Resident Doctors of Canada | Médecins résidents du Canada

Public Health & Preventative Medicine Resident Profile — Franco A. Rizzuti

December 2018

About me

I'm Franco A. Rizzuti, a PGY-2 resident in Public Health & Preventative Medicine at the University of Calgary Cumming School of Medicine/Alberta Health Services – Calgary Zone. My hometown is Calgary, and I have a B.Sc. in Cellular, Molecular & Microbial Biology and am currently working on a Master's degree in Health Leadership.

Why I chose Public Health & Preventative Medicine

As a medical student Public Health & Preventive Medicine (PHPM) was not on my radar; I was a neurology gunner. It wasn't until a mid-clerkship injury that I began exploring other careers and PHPM quickly became top of my rank order list. On my clinical rotations, I often found myself diagnosing and managing a patient's medical condition with minimal ability to affect the root causes (i.e. social determinants).

The majority of an individual's health is derived from the social determinants of health. As a PHPM physician, my patient is generally not an individual, but the population. Diseases are the upstream determinants of health and my treatments focus on the social determinants and policy. PHPM affords me the opportunity to work with clinicians and manage the diseases I learned about in medical school, but also to think big picture at the system and policy level.

I chose PHPM because:

- It is a dynamic field. No two days are alike in PHPM because of the broad scope of topics.
- Our decisions influence/affect populations: thousands or tens of thousands of people, or possibly more.
- It affords me the opportunity to work in the weeds, but also at 50,000 feet.
- The field uniquely works at the individual, community, provincial, national, and/or global level.
- The exposure and experience in health leadership, an area I'm keenly interested in.

Clinical Life

What does a typical day of clinical duties involve?

Our schedule is highly variable daily, weekly, and monthly. I'm in the PHPM-only stream in Calgary (versus the PHPM-Family Medicine combined program), and our first year is traditional clinical blocks with 1-in-4 to 1-in-7 call frequency. Second year is graduate courses with no call. Years 3-5 are highly variable, with 12 weeks of call spread over those years. PHPM residents do one week of home call at a time.

A typical workday is 8:00 am-4:30 pm with a mix of rotation-specific meetings and projects, touching base with your supervisor/preceptor, online modules, and independent work/study time. We have multiple parallel projects and activities to manage, and we collaborate with public health nurses, public health practitioners, inspectors, other MOHs, clinical physicians, environmental services, government, media, and so on.

In the combined PHPM-FM program, the schedule is different and those residents complete their CFPC as well as Royal College requirements.

Public Health & Preventative Medicine Resident Profile
Franco A. Rizzuti

> *Public Health and Preventative Medicine (PHPM) uniquely works at the individual, community, national, and/or global level. Our decisions influence and affect thousands or tens of thousands of people.*

Weekly Schedule at a Glance

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00			All Day Training Course				
09:00		MOH Zone Meeting			Population, Public & Indigenous Health Senior Leadership Meeting	Independent work & study time	
10:00		BiWeekly Team Meeting		National Collaborating Centre Online Module			
11:00					Independent work & study time		
12:00		Weekly Touch-base with Supervisor		Independent work & study time		Public Health Institute Rounds	
13:00		Independent Work/Study Tim		Portfolio Specific Meetings	Various project meetings	Academic Half Day	
14:00				Various project meetings	Independent work & study time		
15:00				Independent work & study time			
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

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

Three characteristics are key in PHPM:

- **Curiosity** to dig deeper and examine the bigger picture. The work we do requires that we ask “why”, to examine the root cause of medical issues, and challenge orthodoxies.
- **Innovation**. I am continually inspired by the creative and novel approaches to complex problems, often working with tight timelines and limited resources, that are needed to navigate the social and political landscape.

- **Commitment to advocacy**. Working at the population level, you have the opportunity to influence high-level change. The difficulty is that this can be a slow process and you may not immediately see the results of your work. I am privileged to work with colleagues who have such a high level of dedication to health care systems and vulnerable populations and who have the patience and motivation to do this work.

