

The Alberta Rural Physician Action Plan (RPAP) has selected Dr. Elizabeth M. Racz, a Drumheller physician, as the 2005 Recipient of the Alberta Rural Physician Award of Distinction.

Drumheller Physician Wins Provincial Award

“Following a review of the outstanding candidates nominated this year, the RPAP Coordinating Committee selected Dr. Racz based on her well-rounded contributions to rural medicine, her special care and attention to cancer patients, and her volunteer efforts in the Drumheller community. She is an excellent role model for other physicians. She is also both the first female and the first physician from southern Alberta to receive the award,” says Dr. Odell Olson, RPAP Coordinating Committee Chair and Award Selection Committee.

Dr. Racz was presented with the Award of Distinction at a community celebration co-hosted by RPAP and the Drumheller

community on Saturday, June 25 at the Drumheller Health Centre.

The RPAP Award of Distinction honours and recognizes the work of all rural physicians, especially those “unsung heroes” who provide Alberta rural communities with outstanding medical services and who also make huge contributions to medical practice and to their communities. It is presented annually to an Alberta rural family physician who lives and has worked in rural Alberta for at least four years, and who demonstrates a superior commitment and contribution to the

community through medical practice, teaching other health professionals, conducting research, and volunteering in the community. Rural Alberta is defined as any community outside of the former Calgary and Edmonton health region boundaries. The Award of Distinction was developed by the RPAP as one element of its comprehensive retention plan.



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RPAP
facilitates

RURAL HEALTH WEEK

for
Alberta

The fourth annual Alberta Rural Health Week was celebrated June 19 – 25, 2005 with almost 35 provincial and regional organizations helping to celebrate “100 Years of Rural Health Care – A Legacy Worth Celebrating.” This special week provides an annual focus for rural health partners to raise awareness and to showcase the unique positive contributions and skills of rural health professionals and organizations. The RPAP facilitates the development of this week each year on behalf of its many community partners. During the week this year, RPAP co-sponsored the Award of Distinction celebration for Dr. Elizabeth Racz of Drumheller, ran print ads announcing Dr. Racz as the Award recipient and TV ads supporting Rural Health Week.



About our 2005 Award of Distinction Recipient

Dr. Elizabeth M. Racz

Dr. Elizabeth Racz, 2005 Recipient of the Rural Physician Award of Distinction, was born in Canmore and graduated with her medical degree from the University of Calgary. Following her graduation, she moved to Drumheller and established a family practice where she has been a member of the medical staff for twenty four years.

Dr. Racz was part of a viability study for a cancer treatment centre in Drumheller. When the Centre was approved in 1997, she became the primary physician on the unit and continues in this capacity today as well as attending to her family practice patients. Patients from all over the area come to the Drumheller Community Care Centre to receive their cancer treatments rather than commuting to Calgary each time. Having both the shorter travel times and care in a centre close to home creates less stress for cancer patients. The Drumheller site works in conjunction with the Tom Baker Cancer Centre in Calgary. Dr. Racz' expertise in cancer management and her wisdom and compassion while dealing with the complex issues involving cancer patients and their families are valued by her patients.



to enhance the quality of life in Drumheller and area through her participation in Kinettes, her active membership in her church, her help in teaching the CALM curriculum and providing presentations on teenage pregnancy in the schools, her help



supporting school basketball, volleyball and baseball teams, her support and counseling to community members, and her volunteering with the Canadian Badlands Passion Play.

Dr. Racz is appreciated by community members for her genuine concern for her patients, the personal interest she takes in their lives, her willingness to go the extra mile to do all that she can for anyone in need, her down to earth manner that makes her easy to approach, and her warm sense of humour.

Dr. Racz and her husband Bob Boyce have three children: Jody, Joshua and Elizabeth.

Adventure-Seeking Doc Says Enrichment Training Makes Physicians More Marketable

F. W. Max Ramsahoye is a rural physician who loves adventure.

Hearing him talk about his life tells you that. After completing his BSc and medical school at U of A, Ramsahoye joined the military to “live the adventure.” Alberta didn’t have a rural program at that time so he did his residency training in a rural military program with the first year in Victoria and the second in Quesnel and Vanderhoof, B.C.

Adventure was surely what Ramsahoye got with his military experience. Following his residency training, he was posted to Wainwright from 1997 to 2001. Over those few short years, he served during the Quebec

ice storm, became a flight surgeon (aerospace medicine) and spent five months in Bosnia. And as if those adventures weren’t enough, in his time off from the military he also covered for other physicians in communities surrounding Wainwright and through the Rural Locum Program. In 2001, Ramsahoye left military service and became a civilian military contractor continuing to cover emergencies and working with the Rural Locum Program.

“Then in 2003, I decided to go back to do anesthesia to pick up new skills and do something academic,” says Ramsahoye. “I thought those skills would be an alternate skill set I could offer to the community.” Ramsahoye’s RPAP-sponsored Enrichment training included three months of practice at each of Edmonton’s four major hospitals.

Since returning to Wainwright,

“This anesthesia training was the most helpful thing that I’ve done for my emergency skills because a lot of rural emergency work is resuscitation, stabilization and transport. That’s what anesthesia is all about.”

