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About me

My name is Alyssa Lip and I'm a current PGY-1 in Internal Medicine at the University of Calgary.

I'm originally from Markham, Ontario. I studied at the University of Western Ontario before completing medical school at Queen's University.

Why I chose internal medicine

I was inspired to pursue internal medicine because of great mentors. There is a community in internal medicine that seems to attract those who love to learn and teach, and it was a community I saw myself fitting into. I love the detail of the specialty, the breadth of knowledge, and the ability to tackle any medical puzzle logically and with enthusiasm. Medicine is a puzzle – our patient interactions, the disease process, the management, the art of medicine are all pieces of the puzzle. Internal medicine is a specialty that takes the time to try and solve each piece.

Clinical Life

What does a typical day of clinical duties involve?

Internal Medicine – A typical day	
08:00-08:15	Handover – the day team of residents receives updates on what happened overnight with the ward patients.
08:15-09:00	Morning report (teaching) – senior residents lead a 45-minute case-based session involving all junior residents (internal medicine and off service) and clerks.
09:00-10:00	Morning review – we review the newly admitted patients with staff, usually including some staff-led teaching around our new admission.
10:00-13:00	Clinical duties – we round on our assigned patients, consult other specialties, review investigations, etc.
13:00-14:00	Teaching rounds – typically, there is an hour dedicated 3-4 times a week for teaching. The topic differs based on the location and the day of the week, but can range from grand rounds, clinical pathology cases, bedside physical exam teaching, or subspecialty directed teaching.
14:00-15:30	Rounds – as a medical teaching unit team, we review all our patients with staff, make care decisions, and discuss ongoing plans for our patients' admissions.
15:30-17:00	Clinical duties – time to follow up on any additional care plans discussed during rounds and time for informal teaching.
17:00-17:15	Handover – the day team hands over important overnight issues or concerns to the individual on call.



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Internal Medicine Resident Profile — Alyssa Lip

Internal Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00	Handover	Handover Morning report	Grand rounds	Morning review	Morning review	Handover Morning report	Handover
09:00	Post-call day	Morning review	Handover Morning review	Clinical duties	Clinical duties	Morning review	Weekend call
10:00		Clinical duties	Clinical duties			Clinical duties	
11:00							
12:00		X-ray Rounds (teaching)	Clinical Pathology Cases (teaching)	Handover	Subspecialty Rounds (teaching)		
13:00		Clinical duties	Bedside teaching	Internal Medicine half day	Clinical duties		
14:00		Rounds	Rounds		Rounds	Rounds	
15:00							
16:00		Clinical duties	Clinical duties		Clinical duties	Clinical duties	
17:00		Handover	Handover		Handover	Handover	
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

In internal medicine, we are required to complete a certain amount a core internal medicine rotations and critical care rotations. The subspecialty requirements by the Royal College are constantly changing, but in summary, are all subspecialties of internal medicine that, as generalists, we should have experience in. Unlike many other specialties, we do not have many off-service requirements.

Which of your personality characteristics are particularly helpful in your field?

Being a team player. Internal medicine is primarily a team-based specialty and the ability to work with others is crucial!

Time management and ability to prioritize. My specialty is tough in that we do a lot of call (it's something I knew going into the specialty, but it doesn't make it any easier!) That's why it's important to be able to manage the time you have in and outside of medicine, and make sure you prioritize what's important to you, whether that's family or television or anything in between.

What are the best aspects of your residency?

The patients. The challenge of finding a diagnosis is thrilling and the management decisions for our patients' conditions are rewarding. As you go farther into residency, you will be humbled by all the times you have to admit you just don't know. At the end of the day, it's not about the diagnosis, it's about the patients and our interactions, and they are definitely what makes residency worth it.

What are the most challenging aspects of your current role?

It depends if you ask me as a resident or as an internist. As a resident, certainly the time commitment is the most challenging. As an internist, I would say it's the lack of significant quality of life benefit in a lot of the management of chronic, complex diseases.

What is one question you're often asked about your decision to pursue a non-clinical career?

What is internal medicine? Nobody knows!

My response: We're the doctors you'd be admitted under, if you were hospitalized but not going for surgery.

Can you describe the transition from clerkship to residency?

Transition to residency was rather smooth here in my program. There was so much support from senior residents – everyone knows you're new and learning!

What are your future practice plans?

Personally, I love academic medicine and would like to be involved in teaching and tertiary care in one of the major centers. However, I'm still exploring the breadth of this specialty – from subspecialty choice to location to center size, there's certainly a lot of choice!



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

My fellow residents are one of the best things of internal medicine residency! Because we're a big program we have the opportunity to build a great community! Calgary attracts a lot of residents from different provinces, and we've been brought together by a great program. There are about 30 of us, and we try our best to explore the city and spend time outside of medicine together – whether it's through a massive group chat thread, or barbeques, or birthday dinners!

Non-Clinical Life

What are your academic interests?

In medical school I was extremely involved in wellness initiatives and student council. I've always been the person who thrives in leadership roles and representation. These are still my interests academically, but I opted to focus on

medicine and residency in my first year to help with the transition and allow myself some time and space to adjust to a new city and residency. Now that I'm moving into my PGY-2 year, I'm starting to get involved again and looking back, I'm glad I made that decision!

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

I love to travel, which was a big component of my decision to move to Calgary. It's certainly much harder in residency, but I still prioritize small trips because it's what I enjoy! I've also been travelling home to visit family, which has been important to me.

Resiliency strategies for me include keeping myself connected socially – it's hard moving away from home and so it's extremely important for me to prioritize my time outside of medicine to build those relationships. Dinner with friends, exploring the mountains, taking walks around the city, going to coffee shops and studying with co-residents – all of these seem simple but they are how I keep up my work-life balance.

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.