



October 2022

About me

Hi, my name is Megan Tesch and I am a PGY-5 resident in Medical Oncology at the University of British Columbia. I was born and raised in Charlottetown, Prince Edward Island. I completed an undergraduate degree in Biology at the University of Prince Edward Island, and went to medical school at Memorial University of Newfoundland (MUN). Although initially choosing to do my residency in Family Medicine, I later realised Internal Medicine was a better fit and transferred into the MUN program the following year.

Why I chose Medical Oncology

When I tell people I'm a Medical Oncology resident, they often assume my job is depressing. On the contrary, Medical Oncology is one of the most rapidly-evolving medical fields in terms of drug development. From dissecting the cancer genome to develop targeted therapies tailored

to individual tumours, to harnessing patients' own immune systems to destroy cancer cells; the growing array of treatment options is exciting and gratifying.

After transferring into Internal Medicine, I immediately considered Medical Oncology as a subspecialty because it seemed like the ideal combination for me; it is an intellectually challenging field, but also possesses the continuity and potential for meaningful relationships with patients.

My other reasons for choosing Medical Oncology included:

- The primarily outpatient-based setting equates to generally good work-life balance in residency;
- The workplace environment is highly team-based in terms of Oncology specialists and allied health professionals, and I knew I worked best as part of a team;
- The many opportunities to get involved in research during residency; and,
- The patients themselves.

While I do have to deliver difficult and sometimes sad news to patients and their families, I also see many patients go through their cancer care with incredible resiliency and return to normal lives afterwards, which really is inspiring.

Clinical Life

What does a typical day of clinical duties involve?

A Typical Day	
08:00-08:30	Academic activities (e.g. multidisciplinary tumour board rounds, journal club, provide teaching for rotating medical students/residents)
08:30-12:00	Morning new patient clinic
12:00-13:00	Lunch, round on inpatient(s), if applicable
13:00-16:30	Afternoon follow-up clinic
16:30-17:30	Catch up on clinic dictations , prepare consults for next day's clinics

Medical Oncology Resident Profile — Megan Tesch



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Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00					Home Call		
07:00					Home Call		
08:00		Inpatient Admissions	Inpatient Rounds	Multidisciplinary Tumour Board Rounds	Teach to rotating Medical Student / Residents	Journal Club	
09:00		Clinic	Clinic	Academic Time	Clinic	Clinic	
10:00		Clinic	Clinic	Academic Time	Clinic	Clinic	
11:00		Clinic	Clinic	Academic Time	Clinic	Clinic	
12:00		Lunch	Medical Oncology Grand Rounds	Inpatient Rounds	Inpatient Rounds	Inpatient Rounds	
13:00		Clinic	Clinic	Longitudinal Clinic	Academic Time	Academic Half-Day	
14:00		Clinic	Clinic	Longitudinal Clinic	Academic Time	Academic Half-Day	
15:00		Clinic	Clinic	Longitudinal Clinic	Academic Time	Academic Half-Day	
16:00		Clinic	Clinic	Longitudinal Clinic	Academic Time	Academic Half-Day	
17:00				Home Call			
18:00				Home Call			
19:00				Home Call			
20:00				Home Call			
21:00				Home Call			
22:00				Home Call			
23:00				Home Call			
00:00				Home Call			

What kinds of rotations are required in your program?

The only rotations required by the Royal College are Medical Oncology, Hemato-Oncology, Radiation Oncology, and Palliative Care. All rotations are outpatient-based and there is the option to do some Oncology rotations in community settings. Most programs offer 4-6 months of elective time for residents to experience out-of-province Oncology sites, or this time can be used for research.

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

Being empathetic and patient. Cancer diagnoses affect people in vastly different ways. In order to provide the best possible care, it's important to take the time to understand each patient's unique context through what is often very intensive treatment.

What are the best aspects of your residency?

Oncology is a very clinically focused specialty, with much of the working week spent in direct patient contact in outpatient clinics. Supporting patients through their cancer journeys can be an extremely rewarding experience. The team-oriented nature of cancer care makes the workday enjoyable and sociable.

