

## The Evolution of the Rheumatology Workforce in Jamaica *continued from page 11*

the past 12 years, is far from ideal as available workforce studies in rheumatology in the United States, Canada, and Europe indicate that the ideal ratio is around 2 per 100,000 adults (0.7–3.5 rheumatologists per 100,000 population).<sup>1</sup> Therefore, lengthy wait times for new patient consultations still prevail, but are markedly reduced from the one-year time frame that predated us, and triage has ensured those who need to be seen sooner are facilitated.

Undoubtedly, the U of T training of Jamaican physicians has forever changed the landscape of rheumatology care in Jamaica. It is our hope that we will receive more well-needed graduates from this noble institution in the near future.

*Taneisha K. McGhie, BSc (Hons), MBBS, DM*  
*Consultant physician,*  
*Internal Medicine & Rheumatology, Cornwall Regional Hospital,*  
*Montego Bay, Jamaica*  
*Associate lecturer, Department of Medicine,*  
*University of the West Indies, Mona*

### Reference:

1. DeJaco C. Rheumatology Workforce Planning in Western Countries: A Systematic Literature Review. *Arthritis Care Res (Hoboken)*. 2016; 68(12):1874-1882.

## Overcoming the Extra Hurdles in Training

By Anwar Albasri, BMBCh, FRCPC

Getting accepted into training in Canada was a dream come true for me. The Kuwaiti physicians I had encountered who had graduated from Canadian programs seemed to me to be possessed of a unique skillset. I wanted to learn their secrets. My passion was enough for me to momentarily minimize some of the many hurdles international medical graduates (IMGs) experience along the way. I call them hurdles because I was able to overcome them. Some I overcame with difficulty, some more easily, but in every instance with a lot of help. As I list some of the greatest hurdles I faced, I want to point out that I did not encounter each of them asynchronously.

**1. Language Barriers:** English is not my first language nor was I familiar with Canadian culture and so, inevitably, there were times early on when my relationships with patients were not very smooth. I also had to spend extra time editing my clinical notes after hours. This was very discouraging. Over time, having nonjudgmental staff and colleagues explain things to me in a kind manner helped me overcome this particular hurdle.

**2. Religious Identity:** As a practicing Muslim who wears a hijab I was very visible. Patients and physicians would sometimes inappropriately bring up my faith, my hijab, or ask questions such as whether my religion allowed me to examine male patients. I am not sure people from other religious groups would have faced these questions. Although I am very sociable by nature, I was nervous about attending social events with people from work where I might be repeatedly offered alcohol. As a result, I missed opportunities to connect with experts in rheumatology. Small



interventions, like delaying a team dinner by a few hours so I could eat with the rest of the team during Ramadan, made a huge impression on me, helped me get past this anxiety, and made me feel like I belonged.

**3. Motherhood:** Motherhood should not have to be a hurdle, but unfortunately it is often made to be one. During fellowship, I had two kids under the age of five and a husband who worked on a different continent. Being a mother and a resident who was “trying to do it all” was not easy.

It meant planning ahead, pairing tasks, and swallowing my pride asking for help when I needed it. On the occasions that I couldn't balance motherhood and residency, motherhood came first. I am thankful my program gave me time off when I needed it. However, I often wonder whether I would have been more successful, particularly academically, had I had greater or different support.

Each of us faces different hurdles during residency beyond the clinical side. The kindness and compassion that we exhibit towards each other is just as important as what we exhibit towards patients. Simple words and gestures which the members of my program displayed, such as assuring me that they would be there for me no matter where in the world my career would take me, are just one example where I was made to feel like I belonged. Kindness is simple to demonstrate, and most hurdles can be overcome with the right support; the problem often lies in recognizing which hurdles residents need help with.

*Anwar Albasri, BMBCh, FRCPC*  
*Rheumatologist,*  
*Toronto, Ontario*