Dr. Catherine Patocka

Emergency Medicine

Overview

1. **Profile**:
    a. **Positions**: Emergency Physician (Calgary); Clinical Assistant Professor (Cumming School of Medicine, University of Calgary); Program Director of the Emergency Medicine Specialty Residency Training Program (University of Calgary); Board Member and Treasurer (Canadian Association of Emergency Physicians); Task Force Member (International Liaison Committee on Resuscitation)
    b. **Training**: BSc Honors in Pharmacology (Alberta); MD and Emergency Medicine Residency (McGill); Masters in Health Professional Education (Maastricht)
2. **Pitch**: Emergency medicine is an extremely variable specialty where you can see almost anything under the sun! You have to be adaptable and be comfortable with uncertainty.
3. **Path**: She was interested in specialties with acute and critical care but ultimately chose emergency medicine due to the day to day variety!
4. **Philosophy**: There's good and bad to every specialty but if you're interested, go for it! You can be happy anywhere if you learn to look at the good aspects.

Elevator Pitch (1:51)

- ***"Core knowledge and procedural base affords us the title of expert but heterogeneity of circumstances requires us to be incredibly adaptable and malleable"***
- Generalists at heart- no algorithm for most things we do, frequently guided by common sense and patient problems while taking into account literature and evidence
- We accept and deal with uncertainty daily
- We will treat anybody at any time, don't discriminate- we won't always have the answers but will always try to help!
- She loves the culture of the ED- work very closely with allied health professionals and people are just fun!
- There isn't too much downtime in emerg to read up before making decision so you have to be comfortable with uncertainty
    - There are many issues and barriers that are hard to change!

Personality (3:14)

- She's methodical, likes structure, and problem solving as well as the the social aspect of all the people around her
- Many people in emerg are easy going and go with the flow
- There's room for all personality types in emerg

Medical students' perception of emergency medicine (4:00)

- Exciting but stressful and stress can lead to burnout over time
- Dr. Patocka's response:
    - There's some truth to that- definitely moments of stress in the ED
    - Med students are entering this unique environment for the first time so feel stressed but over time, it's not always stressful (there's some pattern and structure and you learn to function in that environment)
        - Most of the times, she does not feel stressed for the entirety of the shift (sometimes she even looks forward to the exciting, stressful moments!)
    - Stress does not always lead to burnout! (many of her colleagues in 60s and 70s still love emergency medicine)
- **Other stereotypes:**
    - Traditionally male, hard-core athletes and jocks- not true at all! (great mix of personalities in her residency program)
    - Used to be often people without a family in emergency medicine but this is changing
    - View of ED doctors as doing everything like on TV is obviously false

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Referenced Material: *Pianosi et al. Medical Students' Perceptions of Emergency Medicine Careers. Cureus 2017 Aug; 9(8): e1608.*

Path (9:37)

- Dr. Patocka entered medicine with the intention of helping people (her mother was a family doctor who did some emergency medicine so she had some insight)
- She wanted to keep an open mind and consider all specialties, even surgical ones
    - She had a tendency to faint in the OR so she turned away from surgery!
- She found comfort and relatability with people in emergency medicine
    - Chatting with her mom and friends helped her choose emergency medi
- She went the 5-year emerg med route (vs extra year in family medicine) because she liked academia, higher education, and research (this option had a scholarly component)
- She pursued medical education because she had really terrible teachers in med school!
    - Med ed people are inspiring, ethical, and professional
- Balancing clinical work, academia, and family is pretty challenging
    - She didn't want to give up academia solely for financial reasons as she was very unhappy with just clinical work (you don't get to think deeply about things and maybe burnout aspect)
    - She gave up some clinical shifts to juggle all these things and she's happy with the current balance she has
- She also considered anesthesia and critical care and she was torn till the very end
    - Decision came down to day to day life (anesthesia training would be awesome with airway and procedural expertise but would be pretty constant everyday compared to the variability in emerg)
    - Opportunity for flexible shifts was important to her
- She still loves orthopedics and casting and none of the critical care specialties do those procedures regularly
- One thing that's hard as a student is to realize that things change (she doesn't really like night shifts) and you may change your mind
    - There's downsides to every specialty and it's not all cupcakes and butterflies!

Day-to-Day Life (20:32)

- In her site, full time job is 12-14 clinical shifts per month
    - Equally divided between day, evening, and night unless you love night shifts
    - Expect to work 2 weekends a month (Friday, Saturday, Sunday) and some holidays
- Shifts can start early morning, midday, evening, or late night
    - She works in large department with physicians starting every hour
    - Generally two physicians overnight but have progressively increased to decrease patient waiting times
- Shifts are 7 hours in Calgary (can be 8 hours in urban centers, up to 12 hours in rural areas)
- Always patients to be seen, minimal downtime during shift
- First patient is prioritized by nurse based on acuity
- For most patients, you do history and physical exam, then disposition them but for some, you need to order other diagnostics (come back and reassess after seeing other patients)
- At last hour of shift, you wrap up your patients and hand over anyone who's still waiting to your colleague
    - Generally leave an hour after the end of your shift (culture is different where she trained where you could just hand over incomplete tasks to the next person and leave right away)
- You're sort of working independently and not really interacting with the other doctors
- In the main department, you can encounter almost any type of patient and acuity (some sites have fast track areas for quicker things)
    - Bread and butter cases are chest pain (ACS), shortness of breath, abdo pain, renal colic, urinary tract pathologies, cellulitis, upper and lower extremity injuries, complicated patients with many comorbidities (urban centers), infectious URTI and trauma in kids (pediatrics)
- The unknown, getting to meet new people and working through complex problems makes her excited to go to work!
    - But it can be difficult that you don't get to know your patients and have continuity (sometimes feel like you're overtesting and over examining because you're looking for the most dangerous thing and don't know how patient is normally)

Personal Takeaways (35:49)

Personal Story:

> *"This elderly gentleman came in very late at night and had terrible abdominal pain. It looked like it could be an ischemic bowel, he's already elderly and has cardiovascular risk factors, this is not good. His lactate was elevated, belly was tender, imaging confirmed ischemic bowel. He's this wonderful man talking to you about his family and I felt terrible for this man. The options presented to him by the surgical team was going to OR (risk of going to ICU and death is very high) or deciding on palliative care. He decided he didn't want to go to the OR and we had to figure out how to contact his family. Emergency physicians are supposed to be saving the world and here I was, calling his neighbor to get his wife so she can see him and possibly say goodbye. Somehow, we did it, he survived another 12 hours. It wasn't a classic ER case but in the moments where there's nothing else we could do, we could at least bring him comfort by bringing his family together and making his last hours count. Months and months later, the neighbor came in and recognized my voice! This encounter always stuck in my mind."*

Takeaway: Emergency physicians are often rushing around, dealing with many acute problems but once in a while, there are situations that are important not for the medicine you delivered but for the care you provided.

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 (43:46)

- If you're interested in emerg, go for it. You have to know about the good and bad things and be ready for change but it's a great career!
- You can likely be happy in many specialties. There is no one perfect path for you so keep your mind open!