



October 2016

About me

My name is Natalja Tchajkova, third-year resident in the physical medicine and rehabilitation program at the University of Manitoba in Winnipeg. I grew up in Northern Ontario, and completed medical school at University of British Columbia.

Why I chose physical medicine and rehabilitation

I love my discipline and am glad I found it. Physical medicine and rehabilitation (PM&R) is not a well-known field, but seems to be getting better known and more people are inquiring about it. It focuses on the evaluation, treatment, and rehabilitation of patients whose functional abilities have been impaired. We work with patients whose medical issues can range from spinal-cord injury or traumatic brain injury to post-stroke care, neuromuscular diseases, amputations, chronic pain, and sports injuries. We also deal with pediatric medical issues such as cerebral palsy. One aspect of this field I found appealing was the long-term partnership of care you create with patients. I was also attracted by the opportunity to promote ability and diversity among patients outside of society's definition of "disability".

Clinical Life

What does a typical day of clinical duties involve?

Physical medicine and rehabilitation – A typical day	
8:00-9:00	Review patient notes, labs charts
10:00-11:00	Walk rounds with staff to see all patients
11:00-12:00	Consult review, collaborate with therapists
1:00-3:00	Team rounds – physicians, physiotherapists, occupational therapists, social workers, speech language pathologists, nurses
3:00-5:00	See consults at tertiary centre hospitals

What kinds of clinical rotations are required in your program?

The first two years of my program are off-service, which means that we cover a range of topics that are important to PM&R but not directly in our field. This gives residents a better base going forward into the senior core rotations. During off-service we rotate through rheumatology, neurology, internal medicine, infectious diseases, psychiatry, urology, vascular surgery, orthopedic surgery, neurosurgery, and some mix of musculoskeletal rotations and sports medicine.

In postgraduate years 3-5 residents take the core rotations that are specific to our speciality, and we work with attending PM&R physicians to learn the specific skills. The main areas are: spinal cord, traumatic brain injury, stroke rehabilitation, amputee rehabilitation, neuromuscular rehabilitation (which includes multi-trauma and neurological conditions), pain management, sports injury, electromyogram (EMG) and nerve conduction studies, and paediatric PM&R care (e.g., cerebral palsy). We also have three dedicated research blocks.

Psychiatry (inpatient adult rotation) - Weekly Schedule at a Glance									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
06:00	Home call (cover rehabilitation units)								
07:00									
08:00		Review patients on ward	Review patients on ward	Review patients on ward	Review patients on ward	Review patients on ward			
09:00		Walk rounds	Team meetings	Hospital consults	Review patients, family meetings, consults	Walk rounds			
10:00									
11:00									
12:00									
13:00		Clinic	Review patients, family meetings, consults	Academic Half Day	Clinic	Hospital consults			
14:00									
15:00									
16:00									
17:00									
18:00					Home call (cover rehabilitation units)				
19:00									
20:00									
21:00									
22:00									
23:00									
00:00									

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

In this field it is definitely important to be able to work with grey zones. In some fields, like surgery, a quick solution may be possible but that's not the case in PM&R. There is continuous therapy, treatment modification, and a partnership that evolves between the patient and the health team. Many of the conditions we see are chronic and without a specific cure, so it is important to identify what function goals a patient wants to achieve, then determine how doctor, team, and patient can work together to realize those goals.

What are the best aspects of your residency?

The patients. Its amazing to follow patients through very challenging circumstances in their lives, and to be able to, for example, cheer with them when they can finally lift a finger or write their name. These can be huge milestones; we see how far they have come, and how significant such accomplishments are to them. Because we usually do rotation for 3+ months, residents can follow patients over a longer term and get a better sense of their rehabilitation status.

What are the most challenging aspects of your residency?

PM&R has many branches that residents cover over five years (spinal cord, traumatic brain injury, stroke rehabilitation, amputee rehabilitation, neuromuscular rehabilitation, pain management, sports injury, EMG and nerve conduction

studies, and pediatric rehabilitation are the cores; there are more sub-specialties!). Ideally we become experts in all of these areas, and most physiatrists, when they begin practice, will branch off into only a few of the areas. Training to become an expert in what feels like many residencies in one can be challenging, but it is still amazing!

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

"How is PSYCHIATRY?" Since physical medicine and rehabilitation is often called "physiatry", people commonly confuse the two specialties and assume I am training to become a psychiatrist. When I clarify, the follow-up question is "What is a physiatrist?" Then I explain the specialty. Most people are interested and wonder why they haven't heard of it before. It is becoming more known, however.

Can you describe the transition from clerkship into residency?

There were multiple transitions, at a personal level and at a professional level. I moved to a new province (BC to Manitoba), which meant a new hospital system among many other changes. There were a lot of new things to learn. The workload changes as well. At first it is strange to call yourself a "doctor" but you are gradually given more responsibility.

What are your future practice plans?

I'm not sure at this time. I have an interest in underserved populations, such as rural and marginalized communities. Many communities in Canada do not have PM&R specialists, and this gap is more pronounced in northern/rural locations despite a large patient need.

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

We are very diverse and respect that. The neat thing about physical medicine and rehabilitation is that there is room for most people with a wide range of interests. There are many potential branches to work in. Some specialists just do research and have no clinical duties. Others have an interest in international involvement, such as the Paralympic Games. The sky's the limit and it seems like that breadth is represented in the residents as well.

Non-Clinical Life

What are your academic interests?

I think it is important to connect with leadership roles to help serve patient populations. I am involved in RDoC for this reason. I have many interests, one of which is connection to underserved northern/rural communities. I grew up in Northern Ontario and lived in rural communities and have seen some of the discrepancies in care. I also have a general interest in promoting patient advocacy.



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I am currently involved in a research project for spinal cord injury. It is interesting and there are lots of new areas being worked on

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

It is important to have grounding when going through a residency because it certainly can get busy and create high demands. I try to centre myself by routinely connecting with nature, seeing friends in town, and connecting with my family.



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.