



November 2018

About me

I am Nazia Sharfuddin, a PGY-3 in Internal Medicine at the University of Calgary. I was born in Bangladesh, spent early childhood years in the United Arab Emirates, and during middle school I moved to Toronto, which became home. I spent my undergraduate years at the University of Toronto where I majored in human biology and psychology. I went to Trinity School of Medicine in the Caribbean and completed the majority of my clerkships in Washington, D.C. After medical school, I returned to Canada for residency in Calgary.

Why I chose Internal Medicine

Internal Medicine is a natural attraction for me. I enjoy the challenge, the complex diseases, and the dynamic nature of the problems. It fuels my appreciation for interacting with people, whether in an interdisciplinary team deciphering a multifaceted case, or at the bedside providing compassion. It is the perfect fit and the reason I am so excited to go to work every single day.

Clinical Life

What does a typical day of clinical duties involve?

Hours, processes/procedures, interactions with other health care professionals, receiving teaching, providing teaching for medical students/junior residents

Internal Medicine – A typical day	
8:00-8:15	Handover: the overnight resident shares updates from the previous evening. After-wards, the team divides the patient list among its members.
8:15-9:00	Morning Report: case-based teaching by senior residents on high yield topics seen on MTU. Common examples of morning report topics are: approach to acute kidney injury; approach to altered level of consciousness; approach to evaluation and management of diabetic ketoacidosis.
9:00-10:00	New Admission Case Presentation & Teaching: overnight resident presents new admissions that are reviewed with the entire team including the senior resident and attending physician. This is a great time for learning as the attending physician will choose high-yield learning points from the cases and also engage in bedside teaching.
10:00-12:00	Patient Rounds: senior resident participates in multidisciplinary bullet rounds.
12:00-13:00	Lunch Teaching: common sessions include x-ray, infectious diseases, nephrology and neurology. On Tuesdays, in Calgary, we have the Clinical Pathology Conference (CPC), which is an interdisciplinary case rounds where internal medicine and pathology residents present on an interesting case with focused teaching.
13:00-14:00	Patient Rounds: residents evaluate patients, follow up on investigations and write progress notes.
14:00-15:30	Paper Rounds: the team meets as a group to discuss each patient. This is also a prime time for more focused, high-yield learning.
15:30-16:30	Finish any outstanding tasks, follow up on investigations or procedures, update dis-charge summaries & handover list.
16:30-17:00	Handover: the team meets with the on-call resident to update them on pertinent patient updates and information.

Internal Medicine Resident Profile — Nazia Sharfuddin



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Internal Medicine – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00			On Call				
07:00							
08:00		Handover & Morning Report	Handover	Handover	Handover	Handover & Morning Report	
09:00		New Admissions	New Admissions	New Admissions	New Admissions	New Admissions	
10:00		See patients	See patients	See patients	See patients	See patients	
11:00							
12:00		Teaching	CPC	Academic Half Day	Teaching	Teaching	
13:00		See patients	See patients		See patients	See patients	
14:00		Paper Rounds	Paper Rounds		Paper Rounds	Paper Rounds	
15:00							
16:00		Handover	Handover		Handover	Handover	
17:00		On Call					
18:00				Journal Club (dinner provided)			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

PGY-1 – Lots of acute medicine! In Calgary, we do six months of MTU (Medical Teaching Unit – Core Internal Medicine) rotations, one month of GIM (General Internal Medicine) consult service, one month of CCU (Critical Coronary Unit), one month of nephrology, and one month of neurology, and the remainder of the year is filled with research and selectives, such as infectious diseases, hematology, medical oncology, geriatrics, palliative care, gastroenterology or respirology.

Senior Years: PGY-2-3 – Stepping into role of senior resident! We do six months of senior resident rotations whether as ward seniors on the MTU, night float senior residents or Emergency Liaison seniors. The remainder of the time is spent on ICU, CCU, subspecialty ambulatory clinics, GIM ambulatory clinics, electives (with the option of going abroad), research and more selectives.

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

Ability to connect. Engaging in meaningful ways is the heart of medicine for me. Whether it is meeting a patient for the first time during the middle of the night in the emergency department, sharing news of a difficult diagnosis, managing a team of junior learners, or collaborating within a multidisciplinary setting with allied health care professionals – the ability to provide solace or direction, or oftentimes both, in an authentic manner is a natural personality trait that allows me to thrive in internal medicine.

