

Oncologist in the Hot Seat



An All in Cancer/Women in Cancer Series



Featuring:

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Why did you choose oncology as a career?

There were several events that lead to this decision. I come from a family with the BRCA1 mutation, so my grandmother and my aunt died of breast cancer at young ages and I have another aunt who has had both breast and lung cancer and survived. My mother was the only family member who didn't develop cancer. Cancer permeated our family life from very early on, and the impact that cancer could have on both patients and family was very real to me from an early age. As I got older and became interested in science and then in medicine, a couple things happened that lead me to choosing oncology as a career. I've always been interested cancer as a subject of interest, and I'm sure my family history was a major part of that.

I'd say the next important thing happened when I was a second year medical student. I was in **Maureen Trudeau's** clinical methods course. I was already interested in cancer as a topic and then I was matched up with a great medical oncologist and teacher early on in my career. I saw how she had a major impact on the lives of her patients and their families in terms of helping them through what was, for many of them, the most difficult time in their life. From then I was sure I wanted to be a medical oncologist and try and have the same impact as Maureen (and I'm still trying).

In addition to those very human elements, I always found cancer very scientifically fascinating and that is a fascination that continues.

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An interesting anecdote: when I applied for the internal medicine program at University of Toronto (U of T) they asked me "why do you want to do internal medicine?", I said "I want to do internal

medicine so I can be a medical oncologist” they said “No, no, no, why do you want to do *internal medicine?*”, and I kept on repeating the same thing which was really just so I can do medical oncology. I made no bones about the fact that internal medicine for me was just a vehicle to get to where I wanted to go. It’s probably not a good interview strategy, but that’s how much I was focused on medical oncology.

So that’s why I chose oncology as a career: the combination of my family history, early exposure to a great medical oncologist who was a great role model, and just a fascination with the science of cancer.

What has been your biggest career success?

When I did my interview for the medical oncology training program at U of T, they always asked you, and they still ask residents this, “what is your 5 to 10 year goal?”. My 10 year goal was to be the training program director at U of T. I was very fortunate to take over from **Ron Burkes**, who was the previous program director.

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Ron built an amazing program, but certainly I would say the greatest success of my career has been taking what Ron had built and expanding it into what is now : the biggest, or one of the biggest, training programs in the country. I also take pride in the fact that I believe it’s one of the best training programs in the country. More than

60 residents have gone through the program while I have been the training program director, and being able to have a part in the training of those great oncologists from across Canada (like Dr. Christine Simmons for instance!) has been very rewarding.

Building the program really has been my passion, and I put a lot of work into it. I have had a great partner, Charlene Wainwright, who is our program coordinator here. She has made a huge contribution to the success of our program. Of course, I’ve also had a lot of help from the teachers and the program committee at U of T.

As I think about all the people who have come through our program - that I have had the pleasure to know and contribute to their training - and for them to become friends and colleagues and see them become successful and really valued medical oncologists across the country – that has been my biggest success.

What do you look for in a mentee? And what do you think are the benefits of a mentor-mentee relationship?

I think the most important thing really is finding the right fit. We used to have a very formal structured mentor program where residents were assigned to a mentor. I think there’s lots of different

ways of developing mentorship programs, but the most successful mentoring relationships that I've been aware of have been somewhat serendipitous. I was in Maureen's clinical methods course as a young student, and then I started

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doing some electives with her, and obviously we had some kind of bond or understanding that we had a similar view on life and that we could work well together.

The people I have had the best mentor/mentee relationships with arose in very similar ways. Often the residents have been in my longitudinal clinics. We find that we hit it off or have similar interests and view of life and we build a relationship in the clinic that endures.

The benefits of a mentor-mentee relationship are enormous for both parties. First of all it's a lot of fun, especially as you get older. One of the most enjoyable parts of my job is helping people clarify their goals and then helping them to achieve those goals. I have made a lot of mistakes through the years, and as you get older and more experienced you can help people to avoid some pitfalls, and make their lives and their paths a little bit easier. I think seeing people you've mentored become successful is really gratifying.

Often these relationships continue; I still get calls from people I've trained 5 to 10 years ago looking for advice. Knowing that the mentor-mentee relationship is going to be lifelong is very satisfying. Then those folks develop into positions where they can provide advice and guidance to others.

Do you think that the mentee's receptiveness or openness to advice plays in significantly as well?

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I don't want to get too philosophical here, but it really does have a lot to do with the receptiveness of the mentee. One of my mentors in ethics, who is an ethicist named **Bill Harvey**, when we first started talking about the physician-patient relationship he talked about a 'covenanted relationship'; a covenanted relationship being one where both members of the relationship were changed. I think that the best mentor-mentee relationship is a two way street. You try to help the mentee the best you can, but especially as you get older, being exposed to young, enthusiastic, idealistic people also helps me remember my traditional values. So I do really believe in the mentor-mentee relationship being a covenanted relationship.

How do you manage work life balance?

I doubt any of us manage work-life balance as well as we hope to; however, for me it is a real priority to try. I don't think you will ever look back and say "I spent way too much time with my kids and family, that was a big mistake". My general philosophy is work hard play hard. When you're working,

it's important to be focused and give it your all. But there's a time to shut down from work and focus on the other important parts of your life. For me, making sure I have time for my family has been very important. Having one daughter at university now I realize how quickly the time passes, so I've always made sure that however busy I've been that I will make that time.

That's one of the things I've learned with time: you really do need that time to recharge, whether it's a little bit of time every weekend, or longer breaks during vacations. I always make sure I take all my holidays. I think it's really important to be committed to your patients and your students but if you don't take time for yourself and your family you're not going to be that successful. Taking that time to be the soccer coach, to make sure you get out to the hockey games, going for a bike ride with your wife is really important. Ultimately, you're not going to have that much left for your patients and your residents if you're not taking time to enjoy your own life.

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Are there certain pieces of advice that you find yourself giving to residents consistently?

One thing I've stressed is that the two years of residency are really the start of about a five year process that ends with you becoming a happy, productive oncologist. While I will always encourage

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people in certain directions, ultimately I want them to be happy. If I think someone could be a superstar researcher I will bend over backwards to encourage and promote that, but at the end of the day if they decide they don't want to do that and it's not right for them, I will support whatever they want to do. The two years of residency are so important in trying to sort that out, so I think residents really need to use those

two years very effectively - it's very valuable time, and it goes by very quickly.

I've been telling residents more lately "think your residency as a long job interview". **Howie Lim** gave me that line - it's very valuable advice and I've been using it. As a resident, you're going to be working very closely with supervisors who will be making recommendations for you when you go looking for a fellowship or a job. They will be getting a really good idea of who you are as a person and a doctor, so you should always make sure you're demonstrating what you're capable of. Faculty are going to look back on the time they spent with a resident and say "was this the person who gave 150% for their patients and for the team?"