Residents’ Corner
Coin des résidents

Keep the home fires burning

Winner of the 2018 SRPC resident essay contest

What do you remember about your first day of residency? What was going through your mind? Were you thinking about the differential diagnosis of shortness of breath? The red flags of back pain? Or were you simply hoping that your sweat marks didn’t stain your carefully selected outfit?

On my first day of residency, I was just as nervous as you were but probably for different reasons. If you’ve ever lived in a small town, you know how it goes. We all seem to be overly invested in each other’s lives — in a nice, supportive, “I-care-about-you” way, of course. After moving back to my hometown after almost 10 years away, it felt like every neighbour, family friend and second-cousin-once-removed knew that I was home to start my first year of family medicine residency. So, no, I was not thinking about the correct dosage of metformin or how to do proper Leopold manoeuvres. No, the only thing going through my mind was, “I’d better not mess this up, because if I do, everyone is going to hear about it.”

In my first few weeks of residency, it was painfully obvious that the decision to accept a local girl back as a resident was controversial. Some members of our health care community were skeptical and wondered openly whether I might be better off doing my training elsewhere. It was suggested that I might not get adequate clinical exposures because patients might recognize my name and choose not to see me for sensitive issues. Some people wondered whether it would be too uncomfortable for me to acknowledge the gaps in my clinical skills in front of patients or whether I would be embarrassed to let people see me in a learner role. Although I recognize that these criticisms came from a place of concern, I believe that, regardless of where you were born, if you choose to settle in a rural community, you will inevitably have patients with whom you have a connection outside of the workplace. I do not see these relationships as barriers to my learning or the care that I provide. Instead, I see them as beautiful assets that enrich my patient encounters and allow me to relate to my patients and the challenges they face.

As I continued to navigate the transition from medical student to resident, I became very comfortable with a little script that seemed to emerge in many of my clinical encounters:

Patient: So, where are you from?

Me: From here, born and raised.

Patient: Really? What did you say your last name was? Who are your parents?

If you’ve ever worked in a rural community, I’m sure you’ve had similar conversations. When I tell patients that I am a local, the whole dynamic of the encounter changes. I think the best way to describe it is that the room becomes warmer. There is a levelling of the power differential between us — regardless of age, sex or socioeconomic status,
the patient and I now have something in common that draws us together. Patients are excited to see a local return to their community in a professional role and are not only open to having conversations about their health but are also supportive of my role as a learner and eager to assist in my training.

I am the first person to admit that there is very little anonymity in my job. My patients shop at my family’s business and enjoy telling me about the deals they did or didn’t snag. I have patients who are my former teachers and coaches. I have colleagues whom I have known since we were in diapers. More than once a patient has shown up to an appointment with an old photograph album or class picture with less-than-flattering evidence of my ponytail-on-top-of-my-head phase. And 99% of the time, I love every minute of it. But what about that other 1%? What about those times when my closeness with a patient has pushed me to my breaking point? Let me tell you about “Mimi” (not her real name), a kind and caring soul who was my 1%.

During an emergency department shift, my preceptor asked me to assess a patient who had presented with shortness of breath. He had seen a large pericardial effusion on bedside ultrasonography, and he wanted me to repeat the scan for practice. When I walked into the patient’s room, I was transported back in time — suddenly I was 4 years old again, a little curly-haired ragamuffin who loved reading Dr. Seuss with a wonderful woman named Mimi. Now I was the one who couldn’t breathe. The patient that I was supposed to “practise” on was someone very dear to me, an amazing woman I have known and loved my entire life. The College of Physicians and Surgeons of Ontario and the Canadian Medical Protective Association tell me how I am supposed to act in situations like this — I know that I must remain professional and remind the patient that everything we discuss is confidential. But there are no regulatory bodies to tell me how I am supposed to feel, how to deal with the roller coaster of emotions when you must now be a care provider for someone who cared for you. How was I supposed to finish my shift when I felt like my heart was breaking in two? I never got any answers to my questions, and I’m not sure I ever will. But I believe that my past relationship with Mimi brought us both a bit of comfort as we began the journey that would ultimately lead to her passing.

I am not the first local to come home to our community for residency. In fact, many of those residents are now my preceptors. They are amazing mentors and role models, and I am thrilled to be joining their ranks this fall as the newest home-grown doctor in town.

So, if you’re reading this, I hope you take something from my experience. If you are a learner, please consider returning to your home community for residency. It is an incredible privilege, and you have an opportunity to see a side of your home that you have never seen before. You and your patients share something special — a love of your community and its history. Trust me, your residency experience will be so much richer because of it. And if you are a preceptor or a program director, take a chance on your local learners. We are the ones who are going to stick — we have family, friends and a passion for the rural lifestyle that will draw us back. Encourage high school students in your local schools to pursue postsecondary education, support them in their goals and then welcome them back with open arms. Please, keep the home fires burning.

_in loving memory of Mimi — I’ll always be a little ragamuffin._

**Competing interests:** None declared.
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