



Pamela Verma, BSc

When did you decide to become a doctor?

I had decided at the ripe age of 2 years when a relative gave me a toy doctor’s kit. Growing up, my interest for science flourished and I was accepted into medical school after 2 years of university. Interestingly, I was accepted to both Calgary and Edmonton programs. While Calgary’s offer was very exciting because it was their first medical class, I opted for Edmonton. Their program had the summers off and this allowed me to work as a telegraph operator. I made enough money each summer for all my expenses during the school year. My tuition was \$650 per year. Working as a telegraph operator gave me one of the best nonmedical skills: to type quickly!

You are a great champion for family practice. How did you choose this for your career?

This article has been peer reviewed.

Ms Verma is a member of the UBC Medicine Class of 2012. She currently serves as the national student representative on the Board of the Federation of Medical Women of Canada, and is the editor in chief of the Young Medical Women International Association’s *Bulletin*.

Shelley Ross: Full-service family doctor, global advocate for women’s health, and mother

I had the pleasure of sitting down with my long-time mentor to learn about what makes her tick. She is a woman extraordinaire, who always finds the time to answer my calls and give me advice. She is well respected by her peers as a leader, and also as a colleague.

At the time of my graduation from medical school, I was interested in ophthalmology, obstetrics and gynecology, and family medicine. The GP Society held a graduating dinner event and truly wooed me. That was it.

I joined the UBC Family Practice Program where I had the opportunity to meet some very excellent mentors. Dr Bill Buchan, Dr Robert Wilson, Dr Don Blanchard, and Dr Al Boggie are just a few names.

How has the scope of family medicine changed over the years?

When I started in family practice, it was just presumed that you would do “full-service family practice.” You saw mood disorders, obstetrics, pediatrics, assisted in the OR; you did everything.

Today, there are many more choices for new graduates. You can choose to work as a hospitalist, as an emergency doctor, or at various salaried jobs; all that allows you to have specific working hours without the expectation of 24-hour coverage.

Also, when I graduated there was an abundance of providers to choose from; you had to set up your practice to attract patients. In addition to having medical ability, you had to be available and affable. Nowadays, with the shortage of family doctors, being available is the biggest challenge.

Do you have any advice for new graduates?

Do as much as you can. You need to keep your practice wide and open. You can only build your skills by working on them. If you don’t do obstetrics for the first 5 or 10 years of your practice, it is unlikely you will go back to retrain in it. In addition, always get involved in medical activities outside the day-to-day practice—such as the BCMA, the Federation of Medical Women of Canada, or your local hospital committees. It gives you a break in your daily routine and a chance to be involved in decisions that help more than just your own patients.

You have been a long-time member and leader within the Federation of Medical Women of Canada. How did you first get involved?

In my family practice program there were two women in our group of 12 residents. The other woman was a medical graduate from Ireland.

My female colleague invited me to an event held by the Federation because she needed someone to make coffee. The feature speaker of the event was the Honourable Dr Hedy Fry, when she was a Vancouver family physician. My involvement in leadership flourished after I became a member of the Federation.

I continued to participate as the BC Chapter president and the national president in 1984. That was a particularly memorable year as Vancouver was the host city for the Medical Women International Association (MWIA) Congress.

The MWIA was another launching ground where I first started as chair of the Young Forum; from there I have held various positions and currently serve as the secretary general.

You have been very involved with female leadership in medicine, both locally and internationally. What trends do you see emerging?

When I was in medical school, there were 20 women in a class of 120. Many of the Canadian medical schools today are well over 50% women, so there is no problem in getting women interested in a career in medicine. Our concern now is to make sure that medicine does not become a pink-collar profession. The Federation is vital

because it teaches women to become leaders so they can ensure that physicians have the influence in policy decisions that can affect health care delivery.

What role has the Federation played in advocating for women leadership in medicine?

Many women trained within the Federation go onto other leadership roles in medicine. There are many outstanding local women leaders who have been members of the Federation. One such example is Dr Dorothy Shaw, past president of International Federation of Gynecology and Obstetrics. She was a keynote speaker at the national meeting of the Federation this September.

Tell us about your life outside of medicine.

I have been able to do so much in my career because I have a very supportive husband. He was a stay-at-home

To learn more:

BCMj blog

www.bcmj.org/blog/medical-women-finding-yourself-caring-yourself

Federation of Medical Women of Canada

Website: www.fmwc.ca

Facebook: www.facebook.com/group.php?gid=129447315511

Medical Women International Association

Website: www.mwia.net/

Facebook: www.facebook.com/home.php?sk=group_38931816104&ap=1

dad for 5 years when our children were first born. He also helped to set up my practice and has continued on as our office manager.

Together, we have two sons. One graduated with a degree in political science and works for the federal government in Ottawa. Our younger son recently graduated from the 6-year medical program in Ireland and would very much like to come back to Canada to practise.

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Approximately 9% of women aged 30 - 60 suffer from sleep-disordered breathing.

Young T et al. N Engl J Med 1993;328.

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