HealthForceOntario

Practice Ontario Newsletter

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Why Practice in a Northern Rural Community?

Interview with Drs. Kara TenHoeve and Ryan Zufelt

Dr. Kara TenHoeve

Practice Location: Norwest Community Health Centre, Longlac, Ontario

Family Medicine Residency: Royal Victoria Regional Health Centre, Barrie, Ont., University of Toronto

Medical School: University of Toronto

Dr. Ryan Zufelt

Practice Location: Geraldton District Hospital and Northern Horizon Medical Centre, Geraldton, Ontario

Family Medicine Residency: Royal Victoria Regional Health Centre, Barrie, Ont., University of Toronto

Medical School: University of Toronto

When did you first know you wanted to practice outside an urban centre?

K - During medical school, it became clear to me that I did not want to live in an urban centre; by choosing Family Medicine, I opened the door to the broadest range of opportunities.

What was the job search process like for you?

R - We attended several job fairs and entertained the idea of starting practice in Barrie and surrounding regions. However, our decision to start practice in Northern Ontario was fairly straightforward, as we were absolutely ecstatic to move back to where Kara grew up, and where our family and friends reside.

What were the factors that influenced your decision to practise in Geraldton/Longlac?

K - In addition to our personal connection to the area, there were many professional factors that solidified our decision to move up North. We established good relationships with the physicians and administration at the Geraldton Medical Clinic, Geraldton District Hospital, and the Norwest Community Health Centre in Longlac. The practice structures in Longlac and Geraldton allow us to spend more time together. Additionally, there are financial incentives for practice in Northern Ontario. However, these were distant bonuses. Certainly, we needed to consider a large debt load from professional school, but this was a secondary consideration in comparison to lifestyle and practice opportunities.

Had you provided locum coverage or trained in that community before establishing a practice?

R - I had not practised or trained in Geraldton prior to starting full-time practice. That said, many of Geraldton's past and present physicians were consistent and experienced locums before they signed on full time to work here.

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K - I completed a four-week elective in Geraldton in my third year of medical school, which made me more aware of some of the challenges and rewards of working in your hometown. Ryan and I embraced and thoroughly enjoyed our rural rotations including teaching practice in residency and rural electives in medical school.

Tell us about your relocation experience.

R - We were fortunate to find a house to rent, with some assistance from the hospital. Various people from the community were instantly welcoming, offering: boats, canoes, opportunities to join hockey and curling teams, and sharing coveted fishing spots.

What would you say is the most challenging and rewarding experience you had setting up a practice in your community?

R - The most challenging experience in my first year of practice has been learning how to balance an exponential increase in responsibility compared to any previous professional experience. As you might guess, there is also a great deal of gratification and reward to be taken from this challenge. The key has been balancing time, effort, and efficiency, and this is a work in progress.

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

R - When you are one of a handful of physicians working in a small area, encountering your patients or their family members outside of the medical setting is a regular occurrence. Separating personal and professional life can be challenging. However, acceptance of these realities along with simple professionalism is all that is required to function well as a physician at work, and a fellow community member on the weekends. Physician-patient interactions such as confidentiality and boundary setting are perhaps more important in this type of setting, but all physicians do this on a daily basis.

What activities do you do in your spare time?

K - Our family and friends are a fixture in our lives, and we spend a good deal of time with them. We fish, kayak, golf, cycle, run, and hike regularly. We curl, snowmobile, fish, and Ryan plays hockey in the winter.

What advice do you have for residents who are thinking about rural practice?

K - Many small communities are in need of more physicians, and would warmly welcome interest from residents considering rural practice. I would definitely encourage residents to talk with the local physicians, hospital and clinic administrators, and community members to determine if the community will meet their personal, family, and recreational needs. Many rural practitioners and hospitals are affiliated with residency programs, so electives can be arranged to gain experience in a community even before finishing residency. Once in practice, you may consider doing longer locums to gain the full experience of living and working in the community; it is difficult to picture yourself setting roots in a new town if you are only there for one week. For new grads deep in debt, the significant financial incentives are important to consider, as well.

Are there characteristics a physician requires in order to establish a successful rural practice?

R - It is important for new rural practitioners to know what to expect from their new practice environment, such as patient demographics, hospital and clinic structure, and recreational opportunities. Flexibility and adaptability are also beneficial qualities for starting practice in general.

What would you say is the most rewarding experience about working in a rural setting?

