

Understanding Rural Surgery in WA:

Identifying the challenges and priorities of
rural general surgeons in Washington state

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**Washington State University | Elson S. Floyd College of Medicine
Everett | Tri-Cities | Spokane | Vancouver**




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DISCLOSURE STATEMENT

No relevant financial disclosures



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Rural General Surgery

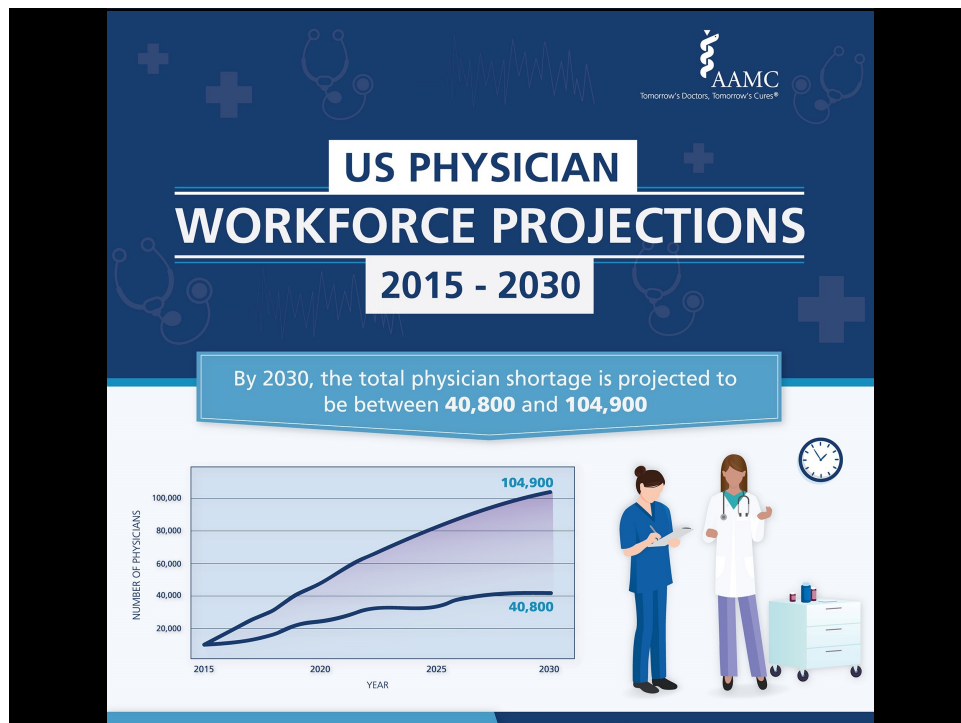
Washington State boasts significant diversity in

- climate
- geography

Hundreds of unique rural communities are served by critical access hospitals around the state.

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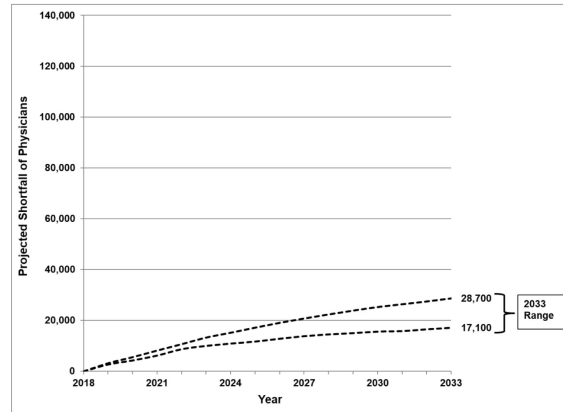
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Surgeon demand is expected to exceed supply in all scenarios

