



January 2018

### About me

Hello everyone! My name is Michelle Chiu and I am a second year resident in UBC's Pediatric Neurology Program. I was born in New York, and have called beautiful Vancouver my home for the past 20 years. I completed my undergraduate degree at UBC's Sauder School of Business with a specialization in Finance before trading my suit for scrubs at the Faculty of Medicine.

### Why I chose pediatric neurology

One of the most formative experiences that drew me into medicine was volunteering at Canuck Place Children's Hospice, where I first met children with serious neurological disorders such as spinal muscular atrophy and juvenile Huntington Disease. In medical school, I continued to be captivated by the academic and clinical aspects of Pediatric Neurology, and was fortunate to receive encouragement and guidance from mentors in this field.

Pediatric Neurology is a rewarding specialty because of the ability to improve our patients' quality of life through curative treatment and symptomatic management. In addition, I greatly enjoy the intellectual stimulation of performing neurology consults because they are grounded in the bedside history and examination, the judicious use of investigations, and a foundational knowledge of neuroanatomy. Working with children makes it even more fascinating due to the need to consider their developmental stage and the plasticity of the growing brain.

## Clinical Life

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

Pediatric Neurology – A typical day	
8:00-8:30	<b>Morning handover.</b> The resident on call discusses the new admissions and major ward issues from overnight, and the senior resident assigns patients and pending consults to each member of the team.
8:30-10:00	<b>Pre-rounds.</b> We have time to see our assigned patients, review new lab and imaging results, and generate a preliminary management plan.
10:00-12:30	<b>Daily rounds.</b> The duration of rounds depends on the number and complexity of patients on our wards. Usually, we begin with paper rounds. We then see all of our patients as a team, perform focused examinations and bedside teaching, discuss the management plan with the patient's family, and answer any questions they may have.
12:30-13:30	Lunch.
13:30-17:00	<b>Consults, teaching, and multidisciplinary rounds.</b> In the afternoon, we see new consults throughout the hospital. We also see urgent outpatient consults in the Ambulatory Clinic and review with our attending staff. Depending on the day of week, we have teaching sessions or multidisciplinary rounds such as epilepsy surgery and video-EEG.
17:00-17:30	<b>Evening handover.</b> We review the day's events and discuss the contingency plan in case of overnight emergencies with the resident on call.

# Pediatric Neurology Resident Profile — Michelle Chiu



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Pediatric Neurology – Weekly Schedule at a Glance									
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
06:00									
07:00		Morning handover & pre-rounds	Pediatric neurology teaching	Adult neuroscience rounds	Neurology academic half day	Morning handover & pre-rounds	Weekend call		
08:00			Pre-rounds						General Pediatrics Grand Rounds
09:00									Daily rounds
10:00		Daily rounds	Daily rounds	Daily rounds					
11:00				Pediatric neurology rounds					
12:00		Lunch	Lunch	Neuro-radiology rounds	Lunch	Lunch			
13:00		Consults and work-time	Consults and work-time	Epilepsy surgery or video-EEG rounds	Consults and work-time	Consults and work-time			
14:00									
15:00									
16:00		Neuro-radiology teaching							
17:00		Evening handover	Evening handover	Evening handover	Evening handover	Evening handover			
18:00									
19:00									
20:00									
21:00									
22:00									
23:00									
00:00									

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

Neurology is a cerebral specialty (both literally and figuratively), and it helps to have the characteristics of a medical detective: detail-oriented and able to think critically, synthesize cohesive arguments, and draw logical conclusions. At the same time, it's important to enjoy working with children of different ages, and to be patient and adaptable to their personalities, interests, and developmental age. As with most specialties, being a good listener and having strong communication and teamwork skills are paramount. You will be working with a diverse team of physicians and allied health professionals, and will have many important – and potentially difficult - conversations with families.

## What are the best aspects of your residency?

A Pediatric Neurology residency offers the best of both worlds. We have access to the patient volume, subspecialty expertise, and resources of a tertiary pediatric hospital as well as the strong sense of community of a smaller program. Not only is the resident group tight-knit, we also work closely with our attending staff, who are enthusiastic about teaching and mentorship.

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

The most challenging aspect of our residency is the emotional weight of some of the cases we see. It is difficult to have to deliver bad news, to balance our desire to provide hope with the realities of the situation, and to lose patients – both expectedly and unexpectedly – at such a young age.

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

I am often asked about the types of cases we see in Pediatric Neurology as well as our practice setting. A large part of our practice is seizures and epilepsy, but we also see a broad range of other conditions such as developmental delay, headaches, neuromuscular disorders, movement disorders, demyelinating disorders, and pediatric stroke. In addition, the clinical and diagnostic approach to any of these conditions varies depending on the patient's age, and seeing children of all ages (from neonates to young adults) adds even more variety to our practice.

At present, most of the pediatric neurologists in BC have academic positions at BC Children's Hospital, and only a handful practice in their own clinics. In order to pursue an academic career, a fellowship is usually required. In other parts of the country, such as Ontario and Alberta, community pediatric neurology is more established.

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

The transition was marked by finding a balance between taking ownership of my patients and trusting myself and, on the other hand, knowing my limits and setting reasonable expectations. At every turn I have been pleasantly surprised by how well supported we are in a pediatric hospital. There are always senior residents, fellows, attendings, and allied health professionals with whom we can discuss patient management issues.



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## What are your future practice plans?

One of the reasons I gravitated towards pediatric neurology was my interest in epilepsy. Following my residency, I hope to pursue a fellowship in epilepsy/EEG, which may open the doors to an academic career. I also aspire to pursue a Master's degree in business administration or public policy with the hopes of applying this knowledge base and skill set to help improve our healthcare system and/or tackle the global burden of epilepsy.

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

My fellow residents are fantastic! In first year, we get to know the General Pediatrics residents very well because we share many rotations with them, attend their Academic Half Days, and join them in both organized and informal social get-togethers. Beginning in second year, we join the Adult Neurology residents at their Academic Half Days. Throughout

the five years, we interact with our fellow pediatric neurology residents on both a professional and personal level – at barbecues, team-building retreats, conferences, and more!

## What are your academic interests?

I have a particular interest in the intersection of medicine, management and technology because the context in which healthcare is delivered significantly impacts the quality of care. I am actively involved in the medical community as an elected Trustee of the Canadian Medical Foundation, former member of the Doctors of BC's Audit and Finance Committee, Director of the Huntington Society of Canada's BC Chapter, and representative on Canuck Place Children's Hospice's Volunteer Leadership Team.

In the technological realm, I have published research on the use of an innovative mobile phone application that helps community health workers to diagnose pneumonia in low-resource settings. I am currently conducting research on seizure action plans and the potential of a mobile phone application to improve the pre-hospital treatment of status epilepticus.

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

I enjoy spending time with my family and friends, exploring the beautiful outdoors with my West Highland Terrier, exercising at the gym, and exploring Vancouver's dining and cultural scenes. The amount of vacation weeks, lieu days and flex days that we have is very reasonable and I try to make use of this time to travel both locally and internationally. Finally, I find that it's very important to regularly engage in self-reflection and to journal my thoughts, because this helps me re-set my emotional barometer and keep things in perspective.

You can follow Michelle on Instagram at @michelleychiu



## 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.*