

# Section G

# OTHER CONSIDERATIONS

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*This section describes additional factors that may strengthen or weaken your decision to select a given program, including choosing the right environment, balancing family and medicine, and pursuing international health.*



# G-1

# CHOOSING THE RIGHT ENVIRONMENT

Medicine is a broad field and the work experiences of physicians can vary from one to the next. To provide some perspective on the benefits and challenges of practice in rural, urban-based,

and tertiary medicine, we collated comments from physicians with specific experiences in each of these settings.

	Practice	Lifestyle
<p><b>RURAL</b></p> <p><b>Dr. Karl Stobbe, MD, CCFP (EM)</b></p> <p>Rural Program Coordinator Department of Family Medicine, McMaster University</p>	<p>GPs require a broad range of skills and interests: office work, inpatient care, ER, OB/GYN, OR assists, nursing home.</p> <p>Rural physicians often provide care that would otherwise be offered by specialists in an urban setting, e.g., neonatal resuscitation, palliative care, trauma stabilization/transport.</p> <p>Opportunity to receive additional training, such as anesthesia, surgery, C-sections, GI endoscopy, coroner.</p> <p>Increasing use of the Internet and teleconferencing to communicate with distant physicians and for continuing education.</p> <p>Increasing opportunities for research and teaching affiliation with academic medical centres.</p>	<p>More time spent on call.</p> <p>Proximity to nature provides easy access to outdoor activities, e.g., skiing, fishing, sometimes while on call. Establishing friendships and business relationships with patients, e.g., car mechanics, plumbers.</p> <p>Being a “celebrity” — known by most people in town.</p> <p>Crime rates lower in rural communities.</p> <p>Schools: Rural communities tend to have fewer resources to offer student with special needs, and high school science education may be higher quality in urban schools, leading some rural physician parents to arrange enrichment opportunities for their children.</p>
<p><b>URBAN-BASED</b></p> <p><b>Dr. David Price, MD, CCFP</b></p> <p>Assistant Professor &amp; Director of Stonechurch Family Health Centre</p> <p>Department of Family Medicine, McMaster University</p>	<p>Must be familiar with and direct patients to available health resources in a larger community because services are often not centralized at one main centre.</p> <p>Intermediate-size population served.</p> <p>Opportunity to see the general scope of health care problems within any given specialty.</p> <p>Heavy clinical demands, although there are opportunities to serve on hospital boards.</p> <p>Being the main provider of care allows doctors to build rapport and be involved in patients' lives on a continuing basis.</p> <p>Increasing opportunities for research and teaching affiliation with academic medical centres.</p>	<p>Call duty can be heavy depending on specialty.</p>
<p><b>TERTIARY CENTRE</b></p> <p><b>Dr. Ally Prebtani, BScPhm, MD, ABIM, FRCP(C)</b></p> <p>Assistant Professor Department of Medicine Endocrinology and Metabolism</p>	<p>Patient care often involves complex and rare problems; based on referral.</p> <p>Much emphasis on promoting ongoing learning of residents, students, and colleagues.</p> <p>Requires patience and flexibility due to wide range of knowledge base and competence among learners.</p> <p>Involvement in various committees, e.g., academic journals, business, education.</p> <p>Research-oriented, e.g., clinical, basic science, health policy.</p> <p>Accessibility to new knowledge and innovative technology.</p>	<p>No in-house call required as a staff person.</p> <p>Non-clinical responsibilities provide a break from clinical demands.</p> <p>Requires living close to a large city.</p>

## Issues of Balance

It's no surprise that residency life is challenging. Limited free time, chronic sleep deprivation, and the concurrent responsibilities of research, teaching, and reading are undoubtedly magnified in the context of marriage and children. The issue of balancing family life and medicine is a complex one and varies widely from one individual to the next. However, an awareness of some common issues can be helpful in formulating expectations and decisions about your training and career

path. In this section, an informal survey of residents (in Family Medicine, General Surgery, Internal Medicine, and Psychiatry) was done to provide a cross-section of opinions and experiences in these areas.

Scheduling electives without call responsibilities can make the workload more manageable for residents who are pregnant. Lindsey from Case 1 may be interested in this advice.

