

RPAP *to become* New Legal Entity

The RPAP is about to take another important step in its evolution as it launches the process to become a not-for-profit corporation. With the approval of the Minister of Health and Wellness, work is now underway for the RPAP to incorporate by early April 2005.

The new legal status is expected to improve the RPAP as a credible, impartial and responsive organization that assesses requirements and focuses its resources on the needs of physicians and their families in rural Alberta.

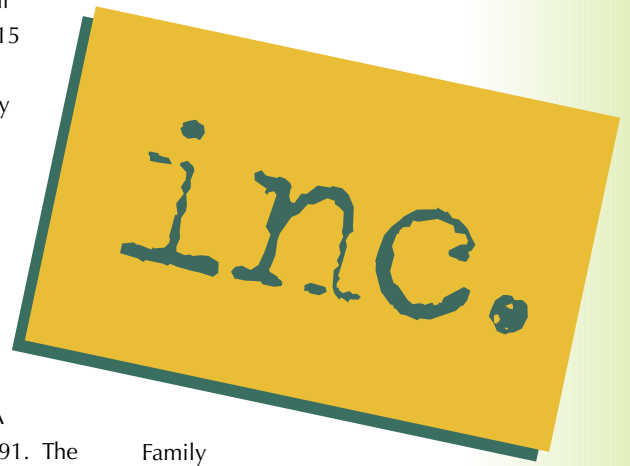
It seems hard to believe that 15 years have elapsed since the concept of RPAP was approved by the Provincial Cabinet in December 1990.

Starting off first as an Alberta Health program, the RPAP was then devolved as an

“arms-length entity” in 1996 under RPAP Coordinating Committee Chair Dr. Larry Ohlhauser. Over the past 15 years, the RPAP has matured and developed into one of Canada’s only integrated and comprehensive programs for the education, recruitment and retention of rural physicians.

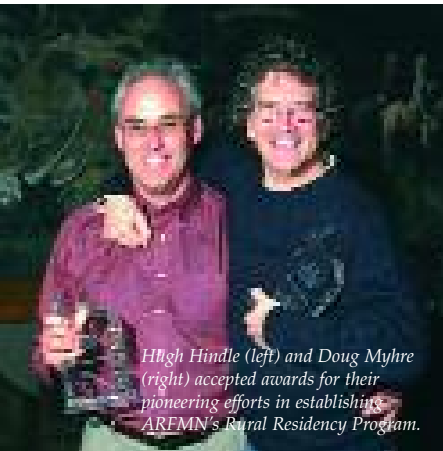
RPAP’s first initiatives were the Rural Rotations Program for medical students and residents, and CME programming for rural physicians offered through the UofA and the UofC beginning in April 1991. The Rural Locum Program was launched the next year under a contract with the AMA.

Over the years, additional programs and initiatives have been added including the Virtual Library, Enrichment Program, Recruitment Fairs, 3rd year Additional Skills Training positions, the Spousal Network and the weekend and seniors’ components of the Rural Locum Program. The Alberta Rural



Family Medicine Network and its Rural Alberta North and South nodes were approved in August 2000 – 16 students were accepted into its first class of Family Medicine Residents in July 2001; 23 students enter the fifth class in July 2005.

Cabin Fever!



Hugh Hindle (left) and Doug Myhre (right) accepted awards for their pioneering efforts in establishing ARFMN's Rural Residency Program.



Unit Directors hamming it up! Left to right: Peter Koegler, Hugh Hindle, Doug Myhre and Fred Janke share a lighter moment after the ceremonies.



Delegates enjoying each other's company.

From all reports, Cabin Fever 2005 – the 5th annual rural faculty development retreat – was a grand success! Not only were rural physician preceptors provided with opportunities to increase their teaching skills, participants also had a chance to say thank you to ARFMN's two pioneering Unit Directors and to welcome their replacements.

Cabin Fever, sponsored by the Rural Physician Action Plan (RPAP), it's Alberta Rural Family Medicine Network (ARFMN) and the U of C's Department of Family Medicine, is annually designed to provide rural physicians with an opportunity to increase their precepting skills. Preceptors are a critical link in the education and training of medical students and residents in rural Alberta. This year's theme "Teaching: Beyond the Basics," provided three conference streams aimed at new preceptors, experienced preceptors and, for those who had been teaching for years, theoretical approaches.

