

Rural Manitoba Health Mentorship Program

Annual Report: Program Year Ending May 2012

The Rural Manitoba Health Mentorship Program is offered by the Office of Rural and Northern Health, to enable students to learn about the clinical and non-clinical aspects of the health care system in rural Manitoba



A great opportunity for students interested in the health care profession, initiated and organized by students

The Rural Manitoba Health Mentorship Program (RMHMP) was created to give students an opportunity to gain practical and realistic experiences in the healthcare field. This opportunity provides a one-week placement in rural Manitoba hospitals for prospective medical students to become familiar with the practice of rural medicine. As such, the goals of this program are two-fold: to give participants direct exposure to the realities of the medical field, and to expand their understanding of the unique challenges and benefits of rural medical practice.

Initially developed in 2005 by three aspiring medical students – Edward Tan, Sunny Singh, and Gordon Li – today's RMHMP continues its annual operation under the guidance and support of the Office of Rural and Northern Health (ORNH).

Both Edward Tan (University of Manitoba, Faculty of Medicine, 2011) and Wayne Heide (of ORNH) serve as executive directors for the program, while student volunteers are responsible for managing the program's coordination and development.

In 2011-12, nine competitively selected students from the University of Manitoba and the University of Winnipeg participated in a weeklong rotation at a rural Manitoba hospital. Gaining exposure to surgery, emergency, mental health, dialysis, and oncology was just the start for some of these participants – three have since returned to the RMHMP as volunteer coordinators, to plan a unique rural experience for participants of the 2012-2013 cycle.

Rural Exposure for Prospective Medical Students

According to the 2011 Canadian Census¹, the province of Manitoba is home to 1.2 million people, of which approximately 500,000 reside in rural areas. Given that 41% of the Manitoban population are rural dwellers there is an increasing need for rural physicians. A report from the Canadian Medical Association² found only 17.6% of family physicians and 3.1% of specialists practiced in a rural setting. Additionally, in 2010 there were 1022 patients per family physician and 1137 patients per non-primary care specialist in Manitoba overall³. Furthermore, a 2010 report from the Canadian Journal of Rural Medicine found that one in seven (14%) rural family physicians planned to move away from their communities within 2 years⁴ - further stressing an already struggling system.

A rationalization of services to regional centres has been a predominant trend in rural Manitoba⁵. Subsequently, the ability of small communities to maintain quality delivery of service to their population has been negatively impacted. Compounded by the realities of time and distance, many rural communities lack adequate health care services, and struggle to overcome the effects of urbanization and centralization of care. Continuing challenges include supporting initiatives which effectively address the health and human resource needs of rural populations.

Manitoba's ORNH was established in 2002 and continues its commitment to the education and sustainability of rural and northern health care in Manitoba. This public health initiative focuses on developing and implementing long-term strategies, which will assist with recruitment and retention of health care professionals for rural and northern centers. The retention of rural physicians can be improved through increased exposure to rural healthcare in both frequency and duration⁶.



Moreover, the Canadian Medical Association found that extended training periods in rural settings are significantly correlated with an increase in residents indicating rural practice as a career interest⁶. Interestingly, this trend also applies to students actively considering a career in medicine. As such, individuals with prolonged and frequent contact with rural areas are more likely to choose rural family practice.

Finally, the need for physicians who are committed to rural Manitoba and are community-minded continues to grow. The RMHMP and the ORNH continue to collaborate in the interest of inspiring prospective medical students to consider a dynamic and rewarding career in rural medicine.

"I'm from rural Manitoba, and even still I was amazed at the number of different opportunities open to physicians who practice rurally. During my rotation, I learned that rural medicine is a very diverse field - I was able to observe physicians practicing family medicine, emergency medicine, surgery and radiology. It was exciting to see the number of possibilities in rural practice and it made me even more enthusiastic about exploring it further."

