Challenges of confidence

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Once upon a time I didn't want to publish an occasional piece on normal delivery: rural doctors might have been insulted. And yet in this issue is an excellent piece on the occasional vaginal delivery.[1] A few observations changed my opinion.

I suppose it was the wearing of one of my other hats as program coordinator for advanced maternity skills at the Northern Ontario School of Medicine. Over the years I was starting to get applicants who were not looking for mastery of the skill of cesarean delivery, but who felt unprepared for rural practice that included normal deliveries. Being workshop leader for the SRPC Rural Critical Care Obstetrics Module probably cemented my about-face. In that workshop, I was seeing people who wanted to gain some comfort for the inevitable parturient who would deliver on their doorstep regardless of the absence of a welcome mat.

So when approached with the idea of an occasional piece covering normal delivery, I wrote to the author,

> Much as I rue that it has come to that, neither I nor my co-editors are blind to the fact that those scared of an easy multip crowning are now the majority. The occasional breech does not speak to the needs of that crowd.

The time had come.

I wish the problem were confined to rural obstetrics. The actual problem is more insidious and pervasive, and relates to almost anything that occurs outside the office (and some things in the office).

Although some of this is no doubt the curmudgeon's lament about the changing of the times, in some of these words is the realization that the rural town is not a small city, and it cannot be sustained by subspecialized practitioners of limited scope. The city might have long turned its back on generalists, but the country desperately needs them. What are we to do?

First, we have to deal with the usual crisis of confidence when the apron strings are cut. We too felt insecure when finishing our rotating internship, and if we didn't it was only because of a lack of insight. We have to fight the institutional barriers that inhibit practising physicians from providing "in situ" support to help "finish" new graduates and to teach new skills as the need arises.

Second, we have to be mindful and expose the fraudulent unwritten curriculum that encumbers current graduates during their 2 years of residency training that family physicians "don't do" obstetrics, emergency medicine, or even nursing home and hospital care (at least not without additional training!). Expose those residents to role models who CAN and DO practise the spectrum of rural medicine.

Finally, it may be time to develop a written curriculum for current trainees, ensuring along the way that they develop competencies in all aspects of rural medicine that are required to deal with the needs of remote populations, without having to specialize in some subset.

Oh yes, and we can publish the occasional how-to on something as basic as supporting a woman through normal birth.

REFERENCE

1. Miller KJ. The occasional vaginal delivery. *Can J Rural Med* 2012;1:21-4.