R - The most rewarding part of working in this type of rural setting is following up with patients whom our medical staff has seen in the hospital, the acute care wards, or the clinic. Sometimes, of course, follow up is in the produce aisle, or we hear of someone's progress from a family member or friend. When time, effort, and genuine caring are offered, patients respond with gratitude, and that is what is rewarding.

K – As with most Northern rural communities, the need for more medical professionals in this area is high. I can remember back in 2005 Geraldton experienced a severe doctor shortage when six of the seven full-time physicians left the community at the same time. It was a stressful time for everyone. Eventually the hospital signed on some full-time physicians, but there remains a significant ongoing need for family doctors in Geraldton. When Ryan and I signed on to full-time work, the response from the community was overwhelming; the genuine gratitude, sense of relief, and appreciation of patients and families to have a permanent physician was incredible. It is immensely rewarding to be working in a place that truly needs your services, especially when it is your own community.

Stressed out? Practising mindfulness may help you cope

Some hospitals and med schools are offering programs to prevent burnout and improve wellness

This article was reprinted with permission from Abigail Cukier | Written by Abigail Cukier on June 18, 2014 for The Medical Post

Dr. Paul Miller was skeptical about taking a course in mindful communication, but he did it anyway.

"I had no experience with meditation or mindfulness, but I was given reasonably convincing evidence about these techniques," said the Hamilton ER doctor. "When I started, I noticed differences and realized it was very effective for me."

Dr. Miller's comments came when he was eight months into a year-long mindful communication course offered to physicians and staff at Hamilton Health Sciences (HHS). It starts with weekly sessions over a two-month period, with monthly refresher courses afterward.

HHS is one of a crop of hospitals and medical schools, including McGill University in Montreal and the University of Calgary, offering courses in mindfulness. It is part of a growing effort to support physician wellness, as health-care organizations increasingly recognize the stress and burnout physicians can experience.

Dr. Andrea Frolic (PhD), director of the Office of Clinical and Organizational Ethics at HHS, noted participants learn the neuroscience of mindfulness, as well as practices including the body scan, seated meditation and some yoga poses (see below).

Dr. Miller, who provides palliative care as well as emergency medicine, decided to explore mindfulness when he realized he might be burying the stresses of work, such as dealing with a difficult patient. He found guided meditation to be the most helpful tool.

"After a stressful shift, I would ordinarily suppress (what happened) and move on. Now I have a different approach that allows me to decompress in a reasonably rapid and planned way," he said. "I feel better when I am done and I miss it when I don't do it."

Another technique Dr. Miller uses is mindful listening.

"I know I interrupt patients too quickly. I ask questions and don't really listen, or I steer the discussion to the direction I want to take. I am learning to pull back from my natural tendency and to be more gentle in my approach with patients."

Mindfulness can be practised even in the midst of a busy shift.

"It can be about paying attention to the breath- stepping away and recognizing how you are feeling. All it takes is a second. Then you can come up with a constructive approach to put it aside or handle it in another way."

Dr. Patricia Rockman, a family physician cross-appointed to the department of psychiatry at the University of Toronto, has been educating health-care providers on mindfulness for 20 years, including offering sessions through the Ontario College of Family Physicians.

"Medicine is a pretty stressful business. We are trained for perfection and not to make mistakes, and we deal with difficult problems," said Dr. Rockman, who is also director of education at the Centre for Mindfulness Studies (www.mindfulnessstudies.com), a registered charity that offers several programs.

"Mindfulness takes us out of automatic pilot so we can see unskillful patterns and change them. For example, say you have a crappy encounter with a patient. You could ruminate about it all day or you can catch it, learn the signals inside your body that draw you back to the present and go outside and look at the landscape instead."

She says mindfulness helps combat compassion fatigue, stress and burnout, and fosters resilience.

Dr. Frolic says participants at HHS report better focus, better quality of work and fewer errors.

"There is also more enjoyment. When you are really showing up for your life in this moment, you not only notice the things that are stressful, but the things that are wonderful. Like, 'How cool is it that I get to do this job?' There is a sense of gratitude for the abundance, the work and our lives in general," she said.

