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Serving Underserved Communities with Locum Tenens

Announcer:

You're Listening to *Spotlight On Locum Tenens* on ReachMD in partnership with Locumstory.com.

Dr. Dogramji:

Welcome to *Spotlight on Locum Tenens* on ReachMD. I'm Dr. Paul Dogramji, and joining me today to share her experiences working as a locum tenens in underserved communities is Dr. Samantha Conroy. Dr. Conroy is a family practice obstetrician, family practitioner and urgent care physician. Dr. Conroy, thanks so much for joining us today.

Dr. Conroy:

Thanks for having me.

Dr. Dogramji:

Now before we take a look at your experiences with locum tenens work, Dr. Conroy, I'd like to talk about your work in Kenya. What can you tell us about that, and how did that get you interested in helping underserved communities?

Dr. Conroy:

Sure, well, I think where it all started was during my undergraduate experience. I had the opportunity to go overseas with a couple of different organizations to do some mission-type work and that really had a big impact on me as an undergrad just kind of thinking of where I wanted to be and what I wanted to do with my life. I recall one experience I went to Zimbabwe and we visited a hospital there. And I was just so impacted by the extreme need that I sort of eventually decided the best way to help was to become a doctor – go into the medical profession. Obviously it took quite a few years to get there, but after I finished my training, I decided to go ahead and apply for a program that was sponsored by an organization called World Medical Mission and it's an organization that helps new doctors all over the world serve in mission hospitals for about two years and that just gives them an opportunity to get started down that path. If they want to stay long-term, they can and many of them do. So I ended up going to Kijabe Hospital in Kenya, and there I stayed for about two and a half years. I learned some Swahili and did quite a bit of everything. I worked in the obstetrics ward. I delivered babies. I did C-sections. I worked in ER. I worked in the wards. I worked pretty much all over. And that really helped I think even with my development as a doctor just learned so much there. The biggest thing that I think I had the biggest impact in was being involved with their family medicine residency program. And that was a new program that they had just started, and they provided pretty good, solid medical training for young Kenyan doctors. And these young Kenyan doctors would eventually go back to their own villages and homes, and be able to care for their own families, so that program was quite impactful for me and I really, really had a good time.

Dr. Dogramji:

Well thanks for sharing that, Dr. Conroy. And with that background in mind, let's dive into your first locum tenens assignment, which was in the North Slope borough of Alaska. What was that experience like, and how did the community's limited access to health care impact your ability to treat your patients?

Dr. Conroy:

Yeah, so I worked up in Utqiagvik, which is a very remote area in the North Slope borough of Alaska. It's the furthest point you can go north in the northern hemisphere from America. And it was definitely a very unique and challenging experience but I think that having just returned from Kenya actually really helped make it an easier experience because I was already used to working in these low-resource settings. And to be honest, the hospital there was actually quite a beautiful building, and exceptionally well outfitted, so I was quite impressed with how much we did have for it being such an extremely remote place.

Dr. Dogramji:

Were there any unexpected emergencies or challenges you experienced on your first assignment, and if so, how did you overcome them?

Dr. Conroy:

There were a few. One particular, I remember quite well, was actually when I was managing the obstetrics ward. Generally we only took care of very low risk moms. However, there are always a couple of patients who don't want to be transferred down to Anchorage for their deliveries, and you can't really make someone do that, so you can just really, really recommend it, but this mom really didn't want to go down to Anchorage, so she stayed up in our town for most of her pregnancy, and then she went into early pre-term labor unexpectedly. And so, she just showed up one night, and she was quite high-risk. She had had a previous C-section and she had had multiple other issues. So obviously we could not deliver her at our hospital, so we actually Med-Evac'd her down to Anchorage, and I ended up having to accompany her on the Med-Evac flight just in case she was going to deliver on the way down, which we were very much hoping and praying that wouldn't happen. And also, we didn't have a NICU or a pediatric area for the pre-term babies, so thankfully we did have a very experienced pediatric nurse practitioner who went with us just in case. So that was a pretty interesting night.