On Friday night, delegates helped to thank the two original ARFMN Unit Directors (Hugh Hindle – Rural Alberta North and Doug Myhre – Rural Alberta South) for their pioneering efforts in establishing ARFMN four years ago. Pulling

together a brand new, rural-based residency training program organized provincially and affiliated with two universities with new training sites in a few short months was a tremendous accomplishment. To their credit, ARFMN is now successfully graduating outstanding residents for rural practice.

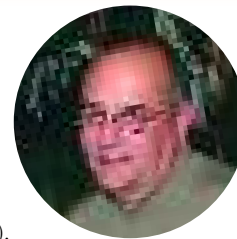
Participants also welcomed the two physicians who will be taking over Hindle and Myhre's positions. Fred Janke, ARFMN Regional Site Coordinator in Red Deer and Peter Koegler, Regional Site Coordinator in Lethbridge will become the Unit Directors on June 1 for North and April 1 for South respectively.

new ARFMN Unit Directors

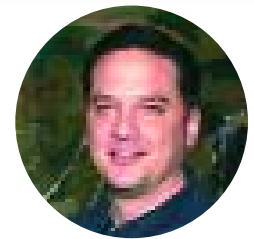
Two new Unit Directors have been selected for the Alberta Rural Family Medicine Network. In the December 2004 issue of RPAP News, we profiled ARFMN's inaugural Unit Directors - Dr. Hugh Hindle (Rural Alberta North) and Dr. Doug Myhre (Rural Alberta South).

Building on the auspicious accomplishments of these first two Unit Directors will be Dr. Fred Janke from Sylvan Lake (Rural Alberta North) and Dr. Peter Koegler of Lethbridge (Rural Alberta South).

Hugh and Fred and Doug and Peter are now working out the details of their transitions. We'll provide a profile of Drs. Janke and Koegler in a future issue. Welcome Fred and Peter!



Dr. Fred Janke



Dr. Peter Koegler

RPAP *working with communities to* Attract and Retain Physicians

Following the deployment of RPAP's new Community Resource Guide last spring, communities have been jumping on the bandwagon and, in concert with their health region and local physicians, taking ownership of their physician resources.

Over the past few months, RPAP has been invited to work with several Alberta communities to assist them in their physician recruitment and retention efforts. What a privilege it has been for RPAP staff to be a part of the enthusiasm, determination and commitment to address physician needs in the communities of La Crete, Vegerville, Three Hills/Trochu and the Smoky River Region!

RPAP's focus on communities is founded in the belief that physician recruitment and retention issues are a local concern and that community action, in partnership with the RHA and local physicians, can have a positive effect in attracting and retaining physicians.

With the advent of regionalization, there has been a perceived shift in responsibility for physician recruitment from local communities to regional health authorities (RHA) exclusively.

"RHAs don't recruit physicians by themselves," notes David Kay, Program Manager for RPAP. "Physicians are private business people who choose to practice and to establish themselves in a given community. Yes, RHAs have an overall responsibility for health services in the region and can assist with recruitment efforts but it is the individual physician who decides to locate in a given community ... and that community must be attractive to both the physician and his or her family."

Rural doctors are generally fulfilled by the challenge and diversity of their practice. Keeping the doctor in town, however, is often

dependent on successfully integrating the spouse and family into the community and their experiencing the rewards of rural living. Through community meetings, RPAP assists a cross section of organizations such as the RHA, Chamber of Commerce, town, county and/or municipal district councils, economic development authorities, local businesses and industries, community health councils, local health facility administration, and volunteer groups etc., to better understand the challenges and opportunities of rural medicine and to identify where local action, coordinated with regional efforts, can make an impact on physician retention.

"During a recent visit to a northern Alberta town," says Nancy Rowan, RPAP Physician Consultant (North), "I had the pleasure of meeting with a physician who arrived in Canada with this family a few years ago. He had used his life savings to get here and, much to his surprise, was unable to get a bank

loan to buy a car or a house because he didn't have a credit rating. Fortunately, the town stepped in and provided temporary accommodation for him and his family. He was able to rent clinic space from the town and, with two other physicians, set up his practice. Within the first week of the family's arrival, some of the town's people threw a welcoming party which left an indelible impression on the new immigrants. The family quickly became engaged in local activities. The children got involved with school and local sports groups and now, close to a decade later, this physician and his family are well established in the community and have no intention of leaving."

