

# 2010-2011 PAIRO General Council Elections

## Notice of Elections

In accordance with PAIRO Bylaw 8.1, PAIRO General Council Elections will commence on Monday August 23, at 16:00 EST. Elections will take place online.

Please watch your email in the coming weeks for information on when and how to vote.



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Find out who's running in real time!  
[twitter.com/PAIROtweets](http://twitter.com/PAIROtweets)

## Call for Nominations for PAIRO General Council

**What is General Council?** General Council is PAIRO's governing body, comprised of 100 seats.

**Who is eligible to run?** All residents currently training in an accredited Ontario residency program.

**Why should I run?** Because you want to be part of a team that strives to ensure that residents have optimal training, optimal work conditions and optimal transitions so that our patients receive the best care.

**When do nominations close?** Monday August 23, at 09:00 EST

**How do I put my name forward?** Email [elections@pairo.org](mailto:elections@pairo.org) with your **Full Name, University, Program and PGY Level**. Please include a bio of no more than 300 words.

To learn more about PAIRO General Council, including roles and responsibilities visit [www.pairo.org](http://www.pairo.org)

# Progress Notes

The voice of the Professional Association of Internes and Residents of Ontario

## The way forward: a survival guide for PGY1s

by Dr. Eric Koelink, Paediatrics University of Toronto

As an incoming PGY-1, things probably looked pretty peachy. You persevered through the last few months of medical school, secured a residency position, and your summer forecast predicted nothing but blue skies and sunshine. You felt warm and fuzzy, looking forward to a little bit of R & R before embarking on the next chapter of your medical career.

Now, the toils, trials and tribulations of preparing for exams are long forgotten, and memorized minutiae are migrating towards that part of your brain designated "Details to look up as necessary". Soon, the phrase "back in the day" will enter your vernacular as you reflect on your first year of medical school, a mere four years ago. Sitting on a patio, you'll reminisce about your class social events, the long nights with your good buddies, Netter and Harrison, and the early mornings with your best friends, Star and Bucks.

You are the proud new owner of another pretty piece of paper with your name imprinted on it. But this one casually includes the word "Doctor" somewhere. The cost? Equivalent to that of a small mansion in Florida. Not to worry though: a steady income is at the end of this road, and with it, some stability. However, despite the satisfaction of a regular paycheque and the comforts it can provide, make no mistake: there will be some rough patches during residency. Chances are, you know someone living through one right now.

When the summation of snippets of sleep and fractions of infusions so rarely adds up to a humane night on call, look to this article. It can be the Swiss Army knife to help guide you through your first year. It will be there to comfort you like Linus' blanket, only less dirty. Without further adieu, let us put some new tools in your lab coat. Crank up these songs on your iPod. They not only symbolize success strategies, but also provide some levity and sanity at 4am.

### 1. **Don't Stop Believing** by Journey

There will come a time in residency when you wish that coffee came in two forms: Unleaded and

Oh-my-goodness-someone-call-a-doctor-I-can't-stop-shaking-oh-wait-I-am-a-doctor-I'm-going-to-die. Usually it comes after back-to-back calls, when the hamster upstairs has passed out on the wheel and your confidence is shaken by so...many...questions...you...can't...answer. Take a step back, take a deep breath, and believe in this classic 80's power ballad. It will inspire greatness. Find a senior resident or staff person who believes in you and who will support you along the way.

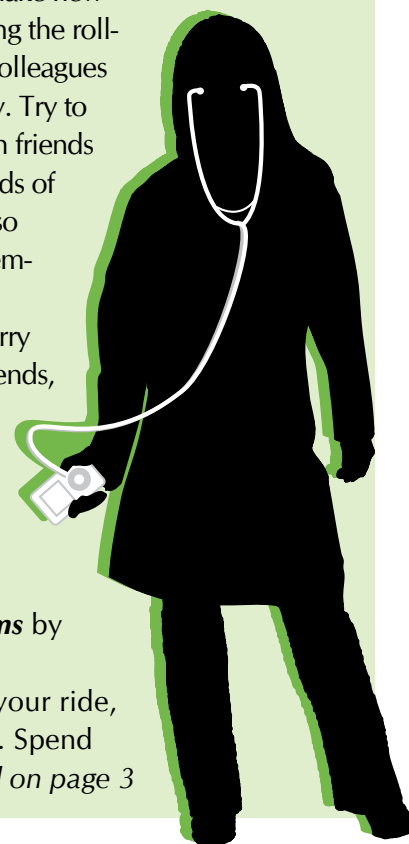
### 2. **A Little Help from My Friends** by The Beatles

Take a tip from the Fab Four and lean on the friends you already have, but also make new ones in your program. Sharing the rollercoaster of emotions with colleagues is part of the fun of residency. Try to organize regular outings with friends in medicine and in other fields of work. Your family should also be on speed dial. They remember you from the days when Optimus Prime and Strawberry Shortcake were your best friends, before Doogie Howser became your idol. Make time to stay connected, as friends and family will often give the best advice.

