

# Paediatric Insider

Continuing Medical Education Annual Report 2021-2022



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# CME Contributors

## **Paediatric CME Director**

Dr. Rahul Ojha

Mrs. Renée Vachon – CME Coordinator

## **CME Committee Members**

Dr. Jagraj Brar – Academic Paediatrician

Dr. Shruti Mehrotra – Paediatric Emergency Medicine

Dr. Janice Tijssen – Paediatric Critical Care

Dr. Tamara VanHooren – Academic Paediatrician

Ms. Kristine Fraser – Paediatric Nurse Consultant

MNCYN

## **Regional Representatives:**

Dr. Manju Rajguru – Paediatrician, Cambridge

Dr. Justin Jagger – Paediatrician, Thunder Bay

## **Canadian College of Family Medicine**

### **Representatives:**

Dr. Jamie Wickett

Dr. Sara Puente

Dr. Tania Rubaiyyat

## **Annual Report Contributors**

Dr. Rahul Ojha – Writer/Editor

Mrs. Renée Vachon – Writer/Editor/Designer

Dr. Craig Campbell - Paediatric Co-Chair

Dr. Ram Singh – Paediatric Co-Chair

Dr. Guido Filler – Paediatric Nephrology

Dr. Anna Gunz – Paediatric Academic Medicine

Dr. Helena Woodhouse - Paediatric Resident



## CME Committee Members



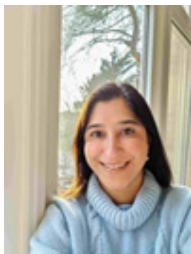
Dr. Rahul Ojha, MBBS, DCH,  
MD, FRACP CME Director



Renée Vachon  
Paediatric CME Coordinator



Dr. Jagraj Brar, MD, FRCPC  
Academic Medicine



Dr. Shruti Mehrotra, MD, FRCPC  
Paediatric Emergency Medicine



Dr. Janice Tijssen, MD, FRCPC, FAAP  
Paediatric Intensivist



Dr. Tamara VanHooren, MD, FRCPC  
Academic Medicine



Dr. Justin Jagger, MD, FRCPC  
General Paediatric



Dr. Sara Puente, MD, CFPC, FCFP  
Family Physician



Dr. Tania Rubaiyyat, MD, CCFP, FCFP  
Family Physician



Dr. Jamie Wickett, MD, MCISc(FM),  
CCFP, FCFP  
Family Physician



Dr. Manju Rajguru, MBBS,  
DNBE, FRCPC  
Community Physician



Kristine Fraser  
Paediatric Nurse Consultant  
Maternal Newborn Child and Youth  
Network



## Message from the Department of Paediatrics Co-Chair/Chiefs

A commitment to lifelong learning and knowledge translation is really at the heart of what it means to practice medicine. We are particularly proud of the contributions that our faculty have made to generating new knowledge, integrating research and innovation, and sharing that expertise widely to facilitate learning for each other as peers, our health discipline colleagues, and for our next generation of paediatricians. Thank you to each of you in the Department for your Continuing Medical Education efforts and activities.

We have a strong team who work hard yearlong to deliver a comprehensive CME program, including an annual conference, which is an essential part of our professional growth and our partnership with our paediatric colleagues across the region and beyond. The group deserves a great deal of credit for creating and delivering this content so well.

We hope you will enjoy this annual report that showcases our CME contributions.

**Dr. Ram N. Singh**, M.D. FRCPC Co-Chair (Interim) Department of Paediatrics

**Dr. Craig Campbell** M.D. FRCPC Co-Chair (Interim) Department of Paediatrics

## Message from the Paediatrics CME Director

Looking back at the department of Paediatrics Continuing Medical Education (CME) in the last 5 years, we are proud of our achievements that were only possible through the extraordinary commitment of all our faculty members and staff. Not only did our Department lead over 62 invited lectures in fourteen different countries, but they are working to transform medical education to ensure every child receives high-quality care locally, nationally and internationally.

Our department has been hosting outstanding paediatric conferences every year. In 2021 we organized a virtual conference and in 2022 it was held in person and virtually with attendees from all over the province. The Paediatric CME also continued and expanded the Paediatric Regional Outreach Program (PROP). The PROP-POCUS program started this year with a great response. The PROP Lecture Series under this program has gained huge appreciation not only by our regional partners but attendees across Ontario and other provinces. After a break of 2 years due to the pandemic, CME is again gearing up in partnership with the Michael Gunning Simulation Centre and MNCYN to provide PROP in-situ paediatric simulation workshops across the region.



Our Grand Rounds has been a forum for information exchange and to display excellence in paediatric research and education. We are committed to provide cutting edge topics relevant to contemporary paediatric practice on a weekly basis.

We are in pursuit of a truly dynamic, learner-focused approach. CME continues to evaluate, receive feedback and improve on an ongoing basis to ensure we are meeting and growing with the needs of the community. It is paramount for medical staff to continue to grow and expand their knowledge and skills.

**Dr. Rahul Ojha** MBBS,DCH, MD, FRACP  
Director of the Continuing Medical Education  
Department of Paediatrics  
Children's Hospital, London Health Sciences Centre

“We are in pursuit of a truly dynamic, learner-focused approach”

## Conferences in Focus

### In the last 2 years

- Over 806 Participants
- Over 108 Experts
- 3 Different Conferences



## Provincial

### Children's Hospital Paediatric Update Conference

The Children's Hospital Paediatric Update Conference continues to grow and expand each year with a goal to enhance paediatric knowledge amongst healthcare professionals. In 2021 the conference was offered online due to the pandemic, but in 2022 we were able to host it in person at the Four Points Sheraton in London, Ontario. Some of the highlights for the 2022 conference were: Point of Care Ultrasound workshop during the morning session and Career Opportunity Dialogue with the regional Chair Chiefs & residents at lunch time. We had a total of 16 presentations (each year) that included three breakout sessions. Some interesting topics covered by our experts: A Paediatrician's year in Iqaluit, Technology dependent child: How to troubleshoot in the Community, Climate Change and Impact on Child Health, Indigenous wholistic care In Paediatric Health.