Ramsahoye has established a non-traditional practice. Together with the other GP anesthetist in town, he established an epidural service, provides anesthetic cover for Wainwright and also does anesthetic locums in Drumheller, Vermilion and Vegreville. His work schedule includes on call or outpatients one to two days per week, anesthesia on average one day per week, and clinic or family practice at the military base the rest of the week.

“I think that my new anesthesia skills help to break up my practice so that it’s always varied — you know that you are doing something different a day or two per week. This anesthesia training was the most helpful thing that I’ve done for my emergency skills because a lot of rural emergency work is resuscitation, stabilization and transport. That’s what anesthesia is all about,” continued Ramsahoye. “If a person goes back for enrichment training, it makes them more attractive and marketable in rural communities which are lacking those skills. Enrichment training gives a person a wide range of employment opportunities.”

Ramsahoye’s family includes his wife Shellene, daughter Maya (3) and son Mitch (9 months).



PROFILE

Two New ARFMN Unit Directors

Building on the pioneering efforts and auspicious accomplishments of their predecessors, Dr. Fred Janke and Dr. Peter Koegler are taking over the reins as the new Unit Directors for the Alberta Rural Family Medicine Network (ARFMN). Janke (Rural Alberta North - RAN) of Sylvan Lake and Koegler (Rural Alberta South - RAS) of Lethbridge

bring a wealth of experience that will further strengthen the ARFMN program. As we will be bringing regular program updates to our readers, we thought you would be interested to learn about what each sees as their opportunities, challenges and next steps as they move the program forward.

Fred Janke

Unit Director, Rural Alberta North (RAN)

“I’ve been with the program from the ground up for the last five years as Red Deer Site Coordinator and welcome the opportunity to become the Unit Director for a number of reasons,” says Janke. “I really believe in this program and I’m excited about it. This position gives me a chance to continue to be more involved in academics and still run my rural practice in Sylvan Lake. This is one of the few academic positions that will allow me to do this.”



Born and raised in Calgary, Janke graduated with a B.Sc. in microbiology, a Masters in Community Health, and an MD from U of C in 1982. Janke set up his family practice in Sylvan Lake and has been there for the past 21 years.

Considering A Whole New Approach to Training

We asked Janke to provide an indication of some of his program opportunities, challenges and next steps.

“One area that is both an opportunity and a challenge is the expansion of the ARFMN program as a result of funding for five new positions for both years of our family medicine residency training. We have been trying to sort out how we are going to expand and are looking at a number of different options:

- One option that I’m looking at through the development of a literature review – is a whole new approach to family medicine training which involves placing a learner in a well-rounded clinical environment for a longer period of time, like 12 – 18 months. This concept is totally different from our current ARFMN model. Rather than doing the typical rotations of about eight weeks plus in specialty rotations, this new concept would see a resident based in a clinic that has both day surgery and

internal medicine available to it. The resident would follow their patients from presentation through to resolution of problems. If this involved surgery, then the resident would be involved with the surgery or with an internist, etc.

This idea comes from Australia where they have done this with the clerkship program (last year of medical school) and have found that the students who have gone through this type of program do better on their exams than students who follow the traditional path - so there seems to be some validity in learning in this way.

There are two main criteria for this new program – the community or practice where you are placing the resident has to be well rounded and busy enough with a hospital emergency department and specialists available – so they could be located in places like Camrose, Peace River, Hinton, for instance. On the other side, you have to have a learner who is well motivated and an independent learner who copes without the usual order of learning.

“One area that is both an opportunity and a challenge is the expansion of the AFRMN program.”

It's hard to put more people in Grande Prairie because there just aren't the resources there. What we've done this year is to expand our R1s from 10 – 12 so we now have six in Grande Prairie and six in Red Deer. That leaves us three further positions that we need to fit into the program some how. What I could see doing is place one more resident in Red Deer and then have two alternative positions such as I was just describing based on the Australian model.

- A second option would be to develop another training site entirely - but we may run into just as many troubles if not more filling positions there so I don't see this as an option. Or we could develop a dual site such as Camrose and St. Albert but then you're getting farther and farther from the rural medicine stream approach so I don't really want to do that either. The new way of training family physicians is really exciting to me and I want to look into it a little bit more to see whether it is at all realistic.

Another challenge includes trying to make the more remote sites like Grande Prairie more attractive so that positions there can be filled in the first round of the CaRMS match. I see this as my immediate first year goal.

Next Step

We have a new group of residents coming July 1 and this will be my first group as Unit Director, so I am quite excited about meeting them and getting to know them in my new role. I want to connect more with Grande Prairie as I did as Red Deer Site Coordinator so to get things started, I will be joining them for their welcome BBQ.

We've also changed around our scheduling a bit as well in order to bump up our Residents' Retreat to mid July and to allow us to grow as a team faster. Michael Allan, one of the preceptors in Edmonton and Donna Manka have put together new workshop-type curriculum on evidence-based medicine and we are slotting that into August."

For more information about RAN, contact Janke at Fred.Janke@arfmn.ab.ca

Peter Koegler

Unit Director, Rural Alberta South (RAS)

Our new RAS Unit Director was the ARFMN Site Coordinator in Lethbridge before assuming his new role. Dr. Peter Koegler lived in Ontario, Alberta and Saskatchewan before he finished high school and served a mission for his Church for two years in the Central Pacific. Following his mission in 1983, Koegler did an undergraduate science degree at the U of L, a two-year after degree in Education, then medical school at the U of A. Besides his fairly young busy practice which offers lots of obstetrics (100 – 125 deliveries a year), Koegler was Medical Director for the U of L Student Health Services Clinic from 1997 – 2005 as well as ARFMN RAS Lethbridge Site Coordinator from 2002 – 2005.

