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About me

Hi, my name is Shaan Dudani and I am a PGY-5 resident in Medical Oncology at the University of Ottawa.

I was born and raised in Kanata, Ontario. I studied medicine at the University of Birmingham in the United Kingdom, and subsequently completed three years of Internal Medicine at the University of Ottawa, prior to starting Medical Oncology in July 2016.

Why I chose medical oncology

Early on in residency, I actually had very little interest in medical oncology as a potential career choice. Like many, I thought that it would be depressing and that current treatments could do very little to change the outcome in patients diagnosed with cancer. I was surprised to find myself enjoying my initial rotation in PGY-2 – so much so that I decided to pursue a career in this field.

Part of what I found so enticing was:

The patient population – cancer patients (and their families) are, in general, some of the most inspiring, motivated, grateful, and actively engaged that I have come across in my training.

The progress – in recent years, the treatment landscape across essentially every tumour site evolved at a dramatic pace. As our understanding of the genetic, molecular, and immunologic basis of cancer continues to grow, modern treatments have become more sophisticated and have significantly impacted outcomes in many tumour types, which brings genuine excitement to the clinic for both physicians and patients alike.

The team-based environment – quality oncologic care is truly a multidisciplinary effort. Diagnostic and treatment planning/delivery involves regular collaboration with a wide range of specialists, which maintains a collegial and engaging work atmosphere.

Clinical life

What does a typical day of clinical duties involve?

Medical Oncology is primarily an outpatient specialty – thus, the majority of one's time, both while in training and in practice, is spent in the clinic.

Medical oncology – a typical day

8:00-9:00	Multidisciplinary cancer rounds (tumour-site based)
9:00-12:00	Morning new patient clinic
12:00-13:00	Lunch / Academic rounds (journal club, M&M rounds, longitudinal clinic rounds, etc.)
13:00-17:00	Afternoon follow-up clinic
17:00-17:45	Prepare for next day clinic



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Medical oncology – weekly schedule at a glance										
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
06:00				Home call						
07:00										
08:00		Multidisciplinary rounds			Grand Rounds					
09:00		Clinic	Inpatient consults	Clinic	Academic time	Longitudinal clinic				
10:00										
11:00										
12:00		Lunch / rounds			Lunch / rounds					
13:00		Clinic	Clinic	Academic Half Day	Clinic	Academic time/on call for chemotherapy unit				
14:00										
15:00										
16:00										
17:00										
18:00			Home call							
19:00										
20:00										
21:00										
22:00										
23:00										
00:00										

What kinds of rotations are required in your program?

Approximately half of the first year is spent off-service rotating through hematology and radiation oncology wards/clinics, as well as in palliative care. Otherwise, aside from 1-2 blocks on the inpatient medical oncology admitting service (which not all institutions have), most of our time is spent rotating through outpatient medical oncology clinics, which are often tumour-site based, for 4 weeks at a time (e.g. lung, breast, gastrointestinal, genitourinary).

The final year schedule is primarily made up of further outpatient medical oncology blocks. In addition, for approximately one-third of the year, residents have elective time that can be used for research purposes, to complete other rotations locally (e.g. radiology, pathology, further medical oncology clinics in an area of interest), or to visit other academic and/or community centres nationally or internationally.

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

Being inquisitive. Oncology is a rapidly changing field with an incredible amount of ongoing basic science, translational, clinical, and population-level research. Thus, there are a lot of new developments to keep up with, regardless of whether you are practicing in a community or academic setting. I think that being genuinely curious and excited by the progress in oncology allows me to keep up with the field without it feeling like a burden – if I did not feel that way, I can easily imagine how one could find all of the time and effort that it takes to keep pace possibly overwhelming.

What are the best aspects of your specialty/subspecialty?

I truly value the unique relationships formed between patient and oncologist, and feel that they represent perhaps the most fulfilling part of the job. Although a diagnosis of cancer invokes a wide array of difficult emotions, including fear, anger, anxiety, despair, etc., it is precisely these which create the highly emotionally charged environment that is the basis of deep, meaningful doctor-patient relationships, which are intrinsically rewarding.

I also enjoy the multidisciplinary involvement and regular interaction with other specialists, which is necessary in oncology. As most cancer patients will require some combination of either surgery, radiation, systemic therapy, palliative care, or other specialist input throughout the course of their illness, there is a strong sense of harmony and teamwork among those involved in their care. This helps to maintain a collegial and engaging environment to work in, and to prevent it from feeling isolating or overwhelming.



