



July 2018

About me

Hello! My name is Justin Koh. I'm an Emergency Medicine PGY-1 at the University of Saskatchewan, located on Treaty 6 Territory, and homeland of the Métis. I'm from Montreal and grew up in Hong Kong. I spent my last two years of high school in a village on the northeast coast of Italy. I studied Cognitive Science at McGill University and completed my medical degree at McMaster University.

Why I chose Emergency Medicine

I enjoy the challenge of building expertise in a wide range of medical domains. As emergency physicians, we treat many of the most marginalized individuals in our communities. We see the striking impact of social determinants of health, such as poverty and homelessness, on our patients. Emergency medicine provides crucial opportunities for us to address health inequity and engage in health promotion and advocacy. It is not enough to put our patients back together, if we send them back to the same circumstances that made them sick in the first place.

Clinical Life

What does a typical day of clinical duties involve?

Emergency medicine is a shift-based specialty, which means working at anytime, including weekends and public holidays. Our shifts are six to eight hours long, depending on when they begin. Overnights are split up into “casino-style” shifts, i.e. 22:00-04:00 and 03:00-09:30, allowing us to sleep either before or after. This reduces fatigue during the shift, and the day after feels less like an exhausting “post-call” day. Depending on the hospital, we see both adult and pediatric patients on shift.

We manage a diverse range of patient presentations. Some require more medical work-up and management, such as delirium in the elderly, whereas others require procedures, such as laceration repair and casting. At any point during a shift, we may be called to critical cases that require acute resuscitation, such as trauma, sepsis, or airway compromise. We work closely with other health professionals and inpatient specialists to manage the care of our patients, and plan for safe discharges home.

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Emergency Medicine Resident Profile — Justin Koh

Emergency Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00			Post-shift sleep				
07:00							
08:00	Shift	Study/research			Central line insertion session	Study/ Research	Toxicology home call
09:00				Research meeting			
10:00							
11:00							
12:00			Study/research	Academic half-day			
13:00							
14:00							
15:00							
16:00					Shift	Shift	
17:00		Pre-shift nap					
18:00				Journal club (once per month)			
19:00							
20:00		Shift (2000-0315)					
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

In PGY-1 and PGY-2, we spend half our time in emergency medicine and the rest on off-service rotations, such as anesthesia, cardiology, and orthopedic surgery. We are on call a few times per month with the Poison and Drug Information Service (PADIS). We also work on research projects and improve our skills in point-of-care ultrasound.

PGY-3 is focused on emergency medicine and critical care, and includes additional longitudinal rotations in EMS, administration, and medical education. PGY-4 is an elective year and some residents use this time to do research or a Master's degree. Others have pursued fellowships in ultrasound or trauma. PGY-5 is focused on transition to practice – senior residents consolidate their knowledge and skills, and prepare for the Royal College exams.

Our curriculum will change as our program implements Competence by Design on July 1, 2018.

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

I enjoy meeting new people and hearing their stories. I speak multiple languages and I've moved around a lot, which allows me to connect easily with patients from a variety of backgrounds. I try to tell a few jokes when I'm on shift. Our

patients are often nervous and scared, and it helps to lighten the mood and build rapport. The undifferentiated patient is an exciting intellectual challenge. We are constantly deciphering the unknown, looking for patterns in the data we collect (from our history, physical exam, and investigations) to determine the best plan of action.

What are the best aspects of your residency?

I start each shift with a profound sense of excitement and energy. My work brings me such joy. I love emergency medicine because I get to meet many people from all walks of life. The patient encounter is short, which makes what little time we have with our patients incredibly valuable - I have to work hard to make each moment count.

Our residency program is the smallest and newest in Canada, which means we are always ready for change and innovation. We get to know our attendings well, and they're dedicated to making us the best emergency physicians in the country.

What are the most challenging aspects of your current role?

We witness a lot of tragedy. The most challenging aspect for me is figuring out how to deliver bad news after a tragedy has occurred. How do we tell a young woman bleeding in her first pregnancy that she's having a miscarriage? How do we tell someone with a large mediastinal mass on x-ray that they most likely have lymphoma? After an unsuccessful resuscitation, how do we tell the family waiting outside the trauma room that their loved one is dead? These conversations will never be easy, and I hope I never become indifferent to suffering in the emergency department.

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

"What's the most gruesome thing you've seen or done during a shift?"

When people hear about emergency medicine, they think about TV shows like ER or Grey's Anatomy and they want to know what happens in real life.

Can you describe the transition from clerkship to residency?

I had to take six months of sick leave shortly after starting residency. Even though a new cohort of residents are joining our program soon, I'm feel that I'm still transitioning from clerkship into residency. I'm also from out of province, and I still get lost in the hospital at least once a day.

The new responsibilities as a resident doctor can be overwhelming, but we are never alone. Medicine is practiced as a team, so don't be afraid to ask for help. The more we rely on and support each other, the more likely we are to succeed and provide optimal care.



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What are your future practice plans?

My plan is start a part-time Master's of Public Health Program next year, which I will complete throughout residency. I would like to do my PGY-4 fellowship in addictions medicine. My goal is to improve the management of substance use disorders in the emergency department, and work on implementing public health interventions that can be initiated in the emergency department.

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

We are an eclectic mix of personalities, backgrounds, and interests, yet it feels like we are one big family! I'm lucky to have the unconditional support of my fellow residents, program administrators, and attendings. We work hard while having lots of fun together.

We have a resident group chat. Whenever I have a question about patient management, I ask my fellow residents for help. Sometimes we get real nerdy on it and discuss the latest research evidence about certain topics. A few residents are surprisingly good at telling awful puns.

Non-Clinical Life

What are your academic interests?

My research interests are addictions medicine and public health. Right now, we are starting Saskatchewan's first emergency department take-home naloxone program. A concurrent study I'm running looks at healthcare provider attitudes and behaviours toward drug users in the emergency department.

Outside of research, I'm interested in medical education and resident wellness. I'm a new peer trainer for RDoC's Resiliency Curriculum, and this year I'll be delivering workshops to residents across the country on stress management and burnout prevention. I'm also a member of the Canadian Association of Emergency Physicians (CAEP) Public Affairs Committee. We'll be holding a health advocacy workshop at our upcoming national conference, where we will be pushing for greater emergency physician engagement in addressing the opioid crisis.

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

I like to de-stress by baking (and especially eating) treats, and I always bring some into work to share with my coworkers, which makes everyone happy. During medical school I took a lot of pottery classes, and I'm planning to restart them again soon. Unfortunately, shift-work makes it hard to commit to weekly activities.

Our residency program has one academic half-day each month that's dedicated to wellness. We've done activities such as dodgeball, escape room, and even Crossfit. We also meet up for food and drinks (a PGY-5 recently treated me to a coke float and it made my day.) On shift, our attendings are great at reminding us to take breaks during shift to eat, drink and use the washroom—it is easy to forget when things get busy.

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.