



RPAP's FIRST Early Careerist Award Presented

Peace River was the site of a day-long celebration as Dr. Mike Kolber became the first recipient of RPAP's Early Careerist Award. To honour Dr. Kolber, the RPAP and Peace River and area sponsors invited local community residents to "ski for free" on 26 February on Misery Mountain ski hill and to enjoy a BBQ and music by a local Celtic band.



The Mayor, MLA, Peace Country Health VP-Medical, Associate Clinic representative and RPAP's Chairman, Dr. Odell Olson, spoke to Dr. Kolber's significant community contributions and commitment, his teaching of medical students and residents, and his commitment

and passion for rural practice and the rural lifestyle.

The Early Careerist Award is presented annually to recognize the significant contributions of a rural physician within his or her first 12 years of practice who is an example of other rural physicians early in their careers. Award recipients are innovative, energetic and passionate about



Mike and Lorraine Kolber and their children.

rural medicine and the rural lifestyle and seen to be current or future icons in their field because they are already making a difference for their clients, their community and medicine practice.



IN THIS ISSUE:

Introducing
ARFMN Residents
page 10

Medical Student
Initiatives Update
page 4

High River IV
Antibiotic Clinic
page 12

RPAP's FIRST Early Careerist Award

continued from cover



Student Recruitment Video Shot



In conjunction with the Early Careerist Award event run in Peace River, the RPAP shot a new video aimed at interesting junior and senior high school students in careers in rural medicine. The video follows Dr. Mike Kolber over a day to show students what a rural physician does both in a medical practice and in the community.

cabin FEVER

Rural physician preceptors and their families enjoyed a winter retreat in Kananaskis, on 9-12 February at Cabin Fever - the RPAP/ UofC Rural Medicine faculty development workshop. The workshop program is designed to provide rural physicians with an opportunity to increase their preceptor skill set.

Workshop topics included subjects such as working with IMGs whose second language is English; do's and don'ts of being a preceptor; using RIME to help learners understand their proficiency with problem solving; significant event analysis and direct observation as a feedback tool. On Sunday morning, Drs. Kyle McLaughlin and Brian Farrell (former ARFMN residents) provided the audience with a better understanding of how a resident thinks, how to set up a symbiotic relationship right from day one, and effective ways of teaching in a busy practice.

In conjunction with the retreat, spouses and their children enjoyed activities hosted by RPAP on Saturday. To kick off the day and to help people get to know one another, a breakfast was available to all spouses and their children. A networking and educational session then followed for the spouses. Back by popular demand was Maureen Osis, RN, author, family therapist and humorist who discussed the stresses of rural life and the strategies to manage them. During the same time period, children ages five through twelve participated in a scavenger hunt.

Cold Lake Coalition *Works to Attract Health Professionals*

In recognition of the distinctly unique values, growth potential and needs within the Cold Lake region, a group representing all sectors has joined together to form the Cold Lake Regional Recruitment and Retention Coalition. Initially conceived to address the shortage of physicians in the region, the coalition is now further developing their recruitment framework to attract professionals, skilled trades' people and other key individuals required to build and maintain the Cold Lake regional economy and social fabric.

Spearheaded by the Cold Lake Regional Chamber of Commerce, the coalition contains vital member representation from the City of Cold Lake, Municipal District of Bonnyville, MLA Denis Ducharme, Aspen Regional Health Authority, RPAP, Northern Alberta Development Council, Lakeland Community Development Corporation, 4 Wing Cold Lake, Cold Lake Medical Centre, community physicians, pharmacists and industry leaders.



GEMS

First Evaluation Results

A survey of the initial 16 candidates of RPAP's multi-media General Emergency Medical Skills (GEMS) training showed that the four modules and the STARS HPS session offered high educational value to participants (overall mean = 6.4/7.0).

GEMS is a self-study multi-media training program that enables rural physicians to upgrade emergency skills at work or at home. While rural physicians must be able to handle every situation that rolls through the emergency room door, maintaining clinical competency can be a challenge with busy schedules and the long distance from urban training sites. Interested physicians receive four interactive CD-ROM modules covering Rapid Sequence Intubation, Central Venous Access, C-spine and Head CT, and Preparation for Transport.

Once they complete the modules, STARS staff with their Human Patient Simulator (HPS) travel to the physician's or a nearby town to allow hands on practice using scenarios developed from the modules. The HPS team provides a one-on-one adult learning experience with the added benefit of immediate feedback and information on equipment and techniques relevant to the individual doctor's practice and experience. The rural doctor is encouraged to involve the local ER team in the HPS experience.

Pre- and post-tests are completed as part of the program enabling the assignment of MainPro-C CME credits for the CFPC. The GEMS program also enables access to the Anatomy lab at the UofC for further skills practice. Further modules, such as one on emergency surgical techniques, may be developed depending on additional evaluation outcomes.

Medical Student Initiatives

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Gaylene Genge (left) and Ali Iglesias (right) are the new Rural Medical Interest Group (RMIG) reps at the UofA. Besides their medical studies, these gals also play hockey.



