



January 2016

About me

My name is Marissa Tsoi from Unionville, Ont. I'm a PGY-1 in the rural family medicine program at the University of Toronto. After I graduated from University of Western Ontario with a bachelor of medical sciences degree, I went to medical school at the University of Alberta.

Why I chose rural family medicine

A family medicine residency is like being an undifferentiated cell. Looking at the career paths of family medicine mentors and preceptors one sees the breadth of opportunity that is there for the taking. I chose a rural program because, frankly, I enjoy small and mid-size towns and I look forward to the exciting full scope of practice that rural general medicine offers.

Clinical Life

What does a typical day of clinical duties involve?

I should tell you that I spend my entire first year as a resident in North York, Ont., which is not a rural site but a community hospital. It is one of the busiest community hospitals in the Toronto area, with very high volumes of patients. I rotate through different specialties each month, so my typical day in PGY-1 varies according to the specialty. Since PGY-2 is longitudinal, it probably makes for a more interesting day planner. But since I am still in PGY-1, a typical schedule looks like this:

Rural Family Medicine (hospital-based rotation) – A Typical Day

07:00 or 09:00	Some form of inpatient rounding, with or without interdisciplinary rounds
09:00–15:00	Consults or wrapping up discharges
15:00–18:00	Clinic time, or more consults, get some teaching/feedback when I can
18:00 onwards	Depending on the rotation, it could be call until 23:00 or call overnight (which then means a post-call day)



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Rural Family Medicine Resident Profile — Marissa Tsoi

Rural Family Medicine (hospital-based rotation) – Weekly Schedule at a Glance											
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
06:00											
07:00											
08:00		Specialty service duties/ learning	Specialty service duties/ learning	Academic Half Day	Specialty service duties/ learning	Specialty service duties/ learning					
09:00											
10:00											
11:00									Quality improvement project or personal medicine-related projects		
12:00											
13:00											
14:00	Reading around cases						Specialty service duties/ learning	Family clinic "half day back"			
15:00											
16:00											
17:00											
18:00		Reading around cases									
19:00											
20:00											
21:00											
22:00											
23:00											
00:00											

What kinds of clinical rotations are required in your program?

PGY-1: Pediatrics, internal medicine, hospitalist, palliative care, geriatrics, emergency, obstetrics and gynecology, general surgery, family medicine block time (clinic every day plus nursing home call in the evenings for a week plus any deliveries with my Family OB preceptor), psychiatry, and electives (ICU encouraged). PGY-2: Longitudinal format in Midland, Ont.

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

Being flexible, being eager to learn, being good at thinking on my feet, and being okay with moving once a year.

What are the best aspects of your residency?

I am excited to have my own patients to follow in a true continuity model next year, which will prepare me for my first years in practice. The staff preceptors are helpful and regularly dispense good career advice. They treat me like a colleague.

What are the most challenging aspects of your residency?

The breadth of rotations now means that residents have to go through specialities that might be weaknesses. It is like being a medical student again, in a way. You have to be very honest about what skills matter to you, and you must try to be humbly realistic when facing the weaknesses. By definition a generalist cannot excel at everything. But being a rural generalist means having to try to excel at a number of things. I am still honing in on those things.

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

"Where is rural Toronto?" I still laugh at that one.

Can you describe the transition from clerkship into residency?

Residency is better. We get paid to perfect our craft! When one takes on responsibility for patients, it adds an impetus to learn and improve. I have more intellectual thirst than ever. Patients are three-dimensional people who are mostly pleasant, vastly interesting, and who universally stand to do better when their physician is better. What we do matters.

What are your future practice plans?

Family practice, including primary care and emergency room work, in a small or mid-size town somewhere in Canada.

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

They are fantastic, period. We see each other daily, as the family residents are all based in one hospital, and we run into each other in the lounge all the time. We also have lots of social activities outside of work including trips, dinners, sports, and just general hangouts. In PGY-2 each resident will be based in the same town with one other resident, and happily that colleague is a cherished friend.

Non-Clinical Life

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

1. Wilderness medicine
2. Medical education, particularly distributed medical education (rural training)
3. Medicare, pharmacare, and the social determinants of health

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

Interests – In winter I curl once or twice a week in a community league. Last summer I was able to cycle regularly. I have found time to read, write, and paint for pleasure.

Resilience strategies – I have a large dog who is the ultimate stress relief; she is always there to hug and walk after a long day. I have very supportive family, friends, and partner. I plan my vacations, lieu days, and conference time strategically, as the breaks have been welcome one-week breathers.



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.