Dr. Dogramji:

Wow, very interesting. For those just tuning in, you're listening to *Spotlight on Locum Tenens* on ReachMD. I'm Dr. Paul Dogramji, and today I'm speaking with Dr. Samantha Conroy about her medical missions around the world.

So, Dr. Conroy, now that we've gotten a better sense of some of the important work you've done in the past, let's take a look at the present. Can you tell us about your most recent locum tenens assignment?

Dr. Conroy:

I just finished up in New Zealand. I was working in a small, rural town in the North Island of New Zealand. I was there for about ten months, and I decided to go over there just for getting a new experience, and I've always really wanted to go to New Zealand.

It has quite a reputation as a gorgeous area and they do really have quite a high need over there. They rely a lot on medical professionals from overseas to help, especially in the more rural areas. There is basically just a few areas that have a lot of access to health care, and those are in the large cities. But it is such a small country, that it's quite rural in most of New Zealand. So, like I said, they heavily rely on locum doctors from overseas to help keep these rural clinics going. So the clinic that I worked at was in a farming area in the North Island. It was a very busy clinic and it was quite a needy population. A lot of elderly people, a lot of people that usually don't go to the doctor very often, and when they do, they're quite sick so it was pretty busy. So, so the challenge that I faced, and most doctors face, is just having to manage a lot of things in the general practice clinic. So that was challenging, but I did really enjoy it. I met some amazing people, and got to see a fair bit of New Zealand while I was there, it's truly a gorgeous country, so I really enjoyed that bit of it as well.

Dr. Dogramji:

Well, given all of the experiences you've had, how do you think locum tenens practitioners can improve quality of care in these remote and underserved communities?

Dr. Conroy:

Yeah, I think locum tenens practitioners are definitely a necessary and a very important part of helping to keep these rural clinics alive, especially in areas that are very underserved and remote, such as in Alaska and New Zealand. They can sort of provide a bit of a lifeline for these clinics, to help them stay afloat until they can get a long-term practitioner, which is obviously the ideal especially for patients. And I think one of the tough things about being a locum tenens is that you never really get to develop that long-term relationship with your patients, and that's so important in developing that trust bond between a physician and a patient. So, a lot of what we, as locum doctors, run into is that our patients really have no reason to trust us, because they don't know us, and that's a bit of a challenge, and it can be quite tough especially when you first come into a place and you're constantly moving around. So, what I found that really has helped that, because I have moved around quite a bit, and I've been in a couple of different areas, a couple of different countries having to learn a new culture, sometimes a new language. What really helps is to just address that immediately with the patient and work extra hard to gain their trust while providing them with the best advice that you can.

So, I think my patients really responded to that, especially in New Zealand and they were much more likely to accept me as their doctor once I put some effort into building relationships. So I think that the way that locum tenens can have the biggest impact is really by putting that trust bond in early and then they can really have a big impact, because if not, you're not getting that doctor-patient relationship as well as you could.

Dr. Dogramji:

That's very interesting. So, well before we close, Dr. Conroy, do you have any final thoughts or takeaways you'd like to share with our audience?

Dr. Conroy:

I think it's really important to research the place you're going to for an assignment and have a conversation with your employer prior to starting. I did have one not-great experience, because I didn't do my research prior, and I felt a bit taken advantage of in the workplace setting. So, if you do decide to do a locum assignment, just be aware that there is sort of a culture, sometimes, of taking advantage of locum doctors by giving them very heavy patient loads, and unreasonable hours, just because you're only there for a short time, and they're trying to give the other doctors a break, which is fair, but again, you don't want to burn yourself out. You want to have a good experience. You want to be able to provide good care. So just make sure that you discuss expectations with your clinic prior to starting. Put it into writing. And also, make a good impression with your patients from the get-go, and with the clinic staff as well, so that they get to know you quickly. And the sooner you can do that, the better experience you'll have.

Dr. Dogramji:

Well, as those final thoughts bring us to the end of today's program I want to thank you, Dr. Conroy, not only for joining us to share your experiences, but for all the work you've done and continue to do, to help those in underserved communities. It was great speaking to you today.

Dr. Conroy:

Thank you so much. It was great speaking with you, too, Paul.

Announcer:

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