
Excuse Me, Would You Like to Be a Rheumatologist?

By Volodko Bakowsky, MD, FRCPC

I have been asked to write about the challenges of attracting new trainees to rheumatology from the Atlantic-Canadian perspective. I suspect our perspective is much the same as that of the rest of Canada, only we are more polite, hence the title of this article.

Challenge #1: Branding

I apologize if this offends some of you traditionalists out there (see the politeness at play here?), but I do believe the name of our profession does little to establish our “brand”. If we were to name ourselves today, would we really come up with *rheumatology*? The “ology” part is obviously fine. But the “rheum” does little to help our recognition. If I google the word “rheum”, I come up with the following definition: “a watery discharge from a mucous membrane, especially the eyes and nose.” Hmm...I wonder if there was a focus group before that term was chosen. Yes, there are historical reasons behind choosing the term, but perhaps the time has come for us to rebrand ourselves with a name that captures the essence of our expertise. I used to joke that even my mother didn’t know what a rheumatologist was. How many times have we all had to explain what it is exactly that we do? I don’t think cardiologists, orthopedic surgeons, pediatricians, neurosurgeons (and the list could go on) face the same challenges as we do. It is difficult to attract attention, when people don’t even understand who you are and what you do.

Challenge #2: Exposure

When surveyed about what factors were most important in helping them decide on their career choice, medical students and residents typically highlight that early exposure to a field played a key role in attracting them to their eventual chosen profession. Exposure is also critically necessary for the development of role models, which is perhaps the biggest influencing factor of all reported in these surveys.

The challenge, then, is how to increase exposure at a time when the trend in medical education appears to be

decreasing time within the curriculum for medical-science content. For example, at Dalhousie, when our curriculum was renewed several years ago, the musculoskeletal (MSK) component went from six weeks to five weeks that are now shared with dermatology. In addition, the number of lectures was roughly halved. These were replaced to some extent by case-based learning tutored by non-experts, i.e. non-rheumatologists, and in many cases, non-internists and non-MSK specialists. Similar changes occurred across the country.

The challenge continues even after learners enter Internal Medicine residency. Rheumatology does not tend to be a required core rotation. Those residents that rotate through rheumatology often do so near the end of their core Internal Medicine training, after they have already picked a career path.

So, what is the solution? The Training the Rheumatologists of Tomorrow (TROT) group, under the leadership of Drs. Cividino and Legault, are working on our branding. For example, they are reaching out to learners via social media (*#MakeRheum* anyone?) and are exploring other opportunities for increasing exposure to our field. We all need to be efficient with the time we have. We need to volunteer, to teach, and to be preceptors and tutors. We need to maximize our “role-modelness.” We need to share the joy of our field of medicine and the rewards of being kind, compassionate, cerebral diagnosticians!

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