



# Student Wellness Newsletter

Memorial University of Newfoundland, Faculty of Medicine

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The theme for this issue of the Student Wellness Newsletter is “Career Planning”. With updated standards for medical school accreditation, there has been an increased focus on giving students the information and resources they need to make informed decisions about their specialty choice and to ensure that they make the best choice. Here at Memorial University of Newfoundland (MUN), we were ahead of the game. As Director of MedCAREERS for the past eight years, I have tried to provide as much information as possible on our [MUN Med CAREERS website](#) and have organized programs (e.g., Career Shadowing, Clerkship Shadowing), events (e.g., Specialty Nights, Residents Night) and workshops (e.g., Personality Typing, CV and Personal Letters) that offer students a wide array of activities to find out where they might best fit with respect to a career choice. The opportunity to be guest editor of this special issue of the Student Wellness newsletter has provided me with yet another opportunity to inform others about the career decision-making process.

The success of the MedCAREERS program may come as no surprise to you – it is the work of the large number of volunteer students who agree to coordinate programs and events and who work tirelessly to ensure their success. And it never ceases to amaze me how willing our students are to keep helping even after they have progressed to residency or their own practice. I have students who keep coming back year after year to help me with orientation and other events – no reward expected, just the sheer desire to make the road a little easier for those who are going to travel the same path as they did. Some of those present and past students have contributed to this month’s newsletter and I thank them from the bottom of my heart. I also want to thank the others who have submitted articles in an effort to help students prepare for the challenges they will face along the way in making that specialty choice.

**Dr. June Harris, Guest Editor**, Director of MedCAREERS and Assistant Dean of Student Affairs

# “Do It – Just Do It!”

## How to Make an Informed Decision about Your Specialty Choice

*Dr. June Harris*

Our **MUN MedCAREERS** program is not a new idea – it is a modified version of the Association of American Medical Colleges (AAMC) Careers in Medicine (CiM) program. However, it is geared toward Canadian medical students. Like CiM, each phase of the MUN MedCAREERS program corresponds to each year in medical school. You can visit [MUN MedCAREERS](#) and see this for yourself but I would like to review here the activities that are available that can assist you in making the best choice when selecting your specialty. **Most importantly**, and I hear students say this year after year, you have to choose a ‘job’ that you are going to be happy doing – one that inspires you to get out of bed (whatever time of day) and go to work. There are so many areas to choose from in medicine – there is something that is simply perfect for you – s-w-e-e-t! (I love that new expression which I picked up from a first-year medical student in the Class of 2012).

### Year / Phase 1: Understanding Yourself

So, what can MUN MedCAREERS do to help you get started? On our website you will find a link to the CiM website where you can fill out the most wonderful online questionnaires. These will assist you in figuring out who you are. Sounds strange, doesn’t it? But sometimes students are simply not able to articulate their own values, interests, skills and preferences without some direction. They also may have difficulty in determining how others influenced them or what their practice needs might be. So, my advice (a recurring theme throughout this article) would be: *Do it – just do it!* (sounds Nike-ish, I know.) Yes, visit the CiM website and fill out any short survey that could help you understand what makes you tick (besides your ticker!). While you’re there, you will find a couple of other surveys you can do in order to see to which specialty you might be

attracted. Very appropriately, one is called the **Specialty Indecision Scale** and you can do it over and over again as you go through medical school and see if your experiences have any influence on your career choice. Then, there is another place on the site where you can fill in your **Personality Type** and the program will feed back to you the specialties to which you are most suited (based on American data). Of course, you won’t be able to fill in your type until you complete a survey that I will soon send to you. Wow, do I know how to peak your interest, or what? *So, do it, just do it!*

**Career (Physician) Shadowing** will soon start for first-year students. Now, here’s an opportunity you shouldn’t pass up. If you use this program to the fullest, you will have an opportunity to shadow a different physician each month (one time a week) from January to June of your first year. (Read later in Phase 2 where this opportunity is also available in your second year!) During that time period you will be exposed to the types of patients a particular specialist sees on a daily basis and you will be able to observe other interesting events that may occur on that particular day. Graduating students told the Dean and me last year that about half of their class (Class of 2008) made their specialty choice based on their shadowing experiences! So, what should you do? You guessed it: *Do it, just do it!*

We also have **Career (Specialty) Nights**. For two consecutive evenings, physicians are invited to come and speak to small groups of students about their specialty – why they chose it and what they like and dislike about it. A similar event is **Residents Night**. At this event, residents replace physicians but you can still ask them the same types of questions. With both groups, you may want to know the bottom line; i.e., are you happy with your choice?

### Quote of the month

*“What is the recipe for successful achievement? To my mind there are just four essential ingredients: Choose a career you love, give it the best there is in you, seize your opportunities, and be a member of the team.”*

*~ Benjamin F. Fairless*

## Year / Phase 2: Exploring Options

There is a lot of overlap between first and second year. All of the programs/events/workshops in Phase 1 are also available in Year 2 (and open to Years 3 & 4 as well). The program that continues throughout both years is **Career (Physician) Shadowing**. In second year, this program runs from October to June – so more chances to see more specialties. As I have already mentioned, you should take advantage of as many of these opportunities as possible because your final residency choice may be influenced by it. You may already know that sometimes the residency in which you have the most interest may not be a program at MUN and may not even be offered in our curriculum – for example, Urology, Ophthalmology, ENT, and Dermatology. Yeap – you need to: Do it, just do it!

One of our newest programs in Year 2 is **Clerkship Shadowing**. This was an idea presented to me by a 3rd-year clerk who has since graduated – Dr. Andrew O’Keefe. He felt that students should have some exposure to what is expected of them ‘on the floors’ prior to Clerkship. So, he proposed to match 3 or 4 second-year students with a clerk so they could learn some routine duties; for example, charting, rounds, x-rays and dictation. For those who took part, the experience was very informative and we are trying to promote an increase in participation. So, you got it – do it, just do it!

At the end of Year 2, there is a workshop on writing **CVs & Personal Letters (PL)**. There is a resume template online and many students ask me to review their CV and PL before they are submitted. It is important to have an up-to-date CV so that, when you become a clerk and you need to ask someone for a reference, you can give them a document that can inform them of what you have been doing both inside and outside of medicine. If they agree to give you a reference (some hints in the next section), this will help them to write a more detailed letter.

## Year / Phase 3: Choosing a Specialty

After completing or attending all of the activities in the first two years, you may be ready to make your specialty choice. It may be the same as what you had intended to do when you entered medical school. Or, you may be confused and not know where to hang your ‘shingle’ (you know, the plaque that hangs outside your office door when you become a practicing physician). **Core Clerkship Rotations** give you the opportunity not only to learn all the core medical material but to experience what it might be like to actually be a resident or physician in many different specialties. In addition to these rotations, you can use **Elective** time to explore other options both at MUN and at other medical schools. You will make contact with many people who will be able to guide you in making an informed decision so take advantage of your Clerkship year to ask all kinds of questions to your preceptors and anyone else you think could provide some useful information.

