



# thePreceptor

A Newsletter for Preceptors of the Alberta Rural Family Medicine Network

**July 2006**

## **ARFMN Scheduling**

The following events and programming are planned for our residents over the next few months:

### **RAN**

#### *July*

- 3 July - Red Deer Resident Welcome BBQ
- 8 July - Grande Prairie Resident Welcome BBQ
- 15-17 July - RAN Retreat at Black Cat Guest Ranch
- 26 July - Academic Day, Grande Prairie & Red Deer

#### *August*

- 9 Aug - Academic Day, Grande Prairie & Red Deer & Edmonton
- 14-15 Aug – Evidence-based Medicine Workshop in Edmonton for PGY1s

#### *September*

- 14-15 Sept - Palliative Care in Calgary with RAS (PGY2s)
- 19 Sept – RPAP Recruitment Fair in Edmonton
- 21 Sept – RPAP Recruitment Fair in Calgary
- 22-23 Sept – 6<sup>th</sup> Annual Peace River Regional Medical Conference with RAS PGY1s/ 2s

#### *October*

- 12-13 Oct - Behavioural Medicine

### **RAS**

#### *July*

- 6 July - NRP for PGY1s; UofC Academic Half Day videoconference and Sexual Assault seminar for PGY2s
- 7 July - Evidenced-based Medicine Workshop for PGY1s; Public Health seminar for PGY2s
- 8-9 July - RAS Retreat at Waterton

#### *August*

- 3 Aug - Academic Half Day videoconference for PGY1s/ 2s followed by Ethics seminar for PGY1s in the afternoon
- 4 Aug - Bayer Communications Workshop for PGY1s in the afternoon; Boundary Issues seminar and interim presentation of research/ PQI projects for PGY2s

#### *September*

- 14-15 Sept - Palliative Care in Calgary with RAN (PGY2s)
- 21 Sept – RPAP Recruitment Fair in Calgary
- 22-23 Sept – 6<sup>th</sup> Annual Peace River Regional Medical Conference with RAN PGY1s/ 2s
- 28-29 Sept - UofC Family Medicine Fall Conference at Nakoda Lodge, Kananaskis

## Information from RPAP's Rural Academic Development Coordinator

### 1. Teaching Tip: Handling Difficult Situations – SOAP, More than a Patient Management Tool



Organizing your thoughts into the SOAP format can help if you are struggling with a resident or medical student:

#### S – Subjective:

- Don't dismiss those early warning feelings that things are not going well in the rotation. Pay attention now before it is too late to intervene.

#### O – Objective:

- Gather information about exact behaviours that are troubling (late to clinic three times in a week, significant omissions on history taking, poor case presentations etc.)
- Triangulate with others – clinicians, nurses, clinic staff and even patients – to see if your concerns are shared. Include the learner at this step; maybe he/she's worried too. Call the program director or faculty adviser to see if this is a recurring issue.
- Document the concerns (if it's not written down it didn't happen).

#### A – Assessment

- Is the problem **Real**?
  - Maybe there was a miscommunication.
  - Are your expectations reasonable? Don't judge the clinical clerk by the standards of the residents you have worked with before.
  - Were you or the learner simply having a bad day?
- Is the problem **Important**?
  - Is this simply a difference in styles of practice rather than wrong practice? (e.g. choice of antibiotic, informal approach to the patient)
  - Is it a mannerism that irritates you but doesn't affect patient care?
- If it's not real or important – quit worrying!
- If it is real and important define the problem:
  - **Knowledge issue**
  - **Skill issue**
  - **Attitude issue**
- Don't forget **Health concerns and System issues**:
  - Depression or substance abuse
  - Physical illness
  - Financial or personal stressors
  - Excessive workload / inappropriate rotation schedules

#### P – Plan

- The educational plan often derives easily from the assessment
- Include the learner in developing the plan
- Don't become the learner's physician or therapist
- Ask for help – involve the program director or faculty advisor
- Document the plan and monitor progress

**Links:** UBC: Teaching Skills for Community Based Preceptors, Pages 36-39 - <http://tinyurl.com/jyds8>

The Mountain Area Health Education Center: Dealing with the Difficult Learning Situation - <http://tinyurl.com/l2efh>

## 2. Journal Highlight

Bly J. *What is medicine? Can Fam Physician* 2006; 52:329-334 - <http://tinyurl.com/ju4mq>

It's great to see journal articles written by our residents. In this article, Jared Bly, recently the RAN administrative resident in Grande Prairie, describes how he set up an outreach program to visit high schools in and around Grande Prairie.



in Vancouver.

Jared and his colleagues made presentations to the students to encourage them to strive for careers in health care. The QEII hospital in Grande Prairie followed this up by holding a career day for the schools, introducing students to doctors, nurses and other health care professionals.

Congratulations Jared, for developing this initiative; we know that the under representation of rural origin students in medical schools is partly related to fewer applicants from rural areas. Perhaps programs like this will provide the needed encouragement.

