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## About me

My name is Michael Yan and I am a PGY-1 resident in Radiation Oncology at Queen's University.

My hometown is Markham, Ontario. Prior to residency, I completed my medical degree at the Schulich School of Medicine at Western. My undergraduate education was at McMaster University, where I completed a BSc in Biochemistry.

## Why I chose Oncology

Oncology has always interested me. I find cancer patients some of the most rewarding to care for. There is plenty of cool research in this specialty, with new innovations and technologies always being incorporated into practice. Radiation oncology also offers a balanced combination of clinic and research, as well as time to pursue non-medicine related activities.

## Clinical Life

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

This is an example of a typical day and week for a PGY-1 resident in Radiation Oncology :

#### Radiation Oncology – A typical day

0800-0900	<b>Multidisciplinary Tumor Boards</b> – Each disease group holds a weekly tumor board comprising radiation oncologists, medical oncologists, surgeons, and sometimes radiologists and/or pathologists. We discuss challenging cases to determine the best course of management for the patient.
0900-1200	<b>Radiation Oncology Clinic</b> – We rotate through a few different types of clinics. Usually, we will work with an attending physician in a specific disease site and see a combination of follow-ups and consults in clinic.  Other days, we will see many patients who are currently on treatment to assess and management side effects, or to modify/cancel treatment. These review clinics usually see a high volume of patients, each with short visits.  We may also have planning clinics, where we see new patients who are to be CT scanned for simulation. We often discuss and consult with the patient various treatment options and oversee the simulation process to ensure that treatment planning will be possible.
1200-1300	<b>Lunch</b> (but sometimes clinic runs into lunch time)
1300-1600	<b>Radiation Oncology Clinic</b> – Same variety as the morning.  Every Wednesday afternoon, we have an academic half-day when we receive lectures and learn about different malignancies. Some days, we receive tutorials and radiation treatment planning.  Every Friday afternoon, we have a physics tutorial with a medical physicist to enhance our understanding of radiation.



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# Radiation Oncology Resident Profile — Michael Yan

On weekends and weekday evenings we are on home call, and fielding any consults, community calls, and taking care of our inpatients.

Radiation Oncology – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00	Weekend Call	Tumor Boards					Weekend Call
09:00		Clinic	Clinic	Planning	Clinic	Contouring	
10:00							
11:00							
12:00							
13:00		Lunch	Lunch	Lunch	Lunch	Lunch	
14:00		Review Clinic	Clinic	Academic Half Day	Clinic	Physics	
15:00							
16:00							
17:00					Tumor Boards		
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

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

In our first year, we are mostly off-service. We complete three blocks of radiation oncology, but the remaining nine blocks involve various medicine and surgery rotations where oncology may be involved. Examples include CTU, respirology, gastroenterology, hematology, urology, and general surgery. We also complete a rotation in radiology, which is quite helpful in becoming familiar with CT anatomy, which we need to know in order to plan treatments.

From second year onwards, we are mostly on-service completing different radiation oncology disease sites, such as lung, breast, pediatrics, or head and neck. We also spend time on the consult service, during which we field inpatient and community consults for all disease sites. We complete a few rotations in physics and dosimetry to enhance our understanding of the treatment we provide, and we have dedicated research blocks. There are also a few off-service rotations in palliative care, pathology, and medical oncology interspersed in our latter years.

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

Communication is a key trait needed to do well in the field of oncology. Much of clinical care in oncology revolves around discussing diagnosis, treatment, and prognosis. This is a hard time for patients at all stages of their care. Being able to break bad news with compassion, but also ensuring that the patient is able to understand all of the pertinent information, is critical.

Likewise, oncology is multidisciplinary. Communication with other specialties at tumor boards or on the wards is key to making sure that each patient receives the care they need.

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

The best part of residency has got to be the people that I work with, and the patients that I work for. My fellow residents, staff, and administration are extremely supportive. Whether it is about academic pursuits or giving life advice, everyone is happy to chat. As residents, we are a close bunch and frequently gather for dinner, drinks, board games, and even laser tag. Plus, we have a sweet office where everyone has double monitors and a great lake view.

The oncology patient population comprises some of the strongest and most grateful patients that I have had the pleasure of taking care of. I often find their attitudes and mindsets inspirational.

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

The most challenging aspect of radiation oncology residency is the end-of-life discussions we have with patients. Nearly 50% of radiation oncology referrals are for palliative indications, which means that there is a lot of morbidity and mortality that our patients and their families endure. The privilege of being able to do this, however, makes my job just that much more rewarding.

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

One question I am often asked is whether I am concerned about the lack of jobs in the field. This has been an issue in previous years, but the job market is opening up and the change is quite noticeable. There has been a surge in recent Canadian job postings, and there is a projected surplus of positions within five years.

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

Remember that steep learning curve from pre-clerkship to being let loose in the hospital? It's like that multiplied by 100. At the beginning, your knowledge increase is not nearly as proportional to that of your responsibilities and power.

Luckily, my colleagues around me have been very supportive and have encouraged questions to make sure that I am learning and providing the best patient care that I can.

## **What are your future practice plans?**

My goal is to have an academic career, splitting my time between clinical and research duties.

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

We are a close-knit group that spends a lot of time with each other in the office. Being off-service this year, I have frequently asked my more senior co-residents for advice on certain rotations.

Outside of work, we often organize socials to celebrate birthdays, or just to hang out and watch a movie.



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## Non-Clinical Life

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

This year, I got involved with RDoC as a Liaison Representative for the International Conference on Residency Education. Along with the rest of the planning committee, we help organize the annual ICRE conference and try and incorporate resident interests and opinions.

I am currently involved in a few clinical projects and reviews. I plan to do an MPH during my residency in order to better understand and enhance my skills in clinical research.

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

Radiation oncology offers excellent work-life balance. I spend a lot of my down-time exercising, playing sports, painting, and spending time with friends and family.

With the rigorous transition to residency, it is important to be vigilant about wellness. If you can't take good care of yourself, your ability to take care of others suffers as well.



### 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.*