

Hoi Cheu

A Discourse of Family Medicine in Rural Practice

Movies and Genres



Northern Ontario School of Medicine

- *High Hope* (NOSM Communication)
- Entrance Interviews (Centre for Rural and Northern Health Research)
- 20 short films about teaching at NOSM (NOSM faculty training)
- Exit Interviews (CRaNHR)

Where the Students Go for Residency and What Specialty

- “Family plus anesthesia... family plus Internal medicine....”
- “So there are gaps..., and it is up to me to fill those gaps.”
- “I don’t know anybody who would say, ‘I will do family medicine, I think that I’m good enough.’ Those who think that they intend to become family physicians will do this and that specialty so that they can function.”

Realize the systemic problem

- “In metropolitan areas, because you have [a] diversity of specialists as a resource, you tend not to take your investigations with your patients or the management of your patients too far down the line...

Realize the systemic problem

- In rural practice, if this person has anemia, consulting with hematology you know up in Timmons, you do a full anemia work up. If I need to do a bone marrow biopsy, I will have to do it myself.... that's the kind of the medicine I want to do. I want to incorporate these exciting jobs with the aspects of primary care and preventive medicine. The rural medicine shows that diversity, that's where you find the true generalists."

The Student President's Memory

- “Roger actually said publically one time, ‘This school would be a failure if everybody goes into family medicine.’”
- “We can’t forget even though we want to encourage family medicine, we can’t do it at the expense of the curriculum.”

Continuity

- “I so firmly believe in the importance of continuity and I love seeing patients in the office... but as much as the walk-in clinic is part of the medical model in a lot of northern areas, in a lot of communities in general, I just don't want to do it.”
- This student intends to finish her residency in family medicine and goes to Africa to do humanitarian job.

- “I wouldn’t necessarily be on the ground applying bandages and what not; often doctors will be asked to help with logistics, figuring out supply lists, training local people... there are all sorts of projects that are available and more sustainable.

The implications:

- Family Medicine ≠ Rural Medicine (I expect everybody here in this conference knows)
- Students going to Ottawa for residency ≠ Students abandoning rural practice.
- Continuity of care requires a diversity of knowledge

The implications:

- The students who want to practice rural medicine feel like a film director trying to explain to a studio that a film noir does not have to be a detective story.