You can also avail of the [Canadian Specialty Profiles](#) which are available online at the CMA website. These were developed in collaboration with the Canadian Medical Association (CMA). These profiles enable students to match their interests with those of physicians in the various specialties.

And just to continue on the note of how great our MUN students are! Another clerk, now resident, Dr. Bart Godlewski, put together a pamphlet entitled: *‘The Unofficial Guide to Clerkship’*. In this pamphlet he describes how you can get the most out of Clerkship and gives some practical tips. This pamphlet is available free of charge from the Student Affairs Office so, at the end of Year 2, please come by and pick one up. While you’re preparing for Clerkship, you might also consider buying, at a very nominal fee of \$15, yet another student-prepared pocket manual by our own Dr. Karima Addetia entitled: *‘Clerkship Survival Manual’*; it summarizes the most important information you will need in each of the core rotations.

## Year / Phase 4: Getting into Residency

Finally, November of Year 4 arrives and it's time to submit your CaRMS application complete with CV, personal letter and references. By January of Year 4, a large number of you will be going off to interview at several different programs across the country. Let's assume you have done all the activities and now must write your PL and obtain some references. Here come the helpful hints. When asking for a reference, start at the beginning of third year and be sure to ask that individual if he/she can give you a **good** reference. Most people will be honest about this, s-o-o-o.....*do it, just do it!* And another tip - ask as many different people in as many different specialties as you can to write a reference for you. You don't have to use that reference but it will be there if you need it. Remember to give your referee a copy of your up-to-date CV and write (email) them a week later to see if the letter has been written. Because reference letters are confidential, the referee will need to keep the letter on file for a future date when you may ask for it. Finally, it would be very nice if you wrote a thank-you card once you know the letter has been written.

Some say that the interview is the determining factor in getting the residency program that you want. Maybe they are right but, in my view, if you participate in all the events and do all the leg work, you will be well underway

to getting what you want even before the interview. For those of you who still believe it is the determining factor – here are some things to remember. Dress professionally, talk intelligently (no aah's or hmm's), review your PL, be able to elaborate on your experiences, know the program where you are interviewing, be prepared for any inappropriate questions, and be confident – *you CAN do it*. Preparation for the interview is discussed in detail on the MUN MedCAREERS website and there is a video you can watch. If you would like to do a mock interview, you need only ask someone in the specialty to do one with you – in general, you will find that these people are very obliging, so do ask. The worst they can say is no – then, simply ask someone else.

Finally, you come to the CaRMS Match. All your material is ready to send in November of your fourth year, you have completed all your interviews and you just need to do your rank order list for CaRMS in February and wait until Match Day in March. The good news is that MUN grads are sought after across the country and the chances of you getting the residency program you want are in the range of 95-98%. Wow, we are good!

So, what are you waiting for, do it all, just do it! You'll be glad you did! And, the best part is, you will be equipped to make an informed decision about your career choice. **How cool is that!** (Cool being a very popular word in the 80's; now it's 'sweet', remember?) So, just to relate to your generation: **How sweet is that!**

### Table of Events

Year 1	Year 2	Year 3	Year 4
<ul style="list-style-type: none"> <li>Self Assessments</li> <li>Career (Physician) Shadowing</li> <li>Career (Specialty) Nights</li> <li>Residents Night</li> <li>Personality Typing Workshop</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessments</li> <li>Career Shadowing</li> <li>Career Night</li> <li>Residents Night</li> <li>Specialty Profiles</li> <li>Clerkship Shadowing</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessments</li> <li>CV &amp; PL Workshops</li> <li>Career Nights</li> <li>Residents Night</li> <li>Specialty Profiles</li> <li>Core Rotations</li> <li>Electives</li> <li>Reference Letters</li> <li>Student Handbooks</li> </ul>	<ul style="list-style-type: none"> <li>Self Assessments</li> <li>CaRMS Application</li> <li>CV &amp; PL</li> <li>Interviews (Mock &amp; Real)</li> <li>Specialty Profiles</li> </ul>

**Dr. June Harris** is the Assistant Dean of Student Affairs, Director of MedCAREERS and Professor of Anatomy at MUN.

## Paging Dr. Who? Personality Type and Choosing a Medical Specialty

*Ada Shave*

So, you've chosen to study medicine...now, where do you go from here?

Deciding which medical specialty to pursue may come as a very easy decision for some, but for others, it may be as big a decision as the decision to study medicine. To help in the task of choosing a specialty, understanding one's personality type, as assessed by such tools as the [Myers-Briggs Type Indicator \(MBTI\)](#) or the [Keirsey Temperament Sorter II \(KTSII\)](#), can often be immensely helpful.



According to personality type theory, certain personality types would be expected to be attracted to certain occupations (or specialties). Since different occupations require and reward specific ways of perceiving information and making decisions regarding that information, certain occupations “attract” particular personality types. Therefore, understanding your type can assist you in identifying a potentially good match between the pattern of your personality type and the requirements of a specialty. If you choose a specialty which requires and rewards the use of your innate talents and gifts, it is likely that you will feel valued and make a positive contribution to your profession.

But, what if you are interested in pursuing a specialty to which people of your personality type are not usually attracted? In this case, you will in all likelihood, bring a perspective or approach that may be different from that of many of your colleagues. In some situations, this atypical perspective may result in conflict with your colleagues in such areas as communication, problem-solving and decision-making. In other circumstances, an atypical approach may actually result in you having the opportunity to make an exceptional contribution to the field. In any case, a realization that you may be seen as “different” can be helpful in navigating the interpersonal dynamics inherent in any workplace.

By way of stimulating your interest in this intriguing subject, I have outlined four different personality type temperaments and the work situation that would best suit them. You may be able to begin to determine where you ‘fit’ using this outline. However, you will need to learn more about your personality type as well as each specialty as you progress through medical school and only then may you be able to reflect back and use personality type to assist in making an informed decision about your final choice.

### The SJ (Guardians) Temperament at Work

- A relatively high level of responsibility
- A clear chain of command
- Rules and standard ways of doing things
- Regulations and rewards are certain
- Colleagues who share their dedication and respect for authority
- Colleagues who pull their weight

### The SP (Artisans) Temperament at Work

- Provides autonomy, variety and action
- Provides immediate results
- Allows tasks to be executed skillfully and successfully
- Opportunity to use acquired skills, independently and spontaneously
- Must give a high degree of pleasure (fun)

### The NF (Idealists) Temperament at Work

- Is personally meaningful
- Harmony is valued and there is little competition
- Democratic and encourages participation from all levels
- Promotes humanistic values
- Allows them to help others find fulfillment

### The NT (Rationals) Temperament at Work

- Provides autonomy and variety
- Is intellectually stimulating, and provides the opportunity to generate ideas
- Provides opportunity to tackle complex problems
- Provides opportunity to apply vision and logic to long range strategic plans
- Very capable colleagues
- Provides opportunity to move toward “powerful” positions
- Provides opportunity to use leadership skills

While personality type should never be used to veto a particular career, understanding the delicate fit between your innate personality patterns and the demands of your chosen specialty is essential in selecting a good fit for your future.

