

# ER NL EMERGENCY MEDICAL NEWSLETTER

## SPOTLIGHT ON: Michael Jong Emergency Medicine in Labrador

*In April 2015, we met with Dr. Jong at a workshop in Nain. We sat down and spoke with him about his time in Labrador, being known as a legend, his interactions with polar bears and working with Rosie the Robot.*

### **Q: You are a legend in Labrador. How long have you worked there?**

**A:** I have been in Labrador for 32 years. I learned a lot over this period – from the patients, their families and communities. With a small population of 15,000 in the catchment of Labrador Health Centre, people get to know me and vice versa. It's home to me. I'm not sure about being a legend though – it's more people knowing of you because you have helped them or someone they know.



### **Q: You moved from a very hot climate to a very cold one. How was that transition for you?**

**A:** I was in my twenties when I arrived and it was easy enough to adjust, especially after discovering that I liked the outdoors and the wilderness.

### **Q: What is it about the north that appeals to you?**

**A:** The people, as in any small communities, are friendly. I am a visible minority, being Chinese, but I felt welcomed. I had thoughts of leaving a year after I arrived to learn more about medicine and to practice in a speciality. But I discovered that I can learn a lot here and my work involves not one narrow speciality but multiple. It has depth and breadth. Outside of my work, I liked the winter; the frozen land allows for travel across frozen rivers and lakes to places that are not accessible in the summer. I bought a second hand skidoo in Goose Bay during my first visit and I had to come back to use it again. Now I have three skidoos for different snow conditions – I love it!

### **Q: Where is your favourite place in Labrador?**

**A:** The vast wilderness and the people. There are three indigenous peoples with their own culture and value system – a rich multicultural Aboriginal community in Labrador.

### **Q: What do you think makes rural and remote emergency medicine different from urban emergency medicine?**

**A:** We have to be able to work without the support of the other specialities and we have less resources.



Faculty of Medicine

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When we have a sick patient we have to stabilize, admit and continue the management. If we end up putting them on a ventilator, we have to do this ourselves and if the patient is admitted, we will continue with the care until the patient can be transferred by plane to a tertiary care centre – and this is at least hours later. Most of the time, we eventually see them in the clinic or at their home community to continue with their care. This is what makes it rewarding.

**Q: Tell us about your best resuscitation with Rosie the Robot.**

**A:** We had a patient who was shot in the chest who was not responding to pain, still breathing but had no peripheral pulse. With the Nain team, including nurses, personal care attendants and maintenance personnel, we were able to resuscitate and stabilize the patient with CPR, bilateral needle thoracentesis followed by chest tubes and even endotracheal intubation. This was a desperate measure to revive a patient who was otherwise dead. I led the team remotely from Goose Bay, and the medevac team picked the patient up eight hours later when there was enough light for the team to land. No one can get into Nain at night.

**Q: Where do you go when you take a holiday?**

**A:** at times I go to the woods of Labrador. I have hiked in many places by the best is still in the Torngat Mountains. I run a marathon six times a year and that takes me to other places. The best is still the Trapline marathon in Goose Bay on Thanksgiving weekend.

**Q: Have you ever seen a polar bear? If so, where?**

**A:** The first polar bear was a stuffed polar bear at my wedding in Calabogie, Ont. I have only seen a polar bear from a distance on an ice pan on the north coast of Labrador.

**Q: Who is your favourite author?**

**A:** I don't have a favourite author – most of what I read are adventure stories, such as Nick Heil's Dark Summit, about climbing Mount Everest.

**Q: What is your favourite pastime?**

**A:** I love fly fishing on the Eagle River. It's peaceful, yet exciting.

## News from Emerg

### Highlights from Winter/Spring 2015

- CAEP Feature Education Innovation – "Tuckamore Simulation Research Collaborative." (March 2015)  
EM Educators/authors: Tia Renouf, Mike Parsons, Peter Rogers, Sabrina Alani and Adam Dubrowski.
- CAEP Great Evidence in Medical Education Summary (GEMeS) – "The effectiveness of direct and timely feedback by faculty to learners is often challenged by faculty cognitive biases, time constraints and concerns about harming their relationship with the learner." (March 2015) EM educators/authors: Peter Rogers, Mike Parsons, Tia Renouf, Sabrina Alani and Adam Dubrowski.

## Current Research

- "Country Mouse, City Mouse: Examining Communications Barriers between Rural Physicians and Urban Consultants in Newfoundland and Labrador." Poster was presented in August 2015 at AMEE in Glasgow. Phase 1 is complete (survey development, disseminations and data collection) is next. Authors: Tia Renouf, Sabrina Alani, Desmond Whalen, Christopher Harty, Heidi Coombs-Thorne and Adam Dubrowski.