Jared is now heading back to Grande Prairie to work as a much needed ER physician after completing his CCFP(EM)

## 3. Upcoming Events

Mark your calendars for these upcoming preceptor workshops:

- 22 Sept - at the 6<sup>th</sup> Annual Peace River Regional Medical Conference, 22-23 Sept
- 28-29 Sept – 15<sup>th</sup> Annual *Fall Harvest* Rural Faculty Development Event, Edmonton (formerly known as *Spring Seeding*) – will focus on struggling learners.
- 19-21 Jan 2007 - Banff Rural Emergency Medicine Conference
- 8-11 Feb - Cabin Fever Rural Faculty Development Conference, Kananaskis – a potpourri with 3 tracks to help new teachers, experienced preceptors and those at the cutting edge – yes, even surgeons have been known to attend!

Want to attend but travel costs are an issue? Let me know: [Hugh.Hindle@arfmn.ab.ca](mailto:Hugh.Hindle@arfmn.ab.ca)

## What Works for Me!

Here's your chance to share with other preceptors your teaching strategies and tips. Send your information to [Rhonda.Crooks@rpap.ab.ca](mailto:Rhonda.Crooks@rpap.ab.ca)

## RAN News Briefs

- The U of A Department of Family Medicine moved to Web-Eval with the launch of the new academic year 1 July.
- Please help us welcome Tricia MacDonald as the new Red Deer Site Academic Support Coordinator.

## RAN Residents Present Preceptor Awards

Two Red Deer emergency physicians - **Dr. Lyle Thomas** and **Dr. Brian Lang-Hodge** – received Rural Alberta North (RAN) **2005-2006 Preceptor of the Year Awards** from graduating RAN residents. RAN Resident Carla Pilch said, “they were given the award for their dedication to teaching residents. They give emergency medicine rounds two days a month to teach the residents. They were always available to do extra teaching sessions and to give presentations whenever we needed them. In addition, they are the two main emergency medicine preceptors with whom we work when we do our emergency medicine rotation. They are both excellent teachers who are encouraging and yet still demand excellence of their residents.”

## RAN Resident Award

**Ramak Shadmani** of Grande Prairie was presented with the **Lionel A. Ramsey Award** at the RAN Graduation Dinner held on 8 June at The Varscona in Edmonton. The award is presented to a current first-year resident who has made the greatest contribution to helping fellow residents. The recipient of this award is selected by RAN residents. Comments from Ramak's peers included:

"She is always concerned about how everyone is doing and goes out of her way to check. She would do anything she could to help them with whatever their problem might be. She is very compassionate."

"Ramak is always interested in what I'm doing and how things are going (and I think this goes for interest in the others too). She gives me helpful advice about rotations she has done and always seems to know what is going on."



## RAS Graduation



On 3 June, the U of C Department of Family Medicine held their graduation dinner at the Four Points Sheraton in NW Calgary. Faculty, staff and family members were present to celebrate the success of the graduates. Nine RAS residents were presented their certificates by Dr. Peter Kogler, Unit Director of Rural Alberta South. As part of the celebration, a number of rural preceptors received special teaching awards. Each year the University of Calgary recognizes the contribution of their teachers. The Rural Alberta South award recipients included: **Dr. Stephan Kwan** from **Lethbridge** and **Dr. Stanley Boyar** of

**Medicine Hat** who both received **Specialty Preceptor of the Year** for their site, and **Dr. Lynn Edwards of Bow Island** who received the Rural Preceptor of the Year Award. Following a lovely dinner and presentations, the evening concluded with dancing and a chocolate fountain.

## ARFMN Grad Works as Part-time Doc in Afghanistan

Call him Captain Yeung!

Dr. Jared Yeung graduated from our Rural Alberta North program in 2005 and now serves part-time with the Canadian military. His work as a reservist with the Canadian military medical team in Kandahar, Afghanistan was profiled in a Global TV feature in March of this year.

Canadian troops are in Afghanistan to help bring stability to the region. Yeung is in Kandahar to help fill a hole in Canada's military medical team. The Canadian military needs 35 percent more doctors in order to meet its growing international role. This is not easily accomplished when Canada's entire health care system is facing similar shortages.

The lure of big civilian dollars is hard for doctors and skilled medical staff to ignore but the military hopes the Canadian Force's high profile role in Afghanistan will attract more people to sign up for medical duty and, according to the Global TV report, the military is also in the process of increasing CF Medical Branch salaries to be more competitive.

## Preceptor Positions Provide Perks!

Rural physicians who choose to obtain a university clinical appointment receive access to the latest e-journals at the U of A and U of C libraries. Unlike MD Consult which is provided free to all registered rural/regional physicians, this access allows retrieval of full text articles from almost all the leading medical journals in the world.

