

What do you want to be when you grow up?

A pediatrician?

What kind?

What kinds are there?

Well...

LCC Session: Planning Your Career as a Pediatrician

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The purpose of this module is to get you thinking and talking about the many different career paths that a pediatrician can take. It will hopefully provide you with some helpful questions to ask of yourself and the important people in your life as you ponder the different possibilities.

To start off the discussion and to provide examples of some of the issues that you may want to consider I've included below a thumbnail sketch of, and some reflections upon, my somewhat atypical career. Feel free to skip over it if you like. The movie version will be in theatres this spring.

The Journey So Far

As with many of you, I applied to medical school with the intention of becoming a pediatrician. My disinterest in anything related to adult medicine made me perhaps the worst clinical clerk ever to pass medical school at the University of Western Ontario.

Anyway, I started residency at Western with the intention of becoming a pediatric intensivist. As a junior resident I found the clinical work to be exciting and compelling. But then gradually something occurred to me. There were five PICU physicians. Only one of them was working in the ICU at any one time. I began to wonder, what do these people do with the other 80% of their time? I of course learned that they were doing research, administrative tasks and other such chores. I realized that to be an intensivist meant doing clinical work less than half the time and I knew that the work that would take up the other half held no interest for me at all.

My wife Judy breathed a sigh of relief. The idea of moving to Toronto or some other metropolis for me to do a PICU fellowship was deeply nauseating for her, as it was for me.

So, I turned my sights towards General Pediatrics. Unfortunately, this career path was neither encouraged nor respected by the faculty. The culture at Western at that time was to look down upon the general pediatricians in places like Windsor, Sarnia and Chatham where many of the

referrals to the Children's Hospital originated. I will never forget giving an impressive answer to a difficult question during a neurology teaching session and being told that I was "wasted on general pediatrics." It was meant as a compliment, I think.

Fortunately, my instincts told me that knowing a lot about a lot of different things required as much if, not more, ability than knowing everything about a narrow set of diseases. As I approached my exams I spent time with my favourite subspecialists learning what I needed to know to manage as much as I could in the regional centre that I had not yet identified as my new home. After being told by Kitchener-Waterloo, Peterborough and a few other centres that they didn't need anybody, I ended up in Sudbury.

Over the subsequent 11 years, I had a complex outpatient practice, worked on the inpatient wards and the modified level III NICU. I worked in the diabetes and cystic fibrosis clinics and assisted with the regional oncology outreach program. I learned how to do ADOS assessments and I and developed the first child abuse service in the area.

Judy did some family practice and eventually became one of the founding curriculum directors of the fledgling Northern Ontario School of Medicine.

After a few years, my colleagues and I began to do more residency education and I got to be the founding program director of the NOSM pediatric residency program.

It was pretty cool.

Sudbury was a great place to raise our kids. With a population of 200,000, it had a great regional medical center and lots of things to do and enjoy. We had a house with a lake in the backyard.

Eventually though, my interest in and enthusiasm for my outpatient office clinic days began to wane. Despite all attempts to manage the volume of ADHD, school problems and behaviour/mental health case referrals I, like my colleagues, became overwhelmed. It seemed that all I was doing all day long was these types of consults and follow-ups. The paperwork involved with it seemed endless.

I had also developed a greater and greater interest in child abuse work but given the population of the city, the number of cases I encountered made it hard to develop the expertise that I wanted.

In the meantime, the interesting part of Judy's work at the medical school was done. My older daughter had outgrown the local hockey program and wanted to play in a southern Ontario based league. My younger daughter kept asking why we lived five hours from her grandparents. The answer to the latter question had been "Because mom and I have great jobs here." When that stopped being the answer, we decided to make a change.

After moving to Hamilton, I was able to draw upon what I'd learned and experienced in Sudbury to start working in the emergency department and in the diabetes clinic. I worked as a locum with the Suspected Child Abuse and Neglect program at SickKids for 8-9 months and by doing so, I was able to start expanding the size and scope of the child maltreatment program here.

