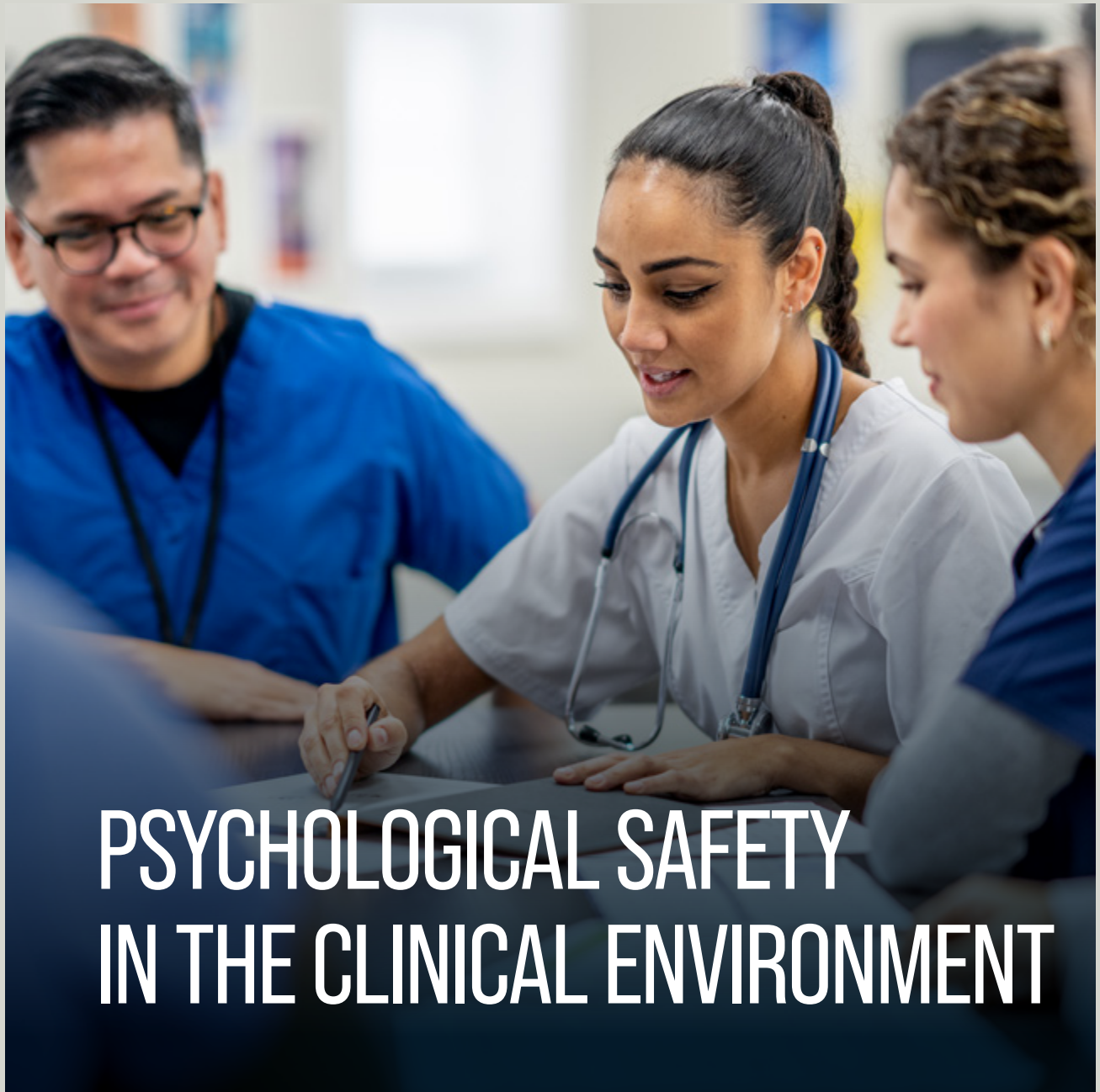


LE BULLETIN

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SPRING 2024



PSYCHOLOGICAL SAFETY IN THE CLINICAL ENVIRONMENT

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THANK YOU TO THE 2023-2024 BOARD OF DIRECTORS

A loud shout-out to the members of the 2023-2024 FMRQ Board of Directors for their contribution to the work on the different issues over the past year. For a number of them, this represented several years in different positions on Federation bodies. The Board members have fulfilled their duties rigorously in all areas of FMRQ activity, representing the 4,000 or so active members currently in residency.



