

## Reflections on my career: 'Serendipity' and great mentors

Dear younger colleagues,

Whatever can I add to inspire and help you? During eight instructive years as Associate Dean, Student Affairs, Faculty of Medicine, University of Toronto (Toronto, Ontario), I witnessed the anguish of countless students as they agonized over the "best career choices" and how to secure a residency position in "the best programs", decisions they had to make long before exposure to sufficient clinical material or medical lifestyles to make informed choices. On reflection, I realized how much my own life and career had been influenced by serendipity, willingness to work hard and 'try things new and untested', and an insatiable curiosity about the human condition. So let's see if something in my journey will assist you to become the best physician and person you can be, while enjoying your journey!

When and how did my passion for medicine start? Who knows? As an eldest child in an extensive clan, always happiest when caring for others, I knew from an early age that a life in nursing or medicine was where my niche lay. My parents, gifted educators, encouraged their children to be the best we could be while helping others. They loved life, learning and travel. Our father's career took him to universities in England, Jamaica, Puerto Rico, Nigeria and the United States. Wherever they lived was 'home'. This meant immersion in the people, culture, art, literature, languages and values. Our home was constantly filled with visitors (some lived with us for extended periods of time), students, colleagues, friends and relatives. There is always room for one more at meals!

In 1963, I was thrilled to be accepted into the medical program at the University of the West Indies (Mona, Jamaica). 'Serendipity', because this was the first year of the University of the West Indies as an independent university, not just a College of London University. We felt like pioneers: my classmates were mostly high school graduates, although a few had worked in other careers (nursing, teaching, the civil service, banking and various family businesses); Latin (which I never mastered) was no longer a compulsory requirement; many of us had no background in science and were given one year to 'catch up' in zoology, chemistry and physics; the fourth subject, botany, was discontinued (thankfully!). It was a tough year and a number of classmates were unsuccessful.

The curriculum had been reorganized to include: a formative course in social and preventive medicine, which exposed us to community and public health services, and included an original research project; compulsory English courses to improve our reading comprehension, writing and communication skills; and three months of elective time. My choice, because travel overseas was not a financial



Dr D Anna Jarvis

possibility, was to experience medical practice in resource-limited rural settings. I learned the real impact of the social determinants of health; worked through a typhoid epidemic; and gained permanent respect for the solo practitioners and skilled general surgeons who ran general hospitals of up to 120 beds, relying on clinical skills to diagnose and manage the vast majority of their patients. Our professors were supportive mentors (although tough task masters) dedicated to ensuring we would be 'better' than earlier graduates.

On completion of a compulsory year of internship (general and paediatric surgery, neurosurgery and paediatric medicine), serendipity intervened, I married and moved to Antigua. When the promised senior internship (internal medicine, obstetrics and gynecology) did not materialize, I started a family medicine practice. The matron was sent to plead with me to become the casualty (emer-

gency) officer. There was no doctor available to work in the emergency department of the only hospital for the islands of Antigua and Barbuda. The contract was for 3 h per morning, Monday to Saturday. On my first day, the nurse begged me not to leave any infants or young children without care. As a result, I worked for 4 h, six mornings per week, the last hour being free care for the 'little patients' whose parents could not afford to pay a 'private' doctor, before attending to my practice.

The experience of triaging patients with 'Sister' (the senior nurse/midwife) and treating 80 to 100 patients daily was an irreplaceable education (trauma, strokes, sickle cell crisis, tetanus, diabetic complications – the full gamut). Sister and her nurse assessed and treated patients who presented in the afternoon and evening. For those in need of immediate care, a doctor was summoned. Other patients were kept overnight until the morning. These two nurses were superb practitioners who ensured efficient use of scarce medical resources with outstanding triage skills, commendable dedication and lots of common sense! I have never regretted answering the matron's plea or listening to those nurses. Without a strong team and respectful teamwork, our patients do not receive the best care. My preparation for a career in emergency paediatrics had a solid foundation.

In 1972, my husband was accepted by the anesthesia program at the University of Toronto. My applications for residency were unsuccessful. In spite of stern warnings by the Registrar of the Ontario College of Physicians and Surgeons to repeat medical training in Canada, I informed the paediatric department that I was in Toronto, ready and willing to start work anywhere, anytime (and included contact information). Serendipity again; there were

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Department of Paediatrics, University of Toronto; Division of Emergency Medicine, The Hospital for Sick Children

Correspondence: Dr D Anna Jarvis, Department of Paediatrics, University of Toronto, Division of Emergency Medicine, The Hospital for Sick Children,

555 University Avenue, Toronto, Ontario M5G 1X8.

Accepted for publication September 18, 2014

unexpected vacancies in the paediatric training program. Dr Robert Ehrlich interviewed me for Dr J Boone. He offered a position as a first-year student, "on probation, as we are very short". It was a joy to accept and start work the next day with a rota of 36 h on duty, 12 h off.

