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## About me

I'm Amit Persad, PGY-2 Neurosurgery at the University of Saskatchewan. Prior to joining the program in Saskatoon, I completed my medical degree at the University of Alberta in Edmonton, my hometown. Before medical school I completed three years of a Bachelor of Science in Biochemistry.

## Why I chose Neurosurgery

I didn't enter medical school thinking of Neurosurgery as a career. Instead, shadowing led me to mentors in Neurosurgery that stimulated my interest in the field. The mixture of terminal diagnoses and curable incapacitating conditions in the context of technical and anatomic complexity in this intensely academic field were my perfect match.

## Clinical Life

### What kinds of rotations are required in your program?

Surgical and Neuroscience rotations. Our off-service in this program include General Surgery, Neurology, Vascular Surgery, Plastic Surgery, Orthopedic Spine Surgery and ICU. Otherwise we spend our time on Neurosurgery; in PGY-2 I will spend 10/13 blocks on neurosurgery.

### Which of your personality characteristics are particularly helpful in your field?

Neurosurgery draws from different characteristics every day, so it is hard to answer this. Universally, being meticulous with any task helps, and a drive to succeed and will allow you to excel in this field.

### What are the best aspects of your residency?

All of it. I love my job. Obviously, the OR is the reason I chose Neurosurgery, but we are very involved in ICU care, and there is a lot to learn in clinic. In addition, there is encouragement to do extra such as research and teaching in this program, which I thrive with.

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

A typical day	
06:15-06:30	Handover of new admissions in Intensive-Care Unit (ICU)
06:30-08:00	Rounds
08:00-17:00	Daily activity (Operating Room (OR), ward coverage, clinic)
17:00-18:00	Run list for handover to call person



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Weekly Schedule at a Glance <i>*(variable, sometimes more OR, more ward coverage, depends on team and call)*</i>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00		Handover/ Rounds	Handover/ Rounds	Handover/ Rounds	Handover/ Rounds	Handover/ Rounds	Call
07:00		Rounds	Rounds	Rounds	Rounds	Academic Half- Day	Round
08:00		Ward coverage/ Consults	Ward coverage/ Consults	Operating Room (OR)	Clinic		Academic Half- Day
09:00							
10:00							
11:00							
12:00		Run list	Run list	Run list	Run list	Run list	
13:00		Ward coverage/ Consults	Ward coverage/ Consults	OR	OR	Rounds /Ward coverage/ Consults	
14:00							
15:00							
16:00							
17:00		Run list/ handover	Run list/ handover	Run list/ handover	Run list/handover	Run list/ handover	
18:00			Call			Call	
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

### What are the most challenging aspects of your current role?

A mixture of the work hours and the outcomes. A busy neurosurgery resident will easily pass 100 hours in a given week, and unless the service is quiet, there often isn't a lot of time to sit back during the day. Bad outcomes become our routine, but it is never easy seeing healthy patients have complications or seeing sick patients die. What is one question you're often asked about your decision to pursue a non-clinical career?

### What is one question you're often asked about your decision to pursue a non-clinical career?

Work-life balance is a common question. In Neurosurgery, we do badly at this; but the support is there from co-residents to allow you to take care of yourself if you need. I have co-residents who are married with children and they for sure don't get to do as much as they'd like with their family life, but they manage and are happy.

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

It's sudden. I read about gradual transitions, but neurosurgery doesn't really have that, especially in small programs. In my program, we do solo call from the first day. Your colleagues are there for support and the faculty are willing to help, but you have enough autonomy early on that you have to learn fast. It wears some people down, but others thrive in the environment.

### What are your future practice plans?

I haven't decided what to specialize in, but I have a lot of interest in brain tumors, neurovascular and ICU. I'd like to hold an academic appointment at a division with a residency program and have a robust teaching and research portfolio, in addition to clinic duties.

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

We are all very different but get along really well. That's important when you see these people 12 hours a day. Neurosurgery is hierarchical, and if a senior resident asks you to do something you will typically do it without argument. We are however collegial and friends with each other for the most part, and so we often don't feel the hierarchy, especially when there are few enough of us on service that we are all doing different things.



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## Non-Clinical Life

### What are your academic interests?

Leadership activities and research. I am involved in Resident Doctors of Saskatchewan (RDoS) and am currently involved in a national neurosurgery resident research collaborative. I do basic science and clinical research in neurosurgery and enjoy investigating interesting questions in the field. I also have an interest in medical education and work on innovative computer programs to this end.

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

Neurosurgery attracts all sorts, but there exist a good portion of us who like to work a lot and spend less time with outside activities. Regardless, I go to the gym three times a week, watch TV series, and spend a significant portion of my time with friends each week. I talk to family and friends from Edmonton often, and I engage in my more time-consuming hobbies such as writing, drawing and whittling weekly. None of my relationships have suffered, and while work is sometimes stressful, I don't think that I need any more in the way of resiliency efforts compared with other residents. When bad things happen I either talk about them with people close to me or I take a little distance for a while then get my head back in the game.

**Feel free to share your Twitter handle if you would like RDoC to tag you when your profile is shared via social media (@residentdoctors).**

@CanadianNeuroSx

*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.*