

Dr. Amanda Gruza – Going through a specialty program

- Dr. O'Keefe: Today I welcome Dr. Amanda Gruza who has just finished oral medicine/oral pathology training program at UBC and she's going to talk to us about the experience of going through specialty training in that discipline. So, welcome Amanda.
- Dr. Gruza: Hi John, thanks.
- Dr. O'Keefe: Just give us a little bit of your background to date in terms of your career trajectory to today and where are you headed next?
- Dr. Gruza: Sure. So, I grew up here in Saskatoon and I went to university here where I received my undergrad dental degree from the University of Saskatchewan in 2010. I then did a one-year general practice residency in Saskatoon through the UofS and then I went into private practice as a general dentist where I worked for four years before moving out to Vancouver where I just completed my four-year hospital-based residency training in oral medicine and oral pathology, as you said, through UBC. Now I've moved back to Saskatoon and I'm currently an assistant professor and incoming GPR program director at the University of Saskatchewan. I'll also be working as an oral pathologist in the Saskatchewan Health Authority and then I'll also see patients clinically as an oral medicine specialist. So, seeing patients who have a variety of oral mucosa lesions, temporomandibular joint disorders and orofacial pain conditions, anything that patients might need to be referred for.
- Dr. O'Keefe: Amanda, what attracted you to do specialty training in the area of oral medicine and oral pathology?
- Dr. Gruza: You know, it was really interesting. When I was doing my general practice residency and then afterwards while working as a dentist in private practice, I began to appreciate how holistic human health really is and my eyes were opened to just how important oral health is to systemic health and especially in the cases of those who you know might have compromised systemic health. And just seeing that people nowadays are living longer and living with more chronic conditions that may not have even been treatable a decade ago. You know, with these rapid changes that are occurring in medicine, there's a growing need for these medically complex dental patients to be evaluated, and treated, and followed-up by dental practitioners with the appropriate training who are able to provide care in appropriate settings such as hospital dental clinics. And so the specialties of oral medicine and oral pathology really bridged that gap between medicine and dentistry.
- Dr. Gruza: So, being able to function effectively in both the medical and dental worlds and to work as part of, you know, interdisciplinary care teams, it drastically improves

patients' care and long-term patient health. And that's what I wanted to be a part of. And then I think the other thing, I've always been one to on as much information and as much evidence as possible when making any decisions and so for that reason I found oral pathology, in particular, could provide those definitive answers and assist me as a clinician and my patients in making really well-informed decisions about their treatments.

Dr. O'Keefe: What does a typical day look like in the life of a resident training in the area of oral medicine/oral pathology?

Dr. Gruza: Yeah, so this is a little different in Canadian programs and programs in the United States. In Canada here we actually have combined programs because oral medicine is, as it should be, a recognized dental specialty. And in the States we have programs in both oral medicine and oral pathology but they're completely separate. So, we don't get that nice overlap that we get in our Canadian training programs where in my opinion, we really do come out as much more well-rounded clinicians. So for us, in Canada here, in our programs, a typical day on the oral pathology side of things isn't necessarily just looking at slides under the microscope. And a lot of people are surprised to know that the residents are actually the ones who are often responsible for preparing the tissue specimens that come into the lab to have them processed into those microscopic slides that we eventually look at. And then once those slides are ready, we preview them, we come up with the diagnosis and we draft the pathology reports. Those reports and the slides are then reviewed with our attending staff before we send the final reports off to the clinicians.

Dr. Gruza: And then on occasion—with some cases—we do need to gather more information, so it's part of our responsibility as residents to contact the clinicians like phone or email to get whatever info we need. And in some cases, we actually ask to see the patients clinically, so that we can assess them and the lesions they might have to get a better understanding of what's going on. And then on the oral medicine side of things, it's much more clinical, obviously, but we have various clinics where we evaluate and treat patients for a variety of conditions so things from benign and malignant mucosal lesions to oral manifestations of systemic diseases, things like Lupus, temporomandibular joint disorders and oral facial pain conditions, you know, including things like trigeminal neuralgia, that type of thing. And then we also see the medically complex patients that I was talking about, you know, before, when we see them in both our hospital dental clinic and then also up on the wards of the hospital—just to ensure that they received the dental care they need prior to starting their medical treatment and to make sure their oral health is maintained during and after that treatment.

