le 9 août

COCKTAIL 5 À 7

Mercredi 6 septembre 2023 à 18 h

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Québec

16^e édition

Tournoi de golf des fédérations médicales

au profit du Programme d'aide
aux médecins du Québec

24 juillet 2023
Club de golf Pinegrov



Les partenaires :



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Un événement des fédérations médicales
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Gestion privée

Comment préparer mon budget?

Comment bien bâtir ma mise de fonds?

CELIAPP ou RAP?

Et si je suis en couple?



La Fédération des médecins spécialistes du Québec est actionnaire de fdp depuis 1978.



La fédération des médecins résidents du Québec est partenaire de fdp depuis 1994.

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« Le passage de la faculté de médecine à la résidence est une période à la fois stimulante et stressante qui comporte tout un lot de choses à faire et d'incertitude. »

- Diplômé de la faculté de médecine de l'Université Queen's, 2021

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Les spécialistes, Services aux professionnels de la santé RBC, comprennent le parcours particulier d'un médecin résident et peuvent vous aider à franchir vos prochaines étapes avec assurance. Il y a beaucoup d'éléments à prendre en compte. Voici comment nous pouvons vous aider.



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Gestion de l'endettement – Devriez-vous augmenter le montant des versements sur votre prêt d'études ou épargner ? Est-il possible de faire les deux ?

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Stratégies d'épargne pour les étapes ultérieures de la vie, comme fonder une famille



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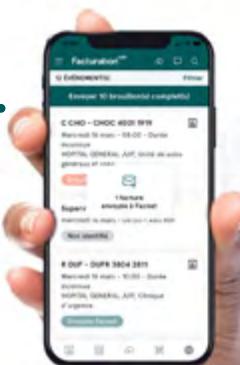
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