

Fact-checking my CaRMS letter, or a Valentine to urology

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The dovetail between graduating chiefs and green recruits has arrived again; no sooner do PGY5s sit their oral exams than the MS4s are compiling reference letters, tailoring CVs, and penning paeans to urology for CaRMS submissions. Most of us wrote such a “personal letter” once upon a time. I did some sleuthing in an old external drive (not taking questions at this time) and managed to dig out my own, written in 2002.

I've been crusty on this page recently,¹⁻³ and thought it would be healthy to reflect on why I think urology is great. What better occasion to revisit my mealy exposition with a retrospectoscope and see if it still rang true?

In my letter, I see the universal tropes of every other personal letter I've read since. I'm not sure what that says of their value, but there's a lot to glean on the margins — clarity of communication, clues around introspection, vulnerability, and attitudes — plus fodder for a fun interview. My letter was 1279 words even before the obligatory “why I love [your program + city] paragraph, failing my current “keep it to one page” test. Let's see what this wheedling, sideburn'd 26-year-old had to say.

“I consider myself extremely fortunate to have the opportunity to study medicine and to enter into a career as a physician.”

A heart-strings opening line that still tracks. For sure, being a doctor in your 20s has far more cachet vs. your 40s, but this gig still rules. When, on occasion, I separate myself from the job, I can still say, *“I have great deference to the privilege surgeons are afforded through access to patients' bodies and the warrant to alter them therapeutically.”* That privileged access, though, also carries the chance to fail or harm. You will carry that yoke sometimes. It will hurt and it will remind you the trust you are given is not light.

“I am drawn to the depth and breadth of the specialty... This is manifest in the great variety of fields

within urology's jurisdiction, in the enormous range of treatment modalities and technologies, and in the variety of anatomic regions in which urologists operate.”

This is the center square of the CaRMS letter bingo card, table stakes for describing urology in every letter. Mine was a tortured way of stating the metaphor I use today: urology has the broadest playing field in medicine. Never mind the obvious polarity between medical sleuthing and surgical craft; the same-clinic appearance of ED, LUTS, stones, microbiology, cancer, and pain management keeps the days fresh. Still, the focus and reps in my cancer clinic feel like a laboratory for honing communication and deploying my freshest knowledge; I get better by the month. The delta is also staggering between circumcision and cystectomy, ureteroscopy and urethroplasty. The laser, the harmonic scalpel, but also the Bookwalter and spongystick. The finessed anastomosis and the splayed finger-dissector. The urology surgery skillset and toolkit is unmatched.

“The urology patient population is another source of satisfaction. The issues addressed with the urologist are frequently a cause of great distress to the patient, and often represent sensitive issues that are left out of lay discussion.”

Another bet-the-house staple. This one still tracks too, but the further from undifferentiated medicine I get, the harder it is to tell. I still sense that many patients find urology consultation cathartic. A safe space to get deep on frustrations and a path towards improvement are underrated from the clinician side.

Continuity of care is perhaps also underrated. It's easy to woo 20-somethings with single-interaction medicine (anaesthesia, ER, etc.) as pathways to indulge travel or time off, but that's not how jobs really work, and those specialties are no picnic. Seeing folks through their diagnoses and management, and aging with them over years of surveil-

lance has enriched nearly every clinic. A mote of dust enters my eye now and again when I give the “golden high-five” and graduate a patient from followup.

It is, of course, not all heart-to-hearts and crisp daps. Pain, it’s-not-pain-it’s-more-discomfort, LUTS and wakeups, ED, and the lot shred quality of life and can breed unachievable expectations, sentinels of imperfect or aging psychology and physiology that some can’t abide. Every field has its albatrosses; ours is no exception. I find it helpful to acknowledge the limits of our diagnostic and therapeutic tools as a reliable defuser.

“This staggering variability within the field of urology presents equally as many options for practice in a general or a tailored career... My personal preference at this time is to advance via fellowship training into a specialized career in an academic setting.”

I had no crystal ball here. Feigning fidelity to academics is the safe move, and an unfair one. Community urologists are the providers of the bulk of urologic care — and the actual purpose of residency training — and it’s disheartening to think that it takes courage to state non-academic aspirations. My program director, Dr. Siemens, will recall that I deferred career planning until he helped hook up a fellowship; I love my town and simply glommed onto it and got very lucky. As with most jobs, it was serendipity over strategy: Dr. Morales’ impending retirement, Dr. Kawakami’s departure westward, and suddenly a spot. What I love about my practice is less the specialization than the teaching environment. It keeps me accountable, keeps me learning, and taxes my presentation and thinking skills. Lecturing, modeling, course-correcting, explaining, quizzing; these are self-improvement skills (remember “lifelong learning” from your med school application?). Next, I basically tried to say I was smart, then...

“I am aware that a copy of Campbell’s thrust into a patient’s lap will do little to address his or her reason for visiting the urologist, despite the facts inside (though the local orthoped would be thrilled to repair the femur fractures)...the establishment of rapport is the critical step in ensuring that the clinical encounter is a success in any respect.”

This is obviously true and in the long game, the source of much fascination, frustration, and curiosity. I’ve evolved in that I no longer model the doctor-patient relationship as [knowledge + people skills = good outcomes]. An awareness of the patient’s models — available anecdotes, values, expectations, and anti-

bodies — shows the actual starting line and obstacles between their issue and its resolution.⁴ Plus, it’s not so much the weight of textbooks shattering femurs in 2025, but the hot laptop slow-roasting gonads ;).

“I believe that the qualities that make me an effective student and that will make me an excellent physician can be traced in some measure to my longstanding participation in team sports... I have had to assume several different roles, from counted-upon leader to stone-handed pylon, which have demanded that I find a way to achieve the goals of the team by identifying and exploiting those skills that I do have and appreciating the role of others whose proficiencies differ from and improve upon mine”

No notes. Urologic care is a team sport, and 15 years in practice is plenty to see the difference between flow and friction.

“I believe very strongly that a surgeon cannot be content nor competent without maintaining roles and obligations outside of the hospital, not simply as “stress relief” or a break from work but as important and independent entities. As I look forward to a career in urology, so too do I look forward to more nights of waxing philosophical over pints with friends, summer baseball games, travel, establishing a family, and playing a role in my community”

Daring to inject work-life balance into a letter in 2002. In order: yes (but nocturia, so “sort of”), yes, sort of, yes, and sort of (they know I like 50 in one bar and Green Chartreuse in another, does that count?). This is really me saying that antidotes to burnout predate its well-deserved time in the spotlight, and I can get as mired as the next person. You will never be on top of all the work and are not so essential that you shouldn’t flip over the closed sign here and there.

I could go on. But I’ll end with this. My letter is just like yours was, and we were right. How lucky we were to discover urology, and how lucky someone gave us the chance.

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