Exhibit 8: Projected Surgeon Shortfall Range, 2018-2033



The Complexities of Physician Supply and Demand:
Projections From 2018 to 2033



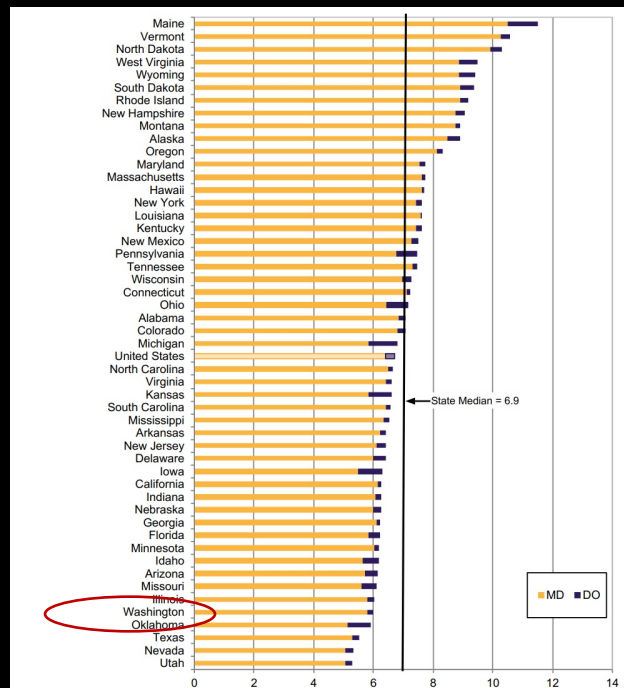
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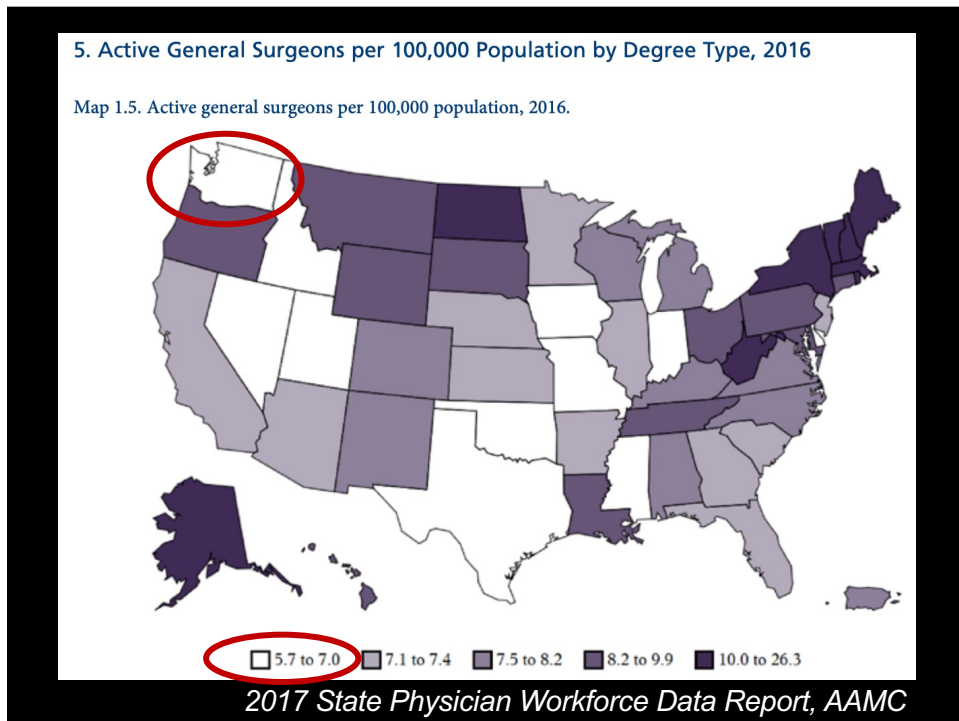
**WA state
ranked very
low**