Common Themes in Residency	Challenges	Strategies/Resources for Management
<b>Pregnancy</b>	<p><i>"Finding time during work to have proper meal breaks."</i></p> <p><i>"Physical demands, especially during long procedures/surgeries."</i></p> <p><i>"Dealing with fatigue, especially in the third trimester."</i></p>	<p><b>Flexible Scheduling</b></p> <p><i>"It's been tremendously helpful to be able to schedule elective time at the end of my pregnancy that did not involve call responsibilities."</i></p> <p><i>"It was difficult to ask for time off during my residency, especially around the time of delivery. No one else was around to cover if I was gone."</i></p> <p><b>Program Support</b></p> <p><i>"The support of my Program Director has been wonderful. I had incredible assistance with moving scheduled blocks around to ensure I was on holiday around the time my wife's delivery."</i></p> <p><i>"In some programs, academic time is permitted without question, so that gives some flexibility around the time of childbirth."</i></p>
<b>"After Hours" Academics</b>	<p><i>"Work often doesn't end after you leave the hospital. It's a challenge to balance my family responsibilities at home with additional program commitments after work, e.g., reading, research, preparing presentations."</i></p>	<p><b>Support from Extended Family</b></p> <p><i>"Having a network of family and friends close by has taken off a lot of the pressure for me to be at home. It's nice to know your child is taken care of, even when it's on short notice!"</i></p> <p><i>"Hiring a good nanny is expensive but it has meant that I have more opportunity to get things done without worrying too much that my child's care is being compromised."</i></p>
<b>Couple Time</b>	<p><i>"Fatigue from long work — hours and family duties often left very few opportunities to spend time with my partner."</i></p>	—
<b>Burden on Spouse</b>	<p><i>"Being a resident makes it difficult to split parenting 50:50, especially during exam times."</i></p> <p><i>"Can be difficult for my spouse at times, gets 'burnt out' with little support."</i></p>	—

## Helpful Advice

"Having my own family during residency has been challenging but very rewarding. My wife and kids make me look forward to coming home. The key is giving some serious thought ahead of time as to whether you want to start a family and how you're going to go about doing it."

"For female residents, I don't think there is ever a good time to consider pregnancy. People often say put it off to after you finish med school or residency or after getting a staff position. Starting a family is an intensely personal decision — do it when you feel it's right for you!"

"For male residents, try to plan your schedule ahead of time so that your schedule is relatively flexible around the time of your child's

birth. It will certainly be one of the busiest times in your life, so you want to make sure you have enough uncommitted time to spend with your baby and spouse."

Lindsey from Case 1 was interested in ways to make it easier to go back to work after maternity leave. Building a strong family relationship and hiring a nanny, as well as training part time and starting with lighter rotations, are strategies residents have cited in easing the transition back to work.

## References

Lund A. "Dr. Mom and Dr. Dad – Issues in becoming a parent during residency." *Canadian Journal of Emergency Medicine* 2002; 4(4): 298–30.

Myers MF. *Doctors' marriages: a look at their problems and solutions*. 2nd ed. New York: Plenum Medical Book Company, 1994.

## Introduction

As members of the medical profession, we have the unique opportunity to extend our responsibilities to marginalized populations across the globe. This section was created in response to the growing awareness and interest in international health (IH) issues. We highlight different ways that residents across the country have pursued their passion in IH throughout their training. We hope that this introduction will both inspire those who had never considered international medicine before, and encourage others who wish to seek out residency programs that are amenable to IH training. Feedback from residents interviewed for this section indicates that faculties across Canada are becoming more aware of IH issues, and are interested in becoming more involved. While there are currently few formal centres for IH across the country, interest and support generated at the faculty level in recent years have made IH training a definite reality.

While traditional interest in international medicine has been through Family and Community Medicine, Infectious Diseases, and Pediatrics, IH is not limited to these particular areas. There is potential to pursue rewarding international experiences in fields as diverse as Ophthalmology, Neurology, Psychiatry, and Oncology, as there is a need for all kinds of medical expertise in underserved areas. The spectrum of “international health” is quite large, and encompasses public health, human rights, peace

activism, health economics, health policy, occupational health, environmental medicine, and rehabilitation medicine.

We have profiled four residents from different Canadian institutions about their experiences in international medicine, and provided a number of resources on international health programs around the world.

It’s important to recognize that “international health” is not limited to practising medicine in the developing world. Rather, this is an area concerned with the health of especially disadvantaged populations — whether in Canada (inner-city poor, aboriginal populations, refugees/immigrants, and cases of imported emerging infectious diseases) or abroad. We hope that this section will serve as a gateway to exploring opportunities currently available both within Canada and beyond.

