

Mamma I'm Coming Home

The rewards, challenges and pitfalls of practicing medicine in your home community.

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CFPC

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No conflicts of interest

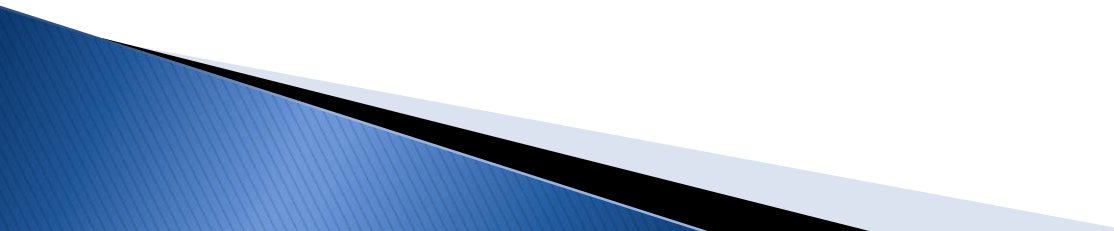
NOSM:

Follow your Dreams Workshop

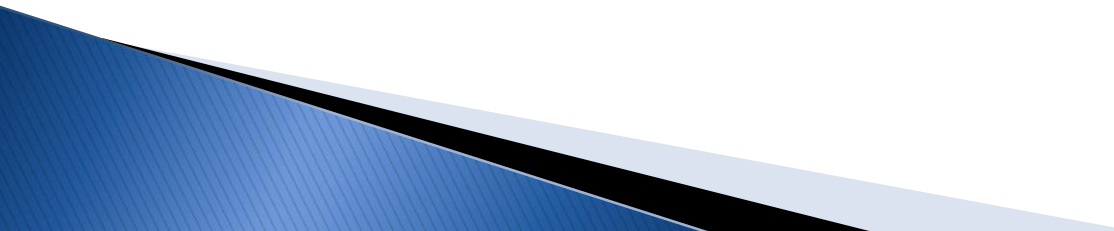
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- ▶ Encourage and nurture Aboriginal students into and through medical school;
- ▶ Acknowledge and respect Aboriginal history, traditions and cultures;
- ▶ Access the expertise and resources in Aboriginal communities;
- ▶ Establish partnerships with Aboriginal communities; and,
- ▶ Incorporate into the curriculum the challenges and specific health priorities of the Aboriginal communities.
- ▶ Identifies and implements new initiatives in support of the School's commitment to Aboriginal communities.
- ▶ Ensure meaningful collaboration with Aboriginal communities;
- ▶ Assist in the recruitment of Aboriginal students;
- ▶ Recruit Aboriginal host communities for medical students; and,
- ▶ Advise the School's senior leadership, committees and working groups.

The Bottom Line

- ▶ More Aboriginal Physicians
 - ▶ More physicians trained to practice medicine in a culturally congruent way
 - ▶ Improve access to quality primary care for Aboriginal peoples
 - ▶ Improve access to quality primary care in rural and remote areas of Canada
 - ▶ Improve overall health outcomes for Aboriginal peoples across Canada.
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My discussion today

- ▶ The delivery of rural medicine
 - ▶ The delivery of health care in your home community
 - ▶ Ways to prepare your community and physician to face these challenges
 - ▶ Recruitment and retention
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What does research have to say?

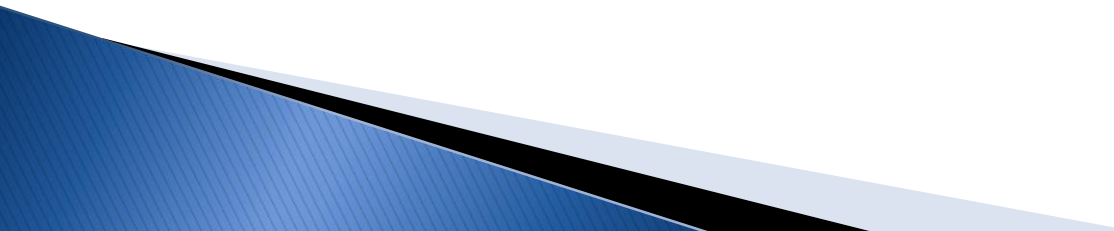


Physician Insights: The enjoyable aspects of Rural Medicine

When the doctors were asked to describe their practice, one word sums up all of their responses, “diverse.”

