



March 2016

About me

My name is Sherman Wong. I'm currently a PGY-3 in general surgery at McMaster University in Hamilton, Ontario. I'm originally from Scarborough, Ontario, and I completed my medical degree at McMaster. Before starting medicine, I was a hardware engineer, specializing in video hardware for smartphones and tablets. I hold a Bachelor of Applied Science degree in computer engineering with a minor in German.

Why I chose general surgery

Early in medical school I was convinced that I would pursue internal medicine. During clerkship, I took a short general surgery elective to finally rule out surgery for good – and by the end of those two weeks I was hooked!

General surgery is my specialty of choice because of the breadth of knowledge and skills that it requires. It offers an opportunity to see almost every aspect of medical practice on a daily basis. We are one of the most “medical” of surgical specialties, with frequent exposure to ward medicine and gastroenterology. As trauma specialists, we help acutely ill patients; ours is also one of the base specialties for critical care medicine. We are cancer doctors. And finally, we are surgeons, applying technical skills both within and outside the operating room.

Clinical Life

What does a typical day of clinical duties involve?

General Surgery – A Typical Day

06:30–08:00	Rounding. We see our inpatients with a team of residents and medical students. Clinical issues that need medical, surgical, or allied health support are addressed.
08:00–15:30	Operating Room. We report to the OR to start the elective surgery list for the day. For a junior resident (PGY-1, 2), this means learning to perform basic cases and assisting with more complex procedures. Senior residents (PGY-3, 4, 5) gradually take on the role of the primary surgeon.
08:00–15:30	Between cases. During down time we manage urgent ward issues, arrange tests, and coordinate care of patients with nurses, dieticians, physical therapists, occupational therapists, and other allied health professionals.
15:30–17:30	Ward management. Following the OR, we take time to address clinical issues left over from the day.
17:30–18:00	Handover. The day team hands over to the on-call residents.

What kinds of clinical rotations are required in your program?

PGY-1 in a general surgery residency is a combination of core general surgery rotations and off-service rotations such as internal medicine, emergency medicine, urology, orthopedics, and plastic surgery. Endoscopy and intensive care rotations are also required during junior residency (PGY-1, 2).

In senior years (PGY-3, 4, 5), time is divided between core general surgery at the academic centre, community general surgery at external sites, and subspecialty general surgery (e.g., thoracic, vascular, hepatobiliary, surgical oncology, colorectal).

General Surgery Resident Profile — Sherman Wong

General Surgery – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
		Rounding			Rounding	Rounding	
07:00							
			Rounding				
08:00		OR			Post Call	OR	
09:00			Ambulatory clinic	Academic Half Day			
10:00							
11:00							
12:00			Lunch and ward duties	Ward duties and clinic			
13:00			Minor procedures				
14:00							
15:00							
		Ward duties				Ward duties	
16:00							
17:00			Ward duties				
		Handover	Handover	Handover		Handover	
18:00				Call (18:00-08:00)			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

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

Good time management skills have been very helpful. Days on general surgery can get very busy, but being organized and efficient with time really helps me stay on top of everything. Balancing demands of clinical work, research, and life can be challenging, and time management outside work is equally important.

What are the best aspects of your residency?

I really enjoy working with the other residents in the general surgery program. My fellow residents have been great sources of support and encouragement, and we often help each other out of tough situations.

I also really enjoy the variety of things I do. This extends beyond technical skills in the operating room; I also enjoy chatting with ward patients, seeing outpatients in clinic, and resuscitating unstable trauma patients. Each day can look very different, which keeps things interesting.

What are the most challenging aspects of your residency?

The long hours and acuity can be draining, and it can be difficult to achieve a good work-life balance. Being able to rely on my fellow residents has made some challenging times much more manageable. Having each other's backs also makes it easier to take a night off and be sure that patients are well taken care of.

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

The hours! We get a bad reputation as a specialty, but my program has been very good about keeping clinical hours reasonable. I've been able to make time for research, resident organizations like RDoC and PARO (Professional Association of Residents of Ontario), and teaching. I have also been able to keep up with family and friends, but my busy schedule does require me to make a specific effort to see them.

Can you describe the transition from clerkship into residency?

The transition into residency was a little scary, as I'm sure most other residents will admit. There is a higher expectation for medical knowledge and technical skills, and there were times as a junior resident that I needed to call for backup to address an issue I just didn't have the skills for.

That said, I found that we were well supported by senior general surgery residents on call. Their support made the transition into residency that much easier – and they really showed me how to be an effective resident. Now that I'm transitioning to that senior role, I strive to be as supportive as my role models have been for me.

What are your future practice plans?

General surgery opens the door to any practice model, from being a rural surgeon at a remote hospital to the academic subspecialist in the teaching hospital. At the moment, and if given the opportunity, I hope to practice in a large community setting. With my research I have been developing some academic interests as well, so I haven't ruled out pursuing an academic practice. At this point, I'm still trying to figure out exactly where I'd like to end up.

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

My co-residents are the highlight of my program. I love the residents in McMaster general surgery, and I couldn't imagine a better group to go through residency with. There are many times when we are stressed, tired, or aren't sure what to do – and we've always been able to rely on each other for support. In a busy residency like ours, having a good cohort of residents really helps!



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Non-Clinical Life

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

My research interests in residency have focused on process improvement in surgery, and I am currently assisting with a local randomized trial. I've also been working on some interprofessional education and global health projects that are in the pipeline.

I'm very active with resident leadership in both PARO and RDoC, which often requires me to travel to Ottawa and Toronto for meetings. This is a challenge to fit into my busy residency, but with some juggling I've always found a way to make it work.

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

Outside work I enjoy playing volleyball, squash, and running. The rest of my time is spent catching up with family and friends. I also try to cook all of my meals instead of eating out, and so far (other than a few days here and there) I've succeeded!

Work-life balance will always be a challenge in residency. Other than clinical work, there are also demands of studying, research, and teaching. I've found a balance that allows me to fit in the leadership activities I'm passionate about, while still finding time to wind down, hang out with friends, and exercise. It's a challenge, and occasionally I have to miss an event. But by being very intentional about making time for non-clinical activities, I've been able to keep up with the things I want to do.



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.