

"It's About Heart": A Qualitative Study of Rural Family Physician Training Needs

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Introduction

- There is a predicted shortfall of 20% of the needed workforce, or 200,000 physicians, between the years 2020 and 2025.
- As of 2010 the disparity in physician coverage between urban and rural areas in Arizona was as great as 3.7 fold.
- The literature has shown that some of the most influential factors affecting recruitment and retention of rural family physicians include:
 - Procedural training and skill maintenance through CME.
 - Individual response to challenges and resilience defined as the ability to manage and dampen the effect of difficult circumstances.
 - Experience in a rural setting during training.

Methods

Participants and Recruitment

- Thought leaders
- Chain sampling
- Saturation
- Broad geographic area

Interviews

- Conducted by phone or face-to-face.
- Semi-structured format.
- Peer reviewed topic guide used.
- Pilot interviews conducted.
- Periodic topic guide evaluation and revision.
- Interviews ranged in length from 24 to 53 minutes.
- All interviews were digitally recorded and transcribed.
- All transcripts were analyzed for themes by two reviewers.

Results

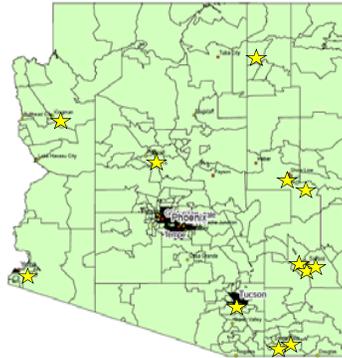


Figure 1: Interview Locations

Table 2: Theme Descriptions and Participant Quotes

Theme	Description	Participant Quotes
Family	- The physician's ability to meet a spouse. - Factors affecting family members. - Getting back to one's roots.	"My wife loves it or we wouldn't be here." "So residency trains doctors, but the family is more important in terms of are they going to stay here."
Training Experience	Medical school or residency training setting including urban, urban with rural track, urban with rural emphasis/rotation, urban single program.	"...An unopposed program...I thought that made a big difference because there was no one else to farm out all the procedures to."
Meaningfulness of Work	The purpose that the physician derives from his/her work as a rural physician.	"...I delivered a baby early in the morning and went and dialed in the end of life comfort meds for a grandma in the evening. The same family, same group of people in the room..."
Community	The experience of living in a small community where the physician is well known, easily recognized and perhaps privacy is elusive.	"If you are a rural doctor, you're a doctor all the time...burnout is a real, a very real phenomenon and ...boundaries have to be set and maintained by the doctor." "You definitely have to be aware that you're in a fishbowl."
Resilience	Imprecise descriptions of characteristics traditionally considered personality traits or dispositions such as 'heart' or 'grit'.	"... I mean to exist and, and even thrive under those conditions. I think it's about heart and I think - it's about heart."
Comfort with Resource Poor Setting	- Comfort with uncertainty and ability to manage with few or alternative resources or little subspecialty support. - The ability to determine the limits of one's skills.	"Resources are limited...therefore, you're always working, kind of, challenged at the limits of what you know and what you can manage." "Adaptability is key. I think you have to be very flexible."
Procedural Skills	The need for training in specific areas including OB, critical care, trauma, and various procedures.	"...That's how you learned it, by doing...So we did quite a few office procedures in our residency...And I think that was really important."

	Demographic	Participants
Gender	Female	4
	Male	7
Years in Practice	Mean	18
	Range	8-38
Years in Rural Practice	Mean	18
	Range	8-38
Type of Training	Urban - solo residency	4
	Urban - multi-residency	4
	Urban - rural track	2
	Rural	1

Table 1: Participant Demographics

Discussion and Conclusions

- Most emphasized training needs include:
 - Managing uncertainty
 - Assuming clinical risk ("clinical caution vs. clinical courage")
 - Self-reliance
 - Experience in a rural area
- Less important skills or those already incorporated into training include:
 - Technical and procedural skills
 - Patient management
 - Practice management
- Our hypothesis that, training needs are largely centered around procedural skills and patient management, was not supported.
- These skills and possible solutions such as rural pipeline programs, rurally based residency programs, and resilience building curricula, are widely identified and studied in the literature.
- We recommend adapting a number of these interventions to address the rural physician shortage here in the Southwest.
- Possible limitations include chain sampling, researcher bias, and generalizability.
- Future study possibilities are many and they include:
 - Psychosocial contributors to satisfaction in a rural area.
 - Drivers behind burnout.
 - The role for mentorship in recruitment and retention.

References

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