**Active
(patient-care)
general
surgeons per
capita, 2016**

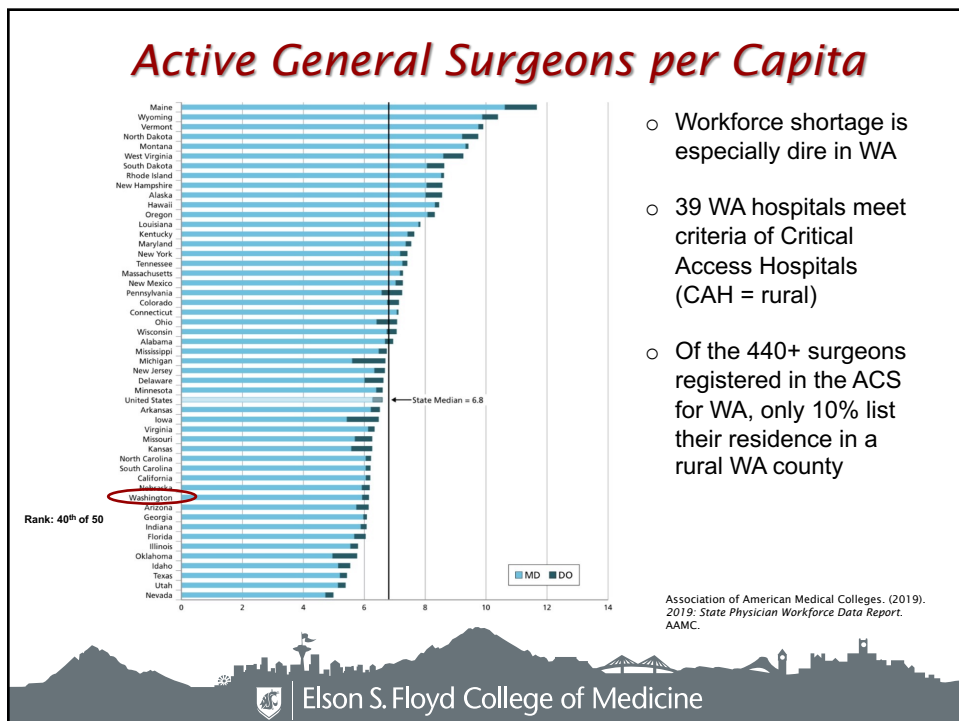
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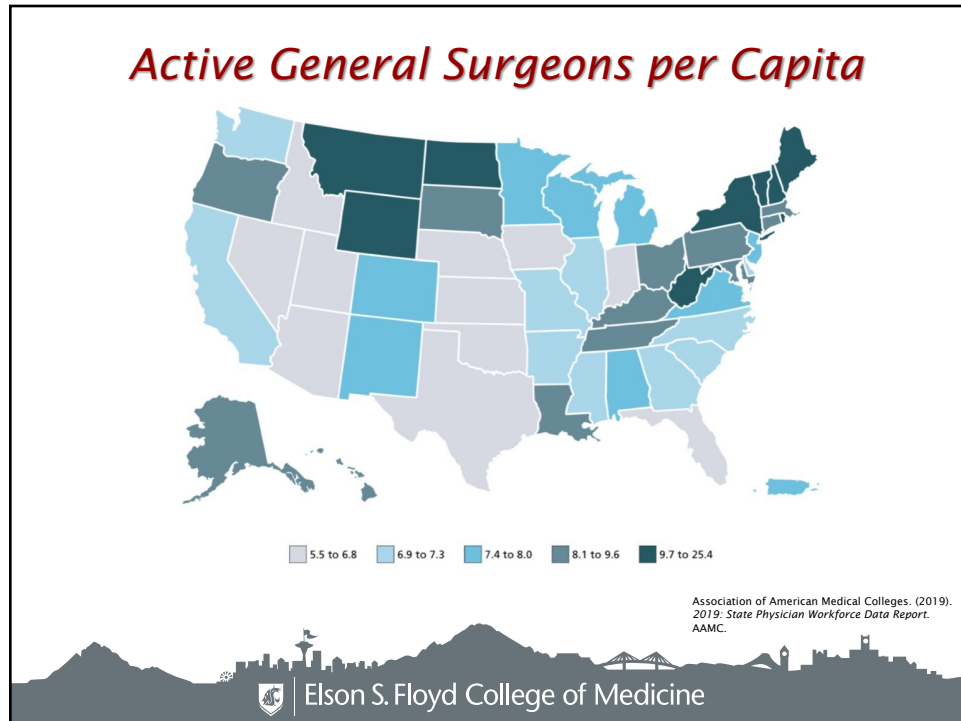