New Rural Medical Interest Group (RMIG) reps at UofC are R to L: Rueben Eng (1st year rep), Allison Salter (2nd year rep), Brienne McLane (1st year rep), Reta Blakely (2nd year rep)

Profile on Rural Medical Interest Group Reps

Most medical students are exposed to only those fields that exist in urban hospitals. Rural Medical Interest Groups (RMIGs) offer opportunities for medical students to participate in RPAP-sponsored programming that gives them first-hand experience to see what rural medicine has to offer by working alongside and talking with rural physicians about the benefits of a diverse rural practice and country lifestyle. We would like to introduce you to some of our hard working RMIG representatives:

UofA

Ali Iglesias

"I grew up in Hinton, Alberta. Having a rural physician for a father led me to appreciate the contributions that a rural doctor can make to their community. Not only did the broad spectrum of his medical practice appeal to me, but also the relationships he was able to establish with his patients. Because of my interest in rural

medicine, getting involved with the Rural Medicine Club at the University of Alberta Medical School was a natural choice. The club gave me the opportunity to meet medical students with similar interests in rural medicine. It also gave me the chance to encourage other students to consider a career in rural medicine, and to organize events that demonstrate the many benefits rural medicine has to offer."

Gaylene Genge

"I was born and raised in the little town of Flowers Cove, Newfoundland. I have always been interested in returning to a small town because I really like knowing everyone around me – it gives me a sense of belonging. As well, rural physicians have a much greater skill set and new challenges every day. I joined the rural medicine interest group to try to educate other students about the opportunities that a rural practice can offer."

UofC

1st year rep Rueben Eng

Rueben Eng was born and raised in Calgary, Alberta. "My interest in rural

medicine began when I was provided the opportunity to learn from physicians in Wainwright, Alberta, during the summer of 2005," says Eng. "The physicians in that town were very welcoming to me, and they showed a genuine interest in teaching me as much as they could during my sessions with them. I was also impressed by the scope of their work, and how they managed so well in the face of high demand for their time, and minimal resources available. In particular, Dr. Max Ramsahoye and Dr. Werner De Vos made a tremendous impact on my medical education. I became a rural representative for my class because I wanted to share my rural experience with my classmates and encourage them to pursue rural opportunities."

RPAP Supports Medical Student Conference

RPAP had a strong presence at the second annual UofA/UofC Association of Medical Students Conference and Retreat (AMSCAR) held on 3-5 February in Banff. This conference offers sessions on health and well-being. Besides providing gold-level sponsorship dollars for the event, Dr. Ron Gorsche (RPAP Skills Broker South) presented two sessions of "On-Call Syndrome and Alberta's Family Docs," and Rosemary Burness, RPAP Medical Students' Initiatives Coordinator, staffed the RPAP display booth providing information, an IV arm for students to practice their skills on, and a draw for a stethoscope won by Nicole Lutic of the UofA. Rosemary has been invited to sit on next year's conference steering committee.

UPDATE ON RPAP SHADOWING PROGRAM

1st year rep Brienne McLane

Brienne McLane was born in Saskatoon, Saskatchewan. After moving around, she finished her junior and senior high school in Hussar, Alberta. Her parents still live on an acreage outside of town. "I have always been interested in promoting the benefits of a rural life," says McLane, "and this same interest is behind my desire to become a rep for the Rural Medical Interest Group (RMIG). Rural practice provides a lot of variety and a chance to become a very integral part of your patients' lives. An RMIG rep can play a role in spreading awareness of these very appealing aspects of rural practice. Students benefit a great deal from the rural shadowing program offered by RPAP and I am happy to be able to help them take advantage of this opportunity. A rural rep also functions to promote a positive and educated view of what defines rural practice among those people who select different specialties. I am pleased to be a part of all of these positive features of the RMIG at the University of Calgary."

2nd year rep Allison Salter

Allison Salter was born in Southampton, a rural southern Ontario town of 2000 people situated on the shores of Lake Huron. "My medical interests developed through encounters with my family physician, the late Dr. Don Potvin, who was a great clinician, family man and community leader," says Salter. "Through my medical training, I have discovered that I want a career that will allow me to practise a broad range of medicine. A career as a rural family physician will allow me to practise all aspects of medicine that I enjoy including obstetrics, emergency and family medicine. I became involved as a RMIG rep to further explore a career in rural medicine and to

The RPAP provides opportunities for first and second year medical students to see rural physicians in practice through its Shadowing Program. By mid-February:

- 98 requests from UofC students were received with 89 locations set up; and
- 48 requests from UofA students with 46 locations set up.

A number of students have shadowed two or three times; one student has shadowed four times. Here are comments from a few students about their shadowing experiences:

Larry Brehmer

"I just wanted to thank you for arranging the shadowing trip to Peace River with Dr. Kolber this past weekend for Jeff and I. The staff at Peace River was very welcoming. Dr. Kolber was great both as a host and as a rural physician. I had a very rewarding experience."

Michael Lyons

"Megan and I had a wonderful time in Drumheller with Dr. Douglas last weekend and I can't wait for my next RPAP experience. We witnessed our first delivery (so exciting!!) and did tons of history-taking and basic skills training. This program truly is a phenomenal

way to learn real medicine even as a first-year medical student."