RAS Opportunities and Challenges

We asked Koegler what he sees as his opportunities, challenges and next steps in his new role.

"It's a big step from Site Coordinator which is a mostly administrative function to RAS Unit Director which involves more academics and research," says Koegler, "so I am working outside my comfort zone and of course there are Doug Myhre's big shoes to fill. How do I take over from someone who has put their heart and soul into the position? Before becoming Site Coordinator, I really enjoyed being a continuity preceptor and a preceptor for the obstetrical rotation. I enjoyed having residents in my practice and saw the benefit of having them there. They provide an injection of youth and enthusiasm. New life was breathed into my practice when I started working with residents. This motivated me to want to be a bigger part of the program.

My biggest challenge will be trying to increase the numbers of residents by at least five in RAS. We now have six residents in Lethbridge and five in Medicine Hat. We've got lots of excited rural docs who want to have residents at their rural site but if we increase the residents in our regional sites, we may overload our preceptors in the specialty rotations such as internal medicine, surgery and obstetrics.



One way of resolving this issue is to expand the number of regional sites – this year we will be sending one resident from Medicine Hat and one from Lethbridge to complete their Orthopedics rotation in Cranbrook. This may open the door to do other specialty rotations there as well. We are looking at Yellowknife as a possibility for Internal Medicine and to a site in Saskatchewan. The problem with using these out-of-province sites is that our residents will be traveling more but when they go, they are there for a minimum of eight weeks.

It would be nice to increase the exposure that residents have to the rural sites so they have the chance to live up to 4 months in rural sites and to see what rural living is all about. I feel that we need to have the residents and rural docs networked more so that they can see what others are doing. It would be great to develop a rural medicine teaching conference in Alberta where rural residents and preceptors could meet and share ideas. RAN and RAS could become leaders in this area in the future and showcase our experience about what works and what doesn't and perhaps share that with the other Western provinces.

Until now, opportunities for a hierarchy of learners on a regular basis has only been available in urban programs – second-year year residents teaching first-years, and first-year residents teaching medical students. I would like to see that offered in the rural sites. Up to this point, we have tried not to overlap learners but I see a real benefit to have residents responsible for teaching each

“It would be great to develop a rural medicine teaching conference in Alberta where rural residents and preceptors could meet and share ideas.”

other as well as undergrads. Having medical students trained by enthusiastic residents may increase the number of medical students matching to rural programs.

Another challenge is finding ways to improve faculty development. We would like to further enhance the teaching skills of rural preceptors by taking more training out to the rural sites so that preceptors get development opportunities beyond Cabin Fever and Spring Seeding.

Next Steps

My immediate goal is to visit all of the rural teaching sites and put names to faces.

I need to see the hospitals, clinics and resident accommodations so that I can visualize the environment that the residents are working and learning in. So far I have been to 10 of the 17 RAS teaching sites and in all cases I have met with enthusiastic preceptors who are committed to teaching our next generation of rural physicians.

I just recently attended our third graduation since RAS began and I am excited about the direction the program is going. It is a great experience to be involved with such keen and eager residents and willing dedicated preceptors.”

For more information about RAS, contact Koegler at Peter.Koegler@arfmn.ab.ca

Celebrating the Benefits of a **Clinical Appointment**

Have you considered becoming a preceptor for medical students and residents? Our Faculties of Medicine, in conjunction with the Alberta Rural Family Medicine Network, use rural preceptors to act as guides and mentors for medical students and residents in training.

To become a preceptor, a Faculty of Medicine creates a formal relationship with the physician through a formal appointment of the physician to the faculty. This appointment provides preceptors with a variety of direct benefits over and above the intrinsic value of teaching.

Interested in a clinical appointment?

Physicians interested in working as a preceptor and having a formal clinical appointment to one of the medical schools should contact David Kay, RPAP Program Manager at 1-866-423-9911 or David.Kay@rpap.ab.ca. David will get you in touch with the appropriate contacts at the universities.

SCHOOL OUTREACH PROGRAM

touches thousands

An amazing RPAP School Outreach season delivered information about rural medicine as a career to more than one thousand rural Alberta students over the past six months. Based on extensive evidence indicating 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, the RPAP developed this school outreach program.

Most school outreach presentations took place from November 2004 through to April 2005, however a few more are planned over the summer. Recruiting activities were generally of two types - Career Days and Lunch and Learns:

- **Career Days** consist of a full or a half day of interaction with students and teachers. A tabletop display is provided along with handouts, giveaways and personal interaction with RPAP representatives. Often a rural resident, medical student or community physician also attends. RPAP generally participates with other schools and professions; and
- **Lunch and Learns** are held over the lunch period in school and involve a Power Point presentation with a question and answer session led by a rural resident or medical student. As well, the tabletop display and handouts are available.

In this first year, school outreach activities were largely concentrated in Southern Alberta but will be expanded to include Northern Alberta in the new school year.

