

## Reaching Out ... and Settling in

On January 11 2016, Dr. Krista Stogryn started a new job. Four new jobs, actually. Dr. Stogryn is the new physician for four First Nations communities on the Saanich Peninsula: the Tsartlip, Tsawout, Pauquachin and Tseycum First Nations (the WSÁNEĀ Nation). She joins two nurse practitioners and four registered nurses who already provide primary, and home and community care to more than 2,300 patients on the reserves.

It's the natural next step for a family physician with Dr. Stogryn's background and passion.

*I trained in the Aboriginal Family Medicine Program through UBC and spent much time in my residency living and learning in First Nations communities around the province. I was blessed with many passionate teachers, treasured elders, and patients who helped guide my way.*

*I started my in practice in the community of Ahousaht, on the West Coast of Vancouver Island. I had an amazing experience there, guided by elders and mentors I came to know. We shared a vision that health care in First Nations communities could be delivered in a very different way and we created some pretty cool initiatives together.*

*Medicine has traditionally demanded that patients come to meet us, in our clinics and institutions, in our way. This has not worked well for First Nations patients. Now we are turning the tables, asking what we can do differently and looking for guidance and direction from patients and communities.*

*I moved to Victoria in 2014. I missed the work and being in the First Nations communities. Aboriginal Health is a passion for me, so when I heard about this position, I was very excited.*

South Island Division of Family Practice worked with Island Health to identify the need for a family physician to support the communities. Funding came through the Ministry of Health's Alternate Payments Program. The pilot program puts a family physician in the four Saanich Peninsula aboriginal communities for one day per week, aiming to improve health outcomes for First Nations patients.

*The biggest challenges working with First Nations patients come up around the social determinants of health – poverty, housing, overcrowding, inequality and generational trauma. As a health care practitioner, these are difficult things to fix.*

*For me it's about building relationships. I may not be able to fix someone's housing issues, but I can care for them in a way that seeks to understand a little more deeply where they're coming from and the constraints they face in their day-to-day lives – without judgment. Then I look for creative ways to work with these constraints and advocate where I can.*



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How does that value play out in the day-to-day work? Dr. Stogryn says it starts with awareness of herself and her patient as people first, and physician and patient second.

*I believe in listening more than speaking – in making space for the person and for their story. I try to get a sense of the whole person, their family, the community they're connected to, their strengths and resources, their beliefs – all of those things – as opposed to just being focused on the illness or problem at hand. If we can share a laugh or two, this helps a lot too.*

*As a visitor in someone else's territory, I'm always aware of who I am and where I'm coming from; whether I have an agenda and what it is; and what my own fears, expectations, beliefs and biases may be. If I'm aware of these things in myself, I'm much less likely to bring them into my encounters with patients and cause harm.*

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# Reaching Out and Settling in *(continued)*

*I've often had the experience – in Ahousaht this happened a lot – of coming across someone who is very ill or failing at home and not accessing care. I hear a lot of concern from practitioners that this is happening in the WSÁNEĒ communities as well. It seems many patients are connected with a primary care physician but for various reasons, some are not accessing that care. Many First Nations people do not feel comfortable leaving the reserve. As much as possible, we need to provide care close to home in their communities.*

Dr. Stogryn is settling into her new position, taking each day as it comes and responding to situations as they arise.

*It is exciting to be part of something new. I guess I'm drawn to pilots.*



Conversations and sharing were at the heart of the January gathering at the Tsartlip Reserve.

From left to right: Jennifer Jones, Health Advocate for Tseycum First Nation; Dr. Elizabeth Rhoades, SIDFP Board member; Dr. Andre duToit, SIDFP Aboriginal Strategy Lead for A GP for Me; Dr. Kate Evans, Child Youth Mental Health Physician Lead for Saanich Peninsula; and Judith Atkin, Diabetes Education Nurse for Aboriginal Health South Island.

## PART OF A BIGGER PLAN

Dr. Stogryn's community-based practice isn't the South Island Division's only initiative around Aboriginal Health. The Division's GP for Me committee is watching the pilot closely. If it goes well, the Division and Island Health will work with First Nations in the Western Communities to provide similar services.