230 + Participants in the  
last 2 years



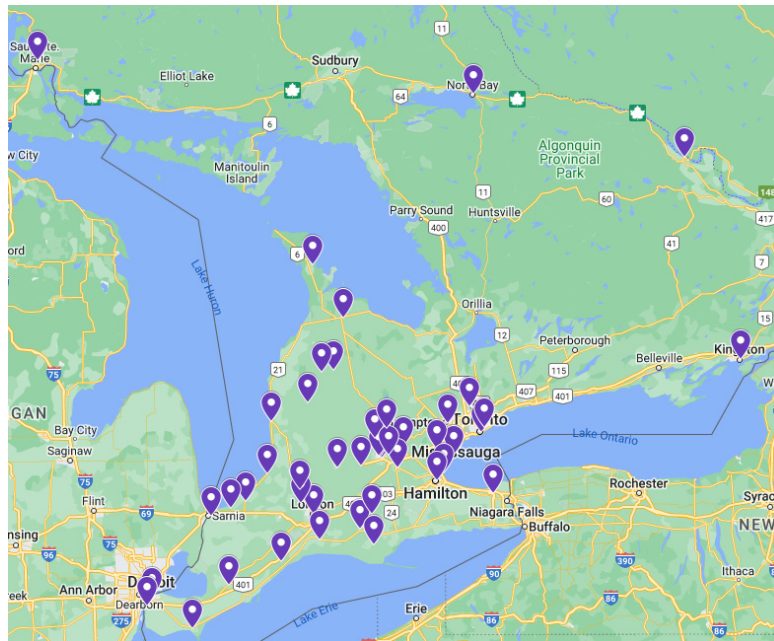
## Paediatric Emergency Medicine Refresher Day

The Paediatric Emergency Medicine Refresher Day provides the opportunity for healthcare professionals to learn about the current standard of care for Paediatric Emergency Medicine. The conference was offered online for both 2021 and 2022. Some interesting topics covered: Pills that can kill, Care of the unvaccinated patient, management of the crashing asthmatic patient, Behavioural Crisis, Trauma Simulation, Surgical Emergencies.



PEM Refresher Day

160+ Participants in the  
last 2 years



Location of the participants who joined the Children's Hospital Paediatric Update and the Paediatric Emergency Medicine Refresher Day



## National

### Canadian Paediatric Emergency Medicine Review Course

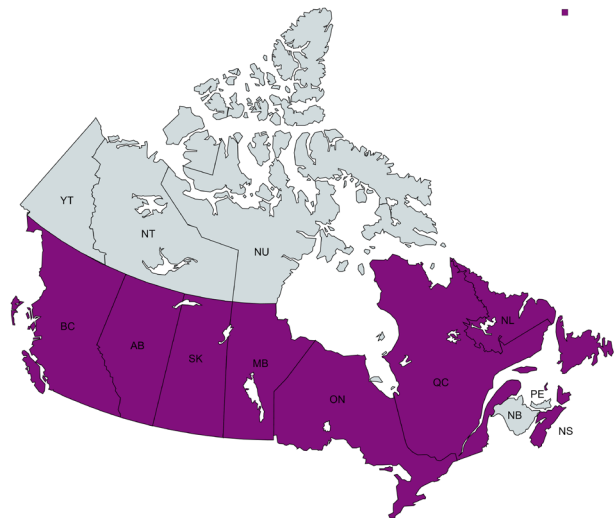
The Canadian Paediatric Emergency Medicine Review course is a national annual course offering attendees from across Canada the opportunity to update their knowledge regarding core Paediatric Emergency Medicine topics. Due to the pandemic, the conference was held online but still offered case-based learning. The course also provided the opportunity for participants to review literature, update knowledge on procedural sedation, common hematological, cardiac, surgical, neurological and behavioral emergencies. There were a total of 22 topics in 2021 and 30 topics covered in 2022.



**Registrants from almost all provinces of Canada joined us for the Canadian Paediatric Emergency Medicine Review Course**

