HealthForceOntario

Practice Ontario Newsletter

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Returning home to Sudbury to practice internal medicine

Interview with Dr. Lisa Falvo

Dr. Lisa Falvo graduated from the joint University of Ottawa-Northern Ontario School of Medicine (NOSM) residency program in internal medicine. She shares her journey from residency training to establishing her practice in her hometown of Sudbury, Ontario.

Tell us a little bit about yourself?

I completed my medical school at Western University. I did my residency in a program that no longer exists. It was in the combined University of Ottawa/Northern Ontario School of Medicine (NOSM) residency program. Technically I completed my training through Ottawa. This combined program has now been replaced by the stand-alone NOSM IM residency training program.

Describe your current position.

Currently, I work in Sudbury in general internal medicine (GIM). I have been in practice in Sudbury for four years. Sixty to seventy percent of my practice is outpatient, in my private office. The remainder is in-patient/call commitments with Health Sciences North (HSN). I also have significant involvement with clinical teaching through NOSM; I have residents and medical students in my office and in the hospital.

What attracted you to this opportunity?

I am from Sudbury and wanted to return home to be close to family. My husband was already working in Sudbury. Additionally, I wanted to live on usable/swimmable water without having to commute to the hospital. Having NOSM close by was also a draw. I like that I can be involved in resident education with my current training; some medical schools require you to do research or have a master's degree.

What were you looking for in a community during your job search?

I was looking for a community where I could practice real community medicine. By this, I mean that I would spend most of my time involved in patient care as opposed to administration or research. I also wanted a way to continue to be involved in the hands-on aspect of medical education – actively teaching residents and medical students while looking after patients.

Were you interested in a generalized/broad scope of practice?

I was definitely interested in a generalized and broad scope of practice. That is actually what led me to my sub-specialty of GIM in internal medicine.

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Describe your typical day.

Mondays: I do a full office day. I see about 12 or 13 patients – a mix of consults and follow-ups.

Tuesdays: I see patients in the morning (about eight, again a mix of consults and follow-ups) and in the afternoon I do paperwork, dictations, etc.

Wednesdays: I use as my "admin" day. I don't have any patients booked and catch up on paperwork and other administrative work. I am the Co-site Director for the NOSM Internal Medicine Residency Training Program.

Thursdays: I work at the Diabetes Care Service at HSN. These are my busiest days where I see about 20 patients. They are a mix of consults, follow-ups, and pregnant patients with diabetes. I have multidisciplinary pregnancy rounds over lunch on Thursdays, as well.

Fridays: I see urgent consults and pre-op consults in the morning, and try to get out of the office early to start enjoying the weekend.

If I have in-patients, the days are a more hectic with rounding either before or after my office patients.

I do 24 hours of general medicine call approximately one in 12 days.

What gives you the greatest satisfaction in your work?

The diabetes pregnancy program that we have developed over the past three years does. This is one of my areas of interest and is a service that wasn't previously provided in the community. With the help of some very experienced nurses, dietitians, and social workers, this has become a strong program, and a large portion of my practice.

What do you find to be the least satisfying aspect of your work?

The lack of primary care availability for patients. It's difficult when patients can't get the care they need.

Please describe your relationships with nursing/other staff as well as the administration at the hospital and in your day-to-day practice.

I have a great relationship with the staff at the hospital. I'm usually very busy but I have fun with the nurses and other staff. We have very knowledgeable nurses, which helps a lot (especially overnight). Administration is very open and we get great support through the Medical and Academic Affairs office.

What are your future career aspirations?

I am currently involved in clinical teaching and am also the Co-site Director for the NOSM Internal Medicine Residency Training Program. I see myself being involved in our residency program and clinical teaching throughout my career. I am not currently interested in a leadership position with the hospital, but I did complete HSN's unique one-on-one Leadership Development Program. This was a great opportunity for me and was an accredited program that represented a significant number of Royal College category 3 Maintenance of Certification (MoC) credits.

What is your long-term view of living/practicing in a small community?