My persistence and willingness to enter any available position really paid off. The hours were bad, although better than internship. The educational opportunities were fantastic; there never seemed to be enough time to learn as much as one should, and the years sped by. The fourth year as Dr Harry Bain's chief resident proved to be a memorable learning experience. He introduced me to Canada's incredible northern lands and the unique challenges of our Aboriginal peoples. Dr Bain was an excellent listener, never condescending, and a superior clinician. I witnessed him on many occasions settle complaints with a readiness to admit, "We do not seem to have met your expectation. Tell me about it". He consistently demonstrated the value of a meticulous history, talking to the child to learn their point of view and how to examine without upsetting the young patient.

I also learned from him the value of speaking with referring physicians to learn the 'real issues'. In these days of faxed consultations and voice mail, it is easy to lose sight of the child and family's concerns, and miss the diagnosis.

In 1976, I discovered that the Ontario College of Physicians and Surgeons rules had changed; international medical graduates had to 'retrain' before writing the Licence of the Medical Council of Canada examination. Luckily, I had all my immigration paperwork, with evidence that I had been told that after a minimum of four years approved training in Canada, if successful in a Canadian specialty examination, international medical graduates could write the Ontario Licence examination. Make the time to ensure your personal papers are always filled in order, secured and accessible. You are worth the effort!

The next challenge was finding a position. The choices were working in the Far North or a job "no Canadian had filled after appropriate advertising". Serendipity once more – Dr JC 'Jim' Fallis, in Toronto, had unsuccessfully advertised full-time positions in paediatric emergency medicine for more than a year. He graciously agreed to supervise my practice and countersign my charts for three years (probationary practice). Once more, I was delighted to have a full-time job, and a new challenge as Emergency Medicine, Paediatric Emergency Medicine and Prehospital Care were established. Lesson learned: you must know the rules if you wish to be successful.

It has been a privilege to have collaborated with so many dedicated health care professions across Canada and internationally to work toward improved patient care and outcomes. Every new challenge brought its own rewards, broadening my knowledge and

understanding of mankind. I have been happiest when interacting directly with patients/families, and sharing my passion for excellence in health care with others in a teaching role. It is essential to know your own personality and needs. Ensure a solid support circle of family and friends. Test your full potential by entertaining new challenges. Do not compare yourself with mythical 'perfect physicians' (or people). Share your talents to enrich the world.

By sharing and caring for others, you grow. Children are naturally inquisitive. They ask questions we have forgotten to ask. Slow down enough to find out what they are thinking about. The answers may make you laugh, or they may embarrass with a clear analysis of personal idiosyncrasies! When your energy is low or your enthusiasm wavers, take a break. Reflect, rethink, recharge and maybe choose another direction. There are no 'wrong directions,' just experiments with negative results. Surprisingly, we often learn more from these.

My best wishes to you all – may your careers be as enjoyable and fulfilling as mine has.

*D Anna Jarvis MB BS FRCP C FAAP*

### BIOGRAPHICAL NOTE: DR D ANNA JARVIS

Dr D Anna Jarvis is Professor Emerita, Department of Paediatrics, University of Toronto (Toronto, Ontario). She was involved in the establishment of Emergency Medicine and Paediatric Emergency (PEM) as Canadian specialties. Major leadership contributions include collaborations with University of Toronto and The Hospital for Sick Children (Toronto) colleagues, Royal College Specialty Examination Boards, Canadian Paediatric Association PEM Section, Canadian Association of Emergency Physicians, Toronto Emergency Services, Michener Institute Life Support Program, American Academy of Pediatrics, Greater Toronto Child Health Network and Credit Valley Hospital (Mississauga, Ontario).

Her passion for improved children's health outcomes drove her educational activities with multiple health care professional groups (from novices to mature practitioners). As Associate Dean, Health Professions, Student Affairs, Toronto, she coordinated student support services. Equal emphasis was placed on student life enrichment and encouragement to become contributing citizens. A believer in the importance of mentorship, she continues to mentor faculty, current and former trainees as they develop careers, especially international PEM graduates as they introduce PEM to their home countries.

Now 'retired', she indulges her interests in travel, nonmedical reading and the arts. She also enjoys more quality time with family and grandchildren, who are reintroducing her to the wonders of nature.