

## Family Practice Anaesthesia in Northern Ontario



*An interview with Dr. Robert Nugent, a family medicine anaesthetist in Fort Frances*

### Why did you decide to do an extra year of training in anaesthesia?

I love variety in my practice and anaesthesia offered more opportunities to do different things in the realm of family medicine. Mostly though, I thought that the training would make me more comfortable managing patients in general, in all settings.

### What led you to your current position?

When my training was finished, I decided to do three- to six-month locums in Northern Ontario communities in order to sample the practice and communities. I also decided that I wouldn't make a decision until I had locumed in all the communities in which I was interested.

### What can a family physician practising in anaesthesia do differently than other family physicians?

Doing anaesthesia allows you to work more comfortably in the OR, as well as do family practice. It also allows you to be a resource to family doctor colleagues in obstetrics, ER, inpatient care and the ICU. Pain management can also be an area of expertise.

### There is a perception that it is difficult to separate personal and professional life in a rural setting. Have you had any challenges?

Physician-patient interactions such as confidentiality and boundaries are probably the most important in this type of setting. I found that most people respect the separation between private and professional life but it is important to set boundaries early in your practice.



*An interview with Dr. Roderick Cheung, a family medicine anaesthetist in Kapuskasing*

### Why did you choose Northern Ontario to set up your practice?

I like to work in a rural setting where comprehensive family medicine is possible. Family physicians in Northern Ontario can have a wide scope of practice.

### Why did you decide to do an extra year of training in anaesthesia?

I have always wanted to be a comprehensive family physician. I think that you can become proficient in ER, inpatient medicine and obstetrics with just the two-year core family medicine training program. However, if you want to become comfortable in airway management and to do anaesthesia in the OR, then you will have to do a third year of anaesthesia training. I believe the extra year in anaesthesia helps me a lot in working comfortably in the ER as well.

### Does the schedule of benefits adequately compensate focused-practice family physicians?

Yes, you are basically paid the same way as Royal College anaesthesiologists for the procedures that you do. Obviously, you will not be doing complicated surgeries like heart transplants, but you will be proficient in dealing with cases common in a community hospital.

### Do you think there is a need for more focused-practice family physicians in anaesthesia?

I do. Rural hospitals depend on the OR and the availability of anaesthesia services for many things, including obstetrics. Without family practice anaesthetists, a rural OR cannot function.



# Family Medicine – Care of the Elderly

*An interview with Dr. Stephanie Stocco, PGY3, Care of the Elderly (COE)*

## **How does your scope of practice differ from a geriatrician?**

While care of the elderly family physicians and geriatricians share the same approach based on comprehensive geriatric assessments, geriatricians' training allows them to focus on higher acuity and more medically complex patients due to their increased depth of training. They typically see elderly patients who require general internist consults.

## **What additional skills have you gained through an extra year of training in geriatric medicine?**

I have much more confidence in prescribing and reviewing medications for the elderly, as well as assessing frail elderly patients. I also understand the importance of comprehensive geriatric assessments and the value this can bring to patients. I now apply a different approach to a patient; my first priority is to understand the patient's goals and then to create a plan to meet those goals. I am still focused on applying an evidence-based approach to an individual but realize modifications may be warranted based on individual situations.

## **How do you intend to practice?**

I'd like to work as a hospitalist with a focus on the elderly. This will allow me to apply a geriatric approach to patients who are still in hospital and to optimize co-morbidities before discharge.

## **Do you think there is a need for more family physicians with a geriatric focus?**

I see there is a huge need for physicians to have a focus on the frail elderly from the viewpoint that geriatric medicine training can provide.



*An interview with Dr. Julie Auger, a Care of the Elderly Family Physician in Timmins*

## **What led you to your current position?**

I came to Timmins after it was suggested to me by a geriatrician I worked with in Ottawa during my PGY3 year. He had been working in collaboration with a Timmins physician to enhance geriatric services at the Timmins and District Hospital and in the community. After completing an elective with him, I decided to relocate to Timmins to begin working after residency.

## **How has your training provided you with career opportunities?**

My training provided me with the knowledge and experience to function as a consultant in Care of the Elderly at the Timmins and District Hospital and in the community. It gave me enough training in geriatric rehabilitation to take over the Medical Directorship of the Rehabilitation and Continuing Care Programs of the hospital.

## **Does the schedule of benefits adequately compensate focused-practice family physicians?**

There are many models of remuneration for Care of the Elderly physicians. There have been significant improvements in the schedule of benefits to adequately remunerate the in-depth assessments required for frail seniors.

## **Do you think there is a need for more family physicians with a geriatric focus?**

The aging Canadian population makes it imperative for more Care of the Elderly physicians to be available for the decades to come. Seniors are living longer and as a result, we will see greater numbers with complex medical needs who will benefit from being cared for by physicians trained in Care of the Elderly.



## The Need for Focused Practice in Ontario

Throughout Ontario the demands for healthcare are diverse and create a need for family physicians who provide focused care that complements their general comprehensive practices. With additional training and enhanced skills in areas of need, physicians have an opportunity to build a rewarding practice that incorporates both general and focused approaches to care.

### Did you know?

The College of Family Physicians of Canada (CFPC) recognizes enhanced areas of expertise in:

- Emergency Medicine
- Family Practice Anaesthesia
- Sports and Exercise Medicine
- Enhanced Surgical Skills.
- Care of the Elderly
- Palliative Care
- Addictions Medicine

Resources are available to learn more:

- Visit the [CFPC website](#) for more information about Certificates of Added Competence.
- Contact the [OMA](#) for information about GP-Focused practice designations.

Search for full-time or locum physician job opportunities across the province by visiting [www.HFOJobs.ca](http://www.HFOJobs.ca).

There is an immediate need for family medicine anaesthesia in Northern Ontario. Communities that are recruiting for full-time and locum positions include:

- Fort Frances
- Kenora
- Sioux Lookout
- Kapuskasing
- Kirkland Lake
- Temiskaming Shores

“The thing that I enjoy most about being a family medicine anaesthetist is the complexity and unpredictability of my day-to-day work, which keeps things interesting. If any family medicine residents are interested in a PGY3 year in family practice anaesthesia, I would say it was one of the best decisions I’ve made, both personally and professionally.”

– *Dr. Vincent Dubois, Family Physician Anaesthetist, Temiskaming Hospital*