Left to right: Dr Cédric Lacombe, President; Me Patrice Savignac Dufour, Executive Director; Dr Alex Vignola, Vice-President; Dr Heithem Joobar, Secretary-Treasurer; Dr Kenza Achoutoul, Director responsible for Academic Affairs – Specialties; Dr Arielle Jalbert, Director from AMReS; Dr Ghassen Soufi, Director from ARM; Dr Alexis Charron, Director responsible for Academic Affairs – Family Medicine; Dr François Bouchard-Boivin, Director from AMReQ; Dr Bouchra Tannir, Director from AMRM; Dr Ziyu Xiao, Director responsible for Union Affairs.



2023-2024: A YEAR WITH MANY UPS AND DOWNS, AND MAJOR HEALTHCARE SYSTEM CHANGES ON THE HORIZON

Dear Colleagues,

When I was elected President of the FMRQ, several files were already active, including the negotiations for renewal of our collective agreement, the debate on a mandatory third year in family medicine, the detrimental effects of Competence by Design (CBD), whose rollout began in July 2017, and an important matter on which we focussed our attention, namely, Bill 15, *An Act to make the health and social services system more effective*, adopted by the government through closure on December 9, 2023.

These are obviously not the only matters that required the attention of your colleagues on the sectoral committees and the Board of Directors. A large number of issues come back year after year, requiring close monitoring of how they develop, on a day-to-day basis. Your health and wellness remain a core concern for us, as do compliance with the collective agreement, which remains in effect until the new agreement is ratified by all the parties, numerous academic matters, in both family medicine and other specialties, and your transition to practice.

As to the negotiations, you'll have grasped that I'd really have liked to settle this issue with my colleagues on the Negotiating Committee before the end of 2023-2024 and the completion of my residency, but the government's resistance to moving discussions forward and its ignorance of our reality means that my colleagues will have to carry on the struggle. I'd taken over from my predecessor in July 2023, having been on the Negotiating Committee as Director from AMRM, and now it's my successor's turn to do the same in 2024-2025. Since the government doesn't appear to be in any hurry to come up with an agreement that lives up to our expectations, it'll be up to you to make yourself heard through the different mobilization measures the Federation will be proposing to you starting this fall.

The issues that are central to our residency, including the quality of postgraduate education, are matters which, while sometimes evolving too slowly for our taste, are constant features on our work tables. The mandatory third year in family medicine, while rejected earlier this year by 91% of voting members of the College of Family Physicians of Canada (CFPC), continues to emerge here and there in proposals for extending by six months, or even one year of training, depending on the sites, and this is unfortunately the case in family medicine departments in Quebec, often despite the program directors' views. We're concerned at these proposals, which have no sound scientific basis, and we're keeping our eyes open to ensure that members are not harmed by decisions that would change the duration of family medicine residency or new billers' practice conditions.

As to CBD, I'll be telling you nothing new when I say we remain on watch for any changes in the existing system, preferably in the direction we favour, that is, reduction of EPAs and other observations, and reduced burden on our fellow resident doctors. The FMRQ has taken part in the three CBD 2.0 summits, run by the Royal College of Physicians and Surgeons of Canada (RCPSC) this year. We have shared our recommendations with the Royal College, and will be continuing to press for the proposed changes to be finally made, in order to alleviate the harm to members that this pedagogical venture of the RCPSC's has caused since July 2017. Nevertheless, in the meantime, I encourage you to keep up the pressure on your programs so that changes are made in-house over and above what the Royal College eventually proposes.

Finally, after making known our position on Bill 15, the *Act to make the health and social services system more effective* is now in effect. Fortunately, through our approach to elected representatives, we were able to avoid having the government adopt measures that could have imposed obligations on members' future practice as conditions for entering residency. But we will have to monitor the advent of *Santé Québec* (Health Quebec) and the potential impact on residency of the resultant reorganizations that will inevitably occur in the healthcare system.

In closing, I wish you a residency and career that live up to your expectations, in the hope that you are able to maintain your health and a level of wellness necessary to get through this period which, while rewarding scientifically and professionally, is highly demanding physically and psychologically. I leave the presidency on a positive note with respect to the matters we have moved forward this year, and am left in no doubt whatsoever that your leaders in the next few years will manage to convince the government that resident physicians are essential to the Quebec healthcare system and a resource that must be recognized, acknowledged, and valued more highly with respect to their contribution to access to healthcare services in Quebec.

