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About me

My name is Alia Teja. I'm a General Intern Medicine fellow in my PGY-5 year at the University of Saskatchewan. I grew up in Calgary, Alberta and received an honours Bachelor of Science degree in Human Biology and Psychology from the University of Toronto. I travelled to complete a medical degree at the Royal College of Surgeons in Ireland and my internal medicine residency in the United States at Maine Medical Centre, a Tufts University affiliated hospital in Portland, Maine.

Why I chose General Internal Medicine

During medical school, I enjoyed learning about many different areas of medicine and found it difficult to select just one. My decision making was a process of elimination, taking into account that I most enjoyed working in a hospital setting and as part of a team. I narrowed in on the care of adults, as I was motivated by clinical encounters where I could engage in influential conversations and educate patients about their medical issues.

After clinical rotations and electives, and speaking with many physicians in the field, my overall sense was that the nature of the work and the work environment of an internist suited my career goals and personality. When it came to selecting a subspecialty, I decided to continue with what I knew would be an interesting and fulfilling career by pursuing a fellowship in General Internal Medicine.

Clinical Life

What does a typical day of clinical duties involve?

This is an example of a typical day for someone in a junior attending role on the General Internal Medicine (GIM) consultation service:

General Internal Medicine – A typical day	
08:00-08:30	The team meets to review the patient list, to determine which patients are being seen by each resident team member, and to highlight any critical action items. New consultation requests that were received overnight are also reviewed and distributed amongst team members.
08:30-09:00	The GIM fellow delivers a short educational session on a topic of interest to junior residents and medical students. This session also involves clinical questions from the prior day being answered with reference to supporting evidence.
09:00-12:00	Pre-operative Assessment Clinic (PAC) patients are seen by a member of the consultation service, then reviewed by the junior attending and staff.
09:00-13:00	Ward patients who are being followed by the GIM consult service are seen, with a review of symptoms, new data, interventions and management plans.
13:00-14:00	Lunch! A necessary part of the day.
14:00-17:00	Bedside rounds led by the junior attending.
17:00-17:30	Handover of care to GIM fellow or staff on call

General Internal Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00			On Call				
07:00							
08:00		Paper rounds + Teaching					
09:00		PAC clinic + rounding on patients					
10:00							
11:00							
12:00							
13:00		Lunch	Lunch	Journal Club	Lunch	Lunch	
14:00		Bedside rounds	Bedside rounds	Academic Half Day (fellow led)	Bedside rounds	Bedside rounds	
15:00							
16:00							
17:00		Handover	Handover		Handover	Handover	
18:00		On call (home light)					
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

PGY-4 year of the fellowship includes a number of required rotations, such as inpatient consult service, inpatient (MRP) service, pre-operative assessment clinics, outpatient internal medicine and specialty clinics, obstetrical medicine clinics, and electro-diagnostics, as well as a fellows clinic and elective rotations.

PGY-5 year of the fellowship consists of CTU and ICU junior attending rotations as well as elective time during which fellows may focus on an area of interest. For example, I opted to pursue a master’s degree in health professions education during my PGY-5 year.

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

Adaptability is a particularly valuable quality, given the range of medical problems and practice settings that I encounter. While there is a good variety in the work of a general internist, you need to be willing and able to adapt, as the knowledge and skills that are required on a day to day basis, or from one practice setting to another, are bound to vary.

Communication skills are also particularly important. In the role as a primary care provider, educating patients and collaborating with other team members are critical to optimizing patient care and in leading an effective care team. Similarly, in the role of a consultant working with other specialties, communication of recommendations and management plans must be comprehensive yet concise to ensure cohesive patient care.



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What are the best aspects of your residency?

The variety of work is one of the most appealing aspects of general internal medicine. There is never a day that feels mundane or routine. The pathology encountered in patients is often complex, interesting and thought-provoking, requiring multi-disciplinary care and collaboration amongst care providers.

What are the most challenging aspects of your residency?

One of the most challenging aspects is keeping up to date with guidelines and best practices. This is probably not exclusive to the subspecialty of general internal medicine. Information is released at such a rapid rate, and patient care practices are constantly evolving, requiring diligence and motivation to engage in active learning and self-assessment.

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

The field of general internal medicine is often misunderstood by those outside the field of medicine, and requires explanation of our roles within the health system. For those considering pursuing a career in general internal medicine, however, it is important to consider future job prospects. General internists are currently well positioned given the widespread need for generalists, particularly in community settings.

Can you describe the transition from clerkship into residency?

This can be daunting, and a challenge for many residents; however, the learning environment of my fellowship program was highly supportive and enabled me to make a smooth transition. Having come from a residency training program in the United States, I faced having to learn a new health system and practice setting, not to mention learning different brand names for medications and normal ranges for test results. My staff and co-fellows accommodated my learning curve, and provided me with tailored support according to my needs in order for me to learn and work effectively.

Will you be pursuing further training or looking for employment? What resources are available to you for future-planning?

During my fellowship, I started a Masters in Health Professions Education through Johns Hopkins University, which will continue beyond my training program as I begin working as faculty. I hope to put what I learn through the master's program into practice in an academic centre, and will garner support and guidance from my program director and other faculty to make this next transition. Job listings and other fellowship opportunities are regularly circulated by our program director and program coordinator, which helps me to remain aware of what is out there in the job market.

Non-Clinical Life

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

My academic interests have focused on teaching, particularly with my undertaking of a M.Ed degree. I hope to formally incorporate an educational role in the next stage of my career.

I also have an interest in leadership roles, which has led to my taking up positions with PAIRS and RDoC. This has helped me feel part of a larger community of residents, and allows me to contribute to the advocacy of residents' needs.

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

Maintaining a good work-life balance is always a challenge; however, I feel that I have strong support networks not only from friends and family, but also from colleagues and mentors at work. Work schedules as a fellow are somewhat less demanding than during residency, allowing me to live a more balanced life today.

Outside of work, I aim to stay active by running or attending exercise classes, and often use my vacation days to travel and experience a change of scenery.



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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.