

LE BULLETIN

VOL. 48

NO. 2

WINTER 2026



REPORT
**FMRQ'S CONTRIBUTION
TO MEDICAL RESEARCH**

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ISBN / ISSN: Publications Mail Agreement No. 1484699



THE FMRQ SUPPORTS MEDICAL RESEARCH

Dear Colleagues,

In this issue of the Bulletin, we bring you first a report on the past 10 years of the *FMRQ Grant Program for Research Projects*. This program offers resident doctors the opportunity to fund research projects, in whole or in part, during their postgraduate education. Grants can go as high as \$10,000 per project subsidized, and the FMRQ funds up to five projects per year, for \$50,000 annually. Grants are awarded for projects selected by an evaluation committee comprising independent researchers, and since the program's inception in 2012, the Federation has granted half a million dollars to members qualifying under the program. In the following pages, you can consult the conclusions of a number of studies carried out through the program. If scientific research is of interest to you, I encourage you to take part next year. You should receive detailed information in fall 2026, and you may consult our website for further information on the program.

In this *Bulletin*, we also delve into the world of artificial intelligence in medicine. As you know, the integration of AI in medical practice appears to have become inevitable at this point. Indeed, in line with the publication of the Quebec government's *AI Master Plan in Healthcare 2024-2027* (*Plan directeur sur l'intelligence artificielle en santé 2024-2027*), *Santé Québec* proposed last year to set up a pilot project for the large-scale deployment of medical transcription using AI scribes in 2026. The project should be coming on stream shortly.

AI has its limitations, though, and its use must comply with the principles that will be established by the medical faculties and our Code of Ethics. In fact, the *Collège des médecins du Québec* has already published a number of rules and caveats for practising physicians. Protection of patients' personal information is one of the key elements in the use of this technology. Note that, currently, the government is primarily targeting voice recognition (AI scribe) software, but other uses (e.g., for interpreting radiology examinations) will be added and will have to be benchmarked. We will be keeping you up to date on any decisions on that front. In any case, if your staff physicians suggest that you use AI scribes, or encourage you to do so, make sure this is officially authorized by your program and your establishment, to prevent potentially being taken to task in that regard.

Louis-Charles Desbiens, M.D.
President



FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS

REPORT ON SCIENTIFIC IMPACT 2017-2026

Each year, the FMRQ subsidizes research projects submitted by resident doctors, thus encouraging the development of research among members during their postgraduate education. Projects may look at organization of care, teaching methods or development of learning tools for physicians-in-training, mental health, or any other topic related to the FMRQ's mission, which is the study, defence, and advancement of the economic, social, moral, academic, and professional interests of the unions and their members.

The full amount of the grant must be used for carrying out the project, but shall at no time constitute remuneration for the researchers or the supervisors accompanying members. Projects must be conducive to the publication of articles in peer-reviewed journals, presentation at a conference or symposium with a peer committee, or dissemination of findings/results in a publication intended for a targeted readership in the medical world or the general public.

Research projects are gathered in the fall, and contest results are known the following winter. Each research project (one per applicant per year) can receive a grant of up to \$10,000. The evaluation committee comprises experienced researchers on an independent committee established by the FMRQ.

From 2012 to 2026, the FMRQ provided grants for some 60 research projects, awarding a total of more than half a million dollars to recipients. In the following pages, we present an overview of 13 of these projects which have led to publication or to oral or poster presentations in the past few years. The projects are presented in alphabetical order of lead author. Note that the summaries reflect information taken from the researchers' publications.

DR ANDREI BURSUC

Physical Medicine and Rehabilitation, Clinique CDN

Dr Bursuc's project looked at fluoroscopy-guided interventions in the treatment of musculoskeletal conditions, and sought to determine whether the use of ultrasound training can lead to a decrease in time to reach a target under fluoroscopy. The research was carried out on 32 medical students or residents. The study found that fluoroscopy needle navigation training was not improved by a one-hour group practice session, with in-plane ultrasound needle navigation practice. Further studies need to be done, with exposure to a group practice session longer than one hour.

"Using ultrasonography to improve fluoroscopic needle navigation in PM&R residents and medical students; a randomized study". Andréi Bursuc, Isabelle Denis, Christopher Mares, Johan Michaud, Cindy Nguyen; *Interventional Pain Medicine*, March 2023; 2(1): 100169.doi.

FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS REPORT ON SCIENTIFIC IMPACT 2017-2026

DR PHILIPPE CHAMPAGNE Anesthesiology, CHUM

Dr Champagne's project was based on the fact that echocardiography is hard to master. Competency requires the supervised interpretation of hundreds of exams. Perceptual learning modules (PLMs) are novel learning tools that aim to speed up this learning process by enabling learners to go online and interpret numerous clinical images, followed systematically by expert feedback. The researchers developed and tested a PLM aimed at improving novices' ability to quickly estimate left ventricular ejection fraction (LVEF) on transesophageal echocardiography images, a critical skill in acute care. They hypothesized that using the PLM would improve the accuracy and speed of learners' estimations. The results demonstrated that, in the immediate post-test, the PLM group showed significantly better accuracy than the control group, but at six months, estimation errors were similar in both groups.

"The impact of a perceptual learning module on novices' ability to visually estimate left ventricular ejection fraction by transesophageal echocardiography: a randomized controlled study". Philippe Champagne, François Girard, Véronique Cyr, Giovanni Romanelli, Monique Ruel, Alexandre Todorov, Arnaud Robitaille. *Can. J. Anesth.* 2021 Oct; 68(10) : 1527-1535

DR AKINA FAY Family Physician, Lakeshore General Hospital

Dr Fay's study considers the importance of feedback, the cornerstone of competency-based medical education (CBD), essential for the development of learners in Emergency Medicine. None the less, despite their importance, discussions among stakeholders are often incoherent, incomplete, and avoided, particularly when it comes to addressing points for improvement. Anecdotal observations suggest that clinical instructors can withhold critical comments for fear of reprisals or negative consequences, but this phenomenon has received little attention in the literature. Building on DeVellis's theoretical framework, the authors developed and tested a validated survey tool for daily feedback exchanges, emphasizing obstacles, facilitating factors, and the impact of fear of reprisals. The surveys were sent out from April to June 2023.

