

***Training Residents in a small rural hospital  
instead of an urban hospital, can it work?***

***By  
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## *Residency Training: Rural vs Urban*

- **Abstract:**

- The training of residents in rural areas has become a popular option. How that compares to training at the big city hospital has not been well studied. The following tries to answer that question from the prospective of the resident being trained by means of a questionnaire. The results indicate that a majority of the residents rated their experience at the smaller Critical Access Hospital as similar or greater than the larger hospital. The results indicate that both sites have value. The comments suggest that the larger hospital with its concentration of specialists allows direct learning in those disciplines. The rural training gives them the tools to practice in a rural setting and be successful.



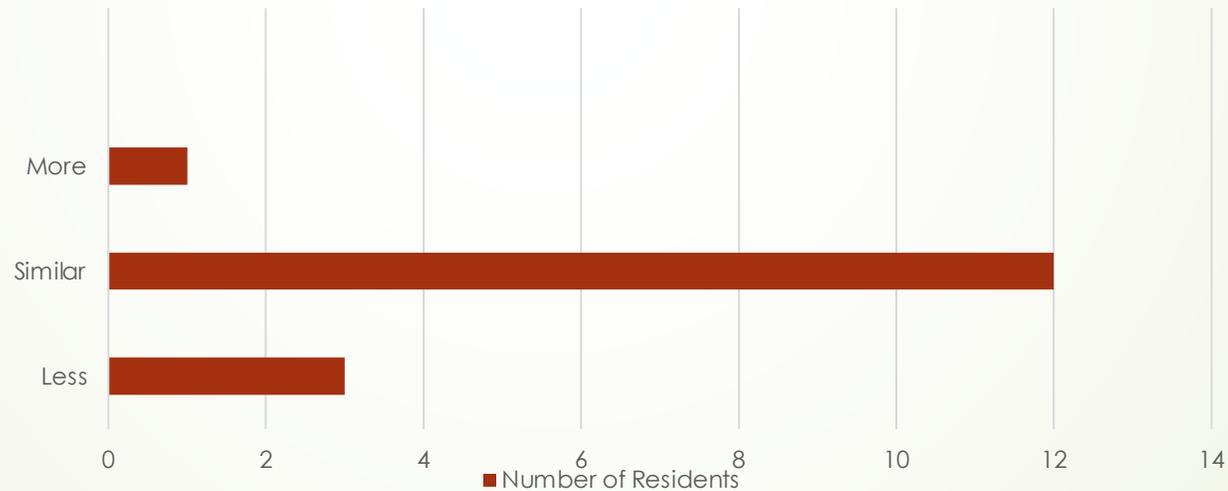
## *Resident Training; Rural vs Urban*

- ▶ Method:
  - ▶ Questionnaire sent to current Rural track Resident and Graduates of the Program.
  - ▶ A set of 5 questions were sent to each Resident
  - ▶ Participation was voluntary/no names
  - ▶ Comments were solicited and encouraged
  - ▶ Results tabulated
  - ▶ 23 questionnaires sent with 16 returned, 70% return rate.

