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## About me

My name is Harman Chaudhry, a PGY-3 in orthopedic surgery at McMaster University. I have also been enrolled in the Surgeon-Scientist Program during my residency training. I grew up in Brampton, Ontario and completed my bachelor of health sciences as well as my MD degree at McMaster in Hamilton.

## Why I chose orthopedic surgery

There are three main reasons that I was drawn to orthopedic surgery almost immediately during my medical education. First, coming from a background that included lifelong participation in athletic activity, I immediately loved the pace and technical nature of orthopedic surgery. Second, I enjoyed that patients were generally very happy, as outcomes following orthopedic procedures are, by and large, good at improving function and quality of life. Finally, orthopedic surgery is a constantly evolving discipline – new technologies are always on the horizon – and there is a plethora of opportunity for research and innovation, which was another major draw for me.

I would say these are fairly consistent attitudes among orthopedic residents (although there are exceptions, of course). Generally, all my colleagues enjoy the technical nature of the profession, the patient population and the focus on improving function/quality of life, and the lifelong learning that a dynamic and constantly evolving discipline demands.

## Clinical Life

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

Most days start with rounds and handover, and end with wrap-up of any ward issues and handover. Clinical duties in between can be varied. Here's a typical schedule:

| Orthopedic Surgery – A Typical Day |  |
|------------------------------------|--|
| 06:15–06:45                        | <b>Inpatient rounds</b>  |
| 06:45–07:00                        | <b>Handover.</b> Discussion of surgical cases and new admissions from the previous evening and overnight.                              |
| 07:00–07:45                        | <b>Teaching rounds.</b> These are typically faculty, fellow, or senior resident-run teaching sessions.                                 |
| 08:00–17:00                        | <b>Daily assigned clinical duties.</b> These typically include one of fracture clinic, office clinic, the operating room, or day call. |
| 17:00–18:00                        | <b>Ward rounds &amp; handover.</b> Final wrap-up of any ward issues, and handover given to the night call resident.                    |

# Orthopedic Surgery Resident Profile — Harman Chaudhry

| Orthopedic Surgery – Weekly Schedule at a Glance |        |                        |                        |                        |                        |                        |          |
|--|--------|------------------------|------------------------|------------------------|------------------------|------------------------|----------|
|  | Sunday | Monday                 | Tuesday                | Wednesday              | Thursday               | Friday                 | Saturday |
| 06:00  |        | Ward rounds & handover |          |
| 07:00  |        | Teaching rounds        | Teaching rounds        | Academic Half Day      | Teaching rounds        | Teaching rounds        |          |
| 08:00  |        | Office clinic          | Operating Room         |                        |                        | Operating Room         | Day call |
| 09:00  |        |                        |                        | On Call                |                        |                        |          |
| 10:00  |        |                        |                        |                        |                        |                        |          |
| 11:00  |        |                        |                        |                        |                        |                        |          |
| 12:00  |        |                        |                        |                        |                        |                        |          |
| 13:00  |        |                        |                        |                        |                        |                        |          |
| 14:00  |        |                        |                        |                        |                        |                        |          |
| 15:00  |        |                        |                        | Fracture clinic        |                        |                        |          |
| 16:00  |        |                        |                        |                        |                        |                        |          |
| 17:00  |        | Ward rounds & handover |          |
| 18:00  |        |                        |                        |                        |                        |                        |          |
| 19:00  |        |                        |                        |                        |                        |                        |          |
| 20:00  |        |                        |                        |                        |                        |                        |          |
| 21:00  |        |                        |                        |                        |                        |                        |          |
| 22:00  |        |                        |                        |                        |                        |                        |          |
| 23:00  |        |                        |                        |                        |                        |                        |          |
| 00:00  |        |                        |                        |                        |                        |                        |          |

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

Orthopedic surgery is a five-year clinical training program. Years 1 and 2 of residency are aimed at developing the skills to manage general medical, orthopedic, and trauma-related issues, as well as preparing residents for the Royal College Surgical Foundations Examination. As a result, there are a breadth of rotations, which may include general surgery, trauma, radiology, physical medicine and rehabilitation, internal medicine, ICU, and orthopedic surgery.

Years 3, 4, and 5 are dedicated to training in orthopedic surgery. Orthopedics is a broad discipline, and we rotate through its various subspecialties. These include hand and upper limb, foot and ankle, joint reconstruction, sports medicine, orthopedic trauma, spine, orthopedic oncology, and pediatric orthopedics.