Cédric Lacombe, MD
President 2023-2024



PSYCHOLOGICAL SAFETY IN THE CLINICAL LEARNING ENVIRONMENT

A KEY SUCCESS FACTOR FOR FOSTERING TEACHING, COLLABORATION, AND WELLNESS



Dr Louis-Philippe Thibault-Lemyre
Pediatrician, clinician investigator,
and Assistant Clinical Professor
CHU Sainte-Justine university hospital,
University of Montreal

Dr Thibault-Lemyre's research activities focus on organizational issues in medical education. He is especially interested in learners' psychological safety, aiming to optimize interactions in care units and enhance the educational experience, while fostering patient care. Aside from his practice at Sainte-Justine university hospital, he collaborates on a regular basis in the work of the Centre for Pedagogy Applied to Health Sciences (CPASS) at the University of Montreal. Interestingly, during his undergraduate training, he was President of the UofM medical student association (AÉÉMUM). Dr Thibault-Lemyre agreed to share the results of his research and his experience with respect to psychological safety in the clinical learning environment at the FMRQ's Resident Doctor Day, May 3, 2024.

In his presentation, Dr Thibault-Lemyre started out by giving his definition of psychological safety, particularly in the more specific context of medical education. He wanted to get participants to recognize psychological safety issues in clinical learning settings, and to identify the aspects of the clinical environment that are conducive to psychological safety and how to deliver them. To that end, the speaker first pointed to a study carried out in 1999 that reported on the perspective of the members of different teams concerning interpersonal factors and their impact on those teams' performance; 51 teams in a manufacturing firm took part in the interviews, were the subject of direct observation, and responded to surveys, among other approaches. Dr Thibault-Lemyre noted that, in this study, the level of psychological safety was not

associated with personal factors, but rather to the characteristics of the work environment and leadership. His scientific approach builds in particular on the Psychological Safety Survey (PSS) measurement tool, created by Professor Amy C. Edmondson of Harvard Business School in the USA.



According to the speaker, psychological safety is the prime factor that determines whether the members of a team feel they can take risks and allow themselves to be vulnerable toward each other. "Psychological safety," said Dr Thibault-Lemyre, "is the perception that taking interpersonal risks will not entail consequences for themselves or for their status in an organization." He mentioned elements raised by researchers in connection with two disasters—the explosion of the space shuttle Challenger on January 28, 1986, and the Chernobyl nuclear disaster of April 26, 1986, both linked in his view to the concept of psychological safety. Reports have shown that those on the lowest rungs of the hierarchy, such as trainees, had no room to express themselves and that, even if they had noticed problems, they didn't dare speak out. They told themselves that if they, as juniors, had noted something, then their superiors certainly had done, too.

PSYCHOLOGICAL SAFETY IN THE CLINICAL LEARNING ENVIRONMENT

“We all have important information, and it must be shared.”

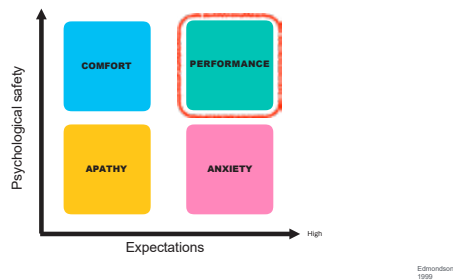
— Dr Thibault-Lemyre

It's the same thing for learners in medicine. In his view, we all have important information we shouldn't hesitate to share. He pointed out in that regard that, often, to protect our status, we don't say anything. He noted that, if an organization is open to criticism, the level of psychological safety will be higher. Otherwise, this can lead to apathy, anxiety, and, in the longer term, performance problems.

PSYCHOLOGICAL SAFETY IN MEDICAL SETTINGS

According to Dr Thibault-Lemyre, it is important for care teams to clarify roles from the outset, foster learners' autonomy in line with their level of training, avoid closed communication channels, and, above all, collaborate. He emphasized that teaching physicians have to do their share. This commitment to psychological safety is a mutual commitment, and a sign of trust, and is conducive to feedback, encouraging questions, and enhancing the learning climate.

PSYCHOLOGICAL SAFETY RISKS



“An environment that supports psychological safety promotes patient safety, particularly through the disclosure of errors.”

