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About me

I am Malika Ladha, a PGY-2 resident dermatology at the University of Calgary. I was born and raised in Edmonton, Alberta. I began my undergraduate degree at the University of Alberta, where I majored in biology and minored in sociology. While my NHL loyalty remains to the Edmonton Oilers, I moved to Calgary for medical school.

Why I chose dermatology

I chose dermatology because it is where I found my clinical home. Dermatology gives me the best of everything. It offers a cognitive approach and also encompasses visual and tactile approaches to diagnostics and therapeutics. This flexibility in clinical care is very appealing to me because I thrive in stimulating environments, especially those that harness my creativity and interpersonal skills.

During my electives, I was drawn to the therapeutic relationships dermatologists share with their patients. I also met many encouraging residents and attendings, which evolved into friendship and mentorship. The warmth of the dermatology community resonated with me, and I am grateful that I can now be a part of it and contribute to it.

Clinical life

What does a typical day of clinical duties involve?

This is a typical day on an academic, outpatient dermatology rotation:

Dermatology – a typical day	
8:00-8:30	Clinic preparation: pre-read about clinic cases, review biopsy results, etc.
8:30-12:00	Morning clinic: patients scheduled every 30 minutes
12:00-13:00	Eat lunch, finish dictations, prepare for afternoon clinic
13:00-16:00	Afternoon clinic: patients scheduled every 30 minutes
16:00-17:00	Wrap-up: finish dictations, review biopsy results/lab work, prepare for tomorrow's clinic, etc.
17:00-20:00	Call: during a week of call as R3-R5, residents complete in-hospital consults and follow-up on in-patients



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Dermatology Resident Profile — Malika Ladha

During our dermatology rotations we rotate between various clinics, including general dermatology, paediatrics dermatology, surgical dermatology, immunodermatology, and patch testing.

Dermatology – weekly schedule at a glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00		Clinic prep	Clinic prep	Clinic prep	Clinic prep	Clinic prep	
09:00		Morning Clinic	Morning Clinic	Morning Clinic	Morning Clinic	Morning Clinic	
10:00							
11:00							
12:00		Lunch, dictations	Lunch, dictations	Lunch, dictations	Patient viewing rounds	Lunch, dictations	
13:00		Afternoon clinic	Afternoon clinic	Afternoon clinic (PGY 1-2)	Academic half day	Afternoon clinic	
14:00							
15:00				Dermpathology teaching rounds (PGY 3-5)			
16:00		Dictations, wrap-up	Dictations, wrap-up	Dictations, wrap up	Dictations, wrap-up	Dictations, wrap-up	
17:00							
18:00				Divisional academic events (ex) city-wide rounds, journal club			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

Junior years: PGY-1 and PGY-2 consist of off-service rotations in internal medicine disciplines, such as MTU, infectious disease, rheumatology, and allergy/immunology. We also spend time in paediatrics, emergency medicine, and plastic surgery. I recently completed my PGY-2 family medicine block at Calgary’s Refugee Health Clinic. In addition to learning about skin manifestations of tropical diseases, it was a humbling experience to catch glimpses of these patients’ evolving stories.

Senior years: PGY-3 to PGY-5 are core dermatology years, during which residents complete rotations in dermatopathology, paediatric dermatology, dermatologic surgery, community dermatology, and academic dermatology. There are also blocks dedicated to research, electives, and rural dermatology.

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

Approachable: I thrive when I am engaged interpersonally. For this reason, I enjoy talking to people and sharing in their experiences. Outside of medicine, I pursue this through writing. I strive to activate these natural traits in the professional realm by getting to know my patients and their families in a meaningful manner. Changes in the skin/hair/nails impact patients' emotional and social wellbeing. Therapeutic physician-patient relationships are important in unmasking the invisible manifestations of dermatological disease.

Detail-oriented: the skin provides many clues – often, subtle ones – that are important for diagnosis and therapeutic monitoring. Many conditions in dermatology can be diagnosed solely on visual analysis! In our junior years, we are trained to analyze and describe every detail of a lesion, including its colour, size, shape, configuration, and distribution. This requires attention to the finest of details.

What are the best aspects of your residency?