For U of A preceptors, access requires logging in to the e-journal site at <http://www.library.ualberta.ca/ejournals/index.cfm> and entering your Campus Computing ID (CCID) and password. To get the CCID and temporary password, email the CCID administrator [Nada.Walter@ualberta.ca](mailto:Nada.Walter@ualberta.ca). This may take a day or two as they have to confirm your status with the appropriate clinical department.

For U of C preceptors with clinical appointments, contact Dr. Dennis Kreptul, Family Medicine Residency Program Director, for preceptors teaching residents or Dr. Moe Verjee for clerkship preceptors.

## Of Note...

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



RAN Resident **Chris Barnsdale**, his wife Joy and big brother Isaac of Grande Prairie are pleased to announce the birth of their son Joseph Christopher Barnsdale, on Thursday, June 29.

## Getting to Know Our...New ARFMN Residents

*Please join us in welcoming our new group of enthusiastic PGY1s who began working with the ARFMN program 1 July. A brief introduction for each follows.*

### RAN Residents

**Mohammad Abdolhady** was born in Tripoli, Libya to Egyptian parents who were teachers.



When he was four, the family moved back to rural Egypt where he lived until he graduated from high school. Abdolhady went to Ain Shams University in Cairo, Egypt.

“I lived and had my first medical practice in rural Egypt and have been living in rural Alberta since I moved to Canada,” says Abdolhady. “I was attracted by rural medicine as I got to practice a wide range of specialties and make good and lasting relationships with my patients.” He chose the ARFMN program because it was recommended by some physicians he trusts.

Once it is time to start his own practice, Abdolhady says that community services, safety, and financial and social supports provided to new physicians will be important considerations. He has no preference as to where he might practise.

**Ben Almasi** was born in Iran and raised in a small city there. He graduated from the University of Tehran with a degree in science and from the University of Windsor with a degree in teaching. He graduated with a medical degree from Soba University, in the Netherland Antilles.

Almasi’s interest in rural medicine began with his living and visiting rural areas. He chose the ARFMN program for his medical residency because of the environment at the QE11 Hospital in Grande Prairie and the variety of procedures.

Almasi and his wife Tito have a son Ivan aged 14 years. When it is time to set up his practice, he will look for a rural community with a high school for his son.



“I chose the ARFMN program because of the small preceptor/student ratio and the opportunity for various hands-on experiences. I feel this program will best meet my learning needs and prepare me well for future practice. Meeting the happy, friendly residents during the interview process and hearing about their experiences also helped to confirm my choice,” says **Deanna Bellamy**.

Bellamy was born in small-town Ontario but raised mostly in Charlottetown, P.E.I. She did an undergraduate degree in Physics/Biology at UNB. Prior to entering medical school, Bellamy taught English in Korea, completed an MSc in Medical Biophysics in London, Ontario and worked in PEI for the Canadian Food Inspection Agency as a potato and meat inspector! She completed medical school at Memorial University.

Bellamy credits Memorial University's strong rural emphasis for launching her interest in rural medicine. "I was exposed to rural medicine at some point during each of my four years at medical school. My rural rotations were very positive experiences and my interest in rural medicine subsequently developed."

Family and friends are important to Bellamy and she enjoys spending time with them whenever she can. "Recently I was given a piano which I am having fun re-learning to play. Also, I am learning to crochet and hope to make an afghan for a friend's wedding next year." She is the proud aunt of three nephews and a niece.

When it is time to set up a practice, Bellamy will look for a community that is a good place to raise her future family; a place that is safe and has strong community spirit. She would like to live and raise her future children close to their family members. While she originally thought that she would return to the Maritimes to practice, much of her family is now moving to Alberta.

What started **Bev Burton's** interest in rural medicine was a Family Medicine rotation in a small town. She loved it! "I enjoyed doing everything – clinics, emergency, even G.I. scopes."

Burton was born and raised in Lethbridge and did a degree in biochemistry at the University of Lethbridge before medical school at the U of C.

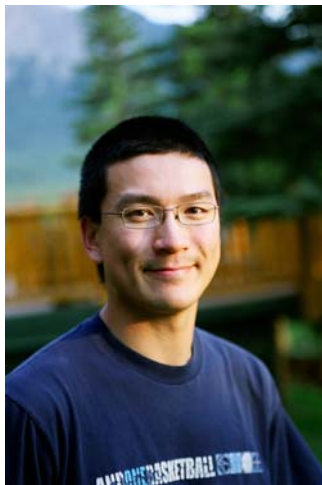
"The ARFMN program offered enough rural experience while still having an opportunity to do surgery, obstetrics and emergency," says Burton about why she chose this residency program.

"I enjoy playing badminton, working as a Girl Guide leader, reading and cooking.

Burton hopes to practise in a town of about 5,000 people and will want a location with good schools and an active community.