Each physician described the wide scope of their day-to-day practice. In the course of a single day, a doctor may fulfill the roles of surgeon, obstetrician, family physician, and emergency doctor.

This diversity was praised by the group as the most enjoyable aspect of rural medicine. Another aspect enjoyed was the strong sense of community they experienced, both professionally and privately.



Joys Continued

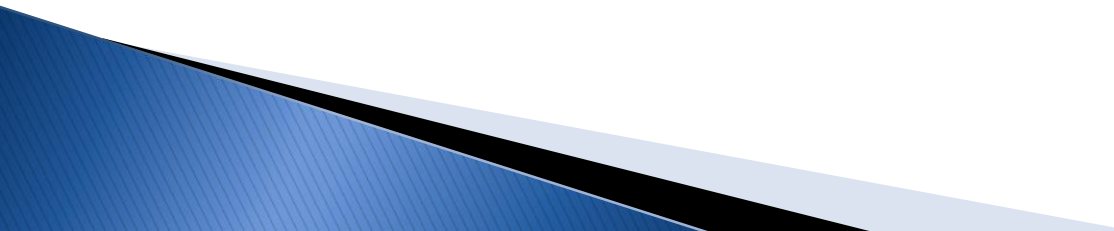
The group enjoyed the personal relationships they could create in the small town environment and found a greater capacity to provide continuous and holistic care to patients because of these relationships.

Investigating the Joys and Challenges of Rural Medicine:
A Student Perspective
Benjamin D. Greidanus MA

Physician Insights: The Challenging aspects of Rural Medicine

Aspects of rural medicine that the physicians found challenging and undesirable included the workload and the lack of support or resources they sometimes experienced.

The doctors talked about times when they felt burnt-out and overwhelmed by the number of hours they spent at the hospital away from their families.

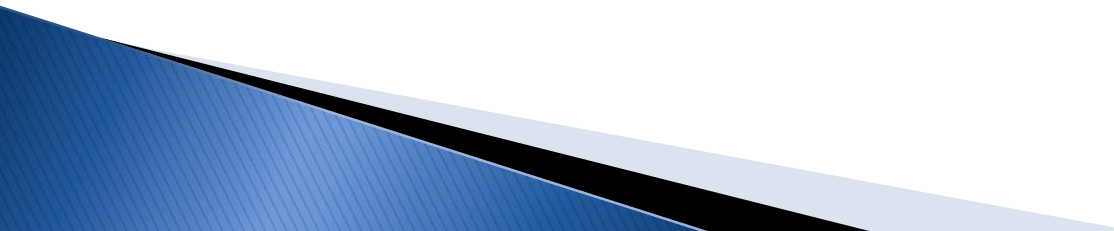


Challenges Continued

They sometimes missed the conveniences of the city, sometimes it feels like you're under house arrest, or town arrest,

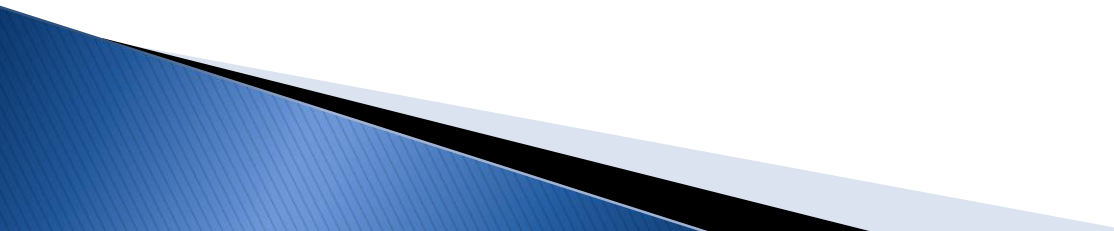
A general ignorance about rural medicine in the larger medical community. Several doctors found it frustrating to deal with policy directives that were ordered from administrators in the larger centers.

