I rolled over in bed to answer my phone: “Hello?” “It’s Jane from the hospital. We have a lady about to deliver ...” I was already half out of bed and grabbing my scrubs. I dressed in one motion and ran across to the hospital. Within minutes, I was ready to go (or was I?). I stumbled through the motions of putting on greens and gloves and assumed “the position.” A thousand thoughts ran through my mind as I prepared for my “first catch!” Luckily for me, this veteran mother knew what to do.

These late-night phone calls were one of many exciting experiences during my time as a Rural Integrated Community Clerkship student in Whitecourt, Alberta. Another student and I became citizens of the 9000-person community for 9 months, wearing different hats to learn how to become traditional rural doctors. In family clinic, wonderful mysteries presented, and we worked to get patients on target for preventative care. Tuesday evenings, we ran the Youth Clinic as a confidential place for talking about sexual, mental and general health issues. We spent time in the emergency department learning the urgent side of health care and cared for hospital patients to learn the complex side of health care. We scrubbed in on the occasional cesarean delivery and did “lumps and bumps” days. We even learned about the political and advocacy roles of rural physicians. Above all, these experiences exposed us to something we could never get with the traditional urban rotation clerkship: continuity of care!

In preclinical, we heard about what it’s like to experience the death of a patient for the first time. I never realized how powerful it would be in reality. While hanging around the hospital one Sunday evening, I was told of a frail 75-lb woman in her 60s with metastatic cancer. She had moved to Whitecourt that day to be with family. She presented with a small bowel obstruction, was in distress and needed a nasogastric tube. I had inserted one only once on a classmate, and the nurse knew this was on my to-do list. I explained the procedure to the patient and admitted it would not be fun, but told her I hoped it would make her feel better. My heart sank as the first attempt failed (the tube coiled in her throat). Thankfully, the second attempt was successful. Amazingly, the next day her daughter said, “Oh, you’re the student who inserted Mom’s nose tube! She felt terrible for you that it didn’t work the first time, but said that you did a great job!” I was shocked at how stoic the mother was in her final 2 days. She was surrounded by family and friends, laughing as they recalled fond memories. Late Tuesday evening, I got the call that she had slipped away to sleep and then died. I felt so privileged to have met this amazing lady, if only for a few days.

I miss a lot about Whitecourt! I miss my membership with the Whitecourt Pottery Guild and the work-outs at the community centre. Most of all, I miss the physicians, nurses, supportive staff and patients who I learned from on my journey toward becoming a rural doc.

Abridged version of the winning entry of the SRPC 2012 Medical Student Essay Contest.

Competing interests: None declared.