The study concluded that daily feedback exchanges in education management are influenced by complex interpersonal and contextual factors. While learners and trainers acknowledge the importance of feedback, fear of reprisals and systemic dysfunction lead to hesitancy to provide constructive criticism. Removing these obstacles through continuous development for teaching staff, training on how to receive comments, and a clear distinction between mistreatment and feedback can lead to a safer, more effective learning environment.

Daily Feedback in the Emergency Department: Barriers and Enablers. Maneshi, Anali, Fay, Akina, Young, Meredith. *Canadian Journal of Emergency Medicine*. March 2026

DR ALEXANDRE LAVIGNE Physical Medicine and Rehabilitation, CHUM

Dr Lavigne's project sought to assess the perceived ease of use and perceived usefulness of a newly developed mobile app in rehabilitation patients with Achilles tendinopathy. The study looked at 31 symptomatic adults. A mobile app was developed to support the deployment of a 12-week active exercise-based rehabilitation program and facilitate the monitoring of exercise adherence twice daily and the assessment of localized Achilles tendon pain using a numeric pain rating scale on a weekly basis. The authors concluded that the study confirmed the ease of use and usefulness of the newly developed mobile app, and demonstrated a positive attitude toward its use by individuals presenting Achilles tendinopathy taking part in a 12-week rehabilitation program. In addition to the article cited below, two others are to follow.

"Ease of use and usefulness of a newly developed mobile app to monitor pain and adherence among individuals with an Achilles tendinopathy engaged in a rehabilitation program". Alexandre Lavigne, Martin Lamontagne, Christopher Mares et Dany H. Gagnon. *Clin. J Sport Med.* 2023; 33(6), e186-9.

Dr Lavigne also produced two podium presentation videos at international conferences, which you may access here.

https://drive.google.com/drive/folders/1NU8oSAwabLva1RyXJvelYYisauvEgKwh?usp=share_link

FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS REPORT ON SCIENTIFIC IMPACT 2017-2026

DR ALEX LEPAGE-FARRELL

Pediatric Cardiology Intensive Care, Cincinnati Children's Hospital

The goal of Dr Lepage-Farrell's research was to identify collaborative training needs and the perception of collaboration by resident doctors and their colleagues. She wanted to explore the barriers to and facilitators for interprofessional education in medicine, particularly in the context of the pediatric intensive care rotation at Sainte-Justine university hospital, and to make recommendations for the development of future training activities. Participants were resident doctors, physician instructors, other professionals on the Intensive Care team, and parents. The study was in two phases, the first involving 54 workers from different groups in the healthcare sector. The second phase comprised a survey of a targeted group of 18 participants. In conclusion, the authors pointed out that this approach required role clarification for resident doctors, greater support for the educators, and more involvement from the other members of the care team. The findings of this study were presented in August 2023 at the AMEE Conference, then at the Critical Care Canada Forum in December 2023. Its abstract garnered an award (CCCF 2023 *Outstanding Trainee Abstract Award*) for the best submission by a resident/fellow/professional in training. Other publications could be confirmed in the coming months.

"Interprofessional education for residents rotating in the pediatric intensive care unit: a needs analysis". Alex Lepage-Farrell, Amélie Richard, Anne Marie Pinard. *Oral communication*.

DR XING JIAN LIU

General Internal Medicine, Jean-Talon Hospital

Dr Liu's study looked at the use of a flipped classroom format to deliver academic half-days (AHDs), and comprised a feasibility and acceptability study. The research findings were presented on October 20, 2018, at the International Conference on Residency Education (ICRE) in Halifax, Nova Scotia. This yearly conference is organized by the Royal College of Physicians and Surgeons of Canada.

The McGill University Internal Medicine Core Curriculum Residency Program includes 120 residents. The survey was conducted on all residents who attended AHDs during the 2017-2018 academic year. The intervention (modified flipped classroom) consisted of preparatory online lectures followed by in-class, case-based discussion facilitated by audience polling technology. Feasibility was assessed by (1) whether residents engage in pre-class preparation as intended, and (2) the technical feasibility of accessing online lectures and using audience polling technology for in-class learning. Acceptability of the format by residents was measured using the Flipped Classroom Perception Instrument. Data were analysed using descriptive statistics.

Findings: A significant proportion of residents engaged in pre-class preparation, and the amount of preparation time spent increased as residents grew more familiar with the format. Technical feasibility similarly improved with time. Acceptability of the format was consistently high.

Conclusion: This modified flipped classroom format showed promise as a more active instructional method for AHDs for medium-to-large Internal Medicine residency programs. Future research should evaluate the impact of this new format on residents' performance on examinations and in clinical settings.

"Using a modified flipped classroom format to deliver academic half-days – A study of feasibility and acceptability". Liu XJ, Gomez-Garibello C, Sun NZ. *Oral presentation*. ICRE 2018.

DR VINCENT PAQUIN

Institute of Community and Family Psychiatry

The FMRQ's contribution to Dr Paquin's research project led to the publication of two articles, both in 2024, and two oral presentations. The first study looked at residency in medicine, which is associated with a range of sociodemographic, lifestyle and mental health factors that may confer higher risk for psychotic-like experiences (PLEs) in residents, yet little research has examined this question. Thus, the researchers aimed to document the prevalence and associated factors of PLEs among resident physicians. The sample included 502 residents, respondents' average age was 27.6, and 65.9% were women. In conclusion, this study found low reports of PLEs in a sample of resident physicians. Associations of PLEs with minoritized status may reflect experiences of discrimination.