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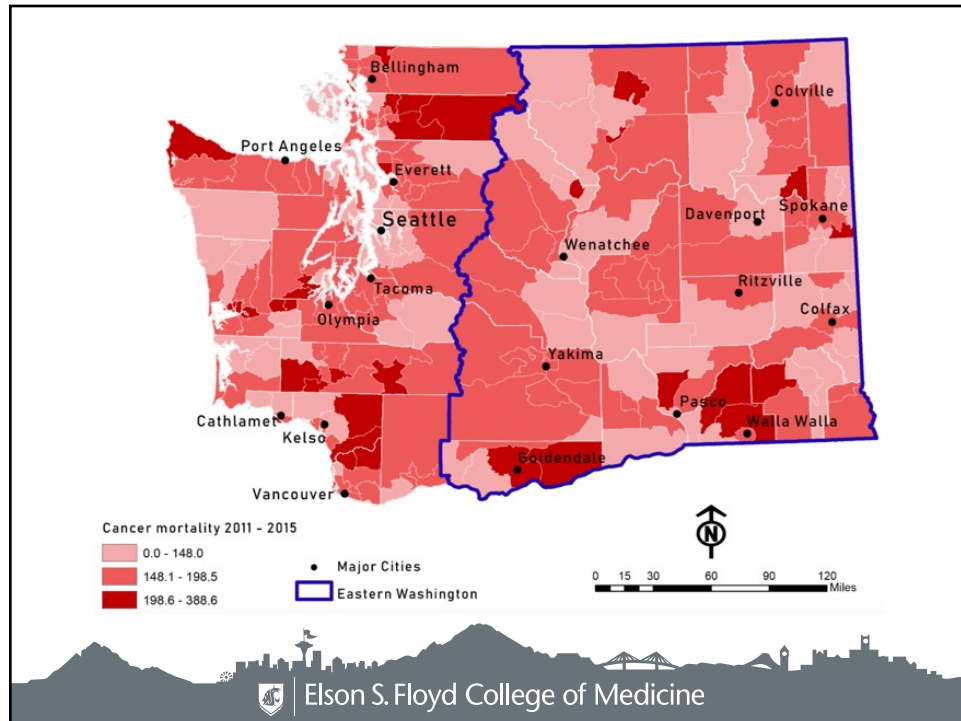
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Project Goals

