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About me

Greetings! My name is James Wang and I am a PGY-2 resident in pediatrics at the University of British Columbia. I have returned to my hometown of Vancouver after completing my Bachelor's degree in Biological Sciences at Cornell University in Ithaca, New York and my Medical degree at Weill Cornell Medical College in New York City.

Why I chose pediatrics

By a stroke of fate, it was actually a pediatrician who inspired me to pursue a career in medicine when I was exploring different careers as an undergraduate. In medical school, I kept an open and enthusiastic mind during my third-year clerkships and enjoyed several different specialties, including pediatrics. I found that pediatrics offered a unique blend of the pure intellectual thrill of a medical specialty and the opportunity to provide meaningful advocacy for a vulnerable population that I was looking for. In addition, I recognized the positive lifelong impact I could make for my patients by providing them the best medical care in their early formative years.

Clinical Life

What does a typical day of clinical duties involve?

We are lucky in pediatrics to experience a diverse set of clinical settings, from outpatient to inpatient, from the very general to the very subspecialized, and from urban to rural, all of which can differ in their typical schedules. Our "home", however, is the pediatric medical ward (a.k.a. Clinical Teaching Unit) at BC Children's Hospital, where we provide service for one to three months each year. Here is a breakdown of a typical day and week on CTU:

Pediatrics – A typical day	
7:15-8:00	Handover. The day team of residents and medical students receives medical information from the night team regarding any clinical issues or new patients from overnight.
8:00-8:30	Chief Teaching. The chief resident gives a roundtable teaching session about a clinical topic, which is usually based on a patient case on the ward.
8:30-9:00	Pre-rounds. High-priority tasks are completed in preparation for rounds, including meeting new patients and their families, examining acutely ill patients, discussing with bedside nurses, and reviewing new laboratory and imaging results.
9:00-12:00	Rounds. The multidisciplinary team (residents, medical students, attending pediatrician, nurses, nursing students, dietitians, and pharmacists) goes to each patient room to discuss the day's plan with patients and families and addresses their questions.
12:00-14:00	Clinical Duties. Residents examine their designated patients, write progress notes, consult subspecialty services, review new laboratory and imaging results, perform non-surgical procedures (e.g. lumbar puncture), engage in informal teaching with medical students, and communicate with community physicians. Academic Half-Day. One afternoon each week is reserved for lecture-based teaching, simulation-based teaching, and wellness activities.
14:00-15:00	Subspecialty Teaching. An attending physician or fellow from one of the many subspecialties gives a roundtable teaching session about a clinical topic related to their subspecialty.
15:00-18:00	Clinical Duties.
18:00-18:30	Handover. The day team hands over to the night team.



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Pediatrics – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00	Clinical Duties						
07:00		Handover	Handover	Handover	Handover	Handover	
08:00	Handover	Teaching/ Pre-rounds	Pre-rounds	Teaching/ Pre-rounds	Teaching/ Pre-rounds	Pre-rounds	Handover
09:00		Rounds	Rounds	Rounds	Rounds	Rounds	Pre-rounds
10:00							Rounds
11:00							
12:00		Clinical Duties	Clinical Duties/ Academic Half-Day	Clinical Duties	Clinical Duties	Clinical Duties	
13:00			Academic Half-Day				Clinical Duties
14:00				Subspecialty Teaching		Subspecialty Teaching	
15:00				Clinical Duties		Clinical Duties	
16:00			Clinical Duties				
17:00						Handover	
18:00		Handover	Handover	Handover	Handover		
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

Pediatrics residents across Canada are required to complete rotations in inpatient and outpatient general pediatrics, community or rural pediatrics, developmental pediatrics, newborn nursery, neonatal intensive care, pediatric intensive care, pediatric emergency medicine, and pediatric services with a psychosocial focus.

In addition to these standard rotations, there may also be program-specific requirements. For example, our program also requires rotations in pediatric neurology, pediatric surgery, pediatric complex or palliative care, and research.

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

Communication. Parents are always anxious when a child is ill. Being able to provide calm, clear communication is essential to good pediatric care. This includes explaining medical concepts and treatment instructions in plain language and carefully choosing words in sensitive situations.

Humour, patience, and humility. Children are fantastic to work with. I have never been bored for a day in this line of work. In order to connect with children of all ages and developmental stages, from babies to teenagers, I have found laughter, silence, and play to be invaluablely helpful. For instance, I often need to tell a funny joke, sit on the ground for minutes, or pull out the toys!

Diligence and organization. Providing the best care to each child means ensuring no test result or subspecialty consult is forgotten, updating parents in a timely manner, and researching the available community resources.



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What are the best aspects of your residency?

Working with children and their families! Seeing a sick child recover from an illness is one of the most rewarding things about my residency. I enjoy the continuity of care I have with my patients, many of whom I see from admission to discharge, and sometimes even in the clinic afterward. As the months and years go by, I am starting to see my patients grow up and begin walking, talking, going to school, etc. – it is amazing!

What are the most challenging aspects of your residency?

Working within a system with finite resources and sometimes having to decide how to distribute those resources. For example, if only one MRI can be done today, which child do I prioritize and which child do I keep waiting? And how do I convey this decision to the latter's parents?

Less frequently, there are heartbreaking cases of death, life-changing morbidities, and child abuse, which are always difficult.

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

I am often asked, "How do you deal with difficult parents?" The answer is that it is not always easy, but as long as you remember that parents also want the best for their child and that they often know their child better than you do, you can find a way to work together. Even for families who reject something as unequivocally beneficial as vaccines, I find it important to continue engaging with them and providing accurate information in a non-judgemental manner.

Can you describe the transition from clerkship into residency?

Your patients truly become your patients. They and their family look to you as their doctor, and as such, your sense of responsibility for them increases significantly. There is also an internal and external pressure for self-driven learning, as the amount of information you will have to absorb for good patient care (and examinations) seems endless.

What are your future practice plans?

I haven't decided yet! I could become a subspecialist at a university affiliated hospital who also manages a research portfolio, or I could become a consultant pediatrician in the community who works with vulnerable children, or I could become a part-time pediatrician who splits my time teaching medical students and doing global health in a developing country. The future is wide open!

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

There are a limited number of people in the world who can truly know the ups and downs of the pediatrics residency experience. Luckily, I am surrounded by them! My amazing resident colleagues come from all across Canada and around the world, bringing with them a diversity of experiences and expertise. We draw on each other for support and share with each other our joys. We spend a significant portion of our time together, both in the hospital and when in our time off. I could not ask for better teammates with whom to take care of patients.

Non-Clinical Life

What are your academic interests?

My current research project focuses on patterns of child abuse in immigrant populations. I completed my medical school research thesis in nutrition counseling for childhood obesity in Chinese families. I have a wide range of academic interests, including minority health, nutrition and obesity, child abuse and human trafficking, and transgender health. I am also involved in medical education initiatives as well as leadership committees for our residency program's social events and continuity clinic.

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

I think work-life balance is crucial for resident wellness. I see residency as a marathon, not a sprint, so I regularly set aside time to see my friends and loved ones. When there are breaks in my schedule, I try to enjoy the events happening in the city or catch a movie or theatre show. Physical exercise, healthy eating, and adequate sleep are important too. I would also encourage taking good care of one's mental health, such as by going for regular check-ins with a counsellor, even if one has no acute stressors. Fortunately, our program provides frequent wellness activities and brings in counselors every few months to promote our mental health!



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.