The second study aimed at assessing the impact of social jetlag, the difference between imposed and endogenous sleep schedules, which may be detrimental to resident physicians' health. The current profiles of sleep habits, particularly the differences between workdays and free days, are unknown in that population. This cross-sectional study of Quebec resident physicians aimed at assessing sleep habits on workdays and free days and predictors of social jetlag. A total of 492 residents were included in the study; their average age was 27.6; and 330 (67.1%) of them were women. **Conclusion:** Many residents experience severe social jetlag, chronic sleep deprivation, and sleep disturbances. Importantly, severe social jetlag was associated with depressive symptoms, suggesting a potential intervention target for promoting residents' mental health.

FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS REPORT ON SCIENTIFIC IMPACT 2017-2026

“Psychotic-like experiences and associated factors in resident physicians: A Canadian cross-sectional study”. Paquin V., Guay, E., Moderie, C., Paradis, C., Nahiddi, N., Philippe, F.L. & Geoffroy, M.-C. (2025). *Early Intervention in Psychiatry*, 19(1), e13564.

“Sleep, chronotype, social jetlag, and mental health in resident physicians: a cross-sectional study”. Moderie C, Paradis C, Philippe FL, Geoffroy M-C, Guay E, Paquin V. *J Clin Sleep Med*. 2024; 20(12):1915-22.

Oral communications

Paquin V. (2023). “Psychotic experiences among medical residents of Quebec, Canada: Prevalence and risk factors.” [Symposium contribution] (10 min.) in Beaudry V. (Chair). *Projets de recherche novateurs présentés par des résidents et jeunes psychiatres de l’AMPQ* (Innovative research projects presented by residents and young psychiatrists in the AMPQ). Annual Conference of the Quebec Association of Psychiatrists, June 1, 2023, Quebec City, Canada.

Paquin V, Paradis C, Moderie C, Guay E. (2023). “Présentation synthèse des résultats d’un projet de recherche sur la santé mentale des résidents (Presentation summarizing the results of a research projects on residents’ mental health)” [Symposium contribution] (30 min.) in Gamache C. (Chair). *Symposium sur le bien-être et la santé mentale des résidents* (Symposium on resident wellness and mental health). Annual Conference of the Quebec Association of Psychiatrists, May 31, 2023, Quebec City, Canada.

DR STÉPHANIE PARISIEN - LA SALLE Endocrinology and Metabolism, CHUM

Dr Parisien-La Salle’s project looked at the rapid generation of a *sdhb* loss-of-function zebrafish model for secreting pheochromocytomas and paragangliomas. Genotype plays a central role in the comprehensive management of pheochromocytomas and paragangliomas, highlighting the critical need for specific in-vivo genetic models. Yet, animal models fall short of fully recapitulating the biological complexity of these tumours. For this study, the researchers generated first-generation loss-of-function zebrafish models for *sdhb*, a canonical PPGL-associated gene, using CRISPR/Cas9. *Sdhb*-CRISPs exhibit increased heart rates, reduced swimming activity, and premature death.

In particular, they showed that *sdhb*-CRISPs larvae do not survive past 13 dpf (<50% survival rate reached at 8 dpf, Fig. 1G) and depict significantly reduced motor activity, especially during light periods, during which Cas9 controls show increased swimming movements (Fig. 1H). Finally, they also confirmed that the *sdhb*-CRISPs larvae exhibit a significantly increased heart rate compared to Cas9 controls (Fig. 1I, J).

In conclusion, the authors noted that the zebrafish CRISPs model of SDHB loss recapitulates key features of human PPGLs, including elevated NM, succinate accumulation, mitochondrial reprogramming, and a distinct hypoxic/glycolytic transcriptional signature. This validates its utility as a physiologically relevant model for functional validation of PPGL genetic variants and opens new avenues for biomarker discovery and therapeutic screening in a high-throughput vertebrate system.

Publication

Parisien-La Salle, S., Nobilleau, F., da Silva Babinet, A. et al. *“Rapid generation of a *sdhb* loss-of-function zebrafish model for secreting pheochromocytomas and paragangliomas”*. *NPJ Genom. Med.* 10 (1), 59 (2025). <https://doi.org/10.1038/s41525-025-00518-z>

International conference presentations:

1) S. Parisien-La Salle, F. Nobilleau, J. Lamontagne, E. Samarut, I. Bourdeau. *Rapid Generation of an in Vivo Loss-Of-Function Genetic Model of *sdhb* Zebrafish: Functional and Metabolic Characterization*. ENDO Society. Boston, USA. June 2024.

2) S. Parisien-La Salle, F. Nobilleau, J. Lamontagne, E. Samarut, I. Bourdeau. *Rapid Generation of an in Vivo Loss-Of-Function Genetic Model of *sdhb* Zebrafish: Functional and Metabolic Characterization*. International Pheochromocytoma Society. Montreal, Canada. Sept 2025

DR MARIE-PIER ST-LAURENT Uro-oncologist, Vancouver Prostate Centre

Dr St-Laurent’s research project looked at learning by simulated surgery for sub-urethral slings for Urology and Gynecology & Obstetrics residents. The author wanted to develop a curriculum and gauge the impact of the procedure on surgical competencies and self-efficacy. This grant made it possible to organize a pedagogical simulation learning activity for resident doctors in Gynecology and Obstetrics at Laval University, and for PGY-4s and PGY-5s in Urology in three Quebec universities (Laval University, University of Montreal, and McGill University). Two poster presentations were also made.

