



December 2015

About me

Hi! I'm Tom McLaughlin, a PGY-3 in pediatrics at the University of Toronto. I'm originally from the village of Lions Bay, BC, and before doing medical school at the University of Toronto, I completed an honours degree in biophysics at the University of British Columbia.

Why I chose pediatrics

Pediatrics is an awesome specialty. Pediatricians help children through some of the most consequential and vulnerable moments of their lives: birth, illness, growth, development, and the transition into adulthood. It's a specialty that allows one to make a huge impact on young lives, and since our patients are kids, we get to have a little fun along the way as well.

Clinical Life

What does a typical day of clinical duties involve?

In the PGY-3 year, residents in my program assume leadership roles in the teams that take care of children on the pediatric medicine ward. In addition to directly caring for patients, we organize a team of 2-4 junior residents and 2-3 medical students; our leadership responsibility involves procedural, didactic, and bedside teaching, and making sure that everyone is well-supported to do their work.

Pediatric Medicine (Wards) – A Typical Day

07:00–08:00	Handover period. The team that was on overnight hands over new admissions as well as any overnight issues from the ward patients. In addition I go over the plan for the day with the team of junior residents and medical students, and make sure everyone has an appropriate mix of patients to take care of for the day.
08:00–09:30	New patients. Along with the attending staff pediatrician, I review all new admissions and come up with plans for the day. This involves reviewing the patient's history, physical examination, laboratory examinations, and going to the bedside to speak with each patient and his or her parents.
09:30–10:00	Nursing huddle. At this time I meet with the charge nurse for the ward to go over any administrative or clinical issues for the patients.
10:00–12:00	Family-centred rounds. As an interdisciplinary team, all of the medical students, doctors, nurses, and other allied health professionals go to the bedside of each patient. We discuss how the night went, update the family on any test results, and collaboratively come up with a plan for the day.
12:00–13:00	Teaching rounds. There is usually some form of case-based teaching during the noon hour. Often I am able to attend, but sometimes I stay on the ward to take care of patients while junior residents go to teaching.
13:00–17:00	Ward issues. This is when the junior residents and I see all the patients, prepare discharges, and deal with any issues that arise. This is the most varied period of the day. If there's time I try to teach the rest of the medical team something interesting. Other times, I help residents and medical students interpret test results, examine patients, and come up with plans. I'll also check on all of the sickest patients as well as admissions from overnight.
17:00–18:00	Evening handover. The day team hands over all patients to the night team.

Paediatrics Resident Profile — Tom McLaughlin

Paediatric Medicine (Wards) – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00				Ward call (continued)			
07:00		Handover	Handover	Handover	Handover	Handover	
08:00		New patients	New patients	Post call	New patients	New patients	Handover
09:00							Ward call
		Nursing huddle	Nursing huddle		Nursing huddle	Nursing huddle	
10:00		Rounds	Rounds		Rounds	Rounds	
11:00							
12:00		Teaching rounds	Lunch		Teaching rounds	Teaching rounds	
13:00		Ward issues	Academic Half Day		Ward issues	Ward issues	
14:00							
15:00							
16:00							
17:00		Handover	Handover / Ward call		Handover	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?

According to the Royal College Objectives of Training in Pediatrics 2008: “The resident will have had experiences in core general pediatrics and in the various pediatric subspecialties, in both in-patient and ambulatory settings. Core pediatric training must include experiences in acute and ongoing care pediatrics, pediatric emergency medicine, neonatology, developmental, and behavioural pediatrics.”

There are only a few off-service rotations in pediatrics. This means that almost all of our rotations are pediatrics or its various subspecialties.

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

Pediatrics demands a lot of **flexibility and tenacity**. Children often don't show that they're sick in obvious ways, and sometimes they aren't completely cooperative with telling their story or getting a physical examination. There have been occasions when I've had to go back to examine children a half-dozen times in order to correctly hear their lungs. One definitely has to be a flexible, quick thinker in pediatrics!

What are the best aspects of your residency?

My favourite thing in pediatrics is being able to attend deliveries and help newborn babies in the first minutes of their lives. Birth is such a special time but it's also one of the riskiest, and newborns often need medical help. Most babies

do extremely well with just a little bit of support from a pediatrician, and it is extremely rewarding to be able to see these babies thrive.

In the same way, older children tend to do quite well with a little bit of medical intervention. The vast majority of sick children will get better, and it's so rewarding to be able to make them feel better.

What are the most challenging aspects of your residency?

The best parts of pediatrics are probably better than anything else in medicine, but the worst parts are probably worse than anything else in medicine. The expectation for children is that they will get better when they're sick. When that doesn't happen, it is extremely difficult for patients, families, and health care professionals alike. Taking care of children who have life-threatening illness and pass away is one of the most difficult experiences in medicine.

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

"Do you ever get peed on?" In a word, yes.

Can you describe the transition from clerkship into residency?

The transition from clerkship to residency generally involves more responsibility – and more time at work. Unlike in clerkship, residents often function fairly independently, especially in the overnight period. Learning how to manage this newfound independence, and when to ask for help from more senior colleagues, is one of the most important parts of the transition to residency.

What are your future practice plans?

I like a little bit of everything, so I'd like to pursue general. A general pediatrician spends a little bit of time attending deliveries, a little bit of time managing admitted patients, and a little bit of time in clinic. It's a good clinical variety that maintains and develops one's skills.

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

I couldn't have asked for a better group of fellow residents! I am fortunate to have such a great group of colleagues, who are bright and engaged and supportive of each other. In addition to being there for each other clinically (for example, if I'm stumped by a clinical case, I'll often ask my co-residents what they think), we're also there to support each other through the ups and downs of residency.



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Non-Clinical Life

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

I'm very interested in leadership education within medicine, and therefore spend a lot of my free time volunteering – for example, with RDoC. So much of every resident's experience is determined by national or provincial health and education policy – I really enjoy helping to make my co-residents' lives better and improve the health care system. I'm also interested in quality improvement, and am working on a research project meant to reduce inpatient pediatric length-of-stay at Toronto's Hospital for Sick Children.

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

Residency is busy, but I try my best to take time for myself. I enjoy jogging and cooking, and try to travel somewhere fun at least once a year. I have family and friends around the world, and in residency I've made it to China, Australia, Central America, and various cities in the United States.



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.