- ❖ Understand the needs & challenges of rural general surgeons in Washington state
- ❖ Understand the career paths of Washington's rural general surgeons
- ❖ Connect current rural surgeons with each other & with students interested in rural surgery



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Methods



Outreach via email, phone calls, and snail mail over the last year



30 min interview – career path in medicine, challenges and advantages of practicing in rural communities



Follow-up survey – research priorities (Delphi survey* SAGES pilot funding laparoscopic/endoscopic research priorities in rural settings)

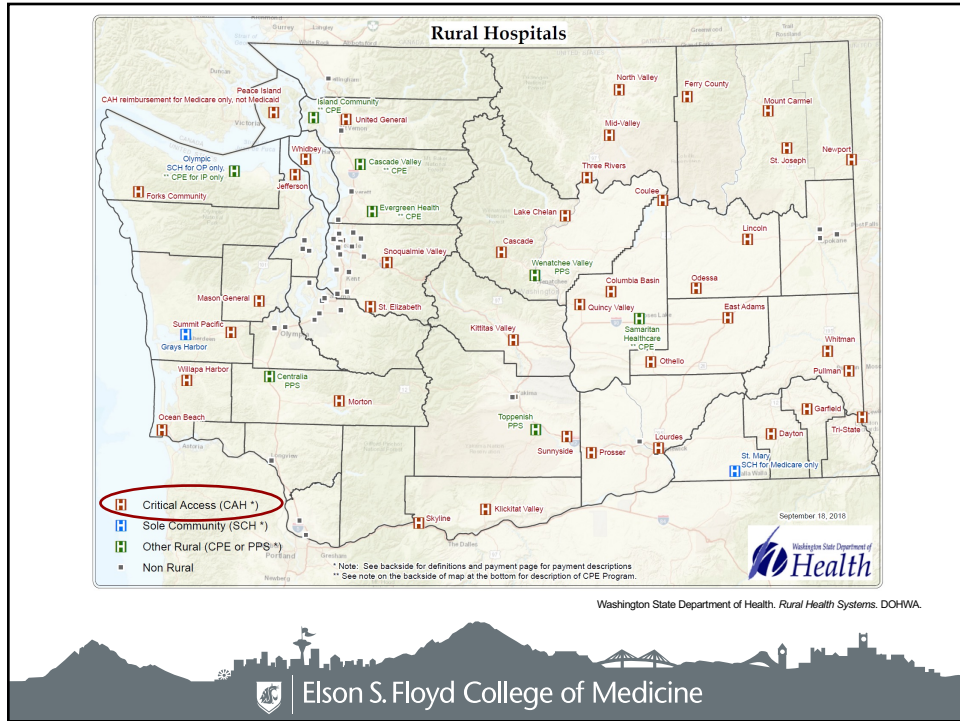


+/- site visit

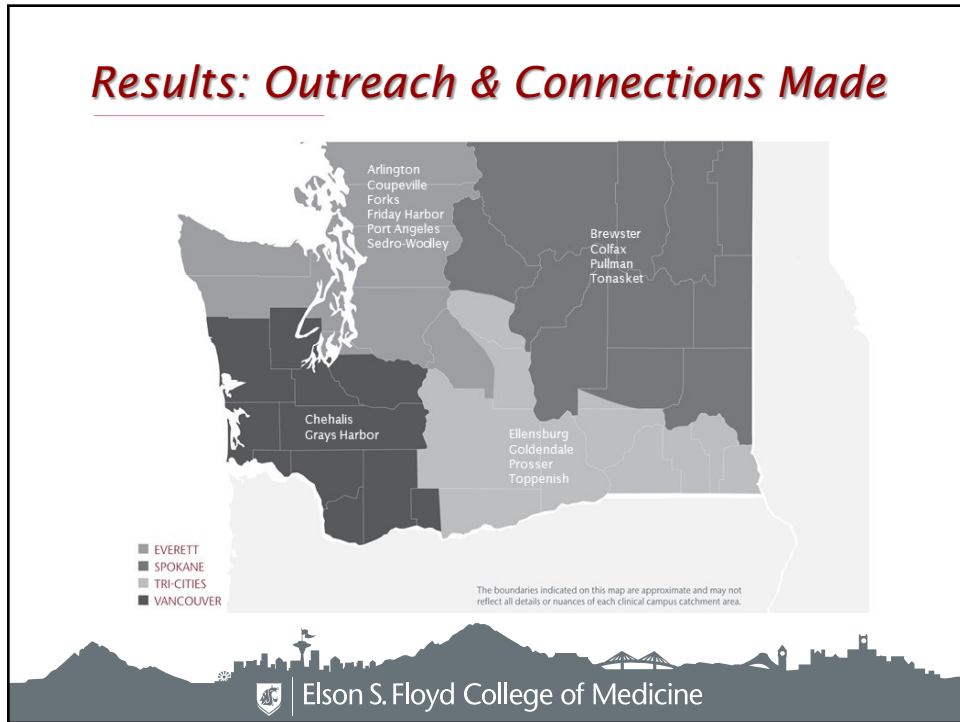
Stefandis, D. SAGES Research Agenda; Surg Endosc. 2014



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SAGES Delphi Research Priorities

2766

Surg Endosc (2014) 28:2763–2771

Table 2 Top 40 research questions

Rank	Question		Round 2 rating	Round 3 rating
1	How do we best train, assess, and maintain endoscopy, laparoscopy, and open surgery?	in flexible	3.97 ± 0.9	4.04 ± 0.9
2	What are the optimal quality and outcomes for minimally invasive surgery?		4.02 ± 0.8	3.91 ± 0.8
3	What are the indications for and outcomes of laparoscopic vs. open surgery?		3.93 ± 1	3.83 ± 1
4	What patient factors (e.g., obesity, weight, comorbidities) affect outcomes of laparoscopic vs. open surgery?	ical factors (e.g., with recurrence and	3.90 ± 0.9	3.83 ± 0.9
5	What is the efficacy of endoscopic ablation treatment, and how should reflux be treated?	date for this	3.82 ± 0.9	3.66 ± 0.9
6	What patient and technical factors predict outcomes of paraesophageal hernia repair?	D and	3.95 ± 0.9	3.65 ± 0.9
7	What is the ideal surgical approach to paraesophageal hernia repair?		3.82 ± 0.9	3.65 ± 0.9
8	What is the best method for incorporating experience or training?	variable levels of	3.89 ± 0.9	3.61 ± 1.1

*Stefandis, D. SAGES Research Agenda; Surg Endosc. 2014



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Rural WA Surgeons' Research Priorities Not Listed in SAGES Delphi

