



April 2019

About me

My name is Kimberly Lazare, I'm from Toronto, Ontario and I work in a combined practice of Family Medicine, Obstetrics, and Academic Medicine. I provide locum coverage and have opened a new practice specializing in rural practice, emergency medicine, low-risk obstetrics, teaching and education.

My residency program was University of Toronto Family Medicine, I graduated in 2014 and previously received a Bachelor of Health Sciences (BHSc) with Honours at McMaster University.

Why I chose Family Medicine, Obstetrics, and Academic Medicine and this location.

After completing residency, I wanted to experience all that Family Medicine had to offer. I knew that the farther away I got from my residency training, the less likely I was to continue practicing acute medicine.

I started out July 1st working in Haliburton, Ontario as a locum, practicing Emergency Medicine, Family Medicine in an office setting, and Hospitalist. After a year of this, I completed my low-risk Obstetrics fellowship, and took an academic job in the Family Medicine Teaching Unit at North York General Hospital.

This has allowed me to have a varied and interesting job, including teaching trainees, practicing Obstetrics, and having a robust family practice. I love the variety my job offers, and I've been so fortunate to be able to experience so many different facets of family medicine in such a short time in my early career.

Clinical Life

What does a typical day of clinical duties involve?

A typical day	
08:00	Arrive at work, check labs and paperwork, review charts for the day, or meeting
09:00	Clinic, often teaching residents
12:00	Lunch, finish notes, round on any admitted patients
13:00	Clinic
16:00	Finish notes, teach residents, review resident notes



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Weekly schedule at a glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00			Post-call from OB most Tuesday mornings				On-call for my own OB patients every weekend
08:00			Paperwork/labs/administrative work		Consultant at Bellwood Health Services (Addiction Program)		
09:00		Paperwork at office			See clients at Bellwood	FM clinic	
10:00		Family Medicine (FM) clinic		Occasional didactic teaching of residents			
11:00							
12:00							
13:00			Catch-up work in afternoon, including administrative work as Postgraduate Curriculum Lead	Clinic			
14:00							
15:00							
16:00					Home visits	Catch-up paperwork from the week	
17:00						Head home from clinic	
18:00							
19:00		OB call most Monday evenings					
20:00							
21:00							
22:00							
23:00							
00:00							

How did your residency program prepare you for practice?

Regarding practice management training, nothing formal – only what I learned from my mentors during residency training. This was quite helpful though, as both of my family medicine preceptors had vastly different practice styles, so I was able to pick and choose from their teaching what would work for me in my future practice.

I think the most helpful thing my residency program did to prepare me for practice was completing residency at the site where I now work. This made transition to practice almost seamless, because I already knew the institution, computer system, specialists, etc.

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

No.

Can you describe the transition from residency to practice?

As mentioned, I started out working in Haliburton July 1st as the only physician in the Emergency Department during cottage season, which was quite nerve-wracking! This was the best possible way that I could prepare for practice...by throwing myself all in at the get-go.

I also completed a number of family medicine locums during this time, so I was exposed to a variety of practice locations and styles, which was hugely helpful.

What are the best aspects of being in practice?

The independence and flexibility of having my own practice and doing things the way that suit me best. If I want to take a day off to attend a CME course - I just do it - and I don't have to get permission from anyone!

I also love the variety of my work from day-to-day...I'm not someone who could do bread-and-butter office family medicine five days a-week, but that's just me. I love the relationships that I have developed with my patients in just a few short years; I feel so invested and genuinely interested in their lives and well-being.

What are the most challenging aspects of being in practice?

The after-hour demands can be challenging – it's never just a 9-5 job, especially in Academic Family Medicine and with an Obstetrics practice. This has been tough as a parent with a young baby – it's hard to manage competing obligations.

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

I often get asked what my practice is like (i.e. the types of patients). I have such a variety in my practice (all ages, all health problems, both men and women, etc.), but it is skewed towards a younger practice with lots of kids because I practice Obstetrics, and I have a relatively large mental health practice because of my interest in mental health, including eating disorders.

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

I would have done more call. I know this sounds crazy, but in my opinion, this is the best way for residents to learn.

At my residency site, we had less call than other sites, and I almost wish I had done more of it, to feel more autonomous and confident entering practice.

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

My colleagues are fantastic! I feel so fortunate to work with a group of caring, like-minded individuals. My Family Health Organization (FHO) colleagues are all around the same age as I am and are passionate about teaching and patient care. It makes working in this group a true pleasure. We look out for each other, genuinely enjoy spending time together, both in-clinic and also socially outside of work.



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

I have a Practice-Based Small Group (PBSG) made up of friends from medical school and residency. We get together monthly and complete a PBSG module. This is enough to satisfy my annual CPD hours. I also attend a few conferences per year, both as a presenter and as an attendee, which I enjoy. I also teach and read journals, though admittedly I don't always log these hours.

Non-Clinical Life

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

I currently have a role as the Postgraduate Curriculum Lead at my hospital site and assist our Residency Program Director in managing certain aspects of the residency program. I also do some research on the side; this is mostly smaller projects because I do not have dedicated research time, but just out of interest because I find the work exciting and important.

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

I think I have an excellent work-life balance. I really try and do as much work as I can while I'm at work and try not to take the paperwork home with me. When I'm not at work, you'll find me spending time with my husband, daughter, and our dog; as well as my other family and friends.

Fitness and wellness are important to me; I exercise four times per week (a combination of fitness classes, yoga, at-home workouts, and running). I enjoy cooking, interior design, and travel.

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

There aren't major differences except as I mentioned, I am the boss of my own schedule, so there's a bit more flexibility in the time I can spend non-clinically.

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 residents, as there is tremendous diversity in lifestyle, experience, and interest among the physicians in each specialty.