

Continuity of care attracts more physicians to rural Family Medicine

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BARRY’S BAY – Despite the province-wide decline in Family doctors, Dr. Jason Malinowski, Chief of Staff at St. Francis Memorial Hospital, is keen to highlight that ‘off-the-beaten-track’ communities like Barry’s Bay are an ideal environment for new physicians to hone their skills.

“I’ve been here for 20 years. I love it. Rural family medicine is what I have always wanted to do. So whether it’s my family practice, emergency, palliative care or long-term care, the hospital makes it very easy to do that,” Dr. Malinowski detailed.

According to the St. Francis Memorial Hospital website, Dr. Malinowski graduated from Queen’s University with his MD, completing his residency in Family and Palliative Medicine. His professional interests include: Quality Improvement in medical care; Healthcare Leadership; Medical Education; Social Media in Healthcare; and Hospice Palliative Care. Dr. Malinowski holds academic appointments with Queen’s University and the University of Ottawa, and was named ‘Community Teacher of the Year’ by the Ontario College of Family Physicians in 2012.

His most recent group of new student learners on rotation from the University of Ottawa’s school of medicine: Sarah Giacobbo; Sherif El Meniawy; and Richard Nadj, while all hailing from different parts of the province, have one thing in common – a penchant for rural Family Medicine.

“We’ve been able to replace many retiring physicians over the past five years, but there’s still more capacity in both primary care and long-term care, so recruitment is ongoing. Part of it is having as many learners through here as we can, to show them how easy it can be to work in a small hospital. It’s fulfilling to be looking after a population and feel like you’re part of the population you’re looking after,” Dr. Malinowski said.

Dr. Malinowski also has no shortage of praise for St. Francis Memorial, citing many recent changes that have occurred; largely facilitated by locally driven innovation and it’s hard work of staff.

“Before COVID-19, this space we’re in used to be a meeting room, but once the pandemic came along, we turned this whole area into a peripheral emergency department and respiratory area; we got a real onslaught of respiratory patients with respiratory symptoms. We can treat them here to try to help them avoid the main emergency department when possible.

It was this kind of innovation, having to create a whole ‘baby’ emergency department in this space which it wasn’t designed for—thanks to the staff, that happened very quickly and we’re really proud of that.”

When asked about what first attracted this group of urban, University of Ottawa, medical students to Family medicine, and more specifically to Barry’s Bay, there were clear common denominators across all three: lifestyle; community; inter-professional relationships; and the continuity of care that is often uniquely found in smaller health care settings.

“My peers who had previously been here ... talked about how much they learned and how great the preceptors were and how there was such a variety and broad scope of practice; not to mention it’s a beautiful town and there’s so much to do here. That really drew me to Barry’s Bay.

I would love to do rural family medicine; I like all the different aspects of care, like the continuity that you get in family medicine, the acuity of the Emergency, and hospital



UofO medical students Richard Nadj, Sherif El Meniawy and Sarah Giacobbo with St. Francis Memorial Hospital’s Chief of Staff, Dr. Jason Malinowski. *Photo Steph Armstrong*

medicine as well; that mix of acute and chronic, and being able to help people in all those stages of care—things that you’ve never seen before. You have to be comfortable with uncertainty at times, but I think that’s just an excellent skill to have,” said Sarah Giacobbo, who is originally from Burlington.

Sherif El Meniawy was quick to add, “The things that drew me towards a Barry’s Bay elective was getting to have a closer relationship with the staff and patients ... the lifestyle parts of it were also very attractive for me; we spend our days usually going on bike rides, and then we finish our bike ride and jump right into the lake.

I’ve really liked the integration of physicians and staff into the community. I’ve seen how Dr. Malinowski is a part of the community and seeing that reassures me as to the future I want to have as a physician; knowing my patients outside of the clinic and still feeling like a part of the community and not just a physician.”

Richard Nadj, who is originally from Guelph, moved to Ottawa about three years ago for school. “I thought what a fun and exciting adventure to work in Barry’s Bay. I’ve heard amazing things about the health care facilities and the physicians that work here. What better place to learn as well as spend time outdoors and do the things I love to do?”

When addressing the barriers to medical students coming from urban areas to more remote ones, both academic and government institutions are beginning to take those into consideration. With the recent announcement about opening up more medical school spots, Queens and Lakehead University are dedicating many of those spots to prospective students looking to fulfil roles as community physicians.

“I’ve always advocated for med schools to take more rural students, or at least enough rural students that represents the County,” said Malinowski. Medical school admissions should better reflect the needs of rural students. Additionally, there are students in rural areas who would make great rural physicians, but they may not have the same resources that urban students do.