“Apprentissage par simulation de la chirurgie de bandelettes sous-urétrales pour les résidents d’urologie et de gynécologie-obstétrique: développement de curriculum et évaluation de l’impact sur les compétences chirurgicales et l’auto-efficacité”. Marie-Pier St-Laurent, Geneviève Nadeau, CHU de Québec – Laval University, Quebec City, Canada

Posters

8th International francophone forum in health sciences education, Montreal, May 2019.

Mini-symposium within the university medical rotation, Quebec City, July 2018.

FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS REPORT ON SCIENTIFIC IMPACT 2017-2026

DR KAROL SAMMAN

Pediatrician, Lanaudière Regional Hospital

and

DR CATHIE-KIM LE

Pediatric Emergency Physician, Montreal Children's Hospital

In November 2023, the authors had an article published in the *Canadian Journal of Emergency Medicine*. The primary objective of the study was to describe and compare the motivation of parents/guardians to bring children with low-acuity conditions to a tertiary-care pediatric emergency department (ED) versus a clinic before and after the pandemic. The secondary objectives were to describe and compare the demographic and clinical characteristics of the population studied and the impact of the pandemic on their access to primary care services. The survey was carried out on parents and guardians by questionnaire. The emergency departments of Centre Mère-Enfant of CHU de Québec – Laval University and Montreal Children's Hospital took part in the study. Of the 901 people approached, 659 responded to the survey. Conclusion: Although the pandemic has altered the landscape of presenting complaints and pediatric healthcare-seeking behaviours, most respondents indicated they would prefer to receive care in a clinic. This finding contradicts the view that most pediatric Emergency Department visits for low-acuity conditions are by choice rather than perceived necessity. Prioritizing improved access to primary care resources would better address the preferences and expectations of parents/guardians.

"Parents' perspective on pediatric emergency department visits for low acuity conditions before and during the COVID 19 pandemic: a cross sectional bicentric study". Karol Samman, Cathie Kim Le, Brett Burstein, Salma Rehimini, Anthony Grenier, Claudia Bertrand Bureau, Myriam Mallet, David Simonyan, Simon Berthelot. *Canadian Journal of Emergency Medicine* (2024) 26:31-9.

DR JEANNE SANSFAÇON

Geriatric Psychiatrist

The Geriatric Psychiatry Fellowship Subspecialty survey aimed to identify key motivating factors associated with choosing geriatric psychiatry as a career, and to assess training satisfaction among geriatric psychiatry fellows/residents in Canada and the United States. American and Canadian geriatric psychiatry program directors were asked to distribute an online survey to their fellows. Thirty-one geriatric psychiatry fellows completed the survey, out of a potential total of 85 resident doctors and fellows. Participants were on average 34.8 years old. Eighteen participants were completing their geriatric psychiatry training in the U.S. and 13 in Canada. Descriptive statistics for quantitative items and Mann-Whitney U tests were performed to assess for differences by country of training. The most important motivating factors for pursuing a career in geriatric psychiatry were found to be "working with patients and families," "working in an interdisciplinary environment," and "intellectual stimulation."

Participants' overall training satisfaction was high, with American fellows more satisfied than Canadian residents ($p = .047$) on average, especially with regard to biomedical aspects of training ($p = .01$).

"Subspecialty Selection and Fellowship Training Satisfaction among American and Canadian Geriatric Psychiatry Fellows". Sansfaçon J, Cinalioglu K, Gloeckler SG, Kern M, Yarns BC, Lesage M, Hunter J, Rej S. *Can Geriatr J*. 2024 Jun 3;27(2):178-82. doi: 10.5770/cgj.27.733. PMID: 38827430; PMCID: PMC11100980.

DR SONYA SOH

PGY-5 in Anesthesiology, McGill University

Dr Soh conducted a study to establish how residents define wellness, a targeted needs assessment for McGill University's Anesthesiology residency program. A 2003 study had revealed that 40% of anesthesiologists report features of burnout, while burnout was most prevalent among young residents. High-risk clinical situations, social isolation, and professional risks are especially hard on anesthesiologists' wellness. Resilience and the skills needed to face these challenges have to be developed from the very start of residency. In 2017, most Anesthesia residency programs in Canada had no structured wellness curriculum. McGill University's Anesthesiology residency program even today has no official wellness curriculum. Kern's six-step approach states that a targeted needs assessment is essential for developing medical education programs. The study was conducted on eight resident doctors and one physician instructor.

The following wellness concepts apply to resident doctors in the program: physical, emotional, intellectual, social, spiritual, and environmental. Residents' and staff's occupational wellness encompasses patient safety and professional isolation. Residents identified self-identity, excelling in their profession, and imposter syndrome as significant factors acting for or against their intellectual wellness. Both residents and staff pointed to mentorship as being important for wellness. It is essential for physicians-in-training in Anesthesiology to consolidate their wellness skills formally. A personalized pedagogical approach to wellness starts with a targeted needs assessment. This is the first study of this type exploring wellness conducted on residents in Anesthesiology. Other residency programs could use similar methods to develop wellness training programs.

"How do residents define wellness? A targeted needs assessment for McGill University's Anesthesiology Residency Program", poster presentation.

FMRQ GRANT PROGRAM FOR RESEARCH PROJECTS
REPORT ON SCIENTIFIC IMPACT 2017-2026

MICHAEL VERRET, MD, PHD (EPIDEMIOLOGY)

Anesthesiologist, CHU de Québec – Laval University Research Centre

Dr Verret's research project sought to establish the link between blood transfusions in the acute phase of care and long-term functional capabilities following severe traumatic brain injury.