What are the best aspects of your residency?

The best is how dynamic the field is. A normal week could include investigating a disease outbreak to working on health policy, collaborating with community groups on health promotion projects, or doing environmental health surveillance such as air or water quality.

What are the most challenging aspects of your current role?

The breadth of scope is most challenging. All residency programs have a large volume of material to learn. Clinically, PHPM requires knowledge in topics such as chronic disease processes, infectious etiologies, cancer pathophysiology/risk factors/screening.

Academically, a strong understanding of epidemiology, statistics, and research methods is key. Additionally, leadership skills, being able to read or write policies, referencing guidelines for hundreds of diseases, and being able to communicate this all to a medical and non-medical audience, including media. Mastering the basics and finding a niche will be a challenge, but also a rewarding journey.

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

What is Public Health? What do you do in your program?

Can you describe the transition from clerkship to residency?

My transition from clerkship to residency was relatively seamless. The biggest adjustment was the added responsibility and independence. The clinical first year was very similar to clerkship rotations, without the regular exams.

What are your future practice plans?

My niche interests within PHPM are:

- Large dataset clinical informatics and precision public health (i.e. using large population-level data sets to inform public health policies, the equivalent of evidence-based medicine but at the population level)
- Predictive modeling of health behaviors, disease burden, etc.
- Health surveillance (monitoring diseases such as reportable diseases or cancers in populations)
- Healthcare facility design and healthcare system operations (i.e. how we deliver healthcare, balancing acute care service deliver with upstream prevention).

I envision a practice split between Medical Officer of Health (i.e. a public health physician who works for a health authority/region) activities in either a rural or urban centre, and health system design consulting.

The breadth of scope is most challenging. All residency programs have a large volume of material to learn. Clinically, PHPM requires knowledge in topics such as chronic disease processes, infectious etiologies, cancer pathophysiology/risk factors/screening.

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

We have a small cohort of residents – two or three per year for a total of 15 in the 5-year program. There is sometimes a misconception that PHPM is a "fall-back" career, but like any other speciality it attracts a motivated and highly experienced group who are dedicated to upstream interventions. My colleagues come from diverse backgrounds: international graduates with experience in various clinical specialties, some resident, have graduate degrees in sciences or the arts, or less common backgrounds like economics or Canadian history. The diversity makes for robust Academic Half Day discussions.

In addition to being colleagues, we are good friends, often having potlucks and social activities outside of work. It is not uncommon to go out with a group of residents after half-day for dinner or drink.

Non-Clinical Life

What are your academic interests?

Outside of PHPM, I enjoy being involved in resident physician advocacy at the provincial and national levels. I currently serve as the Vice-President Operations & Finance for our provincial resident body, the Professional Association of the Residents of Alberta (PARA); I am a member of RDoC's Training Committee, an RDoC Resiliency trainer; as well as a member of the board of directors for CaRMS and the Canadian Association of Physicians with Disabilities (CAPD).

My research interests include

- Stigmatization of marginalized populations, specifically sexually transmitted and blood borne infections (STBBIs)
- Public health big-data mining
- Data privacy
- Medical trainee resiliency, wellness, and mistreatment

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

A major reason for choosing PHPM was the exceptional work-life balance. A typical day is 8:30/9am-4:30/5pm, with 12 weeks of call over 3 years. The rotations allow for considerable independence, with the ability to schedule one's day/week to fit personal obligations, medical appointments, etc. and with the ability to occasionally work from home.

Our program director and administrator are both incredibly understanding and supportive of extra-curricular activities, and wellness.

My partner and I are both resident physicians and we work busy schedules, but we make a conscious effort to have us-time everyday, even when one of us is away at a meeting or conference.

My resiliency strategies include:

- Staying active with climbing and golf, when I can
- Prioritizing time with my family and my partner – this is device-free time
- Enjoying the occasional beverage
- Being involved in activities that can lead to system-level change

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.