General Themes of Limitations listed by WA Rural Surgery:

- ❖ Blood Product and Other Supply Limitations
- ❖ Surgeon Training (especially comparing city training to rural practice)
 - Fitting to the needs of the community rather than initial areas of training
- ❖ Surgical staff training
- ❖ Peer Scarcity
- ❖ Medical subspecialty consultation / colleagues limited
- ❖ Local Population Awareness
 - Marketing
- ❖ High Turnover of Surgeons and Staff
 - Surgeon attrition



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Trends in Data on Medical Backgrounds

- ❖ ORIGIN – Many international surgeons (around 20%)
- ❖ MED SCHOOL – Medical schools from all over the country
- ❖ RESIDENCY – Trends towards western residencies, specifically coastal
- ❖ GENDER DIST – 5 female surgeons, 19 male surgeons (although convenience sample)



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Goldendale Site Visit



Klickitat Country



Goldendale, Washington with Mt. Adams

Images courtesy of Google.



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Goldendale Site Visit



Klickitat Valley Health

Dr. Jeannine MacGillivray



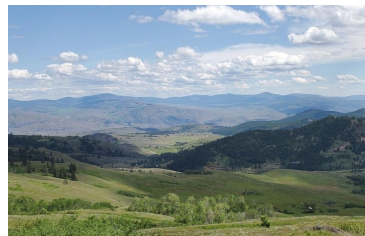
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Tonasket and Brewster Site Visit



Images courtesy of Google.



Tonasket



Brewster



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Tonasket and Brewster Site Visit



Dr. Rosie Dhillon with Sarah Lewis



Images courtesy of Sarah Lewis



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Aberdeen Site Visit



Images courtesy of Google.



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Future Goals



Continue to contact and interview rural surgeons



Continue to investigate research priorities and needs of rural surgeons



Start targeting identified research priorities



Long Term: form an official consortium of rural surgeons in the PNW to ally on regional goals



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Meet Your Faculty
 Dozens of faculty from across our grand state have volunteered their time to teach this course.



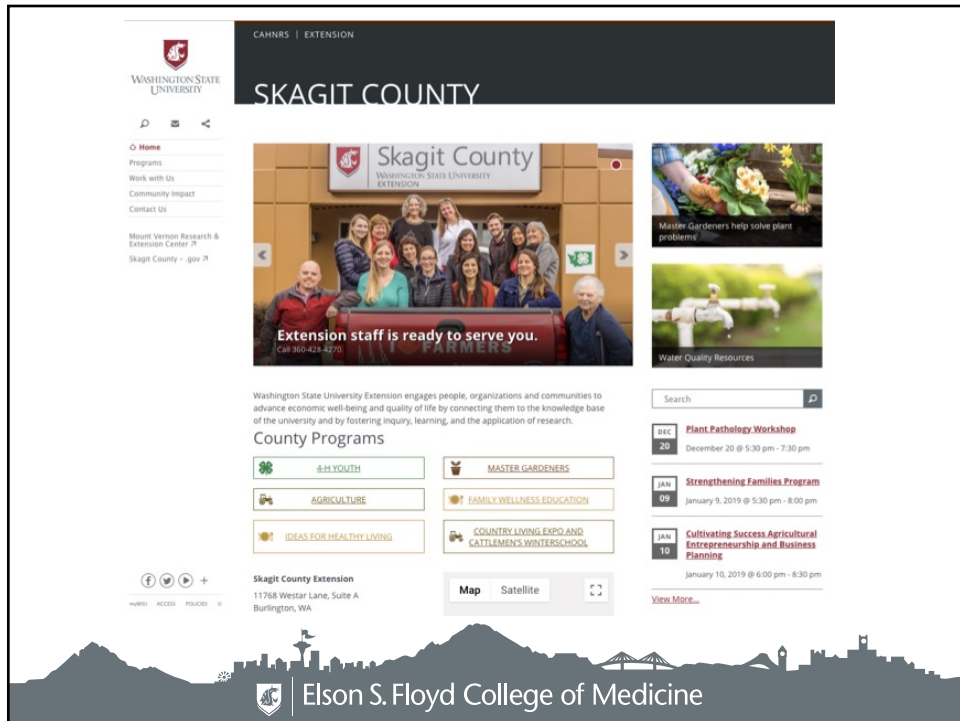
Pictured from left to right:
 Robert Andres, Scott Hadley, Cate Straub, Ben Chia, Jamie Litvack, Aaron Saunders
 Sarah Hill, Joshua Corsa, Beejay Feliciano, Eduardo Smith Singares, Stephen Kaplan, Richy Lee
 Jonathan Potter, Jennifer Pasko, Michael Reopelle, Shaina Schaetzel, Jill Sommerset, Gregory Lammert,
 Amanda Carlson, Garth Miller, Vahagn Nikolian, Bruce Ramshaw, Jaime Bowman, Jacob Glaser