**Ada Shave** is qualified to interpret the results of a number of personality assessments. She is presently a Senior Consultant with Robertson Surette, an Atlantic Canada Recruitment, Career Transition, and Human Resources Consulting firm.



## Seeking Career Information on Specialties? One-Stop Shopping Available

*Colleen Galasso*

You got into medical school. You're going to be a doctor. Congratulations. Now what comes next?

Undergraduate medical students have a difficult and crucial decision to make about specialty training in their final year. Thanks to the [Canadian Medical Association](#) that decision just got a little easier.

The CMA, working in collaboration with Dr. June Harris, Director of MedCAREERS at Memorial University of Newfoundland, has prepared Canadian Specialty Profiles — consider them career-planning crib sheets — that spell out the things you need to know about 36 different specialties that range from allergy and immunology to urology. Not only do they provide the training road map required for each specialty but they also explain how practicing physicians feel about the specialty they chose.

Interested in becoming a cardiologist?

In the cardiology profile you will learn that:

- Canada has 1,078 cardiologists, most of whom are men (84%), and only 5% are under age 35.
- Your training will take six years — four years in internal medicine and two in cardiology — and you will have to pass specialty exams in both areas.
- Once in practice you will spend an average of 58 hours a week on professional activities, not including on-call duties, and 36 of these hours will be devoted to direct patient care.
- Among current cardiologists, 79% are very or somewhat satisfied with their current professional life.

Most of these data come from the National Physician Survey, a massive project completed every three years by the CMA, College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. These surveys are the largest of their type in Canada, with the 2007 questionnaire attracting more than 19,000 responses. All 36 specialty profiles are available under the [Canadian Specialty Profiles](#) on the CMA website and contain a wealth of general and specific information.

For instance, medical students interested in family medicine will learn that they can expect to see 110 to 115 patients during a typical week and that the more common procedures they will perform are Pap smears, syringing of ear canals, suturing and draining abscesses. They will also learn that the average Canadian FP earned \$211,671 in 2005-06, although this does not account for deductions such as overhead expenses, and that three-quarters of current FPs are very or somewhat satisfied with their professional life.

CMA President Robert Ouellet said the CMA developed the profiles to provide medical students with the basic information required to determine what their professional future will hold. “The more information they have, the easier the decision becomes,” he said.

**Colleen Galasso** ([colleen.galasso@cma.ca](mailto:colleen.galasso@cma.ca)) is the Senior Liaison Officer within the Office for Members, Divisions and Affiliates at the Canadian Medical Association. She welcomes your questions and feedback.

*“The decisions you make about your work life are especially important, since most people spend more of their waking lives working than doing anything else. Your choices will affect not only yourself and those closest to you, but in some way the whole world.”*

~Laurence G. Boldt

## “What do you want to be when you grow up?” Advice for the unsure medical student

Dr. Maria Brake

I was told many times that discovering my perfect medical specialty was like the Immaculate Conception, or love at first sight: there would be some divine intervention informing me which specialty was meant for me. “You’ll just know...” Well, not unlike the regularity of those two aforementioned events, the majority of my class would agree that their decisions did not really happen that way. For the portion of you that didn’t exit the womb knowing you were destined to be a neurosurgeon, it can be a tricky process. As a recent graduate who is happily training in a specialty that I did not even consider until late in third year, I’m hoping the advice I have to share might be of some use and help make your decision-making process a little easier.

### The Pre-Clerkship Years

Starting medical school can be very exciting – that is, until you hear about that first anatomy exam, and are told that the first year students cannot participate in the career shadowing program until after Christmas. Sigh. Don’t fret. There are only two months of shadowing in the fall semester, and if you really want to, there are five months available to shadow after Christmas; plus, the entire second year.

That being said, do not miss out on your shadowing opportunities. Shadow, shadow, shadow! Pre-Clerkship will fly by, and once you get to Clerkship, you no longer have the freedom to try random specialties. Some of my classmates would cancel their shadowing arrangements because of an upcoming exam, or feel guilty that shadowing was an inefficient use of free time. I couldn’t disagree more. Besides the many hidden lessons gained in shadowing, you actually get a chance to experience what you “thought” medical school was going to be like, which is a lot more fun than the classroom.

Some people even use their summers to shadow. Personally, I like my summertime for leisure, but an occasional rainy day spent in the hospital might actually be more fun than moping about the St. John’s weather.

The biggest advice I have to give the pre-clerks is not to pigeon-hole yourself. Choose a wide variety of shadowing disciplines, especially the specialties that you won’t get exposed to in Pre-Clerkship or Clerkship. Spending your time shadowing obstetrics-gynecology can be fun, but you will get eight weeks of that during your core rotations. When you get to third year, you’ll be kicking yourself for not signing up for that month of urology or medical oncology. Think of shadowing opportunities as elective “freebies”, because in fourth year, you’ll probably need your actual electives to finalize your decision or to embark on a cross-Canada program tour.

### The Clerkship Years

Finally, medical school is more like what you hoped it would be. You have patients, responsibilities and post-call days. But, in third year, the pressure to choose is becoming more noticeable. If you still don’t know what you like and you’ve already started third year, that’s okay. Remember, the final ranking of your specialties and program of choice is in February of FOURTH year. Sure, you might have to narrow your options down before your CaRMS applications are due in



November, unless you want to take on the challenge of writing 30 personal letters. Not something I recommend.

Some people take the approach of “surgery versus internal medicine”, and try to choose which of the categories that they belong to. Unfortunately, this simplistic attitude doesn’t leave room to consider many specialties like anesthesia, radiation oncology or interventional radiology, and can leave students even more confused.

People can also get caught up in the hurry to decide. Instead, take the time to experience Clerkship. You have until the end of November in fourth year until your CaRMS applications are due. (Remember, you can apply for multiple specialties even then, and you have three more months before choosing which ones to rank.) Keep an open mind throughout third year, and try to figure out what particulars you like, instead of trying to decide if you like Specialty A more or less than Specialty B. For example, do you like caring for inpatients? Do you mind in-house call? Do you enjoy working with your hands, or find it overwhelming? Do you want to work in a large academic centre or leave open the option of working in a rural centre? Do you mind working with small children? Older people? Would you rather a clinic atmosphere or a hospital support system? Does the sight of body fluids make you faint? Or, does staying up all night consistently trigger migraines? What is the job market like?

I used this approach. Every one has their own priorities and to each their own. Taking the time to recognize which factors are particularly important to your values, career and life will make it much easier to choose which specialty is the best fit for you and your expectations.

Also, do not get fooled into the attitude that if you have not considered a competitive specialty until later in Clerkship, your chance has passed. That is most definitely not true. There are many stories of people deciding on highly competitive programs in the latter part of their third year and still getting their choice on match day. Of course, depending on the last-minute decision, you may have to kick it in high gear by getting staff to help you arrange last-minute electives or offering to jump into some research project. But, if you’ve realized that it is the specialty you want, it will be worth it.

