FACEMs in Rural Hospitals: A square peg in a round hole?

J. Bayless, 1 S. Parnham, 2 1 Taupō Hospital, Lakes District Health Board, Kotare Street, Taupo New Zealand 3330 2 Tauranga Hospital, Bay of Plenty District Health Board, Cameron Road, Tauranga New Zealand 3112 jaredleebayless@gmail.com

Perpectives

Jared

- University of Missouri School of Medicine -2003-2007
- University of Michigan Emergency Medicine Residency program 2007-2011
- American Board of Emergency Medicine – Board certification 2012
- FACEM 2017

Sophie

- University of Auckland
 School of Medicine 2003-2008
- Combined ACEM and DHRM training 2010 onwards: Whakatāne, Whangārei, Wellington, Hutt, Tauranga, Queenstown, Taupō
- PGDipRPHP 2018
- FACEM 2019
- FDRHMNZ 2020



Division of Rural Hospital Medicine: Training Program Handout; 2017

FACEMs in Rural Hospitals





Isolation



Geographic isolation



Outdoor lifestyle



Professional Isolation



Clinical Autonomy



Skill retention



Limited resources



Creative Problem Solving



Breadth of Skills



Pathology variety



Workload Variety



Career Sustainability

- Anxious
- Doesn't cope with Uncertainty
- Insecure
- "Low Quota of Clinical Courage"
- Short sighted
- Paternalistic
- High resource user

- Adaptable
- Flexible
- Patient
- Innovative
- Humble
- Open minded
- "When ED doctor can take blood out of kids, and even better put IVs in."

Summary

