



# NEWS

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- Medical student reflections
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## Future Directions:



# RPAP'S 2003 Workplan

RPAP's Coordinating Committee held a strategic planning session in December 2002 to identify challenges, desired outcomes and a 2003 RPAP work plan.

The Committee considered the significant health policy announcements anticipated from the Alberta Government through to the Summer of 2003. These policy initiatives, the Coordinating Committee felt, have the potential to dramatically affect the provision of health care in rural Alberta over the next few years as well as rural physicians, medical residents and students, and the programs and services of RPAP. The policy initiatives include:

- Implementation strategies related to the report of the Premier's Council on Health, including RHA boundary changes;
- Recommendations from the Health Minister's Committee to Develop a Rural Health Strategy for Alberta;
- Government department responses to The Framework for Rural Development, prepared through a consultation process by Alberta Agriculture, Food and Rural Development; and
- Alberta Medical Association and Alberta Health and Wellness negotiations for a new master agreement for the Medical Services Budget.

Two changes were identified as desirable outcomes for the future. One was the need

to shift rural medical education towards more clinical skills training, and the other was the need to significantly improve the training and recruitment of Alberta trainees committed to rural practice.

The challenges for RPAP are to respond to outside influences, to enhance the rural advantage, and to assess what RPAP currently does and to make improvements as required.

With those in mind, RPAP launched a time-limited **working group on undergraduate medical education** that will recommend changes and look at alternatives to the current RPAP Rural Rotations Program.

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# New Pilot Project

## *on Physician and Family Health*

The demand on physicians to provide health care for others can create a situation where they do not look after their own health needs. A new independent and confidential service is being piloted by the RPAP and the Physician and Family Support Program in the Chinook Health Region to encourage early help seeking, medical follow-up, and healthy lifestyles by rural physicians and their families.

By identifying health risks associated with physicians' present lifestyles, the one-year Physician and Family Health Promotion Pilot will work to prevent illness and disability and to help motivate individuals toward healthier lifestyles. It is hoped that the improved health status of physicians and their families will lead to improved quality of life and increased retention of physicians in rural Alberta.

Physicians are known to neglect their own personal health, and challenges can exist in the provision of health services for their families. Hallway consultations with colleagues and self-medication are commonly used to deal with illness or

health concerns. Many physicians are also not aware of the "softer" disease/illness prevention data and information, despite guidelines.

The Physician and Family Health Promotion Pilot will provide a medical evaluation (i.e. focused history, detailed examination, health risk assessment), a physical activity profile (i.e. sub maximal exercise stress test, pulmonary function test, muscular strength and endurance assessment, body composition analysis etc.) and, if warranted, a specific screening for potential health problems. Reports created will go to the client and, with informed, written consent, a summary will be forwarded to their personal physician.

Depending on the profile of the client, an added option may be the retention of a personal lifestyle coach to help clients achieve their health improvement goals. Another development may be an educational offering with "Mainpro C" accreditation entitled "Health Promotion and Disease Prevention."

The Physician and Family Health Promotion Pilot is a joint project funded by the RPAP and the AMA's Physician and Family Support Program, and is to be offered in conjunction with Foothills Health Consultants Ltd., Chinook Health Region and a designated group of rural physicians and their families.

Once complete, outcomes of the pilot project will be evaluated and a decision made whether or not to expand the service province-wide.



# New High School Program Developing

Extensive evidence indicates that one of the most cost effective ways to recruit and retain rural health workers is to recruit young people who have grown up in a rural area and who show an interest in a medical career.

With that evidence in mind, the Alberta Rural Physician Action Plan has decided to develop a comprehensive package of interlocking initiatives that will help encourage rural high school students to pursue rural health careers. RPAP believes that this program will be strengthened by working with a group of partners who are also interested in encouraging rural health careers. Together, the RPAP, educational, and community organizations can play a key role in building a pool of rural candidates.

Initial partners in the new High School Program include the Southern Alberta Institute of Technology (SAIT), University of Calgary Faculty of Nursing, Alberta

Community Development, Rural Secretariat (federal government), and Highwood Business Development Corporation.

RPAP will take responsibility for developing high school resources and initiatives to support rural medical practice. A literature review of initiatives in other jurisdictions has been completed. This information will now be analyzed and RPAP will begin design of initiatives for rural high school students. Program components are expected to include a new Career Days Toolkit, Career Profiles, information for career counselors, and a CD ROM that students can use to explore careers in the health professions.

RPAP has a similar package of initiatives in place to encourage first and second year medical students to pursue rural practice. These initiatives include the Shadowing



Program, Mentoring Program, Medical Student Rural Day Tours, and the Medical Skills Teaching Program. They are coordinated by Bev Garbutt, RPAP Medical Students' Initiatives Coordinator.

