Residents’ Corner
Coin des résidents

From the T-dot* to the Rock: my journey in rural family medicine

It’s 3 am. I’m in the first month of my family medicine residency, and I find myself sitting in the back of an ambulance on an old airstrip in rural Newfoundland awaiting an air transfer for a trauma patient to St. John’s. The back doors open. It’s pitch black outside. Off in the distance 2 faint lights approach the airstrip. They’re getting closer now, brighter. I can hear the engine of the small plane roaring. Here it comes ... ready to land. Wait. What? It flew right by us! I turn to Dr. C., puzzled. He looks at me and explains, “They have to fly over once to scare off any moose on the runway.” I let out a wry smile. Only in Newfoundland ...

The first few months of my residency have been full of surprises. Having spent the past 4 years in Ottawa for medical school and having grown up in Toronto, I am well accustomed to the big city lifestyle. When I read the email informing me that I would be spending the 2 years of my residency in Grand Falls-Windsor, Newfoundland, a town of 14,000, my heart nearly stopped. “STUDENTS Fear the 3 Cs”: the mnemonic I memorized over and over during my psychiatry rotation for the signs and symptoms of panic disorder. I had every one of them. Little did I know that I would be embarking on the most amazing journey of my life to date.

I started my residency on a 4-month rotation in rural family medicine. Each week I would spend a few days doing office-based family practice; shifts in the emergency department; on-call shifts for obstetrics, geriatrics or surgical assist; or hospitalist work. In fact, in just one morning I saw a patient with a heart failure exacerbation in clinic, then walked with him over to the emergency department to assess him, admitted him to hospital and followed up with him in hospital the next day. Now THAT is continuity of care! Every day that I have worked I’ve received one-on-one teaching, and it is always an incredible learning experience. I have delivered numerous babies, performed countless cardioversions, run trauma codes and become quite proficient in ultrasonography all in my first 4 months of residency! I’ve even been able to join one of the physicians providing care for the local professional hockey team, the Grand Falls-Windsor Cataracts, and learned some sports medicine along the way. Needless to say, my clinical acumen and confidence have skyrocketed. I truly cannot imagine receiving any better training than in a rural family medicine program.

Living outside the big city has many perks. Traffic? Can you please remind me what this word means? My drive to the hospital every morning takes an entire 8 minutes. Although, when you’re driving along the Exploits River as the sun rises and glistens off the calm water it seems even shorter. Annoyingly, there is one stop sign along the way. I’ve spent a lot more time outdoors learning to fly fish, and the hiking offered out in the country is absolutely stunning. This winter I started cross-country skiing, as the trails in Grand Falls-Windsor are some of the best in the province. Although the residency years don’t provide too many hours for leisure, there are plenty of activities in rural areas to keep you occupied.
One of the biggest changes I’ve found living in a rural area is the sense of community that just doesn’t exist in the big city. Everyone you work with is your neighbour, and you often see your patients around town when grocery shopping or eating at a restaurant. You quickly find out who is related to whom between the jigs and the reels† (that’s a Newfie saying I’ve picked up; I’m learning about more than just medicine!). The patients you meet are so incredibly welcoming to all the young doctors and medical students who stay in their communities. You’ll be invited more than once to enjoy Jiggs’ dinner† with a family or attend a kitchen party.† In Newfoundland, when I ask the man with an ST elevation myocardial infarction if he’s having chest pain, he replies, “Yes, me son. Now, you’re not from Newfoundland, are ya?” He’s more interested in learning where I’m from and what my father’s name is than he is in hearing about anything related to thrombolytics. Being welcomed so openly and treated with such respect by the community makes it a great privilege to care for the patients and their families.

Although my path toward a residency in rural family medicine was never set in stone, I’m so incredibly happy that I ended up on the Rock. I can’t wait to tackle the next challenge this residency has in store for me, and there is so much more of this province that I have yet to discover. For the next 2 years of my life, I’ll have my head constantly in books, but, as always in Newfoundland, I’ll make sure to keep an eye out for the moose.

*T-dot = Toronto.

†Newfoundland glossary (for readers who are mainlanders): Between the jigs and the reels = somehow (e.g., “Despite being busy with residency, I found time to write this essay between the jigs and the reels”). Jiggs’ dinner = a traditional meal commonly eaten on Sundays throughout Newfoundland consisting of corned beef boiled together with cabbage, turnip, potatoes or carrots. It is believed to be the sole cause of hypertension in the province. Kitchen party = a household musical jam with guitars, accordions, fiddles, and an ugly stick or two. Look it up on YouTube.

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