



July 2018

About me

I'm Michael Arget, a PGY-3 Internal Medicine resident at the University of Saskatchewan. I was born in Guelph, Ontario, where I received a B.Sc. (honours) in Microbiology. I then travelled to Calgary to complete a Master of Public Health, Public Health Leadership, at the University of Alberta; and a Doctor of Medicine at the University of Calgary.

Why I chose internal medicine

I was interested in problem-solving and thinking about complex patients, as well as infectious diseases. Internal medicine gives me a great opportunity to be involved in many different aspects of medicine.

Clinical Life

What does a typical day of clinical duties involve?

Our day schedule is variable depending on the rotation one is on. This is an example of a Clinical Teaching Unit schedule:

A typical day	
Each morning	Handover
Monday, Wednesday, Friday	Multi-disciplinary rounds to discuss care plans with other allied health providers (PT/OT/dietitian, etc.)
Throughout day	See patients and coordinate care while discussing with medical students and residents.
Throughout day	Procedures including lumbar punctures, arterial blood gases, thoracentesis, paracentesis (often overseeing and teaching medical students or residents).
Afternoon	Rounding and teaching based on relevant topic of the day.
Later afternoon	Handover to the night team.

What kinds of rotations are required in your program?

The Saskatchewan core IM training program requires two blocks of Coronary Care Unit (first year and third year), two blocks of Intensive Care Unit (second year), six blocks of clinical teaching unit (as a junior resident in first year), and about three blocks of CTU senior resident (second and third year). There are also requirements to do rotations in a variety of medical subspecialties, including neurology, nephrology, gastroenterology, and infectious diseases.

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

Good listening and good communication skills are certainly an asset in interacting with patients.



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Internal Medicine Resident Profile — Michael Arget

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
07:30		Morning report and handover	Morning report and handover	Morning report and handover	Morning report and handover	Morning report and handover	
08:00		Morning report and handover	Morning report and handover	Teaching Junior Residents	Teaching Junior Residents	Teaching Junior Residents	
09:00		Review new patients admitted overnight with attending	Review new patients admitted overnight with attending	Review new patients admitted overnight with attending	Review new patients admitted overnight with attending	Review new patients admitted overnight with attending	
10:00		See patients	See patients	See patients	See patients	See patients	
11:00		Interdisciplinary rounds to discuss patient care/disposition		Interdisciplinary rounds to discuss patient care/disposition		Interdisciplinary rounds to discuss patient care/disposition	
12:00			Academic half-day	Department of Medicine rounds	Academic half-day		
13:00							
14:00		Teaching Junior Residents					
15:00		Group rounding					
16:00							
17:00							
18:00							
19:00							
20:00	Review topic relevant to a patient from the day	Review topic relevant to a patient from the day		Called in from home to do a consult on a patient that has been admitted		Review topic relevant to a patient from the day	
21:00							
22:00							
23:00							
00:00							

What are the best aspects of your residency?

I work with a great cohort of fellow residents.

What are the most challenging aspects of your current role?

The six blocks of CTU in first year with one in four 26-hour call was both mentally and physically exhausting.

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

What exactly is internal medicine?

Can you describe the transition from clerkship to residency?

I was quite concerned about starting residency, as I had completed med school in three years instead of four. The learning curve was steep in the first few months as I learned a new EMR system and how to navigate another hospital. There was reasonable support available to help with the transition.

What are your future practice plans?

I'm hoping to undertake subspecialty training in the area of infectious diseases. This involves going through the medicine subspecialty match in Fall 2018.

In the long term, I see myself taking on several roles between my clinical work, including medical leadership, education, research, and quality improvement.

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

We are an eclectic bunch with varying interests. Internal medicine is typically one of the larger residency programs.

Non-Clinical Life

What are your academic interests?

I previously worked in both infection control and surgical quality improvement. I have an interest to continue working in quality improvement. I'm currently working on projects studying tuberculosis in Saskatchewan and looking at treatment of fungal blood infections in Saskatoon.

I'm also the President of the Resident Doctors of Canada (RDoC) In this role, I work with a variety of other residents and stakeholder organizations who are interesting in improving the resident experience, the broader healthcare system, and ultimately patient care.

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

Work-life balance is incredibly difficult to maintain. I recommend that residents schedule time to go to the gym, and schedule time to do nothing. Schedule date-night with your significant other. Task lists are also super helpful.

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.