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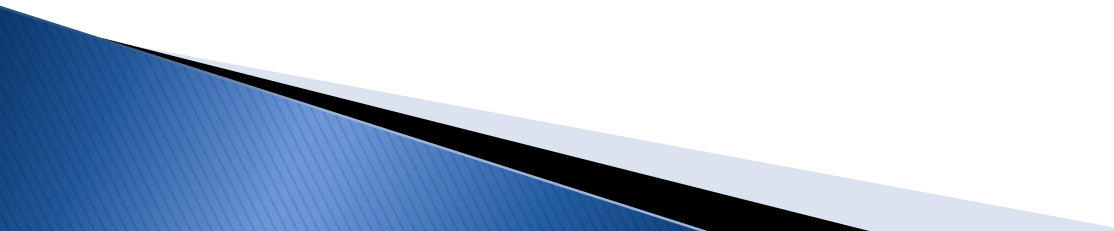


The Lived Experience


The Rewards

- ▶ A feeling or a sense that we are making a difference.
 - ▶ Reconnecting with our home community
 - ▶ Being back home near our aging parents
 - ▶ Small town life feels safer, more tight knit
 - ▶ Financial Incentives
 - ▶ Positive change from reactive medicine to preventative medicine
 - ▶ Providing continuity of care
 - ▶ Pride that the work we do is helpful and life changing for some.
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Challenges

- ▶ There is a real feeling like the community has very high expectations of us because we are from here.
 - ▶ Being criticized by the community becomes apparent very easily (no shoe policy), these feel more personal because we have known these people most of our lives
 - ▶ There is a feeling from the community that we “owe it them” a sense of entitlement.
 - ▶ Lack of anonymity (grocery store consults, front porch consultations)
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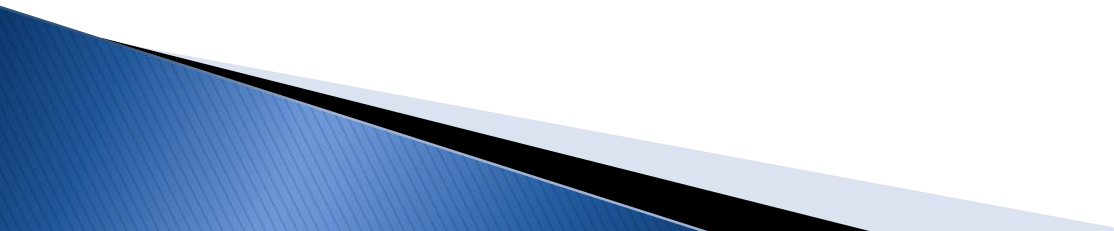
Challenges continued

- ▶ The challenge to continue our education requires locum coverage, travel
 - ▶ Lack of support from a senior physician
 - ▶ Balancing the business of medicine with the practice of medicine always a challenge because both are important.
 - ▶ Treating family, friend and foe.
 - ▶ Greener pastures
 - ▶ Educating patients about proper use of the emergency department
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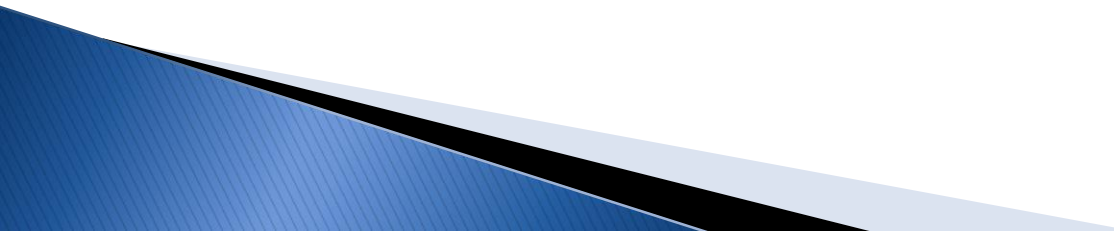
What we feel we have done well or correctly

