

The occasional teacher. Part 1: teaching in a rural setting

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With the expansion of medical education into the community, more and more physicians will be asked to take medical students into their practices. Students bring their own rewards; they unintentionally provide continuing medical education. Their questions make us reflect and re-evaluate our practice. Students not only educate through questioning, but also alert us to new information. Having students is fun — their enthusiasm and wonder is infectious. You will have the chance to demonstrate the opportunities and benefits of rural practice, and may benefit yourself if your student returns as a colleague. In this, the first of 5 articles on the occasional teacher, we explore the rewards, challenges and solutions of taking a student into a community practice.

Space can be an issue. Do you have enough of it? Students can be very slow in their assessments. This is only to be expected, but it can cause problems with the flow in your office. What are the solutions? An extra examining room is the perfect solution but it is not always available, and you may have to be creative to find a solution.

Is there an unused corner in your office that you can set up as a temporary work station for the student? Internet access is essential now. Is it possible for the student to set up a laptop and use it to write notes and seek information? This will be temporary, so perhaps a less-used space such as the coffee room can be used while the student is in town.

Be sure your staff knows your expectations of the student, that he or she may slow things down, and that you all will have to work with the student. Most patients are more than happy to be seen by a student; however, it is necessary to get permission. As well, the patient may be on a strict timeline, in which case they definitely should not be seen by the student. Students may actually enhance flow as they become familiar with the simpler patient presentations and procedures, but this is very dependent on the strength of each student and where they are in their education.

If you don't have students often, you may be uncertain of what expectations are realistic. Universities will provide some guidelines in the form of objectives or checklists of clinical problems to be seen. Although these guidelines are helpful, they should not be seen as rigid outlines of the clinical experience. Each practice is unique and the student's experience should reflect that. You will need to be aware of what support the student's university provides, particularly if you have concerns about the student. If, and this is a rare occurrence, you have serious concerns about the student, you must know the university's policies on remediation and failure, and whom to contact. In such circumstances, a quick telephone call can be very helpful.

Today, we have ease of communication with email. Before learners arrive in your community, contact them to let them know where to find you and what time you start. If they are to be on call, send them the call schedule so they can plan their lives. Also, if you are taking a resident, be aware of the limits to call, as set out by the agreements between

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the residents' organizations and the provincial governments. These agreements can usually be found on the websites of the residents' organizations.

You are probably not the lone health care provider in your community. Your student will benefit from time spent with others. Perhaps some time in the operating room with the anesthesiologists and surgeons would be beneficial. A day with a home care nurse will educate them, not only on what others do, but also on how illness presents itself differently in other settings. A day with laboratory technicians practising venisection is often seen as very valuable by students.

Having medical learners in our communities is valuable for future recruitment, and how they spend their leisure time can go a long way to selling them on the rural lifestyle. It is a good idea to provide the student with some after-hours entertainment. A dinner invitation is always appreciated. If you participate in hobbies such as skiing or snowmobiling most students will be anxious to participate. Try to introduce the student to other young professionals in your community. Many smaller communities have a more active social scene than urban communities. Make the student aware that life in a rural community is not a social Siberia, but is warm and "happening." This may be the student's first chance not only to suture, but also to curl!

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FURTHER RESOURCES

- Kelly L. Integrating family medicine residents into a rural practice. *Can Fam Physician* 1997; 43:277-86.
- Rubinstein W, Talbot Y. *Medical teaching in ambulatory care*. New York (NY): Springer Publishing Company; 2003.
- The Alberta Rural Physician Action Plan. PracticalProf. www.practicalprof.ab.ca/

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