Ability to see both the forest and the trees. Internal medicine mandates critical thinking and a systematic approach to patient evaluation and care. I am diligent and detail-oriented – necessary characteristics of an Internist. This includes having a thoughtful approach in order to develop appropriate care plans that will be optimal for each patient. I am able to step back and see the big picture in order to project the clinical trajectories of patients.

What are the best aspects of your residency?

The ability to wake up and go to work every day as a physician has been my lifelong dream and it is an honour to live it daily. What makes it so fulfilling is engaging with patients from all walks of life, working through the rich expanse of pathophysiology to arrive at appropriate management, and doing this within a team of dedicated allies. The fantastic people I work alongside – co-residents, medical students, seniors, fellows, mentors, nurses, and allied health staff – make the everyday intensity of medicine a pleasure.

What are the most challenging aspects of your residency?

It can be challenging to balance clinical obligations with non-clinical interests such as research, medical education, and leadership. Outside of clinical medicine, I am especially passionate about advocating for improved access to health care for structurally marginalized populations and reducing health disparities. I am also keen to take on teaching roles at the levels of undergraduate and postgraduate medical education and to help establish programs that foster personal and professional growth, such as peer mentorship initiatives. While clinical medicine takes the highest priority, making time for these projects is also important for me, and an area that I am working on continuously.

What is one question you're often asked about your residency?

The most common question that I am routinely asked is, “How do you find the time to do it all?” In reality, this is a constant challenge for many residents. Residency can be very intimidating and daunting, but it is also immensely fulfilling. I approach this by adopting a “get ‘er done” mode, focusing on the task at hand and allowing myself to breathe by allocating time for myself. However, as much as I plan and prioritize, managing the time requirements of residency is a constant struggle with no ideal answer. What works for me to recharge is connecting with my family and friends, taking time to travel, and allowing myself to dream of the many paths that lay ahead.

Can you describe the transition from clerkship into residency?

The transition from clerkship into residency occurs on a steep learning curve, most of which is spent on adjusting to the newfound role of physician versus student. For me, the knowledge from medical school served as a strong foundation upon which to continue building my clinical skills. This is where asking for help from seniors is paramount. My senior residents and fellows provided invaluable advice during my early months of junior year that continues to serve me to this day.

What are your future practice plans?

I am drawn mostly to acute care, complex disease, and multi-system cases. This has led me to narrow my focus of specialization to general internal medicine and nephrology, which share many commonalities. I also aspire to contribute to the landscape of quality improvement, specifically in areas of social determinants of health such as reducing barriers to access for marginalized populations and improving equity in health delivery.

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

In Calgary, our motto is that the strength of our program is our people, and it could not be more true. Though our program is big with over a hundred residents, the close-knit friendships between us make it feel more like a family. We have a culture of support where help is readily available to anyone who asks for it. As soon as I entered residency as a PGY-1, I found my senior residents and fellows were always approachable and ready to lend a hand or a kind ear.

Non-Clinical Life

What are your academic interests?

I am passionate about working in projects that are focused on reducing health disparities and improving access to marginalized populations. I have been fortunate to receive mentorship from incredible staff physicians who not only are leaders in their fields, but who also exemplify kindness in all aspects. These experiences have driven me to help develop a near-peer mentorship initiative in my residency program where internal medicine residents are paired with pre-clerkship medical students.

Physician burnout is an issue that is also important to me. With RDoC, I was selected to join a group of 20 residents across Canada to participate in a focused resiliency course, with the aim to bring that back to my home institution. I am currently helping to design a resiliency curriculum at the University of Calgary medical school. I am also a part of my residency program's resiliency committee.

Similarly, with a love for teaching, I try to take part in many medical education initiatives such as presenting at our academic half-day small group sessions, helping to design curriculum at the undergraduate medical education level and regularly teaching on the wards. Finally, in terms of transitioning to residency, I am involved in work with the Alberta International Medical Graduate program.

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

Storytelling is my passion. Whether it is helping write parody songs for our cohort's Christmas rounds or a welcome video for medical students, I have always been energized when I am engaged creatively. One of my most cherished creative accomplishments is producing "Salaam B'y - A Story of a Muslim Newfoundlander", a short documentary film with my husband highlighting his positive experiences growing up in rural Newfoundland as a Muslim child of Pakistani immigrants. It is a very Canadian story of inclusion that demonstrates the power of kindness in creating sustainable communities. This is how I strive towards work-life balance. Carving out time and space for the people and projects I love allows me to find peace and purpose.

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.