As a resident, the idea of being employed by a University Department of Pediatrics, contractually obligated to certain amounts of clinical work, teaching etc. held no interest for me. But in 2009, the idea of having all of my secretarial and office expenses looked after, a guaranteed income, benefits and a chance to focus my clinical work where I really wanted it to be was quite appealing.

As I look back on my career, I can see the times when different priorities and philosophies caused inflection points in its trajectory.

As a resident it was important to learn what the "day in the life" reality of my future job options entailed. I had to take immediate and extended family considerations into account. I then had to go where the work was rather than where I initially thought I wanted to be.

While in practice, I realized the value and potential for ongoing, real-time education and expansion into different types of clinical expertise. I then had to look at the state of my practice and compare it to my interests and abilities. When I realized that they were no longer aligned, I had to once again evaluate the needs and desires of my family as we considered and then embarked upon a major change.

Thinking About What Kind Of Pediatrician You Want To Be: A Clinical Case To Illustrate Some Of The Options

An eight-year-old girl with autism is in the office with the child psychiatrist who has been following her. Her mother reports that the child has had intermittent, painless vaginal bleeding.

She is tall for her age and has SMR stage III breast and pubic hair development. There is no evidence of genital trauma and there is obvious estrogenization of the genital mucosa.

What you think you would do next and what role you would like to have in such a case may help you decide what kind of pediatrician you would like to be. I've included the options most obvious to me, but among yourselves try to think of as many others as you can.

Option 1

I would like to see this child as her pediatric endocrinologist in an Academic Health Sciences Centre/Tertiary Children's Hospital

Option 2

I would like to see this child as a pediatric endocrinologist in a large urban centre in a community-based office where I may or may not also see general pediatric consults. I might also sometimes provide coverage at the nearby Children's Hospital.

Option 3

I would like to follow this child longitudinally in an outpatient general pediatric practice supported by pediatric subspecialists. I would refer this patient for evaluation and management by a pediatric endocrinologist.

Option 4

I would like to work in a regional urban setting, somewhat removed from access to a tertiary subspecialty Children's Hospital. I want to feel comfortable ordering the appropriate investigations and initiating definitive management without the need for subspecialty referral.

Option 5

My preference/comfort level is somewhere between Options 3 and 4

Option 6

I would like to be a full-time academic general pediatrician in a tertiary Children's Hospital who may or may not see consults of this nature. If I did, I would likely refer to endocrinology for assessment and management.

Questions to Ask and Answer as You Contemplate Your Career Path

Where do you want to live? Do you want to be in or near a large metropolitan centre with a University, a smaller metropolitan centre or somewhere in between?

Do you or will you have a spouse/partner and/or children? Does your spouse/partner have a career that limits your geographic flexibility?

Are there jobs in your area of interest anywhere in the country and/or in your geographic preference?

What do you like to do in your spare time? How much spare time do you want?

Full/part time practice?

Do you have a sub-specialty interest?

Do you have an academic interest? Teaching and/or research?

What about call? How often can you tolerate?

Do you want your practice to involve caring for acutely sick babies/kids?

How comfortable are you being at a distance from immediate help from subspecialists?

For each kind of pediatrician (specialist or generalist) there are typically 5-6 clinical entities that take up 80% of your practice time. What is the list that applies to your area of interest? Do you think that is what you want to be doing with your clinical time?

How would you feel about running an office practice – rent/lease, staffing, payroll, EMR?

Summary

So, that's it. This session may have raised more questions than it provided answers but that was actually the point. Although your career direction coming out of residency is a complex and stressful thing to ponder, keep in mind that it need not be a permanent decision. There is a good chance that your interests and circumstances will change over the years and at each stage, you will cycle back over many of the questions that you discussed today.

Good Luck

Appendix

Here are some job-finding resources in Canada:

<https://members.cps.ca/Apps/Pages/locum-listings-7>

<https://www.cps.ca/en/careers-carrieres/career-opportunities>

<http://www.paediatricchairs.ca/careers>