Dr. Gruza: And it's really fascinating actually to work with such a diverse spectrum of patients and cases. You know, we see those who are getting bone marrow and

organ transplants, and those who are undergoing radiation therapy, chemotherapy and even now immunotherapy for various types of cancers. And so that's part of the challenge because as these new medical treatments rapidly evolve, we start to see new oral side effects in these patients that haven't come up before. And so we, you know, as specialists need to stay up-to-date and at the forefront of that changing medical landscape so we can effectively treat these patients and help to maintain their health and comfort while they're on their medical journeys. And one other thing actually that's very interesting about our training is that we actually complete rotations as medical residents in areas like medical pathology, forensic pathology, rheumatology, dermatology, and internal medicine. So that's what really allows us to act as that bridge between medicine and dentistry because we're actually trained in both worlds.

Dr. O'Keefe: What did you like most about your specialty training program?

Dr. Gruza: I really think the thing I liked best, it's hard to nail down one thing, but I think the thing I like best about training to be an OMOP specialist was having the opportunity to work with and be mentored by truly world class leaders in patient care. Throughout my training I was constantly in awe of the dental specialists and the various physicians who I had the opportunity to interact with. Just seeing their phenomenal knowledge-base and the skillset at work on a daily basis was really inspiring and it definitely kept me going on more than one occasion. But you know, I never, I never really appreciated the saying "standing on the shoulders of giants" until I was given this opportunity, you know, to learn from some of the most intelligent people I'll really ever meet in my life.

Dr. Gruza: And you know, seeing how their research and the implementation of those novel ideas into clinical practice benefited the lives of people around the world was really awe inspiring. And then I think if I can add one more thing that I found quite interesting in my training to be a specialist, it was that in OMOP we really learn an entirely new skillset. So unlike most other dental specialties—where you get to do what the specialist does, you know, in dental school—we only get a little taste of real oral medicine and real oral pathology in dental school and you never really have a chance to work with the tools that are used in these specialties on a daily basis until you're actually seeing these real oral medicine and oral path cases. So being able to learn how to use those tools, you know, to put the puzzle pieces together and get to that final answer for each case was really rewarding.

Dr. O'Keefe: Have you any piece of advice for dentists who are thinking of following your path and going along your specialty training trajectory?

Dr. Gruza: Yeah, absolutely. Well, I would definitely strongly encourage all dental students to consider doing a general practice residency before private practice or before any specialty training. I really can't emphasize enough how much more

prepared I was for private practice as a general dentist and then as a resident in a hospital-based specialty program because of my GPR experience. It's definitely a choice that you would never ever regret. And then I think the other piece of advice that I could give is to not worry about having to choose and start specialty training right after dental school. I think taking some time and getting a sense of what you truly enjoy doing—and what you don't—is important. I think the kinds of things you do in dental school and the ways you do them are quite different from what you'll actually do in private practice or in specialty practice.

Dr. Gruza: So, I think you need to give yourself that time to learn and develop your own style as a practitioner. And I think in particular not worrying about the timing is especially important for young female dentists to hear as they might feel some added pressures of needing to factor in, you know, family planning decisions or trying to rush to achieve that ideal work–family-life balance. But really coming from someone, a female dentist who did five years of postgraduate study over the course of an entire decade, it really isn't ever too late. So, doing things differently from how others have done it in the past shouldn't prevent you from achieving your goals. You know, it's hard work, but it's super worth it in the end so you just never know in light of what kind of doors are gonna open for you and you really shouldn't be afraid to pursue those types of opportunities.

Dr. Gruza: You know, don't worry about making one decision and needing to stick with it for the rest of time. There's, there's absolutely nothing wrong with growing and changing and if anything, it's going to make you a better, more well-rounded and intelligent practitioner because you'll have seen these cases from all different perspectives.

Dr. O'Keefe: Do you have any advice on where to find out about or gather information about which program to choose?

Dr. Gruza: You know, a lot of the programs are very open to having dental students come and shadow, so contacting program directors and seeing if you can come and just to shadow the residents while they're doing what they do, you know, for a day or two, is a great idea. And it's more difficult for students, for example, where I am here in University of Saskatchewan because we don't have a lot of the specialty programs, so it's a bit easier for those who are in university is where the specialty programs are there. But again, if you work with the program directors, we, you know, are definitely open to helping make some arrangements to have people come out. And then us residents are fairly friendly. We're busy, but we tend to be quite friendly. And so we're more than happy to, you know, chat with people over email or even do something like this, you know, chat on Skype or Zoom to give people an idea of what exactly we do and kind of what the pros and cons are to our different programs.

Dr. O'Keefe: Dr. Amanda Gruza, thank you so much for your advice and for your time today.

Dr. Gruza: Thank you for having me. It was a pleasure.