Provinces participating in  
the Canadian Paediatric  
Emergency Medicine Review

Course



260+ Participants in  
the last 2 years

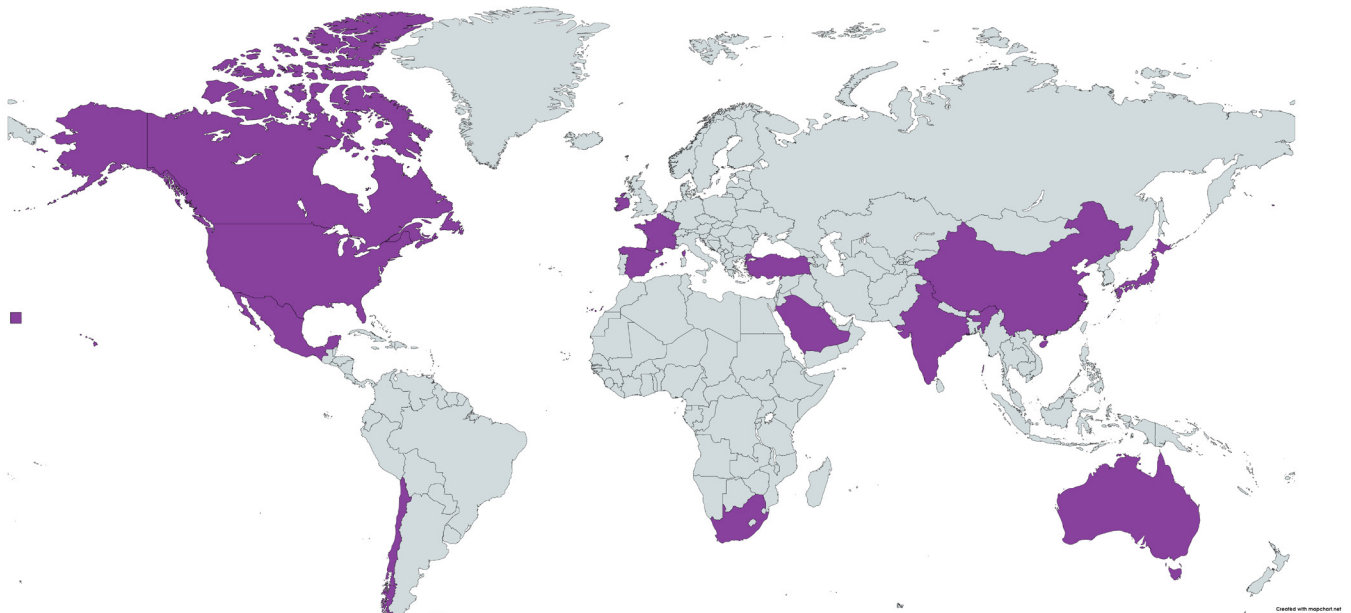
# International Impact

## Our CME Activities Around the World

In the last 2 years:

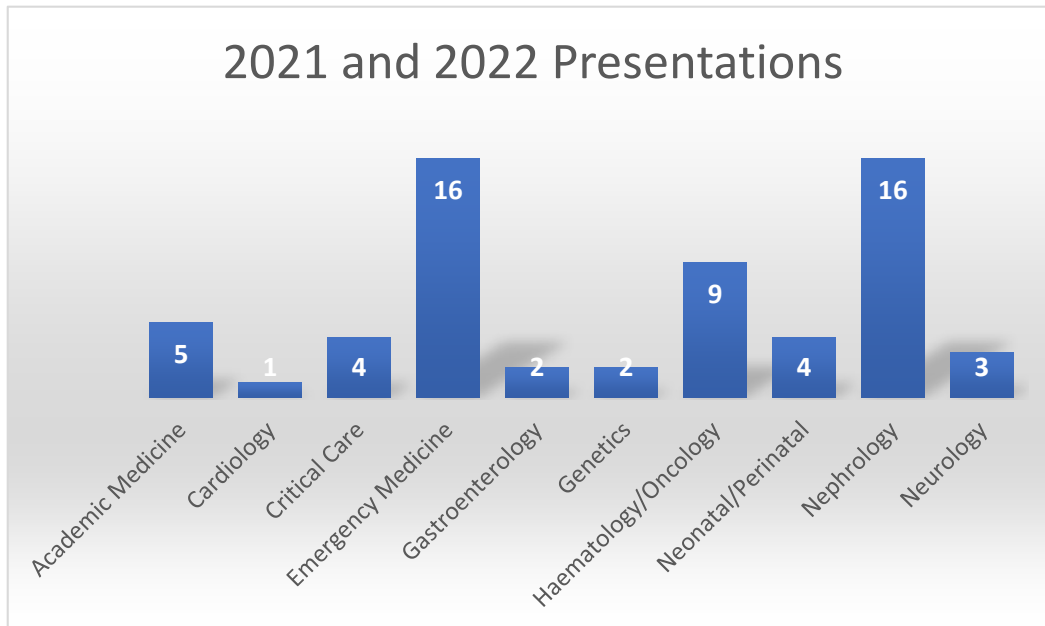
- Sharing Knowledge in 14 Different Countries
- 62 International Presentations

The Department of Paediatrics has provided more than 60 Continued Medical Education presentations between January 2021 and December 2022. These presentations were done in 14 different countries around the world: Antigua/Barbuda, Australia, Chile, China, Europe, France, India, Ireland, Japan, Mexico, South Africa, Spain, Turkey and United States.