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What are the most challenging aspects of your specialty/subspecialty?

The obvious answer here is the emotional challenge that comes with working with a patient population with potentially life-threatening illness and not uncommonly having to break bad news and/or discuss life and death issues with patients and families. This is often not easy, and inevitably every now and then you do take some of the emotions home with you.

Another, perhaps less recognized, challenge is keeping up with the incredible rate at which cancer treatments are evolving. It seems like every couple of months a new landmark study is published in a major medical journal that results in a change in the standard of care for a common malignancy. Although this certainly keeps things exciting, it means that a career in oncology requires a commitment to lifelong learning.

What is one question you're often asked about your specialty/subspecialty?

“Isn't it depressing?”

As with most medical professions, it can be difficult to deal with tragic cases, especially those involving younger patients. Even in my short time in oncology, I can recall a few patients whose stories were heartbreaking enough to leave me feeling numb for quite some time – and they continue to cross my mind every now and again. However, there are also many patients who can be cured or achieve long-term, disease-free survival, and celebrating these victories provides a great sense of joy and helps to balance everything out. In addition, not all deaths are necessarily sad. There is a certain feeling of peace and tranquillity that comes with caring for someone who has come to terms with their eventual passing.

Though you'll undoubtedly encounter some sad stories, you'll be part of some miraculous ones as well. I think this is part of the double-edged sword that comes with working with something as frightening as cancer can be – given what's at stake and the corresponding intense relationships that you form with your patients, the lows are lower and the highs are higher.

Can you describe the transition from clerkship into residency, to senior resident/fellow?

Overall, the transition is very smooth, largely due to the fact that you will have already been functioning as a senior resident for the latter two years of internal medicine. However, there is certainly a lot to catch up on initially. Once you're the "oncology fellow" there is an expectation that you have a general understanding of the overall approach to management of most solid tumours and associated treatment-related complications, which can be daunting at first.

Within a few months of being immersed in the program everything begins to come together. There is also ample support from staff and colleagues, and you are never left having to make a decision you are uncomfortable making, or not knowing where to turn for advice. In addition, most of the patient interaction and decision-making occurs in the non-acute clinic setting, which takes the pressure off of having to make decisions urgently.

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

After PGY-5 many residents go on to work in the community directly, while others decide to complete further 1-2 year clinical and/or research fellowships in a specific tumour site (plus or minus a graduate degree e.g. MSc, MPH, MHA), which usually sets them up for a job in an academic setting. Personally, I am hoping to do a fellowship in genitourinary oncology.

Either way, staff jobs and fellowships are both usually obtained in a more informal manner than residency. Although CVs, reference letters, and interviews etc. are still key parts of the process, there is no national matching system such as CaRMS or NRMP to match candidates to available positions. Fellowship and job openings are instead usually communicated and advertised through word-of-mouth and/or mutual contacts – a method which has its own set of benefits and drawbacks.

Non-Clinical Life

What are your academic interests?

I am still fairly early in my training/career, and as such have not yet developed a particular area of academic interest. Thus far I have been involved in a few different kinds of research projects involving a variety of tumour types. Having said that, my primary clinical interest is in genitourinary oncology and I am looking forward to developing a research niche in this area through completing a fellowship. I have also had some experience in medical education through participating on our internal medicine curriculum evaluation committee, as well as through teaching and examining junior trainees from my medical school days through till present, all of which I enjoy when I have the time to dedicate to it.

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

As is likely the case with any residency or fellowship training program, things can get very busy at times (sometimes for months in a row – especially during Royal College exams). However, for the most part I am fortunate to be able to maintain a decent work-life balance. Thankfully, as medical oncology is primarily an outpatient, clinic-based specialty, the hours are more predictable and generally lifestyle friendly.

In terms of hobbies, I have always really enjoyed playing and watching sports, which in addition to helping to keep me healthy, are both social and stress-relieving for me. For the majority of my training through internal medicine and

medical oncology I have been able to commit to playing on a sports team 2-3 times per week, though not being able to attend from time to time is inevitable with call schedules, out of town electives, exams, etc. I am also fortunate to be living near my family, which is really important to me. In addition, at least in Ontario, we are lucky to have ample vacation and educational leave over the course of the year, which helps to balance the oftentimes hectic work schedule.

You can follow me on Twitter @ shaan_dudani.



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.