### 3. **Mo Money, Mo Problems** by The Notorious BIG

Resist the urge to bling your ride, cell phone or stethoscope. Spend

*Continued on page 3*



# PRESIDENT'S MESSAGE

## Dear Colleagues...

by Dr. Ceara McNeil Family Medicine Emerg, London

First, let me start by introducing myself. My name is Ceara McNeil and I have completed my family medicine residency and am currently a PGY-3 resident in the CCFP-Emergency Medicine program at Western. This will be my fourth year of involvement with PAIRO, and I have served on the Board of Directors for the past two years, most recently as Vice President. I look forward to serving as your President this year – it will be an exciting year!

I also wanted to take this opportunity to welcome the incoming PGY1s and all residents new to Ontario. I hope your transition into residency in Ontario is a smooth one! PAIRO is here to help in any way we can, so please don't hesitate to contact the PAIRO office or your local PAIRO representatives if you have any questions. I would also encourage you to check out the PAIRO website at [www.pairo.org](http://www.pairo.org) for more information about PAIRO, the services we provide, and any up-to-date information on issues of importance to residents.

For those not familiar with PAIRO, PAIRO champions the issues that create conditions for residents to be their best to ensure optimal patient care. This is achieved by focusing on three main areas: optimal

*Fostering the love of medicine is about remembering why we were drawn to this special profession, allowing ourselves to be inspired, and being an inspiration to others!*

working conditions, optimal training, and optimal transitions. As an organization, we will be successful when

residents enjoy working and learning in a safe, respectful and healthy environment, when residents feel confident and competent to achieve excellence in patient care, and when we are able to assist trainees during their transition into residency, through residency and into practice.

If these issues are important to you and you are interested in becoming more involved with PAIRO to work on these areas, please consider running for PAIRO General Council. If you have any questions about what this entails or would like more information, feel free to contact the PAIRO office or speak to one of your local PAIRO representatives.

As part of helping residents transition into practice, PAIRO organizes the Health Professionals Recruitment Tour (HPRT) every year. This annual job fair allows residents, medi-

cal students, and other health professionals to meet and make contacts with community representatives from underserved areas all across Ontario. The dates for the 2010 HPRT are September 23, September 26-30, and October 21, 2010. Please see the advertisement in this issue of Progress Notes for more information. This event is hugely popular with residents and communities alike and I encourage you all to attend!

Another important role that PAIRO is fostering is our shared love of medicine. Residency is an exciting, intense, and relatively brief period in our lives and I hope we can help make your residency the best possible experience. Fostering the love of medicine is about remembering why we were drawn to this special profession, allowing ourselves to be inspired, and being an inspiration to others! So I will conclude with a challenge – or some food for thought – What made you want to become a doctor? When were you last inspired by someone at work – a mentor, a colleague, a patient? Maybe take a few minutes, write your thoughts down, and post them somewhere where you can remind yourself of them often! And better yet, share these ideas with your colleagues...you never know, you just might become an inspiration too!

Take care,



Ceara

### Got a question?

The PAIRO office is open from Monday to Friday, 8:30am to 4:30pm

Telephone: 416 979-1182 or toll free: 1 877 979-1183

Email: [paipro@paipro.org](mailto:paipro@paipro.org)



If you do not wish to receive a paper copy of Progress Notes, please email us at [pnbyemail@paipro.org](mailto:pnbyemail@paipro.org).

## The way forward *(from page 1)*

your money wisely. Avoid the mall when post-call. But feel free to splurge sporadically when the situation is right. Like when a 52" flat screen TV goes on sale. Consider consulting a financial advisor if you need advice on debt management or investing.

### 4. **Fly Away** by Lenny Kravitz

Travel whenever and wherever you can, especially to those places around the world that need your help the most. The experience will change you for the better. Ask your program director or friends about elective opportunities abroad.