# Breakdown by Division

## International Presentations and Invited Lectures



# Other Educational Activities

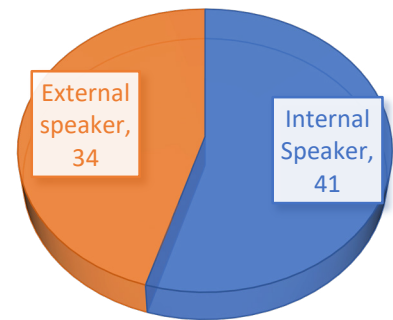
## Spotlight

### Grand Rounds

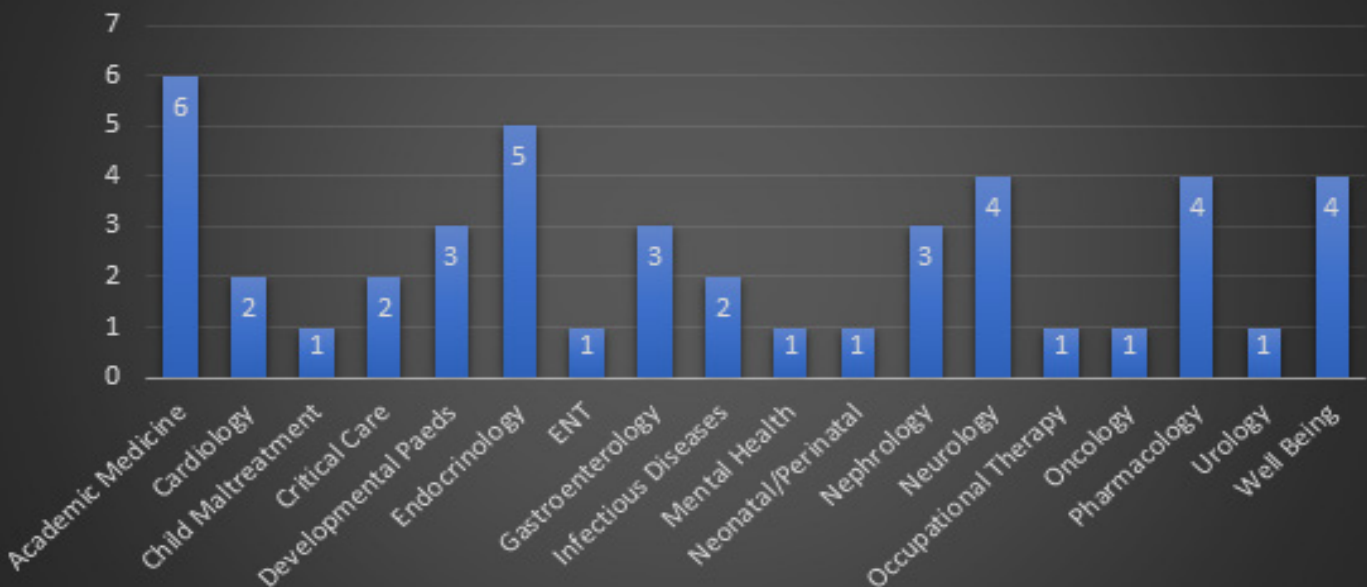
Paediatric Grand Rounds lectures take place weekly during the academic calendar year. The Rounds are designed to discuss and evaluate cutting edge topics relevant to contemporary paediatric practice. Grand Rounds is a forum for information exchange and to display excellence in paediatric research and education. Due to the pandemic, Grand Rounds transitioned to a virtual format which has led to increased attendance.

41 Internal Speakers  
 34 External Speakers

**NUMBER OF PRESENTATIONS FOR 2021 AND 2022**



**Number of Grand Rounds Speaker per Division**



# Paediatric Regional Outreach Program (PROP)

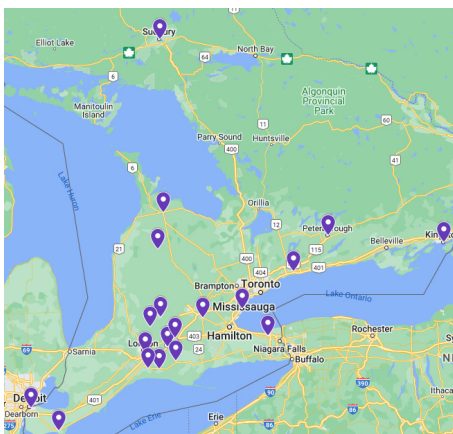
## In the last 2 Years

- 18 Experts presented
- More than 400 attendees from around the province

## PROP Lecture Series

The Paediatric Regional Outreach Program (PROP) is a program that provides continuing medical education across Ontario and beyond. PROP was developed by the CME committee, The Michael Gunning's Simulation Centre, The Maternal Newborn Child and Youth Network (MNCYN), and the Department of Paediatrics at Schulich's School of Medicine and Dentistry, Western University to provide educational opportunities to healthcare partners in the region.

This, once a month virtual (Zoom) lecture is an educational series that provides online case-based lectures on a variety of topics related to paediatric health; for example, sepsis, paediatric transport, trauma, assessment of a sick child, bronchiolitis, DKA, pre-school asthma, febrile infant, burns, foreign bodies, and many more. Our target audience are academics & community paediatricians, emergency physicians, family physicians, nurses, residents, students, and other health disciplines. So far 52 different sessions, on 48 different topics have been presented.



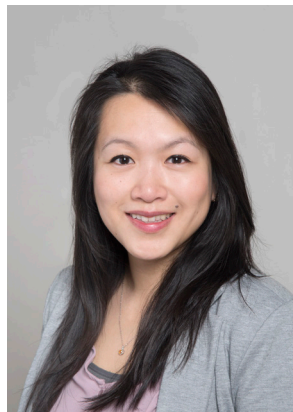
Location of the participants who joined the Paediatric Regional Outreach Program PROP Lecture

## Annual PROP Lecture Award



The Paediatric Continued Medical Education is proud to announce the winner of the 2022 Paediatric Regional Outreach Lecture: Dr. Anita Cheng. This award is given to a presenter in recognition of an outstanding presentation for our regional partners.

**Congratulations Dr. Cheng!!**



## PROP Point of Care Ultrasound (POCUS)

In 2022 the Paediatric Outreach Program expanded its wings to add PROP- POCUS workshop to its portfolio. This is a dynamic Ultrasound Guided Peripheral Intravenous Catheter Insertion Workshop. This 4 hour in person hands on workshop allows physicians, nurses and allied health to feel comfortable and proficient in the placement of an ultrasound guided peripheral IV.



2022

- 1 Workshop at the Childrens Hospital Paediatric Update
- 10 Health care professionals Participated
- 2 more workshops: 27 Participants

## PROP Simulation Workshops

These simulation workshops provide learning experiences and hands on skills to manage and treat acute medical conditions. It also allows teams to learn about effective communication and role division. Each simulation workshop is comprised of multiple scenarios and each scenario has a dedicated amount of time for the participants to assess and manage in a



simulated environment. After the scenario is complete, there is a debrief session. Our target audience include any medical facility or hospitals in the region caring for a paediatric population. Simulation crew carries mannequins and all necessary gears to these hospitals.

Due to the pandemic, our team wasn't able to travel in 2021. In the fall of 2022, we have been approached by a few hospitals around the region to restart this workshop.

## Paediatric Advanced Life Support Course (PALS)

We offer Paediatric Advance Life Support provider and renewal courses to our staff and any external participants needing this course.



