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New-In-Practice

Geriatrician — Nishi Varshney

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About me

My Name is Nishi Varshney, Staff Geriatrician in Metro Vancouver. I completed my MD at the University of Calgary (2007) and matched to both Internal Medicine and Geriatric Medicine residencies in Toronto at the University of Toronto (2013). I am currently in my 5th year of practice.

I am a Staff Geriatrician with the Fraser Health Authority. I work in both a UBC tertiary hospital teaching site in New Westminster BC as well as a UBC community teaching hospital in Port Moody, BC. I carry a UBC Clinical Instructor faculty appointment.

I began my education in a joint Bachelor of Science and Communication program at the University of Calgary prior to embarking on a career in Medicine. From my education and life experiences, I have learned that systems and processes intrigue me and the challenge of how to improve them has always been at the forefront of my interests.

Why I chose Geriatrician and this location.

After my PGY-2 rotation in Geriatric Medicine, I realized the beauty of a Geriatricians work: how they are able to take a complex array of symptoms/syndromes and neatly understand them from a whole person, patient-centered perspective.

The fact of how happy geriatricians are was very clear from the mentors I work with. Anecdotally they are consistently shown to be one of the highest statistically-proven disciplines for job satisfaction; including the ability to attain work/life balance.

Geriatricians are clinically astute physicians, understanding that single disease clinical practice guidelines are not easily applied without a thought towards therapeutic competition, knowledge of pharmacotherapy and prognostication to apply time needed to benefit. This expert knowledge skill set that also requires a detective and sleuthing ability, while given the time to do so (geriatricians have time-based fee codes) made me appreciate the subspecialty further.

When it came to choosing a place of work, I looked toward finding opportunities where I would be able to mix my interest in teaching/mentoring/capacity building while also allowing myself the independence to build my expertise as a consultant.

> *“[Geriatricians] are consistently shown to be one of the highest statistically-proven disciplines for job satisfaction; including the ability to attain work/life balance”*

Clinical Life

What does a typical day of clinical duties involve?

A Typical Day	
07:30-09:00	Teleconference once or twice a month, with department members.
08:30-12:30	Review Inpatient Consult request list and triage according to acuity (e.g. Acute delirium often takes precedent.) Begin my consults accordingly. On days when I have Geriatric Medicine Rapid Access Clinic, I will see patients in the hospital outpatient clinic alongside Geriatric Emergency Nurse Clinicians. On Tuesdays, we also have Acute Care of the Elderly bullet style rounds where we join the team in reviewing patients admitted to the ACE unit (admitted under Hospitalist MRP).
12:30	Lunch break, which I often eat in our doctors' lounge with other physicians, and often also review emails.
12:50-15:00	Varies by the day, but may include continuing inpatient consults, follow-ups, team liaison for complex case management, work with nurse educator on geriatric education topics. By the end of the day, it is common for me to see about 2-4 new patients, 3-5 follow-ups/case conferences, review 1-2 cases with the Geriatric Emergency Nurse Clinician, and during ACE rounds (on Tuesdays) briefly review 19 patients.
15:00-16:00	Attend to administrative duties as the local Geriatric Medicine head, which may include addressing questions from the Rapid Access Clinic, Geriatric Emergency Nurse Clinicians, Hospital Directors and Managers, Geriatrician colleagues, etc.
I work Monday to Friday, with daytime, weekday 08:30-16:30 on call.	

What kinds of rotations (clinical, research) are required in Geriatrics?

I thank my medical school training and residency training programs (Internal Medicine and Geriatric Medicine) for helping to develop the clinician I am today. As a result, I feel a solid foundation in Internal Medicine crucial to understanding multimorbidity in the older adult better. Rotations in Community Geriatrics were important to understand various practice models within Geriatrics outside the main academic hospitals. Longitudinal fellowship clinic, Rotations in Palliative care, Clinical Pharmacology, Neurology and Physiatry/Rehabilitation all have served very useful.

