Words on Retirement from Dr. Buckley

Retirement – the withdrawal from ones position or from ones active working life, makes one ponder on the implications of this meaning!

Since 18 years of age I have been involved in medicine as in England you enter medical school from high school. After completing medical school you enter what's termed House jobs as a junior doctor. This is six months in medicine and six months in surgery. In those days you had to live in the hospital and board and lodgings were provided. The hours were long doing a one in two rotation working Friday until Monday evening straight through so that your partner would get the second weekend free. Long hours but the camaraderie was great. Everyone knew each other even all the other hospital staff. I remember doing a stint on the switchboard when there was some slack time just for fun. The hospitals had their own doctor's dining rooms and bars. Could you imagine that now?

Things were changing even then as the old hospital closed and a new eighteen story hospital opened. No running up the stairs then when someone coded.

Choosing a career in medicine was not easy as I enjoyed everything I did but after doing a general rotation in Auckland, New Zealand where I qualified in Obstetrics I chose Pediatrics. I completed my Pediatric training in Auckland and then Perth, Australia. Very different places geographically and environmentally one warm and damp and the other hot and arid. They both though had significant native populations which were subjected to poverty and the diseases which follow this.

I worked through the introductions of the new immunizations for H. Influenza and Meningococcal, Pneumococcal meningitis. It's so uncommon to see these illnesses these days but prior to the introduction of these immunizations such illnesses were common and the results in terms of morbidity were significant. Thank goodness for public health.

I am sure the junior staff of today are going to see tremendous changes with the introduction of genetic therapies which are now on the horizon.

Junior staff were responsible for all IVs and doing blood test and any other tests so one became adept in these skills. I think though the set up today is better as our time is better spent on other aspects of patient care.

After so many years one gets cluttered with stuff. When I came to clean out my office at home and work I didn't realize what I had accumulated. Old books and papers that no one wants, all the slides and early digital files which are of no use have all to be shredded and thrown away. A big dilemma for me was what to do with the skeleton and skulls I had all real. I woke up a night thinking that I cannot throw those away as if they were found this would lead to a police investigation. As a student you could buy a human skeleton for a few shillings so you could study anatomy at home. Nowadays they are plastic. I gave them to the anatomy department relieving others of this problem of how to dispose of human remains.

We are all left with memories but even those will fade as we move on. I think it is important to have interests outside medicine to stimulate oneself and meet others. It's hard when we are studying and junior staff to find the time to develop interests other than medicine but is important for our wellbeing.

Even though I am still doing some clinics I do hope to be replaced soon as new people are important to continue the field of medicine and care for the children of Newfoundland or wherever you end up.

Focus on Resident Research: Outcomes for Children and Youth Attending our New Children and Youth in Alternate Care (CAYAC) Clinic

Children and youth who are in alternate care arrangements often have unique health care needs. To better provide care for this unique patient population at the Janeway, Dr. Sandra Luscombe, Dr. Leigh Anne Newhook and others setup a new multidisciplinary, multiagency clinic. The Children and Youth in Alternate Care (CAYAC) clinic began in 2019. Dr. Kayla McNally, a 4th year pediatric resident, is working with the CAYAC team to better understand who is attending the clinic, what are their care needs, and what have been their health outcomes so far. There is limited research done concerning children in care, particularly in Canada. Dr. McNally is therefore expanding her work to also examine how the sociodemographic factors of these patients impact their risk of developing medical or psychological problems. Preliminary results revealed that all 56 children and youth who attended the clinic in the first year have experienced some form of neglect or abuse (physical, sexual, or emotional), and over 80% have experienced more than one type of abuse. 55 (98%) had at least one medical, behavioural, and/or mental health diagnosis and 42 (75%) are on at least one medication. The most common developmental concerns were developmental delay, intellectual disability, learning disability, aggression, and attention deficit hyperactivity disorder. Headaches, constipation, vision/hearing issues, asthma and dental problems were among the most common medical issues identified. Kayla hopes that her findings will have implications both clinical and for provincial policies for children and youth in foster care, broaden awareness of the health issues faced by these children, and improve future health outcomes for this vulnerable population.

