



# thePreceptor

A Newsletter for Preceptors of the Alberta Rural Family Medicine Network

April 2006

## New Newsletter Just for Preceptors

This new Hot Sheet has been developed to support ARFMN (RAN and RAS) preceptors in the province. Our goal is to provide you with a quarterly "quick read" of information that will enable you to hone your teaching skills, make your preceptor experiences less stressful and more satisfying and enhance the feeling of collegiality among ARFMN preceptors.

Information will include teaching strategies and tips, answers to your questions, resources and links to web sites of interest to preceptors, news about the ARFMN program, Resident profiles, and opportunities to share with other preceptors. We would appreciate your feedback and story ideas. Please send them to Rhonda Crooks, RPAP Communications Consultant, whose contact information is listed at the end of this newsletter.

**Teaching Tip** by *Dr. Hugh Hindle, RPAP Rural Academic Development Coordinator*

### **Try SBAR!**

Time is precious, so it can be frustrating when senior clerks or Residents aren't concise with case presentations. SBAR, a tool developed by the Institute for Healthcare Improvement (IHI), can be helpful and it also encourages learners to commit to a differential diagnosis and management plan.

Originally introduced by the IHI as an aid to "situational briefing," I've found it helpful working with clinical clerks. The SBAR format allows learners to organize their thoughts into a problem solving mode and helps them identify the key pieces of information needed to arrive at a diagnosis and to develop a treatment plan.



- S Situation** – Ms. Jackson complains of a sore throat for 5 days.
- B Background** – She's a previously healthy 18 year old smoker. Her sister is on penicillin for strep throat. No fever or cough. Exam shows some exudate on her tonsils but no anterior cervical lymphadenopathy.
- A Assessment** – I think she may have strep throat but viral pharyngitis is also a possibility.
- R Recommendation** – throat swab and symptomatic treatment until culture back.

Thanks to Dr. Owen Heisler for introducing me to SBAR. If you want to find out more go to [www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm](http://www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm), or Google SBAR!

## **What Works for Me!**

*Interested in sharing your teaching strategies and tips, here's your chance to share with other preceptors. Contact Rhonda Crooks, Editor at the address shown below.*

## **Great Website for Emergency Procedures**

At the 2006 Cabin Fever rural faculty development workshop, participants heard about a great website to help teach/perform emergency procedures such as thoracentesis or reducing Colles' fractures. The address is [www.webmedtechnology.com/physician/video.html](http://www.webmedtechnology.com/physician/video.html).

## **The ARFMN Big Picture**

We have just finished the CARMS selection process for 2006 and are pleased to announce that both RAS and RAN filled their 11 and 12 PGY1 positions respectively. In addition, RAS has accepted a PGY2 transfer from Laval University.

We would also like to thank and welcome the physicians in Ponoka into the ARFMN as the most recent rural site to agree to take learners at all levels, including our Residents.

## **ARFMN Scheduling**

**RAN** had an academic workshop in Grande Prairie 30-31 March focused on Critical Care (with the STARS Simulator) and on SOO's (simulated office orals) for the PGY2s. Academic programming included pulmonary medicine for March, and will include preventive health for April and emergency medicine for May. Any rounds presentations at rural sites could follow this curriculum schedule. RAN PGY1s will be joining RAS PGY1s for the 2-day Palliative Care workshop in Calgary on 12-13 May. All RAN Residents will attend Resident Research Day 9 June with the UofA Urban Residents in Edmonton.

**RAS** academic programming in April is located in Lethbridge and includes an academic ½ day video conference in the morning followed by a SOO small group session and SOO taping #1, Behaviour Medicine: The Difficult Patient & Finding Common Group for PGY1s as well as Resident presentations and SOO taping #4 for PGY2s. In May, all RAS Residents will attend Spring Conference with the UofC urban Residents just outside of Calgary. Following that, PGY1s will join with RAN for Palliative Care sessions in Calgary. June academics (location TBA) include a session, "Teaching Residents to Teach" for PGY1s while PGY2s do their four-month rotation.

## **Initiatives**

### **Webcams for Direct Observation**

Dr. Dan Husband was keen to watch his Residents in action, but didn't want to invest in expensive video camera systems for his clinic in Three Hills – so he just brought in his webcam from home! Set up just to display the patient/Resident dialogue, he says that neither the patients nor the Residents find it intrusive. The urban teaching unit in Calgary is also introducing webcam observations on a trial basis in two of its clinics.

