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About me

I'm Ranita Manocha, a PGY-6 resident in Physical Medicine & Rehabilitation (PM&R) and the Clinician Investigator Program at Western University. I grew up in London, Ontario where I received a BA in Interdisciplinary Studies from Western University. I attended medical school at the University of British Columbia, and during my residency I completed a Master of Science in Medical Biophysics at Western. I've also done electives as a medical student and resident in many places – from Castlegar, BC to Fredericton, NB, and many other places in between.

Why I chose Physical Medicine & Rehabilitation

I enjoyed every rotation in medical school, but I felt like physiatry was one of the few areas in medicine where I could see patients as real individuals, valuing their personal goals and appreciating their social situations. I decided to pursue the Clinician Investigator Program to improve the scientific basis for rehabilitating elbow injuries, because in general in physiatry there is not a lot of high-quality evidence to guide patient care, compared to other areas in medicine.

Dr. Eric Cassell, a former internist, once wrote, "Quality of life is not just a variable, it is where we live." Every day, I get to work with patients and appreciate the physiology behind their medical condition, the physics of their movement, and how that can be enhanced. But I also get to see beyond the science and appreciate the spirituality, humour, and resilience of patients and their families. It's incredibly challenging and rewarding.

Clinical Life

What does a typical day of clinical duties involve?

This is highly variable, depending on whether you're on an inpatient or an outpatient rotation. On outpatient rotations, you usually see patients from 8:00 am to 4:00 pm, with perhaps 30 minutes during the day for lunch/snacks and some dictations. Inpatient rotations are also highly variable, with quicker patient turnover on the general musculoskeletal and stroke rehabilitation floors and slower turnover on the acquired brain injury and spinal cord injury floors.

In the Clinician Investigator Program, you have 80% research time and 20% clinical time. I usually booked one day a week of outpatient clinics in a variety of areas to keep my clinical skills up.

Physical Medicine & Rehabilitation (Inpatient Ward) – A typical day

0800-0830	Review charts and lab results.
0830-0930	See patients with trainees, provide bedside teaching.
0930-1000	Review patients for potential to transfer from acute care to rehab ward.
1000-1100	Do inpatient history/physical admission to rehab ward.
1100-1230	Team rounds with physiotherapist, occupational therapist, speech language pathologist, nurse, social work, dietician, pharmacist, psychologist, home care/long term care transition expert, rehabilitation therapist, etc.
1300-1700	Outpatient clinic.



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Physical Medicine & Rehabilitation – Weekly Schedule at a Glance								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
06:00						Home Call		
07:00								
08:00		Academic Half Day	Review potential transfers from acute care	Outpatient Clinic	Team Rounds with Allied Health	Provide teaching to junior residents and medical students		
09:00			Self-study / research					
10:00								Receive teaching from consultant
11:00			Inpatient admission					Family Conference
12:00		Walking Rounds with Consultant and Hospitalist	Lunch	Lunch	Lunch	Outpatient Clinic		
13:00			Family Conference	Outpatient Clinic	Walking Rounds with Consultant and Hospitalist			
14:00		Inpatient Admission	Manage inpatients					
15:00		Manage inpatients			Manage inpatients			
16:00						Manage inpatients		
17:00					Home Call (3 weeknights/month, 1 weekend/month)			
18:00								
19:00								
20:00								
21:00								
22:00								
23:00								
00:00								

What kinds of rotations (clinical, research) are required in your program?

Our first 1.5 years generally involve relevant off-service rotations including six months of medicine (CTU, cardiology, endocrinology, geriatrics, etc.); one month each of psychiatry, emergency, neurosurgery, and urology; and three months each of orthopedic surgery, neurology, and rheumatology.

We then do three months of each of the core physiatry subspecialties (acquired brain injury, stroke, prosthetics and orthotics, spinal cord injury, pediatrics); four to six months of electrodiagnostic medicine; and six months of musculoskeletal medicine (including inpatients, outpatient chronic pain, and sport medicine). We also have three months of dedicated research time.