THE J FILES

January I 2022 I Edition 10

Dr. Alanna Roberts recorded a podcast for prospective CaRMS candidates! She talks about our wonderful program and discusses what living in St. John's is all about! Check it out on Spotify or Apple podcasts!!

Important Dates

CaRMS File review opens **January 31st, 2022**

CaRMS interviews are happening **March 7th-March 10th, 2022**.

Virtual Paint Night! **Tonight! Thursday January 27th**!! For more information please contact Dr. Heather Power!

The **Advocacy Committee** is organizing an electronic recipe book as our project this year! We are hoping to distribute the electronic book to families of school-aged children in Newfoundland to promote nutrition and food preparation among families.

We need your help! We are collecting family-friendly and nutritious recipes to be included in the book. Please send your favourite recipes to mmorr106@uottawa.ca.

Highlighting the Junior Attending Rotation

Howdy J Files! Matt Quann checking in with a little update on my Junior Attending experience at my future place of work, Miramichi, NB. Nestled in cozy northeastern New Brunswick, Miramichi is home to a population of about 20 000 with the Miramichi Regional Hospital serving a much larger catchment area. Miramichi is a scenic riverfront town and is the place to be for the intrepid outdoorsperson. It was once called the most vibrant community in the Atlantic Provinces (by me, just now).

The Miramichi pediatric experience takes place at the Miramichi Regional Hospital where, on the fourth floor, you'll find the Health Kids Clinic. Dr. Mike Dickinson and Dr. Stephanie Perry run the clinic Monday through Friday with the help of Natasha Babin, a swiss army knife of an RN. Typically, the clinic space would open up onto the pediatric inpatient ward, but it had been repurposed as a COVID isolation unit during my two month tenure. Inpatients were managed on a shared floor with obstetrics, nursery, and pediatrics.

Generally, clinics would start daily at 9am with some pre-morning rounding happening in the preceding hour. Though COVID did change up our schedule on almost a daily basis, between Dr. Dickinson and myself we'd do phone follow-ups, in person visits, ER consults, high-risk deliveries, procedures, and infusions (chemo, biologics, etc.). There's an aspect of rolling with the punches as phone calls from family doctors, concerned families, pharmacies, and ER would crop up throughout the day. Personally, this type of business allowed me to work a lot of different skills in quick succession and get a feel for the scope of practice expected of a rural community pediatrician.

Though it isn't necessary for the rotation, speaking french is a huge asset in that 50% of the patients and families speak french as a first language. This too was a welcome challenge that saw me embarrassing myself in an entirely different language in front of understanding families.

Speaking of practice, my rotation included tons of independent lumbar punctures, neonatal IVs, port access, and a wide variety of ER consults. Over the course of the months I was there I admitted and managed: bronchiolitis (HFNP on the floor!), DKA, pneumonia, gastroenteritis, dehydration, hypoglycemia (SHOUTS OUT TO DEXTROSE GEL), seizures, conversion disorder, new diagnosis brain tumor, febrile neutropenia, and a strange neurological presentation that does not yet have a diagnosis!

Throughout all of this I worked primarily with Dr. Dickinson who left me to see patients independently, develop and initiate management plans, follow-up with my own mistakes, all the while admitting and discharging patients. What's more, I did tons of clinical and didactic teaching sessions with longitudinal and elective clerks from Dalhousie and MUN. While I was independent, I was always able to run a case by Dr. Dickinson or ask if he would have managed a patient in a different way. It felt like the perfect stepping stone towards practice and a welcome bit of independence. Nonetheless, I never felt as if I were unsupported. It really was a great mix.

While I'm obviously biased, I believe that the Miramichi pediatric experience has a lot to offer at multiple levels of training. Having gone as a medical student, a second year resident, and now as a junior attending, I feel as if I've left having gained new skills and knowledge at each stage. Plus, I hear they're getting a super friendly, young, denim-clad staff person soon. If you're on the hunt for a diverse community pediatrics experience, Miramichi is well worth a look.

Cheers,

Matt Quann