Severe traumatic brain injury (severe TBI) is a condition that can lead to long-term neurological deficits, and the acute phase of care is a crucial period for the future of these patients. Anemia and red blood cell transfusions are common in patients with severe TBI during their acute phase of care, but the impact of anemia and transfusion on long-term functional prognosis is uncertain, as is the optimal transfusion threshold to be recommended. The study used a large multi-centre cohort of patients, recruited in advance. The researchers evaluated the association between anemia, red blood cell transfusions or transfusion threshold, and long-term functional capabilities following severe TBI. They did not observe an effect of anemia and transfusion on the long-term functional prognosis, but their results suggest that the presence of severe anemia (hemoglobin ≤ 75 g/L) could have deleterious effects on long-term quality of life, mortality, and length of hospital stay. These results provide new insights into the burden of anemia in these patients during the acute phase of care.

Association entre les transfusions sanguines au cours de la phase aiguë de soins et les capacités fonctionnelles à long terme suivant un traumatisme craniocérébral grave. Dr Verret's Master's thesis.

(2020). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury.* Research Evening of the Division of Critical Care Medicine, Faculty of Medicine, Laval University, Canada

(2019). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury, presentation of a protocol.* Research Day of the Department of Anesthesiology and Critical Care Medicine, Faculty of Medicine, Laval University, Quebec City, Canada

(2019). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury.* Annual Evening of the Department of Critical Care Medicine, Laval University, Quebec City, Canada

(2018). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury.* Canadian Critical Care Trials Group (CCCTG), Quebec City, Canada

(2018). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury.* Canadian Traumatic Brain Injury Research Consortium (CTRC), Quebec City, Canada

(2018). Oral communication: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury, presentation of a protocol.* Research Evening of the Division of Critical Care Medicine, Faculty of Medicine, Laval University, Quebec City, Canada

(2018). Poster presentation: *The association between transfusion in the acute phase of care and long-term functional capacities following a severe traumatic brain injury.* Trauma Symposium, Quebec City, Canada

(2017). Poster presentation: *Impact of RBC Transfusion in Severe TBI: A Multicentre Cohort Study Protocol.* CSCI-CITAC Annual Scientific Meeting, "Roll Up Your Sleeves – How to Manage Your Physician-Scientist Career," Canadian Society for Clinical Investigation (CSCI), Toronto, Canada

(2017). Oral communication: *Impact of RBC transfusion in severe traumatic brain injury: a multicentre cohort study protocol.* Canadian Critical Care Trials Group (CCCTG), Saint-Alexis Des Monts, Quebec, Canada

(2017). Oral communication: *Impact of RBC transfusion in severe traumatic brain injury.* Canadian Traumatic Brain Injury Research Consortium (CTRC), Saint-Alexis Des Monts, Quebec, Canada

(2017). Oral communication: *Impact of RBC transfusion in severe traumatic brain injury.* Research Evening of the Division of Critical Care Medicine, Faculty of Medicine, Laval University, Quebec City, Canada

2



UPDATE ON PHYSICIAN RESOURCES IN NON-FM SPECIALTIES NEW 2026-2028 THREE-YEAR PLAN

On December 1, 2025, *Santé Québec* published the new physician resource plan (PEM) for positions in specialties other than family medicine. This plan now covers three years (2026-2028) rather than five, and sets out the guidelines for distribution of positions available in healthcare establishments and facilities across Quebec.

The new plan timeframe is intended to allow for more frequent updating of positions available for terminating residents in the 59 non-FM specialties recognized in Quebec.

Clearly, physician resource plans are not perfect, whether because the number of those completing residency is often insufficient to meet the population's needs, or from lack of information on retirements or on decisions by late-career practising physicians wishing to cut back their practice, which opens the way for newly minted doctors. Indeed, for some years now we have also been seeing the difficulties some members experience in finding a position within an establishment, who face a shortage of positions or come up against establishments that are not hiring, for lack of specific needs, even if they have been given their positions in their physician resource plans (PEMs).

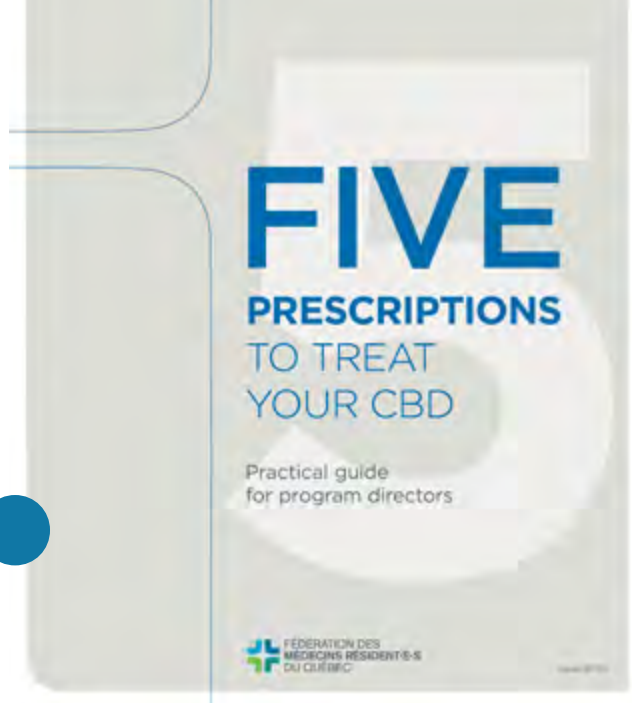
The FMRQ is monitoring these issues very closely, and intervenes with the authorities concerned, in order to ensure that all physicians trained in Quebec will find positions matching their skills in Quebec, on completing

their residency or fellowships. Indeed, we take an active part in discussions as members of the Standing advisory panel on physician resource planning in Quebec and its Monitoring committee, and on COGEMS, the Physician resource management committee for specialties, which regularly brings together the FMSQ, *Santé Québec*, and FMRQ to discuss new needs and possible waivers from the established plan.

