



May 2017

About me

Hello! My name is Kiran Dhillon and I am a PGY1 in the Urban Family Medicine program at the University of Alberta. Originally from the UK, I grew up in Surrey, BC and completed three years of an undergraduate degree in the Honours Physiology program at the University of British Columbia (UBC), as well as a co-op year at the BC Cancer Research Centre before completing medical school at UBC. I couples-matched with my fiancé to the University of Alberta for residency and I couldn't be happier!

Why I chose Family Medicine

I chose Family Medicine for its flexibility and variety. As a Family Physician, I will be in complete control of how I practice. I can set up hours that work with my lifestyle and can change my practice as my interests change. My scope of practice can include everything from primary care to low-risk obstetrics, palliative care, and acute hospital care. This variety and breadth makes Family Medicine interesting and professionally satisfying. I also love the continuity in Family Medicine – you really can make a difference in a person's life when you provide care throughout a person's whole life span.

Clinical Life

What does a typical day of clinical duties involve?

A typical day or week at my teaching site (the Westview site) can be highly variable depending whether I'm on call for Obstetrics or doing a week of hospitalist work. The day schedule below reflects a regular clinic week while I'm on a week of home-call for obstetrics.

Family Medicine – A typical day

08:00-09:00	Maternity rounding: Round on admitted prenatal/antepartum and post-partum patients at the hospital, perform newborn exams and follow-up on newborn lab work, discharge patients, start any scheduled inductions and assess any labouring patients.
09:00-12:00	Clinic: Patients scheduled every 10-15 minutes, with the exception of complete physicals (30 minutes). Includes maternity visits. See patients, chart, complete referral letters, and follow-up on lab values. Procedures in clinic could involve IUD insertions, joint injections, lump/bump removals, to name a few. During this time I am also on call for any deliveries or antenatal assessments.
12:00-13:00	Lunch: Sometimes there will be teaching over lunch. On-call for any deliveries or antenatal assessments.
13:00-17:00	Clinic: Same as the morning clinic. On-call for any deliveries or antenatal assessments.
17:00-18:00	Maternity rounding: If there are any active antenatal patients at the hospital, return to the hospital to reassess.
Evening/overnight	On-call for any deliveries or antenatal assessments.



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Family Medicine Profile — Kiran Dhillon

This week schedule reflects a week of hospitalist with home-call. Of, course there are weeks where I am just in clinic and the schedule isn't as busy as what is described below. This schedule is specific to my teaching site, which is considered semi-rural.

Family Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00	On call for hospitalist	On call for hospitalist	On call for hospitalist	On call for hospitalist	On call for hospitalist	On call for hospitalist	
07:00							
08:00	Hospitalist: Round on patients, perform new admissions.	Hospitalist: Round on patients, perform new admissions.	Telehealth Rural Medicine Rounds or Primary Care Rounds	IM Rounds	Hospitalist: Round on patients, perform new admissions.	Potentially round on LTC patients	
09:00	May involve hospice rounds as well	May involve hospice rounds as well	Hospitalist: Round on patients, perform new admissions. May involve hospice rounds as well	Hospitalist: Round on patients, perform new admissions. May involve hospice rounds as well	May involve hospice rounds as well	Clinic or horizontal elective	
10:00							
11:00							
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
13:00	Potentially clinic; On call for hospitalist	Clinic; On call for hospitalist	Clinic; On call for hospitalist	Clinic; On call for hospitalist	Clinic; On call for hospitalist	Clinic	
14:00							
15:00							
16:00	Return to hospital to complete any new admissions (until 7pm); On call for hospitalist	Return to hospital to complete any new admissions (until 7pm); On call for hospitalist	Return to hospital to complete any new admissions (until 7pm); On call for hospitalist	Return to hospital to complete any new admissions (until 7pm); On call for hospitalist	Return to hospital to complete any new admissions (until 7pm); On call for hospitalist. Provide verbal handover to incoming hospitalist physician for the next week (hospitalist changeover is on Fridays)		
17:00							
18:00							
19:00	On call for hospitalist; New admissions held in ER until morning	On call for hospitalist; New admissions held in ER until morning	On call for hospitalist; New admissions held in ER until morning	On call for hospitalist; New admissions held in ER until morning	On call for hospitalist; New admissions held in ER until morning		
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

Due to the broad scope of Family Medicine, the required rotations in our program are highly varied. All residents in the program are required to complete a minimum six-month Family Medicine block during the PGY1 year. Primary Care Obstetrical training is integrated into this period. This is supplemented with additional rotations in Pediatric Emergency, Internal Medicine/Hospitalist, Emergency Medicine, and Cardiac Care Unit. At my teaching site, general Pediatrics is

integrated into my Family Medicine block time, but at other teaching sites in the program, residents are required to complete a formal Pediatrics rotation.

