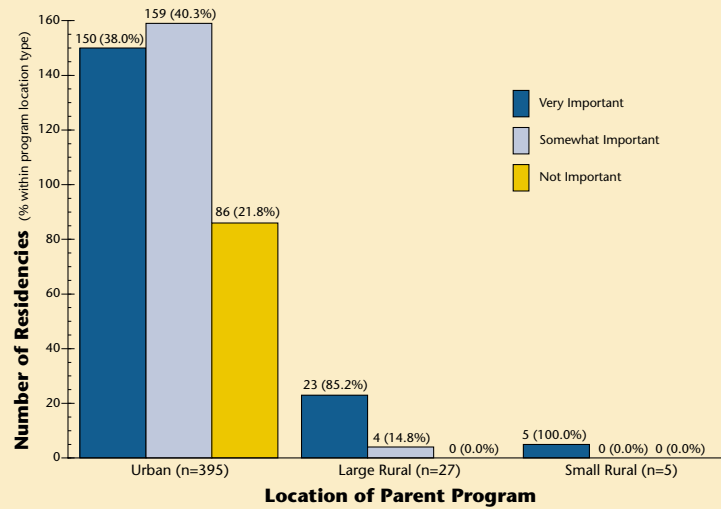


Rural Mission of Family Medicine Residencies

In this chapter, we explore the assumption that programs with an explicit mission of preparing future rural physicians are more likely to locate their training experiences in rural areas. Not surprisingly, the

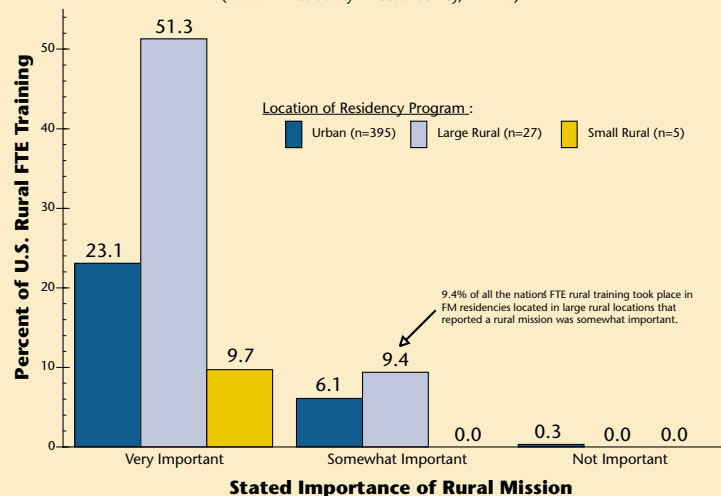
geographic location of the parent residency program is strongly related to having a rural mission, as shown in Figures 4-1, 4-2 and 4-3.

Figure 4-1: Number of FM Residencies by Importance of Rural Mission & Location
(2000 FM Residency Director Survey, n= 427)



The rural mission of family medicine residencies was rated as very important by all five of the parent residencies that were located within small rural areas and by 85 percent of those located within large rural areas, but by only 38 percent of the family medicine residency parent programs located within urban areas.

Figure 4-2: Percent of Rural FTE Training at FM Residencies by Importance of Rural Mission & Location
(2000 FM Residency Director Survey, n= 427)

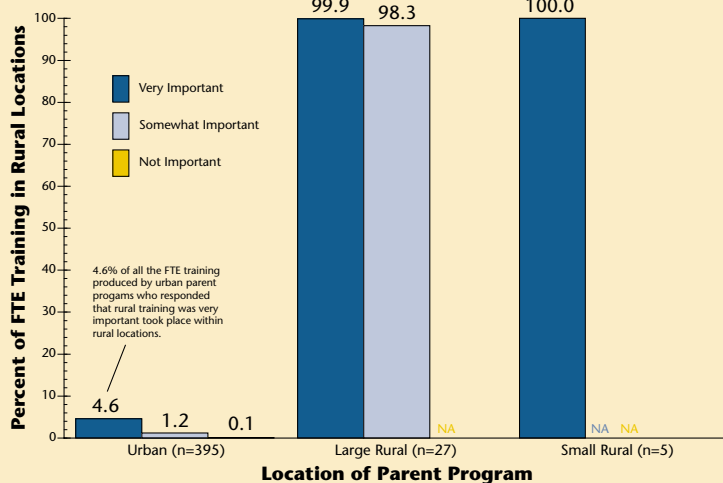


Over 84 percent of the nation's family medicine FTE rural training takes place in family medicine residencies whose rural mission is considered to be very important.

Only 4.6 percent of the family medicine residency training FTEs produced by urban programs who indicated that their rural mission was very important takes place within rural areas, and only 1.2 percent by those who reported it was somewhat important.

Figure 4-3: Percent of FTE Training Taking Place at Rural Location (Location/Importance of Rural Mission Subgroups)

(2000 FM Residency Director Survey, n= 427)



Rosenblatt and colleagues (2002a) noted in their analyses of these same survey data that a large number of family medicine programs in the United States consider training rural physicians to be their central mission; 120 programs (28%) considered rural training to be very important, and an additional 58 programs (13%) reported the dual mission of training both rural and urban underserved physicians. All five of the parent residency programs located within small rural towns indicated a rural training mission, as did 67.9 percent of the programs in large rural areas. No programs were located in remote small rural towns.

Programs with a predominantly rural mission differ structurally from those with an urban mission. Rosenblatt and colleagues (2002a) reported that the typical residency with an exclusively rural mission is the only residency in a community hospital; about 17 percent have an affiliated rural training track. By contrast, urban-oriented programs tend to be in

hospitals with other residency programs, very rarely have a rural training track (2%), and are more likely to be in an academic medical center. Sixty-one percent of the programs hosting rural training tracks list only rural training as their central mission, with most of the balance belonging to programs with both a rural and an urban mission.

These same authors concluded there is a concordance between program mission and the amount of time spent in rural areas, with programs with a rural inclination much more likely to deploy their residents to rural areas. Even in the 119 parent programs that listed rural training as very important to their program, less than 20 percent of the training takes place in rural areas. No matter what their stated mission, urban programs train all but their rural training track residents predominantly in urban areas. Rural programs do virtually all their training in rural areas.