



May 2019

## About me

My name is Alishya Burrell, I am a PGY-5 in Geriatric Medicine at Western University. I grew up on a farm outside of Dresden, Ontario and have done both my Internal Medicine and Geriatrics training in London. For medical school I attended the Windsor Campus of Western University and have an HBSc in chemistry from the University of Ottawa.

## Why I chose Geriatric Medicine and this location.

I didn't start Internal Medicine knowing that I wanted to be a Geriatrician. Training at a satellite campus for medical school, we actually didn't have many in-person interactions with Geriatricians, and I had never seen a Comprehensive Geriatric Assessment. But early in my Internal Medicine training, I did two months on the Acute Care of the Elderly team and fell in love with geriatrics.

I love the complexity of geriatric medicine. You have to keep up with all of the internal medicine topics, as you are still a generalist, but you have the time and capacity to look at the whole patient. Our focus on quality of life in that context gives us a very different perspective, because maybe guidelines can't always be applied to our multi-morbid, frail, patients in the same way. Every older adult I see is very different, and they all come with such interesting stories. It keeps me excited to go to work every day.

## Clinical Life

### What kinds of rotations are required in Geriatric Medicine?

In Geriatric Medicine, there are a huge range of rotations which represent the range of practices that can be had in Geriatrics. We rotate through acute medicine (both on a clinical teaching unit for older adults and inpatient consults), rehab medicine, and a variety of outpatient settings including clinics and outreach visits in the home. We rotate through Geriatric Psychiatry, Physiatry, and Palliative Care. We also do specialized clinics such as Osteoporosis Clinic, Heart Function Clinic, Movement Disorders and Cognitive Neurology.

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

It may seem obvious, but communication skills; Being a good listener and being patient are essential in Geriatrics. We spend a lot of time talking to patients and their loved ones, and strong communication is one of the most important parts of managing patients in Geriatrics.



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

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00		"Walking Rounds" on the Geriatric Rehab Unit with Consultant			"Walking Rounds" on the Geriatric Rehab Unit with Consultant		
09:00			Review admissions and discharges on the Geriatric Rehab Unit	Review admissions and discharges on the Geriatric Rehab Unit		Review admissions and discharges on the Geriatric Rehab Unit	
10:00			Dictate Clinic Notes				
11:00							
12:00		Lunch/Review charts for clinic	Lunch	Lunch	Lunch	Lunch	
13:00		Longitudinal Clinic	Academic Half Day		Review admissions and discharges on the Geriatric Rehab Unit	Junior Learner Teaching, handover for weekend	
14:00				Multidisciplinary "Table Rounds" on the Geriatric Rehab Unit			
15:00							
16:00			Critical Appraisal Presentations by Junior Residents				
17:00							
18:00				Osteoporosis Update Dinner (in conjunction with Endo) – occasional learning + food			
19:00							
20:00							
21:00							
22:00							
23:00							
00:00	On call for the Geriatric Rehab Unit (home call, 6-8 weeks of the academic year). Go in over the weekend only if required.						

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

I get to spend time with older adults every day and take the time to hear their stories. I have at least twice the amount of time to do a consult as other specialists in Internal Medicine do, and I love not having to rush the patient and their loved ones out the door. I also love how team-based Geriatric Medicine is, as we're looking at the whole person, the involvement of an Allied Health Team is essential. That team-based approach is great for the patient, but also makes for a wonderful work environment.

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

It is sometimes hard to accept that you can't fix everything. It happens particularly when doing home visits or seeing a patient whose caregiver is extremely burdened. We try to support them in every way that we can, but there are only so many community resources, and sometimes those have been maximized, or the patient is turning them down, and you have to accept your limits.

### **What is one question you're often asked about Geriatric Medicine, Geriatric Psychiatry, or Care of the Elderly?**

I'm often asked, what is Geriatric Medicine? I believe a lot of people think, "I see older adults in my field all the time, so what's the difference?". My response is that we are specialists that look at the whole (often complex) person. The Canadian Geriatric Society has been explaining geriatrics using the "5Ms"; we look at the mind, mobility, medications, multi-morbidity and what 'matters most' to the patient. I now use that approach to explain Geriatric Medicine to learners, colleagues and patients.

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

Starting my Geriatric Medicine residency, I found the biggest change was in finally having a longitudinal clinic where I could follow my own patients. It was a big transition, because it was suddenly me that was fielding phone calls from panicking family members, receiving prescription refill requests from pharmacies and reviewing investigation results. All of that new (and extra) work was worth it though, because I finally had the chance to truly get to know my patients. I've now been following some of them for two years, and it's been an honour to be with them through the ups and downs of their disease process.

### **If applicable, can you describe your experience with Subspecialty or Enhanced Skills Program selection process for Geriatric Medicine, Geriatric Psychiatry or Care of the Elderly? What resources did you find helpful for this (e.g. choosing electives)?**

When starting the process for a second CaRMS application, I found that my mentors in Geriatric Medicine were essential in helping me choose and arrange electives. I was fortunate that I had amazing mentorship at Western, but because it isn't always that easy to find a mentor, the Resident Geriatric Interest Group has created a nationwide Mentorship Map online, to connect residents with willing mentors in the care of older adults. So that's a great resource if you're looking for advice!



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

I will be starting my Masters in Health Professions Education through Maastricht University, Netherlands and the Centre for Education Research & Innovation at Western in July. While working on my masters' coursework and thesis,

I will be working with the Geriatric Medicine Department at Western. I've been very fortunate to have found mentors in my field that have helped me as I considered career and educational opportunities for the future.

### Non-Clinical Life

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

I am currently the Co-Chair of the Resident Geriatric Interest Group (RGIG), which has been a great way to become involved in the Geriatric Medicine community outside of the clinical setting. The RGIG is supported by the Canadian Geriatrics Society and works both locally and nationally to promote interest in the care of older adults. I am also interested in medical education, which has been the focus of my research and has led me to become involved in teaching both medical students and residents in different settings.

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

Maintaining a work-life balance and strong relationships is not always easy, particularly during the core Internal Medicine training. I survived by staying active and obsessively knitting. Not losing what you love to do is so important, as is having people that you can talk to when you're having a bad day or showing signs of burn out.

*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.*