### PALS Courses In the last 2 years

- 5 Renewal Courses
- 5 Provider Courses
- 1 Instructor Course
- More than 100 Participants

## 2021-2022 Child Health Research Day

The Child Health Research Day has been a long tradition and holds a special place in the annual lifecycle of the Department of Pediatrics as a time to showcase the remarkable research work being done by everyone in our pediatric academic community. In recent years the CHRD has evolved to include a broad collaborative of child health research groups including: the Department of Paediatrics, Child and Adolescent Mental Health, Children's Health Research Institute, Children's Hospital LHSC, Developmental Disabilities Program, Paediatric Surgery, TVCC, Western's Collaborative Graduate Specialization in Developmental Biology, Western Faculty of Health Sciences. Last year we were joined by Jennifer Stinson RN PhD, The Mary Jo Haddad Nursing Chair in Child Health, Sick Kids Hospital, who gave the Keynote Address. There were 160 Posters and 14 platform presentations highlight research from a broad range of content and expertise, from all levels of trainees and faculty.

We are grateful to all the participants who shared their science last year, the organizers who help stage the event and the many funders that support the work. We look forward to seeing everyone and celebrating scholarship in 2023.





# Regional Case Reviews

## 2021-2022

This program is collaboratively developed and organized by MNCYN & CME, Department of Paediatrics for our regional partners to promote consistent delivery of high quality and safe paediatric care across our region, based on current best-practice guidelines. This is a 3 to 4 hour in- person or virtual case review session with our referral hospitals in the region. Approximately 6 to 8 clinical cases are discussed in each review and are attended by physicians, nurses, RT's, educators and managers.

### Program Staff:

Dr. Rahul Ojha General Academic Paediatrics  
 Dr. Janice Tijssen, Paediatric Critical Care  
 Dr. Tim Lynch, Paediatric Emergency Medicine  
 Kristine Fraser, Paediatric Nurse Consultant

### Participating Hospitals:

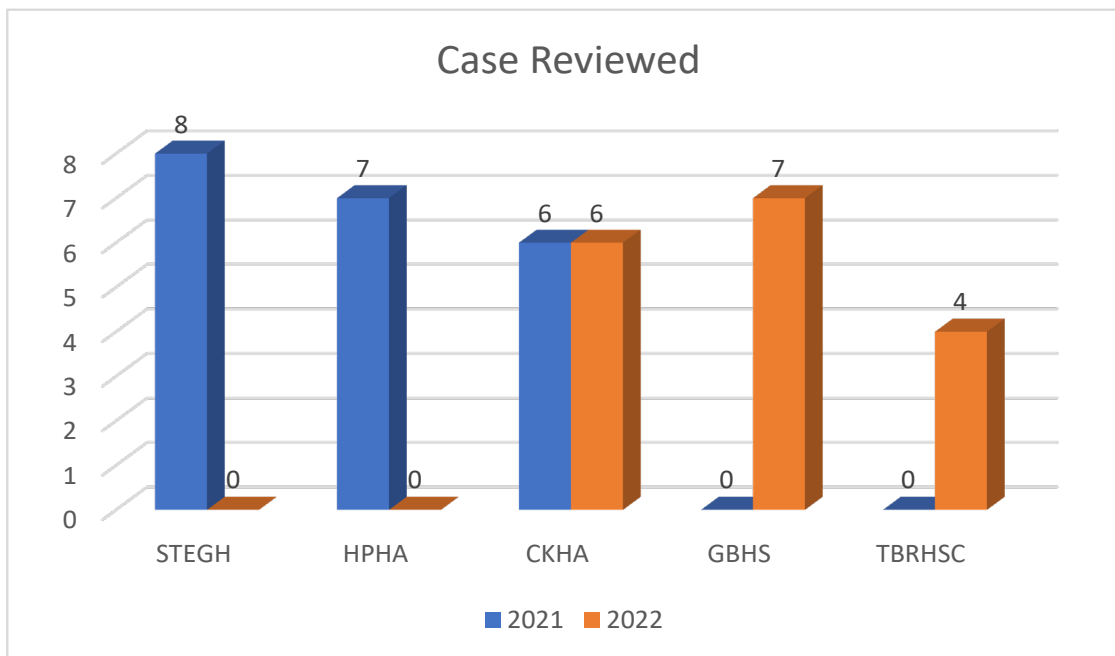
- St Thomas Elgin General Hospital (STEGH)
- Huron Perth Healthcare Alliance – Stratford General Hospital (HPHA)
- Chatham Kent Health Alliance (CKHA)
- Grey Bruce Health Services – Owen Sound (GBHS)
- Thunder Bay Regional Health Service Centre (TBRHSC)



**Number of Cases Reviewed:** 38

**Number of Attendees:** 96

**Participants:** Paediatricians, Registered Nurses, Respiratory Therapist, Educators, Managers & Directors



# Advocacy for a healthier diet for healthier and longer-living children

Dr. Guido Filler, MD, Ph.D., FRCPC, Paediatric Neurology

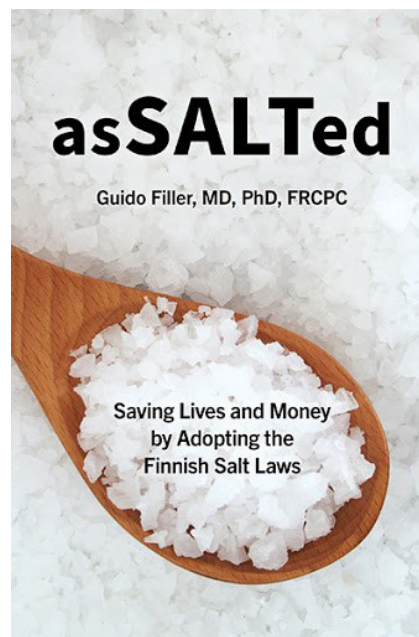


Life expectancy has worsened in North America, even before the COVID-19 pandemic. Non-communicable diseases such as high blood pressure, heart attacks and strokes are killing us prematurely, and kidney stones and osteoporosis are rising. The patients are getting younger and younger.