Heather Ringrose

"I am about to begin my clerkship now, and my experiences shadowing have been my most memorable part of the last two years. I was able to shadow in four communities and found that each one had its own unique health needs and characteristics. Raymond, for example, allowed me to see the impact of spirituality on health. This meant working with a doctor and staying with a family who were both LDS. Pincher Creek served a large aboriginal population so there I was able to see first-hand what aboriginal health issues were like. I was surprised that Brooks had such a large immigrant population. This allowed me to see the cultural effects on health and issues like post-traumatic stress disorder or distrust of needles. I finished my shadowing experiences in Banff. It was completely different in terms of health needs once again. I helped to deal with a lot of trauma and injuries, plus a lot of tourists and young adults. One thing that all of the communities shared were the excellent doctors who were so willing to teach. I was able to confirm my desire to practice family medicine in a small town."

help provide my classmates with experiences in rural medicine."

2nd year rep Reta Blakely

"I was born in Fairview and grew up in Didsbury and have been interested in rural medicine since I first became interested in medicine as a career choice," says Blakely. "I have always known that I will live in a rural community when I am finished school, so my interest in medicine and my desire to live in rural Alberta intuitively means I will

be practising rural medicine! Over the last two years however, I have learned more about what rural medicine is about and it has become an even more attractive career choice for me. Being one of the RMIG reps for UofC has taught me a great deal about rural medicine. More importantly, though, it has given me the opportunity to help demystify rural medicine and even to get some of my colleagues excited about the possibility of practising as a rural physician."

LETHBRIDGE Job Shadowing

Fifteen students in Grades 10, 11 and 12 from small towns around the Lethbridge area took part in a job shadowing experience on 23 November 2005 organized by Gail Vandebeek, Career Development Advisor with Career Transitions and Rural Alberta South resident Dr. Mal Kaminska.

This half-day experience was meant to expose these rural high school students to rural medicine and to give them some idea of the path they would need to follow to become an MD. Students raised in rural areas are more likely to return to practise in rural areas once their training is complete.

Kaminska describes the five activities of the interactive half-day:

- Following introductions, students saw a PowerPoint presentation on the educational requirements to reach residency and a full MD license and what students could do during high school to better develop themselves as a "well-rounded" person, and prepare for undergraduate studies. Also discussed was which programs to go into, and when and how to apply for Med School (i.e., they need to write the MCAT, etc). Students asked many questions pertaining to medical school proper: what kind of classes

there are, the costs associated with a medical education, lifestyle issues, etc. And finally, a bit of time was spent on residency and the different choices that there are (specialist vs. GP, and then within GP the difference between rural and urban doctors);

- The next activity was a visit to the Lethbridge Hospital Laboratory where the students saw how histological slides of biopsy samples are prepared. They even got to look at a few cancerous cells under the microscope and see how routine blood tests are processed. Students spent a bit of time looking through microscopes at different kinds of blood cells before looking at the blood bank and understanding how blood is crossed and matched for blood transfusions;
- The third activity was a visit to the Lethbridge Hospital Regional Dialysis Unit where the group observed real patients as they underwent hemo- and peritoneal dialysis. A nurse provided an

excellent presentation about the two types of dialysis, and the surgeries that are involved in the set-up of it. Students got to handle, touch, and "play with" the filters used in dialysis machines and the tubing and needles that are used with these patients;

- The fourth activity consisted of a series of X-rays where the students got to identify body parts, fractures, heart problems, bowel obstructions, etc.; and
- Finally, students had a chance to cast someone else's thumb and then take their casts home as souvenirs.

Throughout the morning, the students were encouraged to ask a lot of questions. Some expressed interest in becoming rural doctors or lab techs and all seemed to really enjoy the morning.

Medical Student Electives

A number of out-of-province undergraduate medical students in their clerkship year(s) of training have been taking medical electives with Alberta physician preceptors without first registering with the College of Physicians and Surgeons of Alberta.

Any preceptors accepting out-of-province medical students must ensure that the student has contacted the electives office at the University of Calgary (elective@ucalgary.ca) or the University of Alberta (electives@med.ualberta.ca) to complete the undergraduate elective application forms. The Universities' elective offices will ensure communication with the student's home university, will ensure that the student has medical malpractice insurance and will arrange for the student's registration with the College of Physicians and Surgeons of Alberta.

Canadian students may apply for electives anytime during their clerkship years. The decision to accept international students rests with the universities. For more information as to procedures at the University of Alberta or University of Calgary, please contact the corresponding electives office.

Rosemary Burness, RPAP's Medical Student Initiatives Coordinator

Rosemary Burness is RPAP's Medical Students' Initiatives Coordinator. She is passionate about interesting medical students in their first and second year in rural medicine and does this by taking advantage of as many opportunities as possible to meet with students face-to-face to let them know what RPAP does and what programming it makes available to them.

"My passion," says Burness, "comes from working as both a rural staff nurse and administrator and from a deep belief that rural people should have access to the same services that urban people do. I want to help attract young, bright minds and to show them the opportunities of interesting and exciting medicine. Rural medicine is so interesting because of the diversity of what doctors can do there. I tell students that "in the urban areas, you are very restricted as a physician but in the rural areas, you can do the full range of medicine. When these students go out and experience rural medicine through one of our rural tours, or skills days or



Rosemary Burness

shadowing experiences, I see most of them begin to grasp the excitement of being a rural physician."

Burness participates at student orientations, the annual RPAP Recruitment Fairs, and the Rural Medical Interest Groups events. She also coordinates the RPAP student tours, skills days and shadowing and mentoring experiences. You can also catch her helping to teach at some of the RPAP skills days.

