



# Hosting Naturopathic Residents: A Gamechanger for My Practice

Dr. Bryan Rade, ND

A few years ago, I didn't give much thought to naturopathic residencies. During my CCNM years (class of 2008), I remember chatting with classmates about how naturopathic doctors should partake in residencies just like medical doctors. However, the concept seemed like a distant dream because each year only a few in-house CCNM residency positions were available. I imagined that until the equivalent of a naturopathic teaching hospital existed, ND residencies would simply be few and far between, and new grads would have to carve out their own mentorship opportunities via shadowing or working as associates.

In 2015, while I was on a two-year fellowship, a colleague from Portland, Oregon told me enthusiastically he would be getting a resident in the fall, who seemed like a great new doctor. I was intrigued to find the residency was in fact a satellite position associated with National College of Natural Medicine. My colleague explained there are typically fifty such satellite residency opportunities available each year in the United States, with various CNME-accredited schools facilitating satellite residencies.

Upon returning home, I contacted CCNM to find such satellite residencies were also an option in Canada, but were not advertised to students or NDs in practice. I was advised I could request the "Universal Application Form" (the common form used across CNME-accredited schools – see link, below) and apply to become a satellite residency program host. For some time, I had been thinking of offering a naturopathic post-graduate internship and was naturally enthusiastic about the residency prospect.

During the months prior, I had been considering how helpful it had been to have had mentors. However, having a mentor's wisdom at my disposal on a regular basis (rather than a few times per year when I was able to arrange a shadowing day) to troubleshoot difficult cases, would have been even more helpful. I was fortunate that my practice that had become fully booked within three years of opening; however, I remembered just how much stress, overtime, and financial

uncertainty had come with starting from scratch. Fortunately, I had had the ability to attend many courses and conferences and had a wonderful patient base willing to let me apply new knowledge and techniques. At the same time, it would have been better for my patients (and my cortisol levels) if someone had shared with me what assessments and therapies fundamentally work most reliably.

Generally, NDs are fortunate to be part of a respected profession that provides compassionate, exemplary care to patients and affords them healing benefits they might not have otherwise attained. However, although our profession is generally thriving, there is always room for improvement. It seems to me, therefore, that an expanded residency program could be a boon to naturopathic medicine. Indeed, through such an initiative, new NDs could become great doctors even faster. As a residency position provides financial stability and the opportunity to develop a patient base before starting independent practice, if such a program were implemented more widely, one might see fewer new grads fail in practice and give up their dream of being an ND. Perhaps naturopathic medical training could be viewed in even higher regard if residencies were to become the rule rather than the exception. Finally, NDs hosting residents – with those extra hands on deck – would have an avenue to expand their clinic's patient base in a manner that is financially advantageous to renting space to an associate.

With all those things in mind, I decided to become a satellite residency host. The application only took five or six hours, most of which was spent thinking about the logistics of how the residency would run. My practice incorporates a number of therapies (IVs and injections, for example) and assessment tools (such as in-house SIBO testing, and thermography), and we have a steady stream of new patients. As such, I knew that I would be able to keep a resident busy and (s)he would be able to gain experience in a wide range of naturopathic modalities. The structure I decided on was to have the resident: run my IV room for two and a half days per week (including phlebotomy duties), and have practice days for the rest of the week (to see their own patients, perform injection therapies or acupuncture for my patients, do research, and so forth). I earmarked four hours per week to have morning meetings, during which we could discuss cases, engage in didactic learning, and practice clinical skills. Although I really didn't think I had four hours per week to spare, I knew in return each week I would be gaining 36 hours of help. For my practice, that meant I wouldn't have to run my own IVs any longer, I could delegate uncomplicated injections, and I could fit in patients for weekly acupuncture sessions easily rather than perpetually waiting for cancellation spots to open up.

In the spring of 2016, I interviewed my first residency program applicants both of whom were fantastic: motivated, highly intelligent, had excellent clinical skills, and shared my clinical interests. They each had such great potential that I decided to hire them both – a big leap – and I'm happy to report that my expectations were exceeded. For example: clinic operations became smoother, my stress levels plummeted, we all became smarter doctors faster by sharing continuing education summary notes, the clinic became even busier, and my revenue stream increased notably. There were surprisingly very few kinks because the program logistics were worked out beforehand during the application phase. Finally, while I was virtually always excited to go to work beforehand, I found myself even more enthusiastic to head to the office on the days that began with a resident meeting. I love to share my knowledge, brainstorm with colleagues, and troubleshoot cases; now I get to do so three times per week with like-minded clinicians.

Over the course of the program I could see my residents benefit, too. Their case analysis abilities improved logarithmically. Within months they were building on concepts that had taken me years to acquire in practice. By having the opportunity to treat many patients, getting guidance as needed, their confidence grew quickly. Indeed, by the one-year mark I felt they had achieved a level of proficiency that I had not attained until my fourth or fifth year of practice. As evidence of that, both of my 'first round' residents have successful practices and have already developed reputations for being skilled in the areas on which they focused during the residency (most notably persistent borreliosis, *Borrelia* coinfections and integrative oncology). My 'second round' resident is nearly finished his 18-month program and is poised to be successful at a busy *Borrelia*-centric clinic in Maine. I have equally high hopes for my newest resident and the next one, who will start in the fall.

CCNM has been very easy to work with as the sponsor school for my residency offerings. When discussing the satellite program with colleagues, they sometimes assume that it is heavily controlled by the College, but that is not the case. The universal residency program does stipulate certain mandatory features, including guaranteed minimum patient contact hours, the opportunity for research and CE, and minimal "non-physician" duties (such as reception). Otherwise, a clinician can tailor the residency program to their liking.

It is my belief that making even more naturopathic residency opportunities will be of profound benefit to our profession. It is my hope that some of you reading this will consider offering a residency program yourself. While it does take a small amount of start-up energy, the synergistic benefits for the host ND, the resident, and the naturopathic community make it worthwhile. As a self-proclaimed ambassador for naturopathic residencies, I welcome any questions or thoughts about my experience with the program. 🍁

## About the Author

**Dr. Bryan Rade, ND** is a graduate of the Canadian College of Naturopathic Medicine and is the current President of the Nova Scotia Association of Naturopathic Doctors. His practice primarily focuses on cases of complex chronic illness including persistent borreliosis and coinfections, mold illness, autism spectrum disorder, SIBO, PANDAS/PANS, integrative oncology, chronic pain and neurological disorders. He also focuses on challenging cases that do not respond to the majority of treatments. Dr. Rade has pursued additional training in a number of fields, including comprehensive IV therapy, laser therapy, ozone therapy, prolotherapy, neural therapy, perineural injection therapy, platelet-rich plasma therapy, Low Dose Immunotherapy, Low Dose Allergen Therapy and others.

## References

Naturopathic Residencies | The Council on Naturopathic Medical Education. (Web). <https://cnme.org/naturopathic-residencies/>. Accessed 11-June, 2019.



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