## **New RPAP Position to Support Rural Preceptors**

RPAP is pleased to have Dr. Hugh Hindle now working as its Rural Academic Development Coordinator. This is both a new role for RPAP and a new role for Hindle who was formerly the Unit Director of the Rural Alberta North (RAN) node of RPAP's Alberta Rural Family Medicine Network (ARFMN).

As Rural Academic Development Coordinator, Hindle will be working with both the University of Alberta and University of Calgary to help develop and promote projects that provide learning opportunities for medical students and Residents (both family medicine and specialty) in rural and regional centres in Alberta. He will have a particular focus on rural faculty development. Hindle has identified an ambitious list of projects to get started on:

- The traditional big box **rural faculty development events** of Cabin Fever and Spring Seeding (now known as Fall Harvest);
- **Refinements to RPAP's faculty development web pages;**
- **Development of an Integrated Community Clerkship program**, where selected third-year medical students spend eight months working with patients in rural practices rather than rotating through traditional specialty blocks in large urban centres. With an emphasis on whole patient care in a rural setting, students will acquire expertise in the different disciplines by following selected patients over an extended period of time. This model has been successfully used for many years in Minnesota, WWAMI in the north-western U.S. and more recently in southern Australia at Flinders University. Currently, such a proposal is under consideration by Alberta's two universities;
- **Encouragement of specialty Residents** to spend extended periods working out of the regional hospitals in Alberta;
- The **development of a Practice-Based Small Group Learning (PBSGL) module**, in conjunction with the Rural Ontario Medical Program and McMaster University, related to working with the problem learner. These modules are widely used for Continuing Medical Education by family physicians across the country. They have focused mainly on clinical topics but already have one faculty development module in use, and two others in development; and
- **Provincial needs assessment** for faculty development.

Hindle will also provide teaching tips through each issue of this newsletter.

### **My Question Is...**

*Here's your chance to get answers to questions that you and likely many other preceptors have. Send your questions to Rhonda Crooks at the address at the end of this newsletter and we'll provide the answers in this interactive column.*

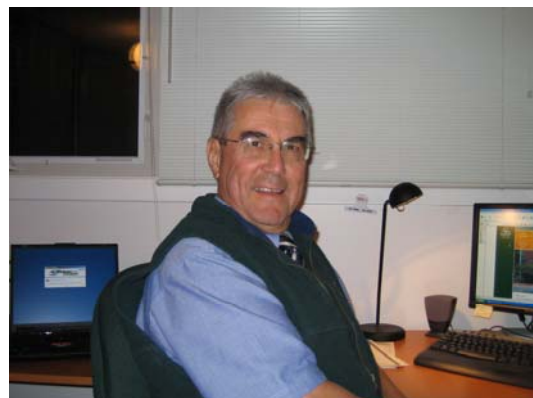
### **Getting to Know our ARFMN Preceptors**

In this regular column, we'll help you get to know other ARFMN preceptors. Do you have ideas about who we should profile? Contact [Rhonda.Crooks@rpap.ab.ca](mailto:Rhonda.Crooks@rpap.ab.ca) to provide their name.

#### **• RAN Preceptor Profile**

**Dr. Guy Gokiart** was born in Vita, Manitoba and came to Edmonton when his Dad went to work on the Alaska Highway. While he grew up in Edmonton, both his parents were from rural Manitoba and he says that stuck with him forever. Following graduation from UofA, Gokiart went to the Montreal General Hospital for one year of rotating internship. When this was complete, he searched the CMAJ and took "the only job in Alberta, in Westlock. There I really got my grounding in family/general medicine as I found we practiced the full scope of medicine."

"I think having a family with rural roots allowed me to venture into the rural areas and once there," says Gokiart, "I truly enjoyed the experience of



seeing all sorts of problems, having to look after people through surgery, birth and death and through all problems that are part of rural life. The people we have met and remained friends with are truly the 'salt of the earth.' Some have remained friends since we came to town almost 40 years ago."

After two years of general practice, Gokiert decided to go into pediatrics and spent two years in pediatrics and medicine before taking a one-year locum position in Vancouver to work in a classmate's practice. After that year, however, he yearned for the Prairies and headed back to Westlock where a physician group was starting a clinic. This clinic included an anesthetist, a surgeon, an obstetrician and Gokiert, a pediatric-trained GP. "We remained partners for 25 years," says Gokiert, "and only retirements broke the clinic apart."