I don't see Sudbury as a small community. We are the regional referral centre for a huge catchment area. I have the support of pretty much any specialist and sub-specialist I need. There are very few quaternary care issues that we send out. I feel very comfortable practicing in Sudbury long term. To me, it is the best of both worlds. I'm practicing in a tertiary care centre with all the associated support, and still get to enjoy a community practice.

5 tips for my younger self at the start of my career

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Looking back over 41 years as a doctor, here is what I would have told my future self as I was getting ready to graduate from the University of Western Ontario in June of 1973.

(*Note: Dr. Simon Moore, a third year family practice resident in British Columbia, gave me the idea for this blog and I wish to thank him and wish him good luck in his career).

I started my rotating internship at the now-defunct Wellesley Hospital in Toronto on July 1. I remember so vividly driving into the city on the Gardiner Expressway feeling like the king of the world. I was a doctor!

I rented my bachelor apartment for $125 per month. That is the cost of parking now. The elevators weren't in yet so my poor brother-in law-Cliff Myles had to lug my junk up five flights of stairs in the Toronto summer heat. (And no, for you westerners, it wasn't a dry heat).

I was issued my intern's uniform of a white tunic and pants just like Dr. Kildare, the intern in the old TV series (Google it). I wore them everywhere and expressed mock surprise when the checkout girl asked if I was a doctor.

I had just broken up with a long-term girlfriend so really had a great time going out with a whole bunch of girls. There was so much to do in Toronto. I recommend you spend at least a one year in a big city once in your life. The museums, art galleries, sports and pubs are fantastic.

My future wife Jill (a beautiful flight attendant) and I used to go dancing at the Generator, a disco (this was 1973 and the Bee Gees and Donna Summer where in full swing). I had long hair (now no hair) and bell bottoms and a formfitting silk shirt with big lapels (I was skinny then with no muffin top).

I learned a lot about hospital medicine as they abandoned you to your own half ward of really sick patients. You had to sink or swim. I learned nothing about ambulatory patients which made the transition to family practice tough because it was only 2% in-patient care.

I was bored by family practice initially and did 20 years of ER until I matured enough to really enjoy family practice again.

The first piece of advice to my younger self

So Simon, the first thing I would have wished I had known in my first five years is that I should have done a two-year family practice residency. Of course being young and foolish I would have ignored my older self as I was broke and tired of eight years of university (four years of honours-getting-into-medicine and four years of medicine) and I wanted to get out into the real world. I made $7,000 per year as an intern and $30,000 as a GP but my new Capri car was $3,000.

Second piece of advice to my younger self

"Young John, get out of debt as fast as you can. Everyone in your life will be urging you to spend, including your banker because you will never be unemployed; your financial advisor, because he is making a percentage off you; your realtor and your insurance salesman, ditto. I know you are broke and have deferred gratification for 26 years but just put aside $500 per month to automatically pay down your mortgage faster," Love, Old John.

Third set of words of wisdom to my callow self

"Johnny boy, take more time to chart more thoroughly. I know you are fast and well-organized but you need to put more important, negative findings down," Kindest regards, Geriatric John.

Fourth piece of advice: Things take time

Boy, this is tough because I have had few regrets in my life. Even though I had lots of different jobs, I loved them all and learned a lot from each. I should have stuck to some longer. Now that I have been a GP for 22 years (Yikes!) I see that sticking to something helps you develop a deep understanding of people. It takes years to earn their trust.

I just had a man in recently who had seen a cardiologist for the symptom of sudden loss of exercise tolerance. The cardiologist advised an angiogram because the patient's treadmill stress test showed some ECG changes of ischemia, but no symptoms. He came to me for my advice because he trusted my judgement. Man, you can't get that— except after decades of being there for them.

Fifth slice of wisdom: Things take even more time

I can see that the trend here is to spend more time at things. In my consulting role of making ERs and doctors more efficient, I really learned a lot by spending three years as a part-time consultant for wait times for one ER. When I did it over a few weeks for other ERs, I really didn't enable much change. When you are dealing with something as complex as changing a $100,000,000 a year hospital it is like turning around an aircraft carrier. Incredibly difficult and time consuming but very effective when it happens. You have to get into the brains and hearts of everyone from patient to janitor to nurse to chief of staff and look at the barriers to change, as well as how to motivate people.