- ▶ Taken full responsibility of 24 hour care of the community from cradle to grave
 - ▶ Share the work load equally amongst all three physicians
 - ▶ Engaged the Aboriginal community early before opening practice
 - ▶ Adapted our practice to meet the daily needs of the community with Open Access
 - ▶ We are united and supportive of each other and make changes based on consensus between us.
 - ▶ Maintained our connection to our most loyal locums.
 - ▶ Plan far in advance Aug 2014 we will have our 2015 schedule complete.
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Our successes

- ▶ Geriatric care
 - ▶ Palliative care
 - ▶ Long Term Care
 - ▶ Prenatal Care
 - ▶ Well baby care
 - ▶ Chronic Illness Management , Cancer care
 - ▶ Community Education Sessions
 - ▶ Manageable schedules
 - ▶ Functional MAC
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Our Pitfalls

- ▶ The community wasn't prepared
 - ▶ The community was not told what to expect , or how things may change. How medicine will be delivered once we arrived.
 - ▶ We have yet to explain that each of our practices and its operations does not involve a democratic process or a community vote.
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Other pitfalls:

Managing conflict, and disgruntled

A physician must always act in the patient's best interests. A physician's interests should not be in conflict with the patient's. Any conflicts of interest must be properly managed so as not to compromise the patient's best interests.

CPSO

Provider and staff safety is also important, you can't practice medicine with the patient's best interest in mind if you feel afraid or threatened.

This can be difficult in a rural environment when you may be the only one on call. Colleague support is very important and occasionally requires a transfer of care

The disgruntled or difficult patient

- ▶ Important to address in all practices but even more so in a rural environment because you will see them at the bank , and the grocery store and the mail and the emergency department and the next social or community gathering and walking your dog

Understanding the issue

Patient Factors

Angry, defensive, frightened or resistant patients
manipulative patients, somatizing patients,
frequent fliers, grieving patients

Physician Factors

Angry or defensive physicians, fatigues or harried
physicians, dogmatic or arrogant physicians

Situational Factors

language or literacy issues, multiple people in the exam
room, environmental factors ie. busy chaotic office

Hull (2007)

