A Visual Report of Physician Wellness & Resiliency in Rural Newfoundland & Labrador

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DISCLOSURES

• This project was made possible by funding from the Faculty of Medicine, Memorial University Newfoundland & Labrador.

• The opinions expressed herein belong solely to the individuals interviewed, and do not necessarily reflect the position of any agency or authority with which they are affiliated.

• This project is designed to inform and stimulate discussion, not to make claims or to provide medical advice.
OUR PROJECT

1. To provide direct insight into the challenges that rural physicians face in their practice and personal lives.

2. To investigate strategies in which these physicians maintain their mental health and well-being.

3. To identify resources/strategies that may better support these physicians, and improve patient access to healthcare in rural areas.

4. To present this information in an accessible, captivating documentary that has appeal for the public, policy makers, students, and healthcare professionals.

150 Physicians Contacted

20 Responses

12 Interviews
ON THE ROAD

4000 Km
13 Days
12 Communities
12 Interviews
ZERO Flat Tires
246 Fly Bites
PREMILMINARY FINDINGS

STRENGTHS
- CME
- ANONYMITY
- BALANCE
- ACCESS

STRUGGLES
- AUTONOMY
- COMMUNITY
“Government should also make a plan. I’m sure they have a plan, they just
don’t make us aware of it….It is the rumor mongering that often gets things
going. If you are a rural physician, and you feel a service may not be there,
or this service may be going – you don’t want to have all those things at the
back of your mind…you would just go.”

– Dr. Kweuku Dankwa (Pathologist, St. Anthony).

“The implication and pressure, both from the healthcare system as well as the
parent of that child, is that I function as that specialist - even though I’m not. So
I will call pediatric psychiatry, and they will say, ‘Oh well you need to start Haldol
on this kid’. If you were a pediatrician in St. John’s that would never be a
suggestion. They are trying to help, but the geography, the population, and the
waitlist sometimes makes me have to practice medicine that I’m not comfortable
practicing.”

- Dr. Susan Russell (Pediatrician, Deer Lake)
RECENT DEVELOPMENTS

Rather than continue to wait, the NLMA has hired Dr. David Peachev, a health human resources consultant, to develop a supply and demand forecast for family medicine in Newfoundland and Labrador. We must know the precise dimensions of the family medicine shortage so that we can establish specific goals for fixing it. In addition to his HR consulting expertise, Dr. Peachev is a former Director of Professional Affairs at the Ontario Medical Association and he has clinical experience spanning 40 years, including comprehensive family medicine, emergency medicine, and urgent care.

It appears the government and the NLMA already agree in principle on key foundational parts of the long-term solution—a new payment model that is attractive to new physicians, building interdisciplinary teams where new physicians wish to practice the way they were trained, and opening the capacity of virtual care tools. More topics that the NLMA will raise include addressing the burden of overhead expenses, competitive incentives at the recruitment stage, mentorship for new physicians, and opportunities for diverse and professionally rewarding practices.
WORK REMAINING

- Estimated 200 Hours of Editing Remain

- Final Product

- 100hrs (850GB) of RAW Media

- 45-60 min Documentary

- Dissemination

- Formal Submission to the Faculty of Medicine
- Public Showings Across NL (2020)
- Submission to Film Festivals (Local & Abroad)
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Dr. Tony Rockell, Placentia

Dr. Chris Patey, Carbonear
REFERENCES

Canadian Medical Association.

Newfoundland & Labrador Medical Association.

Newfoundland & Labrador Medical Association.
THANK YOU