



July 2018

### About me

My name is Jonathan DellaVedova, and I'm in my fifth year of practice as a consulting general pediatrician in my hometown of Sault Ste. Marie, Ontario. I completed the McMaster Pediatrics Residency Program in 2013. Previously, I received a Bachelor of Health Sciences at McMaster, and Doctor of Medicine at the Northern Ontario School of Medicine in Sudbury.

### Why I chose general consulting pediatrics and this location.

I have a fascination with all things developmental, so pediatrics was a natural choice. My daily reward is watching children growing up, gaining new skills, and having some positive role in that process. It helps that I like talking to kids; they make sure I don't take myself too seriously.

I chose general consulting pediatrics in the north because of the wider scope of practice and autonomy. I could be resuscitating a neonate in the morning, counseling a depressed teen in the afternoon, admitting a complex child with multisystem comorbidities in the evening, and just about everything in between. There is never a dull moment.

## Clinical Life

### What does a typical day of clinical duties involve?

Pediatrics – A typical day	
08:00	Inpatient rounds: I usually have a handful of babies in the NICU and a few kids on the general pediatric ward to round on. In the Sault we keep our patients until discharge, which is great for continuity, but tough on the pager. We hand them over to the on-call pediatrician for weekends and vacations.
09:00	On Tuesdays, I run a teaching session for our students and residents. On Wednesdays, there are academic rounds broadcast from CHEO. Otherwise, there is more time for inpatient rounds.
10:00	My office-based clinic begins. In the morning, I have one medical consult and one extended mental-health or developmental consult, along with a handful of follow-ups.  Once a month, I do sedations at the hospital, and once a month I run a multidisciplinary diabetes clinic.
13:00	This is theoretically my lunch break, but I usually use the time to review results, deal with patient phone calls, finish charts, and other paperwork.  Most days, I do get a few minutes to eat something.
14:00-17:00	Clinic continues in the afternoon with two more medical consults and eight to 10 follow-ups.
Evenings & weekends	Each of the pediatricians gets five to six hospital call-shifts per month. The patient volume is highly variable, anywhere from one or two consults, to the occasional all-nighter. Because we are underserved we still get some help from locums to cover some weekends.

# New-In-Practice Profile

## Pediatrics – Jonathan DellaVedova



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Pediatrics – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00						On call	
07:00							
08:00		Inpatient rounds	Inpatient rounds	Inpatient rounds	Sedations	Inpatient rounds	
09:00			Teaching	Academic rounds		Administrative work	
10:00		Medical consult and follow-ups	Medical consult and follow-ups	Medical consult and follow-ups			
11:00		Mental health or developmental consult	Mental health or developmental consult	Mental health or developmental consult			
12:00		Follow-ups	Follow-ups	Follow-ups			
13:00						NOSM business	
14:00		Medical consult and follow-ups	Medical consult and follow-ups	Diabetes clinic	Medical consult and follow-ups		
15:00					Follow-ups		
16:00		Follow-ups	Follow-ups				
17:00							
18:00					On call		
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

### How did your residency program prepare you for practice?

I was very fortunate to learn in one of the most innovative programs in the country with a very strong group of clinical teachers. I can still trace skills and behaviours back to each one of them. As far as rotations go, though I grumbled about what I thought was excessive time in the PICU, each moment turned out to be valuable. Anything can happen in the north, so having the confidence to deal with acute situations when there is no local backup is priceless.

The McMaster pediatrics program had a longitudinal CanMEDS curriculum that included preparation for independent practice. Nonetheless, most of what I learned about managing a practice happened on the fly, and I am still learning.

### **Did you seek any resources outside of your residency training to help you prepare for practice?**

During residency I was enrolled in the PARO leadership program, which provided management, leadership, and communication skills that were invaluable once I reached independent practice.

### **Can you describe the transition from residency to practice?**

As much as I considered myself a confident senior resident, all of that disappeared when I started practicing on my own. I don't think I slept for the first six months and it did not help that I had a long run of awful call-karma. I gradually learned that I could not be everything to everyone, and things went more smoothly once I started setting better boundaries. Now, with a few years behind me, I'm on solid enough footing that I can expand my work again and explore other areas of interest, like teaching and administration.

### **What are the best aspects of being in practice?**

I absolutely live for seeing patient progress, whether it's weaning a baby off a ventilator in the NICU, resolving DKA, or seeing one of my teens with Autism get a part-time job. Residents miss out on much of the longer-term progress because the rotations are so short, but now I get to see that DKA kid managing his diabetes like a boss five years later.

### **What are the most challenging aspects of being in practice?**

The feeling of ownership and responsibility for patients expands exponentially in independent practice, which can be very rewarding but also very stressful. It's nearly impossible to take a sick day or post-call day, even when you really need it, because you know patients will either be double-booked or rebooked months later. I wish we had more pediatricians around to alleviate that pressure.

### **What is one question you're often asked about being in practice?**

The first thing people outside of medicine ask about is how I cope with sick children all the time. To me, pediatrics is the most joyful specialty anyone can choose. We have the very best treatment success rates and very small interventions can have a major impact. It makes me happy to help kids reach their potential every day.



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### **Is there anything you would do differently in residency now that you are in practice?**

There were times when I coasted in residency, but now I would give anything for another five minutes with some of my former mentors, just to learn how they would deal with certain scenarios. I also kind of slept through the refugee health lectures because I knew I was heading to northern Ontario, but now I have dozens of refugee children in my practice and they are some of my favourite kids to work with.

### **What are your colleagues like and how do you interact with each other?**

All the pediatricians in Sault Ste. Marie practice under the same roof, so it's very helpful to have a few more brains around for the challenging cases, and it's nice to have some coverage for vacations.

### **How do you achieve your CME hours (i.e. do you go to conferences, read journals, etc.)?**

There are some great local conferences, like the Sault Medical conference, the Northern Pediatrics Conference, and the NOSM faculty conference that I attend most years. The Canadian Pediatric Society conference is also great for learning and a nice excuse to travel and catch up with old friends.

## **Non-Clinical Life**

### **What are your academic interests (e.g. leadership activities, research)?**

I love to teach, so I took on the role of site director for NOSM Pediatrics, which means teaching, coordinating, and evaluating all our students and residents. I also serve as the first Wellness Lead for all of residents in northern Ontario, which allows me to do some workshops, one-on-one counseling, and program development.

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

I love to go for long runs so Sault Ste. Marie was a great choice, at least during the six months we have no snow. In the Winter, I like to ski and snowshoe. My partner and I are also world travelers and we have been to over 30 countries together. He makes sure I take a break once in a while to stop and smell the roses.

### **Are there any major differences in your non-clinical life now compared to residency?**

I always thought that once I finally got to independent practice that I would have more personal time, but in fact I have less. It takes a lot of effort to carve out time for exercise, family, and socializing. The clinical responsibilities are constant, and the rotation never ends. That being said, I would not trade any of it for studying for exams!

*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.*