



**An interview with Dr. Donald Livingstone, Co-Director of the Sunnybrook Hospitalist Fellowship Program, University of Toronto**

## Training and Working as a Hospitalist

### **What is the most rewarding part of being a hospitalist?**

Working with patients to improve their quality of life is extremely satisfying. Many medical residents expect to be constantly treating acute conditions but the reality is much of a hospitalist's time is devoted to helping patients manage the burden of chronic disease. For patients with complex illnesses, the work is often slow moving and focused on long-term outcomes. Celebrating small victories is key – it can often take several months to get a patient home.

### **What would you say the typical day looks like for a hospitalist?**

While it may vary between hospitals, the day should start with a formalized handoff process between the physician leaving and the physician who is arriving. This is an essential component of a successful hospitalist program. Informal or unstructured handoffs have clearly been shown to lead to patient safety issues. Sometimes following handoff, the hospitalist will meet with the Allied Health and Nursing Teams to discuss their perspectives and to work on discharge issues. Whether this occurs before or after direct patient care duties and meeting with patients' families is probably not as important as that it happens in a regular and structured way. Finally, like it begins, the day ends with a structured handoff to the on-call physician, so that this individual knows what to reasonably expect over the night.

### **How do hospitalists fit in with the rest of a hospital's clinical team?**

I see the role as "quarterbacking" the care that their patients receive in hospital; this involves working independently and learning to synthesize information received from other specialists to determine what is best in totality for the patient. A hospitalist needs to take a broad and holistic approach to care that considers the needs of the patient and their family in the broadest sense.

### **Tell us about Sunnybrook's Hospitalist Fellowship program. Why would you recommend the program?**

The emphasis on education distinguishes our program, meaning our trainees are there to learn and not provide clinical service. We tailor our curriculum each year to the self-identified needs of the individuals in the program. As well, we provide training in clinical ethics, health systems, health law, quality improvement, and how hospitals work. This enables our trainees to learn to navigate issues related to funding models and internal politics, and to understand governance and how their role relates to the rest of the clinical care team and to the hospital at large. We encourage and financially support our trainees to attend external training programs and to present papers at national meetings.



**An interview with Dr. Joanne Reid on her experience locuming in Northern Ontario**

## Practising in a Rural Setting

### **What attracted you to rural medicine?**

It's all founded on the desire for constant challenge. Rural medicine allows you to practise as more of a generalist than a specialist, opening up your whole skill set. The comprehensive nature of care you must be able to provide, as well as the ability to do many procedures in sometimes resource-lacking settings, keeps the medicine exciting.

### **What are some of the other benefits of practising in a rural setting?**

Despite working in a smaller centre, with far fewer specialist colleagues than larger cities, I often feel more supported by phenomenal colleagues! The remuneration in these settings is also quite helpful for new family physicians seeking to pay off the debt load of their education, but this is not the primary reason for choosing this type of practice setting.

### **How did you end up as a regular locum in Sioux Lookout?**

Throughout medical school and residency, I attended several rural conferences and the opportunity to practice full scope appealed to me. I saw the Sioux Lookout bulletin and recruiter in my first year of medical school, but being six years away from practising, I figured my path may change. Besides, I thought they would likely have little interest in such a rookie to the field. However, the recruiter kept in regular contact and this led to Sioux Lookout becoming my primary locum site. It's where I've found the ideal mix of medicine, outdoors and great friends!

### **What advice would you tell your past self when you finished residency?**

I wouldn't do anything differently. I left for Sioux Lookout immediately upon finishing residency in June to start orientation July 1st and never looked back. Some believed I was crazy to dive into such a different environment with no independent practice experience, but I honestly think it was for the best. If I deferred and settled into a practice for a few months, the intimidation of going to the North may have been overwhelming. I guess the best advice for any resident with the freedom to choose this lifestyle is not to let your fears stop you. There will always be new learning and challenges in medicine, but approach it with courage and know that there has to be a first time for everything to become competent and to realize your true potential!



## Northern Ontario Beckons

### Why physicians are choosing to practise in Northern Ontario

If the thought of spending hours stuck in traffic, living in a concrete jungle, and drowning in sky-high real estate prices gets you down, you may want to consider practising in Northern Ontario.

Physicians like pathologist Dr. Christa Cassalman who joined Sault Area Hospital after finishing a fellowship at Harvard's Beth Israel Deaconess Medical Center in Boston have "traded in concrete for community." Christa and her husband live in a riverside home that is a seven-minute drive from the hospital and enjoy boating, hiking, snowshoeing, skiing and snowboarding.

"I didn't want to fritter my life away, annoyed at my commute... I want to be happy and healthy and [spend time] with my son and husband. I can do that in Sault Ste. Marie," Christa shares.

Living in the midst of a natural landscape, you start to incorporate the outdoors into your lifestyle easily. Dr. Brad Kyle in Kenora, travels to work by boat; Michael Scott, Chief of Critical Care at Thunder Bay Regional Health Sciences Centre, windsurfs on Lake Superior after work.

At work, the wide scope of practice that rural communities offer is also attractive to physicians such as Dr. Lianne Gauvin of Hearst.

Dr. Nancy Woods and husband Dr. Larry Malo, who made a five year commitment to practise in Timmins, are still there three decades later – and loving it!

To learn more about these physician practices and what life is like in Northern Ontario, read the Fall issue of the **Northern Ontario Medical Journal**, which features a series of stories about physicians who have made the move and couldn't be happier.

Check out the exciting and diverse opportunities in Northern Ontario on HealthForceOntario's **HFOJobs website** and join your fellow physicians who are getting the most out of life in Northern Ontario.

#### Northern Ontario has it all:

- access to the outdoors
- safe family-friendly communities
- affordable real estate
- short commutes
- a wide scope of practice
- state-of-the-art hospitals
- teaching opportunities through the Northern Ontario School of Medicine.