Opportunity for New Partnership

A partnership with the Students Interested in the Medical Sciences (SIMS) group at the UofC offers the potential to accelerate growth of RPAP's education pipeline with pre-medicine students. SIMS has a membership of 400 – 500 students and hosts over 40 events a year. Its key operational function is as an "information broker." The goal of the organization is to link students with any resources and careers in the area of medicine.

RPAP focuses on the professional, community, lifestyle and family factors that influence health human resource recruitment and retention. It uses an "education pipeline" strategy to help recruit and retain enough physicians for rural Alberta. This education pipeline:

- starts in rural high school with outreach programs aimed at encouraging students to consider rural medical careers;
- includes undergraduate experiences in rural medicine including rural medical interest clubs, financial supports, rural shadowing experiences for 1st and 2nd year students and rural training in 3rd and 4th years;
- provides post-graduate/resident rural medical training including RPAP's rural-based Family Medicine residency program centered out of Red Deer, Grande Prairie, Lethbridge and Medicine Hat;
- provides support to health regions, rural communities and physicians for their recruitment and retention of rural physicians; and
- supports retention through the development of rural preceptors and spousal/family programming.



MEDICAL STUDENT *Skills Days*

Two skills events were held in late 2005 to introduce medical students to rural medicine and a rural community.

An RPAP Skills Weekend was held for first- and second-year UofA medical students on 26-27 November 2005 in Hinton. Fifty students arrived Saturday morning at the Black Cat Guest Ranch. Following lunch, the group headed to the Brule Community Hall where Dr. Mike Caffaro of the Hinton Medical staff did a presentation on rural medicine. After the presentation, students worked through a variety of skills training

stations including IV Starts, Casting and Suturing. Students spent the evening splashing in the Hinton Pool before heading back to the Ranch. On Sunday morning, they were treated to wagon rides before boarding the bus for their trip back to Edmonton.

An RPAP Skills Day was held on 17 December 2005 in High River for first- and second-year UofC medical students. Debarking their bus at the High River Hospital, the students first heard a presentation on rural medicine from Dr. Ron

Gorsche then toured the hospital before taking part in a variety of skills training stations on IV Starts, Casting, suturing and Airway Skills. A late afternoon tour of the Cayley Hutterite Colony provided an interesting cultural perspective before the bus returned the students to Calgary.

Two additional skills days are currently being organized. Through collaboration with Dr. Rob Halse of Ponoka, a UofA day is planned for 8 April, and Dr. Vince Elgersma is working with RPAP to plan a skills day in Brooks for UofC students on 27 May.

How RPAP can assist your primary care network?

Primary Care Networks (PCN) in rural Alberta will need assistance in developing programs, in addition to recruiting and retaining physicians. RPAP's basket of helpful community tools and physician programs is available to all rural physician entities including the new Primary Care Networks.

The RPAP Enrichment and Additional Skills Program allows physicians to gain skills for personal advancement and to satisfy the needs of your PCN region. For instance:

- if your PCN decides to develop an obesity or eating disorders clinic, RPAP can provide financial and training assistance to physicians willing to develop the skills necessary for successful implementation; and
- the General Emergency Medicine Skills (GEMS) Program for rural physicians enables rural emergency teams to learn new skills or refresh them along with the local nursing and EMS professionals. In addition; they have the opportunity to practice GEMS when the STARS Human

Patient Simulator (HPS) schedules the visit to their local hospital. Either the North or South Skills Broker can provide further guidance and information on this.

RPAP Rural Physician Consultants can provide valuable information regarding networking, recruiting and retention. They can also help liaise with other health care organizations to develop multi-disciplinary programs and funding opportunities. In addition, assistance with spousal and family programming is available.

The RPAP Evaluation and Research Coordinator is available to direct you to resources that can assist with research projects that may be contemplated by the PCN. Research is a valuable tool for PCN's who wish to determine statistics and demographics of local relevance as well as evaluating outcomes. Population health research is in the provincial spotlight and PCN's can benefit from assistance with funding proposals.

Contact the RPAP through its website at www.rpap.ab.ca or the individual consultants at 1-866-423-9911 for additional information.

Setting Boundaries in the Community:

Share what works for you with your physician colleagues

Setting boundaries in the community is a difficult but important strategy that enables rural physicians to keep their personal time their own. We invite you to send us a brief description of your successful boundary-setting strategies to Rhonda Crooks, Editor, RPAP News, Rhonda.Crooks@rpap.ab.ca. We'll summarize the tips we receive in our next issue and post comments on our RPAP website for you to peruse.

NEW RPAP FACE

by Hubert Fischer

My name is Hubert Fischer and I am the newest addition to the RPAP team acting as Manager of Accounting and Corporate Services.

I was born in Holland and immigrated to Canada when I was 10 years old. When we first arrived in Canada, we lived on a farm in Prince Edward Island for about a year before moving to Montreal. In 1982, I moved my family out west.

Working in accounting has been my life-long experience. Following high school, I completed accounting courses at McGill University. In Eastern Canada, my experience was with large manufacturing companies doing all facets of accounting including cost accounting, inventory control, bank reconciliations, accounts receivable and payables, budgets, cash flows and financial statements. The last company I worked for transferred me out west. My last 20 years have been in the service industry, property management, and doing the accounting for residential and commercial properties and condominium associations.

In Montreal, I met and married my wife of 40 years, and we have three children who grew up in Alberta and are now married. We have seven grandchildren.

