
Preparing for Practice

By Alan Borowoy, MD, FRCPC

Completing fellowship, most freshly-minted rheumatologists feel the pressure to immediately start their own practice. And, like me, most feel their skills in what essentially amounts to opening a small business are woefully inadequate. I would have recurring visions of myself diligently touring clinic spaces, hiring staff, and figuring out which electronic medical record (EMR) to invest in, only to realize a week prior to my practice opening that I had no office phone line or examination tables for my clinic rooms! While we can and often do rise to this challenge, most would admit that opening the perfect practice on the first try and without experience is close to impossible.

At the end of the day, the practice of medicine is experiential: we learn in large part by doing. I believe the same holds true for the opening and running of a practice. As trainees, the bulk of our clinical experience is a hospital-based academic model. While this is necessary to gain competence in the full breadth of rheumatology, there is very little exposure to the full breadth of practice options. Locums bridge this gap in experience: they offer the ability to test drive our skills as physicians in a variety of practice environments.

Upon graduating fellowship, I was nervous about starting a new practice right away. As luck would have it, I was offered a short locum that summer. From that, other locum opportunities arose and I was eventually working full time. I provided coverage for a diverse range of colleagues from brand new part-time practices to decades-old busy full-time practices, solo to group practices, and community suburban practices to city centre practices with hospital privileges.

Not unlike Goldilocks sampling different bowls of porridge, locums afforded a sampling of a large cross section of clinical practices to determine which felt “just right” for me. In doing so, I was able to develop and hone my preferences for how I would ultimately run my own practice: from type of EMR, number and size of clinic rooms, and optimization of patient flow to communication with administration staff, tone of clinical notes, and brand of coffee maker.

Four years and seven locums later, I felt more than prepared to open my own practice in Barrie in 2017. The transition to my own practice was certainly less daunting by then, and was as smooth as I could ever have hoped for. I would encourage any freshly-minted rheumatologists to consider a locum as an alternative to immediately jumping into practice. While opening a clinic always presents its unique set of challenges, I for one am grateful for the opportunity to settle on one that is “just right” for me.

*Alan Borowoy, MD, FRCPC
Rheumatology,
Barrie, Ontario*

Retirement: "Goodbye to All That"

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be quite therapeutic. However, in this rush of domesticity, beware asking the question “Is there anything I can do?” as you might get more than you bargained for.

In conclusion, is there any way to summarize how to handle this pivotal transition into retirement and effectively and painlessly say “goodbye to all that”? I think the advice of Lord Baden-Powell says it all—“Be Prepared.”

*Paul Davis, MB, ChB, FRCP(UK), FRCPC
Emeritus Professor of Medicine,
University of Alberta
Edmonton, Alberta*