In our PGY2 year, residents rotate through Emergency Medicine, Psychiatry, General Surgery, Geriatrics, MSK/Orthopedics, Palliative Care and Family Medicine (of which a minimum of 2 blocks must be done rurally). The rest of the PGY2 year can be filled with electives in whatever field interests you! During off-service rotations, we are back in our Family Medicine clinic for one half-day a week to foster continuity of care with our patient panel.

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

Patience. The care we provide is longitudinal and seeing the results of your counselling and management can take time. Getting to know patients and their social context in order to provide optimal care can also take time. With a bit of patience and perseverance, you will be able to make a positive and sustained difference in the health of your patients.

What are the best aspects of your residency?

The best aspect of my residency is the flexibility and the opportunity to explore any areas of medicine that interest me. Preceptors in Family Medicine are extremely supportive and encouraging of residents with particular niche interests, or those who just want to explore as many diverse fields of medicine as they can before entering practice. In fact, our program allows residents to have one to two half-days a week of ‘horizontal electives’ where we can spend time in a specialized clinic or hospital settings that interests us (i.e. IUD clinics, refugee clinics, asthma clinics etc.).

What are the most challenging aspects of your residency?

Trying to learn as much as I can in a short two-year residency. Family Physicians really do need to be well-versed in all areas of medicine. Our scope involves outpatient management, but also acute management of emergency medical conditions. Furthermore, we need to be able to manage patients from our clinics without the convenience of immediate lab testing and imaging. This can seem overwhelming at times, but Family Medicine residency programs across the country provide outstanding training to ensure we are confident and competent when we enter practice.

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

“Can you learn everything you need to know in two years?” That’s a tricky question to answer. There will never be an end to learning as a physician, and there will always be more we need to learn about and read up on throughout our careers. This is true for any field in medicine. While we may not know “everything” at the end of residency, I think we will start our careers with the resourcefulness and competence to manage any problem and to know when to refer or ask for help.

Can you describe the transition from clerkship into residency?

Truthfully, it can take a bit of time to start trusting in yourself and your capabilities as physician. As a resident, you are responsible for making decisions for your patients and don’t need to have every order and investigation approved by someone else! It’s helpful to remember that you earned the “MD” at the end of your name, and you are a doctor. Trust in your skills but acknowledge your role as a learner. Every physician will ask for help at all stages of their career. At the end of the day, staff want to help you provide the best patient care, so if you’re ever unsure, help is always available.



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What are your future practice plans?

I hope to practice full-service Family Medicine in a community setting. This would involve primary care, obstetrical care, palliative care and hospitalist work. I am also very interested in medical education, and hope to be involved with teaching future medical students and residents in my practice.

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

My fellow residents are amazing! Family Medicine is very collegial and as residents we support each other personally and professionally. My co-residents are also extremely talented individuals with a wide range of interests and who come from all backgrounds and stages of life. They inspire me each day to learn new things and try new experiences.

Non-Clinical Life

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

I am very passionate about medical education and improving the residency experience for future Family Medicine residents. Because of this, I will be one of the incoming Co-Chief residents in my program next year. I'm also a member of the College of Family Physicians of Canada's (CFPC) Section of Residents (SoR) Council, which allows me to address issues relating to residency training at a national level. I sit on the SoR Executive as Chair of the Education Subcommittee and have the privilege of representing residents on other CFPC committees. I also feel strongly about resident wellness and have been very involved with the Professional Association of Resident Physicians of Alberta (PARA) on projects relating to resident wellness and community.

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

Residency can be very busy, so I find that it has been really helpful to schedule time to exercise and meet up with friends and family. I love to run and to play music, and I find that both these things are excellent ways to wind down after a busy day of clinical work. My tip for new residents is to prioritize your health. Preparing healthy meals, exercising, and making sure you get enough sleep can take up a fair bit of time in your week, but you will function so much better when you are looking after yourself.

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.