Everyone has many goals, including patient care quality, but their own self-interest as well. It takes tons of time and listening to try to align those goals.

For example, we quickly identified that the family doctor shortage and lack of walk-ins was having a huge impact on ER wait times as 30,000 orphan patients were using the ER for primary care. By working for years with the doctor recruitment task force and encouraging two walk-ins to set up in town we helped cut this inappropriate usage. Similarly, it took 21 years to get an internist to work exclusively out of the ER and cut consulting time during weekdays.

Final thoughts

"John Junior, you are going to have a great life, with a wonderful family and friends and will find that medicine is never boring. The science part is much easier than the art part but the art of medicine is much more challenging and you will never master it. And that is a good thing. All the best and start Propecia now," Love, John Senior.

What would you say to your younger self?
Comment below or email me at drjohncrosby@rogers.com.

Dr. John Crosby is a family physician in Cambridge, Ont.

Practice Opportunities in the *New* Northern Ontario

Click here to learn more about practice opportunities in Northern Ontario and read profiles of physicians currently serving across the region in the Fall issue of the Northern Ontario Medical Journal.

Northern Ontario is rolling out the red carpet for family doctors and specialists, and has never been as attractive as a place to call home, enjoy the good life and pursue a rewarding career in medicine.

A distinct geographic entity in central Canada with five medium-sized cities and dozens of smaller communities spread out across the pristine Canadian Shield from the Quebec to the Manitoba border, Northern Ontario has it all: a unique medical school, the Northern Ontario School of Medicine, currently celebrating its 10th anniversary, safe, livable communities on the doorstep of an outdoor paradise, modern state-of-the art hospitals, challenging practice opportunities, and the option to teach and do research.

Physicians who make their home in Northern Ontario, whether it's Sudbury, Thunder Bay, Sault Ste. Marie, North Bay, Timmins or one of the many smaller communities – from Cochrane to Kenora – don't waste hours of precious time commuting to and from work. There are no Highway 401s or Don Valley Expressways to get stuck on and no bumper-to-bumper traffic escaping to cottage country on the weekend. You can live on the lake and be at the hospital in 10 minutes.

Most significantly, however, there is a new Northern Ontario – one that has undergone a dramatic transformation in terms of its appeal. The Northern Ontario School of Medicine, with campuses in Sudbury and Thunder Bay, has had a huge impact. Its unique, distributed model of education nurtures a new, region-wide academic culture with more than 1,300 family physicians and specialists across Northern Ontario serving as NOSM faculty, teaching students and taking advantage of research and professional development opportunities.

Of equal impact is Northern Ontario's state-of-the-art hospital infrastructure in the five urban centres – the result of a massive building spree. Since 2010 alone, for example, Sudbury, Sault St. Marie, North Bay and Sioux Lookout, the latter an important hub serving dozens of remote First Nation communities in northwestern Ontario, have seen major investments in ultra-modern health-care centres boasting ORs with cutting edge technology and the latest in diagnostic equipment.

Primary care has also undergone a massive transformation. Allied health-care professionals work side-by-side with family physicians in family health teams, geographic distances are bridged by one of the most advanced telemedicine systems in the world and hospital information systems share discharge reports with the electronic medical record systems in doctors' offices.

The Northern Ontario Medical Journal – probably the only medical journal in Canada serving a distinct region – reports quarterly on new programs, services and other health-care news. The publication's current issue, however, reaches a wider, pan-Canadian audience with the objective of inviting medical students and residents to check out the region's professional and lifestyle opportunities.

Updated! Transition into Practice Service (TiPS)

HealthForceOntario Marketing and Recruitment Agency is excited to announce the re-launch of newly named **Transition into Practice Service (TiPS) modules**. Each module has been **redesigned and updated** with practical, career-focused information sourced from experts throughout Ontario's health-care sector. Together, these modules provide extensive information and resources on important aspects of practice in an easy-to-read format. Find out more: **www.healthforceontario.ca/tips**