"During the first two years of medical school," says **Greg Chan**, "a couple of rural family medicine programs in Canada gave our class a preview of their residency programs. The diversity of rural family medicine initially drew me towards rural medicine. The [RPAP-sponsored] rural Family Medicine rotation in Provost, combined with my interest in many areas of medicine, solidified my decision to enter the rural residency program. As well, my fiancé and I have immediate and extended family throughout the province. We both like Alberta and have had experience working in rural Alberta. Although I knew I wanted to stay in Alberta, I found that the other provincial rural programs were not as strong as the Alberta ARFMN program."



Born and raised in Edmonton, Chan attended the U of A medical school and is engaged to Mandy Howell.

When he is ready to start practice, Chan says he would like to work with a group of physicians who are either already in place or who are about to start practise in the community. "My fiancé is currently working at the Alberta Hospital Ponoka and I would like to work in a nearby community as she is enjoying her current job. I have not considered other attributes/amenities at this time although I have seen communities around Alberta (i.e. Vegreville, Vermilion, Lacombe, Innisfail, and Camrose) where I could see myself living and working."

"My interest in rural medicine started when I was a little girl," says **Lily Chen**, "watching my father (a physician) serve our village in China. Though I could not directly participate in his practice, I could feel his passion for medicine, and the sincere appreciation of his patients who received his care. From this experience, I learned the significance and personal value of helping others. I inherited my father's sense, and hope to follow in his footsteps."

Chen was raised in a poor, under-developed village in rural China. When her family relocated to a large metropolitan centre, she attended medical school in China and later served in both a large tertiary hospital and an international clinic. Following her arrival in Canada, Chen worked in the Family Medicine Department (Research) at McGill University before arriving in Grande Prairie.

"Besides the natural beauty and setting, I am drawn to the multi-Family Medicine; knowing that my sharpen – raising my level of wider range of roles and challenges ambition, for instance to further my to broaden my range of skills for Chen.

Chen has an active lifestyle with a Among other things, she enjoys badminton, tennis and making new interest in world travel as she to obtain deeper diverse cultures and different



serenity of the geographic disciplinary challenges of rural skills as a physician will confidence to undertake a in the future. It is my training (3<sup>rd</sup> year Emergency) future practice," continues

wide-range of interests. group activities, table tennis, friends. She has an avid believes it is the best means insight/understanding of perspectives.

Chen recently married Jeff Blanchard. When it is time to set up a practice, Chen hopes to begin in an area that will provide varied opportunities for both her and her husband. She is particularly drawn towards a position that will allow her to practice clinically while contributing in a research capacity to the field of Family Medicine.

**Jennifer Cochran** was born in Halifax and raised in the Annapolis Valley in rural Nova Scotia. She did her undergraduate degree at Acadia University and medical school at Dalhousie University.



What started Cochran's interest in rural medicine was primarily her work in South Africa. Jennifer worked in an emergency department at a public hospital and was also involved in health promotion work in a small rural community in the Eastern Cape. Through these experiences she realized the impact that rural practitioners can have on improving the health of a community.

The good reputation of the ARFMN program and ample opportunity for additional skill development were reasons for Cochran choosing this program for her medical residency.

Besides her interest in medicine, Cochran likes running, biking (mountain and road) and snowboarding. She has recently started playing the guitar.

When she is ready to set up a practice, Cochran will look for an opportunity that will also allow her to work in an emergency department. She is interested in sports and wilderness medicine as well. Access to outdoor recreational activities will also be important. The location of a future practice may include BC or Alberta.



“My interest in rural medicine began with my summer experience with the Northern Medical Unit in Repulse Bay, Nunavut,” says **Niki Froese**. “Here I first recognized the scope of practice for rural/remote physicians. Rural medicine exposures in Flin Flon and Portage La Prairie, Manitoba also impressed upon me the opportunities of a rural practice.”

Froese continues, “after doing an elective rotation in Red Deer, I could see what a great program it was and how happy the residents were. I could see that it would offer me a comprehensive education and would thoroughly prepare me for a rural Family Medicine practice.”

Froese was born and raised in Winnipeg, Manitoba and graduated from the University of Manitoba medical school.

“At this point, I am very open as to where I may eventually practise,” says Froese. My husband and I (she and Eric Walker were married May 21) hope to settle in a smallish community which is still a reasonable distance from larger centre amenities. We are very open to possibilities!

Froese is interested in many kinds of music and playing the piano. She also enjoys rollerblading and other outdoor activities.

A mandatory rotation in Obs/Gyne in Medicine Hat, a mandatory [RPAP-sponsored] rotation in Family Medicine in Airdrie and a rural Family Medicine elective in Amherstburg, Ontario made **Liana Hwang** aware of some of the challenges and advantages of rural practice and got her interested in rural medicine.

Hwang was raised in Calgary and attended UBC for her undergraduate degree. Research for her undergraduate thesis on traditional medicine was completed as she lived and worked in Cambodia for almost two years. Hwang graduated from the U of C medical school.

Hwang chose the ARFMN program for her residency because of the key role which family physicians play in admitting and caring for patients in Red Deer and because she also wanted an opportunity to learn procedural skills and get experience in disciplines relevant to rural medicine.