Gokiert continues to practice in Westlock, working now with the Associate Medical Clinic where he intends to remain in practice until he is no longer having 'fun' in medicine. "What excites me about being a preceptor is meeting all the new young doctors to be," Gokiert continues. "We teach third-year medical students and second-year Family Medicine Residents and have been involved in such teaching for over 30 years. It is certainly a treat to meet some students who have gone on to great things and now have a family and are also involved in teaching.

"Teaching is an extension of one's self. You have to be confident enough to get involved then humble enough to realize that you know only a little and can learn from your students. Teaching them about rural medicine also involves telling them about your life, your feelings and your family.

Besides practising and teaching medicine, Gokiert has done lots of volunteer work over the years. His involvement with the Alberta Medical Association, the College of Physicians and Surgeons of Alberta, Canadian Medical Association and now the Canadian Medical Protective Association "shows the young doctors that rural medicine is not all work and no time for other things," says Gokiert. As well he has been involved with hockey, baseball, soccer and figure skating, with the community hall for the past 15 years and now with a non-governmental organization to raise money for humanitarian projects in Ethiopia and Mexico.

"Family medicine is great! It has been kind to me and my family and has opened so many doors in life. I have been able to be involved in all phases of medicine and have seen many changes over the years. I still am excited every day and enjoy my patients – their problems and successes." Gokiert and his wife Susan have three children and also enjoy three little grandchildren.

## • **RAS Preceptor Profile**

**Dr. Lloyd Clarke** was born in the United Kingdom and raised from Vancouver to Calgary to Cardston, where he graduated from High School in 1984. He attended the University of Otago in New Zealand, graduating from medical school in 1994. Following his two-year residency, he moved to Cardston in 1996 and has practised there for ten years.

"I was supposed to be a trauma surgeon," says Clarke. "This was an interim job to pay off some debt but I fell in love with the practice and the community. I was the one who said I'd never move back here – but here I am."

Why is Clarke interested in being a preceptor? "The challenge to my knowledge base is refreshing," continues Clarke, "and I like to take a person who in many ways is naïve and moldable and fearful and to see the transformation into a doctor who is confident and capable."

## **Getting to Know Our ARFMN Residents**

Just as we think it may be useful for you to get to know one another in the preceptor community; we also thought it would be interesting to provide a profile of one of our northern and southern Residents.

### **RAN Resident Profile**

**Dr. Jo Ann Robinson**, a second-year RAN Resident, was born and raised in Carrot Creek, Alberta, about 30 minutes east of Edson. She did her undergraduate degree at the U of A, medical school at Queen's University in Kingston, Ontario and is a RAN Resident located in Red Deer.

"I like the broad spectrum of rural medicine and the continuity with patients. I think initially, from growing up in a small community, my exposure to medicine was to that of the rural doctor and the small community hospital. I went into medical school with that idea in mind. Through medical school, I was exposed to specialty medicine and toyed with the idea of some of them but when it came down to it; rural family medicine was still the best fit for me. What specifically appeals to me is the diversity - being able to mix up your week with some time in the ER, the clinic and obstetrics. I also like the small community hospital environment.

Besides her workload as a PGY2, Robinson is also a RAN Administrative Resident (like a Chief Resident). "It was a challenge for me and I was hesitant at first," says Robinson, "but I think it forced me to make better contacts with attending physicians in many different specialties. It also pushed me to improve my dreadful time management and organizational skills. Plus it is kind of neat to play an important role in the continuous evolution of our rural program. I think it is a good program and I want to see it stay that way."

Robinson is finishing her residency with two final family medicine blocks. She is currently in Whitecourt, doing a five-month rotation in emergency, clinical and obstetrical work. Her last two months will be spent in Edson doing the same. "I'm excited about this because it is the first time that Edson will be used as a RAN site and I will also get to live with my Mom and enjoy some pampering until the novelty of having me around wears off," concludes Robinson.

Once her residency is complete in June, Robinson wants to find a rural practice that includes ER and obstetrical work. She plans to try locums in a few places where she is interested in working and then making a longer-term decision in the next year or so.