Not all physicians are so lucky. Some - whether foreign medical graduates or Alberta graduates - find themselves with huge debt loads and remain socially isolated

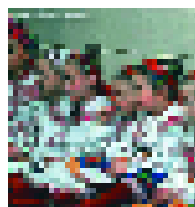
from the local residents. They find themselves coping with demanding on-call schedules associated with a one-, two- or even a three-person practice.

The people in the Smoky River Region view physicians as a regional resource. The towns of Falher and McLennan, their outlying communities and the Municipal District are establishing a plan to integrate their diverse community resources in order to attract and retain physicians to the area. For example, different community, public and volunteer groups are working together to develop a physician retention plan in support of the RHA's plan that includes a marketing package for the area to address such issues as access to credit, housing, transportation, community support and integration.

RPAP's partnership with Alberta Community Development (ACD) was established in 2003 to better support rural communities efforts related to recruitment and retention. This partnership has been a real asset in its support of the Smoky River Recruitment and Retention Committee. The regional Community Development Officer provides a local resource to facilitate their planning work. This partnership also permits

RPAP assists a cross section of organizations to better understand the challenges and opportunities of rural medicine and to identify where local action can make an impact on physician retention.

the professional growth of both RPAP consultants and ACD's community development officers as each contributes their unique body of knowledge to enhance community capacity in managing physician resources and meeting common goals. As this partnership progresses, tools will be developed to increase community capacity to address recruitment and retention issues



MEDICAL STUDENT activities

sum

Rosemary Burness, RPAP's Medical Student Initiatives Coordinator, has been busy over the past six months working with rural physicians and communities to attract medical students to rural medicine. Activities held recently include:

RURAL MEDICINE STUDENT INFORMATION NIGHT

A Rural Medicine Student Information Night held at the U of C in September 2004.

SKILLS DAY

Skills Day workshops were held in Viking (UofA students) and Drumheller (UofC Students) in December 2004. It is a huge undertaking for these rural centers to host such events and many dedicated people provided their time to make it a success. Our thanks are extended to everyone who helped make these events so successful;



Oscar Cruz

Looking forward over the next few months, students have expressed a great deal of interest in RPAP's Summer Student Experience. In fact, there are more students interested than there are placements available. If you would like the opportunity to supervise a student next year, contact Rosemary Burness at 403-995-2136 or Rosemary.Burness@rpap.ab.ca

SHADOWING AND MENTORING

In October 2004, a letter was sent to all rural physicians in the province looking for those interested in shadowing and mentoring medical students. We now have 46 sites and 168 physicians involved although students have not yet been sent to all sites. From two to eight shadowing events are held every month. Often the students spend the weekend with two different physicians depending on how each physician's call schedule works. Many students send notes after the event telling of their amazing experiences with incredibly dedicated and caring doctors in these rural towns; and

FIRST ANNUAL ALBERTA MEDICAL STUDENTS' CONFERENCE AND RETREAT

The First Annual Alberta Medical Students' Conference and Retreat was held February 4, 5 and 6th 2005, in Banff. The UofA and UofC Medical Student Associations organized this event with sponsorship by numerous organizations such as the RPAP. The weekend attracted more than 200 first and second-year medical students who attended a number of excellent education sessions mixed together with important social events.

Last summer a handful of Alberta medical students participated in the RPAP Summer Experience Program. Of these students, Allison Ball and Anna Wesenberg – both in first-year – thoroughly enjoyed their time in rural Alberta. Both plan on returning for rural electives and possibly even a career in rural medicine.

ALLISON BALL spent her summer in Medicine Hat working with Dr. Don Davis in the area of obstetrics and gynecology. As a city kid, she spent little time in rural Alberta. Allison was pleasantly surprised at the warm welcome she received, the beauty of the city, and the modernity of all aspects of the medical care. As Allison proclaimed on her first day in Medicine Hat, "The hospital has a Tim Horton's, so I'm sold. I can deliver babies for four weeks as long as Tim's is around to help me out."

Allison had a lot of freedom to create the kind of elective she wanted. Her time was divided between clinical work in the hospital, the clinic and research. She assisted in the delivery of twins and in a number of cesarean sections. Her clinical experience has given her confidence in her medical skills and her interaction with patients.