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

**Decisiveness is important.** The ability to make good decisions quickly is an indispensable skill for orthopedic trainees. Whether dealing with an unexpected finding during surgery or managing several trauma patients in the emergency department, the orthopedic resident (and surgeon) must be able not only to make decisions, but also to make them efficiently, accurately, and with confidence.

**Resilience is another valuable trait.** Learning surgery can be tough on one's ego, as one's decision-making and technical skills are constantly critiqued and the feedback is usually in real time. This is an important aspect of becoming a competent surgeon. However, the ability to keep moving forward and improving despite ongoing (but constructive) criticism is important.

## **What are the best aspects of your residency?**

Performing a surgical procedure with cool tools, implants, and technologies; seeing one's surgical skills evolve and improve over time; and experiencing the personal fulfillment that comes from seeing patients return to work, sport, and/or life after management of a potentially life-altering condition or injury—these represent the best aspects of orthopedic residency for me.

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

The hours can be long and the workload can be heavy, especially while on call. Musculoskeletal issues are common in the population, and this makes for a busy emergency department and inpatient unit.

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

"Do you plan on doing a fellowship after residency?" Fellowships are the norm in orthopedics, and have been for some time. Orthopedics is an increasingly subspecialized discipline. In order to obtain excellent and reproducible outcomes, one needs to experience a high volume and complexity of procedures, which typically is only achievable with fellowship training.



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

Because musculoskeletal medicine in general – and orthopedic surgery in particular – is generally not very well taught in medical school, there is a bit of a learning curve during one's first orthopedic rotation in residency. It takes some time to become comfortable with ward management, interpretation of radiographic images, and common emergency presentations, as well as with the greater amount of independence afforded to a resident as compared to a clerk. However, orthopedic residents are a collegial group, and there is a lot of support to facilitate this transition, including senior colleagues, the chief resident, and orthopedic staff surgeons. For the first couple of years, junior residents are also backed up while on-call by a senior resident, who they can call at any time to review cases or ward calls.

## What are your future practice plans?

In addition to becoming a skilled orthopedic surgeon, I also hope to give back to my profession and society on a broader scale. I would like to build on my extracurricular involvement in research and/or medical leadership. This may involve leading clinical studies, becoming involved in hospital administration, or participating in patient advocacy efforts through the CMA or other organizations. At present, I feel that this goal is best achieved in an academic medical centre or a larger community hospital setting. However, I remain open-minded and adaptable, recognizing that my career goals may be achieved in different ways.

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

We have a great group of residents at McMaster, and across the country (we're not a very large group, so many of us have interacted with each other at national meetings, courses, pre-residency CARMS tour, etc). In general, we are a "work hard, play hard" group. We cover for each other at work, and get along well. Outside work, many residents get together for things like drinks and dinner, to play intramural sports, or to study in groups for upcoming exams.



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## Non-Clinical Life

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

I have broad interests in research, leadership, and medical education. From a research perspective, I have been enrolled in the Surgeon-Scientist Program during residency. This has provided me with the opportunity to work with world experts in orthopedics and clinical research as I have become involved in multiple studies, including a large, multinational clinical trial.

From a leadership perspective, I am involved with RDoC as part of the practice committee (I'm now in my second year on this committee). In addition, I am in my second year as a board member of the Canadian Orthopaedic Residents' Association (CORA).

From an educational perspective, I have volunteered for several years with the medical school and its interest groups to provide sessions on casting, reading radiographs, and basic fracture care. My program also provides residents with the opportunity to participate during CaRMS interviews, and I have volunteered with these as well.

Overall, I find that keeping broadly engaged has truly enriched my residency experience. While patient care is my true passion, contributing to the broader mission of my speciality through research, leadership, and education provides an opportunity to develop a more diverse perspective while acquiring some of the "softer" skills that I feel will be just as important in making a meaningful impact during my career.

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

Achieving a good work-life balance during orthopedic residency (as in any residency training program) requires effort and, for me, is a work in progress.

I got married during residency, have a fairly robust social life, usually go to the gym three times per week (although occasionally less), and try to travel two or three times per year. I also participate in a variety of extracurricular activities. On top of this I have to spend several nights per week reading about orthopedics.

All this requires a tremendous amount of effort as well as a very understanding support network that first and foremost includes my wife, Shikha, as well as family and friends. Planning activities (and anticipating obstacles, such as weekends on call) well in advance is key. Being adaptable is also important; for instance, sometimes the dates I want off may not be available, and having a back-up plan can help avoid disappointment.

Work-life balance during residency is challenging, but with effort and planning, a reasonable balance is achievable.



## 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.*