The Clinician Investigator Program allowed me to have funded research time, which I mostly took between my second and third year and between third and fourth year of physiatry.

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

In physiatry, you have to work well in teams. Being comfortable with uncertainty is also key, as often there is no textbook or research paper to guide the treatment of a patient with a unique injury, unique personal goals, coming from a unique psychosocial-spiritual context.

In research, you have to be organized and persistent to ensure you complete all steps of the process to return to your clinical training on time. You have to accept that the clinicians aren't going to understand your research commitments and the researchers aren't going to understand your clinical commitments. You have to be willing to put in hard work and have faith, as it can take years before your experiment gets published! It's much less immediately rewarding than helping a patient in clinic, but if you are passionate about your research question, it's worth it.

What are the best aspects of your residency?

Most people who work in rehabilitation medicine (both as physicians and as allied health members) are easy going and seek to improve the lives of others, so it's a positive environment to work in. In addition, we get to see how patients and their families learn to cope with illness and disability and ultimately find meaning and hope where they might not have had that before. For me, this helps prevent the burnout I've seen in residents in other fields.

What are the most challenging aspects of your residency?

There is a lot of information to learn – we can essentially rehabilitate anything, from cancer to conversion disorders. So, we need to be both generalists and specialists at the same time. Often, our patients have complex needs. For example, a spinal cord injury can have downstream effects on the musculoskeletal, genitourinary, cardiac, and respiratory systems, but can also affect how someone moves in their environment, accesses their workplace, interacts with their partner, and drives. The injury might have also been associated with other fractures or a head injury, complicating rehabilitation. You have to be good at picking out, with your patient, which issues are most important and prioritizing them to help your patient and manage your time adequately.

What is one question you're often asked about your specialty/subspecialty?

"What the heck is physiatry? Do you mean psychiatry? physiotherapy?"

Many physicians, and most people in the general public, have never heard of our field before. It's fun to be able to provide some education. Interestingly, the most common response I get is, "Well it just makes sense to treat patients like that," meaning from a collaborative, patient-centred framework.



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Can you describe the transition from clerkship into residency?

Our transition happens later than in most other five-year specialty programs, as really in late second year to early fourth year, we are considered "junior residents". It can be hard to start your on-service physiatry rotations as you feel like after four years of clinical experience you still don't know anything!

The information in our field is highly specialized and expectations of your understanding of anatomy and rehabilitation-specific terms are suddenly much higher than they were in off-service rotations. It gets easier with time, though, and you learn how to target your learning when there is so much information. I would suggest talking to senior residents before a rotation starts to create good learning objectives and figure out which references to use.

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

I have started a job search. Most physiatrists in Canada pursue a fellowship only if they will be doing interventional pain or pediatric subspecialties. Otherwise, we usually have adequate elective time to subspecialize if that is desired. Generally, jobs are posted through membership with the Canadian Association of Physical Medicine & Rehabilitation.

In the Clinician Investigator Program, I received a lot of mentorship through formal seminars and informal meetings with other clinician-scientists about job negotiations, setting up a research lab, kick-starting my academic productivity, and receiving grants. I would recommend this stream to anyone interested in pursuing a basic science graduate degree during residency.

Non-Clinical Life

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

I have been actively involved in research before and during residency. I enjoy using biomechanics knowledge to understand how patients with different clinical conditions move and how medications and devices can enhance their movement.

As the first resident in my program to go through the Clinician Investigator Program, I have also benefited from mentorship from other physiatry residents across the country, who pursued basic science research during residency over the past decade (there are not many!). As I near the end of my residency, I have been trying to mentor other physiatry residents with this interest.

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

I try to space out my vacations to take a week every three to four months to get away from residency and research. I typically turn my electronic devices off and schedule lots of outdoor time (camping, hiking, canoeing, snowshoeing, etc.) with the people who mean the most to me. I really value spirituality and play and I try to bring those things into my day with morning meditation and committing to doing something fun every day after work.



For further information

The Canadian Medical Association website features profiles for more than 35 medical 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.