**Julie Hernberger** is another PGY2 in RAN. She says, "I think most people would agree that Joey is best known for her enthusiasm and love of life. She grew up in small town Alberta, and like most rural Albertans, has a passion for two-stepping and won't take "no" for an answer when she wants to get out on the dance floor. Her enthusiasm is very infectious, so everyone quite good-naturedly gets out on the floor and has a great time! Joey is an excellent people motivator. She has a great ability to mediate, pulling people together on ideas and coordinate harmonious accomplishment of objectives."

### **RAS Resident Profile**

**Dr. Amy Gausvik** is a PGY2 in Rural Alberta South. She was born in Hay River in the Northwest Territories but grew up in Taber in southern Alberta. Gausvik started at the University of Lethbridge, then moved to the University of Alberta where she completed her degree in Pharmacy and Pharmaceutical Sciences in 1999. She worked as a pharmacist at the Lethbridge Regional Hospital and at the Royal Alexandra Hospital in Edmonton before starting medical school at the University of Calgary in 2001.



“Being from a small town,” says Gausvik, “I always saw myself doing everything that our local doctors did – from working in Emergency to delivering babies. It became pretty clear during medical school that the only way to do this was to work rurally. After shadowing doctors in my home town of Taber, and realizing that no other specialty seemed to excite me as much, I chose rural medicine. The same aspects that drew me to start a rural residency still excite me now but I also see that being an integral part of a community is a pretty large part of rural practice too. I am looking forward to that.”

### **New Medical Student Wives’ Club**

A new group has been launched by wives of medical students. Named WISE (women who inspire, support and encourage each other), the group meets once a month to talk about how to “survive” and to be a support for our spouses. For more information, contact Susan Carlson at (780) 432-3527 or susecarlson@yahoo.ca

### **Published Research**

*In this column each issue we would be pleased to list your recently published research. Dr. Hugh Hindle has summarized a paper from the UofC and the UofA published in the Australian Journal of Rural Health last year.*

We all know that a rural background and rural training increase the likelihood of new graduates entering rural practice, but what else is important?

Wayne Woloschuk, and a group from the University of Calgary and the University of Alberta looked at other key determinants. When they surveyed 369 graduates from the two universities, they identified two factors that predicted rural practice location. Factor 1 was preparedness for rural culture, which included the clinical demands of rural practice, small community living and understanding rural culture. Factor 2 was a little unexpected – something the authors identified as preparedness to become a “rural community leader.” Graduates were more likely to settle in a rural area if they felt their residency program had prepared them to become a community leader and to establish personal and professional boundaries in an environment with a “fish bowl” lifestyle. They also benefited from assistance with choosing a suitable community.

The article leaves some key questions unanswered. Can our family medicine programs encourage Residents to become community leaders, or should we be looking for these qualities during selection for medical school and residency? Certainly it’s going to make me discourage “commuter” rural rotations, where the Resident heads back to the city the moment the office is done, and to encourage learners to join preceptors in the numerous volunteer activities within our communities.

(Woloschuk W, Crutcher R, Szafran O. Preparedness for rural community leadership and its impact on practice location of family medicine graduates. Aust J Rural Health 2005;13,3-7.)

### **Medical Services**

*What new or interesting medical services are available in the RAN and RAS regions?*

Dr. Peter Kogler, RAS Unit Director notes the following services in southern Alberta. RAS Residents have an opportunity to work in these environments:

- Lethbridge has a regional sleep clinic which serves people throughout southern Alberta and B.C. It diagnoses obstructive sleep apnea and other sleep-related disorders.
- Some of the clinics in Lethbridge are heavily involved in the use of chronic care teams. These teams bring RNs, dieticians, and physiotherapists right into the Family Medicine clinics. These see diabetics, hypertensive and obese patients and so on. The RNs and

dieticians spend time assessing and teaching patients under the supervision of the family physician.

- There is a clinic on the reserve close to Lethbridge run by Dr. Esther Tailfeathers and Dr. Bestor which sees a unique clientele.

### **Faculty Development Conferences**

- **Fall Faculty Development Retreat** - The UofA rural faculty development session, formerly called "Spring Seeding" and now known as "Fall Harvest," is being planned for late September or early October

### **Of Note...**

*Help us to get to know our AFMN preceptor community better by sharing with us your news – marriages, babies, awards, etc.*

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**The Preceptor** is published quarterly by RPAP's Alberta Rural Family Medicine Network and distributed to all preceptors and Residents in the Network. To share story ideas or provide feedback, contact:

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