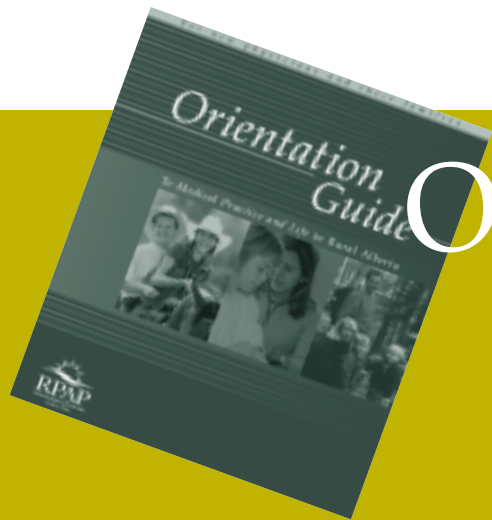
# Orientation Guide— *Following Up.*

Last fall, we reported that RPAP had developed a new Orientation Guide to ease the transition into rural medical practice and life in rural Alberta for new physicians and their families. Initially, the new resource was mailed to all rural physicians in the province. On an ongoing basis now, it is sent to new rural physician registrants.

In addition to providing the Guide, RPAP also launched an orientation process for new rural physicians to welcome them to the province, assess their adaptation to the community, provide information about RPAP programs and services, and identify any unmet needs interfering with their easy transition to rural practice.

Between January and November 2002, telephone follow up was made with more than 80 of the 105 new physicians registered. Valuable information on a wide variety of subjects was gathered and this will be used to help strengthen RPAP programs. Here are some of our findings with regard to improving the orientation process and the new Guide:

- That information on practice support programs should be made available to new rural physicians as part of the Orientation Guide and initial welcoming call,
- That copies of the Orientation Guide should continue to be distributed to the CPSA to be made available to new rural physicians (permanent and locums),
- That consideration be given to distributing the Orientation Guide to RHAs to enhance their recruitment efforts,
- That a personal telephone call be made to physicians new to rural Alberta about 10 – 12 weeks after their name appears on the CPSA register to welcome them, assess unmet needs and review RPAP services, and
- That efforts be made to get the Orientation Guide to new physicians prior to their arrival in Alberta.



## Physician Profile

Rural physicians and their families add to the fabric of Alberta's rural communities

# "This is home to us"

Spend just two minutes with this couple and it's clear they'd fit in anywhere, anytime, with just about any crowd.

From their warm smiles and quick laughter to the continual ribbing between them, it's no surprise that Ettiene and Annelie Groenewald live completely in the moment – cherishing and celebrating every aspect of their lives.

"It's absolutely wonderful that we've been so welcomed by the people of High Level," says Ettiene, one of seven physicians in the small Northern town. "We are so much a part of the community . . . so much a part of everything here. People have been great to us."

For a couple that left their South African homeland nearly five years ago to settle in Canada, they've built a life in this remote Northern community that is rich, fulfilling and complete.

"We live a very balanced life here," boasts Ettiene. "We cross-country ski in the winter, go biking in the summer, and spend a great deal of time with our many close friends. Often we just get together for an evening of games and dinner. We truly have made friends for life."

Annelie echoes the fond thoughts of their community, and laughingly recalls her first introduction to Alberta back in 1998. "I thought it was crazy that people referred to Edmonton as 'Northern' Alberta," she muses, "because to me Edmonton is quite far south!"

When asked what brought him to Canada in the first place, Ettiene recalls that a career in medicine was far from his mind as a child. "I'm a farm boy," he offers, "and my dad wanted me to become a farmer." But his mom was a nurse-midwife who did a lot of deliveries in the neighboring villages, and from time to time Ettiene tagged along with her, holding the candle or the flashlight, or sometimes changing dressings. His eventual career choice, he concludes, is "all her fault!"

A chance rural locum experience in Saskatchewan convinced this farm-boy-turned-physician that Canada is a wonderful, safe place to be, and the rest is history. "I proposed to Annelie over the Internet, went back to South Africa for the wedding, and then we both moved to Canada," says Ettiene. "We immediately fell in love with rural Canada. It's the same background, the same principles, the same history, and the



same outlook on life as we had in South Africa 20 years ago. It doesn't feel at all like a different country."

When asked about practice-related issues in High Level, Ettiene credits his physician colleagues for eliminating any feelings of professional isolation. "We had a motor vehicle accident recently, and in an instant there were six other doctors there to help. We have a wonderful working relationship, and that is what makes it so worthwhile."

