

Residents' page

On the joy of leaving the city

Lilia Malkin, MD

I'll be the first to admit it: I'm a city girl. After growing up in large urban centres, I am accustomed to (and even enjoy) a busy metropolis. Undergraduate medical training in the city where I grew up offered a lot of exposure to tertiary care centres. Although rural electives were available, comparatively few of my classmates availed themselves of those opportunities. It is, therefore, not surprising that many of us do not find out about the exciting world outside cities until the (usually brief) rural experience that is now part of most family medicine residency programs.

In today's reality of underserved communities and relative scarcity of health care professionals

outside the cities, it is interesting to find out what doctors could be missing by staying in the world of urban medicine. This month, Residents' Page offers a tantalizing glimpse into the lives of our colleagues who have chosen the rural family medicine residency training program in Sudbury, Ont. ❁

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Of portobellos and wine

Lesley Griffiths, MD Allison Small, MD Noel Corser, MD

We are at grand rounds, those timeless academic sessions where sometimes time truly does stand still. These rounds, however, are different. We are gazing out the windows of a beautiful lodge in the northern Ontario woods, savoring the portobello wraps from lunch. Talk turns easily to the meaning of life and our place in the universe. That place at the moment is a rural Ontario family medicine residency program, and we thought we would share our experiences with you whose place in the universe might perhaps be a classroom in the city, without any windows at all.

On life and learning

Imagine a residency program that allows travel, encourages life outside medicine, and offers one-to-one training and hands-on learning. Now imagine that this program is also resident-centred and has a responsive administration. Sound impossible? These attributes are all embodied in rural family medicine programs.

As residents in the Northeastern Ontario Family Medicine Program (NOFM),

we are often asked, "What do you *do* up there?" The answer is obvious: "what *don't* we do?" Rural programs offer a realistic introduction to family medicine with all of its perks, challenges, and paperwork. We practise alongside doctors in community offices and hospitals throughout northeastern Ontario and end up learning how to be highly skilled and competent clinicians who also have an appreciation for life outside medicine.

The strength of rural programs such as ours is that the curriculum remains focused on our learning and on what we, as residents, *want* and *need* to learn. This is strikingly evident throughout the program, including the choices of clinical sites and preceptors, objectives and fundamental philosophies, a flexible resident-driven curriculum, and good administrative support. These programs are a working reflection of many objectives outlined in the 1999 College of

Family Physicians of Canada's report, *Postgraduate Education for Rural Family Practice. Vision and Recommendations for the New Millennium*.¹

Residents are encouraged to e-mail questions, comments, personal articles, and helpful information to residentpage@cfpc.ca.

On the road again

Our program requires a fair amount of portability, often requiring six or seven moves in a given year. A typical change of rotation could begin this way: after academic rounds you leave Sudbury with your “home away from home” packed securely in the trunk of your car. You quickly consult your map of northern Ontario and head toward your new destination. Once in your new community, you search frantically for the notes that will lead you to your new apartment. Once there, you begin the daunting task of unloading your full-to-overflowing car.

One of the challenges of this program is not only figuring out the new rotation, but also a new hospital and a new community.

Other challenges include being far from family and friends (who often have trouble keeping track of where you are) and, occasionally, feeling isolated. Perks of the program include travel, one-on-one training, hands-on experience, and greater independence. In some communities, laboratories and x-ray facilities are available only for emergencies, which forces you to improve and rely on your clinical judgment.

Our program includes both rural and semiurban locations throughout the north. Through exposure to a variety of communities and clinical placements, we gain a true appreciation of the resources and equipment available and also of the unique nature of northern family medicine. Some of the larger centres have state-of-the-art equipment and facilities, including computed tomography and magnetic resonance imaging, cardiac catheterization laboratories, and on-line radiology systems. Contrary to popular belief, key specialists *are* available in many of these remote locations, in hospitals, in locum tenens clinics, or via extensive telehealth networks.

So what do you do?

The opportunity to work in smaller, often remote, northern communities is one of the best features of this type of residency training. Nowhere else is the all-encompassing role of a family physician more evident. Without relying on advanced diagnostic equipment and immediate specialist support, these physicians are extremely skilled, self-directed, hands-on practitioners. A typical day for some might include managing an emergency room trauma, running a “lumps and bumps” procedures clinic, making a few office visits, assisting at an appendectomy, and maybe delivering a baby. Sure, it might not always be this glamorous, and there is always the routine “family doc stuff,” but the potential for clinical variety is astounding!

These programs redefine the concept of “learning by doing.” Gone are the days of watching surgery with binoculars or tagging along with your team of three residents, two fellows, and rotating attending physicians. You get hands-on experience, usually without asking. Being first assist in the operating room, managing an acute myocardial infarction, putting in central lines, providing diabetes counseling, or suturing up more children than you will ever count are common daily realities for residents up here (and yes, even for fresh first-year postgraduates!). If you need help, just ask and you will get it. We are truly living the “see one, do one, teach one” philosophy.

The future is bright

The one-to-one approach to teaching is fantastic. Each resident is paired with a clinical preceptor for a given rotation. You work when your preceptor works, call is almost always done from home, and nine times out of 10 you are the only resident for miles. It sounds scary, but what a great way to learn. These preceptors *want* to teach; they are enthusiastic about the program and the north, and are constantly offering their own clinical pearls and wisdom.

Given the escalating shortages of family physicians, many preceptors see residents as potential future recruits and will go out of their way to make your experiences in their community memorable. They want to know your learning objectives and future plans; they are interested in what you want to do “after this.” They want you to feel welcome and often include you in their world outside of the office: barbecues with their families, a staff baseball game, or a ride in a seaplane. This is often the rule, *not* the exception. Speaking of exceptions, the wine tasting is about to start, and we need to pack for the kayaking trip tomorrow (after the morning lectures, of course). À la prochaine! ❖

Reference

1. Working Group on Postgraduate Education for Rural Family Practice. *Postgraduate education for rural family practice. Vision and recommendations for the new millennium. A report of the Working Group on Postgraduate Education for Rural Family Practice—executive summary*. Mississauga, Ont: College of Family Physicians of Canada; 1999.

Dr Griffiths is a first-year resident born and raised in Markham, Ont. She misses the gang at home but is truly a northern girl at heart. **Dr Small** is a second-year NOFM resident. She is originally from Ottawa, Ont, but is now a small-town northern Ontario convert. **Dr Corser** is a second-year family medicine resident in the NOFM program. Originally from Edson, Alta, he is drawn to NOFM by its excellent program and the chance to kayak between lectures.