## Educational Programs and Courses

Most of the programs listed below are offered in schools of public health (SPHs) and medical schools. Wherever possible, a URL is given for direct access to the school’s IH program. Boston University and Johns Hopkins SPHs have the largest IH Master’s and doctoral programs in IH, though many other schools offer strong IH programs. The University of Arizona offers a three-week summer program designed to prepare clinical medical students and residents for an international assignment. The ASPH listing provides access to all SPHs.

## International Health Centres in Canada

Centre	Website
Dalhousie International Health Centre	<a href="http://ghomedicine.dal.ca">http://ghomedicine.dal.ca</a>
McGill University Centre for Tropical Diseases	<a href="http://www.medicine.mcgill.ca/tropmed">http://www.medicine.mcgill.ca/tropmed</a>
University of Alberta International Health Initiative	<a href="http://www.ih.ualberta.ca">http://www.ih.ualberta.ca</a>
University of Calgary International Centre	<a href="http://www.ucalgary.ca/ic">http://www.ucalgary.ca/ic</a>
University of Manitoba Office of International Health	N/A
Université de Montréal Santé Internationale	<a href="http://www.usi.umontreal.ca/">http://www.usi.umontreal.ca/</a>
University of Toronto Centre for International Health	<a href="http://intlhealth.med.utoronto.ca/">http://intlhealth.med.utoronto.ca/</a>

## Canadian International Health Agencies

Centre	Website
Canadian International Development Agency	<a href="http://www.acdi-cida.gc.ca">http://www.acdi-cida.gc.ca</a>
Canadian Coalition for Global Health Research	<a href="http://www.ccghr.ca">http://www.ccghr.ca</a>
Canadian Institutes of Health Research	<a href="http://www.cihr.ca">http://www.cihr.ca</a>
Canadian Society for International Health	<a href="http://www.csih.org">http://www.csih.org</a>
Global Health Education Consortium	<a href="http://www.globalhealtheducation.org">http://www.globalhealtheducation.org</a>
Student University Network for Social and International Health	<a href="http://www.sunsih.ca">http://www.sunsih.ca</a>

## Key Websites

**Association of Schools of Public Health (ASPH)** has links with its member schools, has a student page, describes the field of public health, describes opportunities for IH study and careers, and lists schools with IH Master's-level programs. — <http://www.asph.org>

**Postgraduate Training Programmes in IH** — This extraordinary Website, developed by Swiss institutions, provides access to detailed descriptions of a wide variety of p-g programs. The database allows searches by topic, institution, country, and type of program. — <http://www.healthtraining.org>

### **Boston Univ. SPH.**

BU has a Department of IH and offers short duration certificate courses in IH. — <http://sph.bu.edu/International-Health/department-of-international-health/menu-id-108.html>

**Brown Univ.** Office of International Programs — <http://www.brown.edu/Administration/OIP>

**Columbia Univ.** SPH — <http://www.mailman.hs.columbia.edu/>

— The University Medical Centre is located at <http://cpmcnet.columbia.edu>. See also <http://cpmcnet.columbia.edu/dept/bgcu-md/> for a description of a collaborative MD degree program in International Health and Medicine with the Ben-Gurion University of the Negev (Israel). This program also provides opportunities for summer externships for 4th year medical students at BG Univ.

**Emory Univ.** SPH— <http://www.sph.emory.edu>

**Fogarty International Centre for Advanced Study in the Health Sciences** offers a variety of training, research and fellowship grants as well as international services. — <http://www.fic.nih.gov>

**George Washington Univ.** SPH— <http://www.gwumc.edu/sphhs>

**Gorgas Courses in Clinical Tropical Medicine** (sponsored by U of Alabama) – an annual course in the Tropics of Peru in the Amazon. — <http://gorgas.dom.uab.edu/>

**Harvard Univ.** SPH <http://www.hsph.harvard.edu/>. For the Takemi Program in International Health, for midprofessionals, see <http://www.hsph.harvard.edu/takemi/>.

**Johns Hopkins Univ.** SPH— <http://ih.jhsph.edu/>. JHU has the oldest and likely largest department-level IH programs in the United States.

**Kigezi International School of Medicine**, located in Uganda, now offers a program with a focus on global health care.

**London School of Hygiene & Tropical Medicine** — <http://www.lshtm.ac.uk>

**Michigan State Univ.**— <http://www.msu.edu/unit/iilh/>. This is the global health Website of the Institute of International Health at Michigan State University.

See also <http://www.msuglobalaccess.net> for MSU's Global Access Website. This URL provides a searchable database of over 5,000 links to information about health conditions in other countries, the location of medical centres, details of countries, health care systems, and access to international organizations involved in health-related issues.