As for Annelie, she keeps busy doing the books for the Rural Physician Spousal Network and has a wide circle of friends and interests in High Level. Add in occasional vacations to Jasper, Banff, Alaska, and the Northwest Territories, and her life is full and complete. "If I ever feel like there is something missing in our lives, I just look at how much we have grown attached to this community," she says. "This is home to us."

# Enrichment Training Benefits Rural Practice



RPAP-funded Enrichment training in palliative care has led a Claresholm-based family physician into a new career niche.

Dr. Ron Spice set up a family practice in Claresholm in 1990. Over the course of the next eleven years, he realized that he was seeing more palliative patients and felt that additional training in this area would give him the skills to best meet their needs.

In 2001, Ron approached Dr. Neil Hagen, Head of Palliative Care in the Division of Oncology at the U of C. The two decided

on six months of specialized palliative care training divided into two three-month blocks with some additional flexibility built in for Ron. This training was supported through the RPAP Enrichment Program. Once into his training, Ron discovered new practice opportunities.

"I soon found," says Ron, "that I could do consulting in palliative care as a specialized area of practice within family medicine. While I wasn't initially sure about how much time this consulting would consume, I eventually reached a point where I decided that this was the type of practice I wanted to do full time." Early in 2002, Ron allowed

a locum who had been working with him to take over his practice.

Ron is now using his newly acquired skills as a full-time palliative consultant based out of the Claresholm General Hospital, where he provides palliative consulting primarily to clients in the Headwaters Health Authority.

"I've used the skills acquired through RPAP Enrichment training and stayed in a rural area," says Ron. "I hope to use the regional transition now underway to build an interdisciplinary palliative care team for the rural area around Calgary."

## CABIN FEVER '03

### RURAL FACULTY DEVELOPMENT WORKSHOP

Cabin Fever, A Faculty Development Workshop held at Kananaskis February 7-9, provided rural physicians with opportunities to increase their precepting skills. The workshop also encouraged new contacts between rural physicians and their families.

### FUN FOR SPOUSES AND KIDS!

While physicians were busy at the workshop, spouses and children learned all about "dreamcatchers" from Clifford Cranebear, an aboriginal craftsman. Participants then designed their very own dreamcatcher.



Two evenings of children's entertainment were provided so physicians and their spouses could relax. Colin Weir, Director of the Alberta Birds of Prey Centre, provided an amazing show with four owls and a golden eagle and described the day-to-day caring and training that is involved with injured birds being readied for release.



### BROOMBALL ANYONE?

It was a good thing that Dr. David Topps (UofC Rural Coordinator in black) wore a protective helmet to fend off opposition attacks from Dr. Tobias Gelber (GP-Anaesthetist) of Pincher Creek. Several physicians and their families joined the game for some slippery fun.

### PHYSICIAN HONOURED

Dr. Jean Michel Worms of Brooks was honored at the retreat by the U of C Department of Family Medicine for his 30 years of service and valued work in Family Medicine education. He is the longest continually serving preceptor for undergraduates.

In 1973 he taught some of the first clinical clerks in Family Medicine from the new U of C Medical School and has taken medical students every year since. In 1992 he became a pillar of the university's mandatory Family Medicine clerkship program and has offered to take students 12 months/year ever since. Dr. Worms and his wife Penny plan to retire in July 2003 to their condo in Canmore.



## Get Out Your Cameras... It's Photo Contest Time Again!

Polish up your camera lens! RPAP is launching its second annual photo contest and once again, there will be prizes.

What do rural physicians do each day? Tell us what your favorite physician does and enter our "A Day in the Life of a Rural Physician" photo contest. Entry

categories are physicians: at work in their clinics and hospitals, at home or at play with their family, and participating in community life. All entrants will receive

a small gift and winners will be awarded prizes. Check out our website for more information at [www.rpap.ab.ca](http://www.rpap.ab.ca)



*Spectacular scenery and exceptional accommodation at the Delta Lodge ensured participants were in for some serious pampering.*

*Spouses of rural physicians gathered March 7-9 to rest rejuvenate and discuss life in rural Alberta. These photos tell the story of camaraderie and support among rural-physician spouses!*

# Spousal Retreat Kananaskis



*We relaxed..*



*Facilitator Lillas Brown led us through discussions, meditation and yoga.*

*We experienced...*



*...watercolor painting under the gentle guiding hand of Gloria Belcher*

*We laughed...*



*We ate...*



*...like gluttons (these are mousse-filled canoes with chocolate paddles)...*

*We talked...*



*We returned...*



*...to our families with renewed passion for the rich lives and wonderful friendships we enjoy in rural Alberta.*

*The annual retreat was sponsored by the Rural Physician Spousal Network (Alberta Rural Physician Action Plan) and the Physician and Family Support Program (Alberta Medical Association).*

*and we laughed some more...*



# Feedback Wanted

## on the Rural Physician Spousal Program

If you're the spouse or life partner of a rural physician, the Rural Physician Spousal Network wants to speak with you.