As well, physicians, care providers, community leaders and division representatives are continuing to talk and collaborate. They held their first community gathering at the Tsartlip Reserve to identify gaps in care in June 2015. In late January of this year, they gathered again for a second evening of food, conversation and a new level of understanding focused on finding solutions to those gaps. The second meeting was so successful, they are now planning a third.

# Mentorship Taking the Time...

Who wouldn't want one-on-one access to an established professional who's declared an interest in helping and is ready to give you a behind-the-scenes look at what it's really like to work in your chosen field? The catch (and there's always one) is that when it comes to family physicians and residents, time is notoriously tight. It's a challenge to squeeze one more thing into an already packed day.

Given that, the first year of the South Island Division of Family Practice Mentorship Program is a roaring success. Thirteen physicians and 48 first- and second-year residents are meeting, emailing, talking, asking questions, providing answers and even making time to get together for purely social events a couple of times a year.

Mentors and mentees recently gathered for the second SIDFP mentorship event at the Canoe Club in downtown Victoria. *Monitor* spoke with Dr. Azaria Marthyman and some of the young doctors he mentors.

**Jack Shaw** is almost through his second-year residency training. Upon graduation, he plans to practice family medicine in Victoria.

*A mentorship program is an excellent way to get advice from people who have no vested interest in selling you anything, and who have a 100 per cent interest in addressing any questions you have. There's no agenda. Questions are answered honestly from a world of experience.*

*Initially, I was interested in talking with an established physician in the community – someone who has years of experience, who has seen all the changes politically, structurally and demographically, and who was able to offer advice, insight and experience. In school, I've been gaining clinical acumen, but I am outside the socio-political structure.*

*The biggest surprise was the openness of the conversations about the challenges of running a business, and of working in the community. I really appreciate that. Nothing is off-limits – mentors make themselves completely available in terms of what we can talk about.*

*I expect it would be quite a challenge to step into a practice without having the support of someone like a mentor. I think they remember what it was like, and that's where their desire to help is coming from.*

**Behroz Rashidi** is also a second-year resident. He plans to practice family medicine in Campbell River.

*It's exciting and scary at the same time, and it's good to hear from someone who's been there. Our training during residency is mostly focused on the clinical aspects of medicine. The mentorship program allows us to learn about issues surrounding the personal and financial side of being a doctor. It definitely eases the anxiety!*

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# and Making a Difference!

*What surprised me about the mentorship program? Well, Dr. Marthyman is my preceptor during the two years of my residency. As a preceptor he has helped me expand and strengthen my skills as a clinician. But mentorship is a different relationship. I'm able to openly discuss my concerns about financial planning, practicing as an independent physician, and operating a business with someone who has had years of experience.*

*We also talk about my goals in life, about family, and about how to best pay attention to my own health and wellness. Being a physician definitely affects my personal life, so I'm grateful to be able to learn and benefit from Dr. Marthyman's experiences.*

The benefits of mentorship aren't a one-way street. Dr. Azaria Marthyman says he gets as much out of it as the students do.

*When I was a new doctor, I wish I had some mentorship – people to chat with about life, about life as a doctor, about being married, having children, financial planning ... all kinds of different things beyond medicine. Having a sense of communication with other doctors would have been nice.*

*I've been in medical practice and in the community for quite a while, and now I have the long-term perspective. One aspect that has become really important to me is community building – working cohesively with other individuals, and the concept of teamwork with other doctors. I see the opportunity to share my experience with these young doctors. Fifteen years ago, I might not have been able to do it, but now I can, and I enjoy it. Not every doctor is in the position to get involved right now, but I'm fortunate – and privileged – to be able to.*

*I also really like being with these young doctors. I'm seeing some generational differences between me and them. I'm learning about the creativity of these younger people, and it gives me hope! I get to know these budding professionals, and I see there is continuity in the community.*

The South Island Division's Mentorship year starts in July, when the second-year residents graduate and move onto their careers and new first-year residents enter the program. For information about the program and to register as a mentor, contact MJ Cousins ( [mjcousins@sidfp.com](mailto:mjcousins@sidfp.com) ).



Dr. Azaria Marthyman (left), Behroz Rashidi, Jack Shaw and Carlos Leiva enjoying an evening of casual conversation at the SIDFP Mentorship event in January.

