

Types of Rural Family Medicine Training by Location

Family medicine residency programs have developed a variety of special curricula and training options to prepare physicians for practice in rural settings.

RURAL RESIDENCIES (RURAL MODEL FAMILY PRACTICE): Some residency programs are located in rural communities and have an explicit mission to train rural physicians. All of these programs' residents are exposed to rural practice throughout their inpatient and outpatient training experiences.

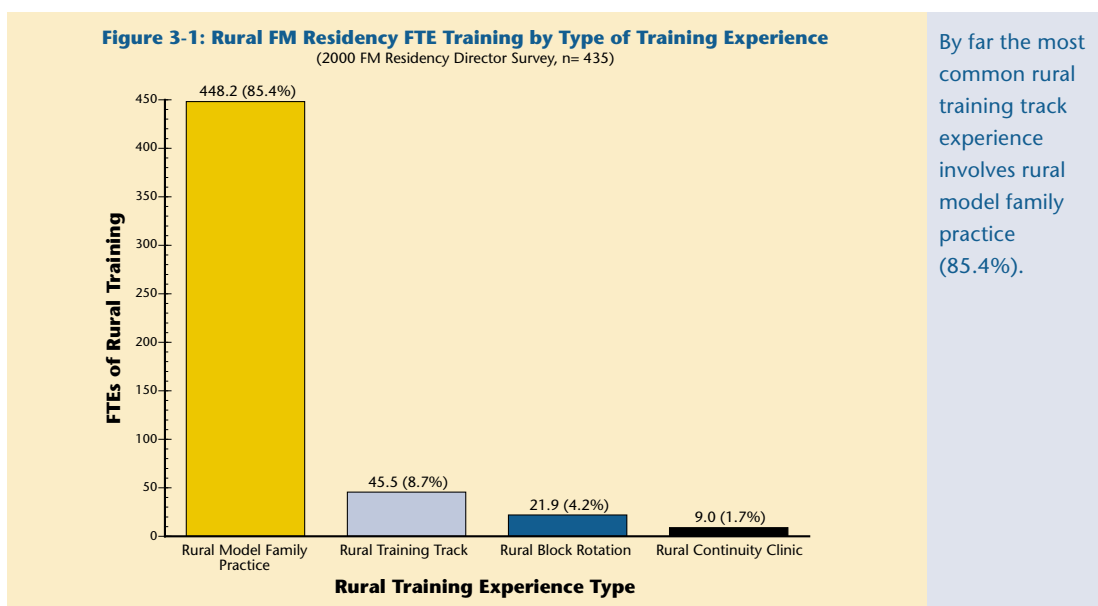
RURAL TRAINING TRACKS: Some residency programs have specific training positions and three-year curricula to prepare residents for rural practice. These rural training tracks are frequently modified versions of the primary residency curriculum and are offered to one or two residents per year. The residents who are in the rural training tracks often spend portions of their first year and all of their second and third years in a rural community hospital and family medicine clinic.

RURAL ROTATIONS: Many residency programs offer elective clinical rotations in rural sites. These block rotations usually last for one or two months and are available to any resident in the primary program. These rotations expose residents to practice opportunities in rural communities.

RURAL CONTINUITY CLINICS: Residency programs may offer a rural continuity clinic that serves as the family medicine clinic and primary outpatient training site for a subset of its residents. These residents have their three-year continuity clinic experience in a rural site even if their hospital rotations are in a metropolitan area.

RURAL FELLOWSHIPS: Although this survey considered only residency training, it is important to note that several family medicine residencies have developed post-residency rural fellowships (Norris and Acosta, 1997).

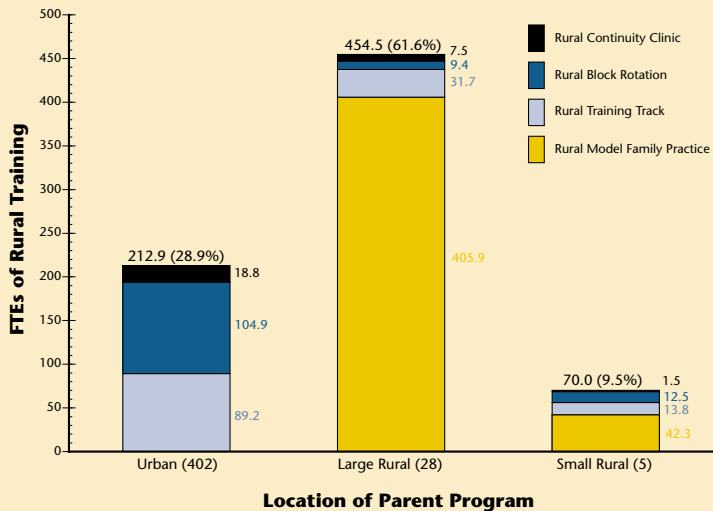
This chapter reports on the different types of rural family medicine training experiences that are offered, by their geographic location.