The Spousal Network and RPAP have hired an external consultant to evaluate how well the Network is meeting the needs of rural spouses in Alberta. For example:

- Has the Spousal Network helped you achieve better quality of life as the spouse of a rural physician?
- How important is it for you to connect with other rural spouses, and why?
- Which Spousal Network programs or services have been most valuable to you? Least valuable?
- What do you see as the biggest strength of the Network? Weakness?
- How can the Network improve its services to you?

*The network is also interested in hearing from spouses who know little or nothing about the spousal network – or who feel it is of little value:*

- What have you heard about the Spousal Network and its programs?
- What has prevented you from accessing spousal programs to-date?
- Are there special needs or interests that the Network is not yet addressing – e.g., programming for male spouses; outreach for remote spouses, etc?

### *We'll be calling you.*

The Spousal Network has a directory of nearly 300 rural spouses in Alberta. If you've already registered with the Network – and if you've kept your contact information up-to-date – then you'll probably be contacted by RPM Planning Associates for a brief telephone interview. All interviews will be kept strictly confidential, and only general themes will be reported in the evaluation document.

But if you fall into any of these categories, we may not have you on our directory, so please call or email us to arrange a brief interview:

- You've never registered with the Rural Physician Spousal Network,
- You've never attended a Spousal Network event, or
- You've moved within the past two years and haven't updated your contact information.

For more information on how to participate in the evaluation, please contact:

Michael Goldstein or Karen Goldstein  
RPM Planning Associates  
Ph. 780.489.5032 Fx. 780.444.3757  
Email: [rpmpplan@planet.eon.net](mailto:rpmpplan@planet.eon.net)

For more information about the evaluation process or the Rural Physician Spousal Network, contact:

Leah Lechelt, Administrator  
Ph. 780.432.2829 Fx. 780.436.2781  
Email: [RPAP-Spousal@rpap.ab.ca](mailto:RPAP-Spousal@rpap.ab.ca)

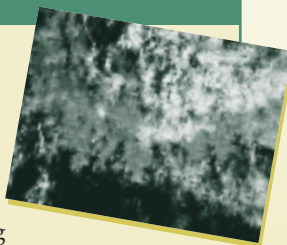
## Calling all Rural Artists!

Is there an artist, photographer or artisan in your family? Has art helped your family maintain balance and fulfillment in your lives? Whether you're a closet artist or an established professional, we're looking for art works from rural physician families – especially if your work can help

spread the word about the spiritual and healing power of the arts.

RPAP would like to begin profiling some of your artistic talents. Ideas under consideration include showcasing photography and artwork each year at our Rural Physician Award of Distinction ceremony. Photos and artwork could also

comprise a traveling display to be taken out to rural malls and art galleries. If you have more ideas about what could be done, contact Rhonda Crooks, RPAP News Editor, at 403.208.5402 or email [startingpointsinc@shaw.ca](mailto:startingpointsinc@shaw.ca).



## Physician Profile

*Rural physicians and their families add to the fabric of Alberta's rural communities*

# Diverse Practice & Rural Lifestyle

## *Attracts Physician Family*

Brooks, Alberta, with its population of 12,000, is now home to Dr. Vince Elgersma and his family. Vince's graduation in 1995 from the U of A Faculty of Medicine coincided with major changes in Alberta's health system, so he and his new bride Laura-Marie decided to pursue a practice opportunity in Dallas, Oregon. Dallas is located near a beautiful coastline, provided opportunities for emergency medicine, and had many resources such as a mobile MRI. The couple saw this as a chance to explore and travel, rather than a long-term commitment.

By May 2000, the couple knew that they wanted to raise their children in Canada and moved to Calgary. Vince completed an urban locum for five months but realized that he missed rural practice. That same year, an opportunity arose for a locum in Brooks. Vince and his family have never looked back.

Vince is now one of 12 physicians practicing in Brooks. And as Brooks continues to grow, he is planning a new clinic practice for six physicians. Laura-Marie is a registered nurse, BScN, with training in neonatology and works as a casual at Brooks Hospital in labour and delivery. When she is not caring for new moms and their babies at the hospital, Laura-Marie can be found caring for her own children: Scott – 5, Emmalyn – 4, and Kate – 6 months old. Laura-Marie also serves as chairperson of the Brooks Nursery School Board.