Some residents will argue that if you love your chosen specialty enough, it will not matter how busy the specialty, or the compromises that might have to be made in other areas of one’s life. Many staff doctors will often have opposite opinions, and are sometimes frightfully jaded. Take both of these attitudes with a grain of salt. Instead, look to a role model. A wise and longtime happy physician, whom I respected very much, gave me some advice that I will pass on you. He advised me that no matter what specialty I ended up choosing, as big as the decision seemed right now, one day it would become a job. If I wanted to be happy, it was best to choose something that fit my life, provided I enjoyed the job enough to come to work in the morning; if I loved it, all the better.

Lastly, remember that if you get to residency and realize that my advice has led you to make the wrong choice, you can always switch.

Best of luck!

**Dr. Maria Brake** is a graduate of MUN Medical School in the Class of 2008 and is currently doing her postgraduate training in ENT at Dalhousie University in Halifax, NS.

## Specialty Choice – How Electives Can Help

*Dr. Bryan Curtis*

Medical School clinical clerkship electives may fulfill many objectives aside from the obvious one – learning more medicine. Another major role includes career planning.

Let's first discuss the easy scenario where you always knew you wanted to be an Obstetrician (for example). For you, the main role of electives would be to confirm that is what you wanted to do (“Hey...I didn't know I was going to have to do THAT for the rest of my life”) and to figure out where you want to do your training. It has been suggested that some programs demand that you do an elective with them or they will not

consider you for a residency position within their program. Another oft-heard rumour is that some programs will not match anyone who only does electives in that one specialty. The best way to filter out the facts from the fiction is to talk to people and network. Residents and clinical clerks who have gone before you are invaluable as they will know what programs and electives make people the happiest and provide good training. They will also know where you can get good evaluations and reference letters. The staff from our Undergraduate Medical Education (UGME) office can also be very helpful, especially since we do not offer all the residency programs here at MUN. They can give you further insight about the various locations and can be excellent resources for potential supervisors.

The real difficulty is for those students who do not yet know what they want to do. If you fall into this category, here is some advice that may help. Again, as with those who may think they know what they want to do, the bottom line for you is that it is essential to chat with

various people. You need to get a sense of what everyone does. Shadowing is definitely a good idea. If you are really uncertain about your preferences, a surprisingly good place to start may be the Emergency Room. Here, you will get to see a variety of problems and observe how each specialty deals with issues when patients are referred to them for consultation. In Emergency, you will have lots of opportunities to network with many people from diverse backgrounds. You can chat with these people about what they do, how much they like it, and whether or not you should consider their line of



work. Another idea would be to do an elective in a rural area (like Labrador) with a Family Physician who does lots of things some specialists do such as deliver babies, perform some surgery, manage heart attacks, set broken bones, and deal with psychiatric issues. Again, you will have an opportunity to

experience a wide variety of specialties in a fairly short span of time.

Another critical piece of advice: Plan early! This may be particularly important if you have a strong preference for a particular program in another province. Many spots fill up quickly and some schools require applications many months ahead of time.

Once you have chosen your elective and are in the thick of things, remember: if you are not having some fun, or enjoying your elective, imagine being a resident in that program and working over one hundred hours per week. Yikes! Eliminating options you don't want to pursue can be a very effective strategy for narrowing the choice. In conclusion: Try lots! You are sure to find something that will really appeal to you.

**Dr. Bryan Curtis** is a MUN graduate of the Class of 1997. He is a Nephrologist and Clinical Epidemiologist. He is also the Program Director for the Nephrology Residency Program and the Clinical Clerkship Electives Coordinator at Memorial University of Newfoundland.

## Match Points from the CFMS

*Jonathan DellaVedova*

For Canadian medical students, CaRMS is both a noun (the Canadian Resident Matching Service) and a verb (“How is the CaRMSing going?”, “Are you all CaRMSed out yet?”). Either way, CaRMS is the gateway from undergraduate to postgraduate medicine in Canada. While there are only 17 Canadian medical schools, there are literally hundreds of residency programs, and CaRMS is an independent not-for-profit organization that provides a secure electronic application and match algorithm to get you to your destination.

Even though the electronic application does not open until September of your final year of medical school, medical students of all years should be planning ahead. That does not mean marrying yourself to a discipline or a program right from medical school orientation week, but it does mean having some idea of where you might like to go and making the academic choices required to attain the prerequisites, rule it in or rule it out. There is no right time during medical school to make a career choice; the important point is to know your options and make an educated decision based on the best available information and experiences. Visit the program descriptions at [www.carms.ca](http://www.carms.ca) often to explore your options and to avoid being surprised by a prerequisite when time is running short.

When your application does open in September, you will have approximately two months to complete your application which includes the usual curriculum vitae type information, personal letters for each program, transcript, reference letters, and any additional documents you wish to include. Your school will provide your medical student performance record or MSPR (also known as the Dean’s Letter). Autumn for a final-year clerk has the potential to be a harrowing experience, so make your life easier by keeping your curriculum vitae up-to-date throughout medical school and

identifying potential referees beforehand. Leave your personal letters until later because your choices, circumstances and perspectives are likely to change as you progress through your education.

After the application deadline, interview offers will trickle in and you will schedule them mainly during a three-week period in mid-winter (i.e., January or February). Interviews vary in their format but they are all an opportunity for you to explore your fit with a program and vice versa. Your program rank order list is due shortly after interviews, and on Match Day, the CaRMS algorithm will provide you with the name of your program destination. The vast majority of Canadian medical graduates are matched in the first such iteration. A second iteration is available for initially unmatched applicants and unfilled programs, and overall over 99% of Canadian medical graduates are matched. 88% are matched to one of their top three program choices.

Despite these uplifting statistics, it is very difficult to quell the inevitable anxieties we have around the CaRMS match. I should know; I’m halfway through the process myself. Stress or no stress, do not hesitate to make use of the counselling and support services available at your campus. The Canadian Federation of Medical Students also publishes an annual guide called “The Match Book” available in hardcopy and online at [www.cfms.org](http://www.cfms.org). It analyzes the previous year’s match, provides tips, and clarifies some myths around the match that should help with your career planning. We also advocate for increased capacity in the residency education system to accommodate your choices and facilitate your success.

Best of luck to all 2009 CaRMS applicants!

*Jonathan DellaVedova is a MED IV student at the Northern Ontario School of Medicine and is President of the Canadian Federation of Medical Students.*



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## CaRMS 101

*Caroline MacCallum*

CaRMS is the Canadian Residency Matching Service we apply to at the beginning of our last year of medical school. The goal of this process is to get “matched to” the specialty AND program (i.e. school) of your choice. This essay is based on my personal experience with the CaRMS process. Keep in mind that this is coming from someone who is applying to a competitive specialty. Also, I have NOT matched yet! Some of this may be overkill. However, at least at the end of the day, I have no regrets knowing I worked as hard as possible to build a solid CaRMS application.

Here are my “top 10 things I wish I had known about CaRMS” (or at least took more seriously earlier in medical school). These points are in no particular order.