Among the several specialties where problems have been reported to us, we have initiated more detailed evaluations and conducted polls to obtain the most accurate picture possible of the situation in the field.

Last year, we carried out a survey of resident doctors in General Internal Medicine, and we recently launched a new poll to gauge the situations one year on, and to intervene as necessary with *Santé Québec* and FMSQ. We are also planning to conduct a survey on residents in Pediatrics, to clarify why few of them opt to do a pediatric subspecialty. Finally, Radiation Oncology, Nuclear Medicine, and several other disciplines are being added over time. If you are experiencing difficulties yourself, feel free to get in touch with us to report virtual positions or other situations by emailing Johanne Carrier, responsible for physician resources in specialties, at pem-sp@fmrq.qc.ca. You may rest assured that your involvement will remain fully confidential.

3.



CBD 2.0: STATUS REPORT

Competence by Design (CBD) has seen some changes since its progressive implementation began in July 2017 in specialties other than family medicine. The FMRQ has been following this issue very closely since CBD was launched. Over the years, numerous surveys and discussion groups led to the identification of the different problems created by this new pedagogical approach in postgraduate training sites. A few years ago, the Royal College of Physicians and Surgeons of Canada decided to create an updated version, CBD 2.0. The purpose of these changes was to lighten the load generated by CBD, on both learners and physician instructors.

In 2025-2026, a number of major issues remained, including the question of time-based learning. In June 2025, the FMRQ published its practical guide for program directors, *Five prescriptions to treat your CBD*. This guide put forward an approach for reducing the cost and red tape involved in CBD, which still sits squarely on the shoulders of resident doctors and supervising physicians. It proposed tangible solutions, fostering an approach based on learning rather than on paperwork. The Federation continues to monitor how this new version of CBD is evolving, with a view to ensuring quality of teaching and members' wellness.



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**.

4.



IMPLEMENTATION OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE: PILOT PROJECT IN 2026 IN QUEBEC

For some years now, we have been dealing with the impact of the integration of artificial intelligence in all areas of our lives. The question here is not whether this technology is good for doctors or not, nor whether it should be used in practice or during training. With respect to the use of AI during residency, that decision remains the prerogative of the medical faculties and program directors. So it is imperative that when AI is included in our daily lives, it should be closely aligned with the faculties' and program directors' policies. In view of the scope of possible AI applications, we have explored some sectors associated with medicine.

University and departmental policies are already in place in some departments across Quebec, providing a framework for AI use by practising doctors, but also, in some cases, for physicians-in-training. Some believe that residents should be introduced to the technology during residency, while others go so far as to advocate for its use with undergraduate medical cohorts. For the moment, conversation transcription software is receiving the most attention. But we are far from a consensus.

COLLÈGE DES MÉDECINS DU QUÉBEC'S POSITION



COLLÈGE
DES MÉDECINS
DU QUÉBEC

On January 14, 2026, the *Collège des médecins du Québec* (CMQ) published a document concerning the use of artificial intelligence for physicians. It wished at that time to specify two essential points concerning the use of AI scribes: certification, and explicit consent.

First, certification, to ensure the security and confidentiality of personal information. The tool has to be approved by *Santé Québec* (TGV certification). The patient's explicit consent is mandatory before any use of an AI Scribe. According to the CMQ, the sensitive nature of exchanges between a physician and his patients is central to this requirement, since the conversations will be recorded and information shared with the AI tool supplier. The use of implicit consent stemming from information posted in the waiting room is insufficient. But does consent have to be reviewed at each consultation? The CMQ says initial consent is enough, provided the doctor reminds the patient at a subsequent meeting that the AI Scribe is being used. The *Collège* also recommends obtaining renewed consent, depending on how sensitive the subject addressed is, or whether the software has undergone a major update. Among the obligations associated with using an AI Scribe, the CMQ reminds us that medical notes are considered official only when they have been signed by the doctor. The retention period for notes is also important. They have to be destroyed as soon as the doctor has reviewed and signed the official note. It is also important to record in the note the name of the software used.

For more information on the use of AI scribes for practising physicians, you may consult some starting points for discussion of AI (*Pistes de réflexion sur l'intelligence artificielle*) on the CMQ website. This paper covers the quality of practice, professional liability, record-keeping, consent, continuous medical education, professional secrecy and data confidentiality, and integrity and conflict of interest. The *Collège* concluded by saying that AI use is still very new on the medical scene; its ethical and legislative framework is continually evolving, and will become clearer in the next few years. For now, doctors must act cautiously and keep abreast of developments in this area.

IMPLEMENTATION OF ARTIFICIAL INTELLIGENCE IN HEALTHCARE: PILOT PROJECT IN 2026 IN QUEBEC

IMPORTANT REMINDER

Despite these recommendations, it should not be forgotten that it is the medical faculties and program directors who have the final word on the use of AI by resident doctors. It is essential that clear rules be put in place by those authorities so that you are protected on the clinical and ethical front as and when you use AI with your training site's approval.

AI – CURRENTLY BEING IMPLEMENTED IN THE HEALTHCARE SYSTEM

Quebec government's Master Plan



In 2024, the Ministry of Health and Social Services (MSSS) tabled its IA Master Plan in Healthcare 2024-2027 (*Plan directeur sur l'intelligence artificielle en santé 2024-2027*). This document maintains that Quebec is recognized as one of the main global hubs for research and development in responsible AI. In 2021, the Quebec government had launched its Strategy for integrating AI in public administration 2021-2026 (*Stratégie*

d'intégration de l'intelligence artificielle dans l'administration publique 2021-2026), requiring each ministry to develop and implement a digital transformation roadmap. In addition, the government has adopted the Act respecting health and social services information, which promotes mobility of health data.

AI in healthcare affects not only voice recognition software (AI scribes), but also offers all kinds of opportunities in research, health systems management, development of diagnostic tools, and personalized care for the public.

