

EDUCATION

Asher EF, Martin LF, Richardson JD, Polk HC. Rural rotations for senior surgical residents: Influence on future practice location. *Archives of Surgery* 1984;119(10):1120-1124.

The purpose of this study was to determine if participation in a rural rotation was a factor influencing a surgeon's decision regarding where to practice. The authors concluded that there were no obvious factors that clearly related to the choices made by residents although it appeared that the AHES (rural) rotation might have been useful in helping residents to decide whether to enter a rural practice.

Burkholder H, Cofer JB. Rural surgery training: A survey of program directors. *Journal of the American College of Surgeons* 2007;204(3):416-421.

The purpose of this survey was to determine the importance and prevalence of rural surgery training in American general surgery residency programs. According to the authors the presence of a curriculum to train rural surgeons is related to the belief that such a curriculum is necessary and that training rural surgeons is part of that residency program's mission. The program directors supported training for rural surgeons in OB/GYN, orthopedics, ENT, and urology.

Cogbill T. Training surgeons for rural America. *The American Surgeon* 2007;73(2):148-151.

The author of this article identifies areas in a broad curriculum that should prepare general surgical graduates for rural practice. These include critical care & trauma, endoscopy, OB/GYN, comprehensive preoperative risk assessment and post operative management of surgical patients, business of medicine, exposures to methods of tracking and benchmarking outcomes, ortho, hand, urology, ENT, and the realities of rural practice from rural electives. Additionally, the author suggests ensuring ongoing relationships between surgical residency graduates and their surgical residency programs. Residency programs could design mini-fellowship offerings in sub-specialty and develop regional educational institutes and networks in which rural surgeons are connected to larger referral medical centers.

Doty B, Heneghan S, Gold M, Bordley J, Dietz P, Finlayson SRG, Zuckerman R. Is a broadly based surgical residency program more likely to place graduates in rural practice? *World Journal of Surgery* 2006;30(12):2089-2093.

The purpose of this project was to describe surgical residents who were trained in a broadly based surgical program and determine whether they were more likely to practice in a rural setting. Findings showed that surgical residents graduating from a broadly based training program appear more likely to practice in a rural setting. The authors conclude that graduate surgical training that provides residents with a wide variety of experience while working in a rural setting is a promising strategy to prepare future general surgeons to practice in rural communities.

Hunter J, Deveney KE. Training the rural surgeon: A proposal. *Bulletin of the American College of Surgeons* 2003;88(5):13-17.

This paper is a review of rural surgery practice with specific emphasis on Oregon. The article includes a description of a proposed special rural training program with one year spent training in a large rural community learning a variety of procedures a surgeon is likely to encounter in rural practice. Two months are also spent in a small rural town to experience living and practicing in this setting.

Martin LF, Richardson JD, Bell RA, Polk HC. The initial impact of a surgical AHES program on medical students' career decisions. *Journal of Medical Education* 1981;56(10):812-817.

The purpose of this paper was to describe the overall impact of a rural surgical clerkship program during its first five years. The authors concluded that a rural core surgical clerkship could provide an educational experience that appears to be equivalent to that of a university-based program when using both subjective and objective parameters for comparison. Students who participated in the rural clerkship program chose family practice residency positions more frequently than did their university-based peers.

Reynolds F, Goudas L, Zuckerman RS, Gold MS, Heneghan S. A rural, community-based program can train surgical residents in advanced laparoscopy. *The Journal of the American College of Surgeons* 2003;197(4):620-623.

The purpose of this project was to determine whether advanced laparoscopic procedures could be adequately taught during a general surgery residency without the need for further training. According to the authors' findings a rural, community-based program can train residents to perform advanced laparoscopy. Increasing the volume of advanced laparoscopic cases performed by the resident correlated with increased graduate confidence.

Santry H, James T. New trends in general surgery training: Creating new training environments to maximize the resident experience. *Bulletin of the American College of Surgeons* 2007;92(7):19-24.

The authors of this paper identify and describe the need for specialized training for residents planning to practice in rural areas. They suggest that there should be a focus on gaining exposure to a broader scope of subspecialties to meet the needs in rural communities without access to subspecialists. The article also details several training programs offering special opportunities for residents planning to practice in rural settings.