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About me

I'm Blair Bigham, a PGY-1 resident in emergency medicine at McMaster University in Hamilton, Ontario. I completed medical school at Mac after a very enjoyable decade working as a flight paramedic and resuscitation scientist. I completed my undergraduate degree in my hometown of Scarborough at the University of Toronto campus in 2006, and my masters of science degree at U of T in 2009. Then I worked at St. Michael's Hospital in downtown Toronto.

Why I chose emergency medicine

I don't think I chose emergency medicine; I think it chose me! As a swimmer, I grew up collecting my colour badges before becoming a lifeguard. After university I started working as a paramedic, where I fell in love with shift work. From there I ended up in medical school, seeking even more knowledge and skills to help people in emergencies. On each rotation as a clerk, I could find some really cool cases, and realized I love a little bit of every speciality – so emergency medicine was the perfect fit.

Clinical Life

What does a typical day of clinical duties involve?

Emergency medicine is a unique specialty. When I'm assigned to the ER, we start our day in the acute care side, and move to the minor ailment side to finish out the shift. There is usually an hour or so of paperwork to complete afterward. Shifts are 8–12 hours long, depending on which hospital and what time of day one is scheduled to work. Examples of shifts are 07:00–19:00, 14:00–24:00, 16:00–02:00, or 23:00–07:00. I usually nap before a night shift, block off time afterward to sleep, and sleep in after late shifts. Other people prefer to sleep before a shift and stay up after it ends.

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Emergency Medicine Resident Profile — Blair Bigham

Here's what my week looks like when I'm assigned to the ER:

Emergency Medicine – Weekly Schedule at a Glance									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
06:00				ER shift ends		Sleep			
07:00	ER shift (07:00–19:00)					Sleep			
08:00				Sleep	Academic Half Day Toxicology Review				
09:00			Research meeting						
10:00									
11:00							Study		
12:00									
13:00			ER shift (13:00–23:00)	Teach medical students					
14:00									
15:00									
16:00						PGY-1 group study	ER shift (14:00–02:00)		
17:00									
18:00					Pre-shift sleep				
19:00									
20:00									
21:00									
22:00									
23:00			ER shift (23:00–7:00)						
00:00									

What kinds of clinical rotations are required in your program?

As a PGY-1 resident I rotate through surgery, orthopedics, pediatrics, obstetrics, medicine, and anesthesia in addition to spending time in the ER. Every month brings new challenges and new schedules. PGY-2 and PGY-5 are 100% emergency medicine in tertiary adult, pediatric, and community settings. PGY-3 is a critical care year where we do intensive care, cardiology, trauma, toxicology, and a few selective rotations. PGY-4 is a fellowship year, where one can really design one's own path. Some residents do trauma, ultrasound, or toxicology fellowships, while others branch out into education, research, and administration.

Which of your personality characteristics have been particularly helpful in your field?

I guess I could list all of the stereotypical features of an emergency doctor, but I think the two most helpful traits would be my ability to develop rapport with patients in crisis, and my sense of humour. Differentiating between these two is often impossible. I find that humour is a great way to de-escalate difficult situations or to change negative attitudes into positive perspectives. This is particularly true in emergency departments, where resources are strained and time is lacking.

What are the best aspects of your residency?

The other residents! Medicine attracts fascinating people from diverse backgrounds, and I've had the privilege of meeting some of the most amazing people during residency. My colleagues are my friends, my support, and during

this off-service year, they are most of my world. Being part of a strong and cohesive group of people sharing the same experiences is an incredible comfort and advantage.

What are the most challenging aspects of your residency?

There is SO much to learn. When I hear the PGY–5s talk about their upcoming Royal College exams, I’m bewildered by how brilliant they are. It’s tough to know that there is so much more information to commit to memory, but at the same time I find it very motivating and exciting to be learning so much every day.

What is one question you’re often asked about your residency?

People ask me how stressful it is to work in an emergency department. The answer is “Very!” – but that’s not a bad thing. I find the stress to be very activating, and after 10 years as a paramedic I’ve developed a number of habits to stay healthy in a stressful occupation. As I gain competence through residency, I hope this stress reduces. I’ve already noticed that I’m getting the hang of certain case presentations and find them much less stressful than I did when I started residency.

Can you describe the transition from clerkship into residency?

The increased responsibility is both exciting and humbling. I remember writing my first script – it was a prescription for naproxen – and the weight I felt as I signed my name. Would this patient end up with an ulcer or kidney damage? Being responsible for my own orders and being trusted to report my work-ups accurately certainly makes things more real. It gives me a greater sense of owning my performance.

What are your future practice plans?

I’m interested in doing a critical care fellowship and one day working half-time in an ICU and half-time in an emergency department. I enjoy writing, and would love to weave medical journalism into my life so that I can share the amazing stories we come across in medicine with others. I also love to teach, and I think I would really enjoy working at a teaching hospital when I’m a consultant. I’d also love to travel to in-need places and provide emergency care in disaster zones.

What are your fellow residents like and how do you interact with each other?

The residents here are incredible. The senior crew provide amazing leadership and mentorship, and the junior residents are bright, motivated and easygoing. We all get along really well, and I love the energy they bring to the table. The PGY–1 residents from a number of programs often get together for dinner, ping-pong, or trivia nights, and the entire program gets together monthly for dinner and journal club. I’ve been really pleased with my work-life balance this year.



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Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

My research background is in resuscitation, knowledge translation, and patient safety. I've had some exciting opportunities to transition from prehospital and emergency medicine research to critical care research, and I'm trying to carve out a niche in the intersection of the three. In my ideal world, I envision paramedics identifying patients in septic shock, for example, and transporting them directly to an intensive care unit. I also see in-hospital therapies moving into the prehospital setting under an inter-professional model of care. I'm also interested in physician health and wellness, and am an active general council member of the Professional Association of Residents of Ontario where I focus on work related to fatigue management and duty hours. Lastly, I'm interested in medical education and developing resuscitation skills in medical students and residents.

What is your work-life balance like, and how do you achieve this?

My mantra is work hard, play hard. During my first year of residency I've maximized my vacation allotment to travel to Bolivia, Australia, France, and California. This keeps me feeling fresh and engaged, and prevents burnout. My friends are very important to me, and keep my challenges and frustrations in perspective. I make sure to stay fit, using the gym and my roller blades as outlets to work off stress. I'm a big fan of yoga, which I find very restorative and relaxing. I work hard to make sure I don't overload myself with optional tasks while finding time to engage in research and teaching activities that I feel passionate about. And of course, I keep in touch with my mentors and program director, and know all the resources available to me as a resident ensure my residency is an enjoyable and positive experience.



For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.