At this time, Hwang is not sure exactly what she and partner Jeff Litster will look for in a rural community when it's time to start practice but she's sure she will end up close to the mountains.



“I hope to divide my time between rural family practice and primary care in SE Asia. I am the director of a small non-profit organization which is currently focusing on rebuilding the medical library and providing textbooks and medical equipment to the hospital in Banda Aceh, Indonesia (most of the hospital's books were lost in the tsunami). I also enjoy rock, ice and mixed climbing, mountaineering, backcountry telemark skiing, scuba diving, travel, playing and watching hockey, photography, music and cooking,” says Hwang.

When this young resident is ready to start a practice, he wants to locate within 1.5 hours of a BMW dealership! **Lee Jones** was born in Toronto and raised in the lower mainland of B.C. He attended U of A medical school.



Jones' interest in rural medicine began with his involvement in the [RPAP-supported] Rural Medicine Interest Group and electives and shadowing in rural areas. He chose to do his residency with the ARFMN program because he knew the program and wanted to stay in Alberta.

Jones and his wife Danette have two children – a daughter Madeline (8) and son Daniel (5).

“Being raised in small town Alberta had a major influence over my career interest in rural medicine,” says **Tim Souster**. “Since my childhood, I have lived more than ten years in an urban setting which cannot compare to the peaceful environments of my youth.”

Souster was born in Saskatoon, Saskatchewan but soon moved to Sundre, Alberta where he completed junior high school. In Grade 10, he moved to Olds where he finished high school and then returned to Saskatoon to complete his Bachelor of Science. Souster attended the U of C medical school.

“I chose the ARFMN residency program because of my experience with RPAP in medical school as well as my interest in being part of a program designed to prepare me for practise in rural Alberta (a goal that is firmly established.)”

“Aside from medicine, my main interest is in spending time with family and friends. I have been married for three years to my beautiful wife Natalie. While we currently have no children, we are kept busy taking care of four active nieces.” Souster enjoys golf, hiking and international travel and, he says, “let’s not forget a great backyard BBQ!”

“In looking for a rural community to practise in the future, Natalie and I are interested in a place that is smaller but growing and that has a vibrant/supportive population. We have spent much time in the community of Sundre and may return there to practise if there is a need for physicians there when my training is complete.”



**Anna Voeuk's** interest in rural medicine began with the stories that family doctors shared when she was growing up in a rural area. Voeuk was born in Neepawa, Manitoba and raised in Crowsnest Pass, Alberta, a small rural community nestled in the Rockies. She attended medical school at the U of C.

“The opportunity for hands-on learning, a good reputation for rural training and residents who enjoyed the program were reasons why I chose ARFMN for my residency training,” says Voeuk.

While Voeuk is not sure where she wants to practise yet, she does know that it will be a place where there is a good sense of community. She is considering doing rural locums to help her make a decision and also has an interest in working internationally.

Hiking, volleyball, hockey, music and traveling are among her many interests.

## RAS Residents



**Fraser Bowden** was born in Edmonton and grew up in rural British Columbia. After his first year of university in Lethbridge, Bowden served as a full-time missionary for two years in the Philippines then returned to Lethbridge to complete his degree in neuroscience. He attended the U of A medical school.

“The main factor that interested me in rural medicine was the ‘rural’ part,” says Bowden. I grew up in a rural community and have been looking forward to returning to a rural community. I feel much more relaxed and at peace in smaller communities. I find there to be less stress, less noise, less traffic, less pollution, and less commercialism. My experiences with rural physicians have always been extremely positive and fulfilling. Generally, I have observed that rural family doctors are able to enjoy a lifestyle that is fitting with my own personal goals and ambitions. I am also interested in rural medicine because of the flexibility and diversity that it affords.”

“There were multiple factors that lead to my choosing the RAS program. I knew that I would eventually like to settle down with my family in a rural community and that the ARFMN program could provide me with the skills and training that I would require. I was impressed by the consistently positive reports that I received from residents already in the program. It was my observation that the rural family residents were given tremendous opportunities for hands on training and for one-on-one teaching. Having lived in Lethbridge previously, I knew that it was a great community and felt very comfortable with the prospect of living there again. I also have family that lives in Lethbridge and surrounding area which is great for the occasional meal or free babysitting.”

Bowden's interests include mountain biking (preferably going down hills rather than up) golf, soccer, hiking and reading Harrison's Internal Medicine. “I also enjoy any activity that involves being around my kids (usually). I occasionally play the guitar, albeit poorly, and rarely play a video game if my wife isn't around.”

Bowden and his wife Amie have three children – Esther (4), Erza (2) and Moses (4 months).