Early on, RPAP learned the importance of having medical students or residents involved in delivering the program as they have an excellent connection to the younger students. Our thanks to Jared Bly, Mark Prins, Ariane Fielding, Allison Salter, Serena Crum and Dr. Gavin Parker in this critical role with students. The rural practising physician also plays an important role in providing shadowing experiences at a later date and our thanks are extended to the many physicians who have taken on this role.

PROFILE OF A PHYSICIAN RESEARCHER

Dr. Kevin Jackman

Dr. Kevin Jackman learned his "love of the hand" working with a brilliant hand surgeon while he was the Orthopedic Registrar at the Hearts of Essex General Hospital in Hartsfordshire, England.

Now a physician researcher, Jackman is undertaking a Carpel Tunnel Syndrome Study here in Alberta to see whether carpel tunnel surgery can be done with good success in rural hospitals and also if there is an association between this syndrome and farming.

While carpel tunnel surgery is normally done by orthopedic, neuro or plastic surgeons in big cities, Jackman completed more than 500 carpel tunnel surgeries over the last 11 years and is hopeful that his study will show that this surgery can be done with good results by rural physicians.

Jackman's former research activities took place in Dublin where he studied the

percutaneous puncture of the femoral artery. At that time in intensive care units around the world, the femoral artery was used as a source of arterial blood. His research was to determine whether this procedure damaged the artery. He found that damage was not done and that the procedure was safe.

Jackman graduated from Medical School from the University College in Dublin at the tender age of 23 – the youngest of his class!

From September 1988 until just recently, Jackman had a Family Practice at the Viking Medical Clinic in partnership with Drs. J.E. Cunningham and H.J. Potgieter. Besides seeing patients at the clinic, he had a busy

obstetrical and emergency practice, and performed C-section deliveries and appendectomies at the hospital. Jackman is also a preceptor with RPAP's rural residency training program. He is currently taking a short break from rural medicine, working at a busy practice in Edmonton, but intends to practise rural medicine once again.

Jackman and his wife Diedre have three children: Daniel, Ben and Eva. When not involved in medical pursuits, Jackman coaches soccer, something he has done for 16 years. He also loves rugby, Gaelic football, NFL football, soccer, jogging, music and gardening.

Dr. Jackman is undertaking a Carpel Tunnel Syndrome Study here in Alberta.

Profile on Grant Hill

Here I was this 'young punk' family physician who was Leader of the Opposition and #2 political guy in Canada!

Grant Hill has had an interesting decade or so. After many years in primarily a rural GP surgical practice in High River, he became a Member of Parliament, the Leader of the Opposition in the Canadian Parliament and the number two political guy in Canada. Last November,



MP Grant Hill, Leader of the Opposition and his wife Sue in Stornoway in 2004.

Hill requalified and reentered rural practice in Okotoks. We caught up with him to learn why he entered politics, what he learned from his political experiences, and what changes he sees have taken place in rural medicine since he practiced a decade ago.

Hill was born in Montreal, raised in the three western provinces, and ended up in Calgary for his high school years and pre-

med training. He graduated with his MD in 1968 from the U of A, interned at the Holy Cross, and then went to Okotoks in 1970 to be a GP surgeon where he practiced out of the High River Hospital.

Fed up with the GST that was being charged to physicians for their supplies and services, which they couldn't deduct, he wrote a letter to his MP and received a computer-generated response which didn't answer his question and which annoyed him. He received a similar response from the Finance Minister of the day so he told his wife, "we're out of here – we're leaving the country." She responded that, "it's too bad guys like you don't stay and try to fix things instead of running away." Her response really annoyed him but it also motivated him to become active in the Reform Party as the medical spokesperson. Hill ended up running and was elected as a Member of Parliament in 1993.

"I'd never done a political thing in my life before," says Hill. "This was not something that I wanted to do for a career change but I had a goal. I wanted to shorten the wait lines for surgery. I thought that the problem was initiated in Ottawa because they had cut back on transfers to provinces and the transfers were restricting what the provinces could do.

As an elected MP, Hill became the health critic for the Reform Party and ultimately became the Leader of the Opposition. He ran for the leadership to bring the Conservative and Reform parties together, and in the interim, was the Leader of the Opposition during the race involving Harper, Stronach, and Clements – a time when he symbolically occupied Stornoway and the Leader of the Opposition's Office.

"I was this 'young punk family physician' who was Leader of the Opposition and

number two political guy in Canada!" continues Hill. "I set a limit of two terms when I initially went to Ottawa but ended up spending three terms because they were short. I never changed my mind about coming home to do what I was trained to do. After the last election, I retrained for six months at the University of Ottawa and at the University of Calgary through the RPAP's Enrichment program and, since November 2004 when I requalified, have been working primarily in urgent care in Okotoks. I'm working shift work with no overhead and people aren't as dependent on me as they were when I had a more traditional practice. Sue and I intend to do an overseas medical mission pretty soon so that is our reason for doing this non-traditional practice now."

Did he accomplish his political goal?

Hill says he didn't shorten the wait list for surgeries but he did raise awareness about the issue and thinks that some of the process under way now to review wait lists may be due to his work. He personally talked about the issue in every speech he gave. Though he didn't reach his goal, his experience was worthwhile.

"My political experience was profoundly worthwhile and the learning process was wonderful," says Hill. "I learned that there is a need for all of us to speak up – someone else won't do it. We need to be vocal and make our opinions heard."