### 5. **Stairway to Heaven** by Led Zeppelin

When the bedsprings gouge your spleen and you cannot fall asleep, listen to the first part of this song and it should have you sleeping like a baby tout de suite. The advice here: sleep whenever you can—for your own health and safety, as well as for your patients.

### 6. **Stronger** by Kanye West

Despite the way it might feel sometimes, your work produces meaningful results, every day. The

clerical tasks need doing, yes, but the beautiful dichotomy of medicine provides the opportunity to make a tangible difference in the quality of your patients' lives. Your efforts may seem to go unrecognized at times, but they are truly appreciated by your colleagues, staff and patients.

With these songs of wisdom, I have faith that the next generation of talented residents will exceed all expectations and raise the proverbial bar with compassion and confidence. Use this advice as a foundation to help you on your quest for further medical enlightenment. When the road gets rough, take heart in the knowledge that those around you have been there and made it through with hard work. The support and guidance of your more experienced colleagues will be invaluable. As Sir Isaac Newton once said, "If I have seen further it is by standing on the shoulders of giants." So pick a tall mentor.

## On being a General Council Rep

*by Dr. Dave Smithson, Ob/Gyn Western*

**P**rior to running for a GC spot at Western last August, I hadn't really had much exposure to PAIRO, outside of a brief introduction at Orientation. I was your typical PGY1 in Ob/Gyn, not really wanting to bite off more than I could chew, so to speak. I'm so glad I did.

Now, why did I do it? A little web research and asking around uncovered PAIRO's direct influence on

virtually everything impacting residents - from rates of pay, to working hours, to support systems created to assist us in achieving success throughout our residency years. I was impressed and inspired!

PAIRO is made up of resident representatives from across the province in all years and from all specialties. Collectively, they bring a depth and breadth of understanding of the realities of resident life unsurpassed by other associations. There's plenty to get involved in, depending on your area of interest, and your hard work benefits members on both a local and provincial level. Whether you're interested in planning local events or helping shape health policy, you'll find something to sink your teeth into.

Looking back, I'm still glad that got involved - I was able to make it my own and make a real difference. I strongly encourage you to do the same.

*David is now a PGY2 in Ob/Gyn at Western and is also a Member at Large on the PAIRO Board of Directors.*



*Photo: Resident Awareness Day 2010 at Western*

# WORKPLACE

## Contract highlights

The PAIRO office receives numerous calls and emails regarding various contractual issues. The following information is available in detail on the PAIRO web site, but for quick reference, here are some of the key points. As always if you need more information or clarification, please feel free to contact the PAIRO office.

### Call and Shift Work

**Call Maximums:** are based on the total days ON service (vacation and other time away are deducted from the total days, PRIOR to calculating maximum call). Residents cannot be scheduled to work two or more consecutive calls unless agreed to by the residents, the Program Director and PAIRO.

Residents who are not scheduled for call or work cannot be either expected or compelled to be available on pagers, or to be in the hospital or clinic for any reason.

**In Hospital Call:** The maximum is 1 in 4. In hospital call maximums for rotations greater than 1 month are averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month. The total number of calls on a rotation longer than one month can be calculated by taking the total of number of days ON service, dividing them by 4 and rounding to the nearest whole number (.5 rounds up).

**Home Call:** The maximum is 1 in 3, (or 10 per 30, or 11 per 31). A resident cannot be on home call on 2 consecutive weekends. Home call CANNOT be averaged over multiple months.

### Call Stipends:

Home Call: \$52.50

In-hospital Call: \$105

Qualifying Shift: \$52.50 (shifts worked where one full hour worked on shift occurs between midnight and 6am)

Call stipend claims must be submitted to the person(s) designated by the hospitals to receive such claims within 30 days following the end of the month in which the call was worked, save and except for circumstances reasonably beyond the control of the resident. Otherwise, untimely call stipends will not be paid.

**Shift work:** On rotations where residents are scheduled in shifts, e.g. Emergency Medicine or Intensive care, total

maximum hours is 60 hours/week. This includes other scheduled responsibilities, such as academic half days. There must be a minimum of 12 hours off between shifts (unless the resident desires less time off between shifts).

