

Residency Program Reflection

What it means to be a family doctor, preceptor and mentor: Dr. Christiane Kuntz

As we celebrate the 50th anniversary of our department, we reflect on the milestones that have shaped our residency program and the legacy of leadership that continues to guide its evolution.

Dr. Christiane Kuntz, an Assistant Professor in our department, has played a valuable role in our department's growth over the past 35 years. She is an alumna, mentor, and clinical expert in women's health, whose contributions span decades of teaching, program development and leadership. Born and raised in Ottawa, she served as one of two Chief Residents at the Ottawa General Hospital in the 80s, has been the Women's Health Director, and has provided numerous mentorship opportunities for our residents over the years.

Dr. Kuntz provided an overview of her experience as a clinical expert, mentor and medical educator within our Family Medicine program, while imparting some wisdom she has learned along the way. This conversation offers a glimpse into her journey, the early days of the residency program, and the lasting impact of strong leadership.

How did your journey into Family Medicine begin?

I was part of an initial cohort of 77 students in a 3-year Pre-Med Arts program at the University of Ottawa that combined arts, psychology, sociology, philosophy, and languages, along with the science prerequisites like math, chemistry, biology and physics. Three of us from this cohort went on to medical school, with only two, including me, making it through. Interestingly, the most useful course I took in Pre-Med was philosophy. It taught me to think deeply about important questions I might never have considered otherwise and helped me connect with patients on a deeper level, some of whom I still have to this day.

Can you tell us a little about your residency experience in Family Medicine?

I was trained at Bruyère, where we had weekly "half-day back" training sessions in the office. I loved those days. They grounded me amid the variety of medical settings I encountered. At the end of the day, a group of us sat in a circle with a preceptor to review cases and share learning, which shaped my future work. We benefited from preceptors who had been "around the block." I felt deeply supported by one of my preceptors (Dr. Bob Bernstein) during my first in-hospital rotation. His presence was comforting during a patient's final moments, when little could be done. Accepting that reality was an important lesson for me.

In June 1984, I did a locum in the Timmins ER, running the department by myself and managing 60 patients in a 10-hour shift, plus three observation beds. It was a formative experience. I charted everything, managing complex medical cases with only my Family Medicine training, including an infant with a ventricular septal defect, congestive heart failure and croup. Using

adult medicine principles, I stabilized her and arranged her transfer to Toronto. With no “formal” connections to other emergency departments or support systems, I relied on my skills and reasoning. I had never handled cases on my own at CHEO, so this was a major growth experience. I was told I had managed well. It was shocking to realize I could manage it all.

How did you become immersed in women’s health?

I have always been interested in women’s health. Today, I consult for a PMS clinic and work four days a week in family practice. In the late 1990's, Dr. Elaine Jolly invited me to join her menopause clinic at the Shirley E. Greenberg Women's Health Centre (SEGWHC) at TOH’s Riverside campus. In 2000, I began with a half-day per week, which quickly became 2 half-days per week, while maintaining my full family practice in the community. In 2005, I established a mood clinic at SEGWHC to address the unmet mental health needs in women with perimenopause and PMS. With two decades of experience treating mood disorders in the community, I was well-equipped to support these patients. Combining mental health and women’s health expertise was key.

How many years have you been a community preceptor, and what inspired you to become a medical educator?

I began in 1991 as part of a pilot project. Dr. Pierre L'Heureux was one of the physicians involved in the pilot project to train residents in the community. It was an experiment which has paid off. Community excels at taking on residents. My first resident was Dr. Carol Geller, who has gone on to do valuable leadership work in our department. I am very proud to have been involved in her formative years.

We have come to understand that training residents in the community offers an enriching “real-life,” apprenticeship-style experience, typically increasing residents’ exposure to women and children, and increasing their patient volume while still under supervision.

How did you balance being a clinical preceptor, running a solo practice, and doing administrative work?

You mainly grow into these roles slowly. They expand over time. The key is to have excellent staff – to keep them and pay them well and let them run their own show. For me, it is about shaping and maintaining your life the way you want it.

What words of encouragement do you share with learners?

I tell residents to learn from every preceptor – each has grains of truth to offer. Harvest from all the trees. Learners need to see joy in your work. One of my residents switched to Family Medicine after seeing the fulfillment it brought me. Everything you do and know – especially what you love – will help someone. If you have a skill, someone in the community will need it.

What has been the most rewarding part of your role as a community preceptor/medical educator in Women’s Health and a long-time mentor to many?

Connecting with the residents has been the most rewarding part. I have built lifelong relationships with a huge number of trainees. My life as a family physician has been remarkably

enriched by my mentoring role. Being involved in the formative years of over 40 residents during their 2–3-year training program has been vital to my career satisfaction, allowing me to stay current in my medical knowledge (since residents always teach me more than I teach them). Younger colleagues energize me, and seeing my "medical children" excel is personally enriching and inspiring.

From the conversation with Dr. Kuntz, it is very apparent that the legacy of all of our residents, family doctors, preceptors and mentors will live on in the continuum of care and learning, where mentee becomes mentor, and where knowledge, experience and lessons learned are carried forward to the next generation of our learners. Built into this framework is true succession planning. In Dr. Kuntz's parting words, her role has been:

"Growing people who grow people who grow people."

Thank you to all of our faculty, past and present, for your dedication and for making a difference.