**Family Practice Management
How to Manage Difficult Patient Encounters**

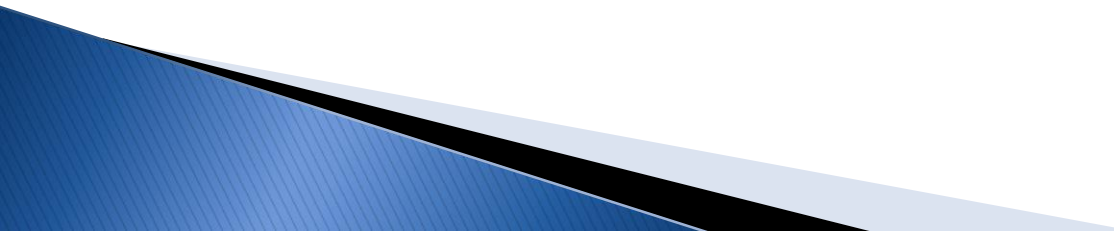
Social Media

- ▶ Twitter
- ▶ Facebook
- ▶ Instagram

To stay or to go

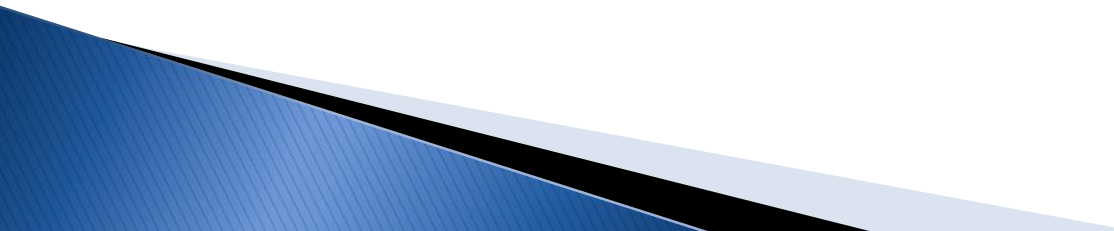


Reasons to stay

- ▶ We know the community needs us, they don't want to go back to the way it was.
 - ▶ Rural medicine is very rewarding and the scope of practice is appealing
 - ▶ Contract to fulfill
 - ▶ Enjoy our patients for the most part
 - ▶ Our financial investments in the community
 - ▶ We enjoy a very collegial working relationship, bonding through our shared journey from grade school, to high school, medical school, residency and now practice.
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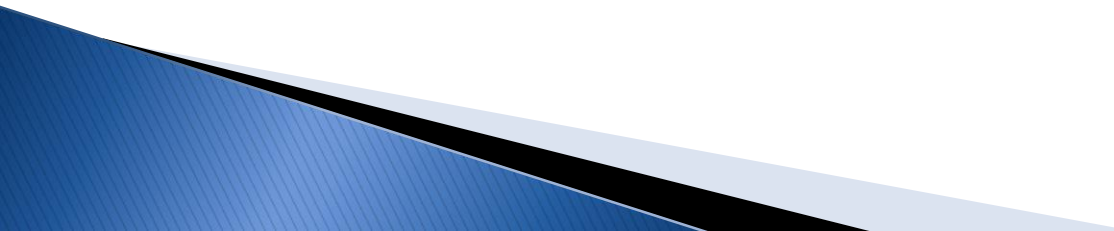
Reasons to leave

To leave

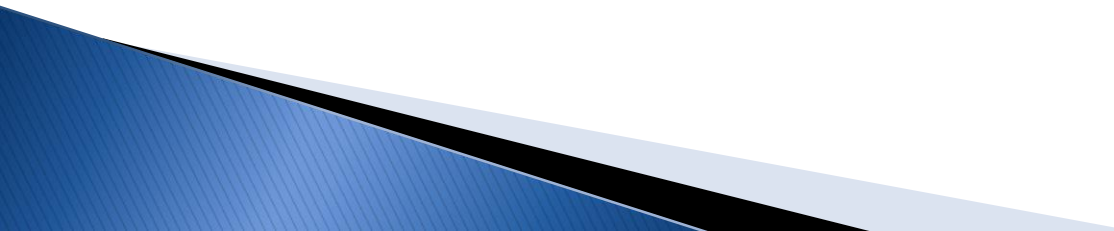
- ▶ The sacrifice: education for children
 - ▶ Family activities (football, competitive hockey, music)
 - ▶ Big fish small pond
 - ▶ Change from city to rural life
 - ▶ Concern about future burnout
 - ▶ Easier to stay current and participate in continuing education in a larger center.
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Recruitment at the school level

There are strategies that medical schools can adopt to contribute to efforts to recruit and retain physicians in rural communities.

- ▶ Rural student recruitment,
 - ▶ admissions policies,
 - ▶ rural-oriented medical curriculum,
 - ▶ rural practice learning experiences,
 - ▶ faculty values and attitudes,
 - ▶ advanced procedural skills training
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Recruitment at the community level

- ▶ Encourage youth and support their education
 - ▶ Find a good match (don't be looking for the urban princess per say)
 - ▶ Offer Financial Incentives , reduced overhead rates, shared spaces, shared human resources.
 - ▶ Offer Community Incentives, memberships to gym
 - ▶ Assist with finding suitable and safe housing
 - ▶ Support for continuing education (time, internet sessions.)
 - ▶ Freedom to develop own schedule and set up practice that works best for him/her.
 - ▶ Encourage sharing of responsibilities with existing health care team members.
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How to Prepare your physician and community

- ▶ Physicians should be encouraged to set ground rules to help themselves enjoy the advantages of practicing in a hometown without falling prey to the disadvantages (old friends thinking they're entitled to special care or after-hours care because they played Little League baseball with their physician.)
- ▶ "The doctor should be encouraged to train his or her patients," "There has to be guidelines, because they do not serve at the whim of the local patients. They're providing a service just like a plumber or electrician or any other business." Procter,C. (2007)

