



February 2019

## About me

My name is Brady Bouchard and I'm from Lloydminster, Saskatchewan; I work in Family Medicine (Emergency and Addictions focused practice) in a rural hospital and clinical setting.

I completed the North Battleford Family Medicine Residency Program in 2015 after receiving a Bachelor of Medicine from the University of Queensland, Australia in 2012. Previously, I received my Bachelor of Science in Electrical/Biomedical Engineering from the University of Alberta in 2008.

## Why I chose Family Medicine and this location.

It's cliché but true – the scope of Family Medicine is huge. It allows one to choose from a wide variety of practice settings, practice populations, additional skills, etc. I find the most rewarding practice is working in the remote North of our province (Saskatchewan), particularly in First Nations communities.

In the North, additional skills in Emergency Medicine and Addictions Medicine are highly useful. Because of this, I have left practice in the North to come back to North Battleford, SK, where I currently practice full-time Emergency Medicine and part-time Addictions Medicine. My plan is to challenge the CCFP-EM exam this year.

## Clinical Life

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

| A typical day  |  |
|--|--|
| (Addictions clinic (Opioid Addiction Recovery Services – OARS) days) 0900-1200 | On clinic days, I see patients in our local, case-managed addictions clinic from 0900-1200.  |
| (Telehealth Addictions clinic days) 0900-1200 or 1300-1600                     | A few days a month I provide locum telehealth addictions clinic coverage to other small communities in SK without a local physician. I see patients either in a morning or afternoon session.  |
| (Hospitalist days) 0900-1200, then on call for admissions for 24 hours         | I am the hospitalist Lead Physician for our local hospital. A group of Family, Internal Medicine, and ER physicians takes turns providing 24-hour coverage for acute medicine and admissions. When it's my turn, I am on-site from at least 0900-1200, and then on call for admissions for the rest of the day. On busy days I often don't leave until 10pm. |
| (ER days) 8 hour shifts in a 24-hour rotation                                  | Most of my clinical time is spent working in the Emergency Department. We work in 8-hour shifts (single coverage) and see 110 patients in a 24-hour period.  |



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# New-in-Practice Physician Profile

## Family Medicine – Brady Bouchard

| Weekly Schedule at a Glance |                     |   |         |                                     |                              |                                     |                    |  |
|-----------------------------|---------------------|---|---------|-------------------------------------|------------------------------|-------------------------------------|--------------------|--|
|                             | Sunday              | Monday                                    | Tuesday | Wednesday                           | Thursday                     | Friday                              | Saturday           |  |
| 06:00                       |                     |   |         |                                     | ER (from midnight)           |                                     | ER (from midnight) |  |
| 07:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 08:00                       | Emergency Room (ER) |   |         |                                     |                              |                                     |                    |  |
| 09:00                       |                     | Opioid Addiction Recovery Services (OARS) |         |                                     |                              |                                     |                    |  |
| 10:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 11:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 12:00                       |                     |   |         | Admin/ meeting for Hospitalist Lead |                              | Admin/ meeting for Hospitalist Lead |                    |  |
| 13:00                       |                     |   |         |                                     | Telehealth Addictions Clinic |                                     |                    |  |
| 14:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 15:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 16:00                       |                     | ER  |         |                                     | ER                           |                                     |                    |  |
| 17:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 18:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 19:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 20:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 21:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 22:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 23:00                       |                     |   |         |                                     |                              |                                     |                    |  |
| 00:00                       |                     |   |         | ER                                  |                              | ER                                  |                    |  |

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

For rural Family Medicine in particular, I think it's really important to get a broad base of experience and competence. Having intensive exposure to Emergency Medicine, Obstetrics, and Anaesthesia in particular I found very useful.

I think MD Management gave a two-day session during my residency, but I don't remember any integrated practice management curriculum. I was recruited to help at the University of Saskatchewan to help build a personal finance and practice management curriculum, so hopefully things are improving!

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

Depending on the residency site, opportunities for procedural skills development can be tough to come by – choosing the right electives helps a lot. Two very impactful courses I remember taking were AIME (airway management), and ALARM (obstetrics), but I know of many others I didn't have the money or time to take. You have to choose your focus and discussing with other residents/colleagues about what courses are the most worthwhile will help you get the most bang for your dollar and time.

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

I went to full-time practice in remote northern Saskatchewan right out of residency, and the first few months were terrifying. For my personality type it worked out okay, as I'd rather be thrown in the deep end and told to sink or swim, but I try to be cognizant of colleagues who find it tough to work in that type of environment. My personal view is that we should have formal mentorship relationships in place for everyone coming out of residency, but that's much easier said than done. We had a major polytrauma while I was on-call in my 7<sup>th</sup> month out of residency... we got through that okay, and everything after that seemed much less scary to deal with.

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

I love the huge variety of medicine that in my short career so far, I've been privileged to practice. Family Medicine in particular is fantastic and practicing in Saskatchewan where we have excellent working conditions, great professional relationships, with excellent specialist backup, and with most patients having their own Family Physician... it all helps a lot.

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

Talking to colleagues, I know I'm far from unique in finding it tough to reconcile my and my wife's desire for urban living and culture with my professional desire for rural and remote work. And time management, of course: learning to say "no" more often takes a lot of practice, and I was terrible at it coming out of residency.

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

As a CSA (Canadian who Studied Abroad) myself, I often get asked by International Medical Graduates (IMG) and CSA medical students for advice on matching to CaRMS, where/when to do electives, etc. It hurts my soul every time to tell them they likely have close to zero chance of obtaining a residency spot. I think it's a national disgrace.

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

At the risk of promoting a "burnout" culture, I would have taken more opportunities to come in after-hours for procedures or spend more than the required time with many of my preceptors, to help maximize my competence and confidence in practice. Once you're on your own, it's much harder to gain new skills.

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

I completed residency in North Battleford, and I've come back here to practice because of the fantastic medical culture we have locally. Almost all our physicians get along (and work together) really well. "Hallway consultations" occur often and are helpful!

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

I sit on the Board of Directors of the College of Family Physicians of Canada, so I can get most of my CPD credits from committee work, Family Medicine Forum, etc. On top of that, I make sure to maximize the CPD fund that is offered by our provincial medical association by booking at least one procedural course and one "update" course a year.



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### Non-Clinical Life

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

I absolutely love to teach (before I got involved with the College of Family Physicians of Canada (CFPC), I published a podcast and study notes for the CCFP exam with Dr. Mike Kirlaw), and I'm involved in both undergraduate and resident teaching. I also really enjoy getting involved in leadership roles locally and nationally, including with the CFPC. I'm the hospitalist lead locally, which allows me to get involved in hospital administration without overwhelming my clinical practice.

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

My family and I moved back to North Battleford for work just two weeks after my wife gave birth to our first daughter, so I definitely don't have the work/life balance figured out just yet! With my second child on the way, I've found the best way to stay balanced is to always discuss new or changing work commitments with my wife prior to committing – it gives both of us a chance to reflect and make an informed decision.

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

Having children is the biggest and most obvious change. Having money and being able to pay off debt has made a huge positive change to my wife's and my stress levels. Otherwise, I've found it helpful to keep the same frugal habits I developed in residency, at least for a few years!

*Disclaimer: These specialty profiles illustrate some aspects of the lives of individual physicians, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all physicians, as there is tremendous diversity in lifestyle, experience, and interest among the physicians in each specialty.*