“We would like to live in a place that has a strong sense of community and a healthy, diverse population. We feel that it is important that we live in a location that has good schools and community programs for our children. I would prefer to have a hospital in the community so that I can diversify my practice to a greater extent. My wife would definitely like to be close to a yoga studio so that she can continue to do her yoga thing. And, if we could have it all, we would like to be close to the mountains, on a lake, in a warm climate, have no mosquitoes, and still be in Canada.” Bowden will most likely locate his future practice in southern Alberta or south-eastern B.C.

**Jennifer Burke** was born in Labrador City, Newfoundland, a rural town of 10,000 residents. She lived there until she was seven then moved to Quispamsis, New Brunswick. Burke completed a biochemistry degree at Carleton University in Ottawa before attending medical school at Dalhousie University.

“I had always considered family medicine but didn't really get excited about it until I went on an elective to Goose Bay, Labrador,” says Burke. “There it became clear to me the differences between rural and urban practice. I fell in love with the scope of rural practice and the idea that I could train myself to pursue any avenue of practice that I desired. My location would not limit me to an office practice. I love living in small towns!”

Burke says her approach through the CaRMS process was to interview at all rural Family Medicine programs until she found one that seemed to fit best. “During the RAS presentation on interview day,” continues Burke, “I could not sit still in my seat I was so excited. I just knew it was the program for me.”

Outside of medicine, Burke has many interests. “I adore music – singing in particular but also instrumental. I can’t wait to pick up my flute and start playing a piano again. I also love outdoor activities – skiing, hiking and biking are some of my favourites and I’m planning to learn to curl this year! Otherwise, my time is devoted to volunteering with the Crohn’s and Colitis Foundation, reading, my family, my friends, and being active in the Christian church and community.”

Together with husband Kenneth, Burke would like to live in a friendly community that is safe and a beautiful place to raise a family. “I would like to practise in a community that is home to a few other health professionals who would be willing to work with me to form a primary health care team.”



**Tracy Burton** was born and raised in Lethbridge where she also completed a BSc in biochemistry. She attended medical school at the University of Calgary.



“Having grown up in a small city, I knew that I wanted to work in a smaller center,” says Burton. “My mandatory [RPAP-sponsored] Family Medicine rotation was in Raymond and my experience there solidified my decision about rural medicine as I had a fantastic time and enjoyed living in the small town.”

Burton chose the ARFMN program because she wants to practise in a rural centre in Alberta - it fits with her goals. As well, she felt that it was a strong program and will provide her with great training experience with a diverse population.

Burton’s other interests include Girl Guides, for which she is currently a Provincial Link co-adviser and a former Spark and Brownie leader. She is also a former Sunday School teacher and youth group leader with her church. Burton enjoys playing badminton, camping and cross-country skiing.

When ready to set up her practice, Burton would like to settle in a town that ha a church she could become involved in as well as a Guiding community. She’s not sure exactly where she wants to practise yet but would like to work in a small town in southern Alberta.

**Bre’el Davis** says her interest in rural medicine predates medical school. “I grew up in a remote community and enjoyed many contributions that this made to my upbringing. I have never really felt like I could live in a large city long term. While in medical school this interest was reinforced by my enjoyment of rural rotations and the excitement I obtained from working with a wide variety of populations and clinical cases and delivering full service care including inpatient, obstetrics and emergency care.”



Davis was born in Prince Rupert, a small city of approximately 16,000 people on the northwest coast of B.C. Although not all that small, the city is quite remote (about two hours drive from the next city). She did her post secondary education in Goshen Indian (one year at a small liberal arts college) and at UBC in Vancouver. She attended McMaster University for medical school.

"I chose the ARFMN program because I felt that it was a strong, established program. I liked the layout of the program with an integration of family medicine and specialty rotations throughout the two years. I also was really drawn by the fact that the specialty rotations are not done in a tertiary care centre. Overall, the program felt like a good fit for me."

Besides medicine, Davis is interested in music (piano, guitar and singing), the church community, traveling, working in developing countries and with underprivileged populations with Canada and knitting.

As for the community that she would hope to practice in the future, Davis says that she really enjoys being near the water and mountains. She would like a somewhat self-contained community with access to sports complexes, theatres, stores and a church community. She would like a good professional community with access to at least one specialist in the major disciplines (internal, surgery, obs/gyn, peds, psyc) She's not sure right now where she would like to practice. Davis says this could possibly be in B.C. or a developing country for a bit.

This former fire fighter and Ironman, was born in London, Ontario but spent most of his childhood on a dairy farm in Hudson, Quebec. Throughout his early adult years, **Tim Doty** became involved in the community as a volunteer firefighter and then spent five years as a professional fire fighter in Montreal. In 1997, he decided to move west to Vancouver to continue his undergraduate education at UBC. Following a science degree, he attended medical school at UBC.



"I think my interest in rural communities began at a very young age," says Doty. "My interest in medicine developed slowly – first with a desire to help others as a fire fighter and then as an assistant leader for elementary school hiking and biking trips. I have no immediate relatives who are doctors so it wasn't until I began my science degree in Vancouver that I really began to think about medicine as a career. As time went on, it seemed more and more like a good fit for me. After living in the city for many years, I'm eager to return to a quieter, more relaxed rural setting similar to where I grew up."

