



July 2019

About me

My name is Alex Kmet and I specialize in Family Practice, Anaesthesia and Palliative Care Medicine in Whitehorse, Yukon. While my family moved regularly growing up, I'm originally from rural northern Alberta.

I completed Rural Family Medicine in 2013 at the University of Alberta, Family Practice Anaesthesia at the University of Calgary in 2014 and finished my Palliative Care Medicine at the University of Alberta in 2018.

I'd previously obtained my Bachelor of Medical Science from the University of Alberta in 2010. I completed four years of general Undergraduate Studies at the University of Alberta; my interests were so varied I didn't have enough credits in a single discipline to qualify for a degree prior to starting medical school.

Why I chose Family Practice, Anaesthesia and Palliative Care Medicine and this location.

My scientific brain loves physiology and pharmacology, as well as the challenge of restoring health in the face of disease, and I find that satisfaction in my Anaesthesia practice. I've been fortunate to work with the independent humanitarian organization Médecins Sans Frontières in locations including Iraq and Central African Republic to provide emergency Anaesthesia services to people affected by war and neglect.

I chose medicine as a profession to be with people and hear their stories. Emphasizing personhood and dignity in the face of illness is the greatest responsibility of our profession.

Regardless of disease state, palliative medicine allows me to alleviate suffering, connect with people and their loved ones, and bear witness to the human condition. I love a quote I once read on a forum, and I've carried it with me ever since:

"...[I]n my mind, being a good physician has everything to do with being willing and able to sit and be truly present with patients and families during pivotal life transitions. Sure, we try to put out fires. But, if we can't put out the fire, a good physician takes the patient's hand and walks with him through the flames"

(ForamenMagnumPI, Student Doctor Network Forum; Sept 10, 2010).

Regarding location; Yukon is home to an incredibly diverse landscape and a beautiful mix of very special people. There is a calling to the North that cannot be explained unless you've been, and it's reflected in those who live here.

Yukon is a territory of 35,000 people, providing full-spectrum care across cultures and vast territory is exciting I feel like I'm caring for the community than I do individual patients.



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Clinical Life

What does a typical day of clinical duties involve?

A Typical Day

A typical day is tough to define; work can be quite varied. I picked just this current week as an example, but my week to week variability is quite high.

My daily paperwork includes reviewing results from my EMR and following up with patients over the phone, and this on average is about 30-60 minutes each evening.

Anaesthesia: A typical day in the operating room providing Anaesthetic services starts at 0730 and ends around 1500. We have regular general surgery, OBGYN, ENT, Orthopedics, Ophthalmology, and Endoscopy services. I also spend 2-3 days a month in a pre-operative clinic for pre-surgical optimization.

Anaesthesia on-call: I provide 24 hour on-call services for the hospital once every 6-7 days, and one 72h stretch (Fri - Sun) weekend on-call once every 6-8 weeks. On-call is home call (be able to present to hospital within 15 minutes) and includes emergency general surgery, Orthopedics and Obstetrics along with providing support to our ER colleagues with procedural sedation.

Anaesthesia on-call also is responsible for providing consulting services when required in our local Intensive Care Unit (ICU) along with being responsible for all ventilated patients which can mean a lot of work given as we have no respiratory technicians.

Family Practice: A typical day in the outpatient family practice office runs from 0900-1600 seeing on average 16-20 patients/day. I offer full-spectrum services except obstetrical care, which is provided by my family practice colleagues with a special OB interest and supported by resident OBGYNs. I provide home visit services for patients who find it too challenging to visit the clinic and take care of my own patients when they require hospital admission (I may have inpatients around 13 weeks of the year). Depending on my schedule, I spend 1-2 days a week in the office.

Palliative Care: I work alongside one other specialist palliative care physician in the territory to provide consultant palliative care services. I spend 2-3 hours a day either seeing palliative consults or follow-ups in all locations of care (home, long-term care, hospital).

Most care is shared with the patient's primary family doctor, but we are sometimes also the primary physician. Managing patients at home in remote communities usually involves a lot of coordination between us and the local nursing stations and we use telehealth when needed. I also spend 2-6 hours each week with administrative duties and palliative care meetings with allied health providers/government/hospital administration and provide informal and formal educational support for allied health professionals.

I'm fortunate that I often get to be home by the early evening, and usually am able to have at least half of my weekends free of clinical responsibilities where I'm able to leave town and be in nature.

How did your residency program prepare you for practice?

Each residency program prepared me well enough for the scopes of practice I was expected to provide. Rotations in non-academic community hospitals - with community specialists and generalists - were crucial to building the skills needed to practice in a rural and remote location.

I was not given any significant practice management training and would say that was a gap in my program at the time. Luckily, I ended up with incredible colleagues who have been wonderful mentors.