**Robert Wood Johnson Medical School** — <http://rwjms.umdnj.edu/>

**Supercourse in Epidemiology, the Internet and Global Health** (at U of Pittsburgh) — This course has over 1,600 lectures online by more than 1,000 faculty, grouped into various categories; a rich source of materials and ideas. — <http://www.pitt.edu/~super1/>

**Tulane Univ.** SPH — <http://www.som.tulane.edu/departments/StudentAffairs/INTHEALTH.HTM> for IH electives open to Tulane and other fourth-year medical students in nine different countries.

**Univ. of Arizona** (College of Public Health) — <http://www.globalhealth.arizona.edu> (for the International Health: Clinical and Community Care program that is held every summer)

**Univ. of California at Berkeley** SPH — <http://sph.berkeley.edu/>

**Univ. of California at Davis** — <http://www.ucdavis.edu/index.html>

**Univ. of California at Los Angeles** SPH — <http://www.ph.ucla.edu>

**Univ. of Florida**— <http://www.med.ufl.edu>

**Univ. of Maryland**, summer research program — N/A

**Univ. of Michigan** SPH— <http://www.sph.umich.edu/>. See UM's Population Fellows program at <http://www.sph.umich.edu>

**Univ. of Nebraska Medical Centre** — Offers Spanish/International Health/Wilderness & Tropical Medicine (Belize) courses in Guatemala that integrate individual Spanish language instruction, lectures and field trips, and a Wilderness & Tropical Medicine course. — [http://www.unmc.edu/ International studies and programs](http://www.unmc.edu/International_studies_and_programs) -- <http://www.unmc.edu/isp>

**Univ. of North Carolina at Chapel Hill** SPH — <http://www.sph.unc.edu>

**Univ. of Pennsylvania** — <http://www.med.upenn.edu/globalhealth/>

**Univ. of Pittsburgh** SPH— <http://www.publichealth.pitt.edu>

**College of Public Health at the University of South Florida** — For studies, see: <http://health.usf.edu/publichealth/globalhealth.html>

**Univ. of Texas** at San Antonio — See especially the four-week summer elective/rotation ("STEER") held at the border cities of Laredo, Texas and Nuevo Laredo, Mexico and focusing on international health, environmental health, public health, and border health issues. — <http://steer.uthscsa.edu>

**Univ. of Toronto** — See: Centre for International Health at: <http://intlhealth.med.utoronto.ca/>

**Univ. of Washington** — IH program, including a China exchange program that is sometimes open to non-U of W students — <http://globalhealth.washington.edu/>

**Yale University**, SPH — <http://publichealth.yale.edu>

## Careers in International Health — Profiles: University of Alberta, University of Calgary

	<b>University of Alberta</b>	<b>University of Calgary</b>
<b>Name</b>	Lynora Saxinger	Lindsay Ryerson
<b>Occupation</b>	Infectious Diseases	Pediatrics
<b>Years in practice</b>	2 years (graduate fellowship, 2001)	PGY3
<b>Type of practice</b>	85% clinical, 15% research	Starting Pediatric Cardiology in July 2004
<b>Time in research</b>	None	None
<b>Family status</b>	Married	Single
<b>Average hours per week</b>	51–70	>100
<b>Funding to pursue IH training</b>	Travel expenses through Dept. of Medicine and Infectious Diseases	So far, adequate through Canadian Paediatric Society
<b>What do you like most about your job?</b>	It's the most interesting area of medicine!	Patients, procedures, colleagues
<b>What would you improve?</b>	Time demands	Less bureaucracy
<b>Spare time</b>	Gym; painting	Running, mountain biking, skiing, reading
<b>Does family life suffer?</b>	Sometimes	Quite often
<b>Job satisfaction (rated 1 to 10)</b>	9	8
<b>When did you become interested in IH?</b>	During ID fellowship in Zimbabwe	During medical school
<b>IH work prior to residency</b>	None	No
<b>Did interest in IH influence choice of residency program?</b>	No, but it influenced my choice of subspecialty	No
<b>IH training during residency</b>	PGY5: IH fellowship in Zimbabwe	None
<b>Do you plan on continuing IH work into the future?</b>	I want to integrate IH training at work at the U of Alberta, and continue going overseas.	I would like to keep working in IH in a teaching capacity.
<b>Balancing interest in IH with family life</b>	Shorter trips, more limited commitments, get spouse involved	Take them with me!