



January 2017

## About me

I'm Stephen Cashman from the Northern Remote Family Medicine program in Winnipeg, Manitoba. I'm a PGY-2 and will finish my program in 2017. I studied medicine at the University of Manitoba after completing a bachelor of science degree in genetics at the University of Guelph in Ontario.

## Why I chose a northern remote family medicine program

I think it all started with my love for travel and desire to see the world. Northern Remote is exciting, diverse, and brings me to parts of Canada I might never see otherwise. Family medicine is also great for people like me who can't make up their minds about what they want to do for the rest of their lives but want to do a bit of everything. It's also rewarding to work with marginalized populations within Canada to tackle health outcome disparity and discover the richness of indigenous culture.

## Clinical Life

### What does a typical day of clinical duties involve?

It varies a lot. Family medicine is only a two-year program, and a big chunk of the first year is spent in off-service rotations. In my program, the family medicine block time in PGY-1 is spent in the city of Winnipeg, and the time in PGY-2 is spent in a variety of communities in the North. PGY-1 time is similar to that of any other inner city academic family medicine clinic. PGY-2 time, however, is much more diverse as it includes a mix of clinic time, hospitalist work caring for inpatients, on call time for low risk obstetrics, and emergency time with patients who can fall anywhere within the CTAS acuity spectrum. The schedule below is from a week I spent in Yellowknife, NWT, that was divided between clinic, emergency, and time in a small indigenous community. Other weeks were spent on inpatient medicine or obstetric rotations.



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### What kinds of clinical rotations are required in your program?

Family medicine always involves a diversity of rotations. For the northern program, the family medicine time is divided between city and northern community time. In the northern remote program, we rotate through medicine CTU (inpatient), adult emergency, pediatric emergency, pediatric inpatient medicine, neonatology, obstetrics, orthopedic surgery, trauma surgery, palliative care, and ICU. We also do rotations in addictions and HIV medicine, work with allied health practitioners, and participate in longitudinal exposures in psychiatry.

# Northern Family Medicine Profile – Stephen Cashman

Northern Family Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00	Start of emergency shift						Emergency shift
08:00							
09:00		Clinic/urgent care	Fly to Whati, a small indigenous community in the NWT	Whati – clinic/urgent care/emergency	Whati – clinic/urgent care/emergency	Clinic/urgent care	
10:00			Clinic/urgent care/emergency				
11:00							
12:00							
13:00							
14:00							
15:00	End of emergency shift (CTAS 1 Resus arrives)						End of shift
16:00					Fly back to Yellowknife		
17:00					Take in a show at the northern cultural center	End of shift	
18:00	Go home	End of clinic	End of shift	End of shift			
19:00		Enjoy the best Ethiopian food in Yellowknife	Cultural activities	Cultural activities			
20:00							
21:00							
22:00							
23:00							
00:00							

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

Flexibility, diverse interests, and my love for travel.

## What are the best aspects of your residency?

I enjoy the diversity of the scope of practice, the great staff I work with, and my fellow residents. I also like the northern aspect a lot. The work is challenging, varied, and a lot of fun.

## What are the most challenging aspects of your residency?

The fact that you have to know about everything. You also need to manage high acuity problems with minimal support and minimal ability to work-up. The short duration of the residency (only two years) is also a challenge, as is the need to quickly start thinking about getting a real job. It can also be socially challenging to be up north, as there are a limited number of people in your age group.

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

“When are you going up north?” is a question I was asked constantly as an R1 spending my time in urban locales. Answer: For a month in January, and then for a little more than half of PGY-2. The residency, despite the name, is centred in an urban locale for the first year.

## Can you describe the transition from clerkship into residency?

I thought the transition was smooth. While it is more work than clerkship, residency is much more fun and satisfying. Having to get that Tylenol order signed at 3 am is really a huge pain. The minor things are quicker and easier to deal with, and for the major items, I'm still adequately supported. Going up north for PGY-2 was a big jump, though, as there is less support there than in the city.

## What are your future practice plans?

Good question! I hope I will be able to practise in different clinical settings (e.g., clinic, emergency, inpatient) and still have time to be involved in organizational tasks. I'd like to split my time between a city and a northern or remote environment, and maybe do some international stuff, too. I'm still figuring this out. I'll probably do locums for a while to get a sense of the diverse range of Northern communities before I settle down, and might split my time between the North and a southern urban center.

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

They are a great bunch of people – really collegial, funny, and easy to get along with. I'm a pretty easy-going guy, but I've definitely met some people over my medical career who rubbed me the wrong way. None in the northern program, though – a great bunch!

## Non-Clinical Life

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

I have been very involved with organizational work over the last few years (with RDoC, among others) and really value this aspect of my career. I am not very heavily involved in research yet, but will do a quality assurance/quality improvement project during my residency.

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

I've been very involved with organizational work over the last few years (with RDoC, among others) and really value this aspect of my career. As a PGY-2 I'll be doing a quality assurance/quality improvement project during my residency. The North is an untapped place to do research. So much of the research that guides our decision making is done in urban academic centers with populations very different from those you might see in Northern Canada!



## 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.*