Allison Ball

summer student experience

ANNA WESENBURG spent her summer in Red Deer working with Dr. Maureen McCall. Her clinical experience allowed her to work with a number of different patient populations and to see a variety of health conditions. She worked at Dr. McCall's clinic (The Associate Clinic), the Red Deer Teen Clinic, and in the hospital. Her experience with Dr. McCall enabled Anna to work with a Spanish-speaking immigrant population. Although this population posed a language barrier for Anna, it was a good opportunity to work with diverse patients with health issues that are much different from the rest of Dr. McCall's patients.

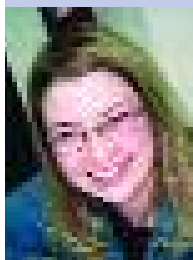


In addition to her clinical experience, Anna completed a research project. For several years, Dr. McCall has been interested in starting a cardiovascular health

program for patients at the Associate Clinic. Anna designed a basic walking exercise program package called FootSteps that can be given to patients to help get them become more active and to improve their cardiovascular health. The program has been implemented at the clinic and patients are taking the package home.

And the Recipients are . . .

Four medical students were recently chosen as the inaugural RPAP Rural Medical School Award recipients. The award provides \$5,000 for each year of medical studies for four Alberta students per year. This year's recipients were Serena Crum, Mark Prins, Daniel Read and Philip Davis.



SERENA CRUM is a third-year U of C student who grew up on her family's farm in the hamlet of Glenevis. Serena was active in her Sangudo High School. She began to shadow her family doctor, Dr. Ness, and she became increasingly interested in medicine. Before entering medical school, Serena farmed on the weekends and worked as a dental hygienist around northern Alberta. Serena is very pleased to have been honoured with this award. Upon completion of her schooling, Serena plans to return to her farm and practice rural family medicine.



PHILIP DAVIS has first-hand knowledge of the life of a rural doctor. His father, a physician in Ponoka, acted as his mentor and encouraged Philip to pursue his dream of becoming a physician. Philip is currently in his first year of medical school at the U of A and plans to return to rural Alberta to practice medicine near his family.



MARK PRINS grew up on a pig farm just west of Lacombe. He attended the U of A for his undergraduate education and is currently a second-year medical student at the U of C. Mark has been actively involved in the U of C's Rural Medical Interest Group as well as RPAP's School Outreach Program where he speaks about careers in medicine to Junior and High School students in rural Alberta. He is interested in practicing rural family medicine in Alberta.



DANIEL READ grew up in Camrose where his mother works at the Smith Clinic and where Daniel had frequent interactions with the physicians there. Watching the rural physicians care for multiple generations of the same family made an impression on Daniel and deepened his interest in family medicine. Daniel is a third-year medical student at the U of A and is a member of the Rural Medical Interest Club.

Enrichment Training

Enables Physicians to Complete MPH

“I was looking for this educational opportunity to expand my skills and abilities. One of my mentors, whom I thought was a great teacher and was really involved in community health, had a Master’s in Public Health (MPH) and thought the MPH would also be great training for me,” says Dr.

Richard Allen of Cardston. Allen completed his 10-month RPAP-funded MPH program in 2004 at the Harvard School of Public Health in Boston, Massachusetts.

“The MPH provides training in community health and epidemiology for

careers such as a medical officer of health,” continues Allen. “My focus was on medical research, so I didn’t do as much public health training but more on how to do research, biostatistics, and epidemiology. I’m interested in clinical research – things that apply to a physician’s office.”



Allen is applying his new training to some of his own research projects:

1 “The largest research project that I did while I was on my Enrichment Training down in the U.S. was on **episiotomies** – why we are doing so many and how we could change that process. It was a project that I presented to both the American and Canadian Academies of Family Physicians and I won the first place award. It will be published in the February issue of the Journal of the American Board of Family Medicine;

2 I’m currently doing a study on **toddler nutrition** – what we should and shouldn’t be feeding our toddlers. Because of the fear of obesity, many parents are cutting back on what they feed their children early on and that is probably not right; and

3 I’m also doing a study on the **accuracy of patient-collected information** – when a patient tells the doctor his/her medical and family history – how accurate is it. We are finding that it is not very accurate.”

