



July 2024

About me

Hello there! I'm Angela Silveira, a PGY-5 specializing in Public Health & Preventive Medicine (PHPM) at the University of Saskatchewan's College of Medicine/Saskatchewan Health Authority in Saskatoon.

I'm originally from Mississauga, I earned my Master's in Public Health from Johns Hopkins Bloomberg School of Public Health, and I've also earned a Diploma in Tropical Medicine & Hygiene (DTMH) from the London School of Hygiene and Tropical Medicine. I'm currently working towards my Fellow of the Royal College of Physicians of Canada, Division of Medicine certification (FRCPC), which I'm excited to achieve in the near future.

Why I chose Public Health and Preventive Medicine

As a first-generation immigrant to Canada, I've traveled, worked, and studied in different places around the world. During these experiences, I came to appreciate that part of patient care is finding and fixing the root causes of a problem in order to achieve long-lasting solutions.

What really attracts me to PHPM is the ability to make a difference for large groups of people, not just individuals. In Public Health, we focus on preventing problems before they happen, and this often involves changing the way things work at a higher level, like policies.

I chose PHPM because:

- It's exciting, there are always new emerging diseases, creating new policies, and the need for monitoring current trends.
- The choices we make can have a big impact on many people, which can lead to important changes in how things are done.
- This field works in a special way; we can help individuals, communities, provinces, and make national and global impacts.

Clinical Life

What does a typical day of clinical duties involve?

A Typical Day

Our schedule varies greatly on a daily, weekly, and monthly basis. In Saskatchewan, I'm enrolled in the PHPM-only stream, unlike the combined PHPM-Family Medicine program available in other provinces.

The initial year follows traditional clinical blocks, while the second year is dedicated to pursuing a Master of Public Health (MPH) or another master's training. The subsequent years (3-5) offer a diverse experience, including 12 weeks of spread-out on-call responsibilities. For PHPM residents, the on-call duty is one week at a time.

A typical workday spans from 08:00 to 17:00, encompassing a blend of meetings specific to the rotation, ongoing projects, discussions with supervisors/preceptors, online modules, and personal study time.

The workload involves juggling multiple projects and tasks simultaneously. Collaboration is a key aspect, involving coordination with Public Health nurses, practitioners, inspectors, Ministry of Health employees, clinical physicians, environmental services, governmental bodies, media, and others.

Senior Resident Profile

Public Health and Preventive Medicine — Angela Silveira



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Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00	Off or on call						Off or on call
07:00							
08:00		MHO Zone meeting	Team Huddle	Team Huddle			
09:00				Training course		Academic Half-day	
10:00			Check in with Director/manager	Sexually Transmitted Blood Borne Infections (STBBI) Strategy meeting	Saskatchewan MHO Provincial Meeting - all zones		
11:00		Weekly supervisor touch base	National Collaborating centre online webinar or module	One-on-one team member meeting	Senior MHO Provincial Meeting -all zones		
12:00			Lunch	Lunch	Supervisor Touch base	Resident Check-in and lunch	
13:00		Lunch	Portfolio specific meetings	Various project meetings		Journal Club	
14:00		Project meeting	One-on-one with team members	Steering Committee on Immunization Meeting	Lunch	Check in with Program Director	
15:00							Various project meeting
16:00		Independent work time	Training course	Various project meeting		Independent work /study time	
17:00			Independent work /study time	Independent work /study time	Independent work /study time		
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

Our main rotations cover a range of critical areas. These engagements include:

- **Communicable Diseases** - which involve handling outbreaks, tracking reportable diseases, planning vaccines, and addressing emerging infections.
- **Environmental Health** - we delve into topics like air quality, extreme weather impacts like wildfires, and conduct inspections on establishments like pools, tattoo parlors, and restaurants.
- **Health promotion and chronic disease prevention** - addressing issues like injuries, fostering a healthy environment, and implementing strategies for harm reduction related to substance misuse.
- **Public Health Policy Rotation** - equips us with the skills to influence policies across government, healthcare, and community organizations.

We also have a rotation centered on management and administration. This encompasses budget planning, managing human resources, and collaborating with boards of health to ensure effective governance.

In addition to these core rotations, there's room for elective rotations. These allow us to explore diverse areas such as Occupational Medicine, Addictions, Travel Medicine and Indigenous Health.

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

Three characteristics are key in PPHM:

Creativity and Pioneering Spirit: I am consistently motivated by the imaginative, oftentimes original methods employed to tackle uniquely intricate challenges. Often, these approaches must be crafted within tight schedules and with limited resources, all while navigating the intricacies of the social and political terrain.