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The screenshot shows the website <https://rttcollaborative.net/rural-programs/>. The header includes the logo for The RTT Collaborative, a navigation menu with links to About, News, Meetings, Rural Programs, and Contact, and a 'Donate' button. Below the header is a 'Participating Program Map' section. The map displays various locations across the United States, with a pop-up for the 'Swedish Port Angeles RTT' at 240 W Front St., Port Angeles, WA 98362. The pop-up text states: 'RTT Program where the 1st year is spent in Seattle at the Swedish Cherry Hill Family Medicine Residency. The second and third years are located in Port Angeles at the...'. Below the map is a silhouette of a city skyline with the text 'Elson S. Floyd College of Medicine'.

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Term	Definition
Rural program ^a	An accredited residency program in which residents spend the majority of their time (more than 50%, as reported to CMS and/or the Teaching Health Center program) training in a rural place. ⁴ Rural place is defined as a nonmetropolitan county or any census tract or zip code identified as rural by any 2 federally accepted definitions. ^{5,6} An integrated rural training track is a subtype of rural program that is <i>separately accredited</i> and, because of its generally smaller size and variable resources, is <i>substantially integrated</i> with a larger, often more urban residency program.
Rural training pathway	An area of concentration within a residency program that is not separately accredited as defined above; sometimes referred to as a rural "stream," as described in the Canadian literature. ⁷ Rural streams in specialties other than family medicine generally do not meet the 50% rural training required for special CMS funding.
Integrated residency	A deliberately structured program through medical school and residency, representing a continuum of education and training across 6 to 7 years. ^{8,9} These programs are sometimes labeled as a "rural health scholars" track or an "accelerated family medicine track," and may qualify for an exception to the National Resident Matching Program.
Rural-centric program	A residency program with a focus on training physicians for rural practice, where residents spend at least 8 weeks training in a rural place. ¹⁰ This is a term coined by the WWAMI Rural Health Research Center to be inclusive of programs that clearly prepare for a wide scope of practice and have a record of graduate placement in rural communities.

Abbreviation: CMS, Centers for Medicare & Medicaid Services.
^a Officially endorsed by the Board of the RTT Collaborative, August 2016, and a revision accepted January 2017.

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The RTT Collaborative

About News Meetings Rural Programs Contact

Wayne County Hospital Obstetric RESST (Rural Expanded Surgical Skills Track) Fellowship

Corydon, Iowa

Rural Fellowship Program – Corydon, IA

This is a 4th year of fellowship training offered by a Critical Access Hospital. The fellowship will provide procedural training in C-section, D & C, postpartum tubal ligation, upper and lower endoscopy and other surgical skills. Obstetric and surgical ultrasound training will be longitudinal within the program. Our goal is to have our fellows live and work in a small town with a Critical Access Hospital for a year. The training is geared towards skills that are needed in Frontier as well as Rural locations – especially Critical Access Hospitals. We provide educational rotations for medical students from Des Moines University and continuity rotations for residents from the Mercy Family Medicine Residency in Des Moines. We welcome students and residents from other schools and programs to inquire about rotations. Housing is available.

Unique Information

- Modeled after ESS programs in Canada
- Only fellowship of its kind at this time – for Family Medicine graduates, not an OB fellowship
- The skills being taught are tailored to the needs of a practitioner in a Critical Access Hospital

Name: Wayne County Hospital Obstetric RESST (Rural Expanded Surgical Skills Track) Fellowship
Address: 417 South East Street, Corydon, Iowa 50060
Program Director: Joel Wells, DO

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