My spare time is spent at my brother-in-law's farm near Westlock, where we tend to the horses, cows, sheep, chickens and any other farm chores. I also love going for hikes in the country or our National Parks. I look forward to working and learning with the RPAP team.



Introducing

ARFMN Residents

Second-year residents of the ARFMN Rural Alberta North (RAN) and Rural Alberta South (RAS) nodes are expecting to graduate this summer. Following is a brief profile of two residents from each of the nodes. Others will be profiled in upcoming issues of RPAP News as well as in the ARFMN's new Preceptor newsletter.

Profile of Rural Alberta North (RAN) Residents

Dr. Stephanie Anderson

Dr. Stephanie Anderson was born and raised in Abbotsford, B.C. She did a Bachelor of Science degree at UBC with a major in Biochemistry, then went to the University of Alberta for medical school. "Even though I grew up in BC," says Anderson, "I have always had an appreciation for the prairies as my parents grew up in rural Alberta and Saskatchewan. The beauty and simplicity of rural life has always been much more attractive to me than life in the big city. I knew I was interested in having a diverse Family Medicine practice, and the variety offered by rural practice was appealing. I also liked the idea of working in a smaller centre, where the hospital staff all know each other well and are able to form a community at the workplace."



Anderson is coming down the homestretch on her residency training. So what aspects of rural medicine appeal to her now? "Definitely the people," continues Anderson. "I love the patient population; there really are notable differences between the patients we see here as compared to in the city. And I enjoy being part of a smaller medical staff and a member of the hospital community that is more closely knit. People out here are so friendly, helpful, and so very

grateful for any assistance you can offer them as a medical professional."

Anderson is currently doing her last block of Family Medicine in Camrose. When she graduates, she is looking forward to the flexibility of locum work for the next few years as her husband is completing his legal training in Edmonton. She sees herself eventually as part of a congenial group practice in a smaller centre doing lots of obstetrics. According to Anderson, "where that might be remains the big, very big, question mark!"

Dr. Carla Pilch

Dr. Carla Pilch was born and raised in Calgary. She did her first degree at the UofC and her



medical degree at the UofA. She chose to go into rural medicine because she likes the variety of practice in a rural setting. "You get to do a lot more procedures and treat more acutely ill patients due to the lack of specialist availability in the community," says Pilch. Pilch is currently in Westlock doing a final rural family medicine rotation. After graduation, she is "looking at a semi-rural practice located near Edmonton. Ideally, I would practice more remotely, but due to personal reasons I need to be close to a large centre."

Profile of Rural Alberta South (RAS) Residents

Dr. Susan Byers

Dr. Susan Byers was born in Ottawa, Ontario and moved to Lethbridge at age 11. She spent most summers as a child on her grandparents' farm in south-eastern Saskatchewan.



Byers attended the University of Lethbridge for both her undergraduate and master's degree programs, and the University of Calgary for medical school. "I was interested in rural medicine prior to entering medical school as I have always found the lifestyle in smaller communities more to my liking than larger centers," says Byers. "After spending more than eight months of my residency training in rural communities, I find that the wide variety of patients and medical illnesses encountered is very interesting. Being a rural physician allows (and requires) you to practice a wider range of medicine than family docs in the city. Practising in the clinic as well as the emergency room makes for a much more challenging practice." Byers has just completed a four-month rotation in rural family medicine in Milk River and is now doing anaesthesia and emergency medicine in Lethbridge. Her final residency rotation will be spent in Pincher Creek.

"I plan to start practice in Milk River this summer once my residency is complete," says Byers, "after I've had a bit of a holiday."

Dr. Erin Ewing

Dr. Erin Ewing was born in Springfield, Oregon and raised in Nanton, Alberta and Creston, B.C. He graduated with a Bachelor of Science from the University of Calgary before medical school at the University of Alberta.



"I grew up in a small town and want to return to a rural site," says Ewing. "The broad scope of practice coupled with the opportunity to focus on areas of interest appeals to me. Ewing has been involved as an administrative resident for the RAN program for the past two years. "I enjoy the process of improving services so that they are intention-driven rather than just happening." Ewing is in Bow Island doing a rural family medicine rotation that will continue through to the end of his residency. Once that is complete, he hopes to establish a general family medicine practice that includes hospital and emergency work in Creston, B.C.

Profile on a Northern Primary Care Network

The new Bonnyville/Aspen Primary Care Network (PCN) went live 1 July 2005. The full age spectrum of patients see the twelve physicians from this PCN and generally come from the Cold Lake, Bonnyville, St. Paul, Lac La Biche, and Wainwright areas with some even coming from Saskatchewan. Besides an Executive Director, the PCN has hired one nurse practitioner, one RN and two LPNs to help provide services.

Dr. Jim Ruiter is one of the physician partners involved in this PCN. He identified the following areas of programming provided by this practice group:

- "We resurrected and have put a fair bit of funding into the palliative care program that was dropped due to lack of funding when the regions were reorganized because we think this program is critical," says Ruiter. "One risk is that we are not funded for people living in Saskatchewan who need this type of care;"
- Instead of fracturing patient care into a variety of specialized patient care clinics, the PCN has hired nursing staff to take care of the Chronic Disease components such as diabetes, hypertension and so on.