Doty chose the ARFMN program for several reasons. "Overall, I liked the idea of working in a smaller hospital. When the staff knows each other well, it allows for good communication between disciplines and this leads to better patient care. As one of six residents, I will enjoy being 'one of a few' rather than 'one of many' as is the case in larger cities. This also leads to better learning opportunities. The Alberta rural program seemed to me to offer its residents a lot of support as well as giving them a larger role in determining how their program (and training) works."

"I enjoy many outdoor activities, from Ironman triathlons, to rock climbing and backcountry telemark skiing. While I was in school in Vancouver, I spent my summers as a fire fighter with the B.C. Forest Service and for three of these summers worked with Rapattack – a group that rappels from helicopters into isolated areas of BC's mountains to put out lightning strike fires. I've also played the bagpipes for many years and have spent the last two years with the Robert Malcolm Memorial Pipe Band near Vancouver."

For Doty and his partner Michelle, location will be one of the most important considerations for a future practice. "I'd want to be close to the mountains, for lifestyle, recreation as well as for some career goals. Apart from that, the size of the town and its' community 'feel' are really important. I like towns that feel like towns, not ones that are lined with gas stations and fast food restaurants and that have no character. It needs to be a community – not just a dot on the map."

**Simon-Pierre Glaude** was born in Clarence Creek, a rural town in eastern Ontario just east of Ottawa. He attended medical school at the University of Ottawa.



"I did a rural elective in northern Ontario which was terrific and this launched my interest in rural medicine." He chose the ARFMN residency program for several reasons.

"I was pleasantly surprised with the structure of the program, the satisfaction level of the residents, and the physician I met during the interview process. The idea of moving to Alberta was also appealing."

Glaude has interests in outdoor activities, mainly camping and fishing. He also loves to travel.

"I hope to work in the community as a GP at a reasonable proximity from a rural hospital where I can also work as a hospitalist/emergency physician." Glaude hopes to practise in Eastern Ontario or Alberta. He says time will tell.

**Brian Josephson** was raised in Merritt, B.C. and feels very at home in small towns. He says that all of his best experiences in medical school were in rural medicine.

Josephson chose the ARFMN residency program because Alberta has an economically favourable environment, is recreationally diverse, has a culture that he can relate to (basically hockey crazy!) and the ARFMN residents seemed really positive. It was all upside!

Besides medicine, hockey is Josephson's first love. "I had a private moment of silence when I found out that the Tigers had lost to Moose Jaw," says Josephson. "I also enjoy reading, going to the gym and love kids. Sometimes I meditate...while on top of a Harley Davidson that is moving 100 kilometres/hour. Wakeboarding is my summer sport for now."

When it's time to start a practice, Josephson says he is still wide open to possibilities and will be interested in volunteer opportunities with a minor hockey association or an SPCA so he can be involved in the community outside of work.

**Heather Lehmann** grew up in a village in rural Manitoba. "There were farmers, bull riders and country music stars," says Lehmann, "but it's safe to say that I'm the first doctor from Westbourne in the last 30 – 40 years!"



Before starting medical school, Lehmann had some occupational adventures as an ESL instructor and as a counsellor at a women's health clinic. She completed medical school at the University of Manitoba.

What started her interest in rural medicine? "When I was growing up, my mother was a public health nurse in two rural communities. I

came into medicine looking for autonomy and a broad scope of practise with options to work in a clinic or hospital and to do health promotion programming. I did 25 weeks of rural and northern work experience in medical school – this solidified my desire.”

Lehmann chose the ARFMN residency program for five reasons:

1. the high level of responsibility and challenge with an education (not service) focus. This was highly endorsed by motivated and successful residents!
2. rural family medicine = “rural” not “outside Calgary”
3. the program is supportive of couples and families – this quality won me over!
4. the extra courses – ATLS, ALSO, NRP etc. are a big bonus
5. the program seems responsive to residents’ educational needs.

Together with partner Joe Lines (another RAS resident), Lehmann will look for a community large enough to have a busy OR and ER but small enough to have a hospital run mostly by family doctors when she is ready to practise. “We are looking for an active community that we can get involved in (sports, arts, volunteer, kids). We’d like to be a reasonable drive from a city and ideally, we’d have a bit patch of land on which to build our dream home. Western Canada may be the site of a future practice. Lehmann would welcome the opportunity to do a year-long term in Africa/South America or SE Asia doing foreign aid work at some point in her career.

**Joe Lines** loves small town life - knowing well the people you see throughout your day. As well as the proximity to nature, he likes camping, fishing, kayaking, canoeing and the outdoor life in general. “I like the fact that you get to do a bit of everything in rural practice,” says Lines. “It feels like real medicine to me.”



Lines was born and raised in Rivers, Manitoba, a town of about 1400 people and attended medical school at the University of Manitoba.

