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PUBLIC HEALTH &
PREVENTIVE MEDICINE
(WITH FAMILY
MEDICINE)

What attracted you to medicine?

I studied Canadian Studies in undergrad and was bothered by the health inequities I was learning about: rural vs. urban, Indigenous vs. settlers, higher vs. lower income, immigrated vs. born in Canada, etc. At the same time, a friend of my parents, a family physician, had started talking to me about her career path. She had started in Northern BC and I was inspired by her stories of working with her community and the privilege of caring for patients in all stages of life. I started exploring the world of rural medicine as a career option.

What attracted you to your specialty?

Early in med school, I asked clinical physicians about advocating for more sidewalks, affordable housing, and community gardens. They looked at me like I was from another planet. I quickly learned that I loved clinical medicine but still felt limited in my skillset. I also wanted to intervene beyond individual patients, to intervene on those common determinants and health inequities I was seeing in clinic daily. There had to be a specialty out there that also worked on population-level interventions, understood public policies, trained in program evaluation and addressed the root determinants of health. There is! Public Health and Preventive Medicine. I had found my people, at last. The best part was that I could still do family medicine (maybe even rurally!) at the same time.

What do you find the most rewarding in your residency training?

It's a tie between my public health co-resident physicians and being involved with PARA. PARA has been a chance to work with resident physicians in other specialties and push myself to think outside of the clinical or biopsychosocial worlds. It's wonderful to watch myself and others grow as well-rounded physicians and supportive team members alongside the rest of the PARA staff and resident physician team. We're there to help our colleagues who are motivated to learn from each others' experiences and approaches. The PHPM program in Calgary is built on a foundation of respect, connection and leadership. It's a small program where resident physicians and program leadership look out for each other. We have created a community where we can work on our weaknesses, not just our strengths, knowing we're supported by each other and our staff. Plus, the group is just super fun.

What do you find the most challenging in your residency training?

Learning to be assertive and put up boundaries with patients, in leadership roles and generally for my own well-being. I learned the hard way that residency is not a solo-sport and you need to know who your team is when things inevitably take a turn for the worse. Whether it was life stress, academic stress or an unsupportive learning environment, I needed to learn how to find my resources and how to ask for help. Thankfully I also found supportive friends and preceptors who could sense when something was off and sometimes initiated the asking. The next hard lesson was learning to accept a hand when it was offered.

What energizes you outside of residency?

Outside of residency? Oops, am I supposed to be doing other things? Jokes aside, being a public health resident physician during a pandemic has been all-consuming this year. The amount of learning and opportunity to influence the pandemic response to help many, many Albertans has been worth the time away from other activities. Before the pandemic (and even now), I really enjoyed spending time with my bestie in family med and heading out to the mountains for (mis)adventures or sticking around town and exploring the foodie scene. My partner and I have used the pandemic as an excuse to explore hobbies we wouldn't have otherwise, such as online board games, taking advantage of the many webinars out there and unnecessary home improvement projects.