



492 Members, Join Today!



<https://www.linkinghealthprofessionals.com/winc/>



<https://www.linkinghealthprofessionals.com/alinc/>



Follow WinC/AlinC

@Women_In_Cancer (942 followers)



WinC /AlinC (54 followers)

Dr. Margot Burnell in the Hot Seat



A little bit about Dr. Burnell:

Dr. Burnell is a medical oncologist and holds a leadership role as Chief of Staff for the Saint John area, having transitioned from Clinical Department Head of Oncology at the Saint John Regional Hospital for the previous 9 years.

Dr. Burnell graduated from medical school at the University of Western Ontario. She brings international experience into the field of oncology, completing her residency at the University of Toronto in internal medicine/medical oncology and then her fellowship at the Royal Marsden Hospital in London, UK. Dr. Burnell's dedication to oncology and improving the field is evident in her involvement in 21 committees, and her role as an investigator in over 50 clinical trials!

These experiences have made her a leader in research and a leader in all the communities she has practiced in. In 2009 she was awarded Outstanding Support in Breast Cancer Patients in New Brunswick! Dr. Burnell continues her practice and continues to inspire incoming oncology professionals in Saint John, New Brunswick.

Dr. Margot Burnell is a leader in oncology and a mentor to many! We are pleased to have Dr. Burnell as the Oncologist in the Hot Seat! We asked our members at Women in Cancer and All in Cancer to send in questions they want to ask Dr. Burnell and we are excited to share her experiences!

What do you look for in a mentee? What do you think makes a strong and fruitful mentor-mentee relationship?

The mentor – mentee relationship is dependent on **trust and collegiality**. Both parties need to be equally invested in the relationship and determine together what the goals are for this relationship. A fruitful relationship is one in which **the mentor helps the mentee identify their goals**; as opposed to, a mentor giving their goals to the mentee. You need a shared vision of goals. Sometimes these goals are **convergent, but other times goals diverge** and it's important to identify this. A mentor brings life experience to the relationship and acts to give advice, helping foster the mentee's goals.

I look for an individual that clearly wants to engage in the relationship. It is important for the mentor and mentee to connect at some levels and identify trust. I want my mentee to have a picture in their mind of what they hope to gain from me as their future mentor. Just as I look for a mentee I want to understand what the mentee sees in me.

Throughout your training and career, who was the most influential mentor that you had, and what did they do specifically to help you achieve your own personal goals?

There are three mentors that stick out in my mind, **Dr. W.K. (Bill) Evans**, in the junior level of my oncology career and **Dr. Ian Smith/Dr. Eve Wiltshaw** in the senior level of my oncology career.

Dr. Evans gave me my introduction into oncology at the University of Toronto during the mid-1980s! The internal medicine wards were able to choose the attending physician as all specialists practiced internal medicine. Oncology patients were on the floors with Dr. Evans. Much of oncology at that time was an inpatient world before it became outpatient focused. My interest in oncology grew with the help of Dr. Evans. I saw how **oncology practice can change the world via his clinical trials, providing me with enthusiasm to carry on with the field.**

My work at the Royal Marsden Hospital in London, UK with Dr. Smith and Dr. Wiltshaw taught me valuable administrative, clinical, and life skills. Dr. Wiltshaw's work with clinical trials and drug development was inspiring. She helped put Carboplatin on the market! **I got my first exposure to interactions with pharmaceutical companies.** At the time I remember Dr. Wiltshaw saying that she couldn't picture me prescribing chemotherapy. **My treatment philosophy certainly evolved. I became confident in prescribing chemotherapy, being aggressive in dosing when appropriate.** Almost complementary to Dr. Wiltshaw was Dr. Smith. Dr. Smith and I worked in breast cancer clinics. He really had a **strong influence on my clinical practice.** He told me that you only make three good decisions in a day. As I matured I really understood the wisdom of that statement. You see so much as an oncologist, and you also have to make many decisions throughout a day. **The most important decisions can't be rushed.** Reserve those three decisions for those hard cases that require reflection. I started to review cases the day before and really spend the time developing a recommendation, especially when the situation, family dynamics, or other variables are not standard. We are encouraged to pack more patients into a day but we have only so much brain capacity to

You only make three good decisions in a day. Spend the time and reflect!

I'm trying to decide if oncology is the right career path for me - how did you really know that this was the right career for you?

I remember on the first day of medical school we were told to **identify three interests.** At the time, I saw potential in pathology, surgery, and oncology. Interests can change through experience, as it did with pathology. During medical school I learned that looking into a microscope was not something I saw myself practicing. Although, a testament to the statement **interest changes**, as an oncologist today, looking into a microscope and viewing the characteristics of a cancerous cell is fascinating. Surgery was enjoyable for me but I didn't have the technical skills for it – sewing on a button is a challenge.