"One must really be a practical problem solver in rural medicine," says Vince. "This is personally challenging and brings a lot of professional satisfaction. Primary health care plays out in the rural practice as the physician works closely with other



professionals in the delivery of care. When you have a smaller medical community everyone brings different skills to the table and everyone has the opportunity to take advantage of those skills at different times in the care of the community. Rural practice also offers opportunities for a diverse practice and continuity of care. You see patients through their crisis - in the office, in the emergency department and, if necessary, the acute care unit, or into the community for care."

Another reason the Elgersmas enjoy rural practice is the quality of life. The family is active in their church and community. Outdoor activities are quite accessible and family time is spent swimming and water skiing in the summer and skating and ice fishing in the winter. A yearly camping trip to the mountains is also enjoyed.



*Rural Alberta residents and communities will once again help RPAP recognize physicians who make superior and sustained contributions to medical practice and their communities.*

In March, RPAP issued a public call for nominations for the 2003 Alberta Rural Physician Award of Distinction. The Award honours the work of all rural physicians, especially those unsung heroes who not only provide Alberta rural communities with outstanding medical services, but who also make huge contributions to medical practice and to their communities through teaching, research and volunteer work.

RPAP will announce the 2003 recipient in April and then co-host an award ceremony with the 2003 recipient's community during Rural Health Week, June 16 – 22.



# 03

# Reflecting on Rural Initiatives

## Medical Students Comment on RPAP Programs

### GARY DAVIDSON, 3RD YEAR, U OF A

I am 38 years old, married with 4 young children. I grew up in an Alberta town with a population of 4000, but have lived in an urban setting for the last 18 years.

When I started into school, my wife and I knew that we wanted to end up in a rural location. Therefore, it was neat to see what RPAP was doing to encourage us as medical students to practice outside the big centers when we finished our training. While my wife and I didn't need to be convinced to go rural, I didn't know what it would be like to live as a doctor in an Alberta town.

On top of being able to do elective time with a rural doctor, RPAP has made it possible for us to spend the weekend-on-call with a physician in a rural hospital. This allows me to see what the work will be like and, as importantly, what it is like to work with different rural doctors and to hear what life is like from many different perspectives.

We also had the opportunity to spend a weekend in Hinton and Jasper last spring, touring the hospitals and meeting the doctors there. It was a lot of fun and it gave my wife a chance to see what we are looking forward to. I think that her feelings on this whole adventure are as important as mine are, in being successful at rural medicine. With all the pressure of medical school, it has been nice to feel support in such a big decision as to practice in rural Alberta.

### WILLIAM FORTIN, 2ND YEAR, U OF C



Like so many others who enter med school, I only had a vague idea of what kind of physician I wanted to be. I had a research background

in the neurosciences so I had a notion that I would be best suited to a specialty such as neurology or psychiatry. Rural Family Medicine was the furthest thing from my mind until I was convinced by a friend to take the rural tour to Crowsnest Pass, organized by Bev Garbutt, RPAP Medical Students' Initiatives Coordinator.

It was also a ski weekend so I expected to learn how to snowboard. What I did not expect was how impressed I would be with the beauty of the terrain all around me, the friendliness and openness of everyone I met, and the job satisfaction and enthusiasm expressed by the doctors who spoke to us.



That tour piqued my interest and so when offered, I took the opportunity to shadow for a weekend in Crowsnest Pass. That was what finally convinced me. I saw more medicine in that rural hospital during my 48-hour visit than I had seen in the previous 6 months at the Foothills Medical Centre in Calgary. I learned that a rural practice allows you the privilege of taking care of people and families while at the same time becoming part of their extended family. It means that you have variety in your every day practice and that you develop and use a skill set which is the envy of most practicing physicians. More than that, I was introduced to some of the most interesting and most sincere people that I have ever met.

So why choose to become a rural physician? Because you can be the kind of doctor that every one dreams of becoming; because you take care of people of every age and walk of life; because you can do what you are trained to do all while being an integral part of a community. And it is no exaggeration to say that if it weren't for the rural tour I never would have discovered this wonderful niche in medicine.

### SHAWNA LOMOND, 3RD YEAR, U OF C



For the majority of medical students, the process of deciding on a specialty is a difficult one that requires both exposure to the fields of interest, and examination of one's life goals and values. Most of our exposure is to fields that exist in urban hospitals, which is our primary learning environment.

With Canadian provinces experiencing such a profound shortage of rural physicians, it makes sense to have a program that provides medical students with the opportunity to gain exposure to the field of Rural Family Medicine as early as possible. The Rural Physician Action Plan (RPAP) provides this essential service for the medical students of Alberta.