I believe practice management training is often well-taught in the community hospitals as per my experience. As I switched provinces after completing residency, I had to learn quite a bit from my new colleagues (who were incredible and helpful in guiding/discussing billing practices, administrative documentation, CME etc.). The provincial bodies (e.g. Doctors of BC) are invaluable in supporting practicing physicians.

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

Your accountant, financial advisor, and banking institution can help with understanding incorporation better. It is ideal if these individuals all are connected/speak with one another to make it simpler on you as a practicing physician.

Can you describe the transition from residency to practice?

As I moved provinces after residency, I needed to learn a new system of healthcare delivery in a health authority where I never worked. The transition was eased by taking on little by little (i.e. Not committing to too much too early) and

asking lots of questions as I went along. Learning to be an effective consultant is a key part of growth during this period, and I found reading some of the literature around effective consultancy to be helpful. I also modelled my practice to my mentors. I recently came across a TED talk on "Failing Forward", a concept which I think we should all remember especially during the early years of practice.

What are the best aspects of being in practice?

The responsibility, the independence, the professional balance it gives me as a mother, which for me is my main job. I was recently told by a patient's son: "your kids must be proud of you". As a Geriatrician, I feel like we care for our patients as though they are one of our own family members. I think that is what that son meant by his heartwarming comment.

What are the most challenging aspects of being in practice?

Understanding that your work is but a small cog in the enormous sphere of Canadian healthcare. Keeping the idealism alive and thriving can be challenging when you start to understand the deficits that exist in our healthcare system. Taking on manageable small change at a systems level helps to improve bit by bit and keep that enthusiasm persisting.

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

How to maintain CME while working predominantly in a Community Hospital setting.

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

Get to know the allied health team roles with more understanding. My intervention as a Geriatrician is often to involve various team members more directly. I now value the term interdisciplinary team versus multidisciplinary team with more clinical experience under my belt.

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

Excellent colleagues, with a variety of strengths and years into practice. We have a WhatsApp group called North Fraser Geriatric Giants that includes all six of the acute care Geriatricians, to aid in supporting one another professionally and personally. We support one another during difficult times. We cover each other during vacations. Geriatricians, from my experience, are some of the most supportive, humble, and kind individuals.

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

I find CME can be achieved through the Royal College modules, CMPA cases, and personal learning projects often developed in collaboration with teaching other clinicians, staff, students, and residents. Attending conferences are challenging for me at this time, as I have a young family. Twitter is a great way to keep up to date and "attend" conferences through following conference hashtags. I use twitter primarily for professional purposes. Reviewing my teaching evaluations are another method of CME.

"Get to know the allied health team roles with more understanding. My intervention as a Geriatrician often involves various team members more directly."

Non-Clinical Life

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

I have begun a leadership position since 2016 (two years into practice), when I established a Geriatric Medicine program in a community hospital. I am involved with evaluating statistics obtained through business analytics to help administration in their decision making around older adult care. I initiated a Geriatric Rapid Access clinic in our community hospital which is unique in its approach; I hope to take this further through quality improvement endeavours. I am currently involved with improving the frail older adult hip fracture pathway and delirium prevention/identification/management along with my Orthopedic Surgery/Trauma colleagues. I recently embarked on a collaborative discussion regarding Canadian Senior Friendly Hospitals, a national collaboration with Geriatricians established via twitter.

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

I am a mother of three boys, aged 1, 4 and 7. I have gone through three maternity leaves; one of which was during my Geriatric Medicine Residency. Our family relies on layers of childcare to buffer the times my husband and I are working and on call. We live in a beautiful community, the same community we work in. Our commute is minimal. Our kids attend the local public school in our neighbourhood (again, minimal commute for them and us, with more time spent as quality time together). Simplifying our lives in this way and living within our means is very important to us. I find this keeps the stress level low.

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

I live in suburbia now, versus downtown Toronto. I drive an eight-seater minivan now. A lovely cup of Chai, dark chocolate and colorful, well-fitting work blazers keep me fulfilled.

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.