



August 2017

## About me

Hi! I'm Linna Li. I'm in my 4<sup>th</sup> year of Public Health and Preventive Medicine including Family Medicine, at Queen's University.

I grew up in Regina, Saskatchewan, completed my undergrad at The University of Western Ontario, and medical school in the Windsor campus of The University of Western Ontario. As a part of my residency, I recently obtained a Master of Public Health at Johns Hopkins.

## Why I chose Public Health

The goal in Public Health is to improve health for a whole group of people at once, rather than one person at a time. I love clinical medicine, but I was becoming frustrated at how many diabetics were losing their limbs when diabetes itself is almost entirely preventable. For example, I found that I was repeating the same message two or three times a day about quitting smoking. I also felt powerless to address peoples' anxiety when their worries stemmed from being unemployed.

So much of medicine is reactive. Public Health allows me to put my efforts into prevention, so I can concentrate on moving society in a direction where people don't smoke and don't get diabetes, and to a place with more financial and social equity.

## Clinical Life

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

The typical day as a resident in my specialty varies depending on the post-grad year. For me, the first two years of residency were clinical, and identical to the family medicine residency. The third year was my master's year, so a lot of course work and attending classes. The last two years are rotations at Public Health Organizations, which are non-clinical. The majority of the day at a PHO is spent researching, reading and writing reports, and attending meetings.

### Public Health & Preventative Medicine – A typical day

9am-10am	Independent time: read news and deal with e-mails.
10am-12pm	Work on ongoing projects: depending on the rotation, I might be working on a research summary, writing a municipal recommendation, or meeting with community partners.
12pm-1pm	Lunch: I almost always have time for lunch!
1pm-2pm	Meet with team members: depending on the rotation, this might include nurses, dietitians, health inspectors, geographers, or epidemiologists.
2pm-5pm	Work on ongoing projects
Intermittent	If on call: calls might include a potential case of pertussis or an order to shut down a restaurant.



*So much of medicine is reactive. Public Health allows me to put my efforts into prevention, so I can concentrate on moving society in a direction where people don't smoke and don't get diabetes, and to a place with more financial and social equity."*

Public Health & Preventative Medicine – Weekly Schedule at a Glance								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
06:00								
07:00								
08:00	Independent time	Independent time	Independent time	Independent time	Independent time			
09:00	Ongoing projects	Ongoing projects	Ongoing projects	Ongoing projects	Meeting	Academic Half Day	Call (occasional)	
10:00								
11:00				Meeting				
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch		
13:00	Ongoing projects	Meeting	Ongoing projects	Ongoing projects	Ongoing projects	Ongoing projects		
14:00					Meeting			
15:00		Ongoing projects			Ongoing projects			
16:00								
17:00								
18:00								
19:00								
20:00								
21:00								
22:00								
23:00								
00:00								

**What kinds of rotations are required in your program?**

Our core rotations are **communicable disease** (outbreaks, reportable diseases, vaccine planning, and emerging infections), **environmental health** (air quality, extreme weather events, and inspection results to pools, tattoo parlours, restaurants, etc.), **health promotion and chronic disease prevention** (injuries, healthy built environment, and harm reduction from substance misuse), **public health policy** (influencing policy at the government, the health care sector, and at community organizations), and **management and administration** (budget planning, human resources, and working with boards of health).

There's also time for elective rotations in areas such as Aboriginal health, epidemiology, prison health, occupational health, etc.

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

Something that has helped me a lot is the ability to delay gratification. The scale for Public Health is often years to decades. Things like nudging people to walk or bike instead of driving, or to convince governments to fund safe injection sites, require a lot of persistence and patience.

## What are the best aspects of your subspecialty?

My favourite thing about Public Health is that I can approach medicine as a social problem rather than an individual problem. Many health problems – such as communicable diseases, early childhood problems, and poor mental health – are the results of interactions with people around us and the society we live in. With Public Health and a population-based approach, I can intervene on these relationships in a way that I'm not able to in clinical medicine, where I have just a single patient in front of me.

The other great thing about public health in Ontario is that most graduates work in salaried positions, which also include benefits such as paid vacation, sick leave, and a pension.

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

Public Health deals with changing society and culture to improve health. In theory, everything in society is fair game for public health interventions. This gives me angst sometimes, because:

1. The evidence can be muddled, since randomization and blinding are often not possible.
2. It's difficult to know where to draw the line for what should be done by Public Health (versus some other group), and Public Health itself is a field that is still finding its own identity.
3. There's a lot of collaboration with people outside the health field. Sometimes it's difficult to communicate health in a way that's accurate and relevant.

For me, the other challenge is that this specialty is non-clinical. I really like clinical medicine, and I hope to have some form of family medicine practice “on the side” during my career.

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

“Are you still a doctor?”

This is a really interesting question! The answer depends on how people think of what a doctor is. If being a doctor is only clinical work, then for most of the work in Public Health, I'm not (although I still use a whole bunch of infectious disease knowledge day-to-day, and I can run STI and travel medicine clinics as a Public Health doctor.)

But if you think of being a doctor as using your skills to improve people's health, then I am. And if being a doctor is having an MD, and using that MD to do a residency, and using that residency to get a job in the job you were trained in, then I am definitely a doctor.



*My favourite thing about Public Health is that I can approach medicine as a social problem rather than an individual problem.*

## Can you describe the transition from junior resident to senior resident/fellow?

The transition from junior resident to senior resident at Queen's is quite dramatic. Because the junior years were essentially Family Medicine training, there was very little time spent on Public Health itself. Third year is when I really started to learn the ins and outs of Public Health in the classroom.

So far, fourth year has been an opportunity to apply everything together, but in a completely new setting. Because it's so different, the learning curve is still very high and there's still a lot of direct supervision for the first few months of

PGY-4. I'm told that there will be increasing responsibilities and comfort with independence with time. I'm still in the first months of PGY-4 right now, so I'm looking forward to it!

## **Will you be pursuing further training or looking for employment? What resources are available to you for future-planning?**

I will likely be looking for a job after I finish residency. The majority of jobs in Public Health are as medical officers of health at a health unit. The job market for Public Health is relatively difficult at the moment, though that is changing as a number of Public Health physicians are retiring in the next few years.

Because the Public Health physician community is quite small, a lot of the resources for career planning are through mentors within Public Health, both in my residency program and elsewhere.

## **Non-Clinical Life**

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

Lots of things! My biggest interest is in chronic disease prevention and treatment. For example, I'm working on a project right now about how to change local built environments (street and building designs, availability of parks, etc.) to increase physical activity and decrease obesity, heart disease, and injury.

Another thing I'm interested in is how social inequalities affect health, and combining Public Health with social justice. I'm also interested in how Public Health and primary care, which both often deal with primary prevention, can better work together to improve people's health.

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

I spend my spare time reading, watching TV, spending time with friends, cooking, and also sleeping. Overall, my work-life balance is pretty good! One of the major perks of Public Health is that the call responsibilities are very light, and it's largely a 9-to-5 job. This allows me to do some family medicine moonlighting on the side.



## **For further information**

The Canadian Medical Association website features profiles for more than 35 medical 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.*