**Blended Call:** (In Hospital and Home Call): is calculated using the following formula:

HCA: Home Call Assignments

IHA: In Hospital Assignments

$(\text{Total HCA} \times 3) + (\text{Total IHA} \times 4) = \text{Max Blended Call}$

Total must not exceed 30 for a 28 day rotation. *For other examples please consult the PAIRO web site.*

**Weekends:** Each resident must have 2 COMPLETE weekends off per 28 days; including Friday night/Saturday morning as well as Saturday and Sunday. A resident cannot be on home call on 2 consecutive weekends. Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.

**Post Call Relief (Home after Handover):** Residents must be relieved of ALL clinical and academic responsibilities post call 24 + 2 hours after the commencement of the working day. The following exceptions apply:

- Anaesthesia and OB/Gyn (1 hour of handover)
- ICU/CCU (1.5 hours of handover)
- Any UofT Surgical Program (Home By Noon)

**Home Call Conversion for Post-Call:** Residents on out-of-hospital call are required to be relieved of their duties when they are in either of the following situations:

1. They are called into the hospital to perform duties between the hours of midnight and 6am.
2. They are called into the hospital to perform duties for at least 4 consecutive hours with at least one hour extending past midnight.

### Travel Allowance (Taxi and Parking)

**Taxi:** Residents on home call may be reimbursed up to \$70 per month for taxi charges if:

1. The resident is on home call and can respond within the hospital's Medical Advisory Committee (MAC) approved response time.
2. The resident does not have a parking pass.
3. The resident is called in for clinical duties after 6pm and before 6am.

**Parking:** When residents are required to travel between sites or return to a site for CLINICAL du-

ties, the resident will be reimbursed for the cost of parking associated with the time spent at the second or subsequent sites, provided that the distance travelled between sites exceeds 1km.

*Travel Allowance: Will be provided upon presentation of appropriate receipts to the postgraduate medical education office.*

### Vacation and leave

**Vacation:** Residents are entitled to 4 weeks of paid vacation per year. A week of vacation is defined as five (5) working days plus two (2) weekend days. Vacation time may be delayed only where necessary, having regard for professional and patient care responsibilities. All requests must be confirmed or denied in writing within 2 weeks of the request being made. If denied, alternate times for vacation must be agreed to within 2 weeks. There can be no blanket policies restricting the amount of vacation in any rotation. You cannot be post call on the first day of vacation.

**Professional Leave:** Maximum of 7 working days per year (Note: weekends are not considered “working days” for this purpose.) Residents DO NOT need to be attending a seminar, course or conference to take a professional leave day, and the resident does not need to provide proof of what the day was used for.

Residents are entitled to take paid leave for the purpose of taking any Canadian or American professional certification exam. This leave time shall include the date(s) of the exam and reasonable travel time to and from the exam site.

**Pregnancy and Parental Leave:** please visit the Contract Information section of the PAIRO web site to download ***Pregnancy and Parental Leave FAQs*** or contact the PAIRO office.

**If you have any questions or concerns please call the PAIRO Office at 1-877 979-1183 or email [paIRO@paIRO.org](mailto:paIRO@paIRO.org)**

### Holiday and lieu time

**Holidays and Lieu Days:** All Housestaff are entitled to the following recognized holidays:

- New Year’s Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- August Civic Holiday (Simcoe Day)
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day
- One Floating Holiday\*

*\*A floating holiday is defined as a paid holiday taken at a time chosen by the resident. A program CANNOT tell a resident when to take their floating holiday.*

**Christmas/New Years:** All housestaff are entitled to 5 consecutive days off during the 12 day period encompassing Christmas Day and New Year’s Day. These 5 days account for Christmas Day, New Year’s Day, Boxing Day and two weekend days. Each resident must get either Christmas or New Year’s Day off. Residents do not get additional lieu days for working on either of the statutory holidays during the period.

**Lieu Days:** Where a resident works any part of one of the recognized statutory holidays, excluding, Christmas Day, Boxing Day and New Year’s Day (see above) they are entitled to a lieu day to be taken at a time mutually convenient within 90 days of the holiday worked. This includes residents working home call for any portion of the 24 hours of the date of the holiday.

**Religious Holidays:** If you observe religious holidays that are not specifically listed in the Collective Agreement, your program may have a duty to accommodate your religious practice to the point of undue hardship (“undue hardship” may include a number of factors, such as patient safety, the hospital’s service requirements, and the resident’s educational/training requirements). It is your responsibility to request accommodation, explain what measures of accommodation are required and allow a reasonable time for reply.