The RPAP programs that I have participated in have strengthened my interest in Family Medicine and have exposed me to the diversity and challenge of rural practice. Seeing the teamwork and support in the rural hospitals has also alleviated my fear of the "isolation of rural medicine." It has been a great opportunity to visit many areas of rural Alberta and to experience the benefits of a supportive community. The RPAP programs are incredible learning opportunities that we are fortunate to have as a part of our education.

# Championing Programs to Interest Medical Students



*She knows first hand about the need to recruit and retain rural physicians. And as a rural nurse and a rural physician spouse, Bev Garbutt brings a wealth of experiences, insights and contagious enthusiasm to her new role as RPAP's Medical Students' Initiatives Coordinator.*

Bev grew up in Calgary where she trained to become a nurse. Her nursing career has included work in Indonesia, the Market Mall Emergency Surgical Suite (the first non-hospital surgical centre in Canada), and the emergency room in Black Diamond. It was through her work in Black Diamond that Bev met her husband, the future Dr. Allan Garbutt.

After graduation and marriage, Allan and Bev moved to the Crowsnest Pass area where they still live today on a quarter section of land in the nearby Porcupine Hills. Besides running a busy rural family practice, Allan and Bev raise cattle, chickens, and turkeys each summer. Two horses, one very large golden retriever, and five cats round out the Garbutt family.

Bev built 50% of the home that she and Allan live in and all of the out buildings (barn, hay shelter, chicken house, and garage) on their farm, proving that her talents are not limited to health care.

Bev's involvement with RPAP began with the Rural Physician Spousal Network. Last year, when her husband Allan lamented the lack of physicians entering rural medicine, she said something that has led to her championing RPAP initiatives to interest undergraduate medical students in rural practice.

"Tongue in cheek, I suggested to Allan that we load up a bus with medical students and bring them to the Crowsnest Pass for the day to show them around. Over the past year with RPAP, I have organized several medical student tours for both U of A and U of C. Feedback has been very positive. Through discussions with the students, I found out more about what they are interested in and what we can do to further their interest in rural medicine."

Her work has already helped RPAP establish a Shadowing Program, Skills Program, Mentoring Program, and the Day and Weekend Tours. She is now starting the Rural Perspectives Program for undergraduates at the U of A and U of C.

Dr. Seema Aggarwal † Red Deer  
Dr. Pieter Cloete † Tofield  
Dr. Alan Cole † Canmore  
Dr. Lourens De Wet † Fort Vermilion  
Dr. Dirk Du Toit † Fort McMurray  
Dr. Christine Duprat † Fort Saskatchewan  
Dr. Hendrik Lourens † Smoky Lake  
Dr. Rijk Melck † High Prairie  
Dr. Ian Postnikoff † Red Deer  
Dr. Niel Smit † Carstairs  
Dr. Hendrik Storm † Wabasca  
Dr. Johan Swart † Bashaw  
Dr. Alida van Heerden † High Prairie

Dr. Denise Bowman † Cochrane  
Dr. Regina Eloff † Fort McMurray  
Dr. Alex Lai † Canmore  
Dr. Tewodros Mequanent † Grande Prairie

Dr. Jacobus Oosthuizen † Fort Vermilion  
Dr. Frans Van Eetveldt † Fort Vermilion  
Dr. Izak Vorster † Wabasca

Dr. Abubaker Ahmer † Grande Prairie  
Dr. John Auld † Claresholm  
Dr. Nicol Basson † Fort Vermilion  
Dr. Vanessa Chetty † Slave Lake  
Dr. Gerald Eaton † Canmore  
Dr. Victor Fadayomi † Wabasca  
Dr. Anna Fourie † High Level  
Dr. Willem Grabe † Red Deer  
Dr. Karen Huhn † Balzac  
Dr. Devan Kasavan † Slave Lake  
Dr. Samuel Muller † Strathmore  
Dr. Maria Muller † Strathmore  
Dr. Giovanni Urbani † Fairview  
Dr. Heinrich Van Niekerk † Drumheller

## Future Directions

continued from page one

This working group's impact could be as far reaching as the results achieved by the 1999-2000 RPAP working group on additional skills training and the RPAP working group on postgraduate medical education. The latter group's work led to the development of the Alberta Rural Family Medicine Network (ARFMN).

The RPAP Coordinating Committee also decided to maintain its working definition of "rural" following RHA boundary changes 1 April 2003. The definition will continue to be "communities outside the Capital and Calgary Health Regions (boundaries as of 31 March 2003)."

Finally, an extensive range of reviews and external evaluations of RPAP initiatives and programs will occur throughout 2003-2004, including an external review of the entire RPAP. At the same time, RPAP will continue to implement initiatives described in its 2002 † 2005 Business Plan. Stay tuned.