Scope: I am enthralled by the sheer diversity within dermatology, as cases are neither bound to one anatomical location or clinical condition. Cases range from common diseases such as acne to life-threatening conditions like Stevens-Johnson syndrome. In addition, there is a continuous interplay among the cognitive, visual, and tactile approaches to diagnostics and therapeutics in dermatology. This facilitates a holistic approach to patient care: dermatologists can combine therapeutics, counselling, and procedures to treat patients.

Collaboration: dermatologists work closely with various other physicians, such as internists, paediatricians, infectious disease specialists, rheumatologists, and plastic surgeons. This adds a unique dynamic to daily clinical practice. In addition, these interdisciplinary collaborations pave the pathway for research and policy development opportunities.

What are the most challenging aspects of your residency?

It can be challenging to manage both clinical work and non-clinical interests, such as research or medical education. In particular, I have a budding interest in medical journalism through which I hope to synergize my academic and creative pursuits. This requires a dedicated effort towards building a new skill set and connecting with mentors from varied fields. Residency is also a time of knowledge accumulation and application. Given time constraints, it can be challenging to balance the demands of a different interest with clinical training, which is our number-one priority as residents.



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

“You're a skin/hair/nails doctor. Why do you do so many rotations in internal medicine?”

Dermatology is not just skin-deep. In a world of evolving biologic therapy, we can see the inter-connected nature of human pathophysiology. For example, the cytokine pathways of the integumentary system are related to the cytokine pathways of connective tissues. As such, many internal diseases present with skin manifestations, and many dermatological conditions have internal associations. There is also great overlap in treatment with ongoing

developments of biologic therapy. Dermatology has vast breadth and depth, and off-service rotations provide a strong foundation before our core years.

Can you describe the transition from clerkship into residency?

Clerkship is a fascinating time of exposure and learning through observation. Residency is the time to synthesize and apply that knowledge. As residents, we are the frontline providers. Compared to clerkship, we have greater autonomy around patient care. However, this comes with more responsibility around safety, decision-making, and follow-up, and it can be challenging at times. Progressing through these challenges in itself is rewarding: with greater independence, we have opportunities to grow as clinicians and advocates for our patients.

What are your future practice plans?

I don't know just yet. During my junior years, I am feeling my way through the complex process of career planning. I have discovered that many things energize me. This includes: knowledge creation of academia, independence of community practice, public impact of medical journalism, and inter-disciplinary collaborations that unite clinical medicine with the social aspects of health. Under the guidance of my mentors, I hope to use my upcoming elective and research blocks to explore the vast options for future practice.

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

I cannot speak more highly of my co-residents – they are absolute gems! Our different personalities and interests compliment each other and we form our own mini dermatology family. Prior to matching to the program, everyone was so welcoming and encouraging. This support has continued during residency, and I have no doubt that it will extend beyond five years.

PGY-1 residents are assigned senior resident mentors before the start of residency. My mentor has always been available for a phone question or a catch-up coffee. I look forward to being a resident-mentor in my PGY-3 year. Outside of the hospital/clinic, my co-residents and I enjoy hanging out. We sometimes have adventures together, like getting caught in a thunderstorm while floating down Calgary's Bow River together. The culture of collegiality is why I love dermatology!

Non-Clinical Life

What are your academic interests?

As I manoeuvre my way around residency, I am exploring a range of academic pursuits to determine my interests. This has involved research, teaching, and health journalism. I have completed research in the realms of clinical dermatology, medical education, and the history of medicine. My colleagues and I recently [published a study](#) on the effect of white coats on students' perceptions of physician-preceptors.

I'm also getting a feel for administrative leadership as the junior resident representative on our program's residency planning committee. In this role, I am the voice for our juniors and advocate for different learning and social opportunities. My interest in journalism started in high school when I volunteered as a youth writer for the Edmonton Journal. This interest has evolved over time, and I hope to blend this creative pursuit with my academic interests.

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

Work-life balance is absolutely required for success. My time outside of the hospital recharges me. Spending quality time with my family, friends, and faith community provides me with a refreshing perspective. I love to swim and try

random art activities like calligraphy. I also write on cultural events and social issues for a national magazine. And, I am definitely a Calgary ambassador: I love checking out the latest events, exhibitions, and restaurants! Work-life balance is a continuous work-in-progress with evolving responsibilities at every stage. It requires reflection and ongoing adjustments.

You can follow me on Twitter @malikaladha.



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.