Rural emergency departments in Canada provide a vital and unique role in the delivery of healthcare to 30% of the Canadian population. The rural population has unique healthcare needs. In 2002, the Canadian Association of Emergency Physicians contributed to the Romanow commission by forming a committee to describe the current state of emergency care; out of this public dialogue recommendations were suggested to guide the delivery of emergency medicine in Canada. Over 70% of physicians working in Southwestern Ontario emergency departments have no formal training in Emergency Medicine. Unique concerns of Canadian physicians practicing in rural areas needs to be identified to facilitate changes to improve patient care.

**Objectives**

Physicians staffing rural emergency departments (EDs) in Southwestern Ontario were surveyed to determine their perceptions of factors affecting patient care in the domains of physical resources, available support and education.

**Methods**

- A confidential 30-item survey was distributed through ED chiefs to emergency medicine physicians working in 16 rural EDs throughout Southwestern Ontario during July, 2010.
- Using a 5-point Likert scale, physicians were asked to rate their perception within the domains of physical resources, available support and education.
- The Likert scale ranked impact on patient care from strongly negative (a score of 1) to strongly positive (a score of 5).
- Demographic and practice characteristics were also collected to accurately represent the participating centers and physicians.

**Conclusions**

- Our study demonstrates that physicians practicing emergency medicine in rural Southwestern Ontario EDs identified inpatient boarding, as well as inadequate staffing of the EDs by physicians, as having the most significant negative impact on patient care across the region surveyed.
- Several factors were also identified as having a strongly positive impact on patient care, including access to information sharing, availability of emergent laboratory studies (e.g. x-ray imaging), and diversions to tertiary centers.