What psychological safety is NOT:

- It is not optimizing communications
- It is not professionalism
- It is not the *hidden curriculum*
- It is not (directly) *wellness*

According to Dr Thibault-Lemyre, it is essential to understand that professionalism does not mean that teaching doctors and resident physicians cannot have differences of opinion or misunderstandings. The fact that the two groups can express their ideas openly can be evidence of greater psychological safety.

The speaker even suggested that resident doctors performing off-service rotations, in particular family medicine residents in rotations in another specialty, should be included in discussions and that their specific expertise should be taken into account to add it to that specialty's expertise, as he encourages his Pediatrics residents to do in his practice.

“Psychological safety is an organizational issue, stemming from the environment. It's not the individual who has to change, it's the culture.”

WHAT TO EXPECT FOR THE FUTURE

Our speaker has already been proposing this approach to his teaching colleagues in postgraduate training sites through lectures, particularly in the University of Montreal Faculty of Medicine, for the past two years. He encourages them to foster this collaborative approach, to remain accessible and vulnerable, and to be clear as to their expectations.

Dr Thibault-Lemyre believes that the preferred psychological safety approach in learning sites will become increasingly prevalent. Moreover, he maintains that the assessment paradigm introduced by Competence by Design into non-family medicine specialties could have a negative impact on psychological safety in certain training sites. The goal of his work and interventions with respect to this issue is not resident doctors' nor instructors' psychological safety as such, but psychological safety overall.

In answer to participants' questions, Dr Thibault-Lemyre confirmed that the hierarchy in the healthcare system and postgraduate education is important from a managerial perspective, but that benchmarks have to be established so as to maintain that hierarchy while creating what he calls “professional friendships” to foster discussions in an atmosphere of complete trust.

Articles published on the topic by Dr Thibault-Lemyre

Residents as Research Subjects: Balancing Resident Education and Contribution to Advancing Educational Innovations.

University of Montreal capsule Ma recherche en 180 secondes (My research in 180 seconds), which provides a good summary of Dr Thibault-Lemyre's ideas and work:

<https://umontreal.ca.panopto.com/Panopto/Pages/Viewer.aspx?id=bfaa81cd-52ed-4651-aced-b12a014ed785>

2.

WORK AND CALL SCHEDULES: UPDATE



Mme Marie-Anik Laplante
Co-ordinator, Union Affairs, FMRQ

From November 20 to December 1, 2023, the FMRQ conducted a poll to gather the latest possible information on its members' call and work schedules, information that is important for the discussions at the FMRQ-MSSS negotiating table.

At the last Resident Doctor Day, Marie-Anik Laplante, FMRQ Co-ordinator, Union Affairs, presented the findings of this survey to participants, noting the importance of taking into consideration the impact of the increase in the number of learners on clinical exposure. Ms Laplante pointed out that all organizations involved in postgraduate training of doctors are required to ensure a healthy, safe environment for all, and that accreditation standards are one means of doing this. Note that the medical faculties are the subject of regular accreditation surveys every eight years. External and internal surveys are sometimes carried out during that interval. The purpose of these surveys is to enhance the quality of postgraduate education, and of the learning environment.

In this perspective, Ms Laplante noted a positive culture shift in training sites that also stems from the steps taken by the *Fédération des médecins résident-e-s du Québec* at various levels. The FMRQ offers personalized service to members experiencing issues with respect to their work conditions, and accompanies them if intervention with their program or in their training site is necessary. The Federation provides follow-up with certain sites to inform them of the conditions in the collective agreement, and represents members on different academic and pedagogical committees in Quebec and Canada-wide, and on parity committees with employers, the FMRQ's member unions, and with the Ministry of Health and Social Services (MSSS).

METHODOLOGY

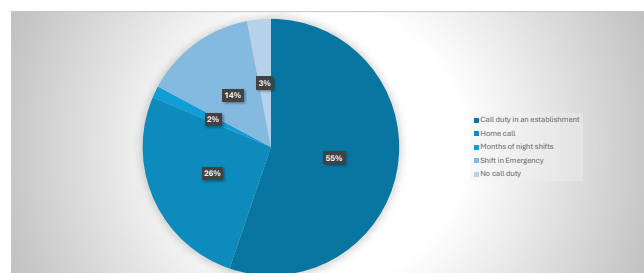
The survey conducted on call schedules in late 2023 (Period 6) aimed primarily to provide an update on the organization of work in the different training sites in Quebec. We gathered comments from 1,288 respondents, or 27.4% of the membership (margin of error of 2%). Of the group, 58.8% were R1s or R2s, and overall the respondents were evenly distributed among the four medical faculties.