The undersigned is stunned by the substantial increase of kidney stones among female adolescents year after year, which should be a disease of older men because of the lower urine pH due to sex differences in the absorption of anions. Half of the children and adolescents with kidney stones already have decreased bone mineral density. The fastest growing sectors of kidney stone patients are adolescents and young adults, with females having outpaced males. One of the main reasons: SALT! We are asSALTed!

Legend to figure: asSALTed by Guido Filler, Paperback ISBN 978-1-5255-6997-5, available through Amazon  
How does a high salt diet cause kidney stones? Salt is sodium chloride. The kidneys try to maintain normal electrolytes in the body and excrete all the sodium that the body does not need.

Unfortunately, high urinary sodium concentration leads to urinary calcium wasting by inhibiting the passive reabsorption of calcium. This calcium wasting also leads to softer bones. We need the calcium in the bone, not



in the urine. Our diet contains a lot of animal protein and carbohydrates, which provides an acid load and lowers the urine pH, lowering citrate. Urinary citrate no longer wraps around calcium, forming an insoluble salt with oxalate and kidney stones.

Unfortunately, we eat a lot of salt. In the 1970ies, a child would typically eat, on average, 300 mg of sodium per day, but nowadays, this is more than 3,700 mg per day. Almost 80% of the sodium is hidden in processed foods such as cured meats, cold cuts, pickles, chips, canned foods, and restaurant foods. The food industry puts this everywhere because it is the cheapest preservative. The longer the shelf life, the higher the profit. The food industry will never voluntarily reduce the salt that is added.

Even bread, not a high-salt food, accounts for 26% of the average daily sodium intake because we eat so much of it. As recommended for kidney stone patients, a diet of less than 1,500 mg of sodium per/day is rigid unless you cook everything from scratch, but who can do that?

We encrust ourselves with salt throughout our life. Our research group developed a  $^{23}\text{Na}$  sodium magnetic



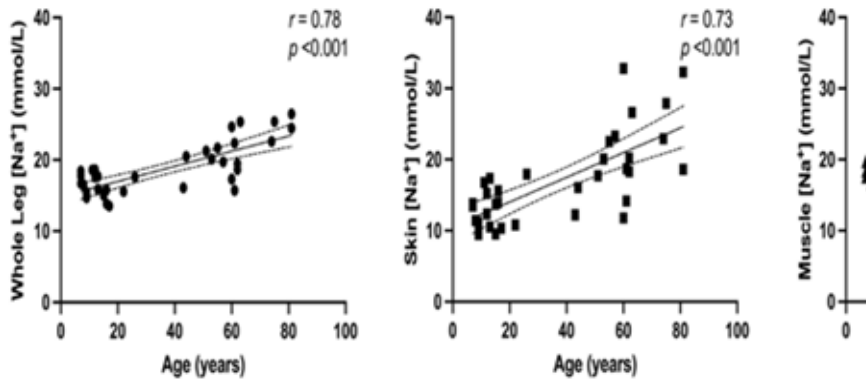
resonance imaging (MRI) technique to measure sodium in the muscles, skin, and kidneys. As seen in the figure below, sodium accumulates in the skin and muscles with age. Unfortunately, skin sodium is directly correlated with cardiovascular disease. In patients with chronic kidney disease, even more. New heart failure and dialysis therapy are all about removing that extra sodium in the tissue.

Legend to figure: Scatterplots showing the relationship between age with the whole leg [Na<sup>+</sup>] (A), skin [Na<sup>+</sup>] (B), and muscle [Na<sup>+</sup>] (C) in healthy children, adolescents, and adults (n = 36) – Salerno F., Filler G. *Pediatr Nephrol.* 2022 Jun 2. doi: 10.1007/s00467-022-

3,750 to 2,300 mg of sodium per day on a population basis, with the onset of high blood pressure being 20 years later than in North America, kidney stones almost gone, a 50% reduction of osteoporosis-related hip fractures, a 75% reduction of heart attacks and an 80% reduction of strokes.

Of course, this takes time, and these are the findings after almost three decades of Finnish salt laws. Only nine countries have rules about salt in food, six about bread, and only Finland, South Africa and Argentina have comprehensive salt laws. There are no salt laws in North America.

Moreover, the book details that approximately 100 billion dollars for



05600-7.

Interestingly, prehistoric people had very restricted access to salt and ate less than 100 mg of sodium per day. In urine from frozen prehistoric people, there was 20 times more potassium than sodium. By contrast, kids with kidney stones may have up to ten times more sodium than potassium in their urine.

The undersigned wrote a whole book about the benefits of a low-salt diet. Based on the example of Finland, which was the first country to implement salt laws for food, he shows the help of a moderate reduction from

healthcare costs for preventable, non-communicable diseases could be saved with similar legislation in Canada. What an opportunity to stem against the ever-expanding healthcare costs.

Unfortunately, the politicians who were sent the book never replied. The undersigned invites you to join in the advocacy for legislature around salt in food to achieve better life expectancy for our children and youth.





## Where We Are: The State of Environmental Health

The field of child environmental health is an evolving area of contemporary medicine. Its relevance continues to increase as environmental issues intensify through cumulative contamination of air, water and food<sup>1–3</sup> and a changing climate. The World Health Organization (WHO) estimates that one quarter of childhood deaths could be prevented by reducing environmental risks.<sup>4</sup> This does not consider environmental health magnifiers such as the climate emergency, which the WHO states is the number one threat to human health.<sup>5</sup> The health impacts span the full pediatric age-range, from the fetus to the adolescent, and can affect almost any organ system through acute illness and injury or chronic, complex stressors, that includes deleterious consequences for mental health. Children experience a disproportionate burden of climate change-related disease or illness,<sup>5</sup> particularly those with chronic medical conditions, existing food security and from racialized and Indigenous communities.