The nurses see that all of the critical practice guidelines are followed and that patients are navigated properly through the system. This leaves the physicians free to handle the acute problems of the day;

- As part of its Primary Care Program, the PCN has incorporated the Stanford Chronic Disease Self-Management Program. This 20 year old world-renowned program has resulted in a significant reduction in hospital admissions for people with chronic disease. The PCN has its first group of patients going through the program now;
- Before the PCN was launched, physicians noticed that patients with fractures were referred back to Emergency for follow up where they would often see a different physician each time. While no difficulties had been encountered to date, it was viewed as a recipe for disaster. Now, using two physicians who are interested in this area, we have developed a Cast Clinic so that the same physicians identifying the fractures are the ones doing casts and following up. This provides more appropriate care;

- To address the issue of younger women not getting their screen tests such as Pap Smears done, the PCN has developed a Well Woman Clinic and has a sexual disease nurse who goes to high schools to encourage women in the target audience to get screened; and
- Rather than having new moms and their babies attend Well Baby appointments both with their family physician as well as with Public Health, the PCN chose to have physicians go to the health unit where they work as part of a Well Baby team. "There is teaching that goes on both ways," says Ruiter. "The doctors are learning what the nurses do and vice versa. This one-stop concept for patients has already proven itself in enabling earlier diagnosis and intervention for post partum depression and in providing rapid diagnosis and referrals for paediatric issues. As far as we know, we are the only PCN in Alberta that has doctors attending the unit to work on the Well Baby team."

Primary Care Network

A PCN is a partnership between local physicians and the Regional Health Authority to jointly provide a basket of comprehensive primary care services to a defined population of patients. Its purpose is to improve the utilization of resources/facilities; to improve ways for patients to enter the system; and to find better, different and special ways to provide health care to the patient population.

RPAP plans to highlight best practices in our rural communities and is beginning with an innovative program addressing IV Antibiotic Therapy.

High River IV Antibiotic Clinic



Treating patients with IV antibiotics can be both costly and time consuming for patients and their caregivers. Outpatients with soft tissue infections – cellulites, wound infections, post-operative infections, even dental infections – may find themselves travelling daily to the hospital to have their IV's checked. And while this is a time-consuming nuisance for patients, monitoring IV antibiotic use also involves significant physician and nursing time.

Two years ago, Dr. Chris Powell of High River had a number of outpatients

receiving antibiotics. He realized that there was a lack of continuity of care because each time they visited the hospital, they saw a different physician. As different physicians were attending the patients, it was also difficult to ascertain whether the antibiotics were making a difference. "My impression," says Powell, "was that people were being kept on antibiotics a lot longer than they needed to be and this was resulting in higher costs and inconvenience."

To address this issue, he established the Outpatient Intravenous Antibiotic Clinic in the High River Hospital in December of 2003 for High River and Nanton physicians. While no objective measurement has been done yet, with just one physician providing the care for

the outpatients, nurses and coordinators feel that the clinic has resulted in improved outcomes, shorter timelines, reduced drug costs and no adverse outcomes for outpatient intravenous antibiotic patients.

"There is one physician knowledgeable about every outpatient infection that requires intravenous antibiotics whether they have a physician or not," says Dr. Ron Gorsche, another High River physician. "This service has virtually eliminated errors in diagnosis and treatment of this important and dangerous condition. It should serve as a model."



Congratulations!

Our sincere congratulations are extended to:

DR. KIMBERLY ANDERSON-HILL, a 2nd year RAN resident, was a recipient of a CFPC FM Resident Leadership Award. Each year, 16 awards are presented by the CFPC to recognize the leadership abilities of outstanding senior family medicine residents from each Canadian University Department of Family Medicine.

Dr. Hugh Hindle, former Unit Director of the Alberta Rural Family Medicine Network's Rural Alberta North node and now RPAP's new Rural Academic Development

Coordinator, nominated Anderson-Hill. He says "she is going to be a stellar family practitioner. She was recognized through this award as the most outstanding family medicine resident within the whole family medicine residency program at the UofA for her work promoting the program, and for making major contributions to the education of her peers within the program. In particular, she spearheaded the development of a new rotation at the Red Deer site requiring her to spend many hours meeting and negotiating with potential preceptors and fellow

residents. Like all administrative residents, she also spent countless hours on the road attending meetings, without ever uttering even mild words of complaint."

Anderson-Hill grew up as a farm girl outside Spirit River, where one of her mentors was Dr. Tom Phillips. She is now settled on an acreage east of Edmonton, enabling her to focus on what she loves best – horses, the Edmonton Eskimos, and her engineer husband Kevin (not necessarily in this order)!

Positive

Australian Spousal Experience

Anthea Maseka found working with a physician spousal network in Australia to be exciting and thoroughly enjoyable. Now she is focusing some of that enthusiasm on helping the David Thompson Health Region, and its Physician Recruiter Jacqui Joys with RPAP support, to organize a community/physician 'meet and greet' in Three Hills in May. Physicians from Drumheller, Hannah, Sundre, Trochu and Olds will be invited.

Originally from Zambia, the Maseka's first moved to Swaziland, South Africa and then to Australia where they lived in Halls Creek, Kimberley Region for seven months before settling in Port Hedland, Bilbara Region. Both towns are located in Western Australia. Maseka's husband, Dr. Dereck Maseka, worked for the government as a salaried doctor.