My interest in oncology was strong from the start! **I rightly predicted that it was a dynamic field.** Oncology is always changing and it continues in reigniting my interest. I appreciated the scope of oncology. **Treatment in oncology goes beyond one specific organ;** each case involves the whole patient both physically and psychosocially. Looking back, I can confidently say that there are no regrets. I am in a field where, although I don't like the disease, **I try to make a difference in the lives of my patients.**

Is there a piece of advice that has stuck with you, or something you wish you had known earlier in your career?

An important lesson I learned, and something that has stuck with me, is that **you never have to know everything**. Sometimes it is simple, if you don't know the answer, ask. That is okay! This situation is the **best opportunity to discuss with your colleagues**. Confirm your thought process, ask for their professional opinion, and listen! If you are in over your head acknowledge that you are. This is not new advice for me, but something I remind myself. I try and convey this advice to new learners, in my relationships as a mentor in the clinical setting and beyond. **There are different types of mentors in medicine**. You can be a mentor in a clinical setting, a mentor in patient advocacy, or a mentor outside the practice. **The advice I share depends on the mentoring situation I am in**, but there is definitely some overlap and transferable skills that can be taught in any situation. **The lesson that it is okay to ask can be applied in any situation**.

You don't have to know everything... best opportunity to discuss with colleagues

As an Ontario native, you made a big leap to begin practicing out in Saint John, New Brunswick. What's the best part about practicing medicine on the east coast of Canada?

When I moved to New Brunswick I didn't know anyone. They say in New Brunswick everyone is connected by three degrees of separation. I can confidently say now that I have developed many meaningful connections with the close community. Immediately after starting my practice out in Saint John, I was able to see the direct impact I had on the community. Oncologist and patient interaction is a **two way street; care is a two way street!** New Brunswick is often late receiving drug access/new technology, and even though this has improved drastically, there is still a large **responsibility on the doctor to advocate for their patient**. If you put in the effort and are committed to help your community, they in turn will care for you and will **advocate with you**. There is a direct connection between the patient and the oncologist here, **and I can feel a certain pride both ways!**

Sometimes **this care for the community is missed in larger institutions** and medical schools around Canada. The medical school here in New Brunswick is new and has only been present for 5 years. The incoming medical students are often New Brunswick natives or are from the East Coast of Canada so they understand the care for care community based practice. It is also a smaller setting for students, meaning there is **also less competition amongst learners and residents here**. Less people at every level facilitates personal communication and good interactions with the professionals around these new learners. The **teaching experience improves** and the importance of community care is greater stressed.

The lifestyle is also significantly different. It is no doubt a beautiful province filled with **natural beauty**. You don't have to drive too far to see beautiful scenery. It is definitely more **relaxed** than downtown Toronto, for example.

If you put in the effort and are committed to help your community, they in turn will care and will advocate with you. Care is a two way street

I'm finishing my residency in oncology and have been offered a job in the community, but I had initially intended to do a fellowship so that I could gain more experience and develop my skills as a researcher. What would you advice?

My advice is to discuss your plans with your institution. I always try and **expose upcoming physicians to a variety of opportunities** in interests that are near and dear to their heart. However, there has to be a mesh both ways. Sometimes interests do not align with the work required. It is important to **understand what work you want to do in what environment**. Some skills sets will not be practiced as often as one would like in a general care environment.

When there is a new recruit in oncology, my hope is that they would **bring something new** to the department. As Chief of Staff, I look for new recruits that challenge me and my colleagues, within the standards of care, helping the department grow.

Being the Chief of Staff at the Horizon Health Network for the Saint John area is a major accomplishment and an important position. How are you using your position to help foster growth of the upcoming physicians that you manage?

There are two strategies I have employed. The first is to start dialogue! Be honest with what the community offers, **involve new recruits in the community's social fabric**, and give suggestions on how these upcoming physicians can get involved with the local or regional medical society. I keep a look out for **administrative opportunities** in the community and hospitals for those looking to become department heads; introducing them to committee work. Although learning about the background work of medicine is not the most glamorous, this **knowledge is important to help the system run smoothly** and facilitate positive interactions with the community.

I also encourage each department to have a **strategic visionary day**. It is important to set time specifically to outline goals and the future steps to achieve them; **reactive vs proactive**. It is a time to strategically create a plan and, and decide how to make it happen. Young people need to know **where they want to go** as they transition from junior to midlife professionals. It is going to be there system and you want to convey to them that they should want to make a difference. I try to get this going very early on and spark something within them.

I encourage each department to have a strategic visionary day. It is important to set time to outline goals and the steps required to achieve them!