The Canadian healthcare sector is both implicated and impacted by the climate emergency. The healthcare system is responsible for a

# Bringing Environment & Health to the Forefront

Dr. Anna Gunz, MD, FRCPC; Paediatric Intensivist  
@ACGunz 

considerable proportion of greenhouse gas emissions; if healthcare were a “country”, it would be the 5th biggest emitter worldwide.<sup>6</sup> In late 2021, the Canadian Government signed a United Nations Agreement to Decarbonize the healthcare sector and Accreditation Canada will add Sustainability Metrics to hospital accreditation. Climate-related healthcare infrastructure damage and large-scale patient evacuations are reported, incurring massive costs.<sup>7</sup> Other service disruption is likely. Major health organizations, such as the World Health Organization (WHO) and Health Canada, as well as medical organizations such as the Canadian Medical Association, Canadian Public Health Association and National Health Service in the United Kingdom continue to underscore the gravity of climate change and insist health systems prepare and adapt.

We have an obligation to mitigate the impact of climate change. If we are guardians of health, we should not be making the problem worse. We have an opportunity to become child health leaders in the transition to sustainable healthcare. In addition, we need a place for families to be assessed if they believe the environment is affecting their child’s health.

## What are we doing? Turning talk into Action

### Servicing Children’s Environmental Health

Despite the impact environmental issues have on child health, there are almost no applied clinical medical services. The Children’s Environmental Health Clinic Ontario (ChEHC ON) was recently established at Children’s Hospital, LHSC. It is the second such service in Canada, and works in close collaboration with ChEHC Alberta, which was founded in Edmonton in 1998 and is a World Health Organization (WHO) collaborating center. ChEHC ON is a unique clinical innovation that will address a care gap in Ontario. The impact of ChEHC is not limited to the clinical realm, but also active in education, advocacy and research.

Referrals to ChEHC include children:

- with unexplained symptoms, clusters of rare disease, outbreaks of illness in small communities;
- who have been diagnosed with environmentally-related health issues (e.g. lead exposure); or
- with possible environmental exposures to contaminated land, air, or water. This will become increasingly important as the potential for exposure grows with climate-related events, such as contaminated water-systems during storm surges and as permafrost melts, and climate refugees increase, who may have been exposed to toxic agents before departure. Referrals can be sent directly to the Medical Director (Dr A Gunz: [anna.gunz@lhsc.on.ca](mailto:anna.gunz@lhsc.on.ca))

## Sustainability at Children's Hospital: Nature for Healing

There is growing interest and activity at Children's Hospital for improving environmental stewardship. We



are imbedding these initiatives into a broader program, Nature for Healing, that strives to enhance Children's Hospital's patient and family health and healing experience through increased exposure to nature both inside, and outside the hospital. This will include Nature Prescriptions for in- and out-patients, as well as staff.

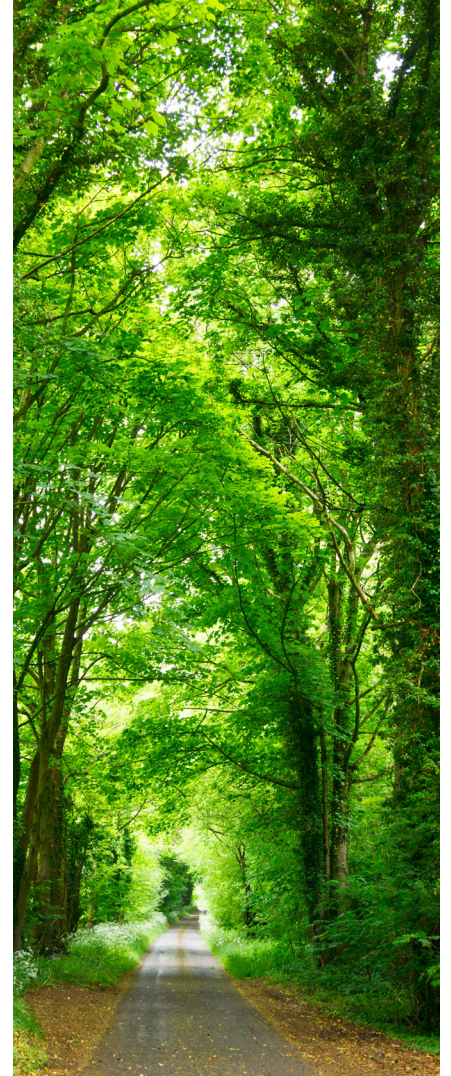
By promoting the interconnectedness of nature and health, we hope to inspire new energy into our sustainability efforts. We are re-convening our Green Teams and imbedding sustainability initiatives in our continuing quality improvement processes. This includes waste-reduction initiatives for in-patient units, and exciting

new waste-reduction initiatives in the operating rooms through the leadership of Dr. Strychowsky (see photo).

## Looking to the Future

We will continue to support & inspire environmental health and stewardship for our patients, hospital, and community. Our initiatives span education, advocacy, and research. We would be honoured to connect with colleagues and community members who are working in this area, or who are curious to begin work in this area. Please do not hesitate to reach out.

Creating a healthy future for our children requires a healthy environment. There is no more time to waste; we need all of us to engage to make this future a reality. The first step towards action is the most important one. We look forward to joining you in this mission!



