



October 2018

About me

My name is Dan Altman, I am a current PGY-4 in respirology at Dalhousie University. I was born and raised in Winnipeg, Manitoba. I completed an undergraduate degree in life sciences at Queen's University, medicine at the University of Manitoba, and internal medicine at the University of Saskatchewan before finally deciding to thaw for a couple years in a more temperate climate.

Why I chose respirology

Respirology is simply and objectively the best area of medicine. It has super neat physiology and interplay with other organ systems, a great mix of inpatient and outpatient practice opportunities, and a bunch of interesting procedures.

Clinical Life

What does a typical day of clinical duties involve?

Our day schedule is highly variable depending on rotation. The schedule below shows a typical day/week on the respirology consult service. Most days start at 08:00 and end at 17:00. Typically, there is one hour of formal teaching followed by a day of consults or clinics, which may be general or in a variety of specialty areas.

We do call only on Wednesdays and weekends, typically five call per month, all home call outside of ICU rotations. On call, we cover respiratory consults from both hospitals in Halifax as well as calls from outside hospitals in Nova Scotia. We also cover an intermediate care unit for patients too sick for the ward, but not requiring acute intubation or vasoactive medications. On call, we typically have a junior resident and senior resident who are in-house and function as first and second call, while we function as junior staff. Procedures are unpredictable in terms of scheduling and tend to come in waves, but would include thoracentesis, tube thoracostomy, bronchoscopy, endobronchial ultrasound on the respirology service, and a variety of procedures on the intermediate care unit.

Like all areas of medicine, respirology is a team sport. There is a lot of interaction with a variety of healthcare professionals both inside and outside of medicine, including COPD/asthma educators, respiratory therapists, cardio-pulmonary technologists, sleep technologists, specialty nurses/dietitians/physiotherapy (e.g. for CF, pulmonary rehabilitation etc). There is lots of opportunity to teach both formally in a classroom/seminar setting and informally during all rotations within our program.



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Senior Resident Profile

Respirology – Daniel Altman

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00		Teaching – lecture/seminar	Internal Medicine Grand Rounds (optional)	Teaching – lecture/seminar	Respirology Grand Rounds	Bronchoscopy or continue sleeping	
09:00		Consults	Consults	Consults	Consults	Consults	
10:00							
11:00							
12:00					Review for clinic		
13:00			Bronchoscopy	Bronchoscopy/EBUS	Respirology resident longitudinal clinic	Hot seat teaching (CXR, PFT, CPET, sleep study interpretation)	
14:00		Consults				Consults	
15:00				Consults			
16:00							
17:00							
18:00				Home call			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

The only rotations required by the Royal College are respirology (inpatient and outpatient rotations), sleep medicine, and critical care. The rest is up to individual programs and electives chosen by the resident. Typical additional rotations would include thoracic surgery, research, pulmonary function testing, pulmonary rehabilitation, and a variety of specialty clinics +/- a radiology rotation. Most programs offer approximately 4-6 months of elective time, so the subspecialty training can be tailored to career goals.

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

Being helpful and approachable. Respirologists are often in a consultant role, both in the inpatient and outpatient setting, which means that a big portion of our job is making life easier and better for patients and also the primary healthcare team.

What are the best aspects of your residency?

The huge amount of direct patient care, with ample opportunities for technical/procedural fun. We get to interact with a great variety of healthcare providers and help both patients and healthcare providers. I'm constantly getting to learn and grow as a professional.

What are the most challenging aspects of your current role?

Seeing some patients do poorly despite your combined best effort. While not exclusive to respirology, there are certainly some disease processes and patients in respiratory medicine that just don't do well despite everyone trying their best, and that's a tough pill to swallow.

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

"How do you handle all the sputum? Is it all COPD?"

Thankfully, I don't usually handle the sputum, as it is (hopefully) in the trash or a sterile container, but as long as it's out of the patient's lungs, we're happy. Emphysema, chronic bronchitis, and asthma are undoubtedly a large portion of general respirology practice, both inpatient and ambulatory. I'd guess it's in the range of 30-50% of what I see on a day-to-day basis. However, we also see a good amount of sarcoidosis, interstitial lung disease, sleep-disordered breathing, pleural disease, and pulmonary infections.

Describe your experience with the subspecialty matching process. What resources did you find helpful for this?

My advice is to speak with senior residents/subspecialty residents, as many of them as you can find. If you have areas of interest or career goals, speak with an attending that you trust and seek their input on what programs may be best suited to your goals.

Will you be pursuing further training or looking for employment? What resources are available to you for future planning?

I'm unsure at this point; it will largely depend on the jobs available. My plan is to speak with senior residents and staff, in addition to my division head, on how best to go about the job search.

Non-Clinical Life

What are your academic interests?

I am involved in the Resident Doctors of Canada (RDoC) organization as a representative to the Canadian Association for Medical Education. I've also sat on some form of local/provincial governing body each year for the past decade. I've had the great opportunity to pursue research looking at the cost-effectiveness of funding smoking cessation pharmacotherapy, and maintain a strong interest in health technology assessment and delivery of cost-effective medicine.

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

My work-life balance is a little lopsided currently, as I am in the midst of writing my Royal College examination in internal medicine. During this time, I have relied heavily on my incredible study group, friends, and family members for support and understanding. Having a community of people who are going through similar stressors and are happy (willing) to listen and relate has certainly been invaluable.

Prior to the last several months, I was involved in an Ultimate Frisbee league, played a few musical instruments, and homed-in on some eccentric, super-cool and definitely not nerdy "clown skills", including juggling, balloon artistry (yeah, I said artistry), and card magic.

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.