

January 2016

## About me

Hi, there! I am Sian Tsuei, a PGY-1 in the public health and preventive medicine residency program at the University of British Columbia, Vancouver. Born in Taiwan and raised in Canada, I completed concurrent degrees in biotechnology/economics and independent studies at the University of Waterloo in southern Ontario.

## Why I chose public health and preventive medicine

During my undergraduate years, my economics background helped me realize how much people's health is pre-determined by their personal background, be it education, family support, or employment. I pursued a global health research elective to explore the impact of social determinants of health on tuberculosis. I also completed a public health elective that showed me the possibility of tackling social determinants from a policy level. These experiences confirmed that public health and preventive medicine would match my interests and develop the skills I want for a career that tackles issues at a community level.

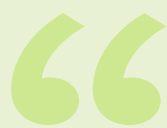
## Clinical Life

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

This is a typical day of the life of a public health resident. Independent time can be spent reading up on additional materials, conducting research, or interviewing key stakeholders in order to complete an independent project.

#### Public Health and Preventive Medicine – a Typical Day

08:00–09:30	Independent time
09:30–10:00	Meeting other medical health officers
10:00–11:00	Meeting tobacco cessation committee
11:00–12:00	Introduction to aboriginal health
12:00–14:00	Independent time
14:00–15:00	Teaching medical students
15:00–17:00	Independent time



*At times the diverse learning opportunities can be challenging, as this residency goes beyond medical knowledge. It calls upon one's dedication to stay up to date with current events while critically appraising the etiology and possible solutions."*

The schedule for the week might look like the following. Residents may also be on call for public health rotations, although PGY-1s are too junior to be on call. Clinical opportunities to work within travel and youth clinics are also available, although they are not listed here.

Public Health and Preventive Medicine – Weekly Schedule at a Glance								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
06:00								
07:00								
08:00								
09:00		Regional public health meeting	Infectious diseases update	Leadership meeting	HIV Rounds	Grand Rounds		
10:00			Independent time				Resident committee	
11:00								
12:00		Independent time			Lunch	Lunch		
13:00				Outbreak management meeting		Outbreak management meeting	Academic Half Day	
14:00			Communicable disease committee meeting	Medical Health officer meeting	Independent time			
15:00		Infectious diseases update				Infectious diseases update		
16:00		Independent time	Independent time	Independent time				
17:00								Independent time
18:00								
19:00								
20:00								

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

Communicable diseases, urban health, rural health, First Nations health, environmental health, and occupational health are required. More information is available at <http://spph.ubc.ca/programs/residency-program/residency-training/>

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

I'm intrinsically motivated to learn more! This has helped me develop the necessary knowledge and skills to overcome analytical obstacles in epidemiology, biostatistics, and political analysis.

My broad interests in the numerous social determinants of health and in developing meaningful collaborations have been particularly helpful. A successful medical health officer needs to maintain consistent and effective interdisciplinary collaboration with others outside the field of medicine.

## What are the best aspects of your residency?

The opportunity to be exposed to disciplines such as management science, sociology, economics, and political science is an outstanding enrichment. Clinical opportunities in youth clinics also shed light on the ground-level health needs of the community. I think that working within a health authority offers a rewarding opportunity to tackle those health needs from a policy level.

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

At times the diverse learning opportunities can be challenging, as this residency goes beyond medical knowledge. It calls upon one's dedication to stay up to date with current events while critically appraising the etiology and possible solutions.

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

"What do you do as a public health doctor?" is a common question. The main roles of a public health doctor include health promotion (e.g., *encouraging exercise through healthy city design*); health protection (e.g., *ensuring restaurants are sanitary*); disease and injury prevention (e.g., *advocating for education around drinking and driving*); emergency response (e.g., *preparing for an Ebola outbreak*); population health assessment (e.g., *assessing obesity rate of the community*); and health surveillance (e.g., *passive surveillance of communicable diseases*).

Another question I get asked is "Are you still a doctor?" And the answer is yes! Not only can public health doctors choose to be certified and practise as family physicians, graduates have also gone on to become addiction medicine specialists. While many residents do become medical health officers, everyone can choose a practice path based on their medical background combined with extra-medical knowledge.

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

It can be a challenging transition. Most of the clerkship and medical school education is grounded in the single-patient, biopsychosocial paradigm. But when one looks at patients within their communities, the context is strongly influenced by socioeconomic, political, and environmental paradigms.

## What are your future practice plans?

I have not yet decided on my practice plans. There are various options for those who complete the public health and preventive medicine residency, such as becoming a medical health officer, an epidemiologist, an academic researcher, or a family doctor.

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

Some of my fellow residents are young bucks like me! There are also some re-entry residents who have teenage children. But we are a very tight-knit community, partly because so few residents are accepted for each cohort. The other reason is that every month or two we have informal get-togethers outside of mirthful Academic Half Days!

## Non-Clinical Life

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

I am part of the Resident Doctors of BC's advocacy and distributed medical education committees. I also represent residents in the public-health-themed education committee. In the last term, I was the tutor for medical students in the Flexible and Enhanced Learning/Foundation of Scholarship course.

I have also co-founded Peer Mentorship in Medical Education, an initiative that provides medical students with peer mentorship opportunities. The long-term goal is to form a peer-teaching network defined by compassion and inspired by passion. The aim is to empower medical professional growth through supportive mentorship and innovative education.

In research, I am interested in how economic forces influence health, especially in terms of infectious diseases in marginalized patients. I am also conducting impact assessment on the peer mentorship initiative.

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

*“Reflect on what you want to accomplish with your personal and professional life as if they are intertwined in one life.”*  
—Tsuei S, Frank E. UBCMJ. *Becoming a health advocate: An interview with Erica Frank*. 2015; 6(2):8-10.

Fortunate encounters with outstanding mentors have pushed me to reflect on my strengths and interests. I am lucky to have landed in the residency that draws on my interest in spotting trends in data and learning about diverse academic fields such as sociology, political sciences, and economics. This is the most useful protective strategy for me.

My mission in helping others discover their purposes and strengths has allowed me to be a part of my mentees’ journey. Sharing their pursuit of excellence motivates me to work hard. Seeing them struggle and move past obstacles grants me the even-keeled attitude that to “err is human.”



## 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.*