Almost as soon as the couple arrived in Australia, members of the Rural Medical Family Network (RMFN), a physician spousal network, introduced themselves and



participated in the couple's orientation. The contact didn't stop there, however. "They followed us every single week," says Maseka. "They wanted to know whether we were settling in, whether we liked the place and so on. It was a really good experience. As soon as there was an opportunity, I got involved with the spousal network as an area representative."

As a spousal program area representative, Maseka was one of the volunteers on the ground who welcomed physicians and their families into the region and who helped get information out to spouses. The work she did for the spousal program included: helping to organize activities for physicians, their spouses and children; welcoming new physicians and their families; and organizing functions for doctors and their families arriving or leaving. As an area representative, she was also involved in teleconferences,

planning for the upcoming months, and talks about the network's achievements in the region. Once a year, the regional area reps would come together in Perth for a weekend conference to be informed and encouraged in the work they did.

"I enjoyed my work in Australia," enthuses Maseka. "I enjoyed the oneness and that doctors from far away would arrive and be welcomed in. Just to see families blossoming together was wonderful."

The Maseka family moved from Australia to Drumheller in June of 2004. Dereck practises with the Associate Clinic. While Anthea has not become involved in the Alberta Rural Physician Spousal Program yet, she is working with the David Thompson Health Region and RPAP to help organize a community/physician event in May in Three Hills. Be sure to find out what took place there by reading our next issue of RPAP News!

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PROFILE OF A NORTHERN ALBERTA PHYSICIAN

Dr. Don Witten

How did a young man born and educated in Edmonton end up practising rural medicine? **Don Witten** says that following medical school at UofA and his family practice residency, he thought of going overseas to practise but finally decided that was too intimidating and the next best thing would be to do rural remote locums.

After his first locum in Fort McMurray, he went to High Level expecting to be there for a month but instead, stayed for almost eight years because of the great people who lived and worked there.

"The two doctors I was working with (one was Martin Reedyk now of Three Hills) and the friendly townspeople made my work there so enjoyable," says Witten. "Reedyk was an excellent mentor and there couldn't

be a nicer guy to work with - just what you want when you first start practising. After my first three years in High Level, I took anaesthesia training so I could assist Reedyk with his surgeries."

Once Witten married and had kids, however, living a long distance from major centres became more of an issue. He carefully chose Rocky Mountain House, and has practised there ever since.

"We have 10 doctors working here out of one clinic," continues Witten. "We get along well and, because we are all covering the same hospital and clinic, it is easy. Everything is just a little closer in Rocky. Red Deer is an hour away. Specialists are an hour away. Some of the specialty diagnostics like mammograms and ultrasounds are an



hour away. Logistically, it is easier to practice closer to a big centre."

Witten calls himself a "basic rural doc," that is, he provides the full range of practice – obstetrics, paediatrics, geriatrics, Emergency, hospital, and clinic. Although he no longer gives anaesthetics because another doctor has taken over that part of the practice, he still does intubations in Emergency and intravenous anaesthetics for fractures.

"I like everything about rural medicine and being a country doctor," says Witten. "I like all aspects and would find it hard to give any of them up."

In winter, Witten's big interest is cross-

PROFILE OF A SOUTHERN ALBERTA PHYSICIAN

Dr. Larry Olfert

This Drumheller physician received his Fellowship in Family Practice in December and is an inspiration to many.

Lawrence Olfert was born in Swift Current, Saskatchewan, and grew up on a nearby farm before attending the University of Saskatchewan. Early on, he showed signs of becoming a great doctor when he was one of the first in Canada to successfully challenge the CCFP exam with just one year of rotating internship and one year of family practice residency. Normally, a physician had to do two years of residency. Olfert practised in Unity, Saskatchewan for three years before going to UBC to take the second year of family practice medicine residency, thus enabling him to get his certification in family practice and to be able to practise in Alberta.

Once his residency training was complete, Olfert selected Drumheller for his practice and has been there since 1978.

"Having practised in Unity (a town of about 2,500) with just a 10-bed hospital, I knew that I wanted to practice in a hospital with more diagnostic abilities such as lab and x-ray so I could use more of my skills. I purposely picked a town with a population between 3,000 and 10,000 so I would have a hospital with the equipment and the back-up specialists," says Olfert.

Olfert is part of a twelve-physician practice group in Drumheller with specialists in surgery, Ob/Gyn, internal medicine, and radiology. Olfert's practice profile includes obstetrics, internal medicine, paediatrics, psychiatry, palliative care, and Emergency. He is part of the C-section team that operates 24/7 and has been the local chief of staff and in administration since 1982. When regionalization took place, he was also Medical Director for Health Authority #5 until the province's health regions were



condensed and he became Assistant Medical Director of David Thompson Health Region.

An area of professional interest for Olfert is supporting medical progress. One of the first projects he got involved with was the Big Country Outreach program, which is now fully housed in Drumheller. Using a multi-disciplinary team approach, this program supports children with multiple, complex needs – the only program of its kind in Alberta. Olfert has also been a proponent of Telehealth over the years, starting in the early 1990's as part of the initial pilot project between Drumheller and the UofC.

Olfert is helping to train and mentor medical students and residents. He is a

RPAP'S NEW *Rural Academic Development Coordinator*

By Dr. Hugh Hindle

country skiing. Groomed trails are generally available all winter long on the golf course. He loves skiing because, in about one hour, he can get all the exercise he needs and doesn't have to drive an hour to the mountains. Winters would be too long for him without ready access to skiing.

