

August 16, 2020

CAEP Board of Directors  
509-350 Sparks Street  
Ottawa K1R 7S8

Re: CAEP Rural and Small Urban Section Chair Position

Dear CAEP Board of Directors,

My training and practice experience, intentionally curated with a rural emphasis, illustrates my unique skill set to be a strong voice for rural emergency medicine on the CAEP board. I have consistently chosen rural and remote practice settings and have clinical experience in over 20 rural communities in 5 provinces/territories, including the remote fly-in communities around Inuvik, NT and Goose Bay, Labrador. The skills and insights gained in these settings have proven invaluable in my roles as a clinician, leader and advocate. I have seen first-hand the challenges of practicing in areas with limited and strained resources and significant health disparities. My urban emergency medicine training has also highlighted the importance of a unified approach and clear communication between rural and urban centers to ensure a high standard of care, knowledge and skill translation, and smooth patient transfers/repatriation.

Throughout my training and career, I have held diverse leadership roles that demonstrate my consistent interest in both rural and emergency medicine as well as my skills in teamwork and communication. In medical school, I was active with rural initiatives in BC (R.E.A.P) and the Society of Rural Physicians of Canada (SRPC). In residency, I was on the SRPC and CAEP residency committees. My role as CCFP-EM representative on the CAEP residency committee is analogous to the CAEP Rural and Small Urban Section Chair position. In this role, I had the opportunity to provide a voice for all CCFP-EM trainees at the national level and was the sole member from my training stream on the panel. I scheduled regular check-ins with chief residents at all universities and advocated for their needs. I continue to be active in both SRPC and CAEP sub-committees (global health and disaster medicine), where I engage and collaborate with fellow committee members to address issues important to rural emergency medicine. I have been recognized for my advanced leadership skills by my peers in different stages of my career; I was voted for a leadership award in medical school, as chief resident in family medicine, and for a rural resident leadership award. I continually strive to improve my leadership skills through active training such as Crucial Conversations/Accountability courses and physician leadership programs. This chair position will further enable me to expand my leadership skills and learn from colleagues with shared values.

I am driven in my choice to work in rural and remote communities by a desire to bring high quality, evidence-based medical care to underserved areas of Canada. I am a strong advocate for the inclusion of training in these environments for all trainees and believe in the importance of supporting rural physicians in building and maintaining critical skills. I took initiative in this

area when I spearheaded a local EDE ultrasound course while a family medicine resident in Owen Sound, ON. This endeavour called on my organizational and interpersonal skills as it required extensive collaboration with a variety of interested parties. Although bedside ultrasound is the standard of care in urban departments, rural physicians still struggle to access training. Bringing this course to the region allowed 24 rural physicians to gain a critical skill set and exemplifies my commitment as an advocate. I hope to continue the necessary work of serving the needs of rural communities by narrowing gaps in health equity through local capacity building.

Rural representation on national committees is of great importance due to the unique challenges we face in our practice locations. I strongly believe that my knowledge of emergency medicine, my extensive training and practice experience in rural communities, my proven leadership skills, and my established relationships with relevant external agencies (e.g. SRPC) will allow me to serve effectively in this position. As in my previous leadership roles representing physicians, I intend to not only draw on my personal expertise and experiences, but also to actively engage the rural emergency physician community at large and provide a voice for their collective issues at the CAEP table. As a committed advocate, I will continue to stay abreast of the issues related to rural emergency medicine across the country to advise the Board of Directors and ultimately support CAEP in its vision to lead the excellence of emergency medicine in Canada. I am excited for the opportunity to support the advancement of both rural and urban emergency medicine together.

Thank you for your consideration of my application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Aimee Kernick', with a stylized, cursive script.

Dr. Aimee Kernick  
MD CCFP(EM)