Devotion to Advocacy: Operating on a broader scale, you possess the capability to shape seismic shifts. However, this journey can be gradual, with the fruits of your labor not immediately apparent. It's a privilege for me to collaborate with peers who display unwavering dedication to healthcare systems and marginalized communities. Their persistence and drive to keep this vital work moving forward inspires me.

What are the best aspects of your residency?

What I find most compelling about the Public Health specialty, is its capacity to view medicine through a social lens rather than solely an individual one.

Many health challenges — such as communicable diseases, early childhood issues, and mental health struggles — arise from interactions within our societal and communal contexts. Public Health, with its population-focused approach, empowers me to address these interconnected dynamics in ways that clinical medicine cannot offer. In clinical settings, I'm confined to treating a single patient at a time, but in Public Health, I can intervene on a broader scale.

Another great aspect of Public Health lies in the prevalence of salaried roles for graduates. These positions often come with additional benefits, including paid vacation, sick leave, and pension plans. I also forgot to mention that the work/life balance is very flexible!



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What are the most challenging aspects of your current role?

A challenge I face every day is the extensive amount of knowledge that Public Health requires. These specialty foundational skills range from clinical comprehension of diseases and risk factors to crafting business cases, enacting policies, and overseeing health teams. Sustaining these core abilities consistently within the realm of Public Health work keeps me constantly engaged!

Furthermore, considering the predominantly non-clinical nature of this specialty, opting for a clinical fellowship provides a viable avenue to uphold my clinical skills. However, it's important to acknowledge that this additional training period is added time to the already five-year residency.

What is one question you're often asked about your residency?

"Is Public Health and Preventive Medicine a medical specialty?"

Absolutely; Public Health and Preventive Medicine is indeed a medical specialty. Often, I encounter medical students who express surprise upon learning that I am a Public Health & Preventive Medicine physician, as they may not have been aware of it being a distinct five-year Royal College accredited specialty.

It's important to emphasize that we are a medical specialty, albeit a relatively small one. As physicians, our focus lies in tending to populations rather than individual patients.

Can you describe the transition from junior resident to senior resident/fellow?

The transition from being a junior resident to a senior resident at the University of Saskatchewan was a seamless one. During the initial junior residency phase in the Community Health & Epidemiology Department, closely tied to our PHPM program, the majority of our residents pursue an MPH. Notably, a significant proportion of the faculty members within this department are experts in PHPM, lending valuable support to facilitate the transition. As one progresses to senior residency, the primary focus centers on specialized Public Health rotations. While these commence with close supervision in the initial months, residents gradually gain autonomy and confidence as their responsibilities and skill sets expand. This development is particularly evident during call weeks.

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

Within Canada, our specialty maintains a tight-knit community, with most of us familiar with one another either professionally or personally. For effective networking, direct outreach and connections within the field prove to be the most effective approach. The Public Health Physicians of Canada extends a free membership to residents, a valuable resource for establishing connections and exploring elective or job prospects. This membership serves as a gateway to a broader network within our field.

Non-Clinical Life

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

Beyond my involvement in PHPM, I actively engage in resident physician advocacy at both the provincial and national levels. I'm currently the Co-chair for the Public Health Physicians of Canada Resident's Council. Additionally, I contribute as a Program Lead for Resident Doctors of Saskatchewan. Notably, I've taken the initiative to co-found and pioneer a mentorship platform designed for medical students and residents keen on exploring Public Health.

On a broader scale, I serve as a board member for esteemed global networks including the American College of Preventive Medicine and the Global Alumni Network for Johns Hopkins University.

My research interests encompass:

- Humanitarian Health, particularly focusing on refugee and migrant health.
- Occupational health and safety within workplace settings.
- Sexually Transmitted and Blood-Borne Infections (STBBIs) within vulnerable groups.
- Promoting resident wellness and enhancing medical curriculum education, with a particular emphasis on international medical graduates (IMGs).

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

One of the primary factors influencing my choice of PHPM was the wonderful work and personal-life balance and the notable flexibility it offers. The current rotations I'm engaged in grant me a considerable degree of independence, with supervisors readily accommodating personal commitments like doctor or dentist appointments when required.

My program director is very supportive in curating my interests to align with the core competencies of Public Health and to include wellness activities such as retreats, luncheons, and even barbeques for the residents.

My schedule also permits quality time with my family and allows me to indulge in various personal pursuits, including:

- Engaging in meditation and yoga practices, along with the occasional tennis match.
- Exploring my musical inclinations through playing various instruments.
- Connecting with friends over coffee or joining them on hiking expeditions.
- Thriving in heart-pounding adventures like whitewater rafting or climbing mountains.

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.