**1. Specialty.** It would be ideal if you knew early on what specialty you wanted to practice. My advice is to do as much shadowing in different fields as possible in first and second year. Specifically, focus on areas that we have minimal exposure to and/or are competitive. This would include anesthesia, radiology, ENT, ophthalmology, dermatology, urology, plastic surgery etc. I chose a clerkship template that allowed me to start with a month elective. I broke my month into two 2-week electives, since I did not want to commit right away to any one. It just happened that I ruled out two specialties right off the bat. This was helpful since I did not spend all year focusing on those areas. But, one could argue that you will be more efficient and impressive if you save your electives until the end of your 3rd year of clerkship. Either way, keep an open mind. If you make up your mind too early you may be making a mistake.

**2. Mentors.** I talked to clerks, residents and staff to see if they knew of residents who were in the specialty and programs that I would be visiting on electives. I sent out some emails to touch base with these people. That way when I arrived at these schools, I knew at least one person. They then took the time to introduce me to other residents, staff, etc. They told me which staff were key to work with or which staff were on the Selection Committee. I then made sure to work with those staff.

**3. Electives.** These are important to getting the program of your choice. They demonstrate an interest in the area, but also show your interest for a particular school. This can be tough if you are applying to competitive programs because most will “back up” with a second discipline. To “back up” it would make sense that you will need electives in the second discipline. However, you DO NOT want your top specialty to doubt your commitment. In addition, some programs may want a “well rounded” applicant so you may need diversity in electives. Certain competitive programs are notorious for not approving of applicants who dabble in too many related areas. For example, you may not want to spread yourself equally between electives in orthopedics and plastic surgery, general surgery and orthopedics, or any other combination of competitive fields.

You do not have to do an elective everywhere you apply, but it will probably give you a better chance if they already know you and like you. I started booking electives almost a year in advance. Most elective offices will not let you book any longer than 3-6 months in advance. However, sometimes if you call the departments and speak with the right secretary they can really help you out and “pencil you in”. I actually got the last elective spot at one school a year in advance, so obviously other students are doing the same. It is difficult to coordinate your dates since we do

not get the 4th year schedule until late. So I used the tentative dates from Undergraduate Office and it worked out fine for me.

**4. While on Electives.** Be yourself. Sounds so easy and lame. But probably the best advice I was given, and the hardest thing to do. It can be very intimidating working with other competitive medical students, physicians who are experts in their field, and chief residents or physicians on the admission committee where you want to apply. Try to be helpful and offer to do consults and call. Always be on time or arrive early and be the last to leave. I have heard from countless residents that ultimately they are looking for an applicant who they can get along with day after day, is a hard worker and someone they would want to hang out with. Residents ALWAYS have a say in which candidates they like best, so DO NOT tick them off. Residents at some schools may have more say than residents in other programs.

**5. Scope out the Program.** It is important to know about the programs you are interested in so that you do not get any surprises. I asked residents questions about their program strengths, weaknesses, research opportunities, number of weeks of call (i.e. residents in program A do 4 weeks vs. 15 weeks of call in program B), number of teaching sessions per month by STAFF (vs. being self taught or taught by fellow residents), etc. After talking to residents and visiting each program, I completely changed my mind regarding my ranking order. Most programs are 5 years, so it is important to know what you are looking for in a program! Plus it is good to know about the programs you are applying to since they may ask you specific questions in your interview to see how much you have researched.

**6. Dean's Letter.** There is only one line in this letter about your first two years of medicine; i.e., "Mr./Ms. X passed all courses in his/her first and second year of medicine." Hence why getting a 70 vs. 90 makes no difference (unless you are getting the gold medal). But make sure you pass, of course. Instead, try to get involved in extracurricular activities such as Monte Carlo, Collected Works, Janeway Reading Program, etc. All these activities will be listed in your Dean's Letter (and you can individually list them in your CaRMS application).

Once you hit 3rd year you will receive ITERs (In-Training Evaluation Reports) for every rotation and elective you complete. There is a section for your staff to document your strengths and weakness. ALL of these comments will appear on the Dean's Letter, good or bad! So it is a good idea to be well-rounded and do well in all your rotations. You will find that some staff take the time to write nice comments and others write no comments. If you are interested in a certain core rotation or elective you may want to mention to your evaluator that their comments will appear on your Dean's Letter and be sent to all programs you apply to through CaRMS. These comments are simply listed on the Dean's Letter with no physician name attached.

**7. Reference Letters.** Knowing what I know now, I would probably have asked for references earlier than I did. Staff may forget who you are, even if you were stellar. Instead you could ask them to write you a reference when you are still fresh in their minds and tell them to hang on to it until you get the CaRMS cover letter forms. It is also important to make sure that you choose staff that have worked with you closely and are willing to write you a GOOD letter, since references are ESSENTIAL to get the program you want. Personally I feel that you should use your STRONGEST references, which means people who know you personally and professionally. It is tough because you may be inclined to use big names in the field, but if they have only worked with you for a couple of week or a few clinics then you may be selling yourself short. One of the staff on a Residency Selection Committee told me that they have read letters that say "Mr. or Ms. X was great, however I only had limited exposure working with him/her in a couple of clinics." This can significantly weaken the reference despite how positive it may have been.

**8. Curriculum Vitae.** Start your CV early! You know what you have done up to now, so keep it up-to-date. That way you are not scrambling at the last minute to complete this on top of your application. The Undergraduate Office will ask you to complete yearly “activity sheets”. DO NOT forget to submit these forms, as this is where they get your activities to put on your Dean’s Letter! I recommend keeping your CV to a maximum of 3 pages. I have spoken to residents on Selection Committees and some have said that they use the CV to screen applicants. If the CV is too long, difficult to read, or redundant then they may get tossed. It is important for someone to edit your CV so it looks polished. Finally, not all programs ask for a CV but I would recommend sending it to all programs. Same goes for your passport photo. Then they can put a face to your name, which is especially convenient if you have completed an elective there.

**9. Personal Letters.** Each program has a vague outline of what they want in a personal letter; for example, “500 words on goals, experience, and interest in pediatrics.” I struggled writing these essays, since I did not know what approach to take. I found a number of good websites, which listed “questions to address in a personal letter.” I thought it helped me to write an organized essay with a focus. I wrote a general essay but tailored a couple of paragraphs to the specialty and to each program. For example “residents at the University of Manitoba seem to be satisfied with their residency experience” or “Ottawa offers many outdoor activities which I enjoy” or “I would enjoy the diverse culture and language in Montreal.” You want this to be PERSONAL. It shows the school that you have taken the time to learn about their city and what their program has to offer you (and what you can offer them). Have someone proof read your essay. A well-written essay goes a long way. And, for God’s sake, DO NOT mix up specialty or program names in your letters. Finally, start writing early. You would be amazed how long it can take to write a concise 500-word essay!

**10. Research.** This can be as easy as writing a simple case report with a resident or staff while on an elective. It shows that you are interested and keen. Other options are presenting a case at rounds or working on a research project to present at a conference. This is by no means mandatory but would be helpful.

In summary, there is no “recipe” you can follow to guarantee that you will get the residency of your choice. There are a lot of factors that influence the admission committees. Some years are more competitive than others for certain specialties. What worked for someone last year will not necessarily work for you this year. Regardless of how prepared you are, some of this process is out of your control. You owe it to yourself to go for what you want, even when it feels like a bit of a lottery. Trust me; that is how I feel right now! Plus, in the end, someone has to get in, right?