Witten and his wife Gail have four children. Gail home schools the children until they reach high school age. Only Leanne, 13, is still at home. Their son Derek is in Grade 11 at Rocky Mountain House High School. Mark just finished a science degree at Trinity Western University in Langley, and Michael is finishing his first year of general studies at Trinity. dwitten@rttinc.com

clinical instructor for the Rural Alberta South program and also teaches medical students from UofC. With the David Thompson Health Region, Olfert chairs the medical quality management committee (M.A.C.) and serves on the regional quality management committee and medication safety committee. He is also on the AMA Towards Optimal Practice Committee.

Olfert, along with two brothers, is a part-time farmer on a 1,000 acre hobby farm in Saskatchewan. He likes big game hunting, skiing and has season tickets to the Flames hockey games.

Olfert and his wife Agnes have been married since 1969. Agnes administers the family business, farm and helps to keep him organized. The couple has three children (Nathan, Ryan and Jocelyn) who are all married as well as two new grandchildren – a boy and a girl.

This is an exciting time in medical education as there is a huge impetus to move students and residents out of tertiary care centres and into rural and regional communities. Although our preceptors tell us that they welcome this expansion, it can also be a challenge for them to take on the increased educational responsibility. We can no longer rely on the old apprenticeship model to provide training, and yearly attendance at big faculty development weekend such as Cabin Fever or Spring Seeding is sometimes not enough to develop needed teaching skills.

A major part of my role as RPAP's Rural Academic Development Coordinator is to help fill in some of these gaps. We will be updating and further developing the RPAP's preceptor development web pages (<http://www.arfmn.ab.ca>) and I hope we will be able to post highlights from Cabin Fever and Spring Seeding on-line and in the new Preceptor Newsletter. Many busy preceptors cannot attend these events so we are putting together a travelling road show that will come to any teaching community that requests our presence.

Occasionally, preceptors find that a rotation with a learner is not going well. We are developing a REAP (Rural Educational Assistance Program) team that will be available by phone or in person. By visiting the rural teaching site and observing the learning interactions, the REAP team will help the preceptor and learner develop an educational plan to help resolve the difficulties.

Finally, I am very excited to be working with the UofA and UofC Associate Deans, Rural Regional, Dr. Jill Konkin and Dr. Doug Myhre, in planning the Integrated Community Clerkship (ICC), a new rural educational initiative. Experience in Minnesota and South Australia shows that medical students spending an extended period training in rural communities are more likely to return to rural areas after graduation. They also report gaining more practical experience and perform as well or better than their peers in summative assessments. The ICC will recruit interested 3rd-year clinical clerks and match them with rural teaching practices for an 8-month block. During that time, they will not only work with the family practice but they will also follow their patients to the OR, specialty clinics and the labour and delivery area, gaining a true longitudinal experience of practice.



upcoming

COURSES & CONFERENCES

SRPC ANNUAL CONFERENCE

The Society of Rural Physicians of Alberta annual conference will take place on 20 - 22 April in Winnipeg. A limited number of Rural Medical Interest Group students from each Alberta university will be eligible for an RPAP travel grant to attend.

FALL FACULTY DEVELOPMENT RETREAT

The RPAP/ UofA Rural Medicine faculty development workshop, formerly called "Spring Seeding" and now known as "Fall Harvest," is being planned for late September or early October. Stay tuned for more details.

Welcome

New Rural Alberta Physician Families

Please join us in welcoming to Rural Alberta the following physicians and their families. Note this list is supplied by the College of Physicians and Surgeons of Alberta and may include a full range of practice categories ranging from temporary locums to fully licensed and practising physicians. Errors or changes to this information should be reported directly to the College of Physicians and Surgeons of Alberta.

OCTOBER

Dr. Isaac Amusan – *St. Paul*
Dr. Corlia Barnard – *Okotoks*
Dr. Andries Barnard – *Slave Lake*
Dr. Selby Frank – *Vegreville*
Dr. Pieter Labuschagne – *Vegreville*
Dr. Abdul Memon – *Ponoka*
Dr. Christopher Musah – *Peace River*
Dr. Carol Perkins – *Canmore*
Dr. Nicolaas Walters – *Hanna*

NOVEMBER

Dr. Regina Elogg – *Fort Vermilion*
Dr. Phumelelo Khoza – *Drumheller*
Dr. Parampreet Sainbhee – *Camrose*
Dr. Tharine Van Deventer – *Bonnyville*

DECEMBER

Dr. Fanie Coetzee – *Lac La Biche*
Dr. Barend De Klerk – *Fort Vermilion*
Dr. Jurie Klopper – *Lac La Biche*
Dr. Brian page – *Lake Louise*
Dr. Peyman Saleheh Shoshtari – *Camrose*
Dr. Abdul Satar – *Two Hills*

JANUARY

Dr. Michelle Coetzee – *Lac La Biche*
Dr. Boniface Ikejiani – *Cold Lake*
Dr. Mervin Scholtz – *High Prairie*
Dr. Tracy Thomson – *Canmore*
Dr. Calin van Rooyen – *Daysland*

FEBRUARY

Dr. Hansel Addae-Bosomprah – *Airdrie*
Dr. Habeeb Ali – *High Level*
Dr. Eleanor Graham – *Cold Lake*

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Further information and details on the RPAP and its initiatives may be obtained from:

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