Some of these tools can predict trends in healthcare service demand, optimize medical personnel intervention, enhance pre-hospital or social services management, and reduce patient waiting times; in short, they can increase efficiency and cut costs. The Master Plan aims to define a strategic vision and framework for the use and deployment of AI within the MSSS, in the health and social services network, and at *Santé Québec*.

AI-based voice transcription software in health and social services:

INESSS report

In a report released in January 2026, the INESSS looks at the considerations to be borne in mind for deployment of AI-based voice transcription software in health and social services. These software tools—AI scribes—are used by a growing number of professionals and stakeholders in the healthcare system in Quebec. Their main purpose is to **reduce time allocated to administrative tasks**, including note-taking during consultations, updating files, and drafting treatment plans.

But AI poses a number of clinical, organizational, economic, ethical, legal, and environmental challenges. The INESSS paper is in four sections: (1) needs and issues with respect to clinical documentation and record-keeping by health and social services users; (2) AI-based voice transcription software; (3) Canadian initiatives; and (4) considerations associated with deployment of AI scribes. The elements to be taken into consideration in order to foster the deployment of AI-based voice transcription software are user training, prerequisites for interoperability with local and province-wide IT structures, and adaptability to clinical specialties. In its report, the INESSS points to a Canadian Medical Association (CMA) study which notes that 60% of doctors attribute a deterioration in their mental health to the burden associated with writing notes in medical files. Aside from those notes, they also mention filling out forms for patients, responding to emails, writing prescriptions, and completing forms with respect to social questions (insurance claims, income tax for disabled people, etc.).

TECHNOLOGICAL SOLUTIONS FAVOURED IN QUEBEC

Different pilot projects are currently under way to assess the usefulness and performance of AI scribes, and *Santé Québec* is in the process of setting up such a project. The agency wants AI to be used on a large scale in the system for transcribing clinical and non-clinical notes. In that way, *Santé Québec* hopes to lighten the administrative burden by reducing hours of direct intervention as a percentage of total hours worked, in various specialties. For the moment, two voice transcription software products are preferred in Quebec: CoeurWay and Plume IA. The data are hosted in Canada. Both have received TGV (comprehensive verification kit) certification from the Ministry of Health and Social Services (MSSS), required for deployment of these tools in the healthcare system.

INESSS

The Quebec institute for excellence in health and social services (Institut national d'excellence en santé et en services sociaux, or INESSS) was established on January 19, 2011. The successor to the Medication review board (Conseil du médicament) and the Quebec agency for health services and technology assessment (Agence d'évaluation des technologies et des modes d'intervention en santé, AETMIS), the INESSS has as its mission the promotion of clinical excellence and efficient use of resources in the health and social services sector.

SANTÉ QUÉBEC'S AI PILOT PROJECT COMING IN 2026

In an article in *La Presse* appearing on August 11, 2025, *Santé Québec* confirmed its intention to set up a pilot project for large-scale deployment of AI for the purposes of medical transcription in 2026. It pointed out that only solutions officially certified by *Santé Québec* can be used in the healthcare networks. For now, CoeurWay and Plume IA are the two recognized software products. Plume IA is used primarily in family medicine groups, according to the article. To date, 10% of Quebec doctors, or about 2,000, are said to be using this application. It is claimed that using AI means more patients can be seen and file preparation time is significantly reduced. The companies concerned acknowledge that errors may slip into the notes, and that clinicians always have to be on the watch.

5



FMRQ ACTIVITIES

NOTE THE DATES OF UPCOMING FEDERATION-WIDE ACTIVITIES

Between now and June 2026, we are organizing for you three Federation-wide events for which you are released from your clinical duties, without penalty. Make a note of these dates. You will be receiving invitations to participate in the coming months.

RESIDENT DOCTOR DAY, MAY 1, 2026



Last year, close to 1,000 residents took part in the virtual component of Resident Doctor Day, held in the morning. This year, the Day is focussing on harassment, a virus to be fought together. This topic marks the 10th anniversary of the campaign against harassment, bullying, and intimidation that was carried out in 2016, and the 30th anniversary of the campaign launched in 1996. So there is still work to be done. We invite you to mark this date on your calendar. The virtual conference will be followed by local activities organized in conjunction with the FMRQ's affiliated associations (AMRM, ARM, AMReQ, AMReS).

FAMILY MEDICINE SYMPOSIUM, MAY 29, 2026



The Family Medicine Resident Symposium, a joint Fonds FMOQ-FMRQ event, will be held May 29. All resident doctors in this discipline are invited to take part. There will be talks for everyone: procedures for obtaining a position, and clinical and financial aspects to be planned for on starting out in practice, including billing. You will be receiving more information on this subject shortly, along with the complete program.

FMRQ CAREER DAY, OCTOBER 2, 2026

Close to 1,000 resident doctors took part in the 2025 FMRQ Career Day last fall. All members are invited to participate this year, both to learn about the different regions offering positions and to confirm agreements with sites prepared to welcome them. Career Day



draws 100 or so establishments, facilities, and clinics from every region of Quebec. Doors open at 1 pm. You will be able to talk with the regional representatives in their booths. Two lunch-time conferences are also scheduled, one on family medicine practice in the regions, a joint Fonds FMOQ-FMRQ presentation, and the other, in association with the FMSQ, on practising in the regions in other specialties. We look forward to seeing you there in large numbers again this year.



Fonds FMOQ-FMRQ lunch-hour conference



FMSQ-FMRQ lunch-hour conference

6.



EXCELSIOR AWARDS AND GRANTS FOR RESEARCH PROJECTS 2027

The deadline for nominations for the Excelsior Award contest and applications for the Grant Program for Research Projects for the current year is already past.