FINDINGS

The FMRQ first looked at the distribution of the different types of call duty during that period. The findings show that 55% of call duty was performed in an establishment, and 26% at home. It was noted that 2% of respondents had performed months of night shifts, and 14% work shifts in Emergency during the period, as may be seen from Table 1 below.

TABLE 1

Distribution of call duty



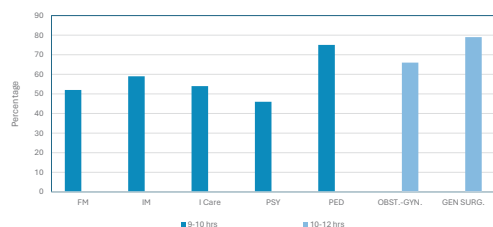
WORK AND CALL SCHEDULES: UPDATE

We then listed regular work hours. On average, half (49.8%) of resident doctors performed “regular” work days 9-10 hours in length, excluding call duty. Two specialties, namely, Obstetrics & Gynecology, and General Surgery, reported daily work hours as high as 10-12 hours. These data are illustrated in Table 2 below.

TABLE 2

Regular work hours

On average, half (49.8%) of resident doctors have “regular” work days of 9 to 10 hours in length, excluding call duty

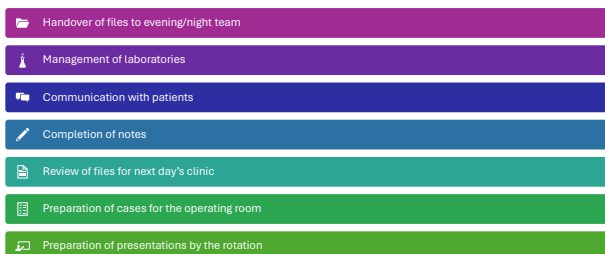


We then evaluated the work hours performed by resident doctors per day, on average, including call duty. In all, 40.9% of respondents said they do 12-13-hour days, when that includes a weekday call duty period. For residents in Obstetrics & Gynecology, 25% reported 15-hour days, while in General Surgery, days more than 16 hours long are common for 23.1% of them. Note that 53.6% of respondents rightly consider their work days to be excessively long: 69.2% in General Surgery; 63.6% in Family Medicine; 59.5% in Pediatrics; and 56.3% in Obstetrics & Gynecology. In all, the average number of work hours per week is 72, including call duty. It was also observed that 55.6% of respondents had worked between 8 and 14 days running during a period, while 7.2% had worked 15-19 days in a row.

Among the reasons why days are extended are the following:

TABLE 3

What most often happens after the regular work day



Ms Laplante explains that the FMRQ has always given priority to a healthy balance between clinical exposure and resident doctors' wellness. The abolition of 24-hour call duty in 2011 is one of the significant gains we have achieved, yet the number of hours worked in residency is not falling, despite the various changes made to call schedules in the past 15 years.

Note that the FMRQ's demands, which are central to negotiations for renewal of our collective agreement, are aimed at a healthier organisation of work hours and call schedules. For more details, see the following article by FMRQ President, Dr Cédric Lacombe.



In line with our [Policy for Socially and Ecologically Responsible Action](#), the *Bulletin* is no longer automatically mailed out to members. An electronic version is available at all times via the FMRQ's mobile app and on our website.

If you no longer wish to receive the Bulletin by mail, please let us know via the FMRQ's mobile app. To do so, click on the **Resources** tab at the bottom of the screen, then on *Bulletin*, a theme-based publication designed for you, then on **I no longer wish to receive the Bulletin by mail**.

3.

NEGOTIATING RESIDENT DOCTORS' CONDITIONS: STATUS REPORT

To conclude Resident Doctor Day on May 3, 2024, the FMRQ provided an update on the FMRQ's main demands at the FMRQ-MSSS negotiating table. Bargaining sessions began on November 9, 2022. There have been 12 sessions to date, but we are still a long way from a settlement. On March 15, 2024, your delegates reviewed the situation and discussed the pressure tactics to be implemented to promote the earliest possible resolution of our negotiations. The outcome of these discussions and of the work of the Negotiating Committee and the Union Affairs Committee, which is involved with regard to operationalizing the pressure tactics to be applied, is an action plan that will be disclosed to you depending on how the negotiations evolve over the coming months.

