## **Guest Editor's Introduction**

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I am writing this introduction from the *Akademik loffe*, a ship that is taking me to remote and rural places like Sable Island and Francois, iconic places to visit, where we are challenged both to deliver rural health and to provide health education for learners. I am the ship's doctor, and hope I do not encounter the kinds of clinical challenges that characterize practice in these small faraway places; if somebody gets sick or is injured aboard, or in Francois where there is no road, it is a far different proposition to care for them than in the university emergency department (ED) where I normally work. Similar challenges exist for delivering rural and remote health professions education (HPE). MUN's medical school's mission states that students should receive the same quality of education wherever in the province they are learning; in reality it can be challenging far from the academic centre.

The articles in this collection are written by physicians and medical educators from near and far. Close to home, Dr. Sara Matheson writes about colorful and mysterious words used by many Newfoundlanders to describe their ailments and how, in order to understand and treat their patients, physicians must first appreciate the nuances of local language that form the basis of their communication.

Dr. Heidi Mayer from faraway rural New Zealand [NZ] teaches post-graduate physicians (called registrars in much of the Commonwealth), and describes a creative and popular program for rural teaching and learning in that setting.

A seven hour flight West of NZ in Broome West Australia, Dr. Christina Herceg works at the oldest established Aboriginal health centre in that state. She teaches registrars both in her clinic and via distance technology when they are working and studying in the outback (rural Australia), which may be as many as 3000 km away.

From the other side of the globe, Dr. Jill Allison and her Nepalese colleagues write about attracting, training and retaining rural physicians using a community-based and socially responsible partnership with Paton Academy in Kathmandu.

Interviewing several learners, clinicians and medical education experts, Tina Bankovic writes about simulation, a tool used by health professionals to practice a variety of skills without risk to patients. Simulation helps teach rural medical students and also helps rural graduate physicians to maintain skills that, while seldom needed, they must on occasion

execute flawlessly in an emergency. In a second article these authors describe how simulation is used to train Aboriginal healers of tomorrow in Newfoundland and Labrador.