“As a result of my RPAP Enrichment Training,” says Allen, “I’m much more aware of the big picture when I see individual patients. While we usually see patients for

I’m always interested in new research projects and how we can change things: the way that physicians work, and quality improvement in the clinics and hospitals.

acute problems, we have to also look at the big picture of the community they live in and the lifestyle that they have. That’s the public health point of view - of seeing the whole community and not just one patient after another. I’m always interested in new research projects and how we can change things: the way that physicians work, and quality improvement in the clinics and hospitals. I haven’t connected with a research base here in Alberta yet but I’m trying to. While I enjoy clinical practice, I want to get into more teaching, research and health care administration.”



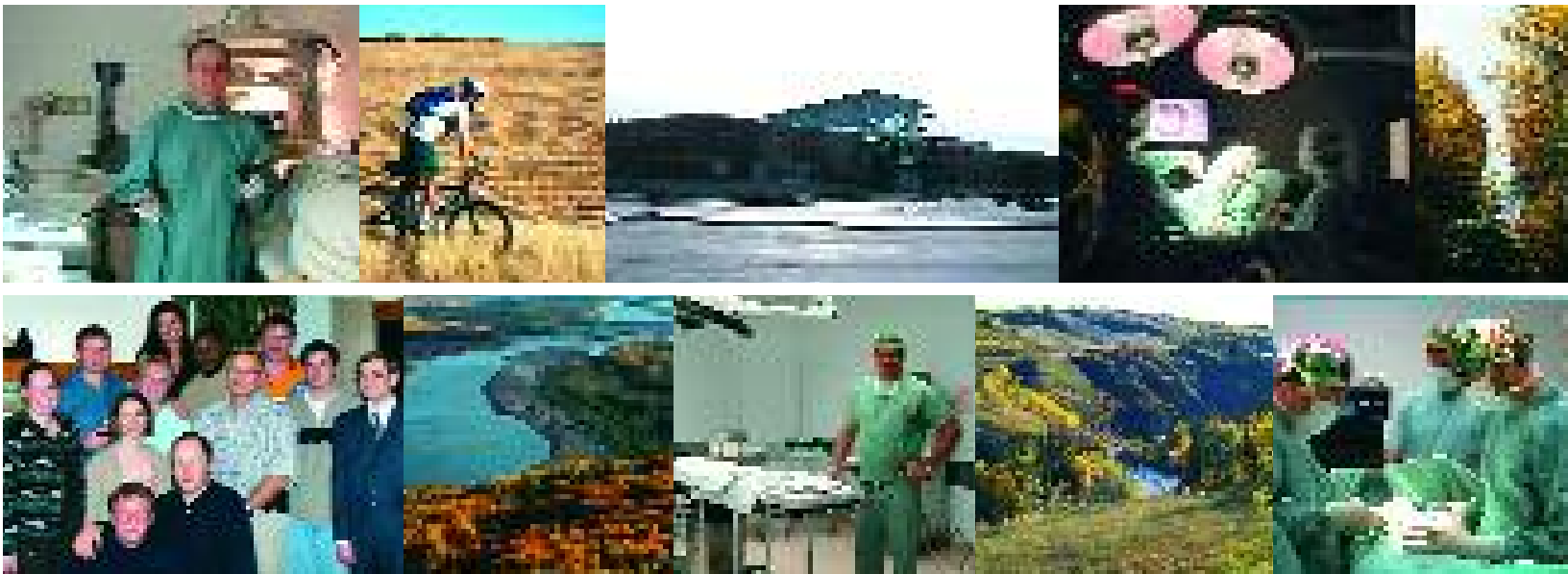
New Preceptor Web Pages Developed

Working with the ARFMN Unit Directors, the RPAP has developed new preceptor development web pages to support preceptors for Rural Alberta North, Rural Alberta South and the Rural Rotations Program (medical students and residents).

The web pages provide answers to questions, teaching strategies and quick tips to help preceptors work even more effectively with medical students and residents. The new pages are now available on the ARFMN website at www.arfmn.ab.ca

northern gem

Peace River Practice Profile



Nestled in a beautiful valley about five hours north of Edmonton and two hours northeast of Grande Prairie, the geography surrounding the town of Peace River not only provides a stunning visual backdrop but also offers a full range of sports and lifestyle activities for community residents.

Located within this spectacular area is a gem of a medical practice. The Associate Medical Clinic, with 10 physicians and associated staff, provides services to some 7,000 local residents, a further 15,000 in the surrounding region, as well as consulting services for other northern Alberta residents.