Being primarily outpatient-based, work-life balance is more achievable than some other medical specialties. With the accelerating rate of drug discovery in Oncology, we are continually implementing new treatments in-clinic and it is easy to get involved in research if interested.

What are the most challenging aspects of your specialty?

For patients, cancer diagnoses are often associated with anxiety and well-founded concern for the future. This can be emotionally taxing at times as a provider, and it is important to practice self-care and communicate with colleagues when difficult situations arise.

With the pace of drug development in Oncology, it can be challenging to stay up-to-date in the literature across all tumour sites during residency and as a practising Medical Oncologist. This is why many Medical Oncology residents complete additional fellowships focusing on specific tumour sites and/or seek out career opportunities where they cover only 2-3 tumour sites.

What is one question you're often asked about your decision to pursue your specialty?

"Is it sad caring for cancer patients?"

Medical Oncology is by no means all, "gloom and doom". Patients are living longer than ever as our understanding of cancer biology improves and our available therapies expand. The best part of the job is when cancer treatment works and patients return to good health. These success stories are motivating and not at all infrequent.

I still undoubtedly encounter sad cases, but even these situations can be rewarding when you are able to help patients transition into a different type of care and gain acceptance of their illness trajectory. There is a sense of peace that comes with this for the patients, their families, and their providers.

Can you describe the transition from junior to senior resident?

The transition from Internal Medicine into Medical Oncology was initially challenging given the steep learning curve. Unlike other medicine subspecialties, where we develop a basic approach to common diagnoses in our Internal Medicine training (e.g. COPD in Respiriology, acute kidney injury (AKI) in Nephrology), there is little clinical exposure to Medical Oncology given its outpatient focus. It takes some time to become comfortable with the natural history of cancer subtypes and prescribing chemotherapy.

Thankfully, most residency programs are structured in such a way that academic time is built into the day-to-day schedule to allow residents time to read around cases. When it comes to managing cancer patients, your staff are almost always right there beside you in-clinic to provide support as needed.



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If applicable, can you describe your experience with the subspecialty matching process? What resources did you find helpful for this (e.g. choosing electives)?

During Internal Medicine residency, there is little exposure to what day-to-day Medical Oncology practice entails. Thus, doing Medical Oncology electives is highly valuable in exploring whether the field is of interest to you, and I sought this out early upon transferring into Internal Medicine.

Some of the larger Medical Oncology programs prefer residents to have completed an elective at their site if they are hoping to match to that program, so I prioritized my electives at these institutions. Although it varies from year to year, the Medical Oncology subspecialty matching process is generally less competitive than some of the other medicine subspecialties. I found the overall experience enjoyable and much more relaxed than the R1 matching process.

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

I have decided to pursue further training in Breast Oncology and will be completing an additional two-year fellowship, which will be a mix of research and clinical duties. Additional 1-2 year fellowships after Medical Oncology residency are an asset to work at academic cancer centres, but not always required depending on job availability. Some of my co-residents have chosen instead to directly enter community practice next year. During our Medical Oncology residency, we are connected with mentors for career planning, who in turn have networks of colleagues across the country and across practice settings (e.g. community) that we may reach out to for advice.

Non-Clinical Life

What are your academic interests?

I enjoy being involved in resident advocacy and have volunteered with Resident Doctors of Canada and locally with Resident Doctors of BC. This year, I'm also serving as co-chief resident for our Medical Oncology program, which has been enjoyable so far in terms of curriculum development and other aspects of program improvement.

My research has been focused on resource stewardship and Breast Oncology, and I hope to continue pursuing these academic interests in my fellowship training and future career.

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

One of my motivations for selecting a larger Medical Oncology residency training program was that I wanted co-residents to draw on for support and socialize outside of work. We have gotten to know each other quite well over the past year and I've been introduced to a lot of great Vancouver restaurants in the process.

I have extended family on the west coast that I have been able to spend more time with but I also keep in close contact with my east coast family and friends via platforms like Facetime and Zoom. The milder BC weather means I can run outside most of the year now, which I enjoy both from a physical health standpoint and in helping manage stress.

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.