**Final Note:** Visit the [MUN MedCAREERS](#). There are valuable PowerPoint presentations and links regarding residency and CaRMS. Dr. Jamie Tibbo’s presentation is especially good and will be posted on D2L each year. There are also guidelines for CVs, personal letters and interviews. I will be helping Dr. Harris in the spring to update this page with links that I found helpful when writing personal letters. Make sure you check it out!

**Caroline MacCallum** is a member of the MUN Medical Class of 2009

# Acing an Interview through Effective Preparation

*Paula Strickland*

Guidelines for interview preparation are usually for a specific job but the same principles apply when interviewing for a residency position. Effective preparation is fundamental to performing well in an interview as it will reduce pre-interview jitters and enable you to communicate more succinctly and effectively.

For your preparation, it is critical that you take time to be aware of: 1) your skills and qualifications, 2) the scope of the residency position for which you are applying, and 3) the residency program. With your wealth of education, experiences, and interests, you possess a wide array of skills which can be applied to your medical specialty. Make a list of your key skills which are relevant to the residency for which you have applied. Be able to articulate the skills you possess, how you have developed them, and how you have used them. Review the program description so that you have a solid comprehension of its strengths and weaknesses. Your familiarity with the specialty area will show that you are current and knowledgeable about the latest developments and needs of the field. A clear understanding of the scope of the program will enable you to frame your answers, highlighting the match between your abilities and the requirements of the program. In addition to familiarizing yourself with the program requirements, research the program at each school; review their website and, if possible, discover aspects of the program such as their primary mission and direction in order to show how you will fit into the system and can contribute to the program.

Behavioral questions are the most common type of interview questions. These enable interviewers to gauge how you reacted in specific situations that are likely to occur in the position. Some examples of behavioral questions include:

- Describe a time when you went above and beyond to get a challenging task completed.
- Describe a time when you encountered a stressful situation that demonstrated your coping skills.
- Tell me about a time when you had to deal with a very irate patient or co-worker. Looking back, what, if anything would you have done differently?

When preparing for behavioral questions, choose at least two relevant examples of your skills and accomplishment (preferably work-related). Prepare answers to behavioral questions using the S.T.A.R. method, which is an effective technique for formulating answers and requires that you describe:

- the Situation,
- the Task or problem,
- your Action (what you did or said)
- and the Results (what was accomplished)

At the conclusion of the interview, the interviewer will provide you with an opportunity to ask questions. It is critical that you have your questions prepared in advance. However, be careful not to ask questions that you should already have been able to find out. This component of the interview affords you the opportunity to involve the interviewer in the discussion and to illustrate the research that you have conducted on their program. Potential topics for questions may include the day-to-day expectations, responsibilities of the resident, and the medical school culture. This is also a time to take a final opportunity to briefly articulate why you are the best candidate.

Helpful tips for the interview process:

- √ When you are contacted for an interview, ask the following questions: What is the format? What are the names and titles of the interviewers?
- √ Wear formal business attire.
- √ Arrive 15 minutes before your scheduled time. Remember to take a few deep breaths while you are waiting to help you relax.
- √ During the interview, listen, make frequent eye contact with the interviewer(s), smile as appropriate, and refrain from fidgeting.
- √ Remember when answering questions, that it is acceptable to take a few seconds to compile your answer before responding. Feel free to ask for clarification if you are unsure of the question.

It is always beneficial to practice your interview skills. You are welcome to participate in a mock interview at the Centre for Career Development where our experienced staff will simulate an interview and provide you with developmental feedback. To schedule a mock interview or to obtain further career guidance, please contact [cdel@mun.ca](mailto:cdel@mun.ca). You may also visit our office Monday to Friday 9:00-5:00 at UC 4002 or refer to our website [www.mun.ca/cdel/career\\_students/](http://www.mun.ca/cdel/career_students/) for more information.

**Paula Strickland** is the Manager of the Centre for Career Development at MUN. She has worked in the Ontario post-secondary system in a student advisory capacity and her experience extends to the corporate realm where she worked in human resources focusing on recruitment, training and development, and change management. She holds a Masters of Adult Education specializing in Work and Career from the University of Toronto and a Bachelor of Commerce from Memorial University of Newfoundland.

## Four Easy Steps to Ensure CaRMS Interviewers Understand Your Full Value as a Candidate

*Dr. David Keegan*

I've been involved in stuff related to the CaRMS process quite a bit over the last 15 years. I think it's safe to say that one of the key areas that gives students angst is how to make sure they come across well in their interviews. No wonder it is such a raw emotion: just thinking about the worry I felt myself in 1995 when my entire future as a physician seemed to rest on interviews makes me a little bit jittery even now.

The great news is that a clear and easy pathway exists for you to be spectacularly successful. Just follow these basic "rules" and you, my junior colleague, will undoubtedly make sure the programs to which you have applied will have a complete understanding of the value you will bring if they accept you.

### Rule #1: Be Goal-oriented

If the main purpose of flying to a place and meeting with someone is to ensure they get a whole understanding of you as an applicant, then every decision or action you take must be aligned with this goal. So, get some sleep the night before so you can crisply participate in the interview. Dress with respect and to a level of formality (men – wear a jacket and tie; women – wear something you would wear to a "jacket-and-tie" event); by doing so, your attire won't get in the way of the interviewer paying attention to your words. You might want to remove distracting facial jewelry and minimize any other distractions. Of course, always check that your cellphone is turned off.

## Rule #2: Be Honest – Completely Honest

It is so easy to remember and tell the truth. It's also the right thing to do. Whatever you do, never ever make up something. In an interview, it will typically be obvious – remember the interviewers are usually experts at gauging patient expressions when taking medical histories. Interviewers can smell a lie from 100 feet. Whatever gain you can get from taking credit for an entire project when your role was actually quite small pales in comparison to the irreparable harm to your career that can occur if you are caught in a lie.

More importantly, physicians want to accept trainees that they can trust completely. I congratulate senior residents when they admit they have no clue on how to prescribe asthma drugs or any other topic no matter how basic, because it means I can trust them. So, you can be assured that I will never, ever consent to accepting a prospective resident in whom I get a sense of dishonesty.

Take the same approach in written materials too, like CVs , cover letters and Personal Letters.

## Rule #3: Answer the Questions

As a clerk, I'm sure you've taken care of someone who, when you asked if they had chest pain, started telling you about their nausea. It is no less frustrating (and frankly more so) when I ask a candidate a question and they tell me some nice stuff but it doesn't answer the question. While a candidate might think they've done a good job, when I go to score my interview, that candidate will likely get 0 points. It is far better to give an honest answer that's okay than one that's not related to the question at all – at least you'll get some “credit”.

More importantly, after giving an answer, you should always have the sense that the other person is satisfied. If not, then YOU should ask: “Have I answered your question?” By doing so, you've given the interviewer an opportunity to get more information from you – you cannot lose in posing this question. Either the interviewer is satisfied and he/she asks you something else, or they're not satisfied and you get a chance to build upon your answer and get more “points”.