“I chose the ARFMN program because of its strong rural focus. Surprisingly, not all of the rural training programs have that. I also chose ARFMN because of the rave reviews from residents related to the program’s solid training with lots of hands-on and flexibility.”

Lines and his partner Heather Lehmann (another RAS resident) enjoy travel and wandered through southern Mexico, Guatemala and Belize in May and June.

When his training is complete, Lines hopes to practise in a mid-sized town that is big enough to have surgical facilities yet small enough to have all of the advantages of rural life and practice. As to where this might be, he is undecided as yet.

**Vidushi Mitra** was hooked on rural medicine when she spent four weeks in a northern rural Alberta town and experienced the full spectrum of medicine. “I was able to service a community for whom medical access is limited and where cultural differences further complicate delivery of health care,” says Mitra. “I loved the challenge and the opportunity to have my views challenged. Therefore, I decided rural family medicine was the way to go.”

Mitra was born in New Delhi, India and moved to Canada at the age of three. By eight, her family moved to Grande Prairie, Alberta where she spent the next 11 years. Mitra says she took the “scenic” route to medicine, having completed a Bachelor of Science, Bachelor of



Education, Masters of Genetic Counselling as well as teaching academic upgrading. She attended medical school at the U of A.

Mittra chose the ARFMN program because it is the best overall program in the country and as an added bonus, she gets to stay reasonably close to her home (and new husband Sean Melrose) while having the excitement of something new.

"I am an avid lapel pin collector (having over one thousand of them) and enjoy jigsaw puzzles and word searches and reading. I also love dancing and hope to do more of this with all my free time in residency. Finally, as a child I used to fly kites. I suspect I will be taking this up again now that I live in Lethbridge."

Over the next two years, Mittra and husband Sean will figure out where they want to locate although it will likely be somewhere near water (lakes, river, ocean, bay, anything). "As it stands now, Sean and I will be living in two different cities so, as long as we can live together, we will be doing better than before."

**Donovan Nunweiler** is a former WHL hockey player who is obsessed about hockey – as a player and participant. Nunweiler grew up in Medicine Hat and worked in his family's greenhouse from a young age. He moved away from home at age seventeen to play hockey, returning each summer to work various jobs. He played hockey in the WHL for the Moose Jaw Warriors and then varsity hockey at Acadia University in Nova Scotia before attending medical school at the U of A.

Nunweiler became interested in rural medicine after [RPAP] shadowing experiences in first and second year medical school. He also enjoyed the events planned by the Rural Medical Interest Group at the U of A. "I really enjoyed the experiences that I had during rural rotations and electives," says Nunweiler. "I have never liked living in big cities, a major reason for going to Nova Scotia for my undergraduate degree before medical school."



"Unlike the ARFMN program, some of the rural residency programs across the country place their residents in remote communities for the entire second year. Although the training experience is fantastic, this situation would not be ideal for my family situation. My wife and I are Albertans and both from the Medicine Hat area. We have always thought that southern Alberta feels like home and we wanted to return to be closer to family and friends. The residents that have graduated from the ARFMN program think very highly of their experience and I look forward to learning and working in Rural Alberta South."

Nunweiler and wife Amanda have a son Joshua, born this spring. Nunweiler also particularly enjoys fishing and hunting and hopes to have more time for these outdoor activities. He's tied flies since he was 12 years old and has recently discovered that he likes gardening, although, apparently he doesn't seem to have a green thumb.

"I would like to settle in a town that will be a safe and supportive environment to raise my family. I look forward to managing patients in a hospital along with emergency and obstetric opportunities. Interaction with other physicians in sharing responsibilities is an important consideration too as is proximity to a larger center, a community with good recreational facilities and a strong church community will also be desirable."

### **Getting to Know Our...Our Second Year Residents**

A good coffee shop, lots of sunshine, beautiful places to walk the dog and an old house to fix up will be high on the priority list for **Annick Rodrigue** and her husband when it's time to set up a practice.

Rodrigue was born and raised in Saint Georges, a small city south of Quebec city. She completed her MD at Laval University in Quebec as well as her first year of residency. She transferred from Laval University to the ARFMN program July 1. For the last two years, she and husband Markus Glickman, have lived in Saint Gervais, a small village of dairy and pork producers.

Alberta's ARFMN residency program was chosen for several reasons. "I fell in love and married a guy from out west," says Rodrigue. "As well, the director of the Family Medicine program at Laval raved about the RAS program and thought it would be a perfect fit. My husband I visited Lethbridge last fall and immediately crossed our fingers and packed our bags."

Rodrigue says she always lived and imagined always living in small town Canada. The autonomy and the lifestyle balance of rural practice is deeply appealing.

Rodrigue has broad interests. "We just restored a 1792 farm house and are ready for our next project. Good coffee, CBC radio and a comfortable couch are daily pleasures. My bike and my hiking boots are always by the door. I am also a bad gardener, but I love it!"