Community Partnerships A Winning Combination

Partnerships offer opportunities for organizations to work together to achieve common goals. Partnerships may also result in the more effective use of resources and in leveraging resources to achieve results that could not be achieved by any one organization.

RPAP is involved in partnerships with a diverse group of organizations. Some of the current partnerships include:

Sees Big Changes in Medical Practice

Hill has seen some big changes in medical practice in the decade since he last practiced including:

- **Polypharmacy** – The multiple drugs used to treat seniors is something that is hard for him to grasp. He sees seniors on 10, 15, 18 different medications and wonders whether some of these drugs aren't interacting with one another;
- **Continuity of Care** – It used to be that when he admitted a patient, he looked after them in the hospital. If they needed a referral, he did it and he kept his patients abreast of what was happening. Now there are hospitalists and everything seems more fragmented. "There isn't a quarterback for the patient as obviously as there used to be," says Hill; and

"There isn't a quarterback for the patient as obviously as there used to be," says Hill.

- **Technology** is more available than it was when he left. There are more diagnostic tools available to rural physicians now.

"The big satisfaction for me now," says Hill, "is that I am doing something really current. In politics everything moves at a glacial pace and of course there are very few thanks and only superficial thanks in politics. The level of trust for politicians is also very low. You're considered to be a crook and are seen to be very likely 'on the take.' In medicine, the thanks are very, very personal and a wonderful enjoyment and the trust for teachers, nurses and physicians is much, much higher."

Community Toolkit

Working with Alberta Community Development, the RPAP is deploying its new Rural Physician Recruitment and Retention toolkit to enable communities working with their health region and local physicians to better prepare for physician recruitment and retention issues.

Rural Health Week

Working with approximately forty provincial, regional and local organizations, the RPAP facilitates Rural Health Week to help raise awareness about the success stories and unique positive contributions and skills of rural health professionals and organizations.

U of C Nursing and SAIT Health and Public Safety Program

A healthy collaboration with a focus on education and research is the purpose of a partnership between RPAP and the U of C's Faculty of Nursing (FON) and SAIT's Health and Public Safety program. The organizations meet regularly to develop initiatives of benefit to students of both rural medicine, nursing and the allied professions.

Collaboration with RPAP Brings Value

"We've done lots of collaboration over the years," says Meg McDonagh, Instructor, Faculty of Nursing, University of Calgary, "presented together on education, did a paper together, worked together on Career Days, talked about educational opportunities for nursing and medical students, participated annually in Rural Health Week and even co-hosted a reception one year at the Banff Emergency Medicine Conference. RPAP has also been great about sharing resources and accommodation.

One of the biggest things is just touching base to see who is doing what and what is happening out there in the rural areas as far as health profession education. I think we represent one another. When I'm out talking to nurses I often talk about RPAP and its various initiatives that I only really know about because of our collaboration. I feel that I have a really good awareness of those initiatives so I can tell my nursing colleagues and other physicians about them."

Introducing RPAP's Two New

SEARCH Participants

We're proud to introduce to you two physicians, Drs. Madelene Kellerman and John Holland, both of Lethbridge, who will be undertaking Swift Efficient Application of Research in Community Health (SEARCH) training over the next two years.

The SEARCH program, run through SEARCH Canada (formerly a part of the Alberta Heritage Foundation for Medical Research), provides opportunities for rural physicians to develop organizational capacity for practice-driven research and evidence-based decision-making.

Since 1999 and through its Enrichment program, RPAP has supported the specialized SEARCH training of five Alberta rural physicians who wish to use research findings or who wish to conduct research relevant to rural medicine. RPAP's SEARCH participant evaluations have shown that RPAP's SEARCH support has enabled physicians to expand their career paths while they continued to practise in rural Alberta.

Now, let's introduce our first SEARCH participant:

MADELENE KELLERMAN

"I think that research is the foundation by which we can bring about effective change," says Madelene Kellerman. "SEARCH is the ideal program to teach us analytical skills and the ability to perform research with solid methodology."

Kellerman has been a Consulting Psychiatrist for the Chinook Health Region for the last five years, working in both private practice (inpatient and outpatient) as well as public service (Alberta Mental Health Board clinics in Lethbridge, Taber and the Raymond Care Centre.) Following the completion of a Bachelor of Science of Medicine, Kellerman completed an Honours degree in Human Physiology and then a specialty degree in psychiatry in South Africa. She worked as a psychiatrist in South Africa, New Zealand and Saskatchewan before moving to Alberta.

Finding opportunities to put her new SEARCH skills to work won't be a problem for Kellerman. Besides her medical practice, she is also an ARFMN RAS preceptor and the coordinator of psychiatry rotations for the program in Lethbridge.

"There are several areas in my practice where I would like to pursue research projects, Kellerman continued. "I've always taken an interest in improving systems and effecting change. Although clinical research would come easier for a person in my position, I would be interested in working on a project that would assist with change in the Department of Psychiatry in Lethbridge."

JOHN HOLLAND

Our second RPAP-sponsored SEARCH participant is John Holland. Raised in South Africa and trained at the University of Pretoria, Holland did a medical degree and



then specialized in pediatrics. Besides his busy private consulting pediatrics practice, Holland works at the Lethbridge Regional Hospital as a pediatric consultant and is Medical Director of the Children's Rehabilitation Centre in Lethbridge. This Centre provides testing and therapies for children as well as education for their families. He is also Senior Medical Director for the Family Health Program for the Chinook Health Region.