(past RMHMP participant)

1. Statistics Canada, 2011. *Population and dwelling counts, for Canada, provinces and territories, and census subdivisions (municipalities), 2011 and 2006 censuses.*
2. Canadian Medical Association, 2011. *Physicians Within and Outside Census Metropolitan Areas (CMA) and Census Agglomerations (CA) - 2011*
3. Canadian Medical Association, 2011. *Population per General Practitioner/Family Physician by Province/Territory, 1986 - 2010 and Population per Non-Primary Care Specialist by Province/Territory, 1986 - 2010.*
4. Society of Rural Physicians of Canada, 2010. *Rural Doctors call for Better Rural Health.* SRPC: Shawville, QC.
5. University of Manitoba, 2006. *Manitoba Medicine: Newsletter of the University of Manitoba Faculty of Medicine and the Manitoba Medical College Foundation.* Fall/Winter 2005/2006.
6. Canadian Medical Association, 2000. *Rural and Remote Practice Issues.* CMA Policy Statements

Rural Medicine up Close and Personal

The nine students that participated in the 2012 RMHMP were selected according to a combination of factors including volunteer and clinical experience, education, professionalism, and an expressed interest in rural health medicine.

In May 2012, each student completed a weeklong rotation at one of three participating rural hospitals: the Gimili Community Health Centre, the Dauphin Regional Health Centre or the Selkirk General Hospital (including the Selkirk mental Health Centre). Thanks to the support of the ORNH, students (who required it) were able to lodge on location for the week – long rotation.

During 40+ hours of on-site observation, students shadowed physicians, paramedics, technicians, and other health care professionals. Opportunities for learning were as diverse as rural health care itself. Activities included attending grand rounds, observing patients, viewing surgeries, regarding staff meetings, and tagging along on emergency ambulance calls. In addition to this first-hand insight into the daily routines and professional lives of rural practitioners, students had opportunities to ask questions and to initiate further exposure into specific areas of interest.

The Rural Health Mentorship Program gives students the chance to get up close and personal with rural health care.

Participants attend rounds, observe patients, watch surgeries in the OR, accompany mentors to private clinics, sit in on patient consultations and staff meetings, and even ride along with paramedics on emergency calls.



What Past Participants had to say...

Overall, students found the RMHMP experience to be a positive one. Being up close and personal to a professional field that most students yearn to catch a glimpse of was a big plus!

“The most memorable experience of the week was observing a baby being delivered.”

“My favorite part was when a doctor reset a broken ankle in front of me.”

And while rural medicine is known for its dynamism, for many students the program provided their first exposure to the many fields of work that fall under the banner of rural practice:

“It was so interesting to follow a doctor starting his day in chemo, working his way to the ER, and finishing off the rest of the day with his clinic patients. They have to know how to do it all.”

Not only did the students “see” rural medicine, many also “saw themselves in it”, an exciting potential for much-needed future health care human resources in Manitoba.

“The program has inspired me to practice rural medicine. The community of people whom I encountered makes me want to go back to the same hospital and community when I am a practicing doctor.”

And for those interested students of the future? The verdict is in: the RMHMP is a good thing:

“I believe this program is such a great way to expose aspiring medical students to rural health care and how rewarding it can be to practice medicine in a rural community. Nothing can compare to seeing first-hand what rural medicine really entails.”



Manitoba's Office of Rural and Northern Health

<http://www.ornh.mb.ca>

In 2012-2013, the Rural Manitoba Health Mentorship Program will enter its eighth year, jointly coordinated by three of last year's participants: Natalie Doughty, Lauren Galbraith and Kelsey Uminski. Together, with the direction and supervision of the Office of Rural and Northern Health, these coordinators are dedicated to the ongoing success and expansion of the program. Attracting new schools and new communities while building on relationships already established, is all a part of the plan for a great program in 2013. Contact RMHMP to find out more!

For more information about the Rural Manitoba Health Mentorship Program or to find out more about 2013 application deadlines, please visit the RMHMP website:
<http://www.healthmentormb.ca>

Interested students and community representatives are also invited to e-mail RMHMP at:
ruralhealthmentor@hotmail.com

Check us out on Facebook!

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