The reality of our status as professionals/learners sometimes leads to tensions, and even value conflicts between the important, legitimate desire to take care of us as human beings and our equally legitimate desire to make the most of residency, such an important period of learning. Consider the number of hours spent, attendance at rotation sites to have the best access to complex or rare clinical cases, the perception that we must "always" be present to complete our residency successfully. In short, we are like the shoemaker's children—poorly shod—at least when it comes to taking care of ourselves. Our desire to perform sometimes makes us our own worst enemy and, all too often, it is the training site's performance culture, lack of resources, poor organization of care, or yet the existing training and assessment mechanisms that have a negative impact on our health and wellness.

It is this duality that prompts the FMRQ to defend resident doctors' rights on a personal level, as well as a professional level. That's what we're doing right now in the negotiating process. We want to identify protective measures and include them in our collective agreement, particularly with respect to work schedules and call duty. The fights we engage in sometimes take several years to yield results. We've got where we are today, because others before us have fought to bring changes to situations which fortunately we have not experienced, in particular the reduction in call duty hours from 36, to 24, and then to a maximum of 16 hours in a 24-hour period.

It is now more than three years since the FMRQ's collective agreement expired (March 31, 2021), and a year and a half since we tabled our demands with the government and began negotiating with the Ministry. While the provisions of our agreement still apply until the next agreement comes into effect, and we conveyed all our demands to the MSSS representatives at the outset, we remain puzzled and concerned at the attitude of our opposite numbers, who do not appear to be taking our demands seriously. Unfortunately, our determination to negotiate rapidly is not reflected in the Ministry's representatives. It's often very disheartening for your colleagues on the Negotiating Committee, who have the impression they're going nowhere fast, and we understand the members' frustration very well, too. Our demands, however legitimate they may be, are not received with the respect one would expect.

NEGOTIATING RESIDENT DOCTORS' CONDITIONS: STATUS REPORT

NEXT STEPS



Don't miss the issues of INFO NÉGO that are sent out after each meeting of the FMRQ and MSSS negotiating teams, as they will help you follow developments in our strategy and act in a timely manner to help us get you better conditions.

FMRQ Delegates' Assembly workshop to discuss mobilization.

The FMRQ is currently working on developing different mobilization scenarios to which we can resort depending on how the negotiations evolve. And we will need you to ensure that these actions become real levers to get the government moving.



THE FMRQ MOBILE APP, A MUST!



4.

JUNE 14, 2024

SYMPOSIUM ON PREMS IN FAMILY MEDICINE

On Friday, June 14, the FMRQ held its yearly Symposium on PREMs in Family Medicine, aimed at all members training in that discipline, who came from all the faculties to learn more about the steps to be taken to obtain a position, and to meet with representatives of Quebec's regional departments of general medicine (DRMGs). More than 325 resident doctors took part in this event, held at Montreal's Mount Royal Centre. The FMRQ's Co ordinator, Family Medicine,

Geneviève Coiteux, first gave a presentation on the technical aspects of seeking a position. Her talk was followed by a cocktail hour, encouraging meetings with representatives of Quebec's 16 DRMGs who had travelled to the event to meet residents.



5.

MENTORING IN FAMILY MEDICINE

THE 12th MENTORING COHORT KICKS OFF IN SEPTEMBER!

We invite family physicians and family medicine residents to [register right now](#) to start out in practice more smoothly!



Taking part in the mentoring program means

Having an experienced person to talk to in complete confidentiality, who listens to you and helps you find solutions to the issues bothering you.

Some examples of topics addressed with mentors

- **Career development:** How to make a good choice of practice site. Criteria to be considered.
- **Organizing my practice:** How to build a realistic schedule on entering practice. How much time to allow for administrative management.
- **Wellness:** How to balance work and family life. Tips for maintaining that balance.
- **Ethical issues:** How to talk to my patient about a care incident or medical error.

The results speak for themselves!

- 92% of mentees feel better prepared to face the daily challenges of their practice.
- 90% developed their professional autonomy.
- 87% increased their feeling of competence.

To enhance your experience as you enter practice, register right now!

[To learn more](#)

6.