"I've always had an interest in research but, because of work commitments, it wasn't something I was able to explore actively," says Holland. "Working in the community, I think there are lots of opportunities for good evidence-based research to be done. "I'm hoping that through SEARCH training, I can develop a strong evidence-based approach to support any research I do with solid methodology."

Holland has a special interest in neurodevelopmental pediatrics and would like to do some research in that area.

Before coming to Alberta, Holland worked in South Africa, Namibia, United Kingdom, New Zealand, Saskatchewan and Ontario.

Viking Provides Positive Shadowing Experience

by Erin Burrell and Allison Salter

“We had heard of Viking before, though didn’t know much about it other than that it’s a small town somewhere in central Alberta. But when we were offered the opportunity to shadow a family physician in Viking in November, we pulled out a map and set out together on what turned out to be a remarkable weekend in this little town.

We pulled in late on Friday night, enjoying a brilliant display of northern lights for the last hour or so of our journey. We were billeted at a local couple’s house and welcomed with unbelievable warmth and hospitality. Neil and Marilyn filled us in on all the Viking lore, such as the fact that Viking is the hometown of Flames coach Darryl Sutter and that the Sutter boys were notorious for monopolizing the hockey arena every night when they were growing up. They also told us about the numerous Hutterite colonies that surround this town of about 1500 people, and about recent challenges to the rural way of life. Over the course of the weekend, Neil and Marilyn introduced us to their family, stuffed us full of delicious food, and generally made us feel right at home.

For two days we shadowed Dr. Jackman, an energetic Irishman with a passion for teaching. Having been in medical school for only a few months, much of what we experienced was “first time” and very memorable, including a newborn baby, a patient with rheumatoid arthritis, and a young boy whose ankle was injured when a horse fell on it. Dr. Jackman performed three minor surgeries (sebaceous cyst removal), which we assisted with. He was incredibly patient and thorough, teaching us all about the different kinds and sizes of suture threads and when each is appropriate.

We started each day by visiting each of 16 inpatients, determining whether treatment changes or discharges were indicated. Dr. Jackman was careful to involve us in each discussion, asking us questions and helping us to formulate patterns for thinking about patient care. After rounds, we worked in the emergency department where there was a steady stream of outpatients - we took histories and performed physical examinations on patients. We also toured the long-term care unit and participated in the care of two residents who were scheduled for an assessment.

“We left Viking with a renewed sense of the incredible privilege we have to be part of this profession, and a sense of excitement about what possibilities our futures may hold.”

It became obvious that rural doctors rely a great deal on each other and also on colleagues and specialist contacts in urban centres. Dr. Jackman called various specialists on several occasions for advice or to arrange to have patients transferred to Edmonton. The realities of treating patients in a rural area were made especially evident when a man

came in suffering from severe anemia. His hemoglobin was very low and continued to drop after several hours, so we had to order blood for a transfusion from Edmonton. There was a race against time because we had to get a sample for blood-typing to the Greyhound bus, which was just passing through, which apparently transports such samples routinely. Though it’s a small town, we were concerned that we would not get the sample delivered in time, so Allison quickly changed into her runners and jumped on Dr. Jackman’s bike (always leaning unlocked against a post near the hospital door), breathlessly delivering the sample moments before the bus pulled out of town.

This rural shadowing opportunity was not only educational, it was also incredibly enjoyable. The patients and townspeople were friendly, engaging and obviously community-minded. Dr. Jackman’s obvious ease, job enjoyment, and respectful relationships with his patients were inspirational. We left Viking with a renewed sense of the incredible privilege we have to be a part of this profession, and a sense of excitement about what possibilities our futures may hold. We would both love to shadow Dr. Jackman again and are considering doing an elective in Viking because our learning experience was so profound. We would make an unqualified recommendation to all medical students to spend a weekend in Viking and learn about the unique opportunities afforded by rural medicine.”

Here are enthusiastic med students Erin Burrell (left) and Allison Salter (right) not in Viking but at the top of Mount Yamneska off Highway #1 on a recent hike.



HISTORIC MEETING LEADS TO

Innovative Regional Medical Group

This innovative regional medical group which started with two communities, four physicians and a single focus has evolved over almost four decades to include five communities, 12 physicians and much broader purposes.

In 1965, the College of Physicians and Surgeons of Alberta (CPSA) suggested that three physicians should be involved to do surgeries safely in small hospitals. That suggestion led to an historic meeting that brought together two physicians each from Daysland and Viking to figure out how they could accomplish the suggestion.

With the permission of their hospital boards and the CPSA, the physicians involved (Drs. Ed Caldwell and Al Klein of Viking and Jim Stanners and Harvey Reise of Daysland) formed a Regional Medical Group and received active privileges to work in one another's hospitals. If a surgery was required at one site, physicians would call for surgical assistance to a physician at the other hospital and vice versa. Physicians in centers nearby soon heard about the practice group and wanted to join. Killam physicians linked with the Regional Medical Group within a few months with Hardisty and Sedgewick joining a couple of years later.