# The Transition to Residency – A Year of Challenges, Reflections and Growth

Dr. Rae Woodhouse, Paediatric Resident Year 2



It's 10:30 am on July 13th, 2021 and I am sitting on the cold tile floor of my kitchen, wearing only my underwear, holding a muffin, and sobbing. I know I need to eat, take a shower and go to sleep, but I simply cannot decide what order to complete these tasks in- so I ended up on the floor. The past 27 hours have been filled with decisions far greater than the one I'm trying to make right now- how to treat this child's pain, what investigations to order for the new admission, whether to perform a lumbar puncture on an ill patient or not. In addition to navigating the medical decision-making burden that I was previously shielded from as a med student, I am also drowning in the cognitive load that comes with starting at a new hospital. Yesterday I didn't know how to log into the computer system, where to find the bathroom, or the names of any of my colleagues. Now I've logged in about 30 times (after calling IT for help the first time), located somewhere to pee twice (in 24 hours, sorry kidneys) and know the name of at least one nurse because she yelled at me for not getting a prescription to a patient quickly enough when I couldn't figure out how the printer worked.

Is this what I signed up for as a Resident? Sitting on my kitchen floor in a city I moved to two weeks prior without any family or friends, I cannot fathom doing this six times a month for the next 4 years. And yet, somehow, I will. In a lot of ways, it will get (and already has gotten) much easier. The cognitive burden of navigating hospital logistics and the physical spaces will

lessen. I will develop an approach to common presentations and feel confident in my assessments. I won't feel the need to triple check my Tylenol dosing every single time that I order it. I'll get to know my extremely caring, devoted and kind nursing and allied health colleagues. Everything – including the 5 am admission right when I finally settle into my call room after working for 21 hours straight- will seem more manageable than it did the first call shift.

Yet there will always come new challenges that no amount of experience can make easier. Seeing the tearful eyes of a mother when she asks you "are they worried about cancer" and you must tell her yes in the middle of a busy ER where there is no privacy and no answers until morning. Hearing a tiny baby crying while you walk by his room, knowing that there is no parent with him because CAS apprehended with no foster parent assigned yet, and not having even a moment to stop and sooth him because you have a million tasks left to complete before handover. Your first patient death. And your second. And every single one after that. I worry constantly about the kid's I've cared for, not yet having figured out how to silence that worry when I leave the hospital and worry that I never will.

What we do is hard. I think that sometimes we get so caught up in the all-consuming world that is medicine that we forget how abnormal our lives have become. When all of your friends work the same hours and deal

with similar challenging situations, you can almost start to forget what a normal job and normal life could look like. It is only when a patient or family member asks you with an incredulous look on their face "you're still here?" at 10 am after you admitted them 16 hours prior, that you remember that what we do is so far outside the realm of comprehensible for most people. In addition to the medical responsibilities we carry, we are also expected to excel in research, take on leadership roles, and be passionate advocates, almost exclusively on our own time. These competing demands can sometimes feel like the straw that breaks the camel's back. What we do is not a job, or even a career, it's a lifestyle, and if you're not paying attention, it will become your whole life. I still grieve sometimes for the life I could have had- one with adequate compensation for my time, less stress, and (gosh forbid) weekends off. I have not yet fully come to terms with the fact that my new "normal" involves not sleeping for 26 hours straight, crying often (from exhaustion, stress and the sad realities faced in our work), playing a non-consensual game of hide and go seek with feelings of inadequacy, and having little to no control over my time.

The first year of Residency has often felt like climbing up a mountain on a ledge that is only 3 inches wide. You are holding on, slowly making progress, focused solely on what is immediately in front of you, but are acutely aware that one tiny misstep or setback can send you tumbling over the edge. In real life, these setbacks

can include anything from a family emergency to a breakup to your car needing maintenance to running out of milk, depending on the day. Residency often has us living paycheck to paycheck financially but also in terms of emotional and cognitive reserve. In other words, there is no room for life to happen. And when you're in your mid to late twenties- as most Residents are- there is a lot of life that needs to happen for you to progress as a person, a partner, and a friend, in addition to as a doctor.

So, despite the many challenges of Residency- many of which I have not even touched on- we will persist, we will grow and we will leave our institutions better for the next generation. We will do this with the support of family, friends, mentors and colleagues. The communities that we come into Residency with and the ones we create once we start will celebrate our milestones and will lift us up when we fall. It is with the gentle support of these many hands that we will find our footing and become more confident in our stride.

My Residency colleagues have been instrumental in helping me survive my first year as an MD while maintaining some sense of humanity. Despite also running on empty, they have constantly found ways show compassion and kindness for their patients and colleagues alike. They have taken the pager so I can watch 15 minutes of my cousin's wedding on zoom uninterrupted. They have brought me food when I had to work a 26-hour shift after a tough breakup. They have made less than ideal call swaps so I can attend my Grandfather's funeral. They have been my shoulder to cry on, my biggest cheerleaders, and the people who can instantly relate to the struggle of the day. Seeing one of their smiling faces (or ½ of their faces- thanks COVID) instantly brightens my day. These people who were once strangers quickly became family and I am immensely grateful for each and every one of them.

Over a year into one in four call shifts, working every other weekend, and alternating between "I can't do this" to "I may be able to see that light if I kinda squint a bit", I recently started my first "senior" call shifts. Although this brought a whole new type of stress, it was refreshing to see how

much I have learnt and how I have grown as a doctor in a year's time, especially when juxtaposed against the new R1s who are facing all the same struggles I reflect upon above. In the hassle of the everyday, it can be hard to appreciate the progress we make, so it is gratifying when these moments of clarity let you see how far you've come. Obviously, there is still so much to learn and experience, and so many more challenges that lay ahead, but I am more confident than ever that my peers and I will grow into the incredible physicians we know we can become. And in doing so, we will work to make things kinder for the next generation. Or else, maybe some of us will win the lottery and retire early... that could be nice too.