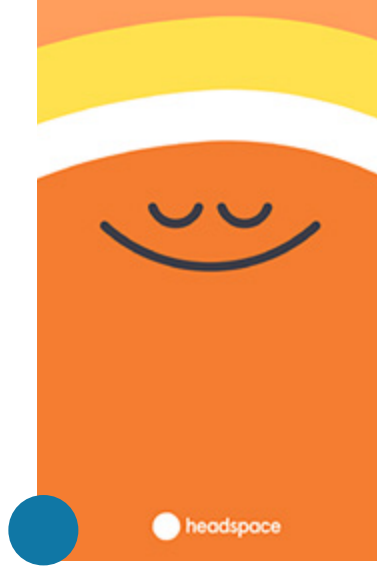
MEDICAL FEDERATION GOLF TOURNAMENT IN AID OF QPHP

The 17th Medical Federation Golf Tournament, a fundraising activity in aid of the Quebec Physicians' Health Program (QPHP), was held Monday, June 10, 2024. The event raised \$104,000, thanks to our partners' contribution as well as to the participation of 148 golfers and other donations collected during the day. Thank you to everyone who helped make this Tournament a success once again this year.



Left to right: Dr Cédric Lacombe, President, FMRQ; Mathilde Lavoie, President, FMEQ; Dr Vincent Oliva, President, FMSQ; Dr Marc-André Amyot, President, FMOQ; Dr Alain Bestavros, Chairperson, QPHP.

7



HEADSPACE: A FREE APP FOR YOU

HEADSPACE MEDITATION APP: FREE SUBSCRIPTION FOR FMRQ MEMBERS

The FMRQ offers its members a free subscription to the Headspace meditation app, which gives you access to hundreds of programs for daily life, relaxations to help you sleep, music, and tips for taking care of your health on a day-to-day basis. In just 10 minutes a day, you'll already feel the benefits. It's scientifically proven. Try it!

TO SET UP YOUR FREE ACCOUNT, GO TO THE FMRQ MOBILE APP

If you haven't already downloaded it, do so here:

- [FMRQ mobile in the App Store](#)
- [FMRQ mobile in Google Play](#)

HEADSPACE, MEDITATION AND SLEEP

(Re)discover meditation

Programs for all levels, on varied topics: reducing your anxiety, learning to manage your emotions, eating mindfully, or boosting your self-esteem.

Rediscover restorative sleep

A space dedicated to sleep with exclusive sleepcasts (genuine tales for adults), music to fall asleep by, and bedtime relaxation.

Clear your head

Techniques and music to increase your concentration, creativity, and productivity at work or home. Tune in to music by John Legend, Hans Zimmer, and many others.

Take care of yourself!

17^e édition

Tournoi de golf des fédérations
médicales au profit du Programme
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Merci à nos partenaires et participants
pour les 104 000 \$ amassés !



NOS PARTENAIRES

Grands partenaires



Catégorie Or



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Catégorie Bronze



FMOQ | FMSQ | FMRQ | FMEQ

pamq.org/tournoi-de-golf

8.

WINNERS OF THE 2024 EXCELSIOR AWARDS



The Excelsior Awards are presented each year to resident doctors who have contributed to enhancing their workplace or community through an innovative project. The goal of the awards is to recognize residents' involvement and contribution. Five prizes are awarded, one per affiliated association (AMRM, ARM, AMReQ, and AMReS), and one for physicians-in-training in family medicine. A \$2,500 bursary and a certificate are given to each award winner. Here are the winners of the 2024 edition.



Dr Giancarlo Sticca
R1 in General Surgery, AMRM

Dr Sticca is a co-founder of ZoneVerteMD (ZVMD), an undertaking aiming to come to the assistance of the medical community. It has two main goals: to provide medical students with all the information they need to make an enlightened career choice, and to inform resident doctors about available wellness resources. The website was set up during the pandemic, to foster discussion between medical students and health professionals, in view of the reduced clinical exposure. The site (zonevertemd.com) contains hundreds of questions from students and answers from teaching physicians concerning their practice, and has been consulted by more than 3,000 people so far.

An article evaluating the impact of this initiative has been submitted to the *Academic Medicine Journal*. Another section of the site, *Wise Threads*, enables medical students to buy lab coats and stethoscopes at affordable prices, and received an award from the Canadian Medical Association. To date, a team of eight individuals has contributed to maintaining the site.