## *Resident Training; Rural vs Urban*

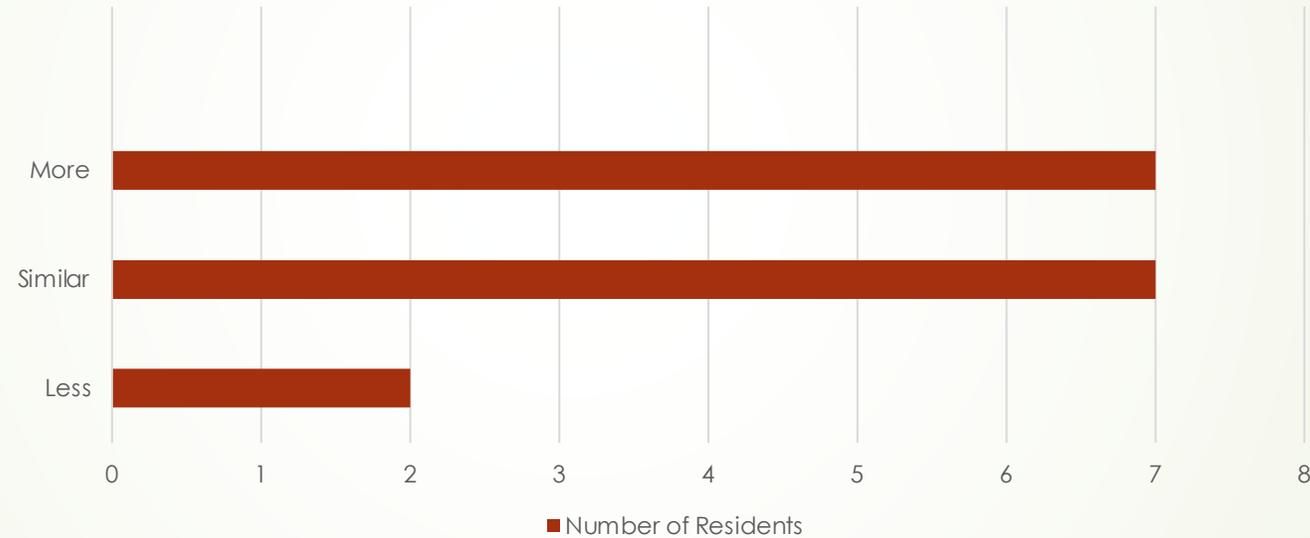
### ➤ **Results**

- **Question 1:** Is the complexity of patients cared for at Rumford Hospital; Less, Similar or More complex than on the Family Medicine Teaching Service at CMMC?



## *Resident Training; Rural vs Urban*

- ▶ **Question 2:** Does the call experience at Rumford Hospital give a breadth of experience that is Less, Similar or More to that of the Family Medicine Teaching Service at CMMC?





## *Resident Training; Rural vs Urban*

- ▶ **Question 3:** List two (2) positive aspects of learning at Rumford Hospital.
- ▶ A recurring theme in the responses was the increased autonomy they had/have being responsible for all the patients in the hospital, whether they be adult medicine, pediatric or obstetric patients. “The critical access hospital experience is second to none in the acute situation.” Continuity from outpatient to inpatient and care of patients of all ages including OB, Pediatrics, the elderly and end of life care felt more like comprehensive Family Medicine. Having no specialists in house enabled one to learn how to communicate, refer and then apply that to care for the patient in a rural hospital. They felt a closer relationship to the staff and the community. Residents enjoy the one on one learning experience saying it is more of an “Apprenticeship” model.



## *Residency Training; Rural vs Urban*

- ▶ List two (2) positive aspects of learning at CMMC.
- ▶ The major plus for being at the larger hospital was the availability of specialist and having direct contact with them. Other benefits cited include the greater volume of patients and having other residents around. The increased number of preceptors allows a greater variety of teaching styles. The larger hospital allows for more Resources to be readily available. The exposure to ICU patients and the teaching it provides is very valuable.



## *Residency Training; Rural vs Urban*

- ▶ **Question 4:** List two (2) negative aspects of learning at Rumford Hospital.
  - ▶ Sometimes there was a lack of continuity of care for inpatients. Not as much volume or variety and a limited number of preceptors. Not having specialists in house. It can lead to separation from the other residents.
- ▶ List two (2) negative aspects of learning at CMMC.
  - ▶ There is less exposure to peds and OB and when patients become too ill they go to the ICU and one is no longer involved. The larger hospital seems to be less personal and more chaotic at times. There was a sense of less emphasis on teaching at times from a variety of attendings. Continuity was not emphasized enough.

## *Resident Training; Rural vs Urban*

- ▶ **Question 5:** Was the overall educational experience (teaching, level of responsibility, clinical experience) at Rumford Hospital Less, Similar or More than the Family Medicine Teaching Service at CMMC?

