

Rural Exposure in Medical School: The Answer to a Crisis in Rural Medicine?

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Categories: Family/General Practice

Keywords:

How to cite this poster

Greidanus B (2012) Rural Exposure in Medical School: The Answer to a Crisis in Rural Medicine?. Cureus 4(10): e340.

Abstract

Staffing rural areas with physicians is an ongoing challenge in North America. Literature has cited the following reasons for rural physician shortages: professional, social, and cultural isolation; the need for a broader skill set and knowledge base in rural contexts; and the increased workloads that rural practices often entail. Rural health-care shortages are also compounded by the fact that rural people tend to have lower incomes and poorer health statuses than urban individuals, creating a greater relative need for physicians in rural areas. Despite these challenges, thousands of rural physicians serve in communities across North America. These doctors have chosen to work in contexts far removed from the specialized personnel and infrastructure enjoyed by practices in urban centers. An attempt is made in this piece to delve deeper into the mindset of rural physicians - to find out why they chose rural medicine, to learn how they negotiate its challenges, and to understand how they would suggest solving the current general shortage of rural physicians. A group of rural physicians in the remote northern town of Peace River, Alberta provided a case study for this project. A standardized questionnaire form was used to interview seven of the nine practicing physicians. In analyzing the interviews, several compelling themes emerged, many of which were consistent across the group. The doctors cited diversity of practice and tight-knit community as the most enjoyable aspects of rural medicine. Undesirable aspects included workload, lack of support and resources, and a sense of ignorance among the larger medical community regarding the capabilities of rural physicians. The doctors believed that medical schools and rural physicians should carry the most responsibility for training new rural physicians. And, they strongly recommended longitudinal integrated clerkship programs at medical schools as a means to encourage medical students to consider rural medicine. The striking demographic feature among the group was that every physician seemed to have a unique and different path leading them to rural medicine. This case study revealed that rural medicine is a dynamic and rewarding field that is often misunderstood by the medical community. Exposing medical students to rural medicine during their training may be a means of recruiting medical students into this underserved area of medicine.

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Published 10/09/2012

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