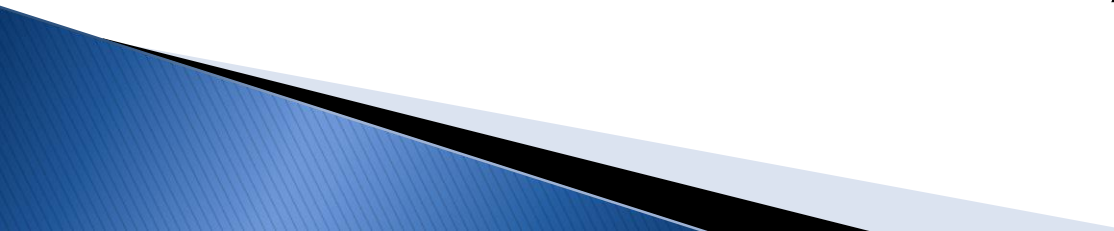
Can you go home again? How to practice medicine where you grew up

Retention

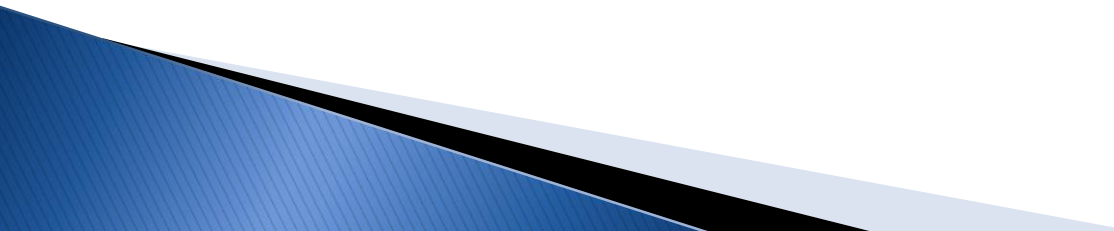
- ▶ Retention was independently associated with physicians' satisfaction with their communities and their opportunities to achieve professional goals.
- ▶ Retention was also marginally related to physicians' satisfaction with their earnings.
- ▶ Rural physicians' greatest satisfaction were their relationships with patients, clinical autonomy, the care they provided to medically needy patients, and life in small communities. Pathman et al (2008)

Rural Physician Satisfaction: Its Sources and Relationship to Retention

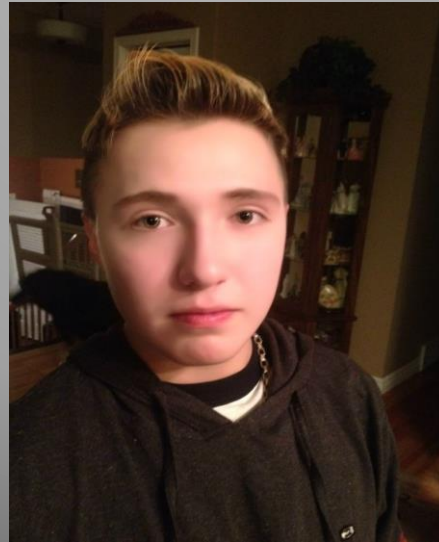
The Physician: what do they need in order to come home/ work rural?

- ▶ The Autonomy to decide how they want to set up shop.
 - ▶ A supportive medical community.
 - ▶ Flexibility in the schedule to have a life. outside of medicine, especially if you want to keep them. Burn them out and they will leave.
 - ▶ Support from the general community to recognize that physicians are human too and need down time and family time.
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continued

- ▶ The community to embrace his or her spouse, children, etc.
 - ▶ Support for continued learning.
 - ▶ respect for their knowledge and understanding
 - ▶ patience in the transition from start to full operations.
 - ▶ The ability to get away.
 - ▶ A welcoming community.
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Ultimately family wins. Family is usually what tips the scale in either direction



Mamma I'm Coming Home

“Times have changed
and times are strange
Here I come,
but I ain't the same”

Ozzy Osbourne





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