## Rule #4: Find Out the Interviewer's Own Questions

Typically, interviewers have a standard script from which to ask questions. When they give you a chance to pose a question, this is your opportunity to discover what they personally need to know to give you a high recommendation. So ask it: “Are there any key things – strengths, experience or other things - you want to see in residents joining your program?”

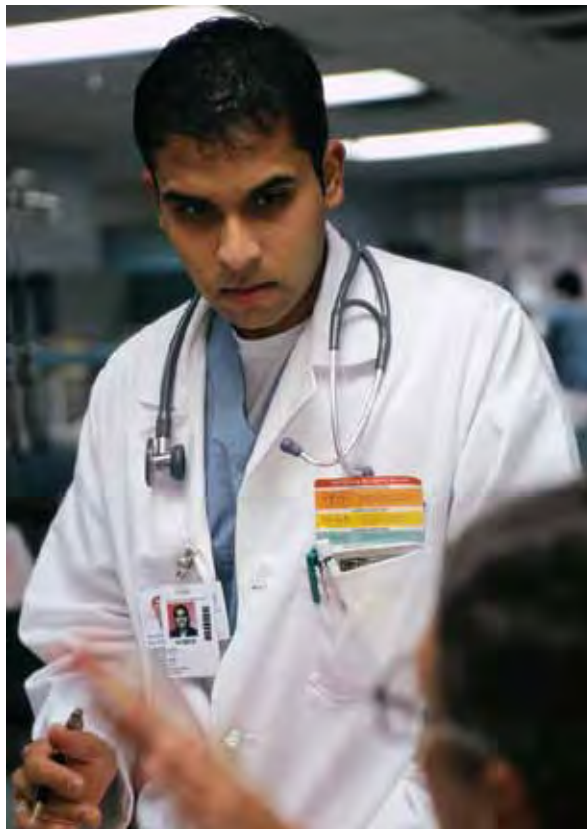
The interviewer will happily tell you their priorities (and will actually be grateful for the opportunity to customize the interview to their own ideas). This is now your golden opportunity to directly describe how you as a candidate can meet the interviewer's own priorities. Your answer to these “off-script” questions will directly add to the ability of the interviewer to write down a strong overall impression of you.

So that's the scoop: know your goals and don't distract from them, be honest, answer the questions and check that you have done so to their satisfaction, and find out (and answer) interviewers' personal questions. By doing these things, you can be certain that interviewers will be left with a crystal clear understanding of the value you will bring to their departments. Best of luck!

**Dr. David Keegan** is a MUN graduate in the Class of 1995 and did his residency at MUN in Family Medicine. He later did a PGY3 in Emergency Medicine at UWO. He is currently the Undergraduate Family Medicine Director at the University of Calgary and national Chair of Family Medicine Undergraduate Directors.

# Lessons Learned from Medical School to Practice

*Dr. John Martin*



When I was accepted into medical school, I believed the tough career decisions were over. I knew that I was going to be a physician and was secure in that. I arrived on the first day of class to hear people talking about wanting to be cardiologists or orthopedic surgeons or family doctors. It then struck me that I would have to make more important decisions about many of the details of my future career. Over the next couple of years (and even a couple of days before my rank list was due to CaRMS), the decision about what kind of doctor I would become would change often and dramatically. It was a very stressful decision that could have been made easier if I had taken advantage of some of the opportunities available to me early on in medical school. Hopefully some of my learning experiences will provide some guidance and help make some of your choices a little less stressful.

I always remember an undergraduate professor stating emphatically in class once that ‘fortune favours the prepared mind’.

The sooner you start considering what you want to do, the sooner you’ll start taking steps toward making a decision. The MedCAREERS program is one of the best resources and an excellent starting point to help with the decision-making process (something I realized way too late). I rarely attended Residents Night or Specialty Nights. I learned later that attending these events gives you the opportunity to meet those involved with a specialty and gain their perspective of working in a field. Another barrier to making an “easy” decision was my limited exposure to the branches of medicine prior to my arrival in Clerkship. Due to some of my other commitments as a student, I didn’t fully avail myself of the Career Shadowing. I relied on my clerkship experiences as the guide to what I felt I should do as a career. I realized too late that shadowing provides many chances to see many different branches of medicine and oftentimes allows for experience in specialties that are not in the mainstream curriculum.

As a resident, I often asked the clerks that I encountered if they have reached any decisions as to what they want to be when they are done medical school. One answer that commonly comes back is, “I don’t know yet.” I quickly follow it up with, “Then have you decided what you don’t want to do?” Many students are able to provide answers to this question and oftentimes it is a more important question to answer. Very rarely do students comment on the desire to teach or to conduct research. Often these are interests that develop through residency and early on in practice but should be things that you consider early as well. These interests may not only guide your choices for interesting conferences and seminars but also to help you decide where to do residency or to practice.

After completing locums this past summer, I began to realize how different the practice of

medicine was in different locations. Even within the same province, the practice of pediatrics is dramatically different between two cities less than a hundred kilometers away. I had varied educational experiences through electives but my first few experiences as staff really showed me how different hospitals can be, even within a province. As medical students, it is not only important to have variety in your electives but also variety in terms of geography. Core rotations in Clerkship outside of St. John's offer variety and may give you a sense of what you want to do and where you might like to practice. It is also important to think about the life that you have inside and outside medicine. When choosing your career, consider the things outside of medicine that are important to you; your present and future family, your friends, desires to travel, research or to engage in other activities. Ask yourself how you can manage the balance between all of these things.



Remember – the decision that you are making is not final nor is it permanent. People not involved in medicine (or ‘normal people’, as I call them) change careers frequently. Being involved in medicine is no exception to this. Changing specialties may seem like a monumental step but it is not an uncommon occurrence. Residents will realize that they are not happy with their decision in one specialty. Physicians in practice will often give up their current field and re-enter medicine to retrain in another branch. Don't feel that the decision to enter one specialty is a lifelong decision; you can change your mind at any time and do something completely different.

Careers are an ever evolving entity within your life. The decisions you start to make now and the decisions to come will hopefully lead you down an interesting and fulfilling career path.

**Dr. John Martin** graduated from MUN Medical School in 2004 and completed his residency at MUN in Pediatrics in 2008. He is currently an ER physician at the Janeway Children's Health Centre.

## Going for the Gold - Humanism in Medicine!

*Dr. Gillian Sheppard*

In October, Family Medicine resident, Dr. Sheldon Butt, medical student, Malcolm Wells, and I travelled to Chicago to the Biennial meeting of the Gold Humanism Honor Society (GHHS). Several months prior, Sheldon and I, along with several other classmates were inducted into the GHHS at our graduation ceremony. Being only the second MUN medical school graduates inducted into this society, we knew very little about what it meant to be in the GHHS. The conference provided us with an opportunity to explore this Society and understand what it means to be a member.