# TRAINING

## IVU: Destination Vietnam

### International Volunteers in Urology

by Dr. Mark Preston, Urology Ottawa

I arrived in Ho Chi Minh City (formerly Saigon) on Saturday evening and braved the journey all the way through town to my hotel, Beautiful Saigon, in the centrally located District 1. I had read somewhere that there are four million motorcycles in Ho Chi Minh City and I think I saw them all that day. It is really quite a sight as it's not just the number of motorcycles but what or whom they are carrying, pulling, or precariously balancing. I even saw one with a family of five – dad, mom, baby and two children. It is a most unique experience crossing the road while hundreds of motorcycles stream around you at full speed, moving like one massive organism.

I met up with Laura, our International Volunteers in Urology (IVU) mentor, and we set off to accidentally explore a large portion of the city enroute to a great Vietnamese restaurant, which had been recommended to me by a nice Swedish couple I met at the airport. I already had the faint stirrings of a love affair with Vietnamese food that steadily developed over the course of our trip as it was well tended to by Carvel and Dr. Hung G, but I am getting ahead of myself.

Carvel, my IVU co-resident, arrived later on that night with his big box of “personal hygiene” items and I knew instantly we would get along well. We flew out of Ho Chi Minh City the following morning and headed for Hue, the former Imperial City. We were warmly welcomed at the airport by Mr. Khan, Dr. Hung G and some of the residents on service. This was the first example of the Vietnamese hospitality we experienced in Hue and it didn't slow down throughout our entire time there. Everybody was incredibly warm, friendly, anxious to talk with us, share Vietnamese coffee, food or culture and ensure that we had everything we needed. We stayed at the

Ngoc Huong Hotel for the duration of our stay, as it was perfectly located and had a great breakfast even if, despite daily practice, Laura and I could never pronounce it well enough for any taxi driver to take us home.

Mr. Khan, our friendly and helpful host, picked us up the next morning and took us to Hue Central Hospital, which was much bigger than I had expected with over 2000 beds. We were immediately taken to morning rounds where we were introduced to the entire Urology Department including the Chief of Urology, all staff urologists, residents, medical students and nurses.

We met with the senior faculty and presented the medical equipment we were able to bring into Vietnam past ever-vigilant customs agents. Carvel and I had been lucky enough to acquire a large amount of stents, wires, PCNL dilators, sutures, catheters, and even cystoscopes and a flexible ureteroscope. The younger urologists were most excited about the Amplatz percutaneous dilators as that was the tool they were requiring in order to continue doing percutaneous nephrolithotomies! Then we were whisked away to meet the head of the hospital, a very nice pediatric general surgeon, and presented with gifts. The traditional meeting room was ornately decorated with large, carved wooden chairs and plaques on the wall celebrating Hue Central Hospital being the best in Vietnam for a number of years running.

One of my favourite aspects of Vietnam is Vietnamese iced coffee. This variation on coffee includes ice and condensed milk and it became part of my morning ritual after rounds. While partaking, I also got the chance to meet and talk with a number of the urologists, residents and other hospital staff.

After coffee, I spent the day in the operating room with Dr. Can doing open pyelolithotomies. A significant proportion of Vietnamese stone patients only present after years of putting up with discomfort, and subsequently, harbour very large calculi. The Vietnamese urologists have the capability to do percutaneous nephrolithotomies but are unable due to a lack of the disposable equipment necessary—a frequently recurring theme I discovered. I had never seen an open pyelolithotomy before, due to the near universal use of ureteroscopy, ESWL or percutaneous nephrolitho-



*Drs. Carvell Nguyen, Mark Preston, Laura Hart and keen medical students from Hue Central hospital.*

mies in North America, but I must say the Vietnamese urologists are very slick at it, assisted as well by the paucity of obesity in Vietnam.

Dr. Hung G was the quintessential ambassador during our time in Hue. He was a junior staff, spoke excellent English, and had a wicked sense of humour. I rounded with him in the afternoon and saw patients who were recovering post-operatively from a bladder augmentation, a nephrectomy for kidney trauma (scooter accident no doubt), a massive retroperitoneal tumor and a couple of improving septic stone patients. They were all lying on beds with just a thin mat on top of the wooden boards. Family is very important in Vietnamese culture and this is clearly evident in the hospital environment. Every patient I saw had family members with them who were fully involved in providing ongoing care for them along with some comforts from home.

