

Rural reflections: a year of practice

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It was in. Eight attempts. Three methods. Two Google searches. One YouTube clip. The shoulder was back in. Scars from prior surgery were smooth again. I was more surprised than the patient.

Just over a year has passed since I began my rural practice as a roving locum in Saskatchewan. Fate has dropped me back into the same community where I first practised and where I had the first on-call weekend of my fledgling medical career. Things were different then. There was more fear. I recall planning to work the Friday night on-call so that I could have the Saturday and Sunday off to quickly review all of the things that I might need to know over the next week in clinic. The thought of it, reviewing all of family and emergency medicine in one weekend so I wouldn't be caught out as the new, young, incompetent physician.

As luck would have it, the physician who was supposed to cover the weekend became my patient that night. An acute abdomen and more morphine than I had ever ordered before. A phone consult to a surgeon about someone who would have been my attending only a week before, who was now my patient. No one to call for help. No safety net. This was not going well, nor to plan.

Looking back now, things went okay. I reticently answered the call from the medical manager, knowing the question I was about to be asked. "Can you cover the weekend now as well?"

I covered it. I didn't get to study, and somehow everyone survived. If there is a testament to the resiliency of the human being and the human spirit it is that it takes a lot more than a green physician to kill you. Things could only get better.

Travelling from one small solo-physician town to the next, I slowly gained an appreciation for the variety of medicine that would walk through my door. Pityriasis rosea, systolic hypertension, osteoarthritis, insurance forms and then a massive epistaxis to put a bloody end to the day — the variety astonishes. If you let your guard down for a moment, you will miss that zebra in the stampede of horses that fill your mornings and extend your afternoons.

The self-directed learning and direct learning in residency and medical school was nothing compared to the pressure of knowing everything. I tried so hard at the start. Multiple medical references on multiple devices, moments stolen away to read and regurgitate knowledge to patients. Then slowly, imperceptibly, I realized it was okay to say those horrible words — "I don't know."

Even slower was the realization that patients would respect you for reaching the end of your knowledge base. I describe mine as large but shallow; if you are swimming and diving in the deep end, I'll need a specialist to make sure you don't drown. I need to look up certain things less often now; I am able to be confident about a subconjunctival hemorrhage. I can sleep at night knowing that I haven't overstepped the edges of my knowledge puddle. If I can't sleep at night, then I know something is wrong.

Not everything goes well in your first year of rural practice. Patients die; your patients. There is an artificial separation during medical school and residency. Things are different when your name is in the blank space next to "Attending

physician." I remember my first death, and then I remember most of those that followed. Death in rural areas seems more natural to me now. If you talk to a farmer near the end of his days, he knows what is coming. There are no drastic measures; there is a peace and acceptance. There are no restrictions on visiting hours. The community comes to say goodbye. To speak of the good harvests, the bad years, and the many bonds that brought them together, from the credit union to the Chinese takeaway.

I made a wheat field in a farmer's room once. I don't think the public or hospital health staff would have approved, nor would anyone in the hospital with allergies. Metastatic prostate cancer, bones as fragile as early-spring puddle ice. He yearned to see the fields, one more time. To see how the seeds had done with the weather that he could only sense through the separating glass. A final insult: there was no field to see from his window, only trees.

It started small. One day on the drive to work, I stopped at the side of the road and cut a small handful of crop. I didn't know what it was. Wheat? Barley? When I walked into his room his face lit up. His aged and knowledgeable hands broke the kernels up. He rolled them in his hands and then asked which field it was from. "Oh, I know him. He'll be happy with this." Later, I stole a bit more field. A handful of this and a handful of that from the roadside, I thieved my way to the hospital. I don't know whether he smiled as I left, but he was happy again.

The humerus popped back in. There was no telltale "thunk"; it happened quietly, imperceptibly.

When I think of that shoulder out of place, I think of my first year of rural practice. I began with all the scars of past experience and a feeling that I was out of place, out of my depth. Prior life experiences had made their emotional and physical marks on who I was as I stepped in to practise rural medicine. Was I ready? Was it going to be painful? Why am I here?

Some more sedation of the patient would have been helpful, I am sure. As the first attempts failed, and I caused my patient pain, I realized that many of my first attempts had failed and caused me mental pain. I recalled making frantic phone calls back to the hospital as I drove home. An afterthought that became a worrisome concern. In most cases, it was okay; people are resilient.

I had to go back and learn. Not only medical knowledge but the hidden curriculum of politics and personalities that can not only make a hospital run smoothly but also make it stop in its tracks. I tried different methods of doing the same things; some worked and some didn't.

But then with patience, time and practice things slowly fell into place. It's never perfect after it's reduced — there are imperceptible scars, a greater risk that it will happen again — but it works.

I guess in the end it doesn't matter what the scars look like on the inside or the outside, just that it works.

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