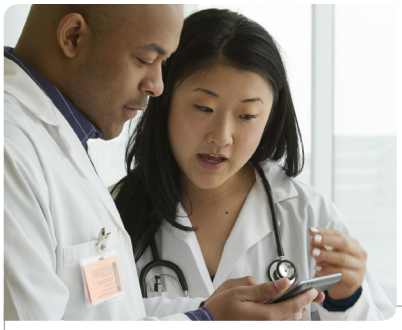
"I love it because it's incredibly simple. It is totally secular and uses the intrinsic capacity people already have, like breath and a capacity to focus. We are just reinforcing and strengthening the capacity people have. Over the course of our harried work lives, we lose touch with that capacity."

What is mindfulness?

Mindfulness is described as awareness of being in the moment at the moment, non-judgmentally. This can mean a focus on the breath, body sensations, sounds, sights, thoughts or movement. You notice when the mind wanders and bring it back to the intended focus.

Here are a few popular techniques:

- **Body scan:** In a chair or lying down, slowly scan each part of your body for any discomfort or tension. Breathe into each body part and soften any tension.
- **Guided meditation**: Using a CD, video or app, you are guided through relaxing visualizations and focusing on the breath.
- **Mindful listening:** When your mind wanders from what someone is saying, without judgment bring yourself back to the person speaking. Repeat as often as necessary.
- **Mindful walking:** Instead of going over your never-ending to-do list, focus on the sensations of your feet, the breeze on your face, smells and sights.
- **One-minute mindfulness:** Look out the window and focus on the landscape. Or take a minute to focus on your breath. If you have any thoughts on your mind, notice them and let them go.



Want to improve your specialist-family physician relationship? Try these tips

14 ways to improve your referral and consultation letters

This article was reprinted with permission from Dr. Sarah Giles | Written by Dr. Sarah Giles on May 5, 2014 for CanadianHealthcareNetwork.ca

Historically, specialists and family doctors have had an adversarial relationship. Specialists often feel that patients are inadequately worked up and "dumped" on them. Family doctors often feel they aren't supported when working with challenging patients. Thus, I would like to offer a few tips on how both sides can improve the relationship and reach the shared goal of improved patient care.

The referral letter

A good referral letter sets the stage for good patient care. Family doctors MUST provide the following in all referral letters:

1. Have the letter typed. If the specialist can't read your atrocious handwriting, nobody is going to benefit.
2. Provide multiple ways to contact the patient (mail, email, home phone, cellphone) so your patient will know when s/he is supposed to show up to see the specialist. Double-check this information with the patient.
3. All relevant lab work, imaging and old consults, should be included.
4. Provide a list of the patient's current medications (including the dose) and allergies.
5. Include the history and results of the physical exam. This seems so obvious and yet it is often not included.
6. The family doctor must state her/his impression of the problem and the question s/he wants answered. For instance, "I am concerned that this unilateral hearing loss may be the result of an acoustic neuroma. I would appreciate your thoughts on this matter."
7. State the urgency with which you feel the patient should be seen. "I feel this patient needs to be seen urgently," should be followed up with a phone call to the specialist. If it's not critical that the patient be seen right away, "I would appreciate your opinion on this non-urgent matter" helps the specialist triage that type of referral, too.

If a specialist provides a list of things that must be done before the patient can be seen, do these things PRIOR to referring your patient. This will result in your patient being seen faster and having a more meaningful interaction with the specialist.

The consultation letter

A useful consultation letter from a specialist addresses the following points:

1. It is dictated and sent to the referring physician within days of the consult being done. Doing it six months later helps no one.
2. It provides a working diagnosis.
3. It states clearly who will be doing what. If test needs to be ordered or a medication started, be explicit about whether the specialist or the FP will be ordering it.
4. Carbon copy the results of ALL imaging and tests to the family doctor.
5. Provide an algorithm for what should be done if the initiated intervention fails. For instance, "If Mrs. Smith does not respond to the gradual titration of drug X to Y mg per day, I would suggest discontinuing it and starting drug Z at dose A and increasing it by 10 mg per week to a max dose of B.
6. Clearly state who will be refilling the medications. If the drug is unique to that specialty, it is helpful for the specialist to refill it. Family doctors are generally not comfortable refilling drugs with which they are not familiar.
7. Make it painfully clear whether the patient will be seen again, and if so, when.

   If the consultant sees that a family physician is consistently managing patients with certain conditions in a less than ideal manner, s/he should take the time to briefly educate the FP in a respectful manner. These educational moments can improve patient care and even alleviate the need for some referrals.

The above seems so simple, but it is rare that great bi-directional communication takes place. If we all work to improve our referral and consultation letters, patient care can only improve—and isn't that the goal?