

Dr. Ewurabena Simpson

Pediatric Hematology/Oncology

Overview

1. **Profile:** Director Sickle Cell Program (Ottawa), Hematology/Oncology Fellowship Director (Ottawa), Pediatric Hematologist/Oncologist (Children's Hospital of Eastern Ontario), Assistant Professor (University of Ottawa); Master's in Public Health (Johns Hopkins), Hematology/Oncology Fellowship (Sick Kids), Pediatrics Residency (Toronto), MD (McGill)
2. **Pitch:** Incredible ability to follow very sick patients from very early childhood all the way to adulthood, with a mix of both acuity and continuity of care.
3. **Path:** Loved kids, pediatric elective rotations sold her completely. Throughout career, always wanted to work in global health and naturally gravitated to sickle cell disease, although general heme/onc remains important in her day-to-day
4. **Philosophy:** Nothing is set in stone, even in CaRMS. Follow your passion, and even if you can't decide which one, you'll likely be happy in whichever you choose.

Elevator Pitch

(1:36)

- **It is a privilege to maintain long-term relationships with kids all the way through to adulthood.**
- **Acuity and Continuity of care** - Sometimes patients can be very sick (e.g. inpatients), but you usually can help them do better, and see them again in follow-up.
- Pediatric patients tend to do better than adults
- Heme/Onc is an incredibly broad field in both pathology and physiology

Personality

(4:02)

- **I love working with children and families**
- Healthy mix of acute and chronic
- Liking kids doesn't necessarily mean you'll like pediatrics - liking kids is **necessary but not sufficient**, your personality also has to match the pace and difficulty of communicating with children and families.

- Challenges include seeing children when they're really sick, working with parents, not always being able to communicate directly with children.

Path

(7:18)

Medical School

- Knew she was more “medical” than surgical - really enjoyed the hematology section. Immunology undergrad - pathophysiology, the basis “made sense”
- Hesitant about working with very ill children
- **Internal** rotation was before peds - and she felt it **didn't “fit”** - felt like it was “going to work.”
- Peds rotation was **exciting** and **fun**.
 - General core rotation wasn't perfect either, and had some concern afterwards when she finished the rotation and was not 100% certain. May have been the team or catching rotavirus! Didn't live up to her expectations.
 - **Electives sealed the deal**, people with similar personalities. She could see herself in their roles in the future.

Residency and Fellowship

- During rotations at SickKids, Dr. Simpson met sickle cell patients and finding the ability to regularly make children feel much better was very rewarding
 - Originally from Ghana - higher prevalence of sickle cell - always wanted to work in global health - it just made sense.
- Hematology/Oncology Rotation in general pediatrics push even more
 - Also thought about Gastroenterology because of positive mentors and experiences, but not as fulfilling
- Applied to Heme/Onc fellowship in 2nd year of residency
 - 3 year fellowship
 - 1st year did Masters of Public Health, with a focus on Global Health Policy and Clinical Epidemiology in order to come closer to goal of working in global health

Staff

- Job situation is variable, may have to be patient and/or relocate
- Usually attached to academic centers, unless large cities have satellite centres; rural areas may have satellite clinics. Some colleagues have community practice in general pediatrics alongside their specialty.

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- Dr. Simpson works primarily as an outpatient physician in a shared practice with several other Hematologist/Oncologists, with clinics for sickle cell disease, thrombotic disorders and general hematology pathologies, as well as with a research team.

Research

- First clinical research exposure was as a summer research student in undergrad. Dr. Louise Pilote became a significant mentor, both in medicine and in life.
- Through med school, continued working with Dr. Pilote, which solidified her interest to carry on with research through her career.
- Heme/Onc is rapidly evolving, especially sickle cell disease, with many new therapies emerging. Research is fulfilling beyond scientific curiosity--it's exciting to see it directly impact her patients!

Day-to-Day Life

(14:38)

- Arrive at 8:00
- No two days are the same
- Primarily outpatient service
 - Monday: Sickle Cell clinic, 1:00 - 5/6:00 (Research Meeting in the morning)
 - Tuesday: Thrombosis clinic, 1:00 - 4:00 (Procedures in the morning)
 - Wednesday: General Hematology clinic, 8:00 - 12:00 (Administrative work in the afternoon)
 - Thursday: Procedures and Teaching
 - Friday: No clinic - Administrative work in the morning, General Heme/Onc Rounds in the afternoon
- Practice is shared with 5 hematologists, most clinics take on many learners
- 65% clinical, 20% research 10% admin 5% variable
- Inpatient service 7-8 weeks a year - no way of knowing what happens each day in consult
 - Types of patients - inpatients chemotherapy, including complications, Sickle Cell Crisis patients, consult service for thrombosis, oncologic presentations.

Call: Group practice (8 physicians), call evenly distributed among weekends and days. Call from inpatient unit and for parents of outpatients.

Personal Takeaways

(28:34)

Kids say the darndest things: These small things bring joy and levity - can alleviate tension when you are always talking about scary things.

Personal Story 1:

(29:00)

“Early on when I started as a staff physician here at CHEO, I was on inpatient service and we had a little girl--I think she was about 3--with a new diagnosis of leukemia... We were rounding and for some reason she just didn't like me, so we'd round and she'd be smiley and cute and adorable, and then I'd start to talk and she'd give me a death stare... One day, we were rounding and she had these new pink pajamas, and she literally was dancing and super happy, and I guess she didn't see me, and so I said 'Hi, how are you?' and she looked at me, crossed her arms and said, 'Don't talk to me.' And I couldn't help myself and just laughed and said, 'OK!'


Fast forward to months later when she was an outpatient, I was in clinic and I went to see her, and she was there with her mom... and mom saw me and she looked at me and just started shaking her head. And I said 'Hi.' She turned around and she crossed her arms and glared at me... Anyways, we laughed about it, and I saw her mom later on when her daughter was older and much more progressed in her treatment, and her daughter didn't even remember that that had happened. A funny little experience that I'll probably remember for a long time.”

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

Final Comments

(36:00)

1. Because Heme/Onc lumps in two enormous fields, many fellowships in the field focus on malignancy - you must make the effort to tailor your fellowship to your interests
2. Follow and trust your passion. You can always find creative ways to practice even if the perfect position isn't open yet

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3. Nothing is set in stone. Even CaRMS is not the final say in your life. Liking many things means you could be happy doing many things, not that you will make the wrong choice.