Dr Émilie Groulx-Boivin
R1 in Pediatric Neurology, ARM

Dr Groulx-Boivin co-founded *Kits for Kids* in March 2021, and chairs the charity, which distributes essential supplies in the form of kits to needy families. She felt powerless in the face of the reality experienced by some of her patients, and wanted to do something to lessen the impact of poverty on the health and wellness of children in that situation. The organization distributes different kits, depending on patients' age, whether they are newborn, infants aged 0-2, or children aged 2-5. The bags containing the items are reusable, and include an assortment of hygiene supplies (diapers, wipes, baby shampoo), and educational or play objects, such as markers, colouring books, and plasticine. Doctors, nurses, and social workers distribute the kits to families on the basis of need. Currently, there are 20 distribution centres in Montreal, Estrie, and Montérégie. To date, Dr Groulx-Boivin says they have raised \$155,000 and distributed 3,120 kits to vulnerable families. And she is continuing her mission. Her involvement includes managing the website, and preparing kits with hundreds of volunteers. Several groups are particularly targeted, namely, single-parent or low-income families, immigrants, and refugees, Aboriginal communities, and disabled children. She has attained her goal. This experience has helped enhance her skills by meeting both the social and the medical needs of her patients.

WINNERS OF THE 2024 EXCELSIOR AWARDS



Dr Caroline Gagnon
R2 in Obstetrics and Gynecology, AMReQ

Dr Gagnon's project is directly linked to her specialty. Each year, the resident doctors in the Laval University Obstetrics & Gynecology program organize a Pap test clinic, on a no-charge, walk-in basis. But she noted that the entire clientele attending this evening consisted of cisgender women. In her view, the lack of trans and non-binary patient clientele has multiple causes: sitting in a waiting room with mostly cisgender women can lead to dysphoria, as can a gynecological examination, previous bad experiences with the healthcare system, including failure to use the right pronoun/surname, staff feeling uncomfortable, etc. Being concerned for the health of the LGBTQ+ population, she took the initiative of establishing a cervical cancer and STI screening clinic exclusively reserved for that patient population, offering them a safe, comfortable space for receiving care. To that end, she affiliated with the SPOT community clinic in Quebec City, which works with marginalized populations, and offered the first edition of her clinic in October 2023. The event was modest, but the comments received were highly positive. Several patients had given up screening several years before owing to the lack of resources. This first edition motivated her to repeat the experience. This is the first clinic of its type in Quebec City. The activity also serves to raise resident doctors' awareness of the needs of the trans and non-binary community.



Dr Zahra Hana Mokhtari
R2 in Family Medicine, ARM

Dr Mokhtari received the Excelsior Award in the "Family Medicine" category. On arriving in Canada, she set up a charitable group called "We don't leave Iran all on our own," following a mission originating with Bani Adam, the "children of Adam" charity founded in Iran in 2017 by physician friends and herself, after the Kermanshah earthquake. The group now has 160 members, including local doctors, but also people wishing to help Iran's poorest provinces. The organization's main goal is to keep children in school, encourage them to complete their studies, and provide for the most basic needs, in order to offer opportunities and give them a better life. The funds raised through this organization are used to buy school materials, but also footwear for children in the poorest villages, or to help high school graduates take university entrance exams. She notes that the situation is very serious in Iran. In fact, last year, 930,000 children there left school because of poverty. In 2023, her organization helped 2,740 young people stay in school, covered 900 pairs of bare feet, and provided support for 80 single-parent families on a monthly basis.



Dr Annie Loan Anh Nguyen
and **Dr Ariane Lamoureux**
R1s in Family Medicine,
AMReS

These two family medicine residents set up a continuous improvement project at GMF Chicoutimi Family Medicine Group (FMG). Their efforts were inspired by concerns in the media about gynecological violence, in particular the absence of any analgesia option for IUD insertion, a procedure that is often stressful and painful for patients. So they assessed current clinical practices through a review of the files of patients who had had an IUD insertion at the FMG. They then identified the obstacles explaining the gaps between recommendations on pharmacological and non-pharmacological analgesic methods by means of surveys and meetings with a multidisciplinary team including patients. This approach led them to develop a decision-making tool, create a checkable form for IUD insertion appointments, and introduce pharmacological molecules acknowledged to be effective when IUD insertions are carried out in their clinic. A subsequent analysis of patient files showed that discussion of pain management rose from 10% to 57%, and that the level of selection of effective pharmacological interventions rose from 50% to 88%.



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genevieve.auclair@ssss.gouv.qc.ca

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