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Dr. Azaria Marthyman

# Have a Quick Question?

## You Can Get a Quick Answer!

In December 2015, South Island Division introduced RACE – Rapid Access to Consultative Expertise. It's a simple and effective idea: when family physicians need a quick answer from a specialist, use an office or smart phone to call RACE. The on-call specialist will call you right back, you have a five- or ten-minute chat, and you get an answer immediately. One more pressure point is removed – from the physicians' workload, from the medical system, and, most importantly, from the patient's life.

Dr. Carole Williams has a family practice south of Duncan. She was the first South Island Division family physician to use the RACE App.

**Dr. Williams:** *When you have a delicate or difficult case, when you're not sure what to do, it's great to have someone there to give you fresh eyes. You can use RACE for a quick one-off. It's excellent when I need to talk to a specialist – they can be hard to track down.*

*This was a psychiatric case. It didn't meet criteria for an urgent consultation or someone who needed to be placed in an institution, but it was very serious situation. I asked my nurse practitioner to make the RACE call, and within five minutes, Dr. Milliken was on the line. When I gave him the case information, he said "I thought it would be something simple!" I said "No, if it was simple, I wouldn't need your help! This is complex, and I really do need your expertise."*

Dr. Don Milliken is a psychiatrist in Victoria, and was on duty when Dr. Williams called.

**Dr. Milliken:** *Dr. Williams was very organized. She said: "This is the problem, this is what is happening, this is what others have said, and this is what I think. What do you suggest?" She had it clearly laid out in her mind, it was a really easy matter to discuss with her.*

*In Dr. Williams' case, I suggested a few things like how to adjust dosages for specific medications. These are straightforward clinical dilemmas. A family physician isn't as familiar with them, but I've seen them before – this is what I do every day.*

**Dr. Williams:** *We went over the case, and Dr. Milliken's suggestions were helpful. They saved me trying to send a referral and having the patient wait for an appointment.*

After the conversation, both physicians took the next step:

**Dr. Williams:** *I made next decision in the patient's care, with Dr. Milliken's suggestions in mind. In this case, he reinforced what I was thinking. He confirmed that there were things we needed to look at that were complicating the issue. He helped me put all that in perspective.*

*The whole conversation lasted maybe 10 minutes, and at the end, I was very satisfied. It's a very good service.*

**Dr. Milliken:** *After I hung up, I filled out the paperwork and carried on with my appointments.*

It's no surprise Dr. Williams was the first South Island family physician to try RACE. She sat on the Doctors of BC board and has seen many programs, including RACE, go from idea to reality.

**Dr. Williams:** *I've been watching RACE for a long time. It was developed by Providence Health and the Surrey North Delta Division, and it worked very well there. I knew we were working on it and I was waiting for it to come. I signed up right away.*

*For family physicians, it's an excellent program. It's great for specialists, too. It can help clear up a backlog.*

Dr. Milliken was also quick to join the RACE team.

**Dr. Milliken:** *There used to be something in hospitals that is now totally extinct – it was known as The Doctors' Lounge. You could sit around on a Saturday morning, have some collegial time with other physicians [family and specialists], and in the middle of it say: "I have patient with this issue. What would you suggest?" It was done all time, but now there's no place for that to happen. So for me, RACE is just a part of that kind of collegiality, of working together.*

*It works both ways, too. There are times I want to get on the phone with a family doctor and say: "My patient is on a certain blood pressure drug. Tell me about it, because I don't deal with this in my regular practice."*

*I get great satisfaction from being part of something like this. If we, as a profession, are to look after patients and ourselves in a cost-effective manner, this is the sort of collegial support and consultation we really should be giving to each other.*

*Our jobs are tough enough. We have to look after patients, we have to look after ourselves, and we have to look after each other. This is one way we can support each other.*

### SIGN UP FOR RACE

It's easy to participate in RACE. Visit the website, check out the background information and see the list of participating specialists.

Download the app and register. [www.divisionsbc.ca/south-island/RACE](http://www.divisionsbc.ca/south-island/RACE)

## Contact Us

### We want to hear from you!

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**South Island**  
**Division of Family Practice**

A GPSC initiative