Excelsior Awards Recipients will be known at Resident Doctors Day on May 1.



So we invite you to mark these two activities on your calendar for next year (2026-2027). The Grant Program will be launched in the fall, and the Excelsior Awards in early 2027.

19^e édition

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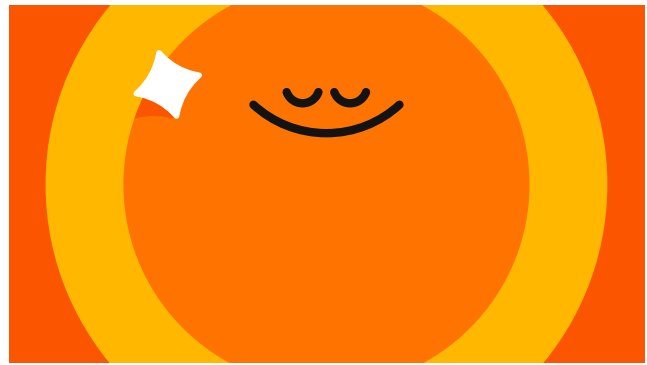
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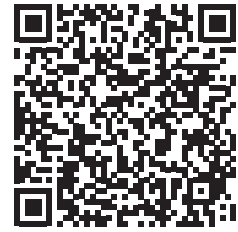
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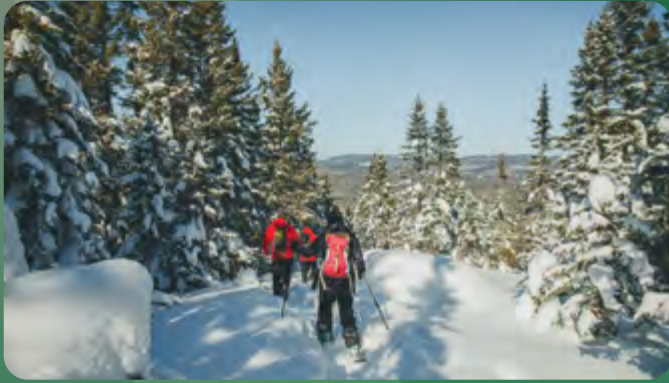
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Située aux portes de Montréal, Lanaudière t'offre un cadre de vie exceptionnel avec ses nombreux espaces verts, urbain et culturels.

Diverses possibilités d'emploi :

- Médecine générale
- Médecine interne
- Médecine physique
- Médecine de soins intensifs
- Obstétrique-gynécologie
- Urologie
- Neurologie
- Gériatrie
- Pédiatrie
- Anesthésiologie
- Radiologie
- Rhumatologie
- Endocrinologie
- Santé publique
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- Pédopsychiatrie
- Gastro-entérologie

Toutes autres spécialités, selon le besoin.

Un cheminement de carrière centré sur tes intérêts et tes projets de vie!

Pour information

Lyne Marcotte

Directrice adjointe à la supervision des activités médicales
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Centre intégré
de santé
et de services sociaux
de Lanaudière

Québec 

Fiers d'être médecins à La Tuque!



L'installation de La Tuque, seule région SARROS en Mauricie et Centre-du-Québec, est à la recherche d'un à deux médecins de famille souhaitant pratiquer dans un milieu stimulant et diversifié, au sein d'une équipe dynamique et engagée.

Optez pour une pratique **PEC et obstétrique** au Centre multiservices de santé et de services sociaux du Haut-Saint-Maurice à La Tuque.

Tous les services de santé et les services sociaux sont sous un même toit, même le GMF!



Pour information ou pour planifier une visite, contactez :

Charlene Bolger

Agente de planification, de programmation
et de recherche

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charlene_bolger@ssss.gouv.qc.ca

ciusssmcq.ca

sarros.ca

choisirlatuque.ca

Centre intégré
universitaire de santé
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Exercer dans un lieu qui donne envie de pratiquer, chaque jour.

Travailler dans un environnement moderne, lumineux et adapté à la réalité des médecins de famille, c'est trouver l'équilibre entre la pratique et le bien-être.

Montréal

- MAclinique Brunswick
- MAclinique santé Medica
- MAclinique santé 1851
- MAclinique Maisonneuve-Rosemont
- MAclinique Tétreaultville
- MAclinique Sault-au-Récollet

Capitale Nationale

Québec

- MAclinique Lebourgneuf
- MAclinique Sainte-Foy
- MAclinique Quartier-Central (Limoilou) Ouverture 2027

Laval / Laurentides

Laval

- MAclinique Santé 440

Saint-Jérôme

- MAclinique St-Antoine

Estrie

Sherbrooke

- MAclinique Sherbrooke
Ouverture 2027

Montérégie

Longueuil

- MAclinique Pierre Boucher

Saint-Hyacinthe

- MAclinique Saint-Hyacinthe
Ouverture 2027


Chaudière-Appalaches

Lévis

- MAclinique Lévis
- MAclinique des Ponts

Thetford

- MAclinique des Appalaches
Ouverture prochaine




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bâti par des médecins,
pour des médecins !

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reseaumaclinique.com/batir-sa-pratique





« Je savais que
je voulais toucher
à tout, être une espèce
de couteau suisse
de la médecine. »

Dr. Antoine Séguin, médecin de famille
Bas-Saint-Laurent

**SAR
ROS**

→ Vous souhaitez...

- Accéder à une **pratique diversifiée** et polyvalente
- Faire partie d'une équipe où **l'esprit d'entraide** est important
- Faire une **réelle différence**
- Avoir facilement **accès à la nature**
- Obtenir une belle **qualité de vie**

La pratique en région
SARROS est pour vous !

→ Avantages de travailler en région

- Rémunération majorée
- Prime d'installation
- 20 journées de ressourcement
- Programme de bourses (médecine de famille et médecine spécialisée)



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