Dr. Arnold P. Gold, an American Pediatric Neurologist at Columbia University College of Physicians and Surgeons in New York, recognized in the 1980s that medical students seemed more interested in the science of medicine than in the art of medicine. Dr. Gold and his wife who has a PhD in education, Dr. Sandra Gold, assembled a Board of professionals to answer the questions:

- Is it possible to identify candidates for medical schools who are both scientifically proficient and compassionate?
- Are we already selecting idealistic and humanistic young people for medical schools and then, through the medical education process, discouraging their spirit of caring?
- If young doctors are not naturally sensitive, can we train them to be so?
- Are there others who feel the way we do and want to do something about it?

The GHHS was started in 1988 as a result of the research done by the Board to answer these questions. Through their own generosity and donations from many organizations, the Drs. Gold have succeeded in creating a society that is purely devoted to promoting humanism in medicine. The logo is a heart-shaped stethoscope. The GHHS characterizes the humanistic doctor as one who displays

integrity, excellence, compassion, altruism, respect, empathy and a desire to serve those in need.

Medical schools throughout the United States and Canada are members of this society. Currently Memorial University of Newfoundland and the University of Calgary are the only Canadian members. As a member of the GHHS, MUN makes a statement to the faculty, students, and the public that it values humanism in medicine. We were impressed when we realized that MUN is very advanced in cultivating the art of medicine when compared to other institutions. Many of the long standing traditions at the MUN medical school are only being initiated at many medical schools in the United States and Canada – for example, the White Coat Ceremony, the Humanities in the Arts and Medicine group, and the Clinical Skills groups. In addition to these projects, MUN medical school has a Responsible Sexuality group, the Janeway Reading Club, Monte Carlo, the MUNMed Gateway Project and the Collected Works. Medical students volunteer their time through these projects to improve the lives of children, youth, immigrants, and adults in the province. It is through these projects that they learn the value of humanism in medicine.

In order to be inducted into the GHHS chapter at MUN, students are asked to name colleagues who they feel demonstrate excellence in clinical care, leadership, compassion and dedication to service. The students who receive the most nominations are inducted into the GHHS at their graduation. They then become eligible to receive funding from the GHHS for projects that promote humanism in medicine. At the conference in Chicago we not only learned about the GHHS, but about the importance of humanism in medicine.

To learn more about the GHHS and for a list of recently funded projects, check out [www.humanism-in-medicine.org](http://www.humanism-in-medicine.org)

**Dr. Gillian Sheppard** is a graduate of MUN Medical School in the Class of 2008 and is currently doing her postgraduate training in Family Medicine at MUN.

## What's Cooking?

# Colourful Stuffed Tomatoes

*Michele Neary*

A great accompaniment for most-meals or served as a light snack or appetizer.



### Ingredients

6 medium Tomatoes (firm)

### Stuffing

1 cup	Red, green, and orange peppers, chopped
1	Beaten egg
1 small	Onion, chopped
2 cloves	Garlic (grated)
1/2 cup	Shredded mozzarella cheese
1/4 cup	Bread crumbs
1/3 cup	Grated parmesan cheese
1 tbsp	Italian spices
Pinch	Salt and pepper
Pinch	Red pepper flakes

### Topping (crumble together)

1/4 cup	Bread crumbs
2 tbsp	Parmesan cheese
1/2 tsp	Savoury
1 tsp	Butter, softened

### Directions

Mix together the ingredients for the stuffing. Cut the tops off the tomatoes and gently remove the seeds. Sprinkle a small amount of salt and pepper into each tomato. Stuff the tomatoes and top them with the bread crumbs, cheese and butter mixture. Place tomatoes in a lightly greased casserole dish and bake at 350 for 25 minutes, broil for a few minutes at the end to lightly brown. Enjoy!

## Upcoming Events?

Hosting a wellness-related event? Want to encourage your classmates to attend a show? Why not promote your event or other activities in our "Upcoming Events" section? We are always looking for musical, dramatic, fun events (all of which encourage wellness, of course) to promote. Contact us today to share your ideas of events to be promoted.

## Upcoming Events

### A Tribute to Peggy Lee & Buddy Holly

The Petro-Canada Big Band Show is usually one of the highlights of winter entertainment in St. John's. Conductors Peter Gardiner and Jim Duff will once again host this event, leading the Newfoundland Symphony Orchestra and a string of accomplished musicians in what will be sure to be a night to remember. Vocalists will include Heather Bambrick (Canadian female jazz vocalist of the year) and the 8 Track Favorites.



Date/Time: January 23 and 24, 2009, 8 pm  
Location: The Arts and Culture Centre  
Price: \$25- \$42.00

### On-going: Yuk Yuk's Standup Comedy



Touted as "Canada's best night out", Yuk Yuk's on Kenmount Road in St. John's is a hot spot these days with new, interactive and amusing headliners each week. January's lineup includes voice impressionist, Mark Walker; Just for Laugh's Festival performer, Lawrence Morgenstern; and Winner of the Canadian Comedy Award for Best Female Stand-up, Laurie Elliot. In the mood for a few laughs to distract you from your studies? Why not check it out.

Date/Time: Thursday (8 pm only), Friday and Saturday nights (8 pm & 10:30 pm)  
Location: 193 Kenmount Road (next to Swiss Chalet)  
Price: \$12.00 on Thursdays and \$18.00 on Fridays and Saturdays (for best seating, reserve tickets in advance by calling 726-yuks (9857) )

### Student Wellness Lunch and Learn: Choosing a medical specialty - What kind of doctor do you want to be?

Date/Time: Tuesday, January 20th, 2009, 12:00 noon  
Location: Theatre B, Faculty of Medicine  
Facilitated by: Dr. Angus Hartery, Radiology resident  
Guest presenters: TBA

Lunch and Learn sessions are hosted by the Student Wellness Committee in the Faculty of Medicine and are open to all students in the Faculty.

Price: The Lunch and Learns are free to students in the Faculty. Tickets must be picked up in the Office of Student Affairs and are available on a first come, first served basis. Tickets for this event must be picked up before Friday, January 16th, 2009.

## Happy New Year and Welcome to 2009!

Choosing your career may be one of the greatest and most significant challenges you will face as an adult. Thus, it is no wonder that many people struggle with the career decision-making process and seek many sources of information and advice to guide them along the way. Dr. June Harris and the contributors for this issue of the Student Wellness newsletter have brought years of experience and a wealth of ideas and information illuminating the career-decision highway, many thanks to all of them. I hope that this information helps you to find your destination (or destinations) with confidence and ease. Stayed tuned to future issues for information about other career planning activities such as the Personality Profiling Workshop (February), Specialty Nights (April) and Residents Nights (May).

The February issue of this newsletter will focus on fitness and getting active. If you have articles or ideas that you would like to have explored, please let me know!

## Drop by!

*Sincerely,  
Michele Neary, Ph. D.  
Student Wellness Consultant*



**Wellness Stories  
Welcome!**  
Have you climbed Mount Everest?  
Volunteered in Kenya? Adopted a healthy diet?  
Changed your waste disposal habits to be more environmentally friendly? Or simply started taking 10 minute breaks each day for your mental and physical well-being? Why not share your wellness story with others? The Student Wellness Newsletter is looking for inspirational, wellness related articles. For more information on how you can share your story, contact us today!

Special thanks to Jennifer Armstrong, HSIMS, for her assistance with the layout and graphic design of this newsletter.

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