Over the past 39 years, the group has met regularly the first Tuesday of the month at 8:00 o'clock at the Killam Hospital. At first, for accreditation purposes, the group came together to critique surgical procedures done

at the hospitals and to discuss deaths and discharge summaries, etc. Through the years, the physicians have continued to surgically assist each other. Though Hardisty and Killam don't do surgeries or deliver babies anymore, their physicians help other sites.

What has made this group so effective over almost four decades?

"It's been effective because of the friendships that have developed," says Eamon Cunningham, who joined the group in 1972. "You go to the meetings the first Tuesday of every month and you get to know people socially so when you end up on the phone with them, it's a friend you are talking to. There's a sense of comradeship. New guys are actively attending the meetings so



(back L-R): Dr. Botha, Dr. Niemann, Dr. Hart, Dr. Nieman, Dr. Potgieter,
(front L-R): Dr. Van Vuuren, Dr. Cunningham, Dr. Meer, Dr. Jackman

they must see some value in it and are carrying it on."

Over the years, however, the topics for the Tuesday night discussions and the activities of the group have broadened. Tuesday night discussions may include interesting cases that have come through the physician practices, deaths that have occurred to see if there was any way they could have helped, new drugs, a bit of the politics of medicine, and ways they can improve their practices or liaise better with their patients. The group usually has a 90% attendance rate for their nine months of regular meetings – because of holidays, the group doesn't meet July, August and September.

Other activities undertaken by the group include:

- **Continuing Medical Education speakers** – Organized through the U of A, the group has six speakers who come to the sites to talk about different aspects of medicine;
- **Social Outings** - Four or five times a year all the physicians and their spouses get together socially for bowling, golfing and getting to know one another. Spouses do not feel isolated and this helps out with the retention of physicians;
- **Politics of Medicine** – the group discusses this a bit and sometimes writes letters providing their opinions;
- **Tradition** – For more than 20 years, the group has had the tradition of presenting a beautiful Spanish porcelain figurine of a doctor to any member who is leaving after more than 10 years of practice. The figurine is presented at a special function.
- **Caring Gestures** – if patients or spouses of physician members are in hospital, the Group sends flowers.

The Regional Medical Group plans to host a function to honour its 40th anniversary in May 2006 in Viking – the site of the original meeting in 1966. Every physician who has practiced in this group will be invited back to participate. Dr. Meer of Sedgewick is the longest serving member of the group – he joined in 1971.

GEMS

OFFERS LAB ACCESS AND MAINPRO-C CREDITS

Rural physicians involved in RPAP's General Emergency Medicine Skills (GEMS) program can access the U of C's Anatomy Lab and gain MainPro-C credits for the courses. More than 110 physicians are participating in the new multi-media self-study program.

GEMS participants will be granted two MainPro-C credits for each of the four GEMS modules completed plus three credits for completing the STARS Human Patient Simulator experience. STARS will visit the rural physician's community following completion of the modules. In addition, physicians who have a desire to be more "hands on," can request instruction in the U of C Anatomy Lab for a morning and receive a further three MainPro-C Credits.

Rural physicians often find it difficult to maintain their clinical competency in emergency medicine given their busy schedules and the distance from urban training sites. Yet these skills are of critical importance as they need to be able to handle every situation that rolls through the Emergency Room door. GEMS training enables physicians to update their skills and to get the practical training they want in their home communities.



For more information about GEMS, contact:

Dr. John Hnatuik
RPAP Skills Broker—North
John.Hnatuik@rpap.ab.ca
(780) 672-7870

Dr. Ron Gorsche
RPAP Skills Broker—South
Ron.Gorsche@rpap.ab.ca
(403) 652-4257



It's Photo Contest Time Again ...

get clicking!

RPAP needs your help to showcase the beautiful landscapes, people and quality of life shared by rural medicine practitioners in Alberta.

Polish up your camera lens and dust off the family photo album. It's photo contest time again. Every two years, RPAP holds a photo contest to secure great photos that we can use to illustrate the lives of rural physicians on our website, displays, brochures, posters and other communications.

CONTEST CATEGORIES

Contest entries may be entered in the following categories:

- Rural Alberta Landscapes – show us those heart stopping rural pictures!
- Rural Alberta Lifestyle – show us the quality of life you enjoy in rural Alberta!
- Rural Physician Family - show us how you enjoy your time together!
- Rural Alberta Communities – what does your rural community look like? (main streets, elevators, etc.)

Contest closes September 30, 2005 Contest entries must be shot by rural Alberta physicians, their spouses/partners or children and can be in 35mm colour print or digital colour (8 x 10 @ 300dpi). All entries must be accompanied by a signed photo release giving RPAP permission to use the photograph. Contest entries will be accepted from July 1 through to September 30, 2005. Photo contest guidelines and applications are available on the RPAP website at www.rpap.ab.ca or by calling 1-866-423-9911.

PRIZES! PRIZES!

All entrants will receive a small gift and 1st, 2nd and 3rd place winners will receive prizes in each of the four categories.



Go to the RPAP website at www.rpap.ab.ca to get your entry forms for the contest

Congratulations!

