Dr. Sandy Shamon
Family Medicine + LTC/Palliative

Overview

1. **Profile**: Family Physician (Cambridge), Assistant Professor (McMaster); Family Medicine (Western); MD (Toronto)
2. **Pitch**: The ultimate ability to apply both the art and science of medicine as you explore the finality of life and death.
3. **Path**: Broad range of interests led Dr. Shamon to apply across a variety of CaRMS entry points. In family medicine, she was drawn to palliative care and gradually incorporated it into her practice, rather than doing a PGY-3 year.

Elevator Pitch (1:52)

- **"Best job in the world"**
- Practices in long-term care and palliative care as extensions of comprehensive family care
- Unique position to apply both the art and science of medicine - which she can also do through her poetry

Personality (2:55)

- Family medicine is person-centred care and must be tailored to the patient - Dr. Shamon loves talking to people.
- Her curious and talkative nature allows her to connect deeply with her patients.
    - Family medicine allows you to pivot your career by adding to your practice areas as you discover your interests through general practice

Stereotypes (4:55)

- 2017 study looking at factors leading to decision to practice medicine in primary care - negative factors included that primary care physicians do not become "experts," do not see immediate results from their actions, and the inability to have a focused scope of practice

- Response: Couldn't be further from the truth - work that is done for a patient is usually seen first by the family doctor, who is often responsible for follow-up and long-term management.
- Ability to add sub-specialties allows you to have a focused practice alongside your general skillset, which allows you to think broadly while also becoming an expert.
- Sub-specialties additionally allow Dr. Shamon to use her expertise outside of the clinic on task forces and committees.

Referenced Material: Osborn et al. Primary care specialty career choice among Canadian medical students. *Canadian Family Physician*. 2017; 63 (e107-113).

Path (12:53)

Medical School

- Grew up in Baghdad, immigrated to Canada when she was 15.
- Always wanted to be a physician, tough journey as a new immigrant to get to medical school, but was helped by strong role models and teachers.
- Got to choose between offers to both dental and medical school after undergraduate.
- Enjoyed several specialties and in fact applied to several surgical, medical and family residency programs.

Residency

- Did family medicine residency at Western, which was immediately validated by experiences in her first year of the program.

Staff

- Palliative care specialty was inspired by mentors (Dr. Joshua Shad), Dr. Shamon was naturally drawn to it, but remains in her general practice.
- Works primarily as a community family care physician but slowly began extending her care to palliative and does home visits for these patients.
    - Without a PGY-3, Dr. Shamon was able to apply for the certification after 4-5 years.
    - Dr. Shamon describes her thoughts on sub-specializing in greater detail at 18:16
- Now takes referrals from other family doctors as a palliative care physician.

Day-to-Day Life (21:35)

- Most days are half family practice, half “sub-specialty” (e.g. home visits or long-term care)
- Each part of her practice has a unique call group
    - Family - Family Health Organization (1 in 18 weekends)
    - Palliative - Community Palliative On-Call Team (1 in 10 weekends)
    - Long-Term Care - arrangements with each nursing home
- Overall call burden fairly reasonable because of group sharing of responsibilities

Personal Takeaways (9:38)

> *”At one of the nursing homes that I work at, there was an outbreak of COVID-19. Patients presented with all kinds of symptoms. Some of them really didn’t even have fever, they just stopped eating that day, and that was the red flag that indicated that they might have it, too. And that’s what happened with one patient, and because the swab took a few days, we had to assume that he had it. As a team, we contacted the family and had a long goals-of-care and advanced care planning conversation about how he wanted his care to be managed if that’s what he has, because of the high mortality with COVID-19. We were able to do this in under 48 hours, and the beautiful thing was that the entire family, living in different parts of the world, were able to put together a musical performance over Zoom, because that was his thing and his kids played different instruments. And when the nurses told me about it, two of them started crying, describing the entire call with Dad, [because] he did pass away that night. So that was a reminder to me about the importance of having palliative care skills and being able to have these difficult conversations early on in a serious illness. I see it as a successful and a beautiful story of alleviating spiritual suffering and suffering in general. Not everybody who died in long-term care had a bad death [during COVID-19], that’s important to remember. With good palliative care and good teamwork it’s possible to make it better for everyone - for the patient, for the family, for the staff.”*

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

1. We owe our patients the ability to look after them wherever they choose to have their end-of-life journey.
2. Every day is exciting and unique because she has the opportunity to learn about each patient and see their journey unfold.
3. Despite this uniqueness, she loves seeing patterns across patients and being able to accurately predict outcomes in her patients - while this can be frustrating, it is rewarding when you help patients take control of their health.
4. Allow your career goals to present themselves and be open to new experiences in medical school.