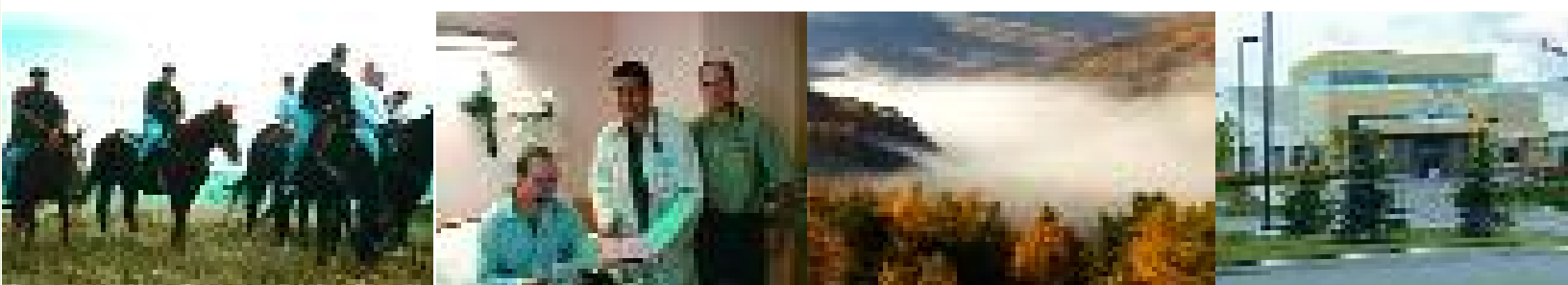
"Most of the 10 physicians here have additional skills training of some kind," says Dr. Mike Kolber, one of the physician partners. "We have four GP Anesthetists with an epidural service, two GP surgeons, and other physicians with specialties in sports medicine, GI medicine and chemotherapy. All

of us work in the clinic and in Emergency, as well as in our own "areas of expertise."

"This is a reasonably-sized community that lends itself well to additional skills," says Kolber. "We have a 35-bed hospital and another 40 beds in long-term care. We do lots of obstetrics – more than 300 deliveries a year. Our surgeons do C-sections, hernias and laparoscopies and other general surgical procedures. We have a regional dialysis program and a full complement of rehabilitation staff. We have a fully computerized office and completely filmless radiology department with a full-time radiologist. A CT scanner was donated by two area residents. We are also actively involved in research and teaching students – including journal clubs and student rounds. It is a good mix of hands-on medicine with enough academics to feel connected to the mainstream literature."

"The physicians in our medical practice are an exceptional bunch – we all get along and we're cohesive. We find that excellence begets excellence. We work hard and enjoy our work but we also want time for family and having fun. The Peace River community itself is attractive and has lots of recreational opportunities. We have a nice geographic setting – but it's the people who make the community," continues Kolber.

For the fifth year, Peace River will be hosting the Peace River Regional Medical Conference. This year's conference runs September 29 – 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 or practice opportunities, contact Mike Kolber at mlkolber@telus.net





Balancing Work and Life

... Evaluation of the Rural Physician Sabbatical Pilot

The busy life of a rural physician can sometimes lead to stress, burnout and loss of job satisfaction. Results of a pilot study, however, may lead to a new permanent program providing unique “R and R” opportunities for rural physicians.

In response to a proposal in 1999 from RHA #5 to introduce a sabbatical leave program, and in partnership with RHA #5 and David Thompson Health Region, RPAP created and funded the Sabbatical Leave Pilot Project to determine whether such a program would help to retain physicians in rural Alberta communities.

A Steering Committee, consisting of representatives from the RPAP, RHA #5, David Thompson Health Region and the Rural Locum Program managed the application and selection process. During the pilot, sabbatical leaves were awarded to

The planning of a sabbatical is a complex process as it will affect the entire community. If one physician is away, the other physicians and staff will need to plan to manage that.

four physicians: Dr. Peter Mah, Red Deer; Dr. Dennis Ethier, Lacombe; Dr. Gary Nelson, Whitecourt; and Dr. H. Ullah, Ponoka. The pilot provided up to four months of financial assistance for each physician’s overhead expenses. A further \$3,000 per month was provided if a

physician was using locum coverage or, if locum coverage was exhausted, access to a further \$5,000 per month was provided.

