

*“A Letter to my Younger Colleagues” is a series of essays written by selected senior Canadian paediatricians, who were named as outstanding mentors by a prominent group of their younger peers. I hope you enjoy and treasure the rich pearls of wisdom that each author offers, based on a lifetime of professional practice and personal reflections.*

**Andrew Lynk MD**  
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## Advice for residents in paediatrics who have completed training and are starting their first real job

Peter Camfield MD FRCPC, Carol Camfield MD FRCPC

Advice is free and sometimes unreliable. We approach this task with humility because what has worked for us may not work for you. We have had exciting careers in academic tertiary paediatrics, enjoying patient care, teaching, research and administration. Our advice is about patient care and lifestyle.

Patient care involves a complex interaction with a tremendous power differential. Parents are vulnerable and anxious when they bring their ill children to a paediatrician. Perhaps acute care can be successful without much attention to relationships; however, in long-term care of chronic illness, relationships with parents are key. To talk with parents about their children, you need to know who they are and what they understand. A great help is a short form – completed by parents before the visit – that details the child's problem, but questions about the family are more valuable. Our form addresses parental education and occupation, and includes a page for them to write down concerns for their child. A section invites details about siblings and family history. We read these forms before sitting down with the family, and once they are settled in the office, we review these background details first – what exactly does each parent do for a living and are they satisfied with their work, where do they live, where did they grow up and where did they meet? Is there extended family nearby, do they own their own house, how is the health and behaviour of their other children? If we don't know much about their job, we ask, which takes a few minutes but allows us to see parents as real people, not just as egg and sperm providers for a child with a medical problem.



*Drs Peter Camfield and Carol Camfield*

The open text section of our short form gives major insight into the parents' level of education (spelling, grammar, ability to conceptualize, ability to ask questions and resources) and medical sophistication. You can now start the medical interview with the correct tone and with some understanding of the parents as equals – they are not knowledgeable about your discipline and you probably understand little about what they do. Record some of the pithy details in your notes to allow you to bring them up again at the next visit. Parents are attached to physicians who correctly remember personal details.

Much of the visit must be directed to the child; that is what we are supposed to be good at. You need to know what similar-aged 'normal' children are up to and interested in. Have some children of your own – they will teach you more than you can imagine. If that isn't an option, volunteer where normal children play. As your children age, you will become more expert at every developmental stage, but as they grow up, your knowledge needs to be updated. What are the latest popular toys, movies, books, videos and activities? Your ability to talk to children about what interests them will enhance the interview.

You need sufficient time to spend with people. Do not cut the initial consultation to less than one hour, no matter how simple the problem. Don't let finances dictate the pace of your practice – you will make a huge amount of money compared with most of your patients and most of society. It is wonderful to be on time; however, if a problem is too complicated for the first visit, schedule a second – don't cram too much into a short time.

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Scheduling office space challenges many physicians. We have always had a single office for all of our professional activities including patient care. The office was 'ours' and patients could be accommodated when they needed to be seen, not when an arbitrary clinic schedule said it was okay. We suggest that you look for such an arrangement.

Acquire your own toys to help examine younger children. If you work in a clinic, bring the toys in your bag. You will quickly assess the child's interests with your own developmental screen – what do they do with the yellow tractor? Do they line up the dinkies by some odd scheme, are they interested in your books and which ones? Toys get broken, so buy spares of your favourites.

How can you stay up to date? There is no way to avoid lots of reading, but what to read? We think it is valuable and incredibly interesting to read at least one high-powered general medical journal – *New England Journal of Medicine*, *Journal of the American Medical Association*, *Lancet* and *Canadian Medical Association Journal*. These journals keep you current on health problems faced by other family members and provide context for paediatric practice.

Discussion about lifestyle for physicians is endless. How do you combine a passionate interest in your patients with family life and personal development? We have several principles. When your children are school aged, be home for dinner at a reasonable hour. You can work again after they go to bed. At this time, make your telephone calls – families are at home and are generally very impressed by the dedication that an evening call represents. But if you start making these calls at 17:00, you may interrupt their supper preparations and miss seeing your own children at a critical time of day, dubbed 'the arsenic hour' by a friend.

Try to deal with your household necessities during the week. Carol always had Thursday 'off', which meant that she could manage grocery shopping, bill payments, school visits, house repairs, vacation planning and many other necessities. Then make sure that at least one day each weekend is 'work free' and 'structured-activity free' (also known as no child lessons). Your children need to respect this schedule as well so that you can do something together regularly. Use these times to get to know nonmedical people. Do not hang out only with physicians – we are interesting, but too much, is too much.

Take time for exercise. We think that if you lose your fitness by 30 years of age, you will never get it back. Playing a team sport guarantees regular exercise, but a work-free Saturday is even more effective. Jogging is not time consuming and can be fit into any schedule.

Take your family with you to meetings. We all travel to interesting places for meetings – our family rule is that we only go to places that promise a day or so of special activity – hiking in the mountains, visiting museums, taking a side trip to see a relative. We have been privileged because we attend the same meetings, but we see others with a 'non-medical' spouse doing the same thing. These special

opportunities are not to be missed and allow wonderful family adventures. Can you arrange a sabbatical? It is bizarre to us how infrequently this is done. An entire year may be impossible but six months may be realistic; three months is not long enough to 'break free'. Coverage for six months is problematic but usually not impossible. If you work in a group, you will pay back your colleagues when they go away. Don't sweat the cash – build a sabbatical into your financial planning and save enough to make it a reality. If you buy an enormous house, drive an exotic car and go on short, expensive vacations, you won't get the sabbatical – what a pity. When you take a sabbatical, your children and spouse must come too and you have to get out of town. Your kids will initially complain about missing their friends and activities or getting behind in school – they don't see the bigger picture. You can choose to learn nearly anything – do something medical to justify the sabbatical but be absolutely sure that you do other things as well – learn to play an instrument, go skiing, do a big hiking expedition or take computer science courses. Your kids go to school wherever you go and you can volunteer at the school to see them in action. When you return home you will be excited to start work again, your colleagues should be delighted to have you back, and most importantly, your family will have developed an enhanced sense of mutual dependency and fun that will last forever. Beware of post-sabbatical depression – as one of our colleagues said, "It is not unusual to be upset when they put the shackles back on".

There are other 'pearls' that seem important to us. Know the people who work in your building, especially the cleaning and security staff. If you learn about them and their lives, your interest will be paid back over and over. Start a book to list special cases – rounds, presentations and papers often start here. Find a reliable information technology person and treat them nicely. Serve in a volunteer organization that involves your patients – you will better understand their realities. Live passionately, every day.

#### BIOGRAPHICAL NOTE: PETER CAMFIELD AND CAROL CAMFIELD

Peter Camfield has an MD from Harvard University (Massachusetts, USA), Pediatric Residency at the University of Michigan (Michigan, USA) and Neurology Residency at McGill University (Montreal, Quebec).

Carol Camfield has an MD from the University of Michigan where she also trained in paediatrics. She was a Robert Wood Johnson Scholar at McGill University.

In 1977, they both joined the Department of Pediatrics, IWK Health Centre and Dalhousie University in Halifax, Nova Scotia. They have worked together in paediatric neurology and focused their research on the natural history of childhood epilepsy, with many publications and invited lectures worldwide. Carol has been the Medical Director of the Phenylketonuria Clinic for 10 years and Peter served as the Pediatric Department Chair for seven years.