Our sincere congratulations are extended to:

DR. CLIVE GIGG of Drayton Valley who was chosen by the U of A as the Recipient of the Dr. D.B. Russell Award for the 2004/2005 academic year. With nominations from third and fourth-year medical students, the award is presented to a clinician who goes above and beyond the normal call of duty in teaching and mentoring medical students. Recipients are chosen for their excellence in teaching, sense of humour and concern for students. It was Dr. Russell's work with medical students that inspired this award. Dr. Gigg will be presented with a crystal giraffe at the fall Teaching Awards Ceremony.

DRS. DAVID TOPPS of Airdrie, **FRED JANKE** of Sylvan Lake, and **ROBERT WEBSTER** of Vulcan were honoured by their fellow rural doctors with an award for meritorious long medical service to their respective communities by the Society of Rural Physicians of Canada at its 13th Rural and Remote Medicine Convention. Dr. Trina Larsen Soles, SRPC President, said "many rural communities don't have enough doctors. Only a few have had long-standing contributions from physicians who have made a real commitment to their community. We are recognizing those physicians with these awards."

DR. BRIAN SIRAY of Black Diamond has been named Alberta's Family Physician of the Year for 2005 by the Alberta College of Family Physicians. This Award recognizes an outstanding member of the College who exemplifies the four principles of family medicine in his/her practice: He/she is a skilled clinician; is community-based; acts as a resource to a practice population; and recognizes the central importance of the doctor/patient relationship. Recipients of this

award are chosen by their peers for providing exceptional care for their patients, making significant contributions to the health and well-being of their community, and dedicating themselves to the education of future generations of family doctors. Dr. Siray will be honoured at the time of the ACFP Annual Scientific Assembly in February 2006.

Residents of the Alberta Rural Family Medicine Network - Rural Alberta South node recently named three physicians as Preceptors of the Year at the U of C graduation dinner in June.

DR. VACY-LYLE of Drumheller was Rural Preceptor of the Year and commended for both his commitment to teaching as well as his important insights on aspects of life outside of medicine. Lethbridge Specialty Preceptor was **DR. PAUL LEWIS** — a CFPC Emergency doctor who impressed residents with his enthusiasm for teaching as well as the amount of time he dedicated to workshops and teaching sessions he facilitated over and above his preceptorship duties. **DR. FOULSTON** of Medicine Hat was chosen as specialty preceptor for that city and commended for her efforts to maximize resident learning and to minimize resident 'scut' work.

"Preceptors devote a huge amount of time, energy and resources to residents," says Brian Farrell, R2 Representative for Rural Alberta South residents. "We want to make sure that everyone in our medical community knows which preceptors go above and beyond to help shape tomorrow's physicians. Also we hope that the Awards will show the preceptors that they are appreciated and that they will be encouraged to continue to be such great role models."

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' electives 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.

upcoming COURSES & CONFERENCES

"FALL" SEEDING

Edmonton

September 16 and 17, 2005

For this year only, U of A's Faculty Development Retreat known as Spring Seeding is planned for September 16 and 17. Guest speaker will be Dr. Eric S. Holmboe from Yale University who is scheduled to lead physicians on the topic of "Training Faculty in Direct Observation of Competency of Learners."

PEACE CONFERENCE

Peace River

September 29 to October 1, 2005

mlkolber@telus.net

For the fifth year, Peace River will be hosting the Peace River Regional Medical Conference. This year's conference runs from September 29th – October 1st, and is expected to attract about 30 local and regional physicians. It will feature a "therapeutics initiative" from UBC reviewing evidence-based pharmacotherapy. For more information about the conference, contact Mike Kolber at mlkolber@telus.net

New Information for Youth Web Pages Developed

To support RPAP's interest in having younger students (junior and senior high) consider rural medicine as a career option, a new section is now available on the RPAP website. The web pages, which support RPAP's School Outreach initiative, provide details about what rural physicians do, the process to become a doctor, how much a medical education costs and how students can prepare to become a rural physician. To view the new pages, go to www.rpap.ab.ca/ify/career.html



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.

FEBRUARY

Dr. Roelof Botes – Drayton Valley
Dr. Jonathan Chan – Leduc
Dr. Daniel Dada – Milk River
Dr. Nasreen Kadodia - Lloydminster

MARCH

Dr. Suhail Abbasi – Lloydminster
Dr. Almuez Abdukadr – Tofield
Dr. Deon Botha – Airdrie
Dr. Marcelino De Souza – Manning
Dr. Nicholas Hurst – Fort McMurray
Dr. Pieter Kruger – Fort McMurray
Dr. Yasin Mahmood – Lloydminster
Dr. Abraham Swanepoel – Jasper

APRIL

Dr. Narciso Baldonado – Fort McMurray
Dr. Gerrit Dekker – Camrose
Dr. Kathleen Durante – Bellevue
Dr. Suzanne MacIver – Edson
Dr. Farhana Mujtaba – High Prairie
Dr. Fizza Rafiq – Ponoka
Dr. Madeleine Spengler – Olds
Dr. David Strydom – Sylvan Lake
Dr. Deon Vorster - Olds

MAY

Dr. Edward Denga – Fort McMurray
Dr. Schalk Greyling – Ponoka

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

David Kay, RPAP Program Manager
Alberta Rural Physician Action Plan
1000 Manulife Place
10180-101 Street Edmonton
Alberta, Canada T5J 3S4

Phone: (780) 423-9911
Toll free 1-866-423-9911
Fax: (780) 423-9917
Alberta-RPAP@rpap.ab.ca
www.rpap.ab.ca