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Ph. 780.432.2829 Fx. 780.436.2781  
Email: [RPAP-Spousal@rpap.ab.ca](mailto:RPAP-Spousal@rpap.ab.ca)

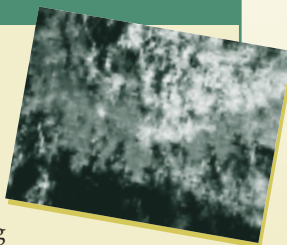
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spread the word about the spiritual and healing power of the arts.

RPAP would like to begin profiling some of your artistic talents. Ideas under consideration include showcasing photography and artwork each year at our Rural Physician Award of Distinction ceremony. Photos and artwork could also

comprise a traveling display to be taken out to rural malls and art galleries. If you have more ideas about what could be done, contact Rhonda Crooks, RPAP News Editor, at 403.208.5402 or email [startingpointsinc@shaw.ca](mailto:startingpointsinc@shaw.ca).



## Physician Profile

*Rural physicians and their families add to the fabric of Alberta's rural communities*

# Diverse Practice & Rural Lifestyle

## *Attracts Physician Family*

Brooks, Alberta, with its population of 12,000, is now home to Dr. Vince Elgersma and his family. Vince's graduation in 1995 from the U of A Faculty of Medicine coincided with major changes in Alberta's health system, so he and his new bride Laura-Marie decided to pursue a practice opportunity in Dallas, Oregon. Dallas is located near a beautiful coastline, provided opportunities for emergency medicine, and had many resources such as a mobile MRI. The couple saw this as a chance to explore and travel, rather than a long-term commitment.

By May 2000, the couple knew that they wanted to raise their children in Canada and moved to Calgary. Vince completed an urban locum for five months but realized that he missed rural practice. That same year, an opportunity arose for a locum in Brooks. Vince and his family have never looked back.

Vince is now one of 12 physicians practicing in Brooks. And as Brooks continues to grow, he is planning a new clinic practice for six physicians. Laura-Marie is a registered nurse, BScN, with training in neonatology and works as a casual at Brooks Hospital in labour and delivery. When she is not caring for new moms and their babies at the hospital, Laura-Marie can be found caring for her own children: Scott – 5, Emmalyn – 4, and Kate – 6 months old. Laura-Marie also serves as chairperson of the Brooks Nursery School Board.

"One must really be a practical problem solver in rural medicine," says Vince. "This is personally challenging and brings a lot of professional satisfaction. Primary health care plays out in the rural practice as the physician works closely with other



professionals in the delivery of care. When you have a smaller medical community everyone brings different skills to the table and everyone has the opportunity to take advantage of those skills at different times in the care of the community. Rural practice also offers opportunities for a diverse practice and continuity of care. You see patients through their crisis - in the office, in the emergency department and, if necessary, the acute care unit, or into the community for care."

Another reason the Elgersmas enjoy rural practice is the quality of life. The family is active in their church and community. Outdoor activities are quite accessible and family time is spent swimming and water skiing in the summer and skating and ice fishing in the winter. A yearly camping trip to the mountains is also enjoyed.



*Rural Alberta residents and communities will once again help RPAP recognize physicians who make superior and sustained contributions to medical practice and their communities.*

In March, RPAP issued a public call for nominations for the 2003 Alberta Rural Physician Award of Distinction. The Award honours the work of all rural physicians, especially those unsung heroes who not only provide Alberta rural communities with outstanding medical services, but who also make huge contributions to medical practice and to their communities through teaching, research and volunteer work.

RPAP will announce the 2003 recipient in April and then co-host an award ceremony with the 2003 recipient's community during Rural Health Week, June 16 – 22.



# 03



# Reflecting on Rural Initiatives

## Medical Students Comment on RPAP Programs

### GARY DAVIDSON, 3RD YEAR, U OF A

I am 38 years old, married with 4 young children. I grew up in an Alberta town with a population of 4000, but have lived in an urban setting for the last 18 years.

When I started into school, my wife and I knew that we wanted to end up in a rural location. Therefore, it was neat to see what RPAP was doing to encourage us as medical students to practice outside the big centers when we finished our training. While my wife and I didn't need to be convinced to go rural, I didn't know what it would be like to live as a doctor in an Alberta town.

On top of being able to do elective time with a rural doctor, RPAP has made it possible for us to spend the weekend-on-call with a physician in a rural hospital. This allows me to see what the work will be like and, as importantly, what it is like to work with different rural doctors and to hear what life is like from many different perspectives.