## ER Physician chapter of the NLMA

An emergency medicine chapter for the Newfoundland and Labrador Medical Association has been established. This allows for:

- easily arranging provincial educational events with guest speakers;
- a unified voice for negotiations;
- an opportunity for urban and rural ER doctors to dialogue, and;
- a chance to socialize!

Volunteers are needed for the following positions:

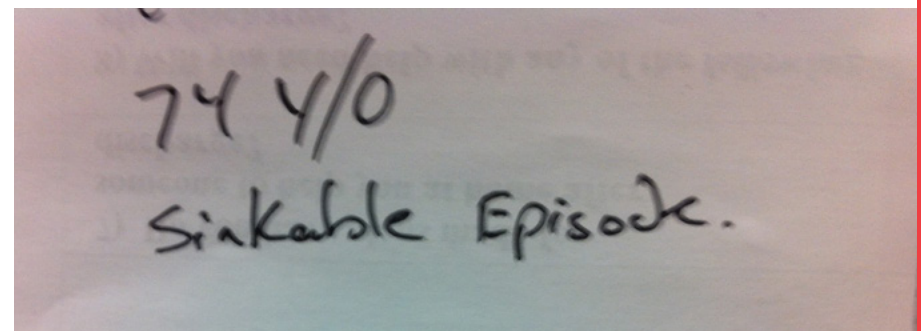
- President
- Secretary

We are currently developing a logo and are looking for input from members. Please contact Bridget Picco with any suggestions at [bridgetpicco@yahoo.ca](mailto:bridgetpicco@yahoo.ca).

## How fresh is the blood you can get?

Dr. Art Payne, an emergency physician with Eastern Health recently finished a tour of Afghanistan, where he was an army doctor. While there, he saw and experienced many things he wouldn't normally see in an emergency room. There was one experience, however, that particularly stuck with him.

When he arrived in Afghanistan, he noticed soldiers wearing pagers. He soon learned that when new soldiers arrive at the base, they have their blood types registered. Every soldier carries a pager so that if blood is needed immediately, a soldier with the appropriate blood type can be paged and go to the army hospital to give blood. The blood can then be immediately transfused to the injured victim, who may or may not be a fellow soldier. Dr. Payne says with the pager system, the transfused blood is as fresh as it can get.



## RESIDENT'S CORNER: An Engineering Medical Salsa

Dr. Andrew Smith, emergency physician and engineer, is now leading a remote telemedicine communication project to connect remote areas of the province to the major centers. Facilitating visual and verbal communications among health care providers and patients, medical care would extend to all areas of the province. Health care providers would not feel as isolated and recruitment should be improved. Offshore medical issues may also be considered. Google cameras may allow research into diving tanks and how the human body responds to these situations.



## St. John's to Cape Town

*By Dr. G. Kenzo Saito*

PGY3 CFPC (EM) Emergency Medicine Program, Memorial University of Newfoundland  
About 24 hours after getting on the plane in St. John's, I touched down in Cape Town, South Africa. After months of planning and paperwork, the moment had finally arrived. Through the airplane window, I glimpsed the sun peaking just over the horizon. This was my first time stepping foot on this massive continent. Driving towards the city, I felt dwarfed by the magnificent Table Mountain, which surrounds the city. I drove around one of the bends in the road, and I looked down towards the coast, seeing the city centre for the first time. I was in complete awe.

The next day I arrived for my first day at Tygerberg Hospital's "Trauma Front Room." This is Cape Town's level I trauma centre, and the "Front Room" is like an emergency department that only accepts trauma. As I waited for my orientation, I watched as a patient was brought in to the resus bay, his head covered in blood. Just another "community assault," I heard one of the "sisters" (what I later learn is the local term for the nurses) saying in the background. The rest of the shift was a mix of MVAs, work-related injuries, assaults, and other assorted trauma.

Gunshot wounds and stabbings are, unfortunately, very common here. Broken beer bottles and bricks also appear to be weapons of choice. The

weekends are the worst, especially the one right after payday. The trauma front room doctors are incredibly experienced, and it is impressive how calm they remain in the face of utter chaos. At times, the department is so full that beds are packed side by side and patients sit along the hallway holding their own IV bags. Chest tubes (or intercostal drains [ICDs], as they say here) are so routine that they have an "ICD room" where patients sit facing each other during an observation period.

So far, my first week here has been an incredibly interesting and invaluable experience. I definitely feel that the MUN emergency medicine program has prepared me well for this. It is a great experience to be working at a hospital with this volume and

acuity of trauma, although at times it can become quite overwhelming. Working in an international setting, with different trade names for medications and slightly different terminology, can also be a challenge.

Witnessing the aftermath of numerous violent assaults has also been saddening. In a country troubled by such high levels of poverty and inequality, one cannot help but wonder when and how the root causes of this violence will ever come to an end. Right now, the best that I can do is treat those in front of me with the best level of care possible. My time here has reminded me how much I enjoy global health work, and I am sure this will not be my last time in South Africa.