At the conclusion of the pilot, an evaluation was conducted to assess the extent to which the pilot increased overall job satisfaction and reduced stress and burnout, and to determine whether sabbaticals should become part of RPAP’s permanent programming. The following are conclusions from the pilot:

CONCLUSIONS

- The pilot was the catalyst for three of the four physicians deciding to take an extended leave from their practice. The financial assistance provided through the pilot motivated the three and the financial assistance helped them to defray some of their costs;
- The primary purpose for taking a sabbatical reflects findings from the literature. It provides opportunities to try new or different activities, rebuild or strengthen family relationships and to help the participants reflect on their current and future objectives;
- Physicians returned from their sabbatical more relaxed and re-energized – both physically and mentally; and
- Without access to a locum, it would be difficult for physicians in solo or small group practices to take a sabbatical.

“I would like to thank RPAP for being innovative and willing to try something new,” says Dr. Larry Olfert, Chair of the

Sabbatical Leave Pilot Project as well as Medical Director of what was then RHA #5.”

WHAT WAS LEARNED

- There is interest in sabbaticals among our physician population but these sabbaticals are not necessarily an academic exchange – their purpose is to give the physician and their family a break;
- The planning of a sabbatical is a complex process as it will affect the entire community. If one physician is away, the other physicians and staff will need to plan to manage that;
- Sabbaticals must be planned and family-driven. Spouses must be involved in the planning; and
- To be effective, physicians need to consider how this time away can be valuable to them – what it is they want to do.

As part of its 2005/2006 budget discussions, the RPAP Coordinating Committee is now considering whether provision of sabbaticals might be included in its permanent programming.

RPSN CHANGES

RPSN Administrator Gail Waco has resigned. We thank her for her hard work and wish her all the best in her new endeavours. Former RPSN Administrator Terri Taylor is now developing a work plan for future activities.

SEARCH participant EVALUATION

Since 1999, RPAP has supported the specialized training of five Alberta rural physicians who wish to use research findings or who wish to conduct research relevant to rural medicine. It is hoped that this support through its enrichment program enables physicians to expand their career paths and to cause them to continue practising in rural Alberta.

The Swift Efficient Application of Research in Community Health (SEARCH) program 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. An evaluation was conducted in 2004 to determine whether the RPAP support for SEARCH training was having positive effects on physician research skills and retention.

The evaluation showed that participating in SEARCH helped rural physicians to integrate research into their rural practice, provided them with opportunities to develop their careers, and helped them to remain in rural practice.

In-depth interviews were conducted with each of the five participants – three SEARCH graduates and two others who were in the second year of their training program.

The evaluation showed that participating in SEARCH helped rural physicians to integrate research into their rural practice, provided them with opportunities to develop their careers, and helped them to remain in rural practice. Some of the common themes found in the participants' responses are detailed in the list at right.

The next intake of SEARCH participants begins in May.



Appreciation for Research

A better "feel" for research and a more realistic understanding of the research process;

Research Skills

Increased skills in conducting research and increased abilities in writing for journals, reviewing and analyzing literature, using software and conducting qualitative research;

Evidence-based Decision Making

A better understanding of applying the best available evidence to evaluating options and to decision making in clinical, management and policy settings;

Career/Influence

An increase in career-related outcomes, promotions, changes in satisfaction with work, job enrichment, an enhancement of credibility with others and invitations to participate on related committees;

Personal Development

An increase in personal well-being;

Clinical Practice

Changes in the way physicians practice medicine;

Patient Education

Use of research skills for patient education; and

Rural Commitment

An increase in determination and commitment to rural practice.



Oh, WHAT FUN we had!

2004 was a busy year for members of the Rural Physician Spousal Network. Following are some of the many different events held that offered opportunities for physician spouses/partners and children to network, learn and have fun!

DINNER AND RECOGNITION FOR FIRST RPSN CHAIR AND ADVISORY COMMITTEE MEMBERS
Edmonton, June 17

A DAY LIKE NO OTHER... SPOUSAL RETREAT
Edmonton, November 12 - 14

CHINESE FOOD LUNCHEON
Peace River, April 5

MEETING AND BABY SHOWER FOR LOCAL PHYSICIAN
Fort McMurray, April 3



SPOUSAL/FAMILY BREAKFAST AT SPRING SEEDING
Edmonton, June 11

ARTS IN RURAL LIFE
Drayton Valley, March 11

Luncheon and discussion about the Benefits of the Arts



LAUGHTER AS THE BEST MEDICINE
Cabin Fever, Kananaskis, February 6



ROCK'N ROLL FOR RURAL MEDICINE
Emergency Medicine for Rural Hospitals CME Banff, January 23.