People who grow up in rural communities are more likely to come back to the community that they’re comfortable with. So how do you make the medical students who come from urban communities go out to rural communities? By making them more comfortable, by working with the universities at the medical school level to incorporate into their curriculum rural rotations right from first year; “I think people just need to experience it to realise how awesome the medicine is in rural communities, and how welcoming these

communities are,” this group of prospective doctors maintains.

A shortage of preceptors or rural physicians willing to take on learners; a lack of exposure to rural medicine, especially for students coming from a school that’s located in an urban centre; perceived social isolation; and the absence of technological supports are some of the other barriers that may discourage student learners from rural and remote settings.

“Your first rotation in a place where you’re the only physician in the hospital at night is super scary. You learn to lean on your colleagues, and the nurses are excellent. People are only a phone call away, but you still have to know what you need to do,” Nadj said.

But El Meniawy reassures, “I would call it the ‘confidence factor’ of rural medicine. Coming from a large urban centre, where 24/7, every piece of equipment and every specialist is more or less on hand. In a rural community, you have to have the confidence in your skills and be able to access a skill set that might not necessarily be required if you are in an urban centre.

I think a big part of confidence comes from preceptors. Yesterday, I was working in the emergency department and we had a patient come in that required some suturing. The last time I’d done suturing was about four months ago. Dr. Malinowski gave us specific steps, and reassured me that he was confident in my skills. Knowing that he would be there and checking in to make sure everything was going well, that reassurance and confidence carries forward into the patient interaction. Dr. Malinowski was happy with the suturing job and the patient was as well. Preceptor confidence and the rest of the team’s confidence translates in quality of care.”

Sarah Giacobbo offers further supportive insight: “When you’re in the Emergency, you can call the Ottawa Hospital or the Pembroke Regional Hospital and have specialists on the line right away to provide support. There’s eConsult services when you’re in the daily medicine clinic and you have a question about a specific specialty-related presentation. Medicine is becoming so much more accessible with the onset of telemedicine. I think that’s exciting. There’s definitely a lot of options and you’re not alone. The team is very close and it’s very supportive; you can rely on your colleagues.”

The absence of state-of-the-art technology isn’t quite the hurdle that these students might have first anticipated; in fact, they’ve come to see it as an asset to their skill development: “It’s a very important part of our training to be in a rural setting. When you’re in the city, there’s lots more (diagnostic) imaging that



Dr. Jason Malinowski

is done. Sometimes you’re seeing a patient and they already have a working diagnosis because a CAT scan might have picked up an inflammation of the gallbladder, for example. So it takes away from our learning stage of coming up with a hypothesis based on talking to the patient and doing a physical exam. When I’m in the emergency department here, I have to use the patient’s medical history and physical exam to create that differential; I have to rely more on those initial investigations,” said El Meniawy.

Nadj added, “I like seeing how much farther you have to dig when you don’t have all those luxurious things available that you would perhaps in that big urban centre—do a thorough history, do a good physical and use the resources you have to make that diagnosis. Every time I step in and talk to a patient, I make sure to ask them every possible question to create that differential, which is really exciting to me.”

Another topic that keeps coming up in medicine is physician burnout. El Meniawy maintains the thing that first drew him to rural medicine is having a role that’s not so stagnant; one that’s always challenging, so he never gets bored and has a lower likelihood of burnout. “What draws me even more to rural family medicine is the fact that you can pivot in your career so many times, to match your current interests at the time, or match the needs of your community. If you find yourself in a position where you’re likely to burn out, or don’t have job satisfaction anymore, you can start taking on more emergency medicine shifts, or you only do hospitalist medicine.”

To any medical student considering a path in rural or remote Family Medicine, Giacobbo, El Meniawy, and Nadj had some additional assurances to add:

“What I find particularly interesting and incredible here is the continuity of care that you wouldn’t get in a bigger hospital. Here, family physicians are in working in the clinic and they’re working in Emergency and then working upstairs on the wards. They’re able to see those patients, follow up with those patients and know them even better; provide even more personalised care, that’s a really great structure and that makes the care a lot more meaningful,” said Giacobbo.

El Meniawy went on to applaud the surprising diversity and ‘cultural awareness’ he’s experienced within the Barry’s Bay community; “As someone who isn’t white, with an Arab background, a lot of my friends asked me if I’ve had any encounters where race might have been an issue. The truth is, I have faced more encounters of racism in urban centres than rural ones ... the other day I was in the farmers market and was asking a butcher what their favourite cut was and they asked, ‘Do you eat pork, or no?’ Just the fact that they have that cultural awareness; I was really impressed and you don’t know until you experience it. As students get more and more comfortable in the rural setting, I think more people will be attracted to rural medicine.”

Nadj further summarized, “I’m having a fantastic time so far. I’ve only been here for a week, but I feel welcome. I enjoy seeing the patients and the continuity of care. I’m very impressed with how everything is handled here and I can definitely see myself practicing rural medicine in the future.”