

Residency on the road: Providing care and gaining experience in rural BC

Working in small communities provides many opportunities for acquiring clinical knowledge and developing technical skills.

ABSTRACT: Residents are now living and working at distributed training sites throughout BC in order to support undergraduate students and receive their own training. A fourth-year general surgery resident who participated in this province-wide endeavor feels all residents can benefit from doing a rural training rotation.

Match Day 2004: a typical snowy day, not unusual for early spring in St. John's, Newfoundland. I logged on to the Canadian Resident Matching Service web site and on the screen in front of me appeared those fateful words that would change my life forever: The University of British Columbia, Vancouver, BC, General Surgery.

I wandered about in a daze until I bumped into one of my classmates.

"Where are you going?" he asked, in reference to my residency destination.

"Vancouver, general surgery," I replied.

"I'm calling your couch for the Olympics," he shot back without hesitation.

I had succeeded in matching to my desired destination. Not only was I going to a world-class residency program, I would be living in a world-class city.

I am now happily in my fourth year of general surgery residency and my experience has been extremely positive on both a professional and a personal level. I decided to come west to explore a part of the country that was entirely new to me and I have been lucky to see just about every corner of

British Columbia. I am not talking about paid vacations; I am talking about rural training rotations.

The list of places I have worked sounds more like the lyrics of a Stompin' Tom Connors song than a list of training sites. The first stop on my residency road trip was Grand Forks. I had never heard of Grand Forks before but I loaded up my truck with all the necessary survival gear for a month in the wilds of BC: a stethoscope, white coat, several surgery texts, and my hockey equipment. I was surprised to learn the community had a flexible sigmoidoscopy screening program run by one of the local GPs. I also found the breadth of services provided by the GP-only hospital staff to be amazing. I learned that the town of just more than 4000 people remains loyal to its Russian Doukhobor roots, with a steaming bowl of borscht available at most local cafes. My stop was brief but I felt accepted by the community from the start and the memories will last a lifetime. After my time in Grand Forks I headed back to Vancouver to complete my first year

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of residency in the city and to continue with second-year studies. During my third year the traveling residency road show shifted into high gear. By then I was ready to leave the city. Being a junior resident on a general surgery service at a large teaching hospital is not an enviable position. You are often so far down the proverbial totem pole that you barely get close enough to the patient to smell the cautery. There is a definite imbalance between the time spent operating and the time spent fulfilling your service obligation. This ratio approaches zero in the first 2 years and then increases exponentially as you become more senior.

The first stop in my third year was Prince George for a 2-month endoscopy rotation. A lack of endoscopy opportunities in Vancouver has led the general surgery program to begin using other sites to train residents in this basic skill needed by all general surgeons. During my time in Prince George I amassed a wealth of experience; my procedure log listed over 200 colonoscopies and more than 100 gastroscopies by the end of my rotation. These numbers were unheard of for residents training in Vancouver during previous years. I was also responsible for teaching the first clinical clerks in the Northern Medical Program. The students had many opportunities normally reserved for junior residents and were often called on to be the first assistant in the operating room—something not common in large centres, where students often do not even get the opportunity to scrub in for a case. The relationship between students and attending physicians was also very collegial and the students appeared to be thriving.

My time in Prince George was amazing. I was treated more as a colleague than as a trainee. The quality of the medical students was high and

with a burgeoning resident population there were many social activities. I also enjoyed the winter climate and played hockey on an outside skating rink for the first time since I was a kid in the Maritimes.

medical trainees of all levels. I was always warmly received, and most patients were curious about how I was enjoying myself away from the city. The patients were friendly and truly appreciative of my work. It was this

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Next the road called me down to Williams Lake for the final stop on my tour of BC. Two months of rural general surgery, working with two exceptional surgeons, turned out to be a great experience. There were no other residents or students so my main focus was on work and learning. I was on call every day and night for 2 months, which did wear on me after a while. At the same time there was little else to do, although I did manage to sneak away to play some hockey for a few hours of sanity during the long weeks of isolation. The surgeons were appreciative of my presence and showed their thanks by allowing me to operate all day, every day.

To date, I have lived outside of Vancouver for 7 of the first 36 months of my residency. The time away from friends and what has become my home has certainly been trying at times, but the experience I gained by working in rural settings was well worth the sacrifice. I also feel many rural patients are benefiting from interacting with

friendliness and thankfulness that made me realize how much I was appreciated in these underserved communities. I will consider working in a rural setting at the end of my training based on my positive experiences, and I hope other residents and students will do the same.

My clinical knowledge and technical skills increased more than they would have if I had been in the city for my entire residency. For me the experience was made easier by not having a family in Vancouver, but I feel it is important for all residents to get a taste of community medicine by doing a rural training rotation at some point. So put on some Stompin' Tom Connors, load up your vehicle, and hit the road: adventure and learning await you in rural BC.

Competing interests

None declared. [BMAJ](#)