An important point of clarification is needed here. "Hung" is apparently a very popular name for boys in Vietnam who are destined to pursue a future in the urologic sciences. There were so many "Hung"s in the urology department that they were sequentially named from A through G according to seniority. Quite a clever system I thought.

After our first day we set out in search of authentic Vietnamese food. All three of us wanted to enjoy real Vietnamese food in the kind of restaurant the locals frequent and where tourists can't decipher the menu. Luckily we had Carvel with us who, was fluent in Vietnamese, and could order a tasty selection. I knew we had achieved our goal at one little Vietnamese family restaurant when my favourite lemongrass chicken dish contained an entire chicken including the head, cleaved down the middle.

We then fell into the routine of surgical services



*Dr. Carvell and Dr. Can performing an open pyelolithotomy.*



*Thien Mu Pagoda in Hue, Vietnam*

the world over it seems and participated in a wide variety of surgeries. They were able to do some laparoscopic urology procedures at Hue Central Hospital but did not have ready access to the equipment. It was a similar story with fluoroscopy. The hospital had one C-arm that had been donated by Japan, but access was extremely limited due to the multitude of services, orthopedics and otherwise, that required it. Needless to say, I became quite facile at doing ureteroscopy and laser lithotripsy without the benefit of fluoroscopy, which may benefit me when managing pregnant women with calculi in the future. Due to the lack of disposable equipment, wires were always reused and stents were used very sparingly. Bladder cancer is quite prevalent due to a high incidence of smoking and there were a number of transurethral bladder tumour resections and one cystectomy with ileal neobladder conducted quite quickly, skin-to-skin, in four hours. Prostate cancer on the other hand is almost a non-entity. There is no PSA screening in Vietnam and they treat approximately ten men a year with symptoms of more advanced prostate cancer. Management is typically a transurethral prostate resection and bilateral orchiectomy with no role for a robot just yet.

Though adequate, the surgical volume began to decrease in Hue as Tet, the Vietnamese New Year, approached. Tet is the biggest and most important holiday of the entire year. It is a huge party where everybody buys new clothes and eats traditional food, and all businesses shut down for the week. Nobody wants to be near a hospital, for urgent surgery or otherwise, in the weeks leading up to Tet in case they miss it!

One afternoon we toured a number of beautiful pagodas and temples around the Ancient City. There is an incredible amount of history and culture in

*Continued on page 8*

**Vietnam...from page 8**

Vietnam going back for centuries! I had watched a documentary on the Vietnam War just prior to leaving Canada and it was fascinating to see how vibrant Hue is now, compared to the devastation left after the siege that had occurred here during the war.

Carvel and I both gave morning rounds to the department. I presented on the management of small renal masses and Carvel on adrenal cancer, which was quite timely, as he participated in an adrenalectomy for a large mass that same week. There was an interpreter to translate for those who didn't fully understand English. We had the opportunity to meet a number of medical students and residents, and they were all incredibly friendly and keen to learn and practice their English. We were invited one Thursday evening to weekly rounds that they organize where two people present on a medical topic, either in English or French. A goal of almost all doctors we encountered was to have the opportunity to go and study in France or America for a year or two. A number of the urologists and other surgeons we met had been to France and certainly benefited from the experience.

A number of women with incontinence came in especially to see Dr. Laura. It seems that female incontinence surgery is not commonly done in parts of Vietnam. It was difficult to tell whether this was because of a socio-cultural phenomenon of women remaining silent about the issue, the presence of only male urologists, or just because of limited experience with the subspecialty. Looking back, it is probably a multi-factorial problem. One woman had quite severe mixed incontinence with a

component of overflow that developed after the placement of a trans-obturator tape by a prior visiting urologist. Even with some translation it was difficult to obtain as full and detailed a history as we would have liked. We performed an urethrolisis the same week and I can only hope she is much improved, as we had to leave. This experience emphasized an unfortunate problem with international surgical work. While we may hope to help as many people as possible with brief operative trips, it's imperative that we teach the local surgeons and establish permanent links and relationships as it is nearly impossible to manage the ongoing care and complications of the patients who remain behind.

Our time in Hue flew by and before we knew it we were saying goodbye to new friends. I left with some great memories and having learned a lot about a unique country and culture as well as about being a surgeon in a foreign country with limited resources. I also left hoping that we had helped as well, whether it was an individual patient who benefited or a keen medical student who now has the spark to pursue overseas training or develop an international relationship that can lead to ongoing improvements in their country's medical system.