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

I actually never thought about it and didn't know of any resources. That may have been nice to know about.

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00						Anaesthesia: On-call X 24 hours	Anaesthesia: On-call X 24 hours
07:00						Anaesthesia: OB/GYNE	
08:00		Anaesthesia: Sedation for endoscopies		Anaesthesia: Orthopedics			
09:00			Palliative Care: Home visit		Family Medicine: Office		
10:00			Palliative Care: Administrative meeting				
11:00	Palliative Care: Hospital inpatient follow-ups						Palliative Care: Hospital inpatient follow-ups
12:00					Palliative Care: Hospital inpatient follow-ups		
13:00		Anaesthesia: Pre-op clinic	Palliative Care: Family Meeting		Family Medicine: Office		
14:00			Palliative Care: Hospital inpatient visits				
15:00		Palliative Care: Hospital inpatient follow-ups	Palliative Care: Consult	Palliative Care: Hospital inpatient follow-ups	Follow-up Palliative Care visit in nursing home	Palliative Care: Hospital inpatient follow-ups	
16:00		Palliative Care: Consult		Palliative Care: Consult	Palliative Care: Hospital inpatient follow-ups	Family Medicine: Home visit	
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

Can you describe the transition from residency to practice?

I had no way of knowing the depth of responsibility that our profession bears for our patients until I was on my own.

The removal of a Senior who is always directly responsible can feel like a loss of security, and the weight of responsibility can feel overwhelming. I didn't understand all the paperwork, follow-ups, and results that my attendings were taking care of behind the scenes. These significantly add to your day if you haven't planned for it somewhere in your schedule.

Start with less work than you think you want to do and be deliberate and thoughtful about adding more. There will be no shortage of people asking or expecting you to do more work; regardless of how hard you work, people will always ask for more.

Set limits early and expand them slowly based on comfort and balance with personal life. Seek mentors and colleagues you can trust for support in the transition and nurture those relationships as you will need them for the times when you have unfortunate patient outcomes.

What are the best aspects of being in practice?

Having the ability to decide where and how and how much I get to work. Being your own boss is amazing.

What are the most challenging aspects of being in practice?

The unexpected sickness that can happen to a patient at times when you also have personal life commitments (ex. The really sick patient in clinic at the end of a day on Friday) can be difficult to balance.

Maintaining a balance between personal and professional life (especially in a small location) can be difficult; It's hard not to see patients every time I go to the grocery store.

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

"How do you manage doing both palliative care and Anaesthesia? They seem so opposite!"

I find them to be quite complementary, and I appreciate how the diverse nature of each specialty provides perspective for the other. The balance of life and death is made so much clearer by juxtaposing two very diverse fields of practice, and I think each one has transferrable skills that benefit the other. Also, I would get really bored doing the same thing.

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

Study less and play more. There is not enough study time that will prepare you for everything that you will need to know in practice, especially as a generalist. Solidify the basics and focus on a broad foundational knowledge base and fill in the specifics over time. Missing out on family and personal time is something you can never get back. When you are at work, devote yourself to devouring every scrap of knowledge and seeing every patient possible. The crux of this balance is that medicine is a game of volume if you want to be good: your mind must be uncluttered if you want to take it all in.

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

I feel very honoured to work with such collegial and skilled colleagues. Rural medicine attracts like-minded people and I find that our medical community is very supportive. Working with people who are also genuine friends is awesome.

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

I attend one Anaesthesia and one palliative care conference per year. I read one family medicine, one Anaesthesia, and one palliative journal each month. Additionally, our hospital organizes a different CME session every Thursday over lunch.



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Non-Clinical Life

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

I'm currently involved in a nation-wide palliative care research study and am involved in advocacy work for enhancing palliative care services in the territory. I also participate in some administrative hospital duties, like being part of the Clinical Ethics Committee.

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

I make it my goal, except when on call for Anaesthesia services at the hospital, to be home in the early evening and am almost always successful so that I am able to spend time with my wife. I am lucky to be able to take 8-12 weeks of the year as vacation without too much hassle and we travel outside of Canada frequently together (we just finished a 3-week campervan trip through the southwest USA in October, and we are planning to spend the New Year in Peru). We play weekly Trivia every Wednesday night at a local dive bar and focus on maintaining close friendships over board game nights and dinners.

I really enjoy great craft beer and I love running (my wife says that I'm like a Husky in that I go crazy if I don't get enough exercise). I run 5 days a week, usually before work starts in the early morning, and when the weather is nice (or just so long as it's not too icy in the winter), I will often run the 10km to work at the hospital and then run home afterwards.

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

I spend more time focused on non-medicine related things now in my personal life than I did before. I have more non-medical friends and we share more non-medical interests and I spend less time thinking about work when at home than I did before, which is so incredibly refreshing.

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 residents in each specialty.