WATERCOLOUR PAINTING EVENT
Drayton Valley, June

THE JOY OF STRESS!
Fort McMurray, February 19

SPOUSAL/FAMILY AUTUMN ART ADVENTURE
Rural Emergency and Family Medicine Update, Jasper, September 11

THE HEEBEE-JEEBEES PERFORM
Region 8 CME Event, Grande Prairie, June 12
A special song about life as a rural physician was written and performed by this group.



MORNING TEA AT JEFFERY'S CAFÉ
Grande Prairie, May 18

CONNECTION, CAMARADERIE, FRIENDSHIP AND FUN! RURAL ALBERTA NORTH AND SOUTH ORIENTATIONS
Rocky Mountain House, June 27 and 28

the more you learn
the more you realize you
you don't know

PROFILE OF A RURAL PHYSICIAN RESEARCHER

Dr. Tony Irving was born and raised in England in a family that placed great importance on education. His interest in research was first sparked while attending a fine medical school there - he did some research which heightened his awareness of the fragileness of supposed "facts."

In 1972, Irving came to Canada and located in High Prairie for eight months where he had access to all the investigatory equipment and labs that he might have found in a British hospital system! This gave him an opportunity to investigate treatments and to be a complete physician – something he really enjoyed.

From High Prairie, Irving moved permanently to Pincher Creek to work in a practice with seven (now eight) physicians. The group serves a community of about 10,000 residents, although on a nice weekend in the summer months this may jump to 25,000 people.

Over the years, Irving and his practice group emphasized quality of care and his



Efficient Application of Research in Community Health). Irving believed that this program, and RPAP's support of his participation in it, was an opportunity to demonstrate the quality of colonoscopies.

"When I got into SEARCH," says Irving, "I thought what is the most special, useful and unusual service that we provide. Colonoscopy has a very successful yield, and if you can diagnose cancer of the colon early, you can get a 90% cure rate. I chose Dr. John Rottger's skills as a GP endoscopist as the subject of study. Our results show that the numbers we generate as GPs with endoscopic

skills are very close to those achieved by qualified, certified gastroenterologists. Our results have also led us to do research outside SEARCH – a prospective trial looking at more parameters yet."

Irving continues, "For my group project in SEARCH, I am looking at what is required to make a clinical data repository a very useful tool for researchers and a tool that can provide government with useful data. I think my next project will be on cardiac stress testing."

Besides research, Irving loves the ski hill at Pincher Creek and spending time building his GLASTAR airplane.

"All that learning ever does is to teach you more about what you don't know."

— DR. TONY IRVING

interest in research continued. Then along came the Alberta Heritage Foundation for Medical Research's SEARCH program (Swift

upcoming COURSES & CONFERENCES

PROVINCIAL HEALTH ETHICS NETWORK (PHEN) ANNUAL CONFERENCE

Red Deer
May 9, 2005
Contact: (403) 208-0070

This conference will aim to enable health care providers to refocus attention on core values of the health professions and what it means to be a good care provider, particularly in the midst of economic, social, political and other challenges that often conspire to make it difficult if not impossible to act virtuously.

CAEP 2005

Edmonton
May 28 – June 1, 2005
robdaloise@shaw.ca

The Rural track of this conference is a half-day, hands-on seminar providing rural physicians with a presentation on the use of teleconsultation in providing emergency care as well as excellent opportunities to practice: difficult airway interventions, vascular access techniques, and the use of electronic medical records in emergencies. There is limited registration but no additional expense over and above the cost of the conference. For more information, contact Rob Daloise, at robdaloise@shaw.ca.

2005 SOCIETY FOR THE ARTS IN HEALTHCARE CONFERENCE

Sutton Place Hotel
Edmonton
June 22 – 25, 2005
www.thesah.org/annual/

What are the model programs for arts in healthcare today? What are good examples of health spaces and patient-centred healthcare design? How do we train artists to work in healthcare settings? What types of visual, music, theatre and dance-based work can be done in hospitals or at the bedside?

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. David L. Belcher – *Drayton Valley*
Dr. Jurie H. de Bruyn – *Rimbey*
Dr. Anton E. du Toit – *Camrose*
Dr. Elizabeth G. Kelly – *Olds*
Dr. Henry I. Okonta – *High Level*

NOVEMBER

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