8

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# Mentoring

By Dr. Ahmed Mian, Family Medicine Toronto

Before coming to medicine, I spent a few years teaching high school science in some of the lowest socio-economic neighborhoods in Toronto. It was in these settings that I witnessed the

The word mentor originates from Homer's famous poem *The Odyssey*. Mentor was an extremely wise man who supported and guided Telemachus on his search for his father, Odysseus. In Greek, mentor literally means *to endure, to last through the ages*. In modern English, it is defined as *a wise and trusted counselor that guides another person*.

tireless work of my colleagues and began to appreciate the true qualities of a good mentor. Effective mentorship goes beyond simply teaching facts. It is an inspiring labour of love, which can transform lives.

Now as a family medicine resident, my viewpoint with regard to the importance of mentoring, as well as the reverence for my own mentors has only increased exponentially.

Given the structure of medical education, clinical training, and research, the role and traits of a good mentor should be the central theme in every faculty development program. In fact, I would go so far as to consider this a requirement. It is no secret that great residency programs have at their core a network of strong mentors.

Through careful reflection, innumerable discussions with colleagues about shared residency experiences, and a comprehensive review of mentoring literature, it's obvious that there are core qualities that can be found amongst all good mentors. Good mentors exude a genuine and infectious enthusiasm about life and their work, they modify their teaching depending on the learner's levels and needs, consistently self-reflect on their role, they have excellent interpersonal skills especially in terms of respectful relationship development and are knowledgeable. These qualities act synergistically to create an optimal learning environment that is completely non-threatening. The mentee can freely impart their knowledge and skill or voice their concerns, without fear of reprisal or belittlement either in private or in front of patients/peers. Constructive feedback

is given solely for the intrinsic benefit of the learner. Learning is not done simply to obtain a 'good' evaluation, but for the over-arching goal of becoming a better physician and professional. Such an atmosphere builds self-esteem and helps instill the importance of lifelong learning and personal growth.

Thus, it is disappointing to hear of situations completely opposite to the aforementioned within medical education. When the supervising physician creates a culture of intimidation and ridicule with the intention of 'bringing out the best in the resident,' the result is clearly counterproductive.

A good mentor brings out the best in their understudy through a dynamic relationship where both individuals benefit from positive interactions. Since trainees will subconsciously reflect back the attitudes and behaviours that they encounter, this relationship undoubtedly has profound implications. It is my hope that the people and institutions entrusted with the responsibility of training residents take an honest and serious look at the qualities inherent to good mentors and strive to train teachers within this mould.

In Canadian medical institutions we are blessed with some excellent mentors. They are tremendous assets to this wondrous profession, so search for them. Once you have found one, cherish their time and wisdom. In addition to teaching us through words and deeds, mentors show us care, respect and empower us to confidently approach the myriad of complexities inherent in the human condition that we strive to help alleviate.

Ultimately, it is our responsibility to honour our mentors by providing excellent patient care and by becoming great mentors ourselves for the next generation of physicians. That is the way our mentors would want us to honour them, thereby ensuring that the finest traditions of our noble profession endure through the ages.

When you need to talk...

When you need help...

**PAIRO 24Hour Helpline**  
**1 866 HELP DOC**

All calls are totally confidential.

## The transition from JMR to SMR: An interview with Dr. Andrew Burke

By: Dr. Wendy Ng, Plastic Surgery, McMaster

Dr. Andrew Burke is an Internal Medicine resident at McMaster University, and is becoming a Senior Medical Resident (SMR) in July 2010. He completed his medical degree at the University of Western Ontario in 2009.

### **How do you feel about the transition from Junior Medicine Resident (JMR) to SMR?**

I started thinking about the transition in the first or second month of being a JMR. This is because the difference between a medical student and a JMR is not huge – we have our own patients, and our personal responsibilities. As an SMR, one has to take care of many different patients and have the leadership and managerial skills to ensure everyone on the team is working effectively. For some residents, the medicine rotation can feel like a grind. It's up to the SMR to ensure that people are satisfied in what can be a demanding rotation, and that there is some fun.