We also had the opportunity to spend a weekend in Hinton and Jasper last spring, touring the hospitals and meeting the doctors there. It was a lot of fun and it gave my wife a chance to see what we are looking forward to. I think that her feelings on this whole adventure are as important as mine are, in being successful at rural medicine. With all the pressure of medical school, it has been nice to feel support in such a big decision as to practice in rural Alberta.

### WILLIAM FORTIN, 2ND YEAR, U OF C



Like so many others who enter med school, I only had a vague idea of what kind of physician I wanted to be. I had a research background

in the neurosciences so I had a notion that I would be best suited to a specialty such as neurology or psychiatry. Rural Family Medicine was the furthest thing from my mind until I was convinced by a friend to take the rural tour to Crowsnest Pass, organized by Bev Garbutt, RPAP Medical Students' Initiatives Coordinator.

It was also a ski weekend so I expected to learn how to snowboard. What I did not expect was how impressed I would be with the beauty of the terrain all around me, the friendliness and openness of everyone I met, and the job satisfaction and enthusiasm expressed by the doctors who spoke to us.



That tour piqued my interest and so when offered, I took the opportunity to shadow for a weekend in Crowsnest Pass. That was what finally convinced me. I saw more medicine in that rural hospital during my 48-hour visit than I had seen in the previous 6 months at the Foothills Medical Centre in Calgary. I learned that a rural practice allows you the privilege of taking care of people and families while at the same time becoming part of their extended family. It means that you have variety in your every day practice and that you develop and use a skill set which is the envy of most practicing physicians. More than that, I was introduced to some of the most interesting and most sincere people that I have ever met.

So why choose to become a rural physician? Because you can be the kind of doctor that every one dreams of becoming; because you take care of people of every age and walk of life; because you can do what you are trained to do all while being an integral part of a community. And it is no exaggeration to say that if it weren't for the rural tour I never would have discovered this wonderful niche in medicine.

### SHAWNA LOMOND, 3RD YEAR, U OF C



For the majority of medical students, the process of deciding on a specialty is a difficult one that requires both exposure to the fields of interest, and examination of one's life goals and values. Most of our exposure is to fields that exist in urban hospitals, which is our primary learning environment.

With Canadian provinces experiencing such a profound shortage of rural physicians, it makes sense to have a program that provides medical students with the opportunity to gain exposure to the field of Rural Family Medicine as early as possible. The Rural Physician Action Plan (RPAP) provides this essential service for the medical students of Alberta.

The RPAP programs that I have participated in have strengthened my interest in Family Medicine and have exposed me to the diversity and challenge of rural practice. Seeing the teamwork and support in the rural hospitals has also alleviated my fear of the "isolation of rural medicine." It has been a great opportunity to visit many areas of rural Alberta and to experience the benefits of a supportive community. The RPAP programs are incredible learning opportunities that we are fortunate to have as a part of our education.

# Championing Programs to Interest Medical Students



*She knows first hand about the need to recruit and retain rural physicians. And as a rural nurse and a rural physician spouse, Bev Garbutt brings a wealth of experiences, insights and contagious enthusiasm to her new role as RPAP's Medical Students' Initiatives Coordinator.*

Bev grew up in Calgary where she trained to become a nurse. Her nursing career has included work in Indonesia, the Market Mall Emergency Surgical Suite (the first non-hospital surgical centre in Canada), and the emergency room in Black Diamond. It was through her work in Black Diamond that Bev met her husband, the future Dr. Allan Garbutt.

After graduation and marriage, Allan and Bev moved to the Crowsnest Pass area where they still live today on a quarter section of land in the nearby Porcupine Hills. Besides running a busy rural family practice, Allan and Bev raise cattle, chickens, and turkeys each summer. Two horses, one very large golden retriever, and five cats round out the Garbutt family.

Bev built 50% of the home that she and Allan live in and all of the out buildings (barn, hay shelter, chicken house, and garage) on their farm, proving that her talents are not limited to health care.

Bev's involvement with RPAP began with the Rural Physician Spousal Network. Last year, when her husband Allan lamented the lack of physicians entering rural medicine, she said something that has led to her championing RPAP initiatives to interest undergraduate medical students in rural practice.

"Tongue in cheek, I suggested to Allan that we load up a bus with medical students and bring them to the Crowsnest Pass for the day to show them around. Over the past year with RPAP, I have organized several medical student tours for both U of A and U of C. Feedback has been very positive. Through discussions with the students, I found out more about what they are interested in and what we can do to further their interest in rural medicine."

Her work has already helped RPAP establish a Shadowing Program, Skills Program, Mentoring Program, and the Day and Weekend Tours. She is now starting the Rural Perspectives Program for undergraduates at the U of A and U of C.