### **What challenges do you anticipate as a new SMR?**

I think a big challenge as SMR is being the “go to” person overnight in hospital. The staff is fantastic and although we always have back up if needed, we are the first line of defence on the ground. There is a extremely large level of responsibility. This is a challenge that I look forward to, and I am eager to use what I have learned these past few years.

### **Do you feel prepared to become an SMR?**

I think so. What's worked well for me is paying attention to other SMRs while on call. Obviously, I'm not the first to go through this, and to see the different strategies colleagues utilize has been useful. For example, some have developed a little black book of common Internal Medicine issues, and a list of what to do or who to turn to when feeling overwhelmed. The best experience for me is to look at the SMRs who are comfortable in their role and who are clearly doing a good job and try to emulate them next year.

### **How will you approach your role as an SMR?**

It's going to be a blast to teach JMRs, and to hope-

fully quickly get them up to snuff on being good JMRs. I will let them know early what it's like to take on the role of SMR, and try to help them transition to the next level, which is what I wanted as a JMR. I will focus on teaching and ensuring that staff are comfortable with plans and patient outcomes. I plan to make a point that residents on service have an enjoyable learning experience.

### **What advice do you have to new JMRs starting their first year of residency?**

You should focus on the bread and butter of medicine. There are maybe 15 things we see all the time in Internal Medicine, and what's not on that list is amyloidosis, alpha one antitrypsin deficiency and other rare conditions! You'll save more lives and help more people if you become very comfortable with the basics and evidence-based approaches to common admitting complaints. You should start there, and then add on to this after that.

### **How will becoming an SMR affect other aspects of your life?**

I hope that it will be about the same – it will be a busy year but I don't tend to let other things suffer. Call is always busier for an SMR.

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**Your feedback is important to us. Please send it to [progressnotes@paio.org](mailto:progressnotes@paio.org)**



# Health Professionals Recruitment 2010 Tour

## JOB FAIR

### Thunder Bay

Thursday, Sept. 23, 2010  
Lakehead University  
University Centre AGORA  
4:00 pm to 7:00 pm

### Ottawa

Sunday, Sept. 26, 2010  
Crowne Plaza Ottawa Hotel  
101 Lyon Street  
4:00 pm to 8:00 pm

### Kingston

Monday, Sept. 27, 2010  
Portsmouth Olympic Harbour  
53 Yonge Street  
4:00 pm to 8:00 pm

### Hamilton

Tuesday Sept. 28, 2010  
McMaster University  
David Braley Athletic Centre,  
Sport Hall  
4:00 pm to 8:00 pm

### London

Wednesday Sept. 29, 2010  
University of Western Ontario  
The Great Hall,  
Somerville House  
4:00 pm to 8:00 pm

### Toronto

Thursday Sept. 30, 2010  
Sheraton Centre Toronto  
Sheraton Hall, Lower Concourse  
123 Queen Street West  
4:00 pm to 8:00 pm

### Sudbury

Thursday Oct. 21, 2010  
Laurentian University  
Fraser Auditorium, Alumni Hall  
4:00 pm to 7:00 pm

Health Care Professionals  
in training or in practice  
are invited!

- Physicians
- Nurses
- Nurse Practitioners
- Physiotherapists
- Occupational Therapists
- Speech-Language Pathologists
- Audiologists
- Chiropodists
- Pharmacists

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# PAIRO General Council Elections - 2010-2011

## Notice of Elections

In accordance with PAIRO Bylaw 8.1, PAIRO General Council Elections will commence on Monday August 23, at 16:00 EST. Elections will take place online.

Please watch your email in the coming weeks for information on when and how to vote.

**Follow us on Twitter!**  
 Find out who's running in real time!  
[twitter.com/PAIROtweets](http://twitter.com/PAIROtweets)



## Call for Nominations for PAIRO General Council

**What is General Council?** General Council is PAIRO's governing body, comprised of 100 seats.  
**Who is eligible to run?** All residents currently training in an accredited Ontario residency program.  
**Why should I run?** Because you want to be part of a team that strives to ensure that residents have optimal training, optimal work conditions and optimal transitions so that our patients receive the best care.  
**When do nominations close?** Monday August 23, at 09:00 EST  
**How do I put my name forward?** Email [elections@pairo.org](mailto:elections@pairo.org) with your **Full Name, University, Program and PGY Level**. Please include a bio of no more than 300 words.

To learn more about PAIRO General Council, including roles and responsibilities visit [www.pairo.org](http://www.pairo.org)