The mix of the rural training experiences provided by the family medicine residency parent programs varies by their locations.

Figure 3-2: Rural FM Residency FTE Training by Training Experience Type and Parent Residency Location

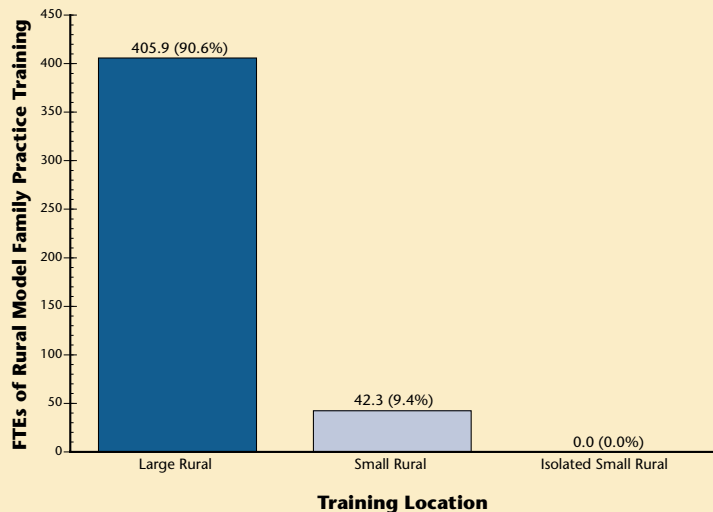
(2000 FM Residency Director Survey, n= 435)



Over 90 percent of rural model family practice training sites takes place in large rural areas, with just over 9 percent in small rural areas and none in isolated small rural areas.

Figure 3-3: Location of Rural Model Family Practice Training Sites

(2000 FM Residency Director Survey, n= 435)



Almost two-thirds (62.8%) of rural training track family medicine residency training occurs in large rural areas, with about one-third (32.0%) taking place in small rural areas.

Figure 3-4: Location of Rural Training Track FM Training

(2000 FM Residency Director Survey, n= 435)

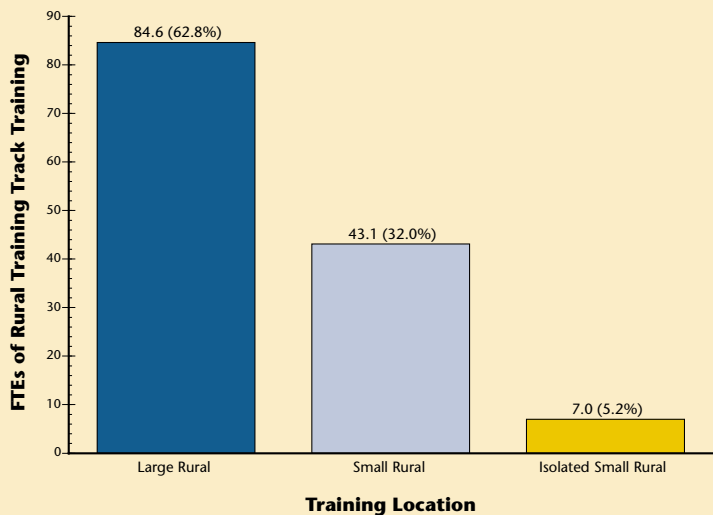
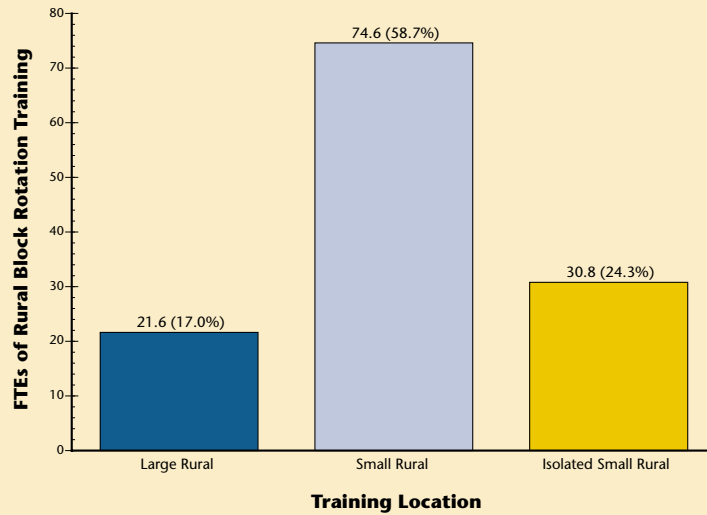
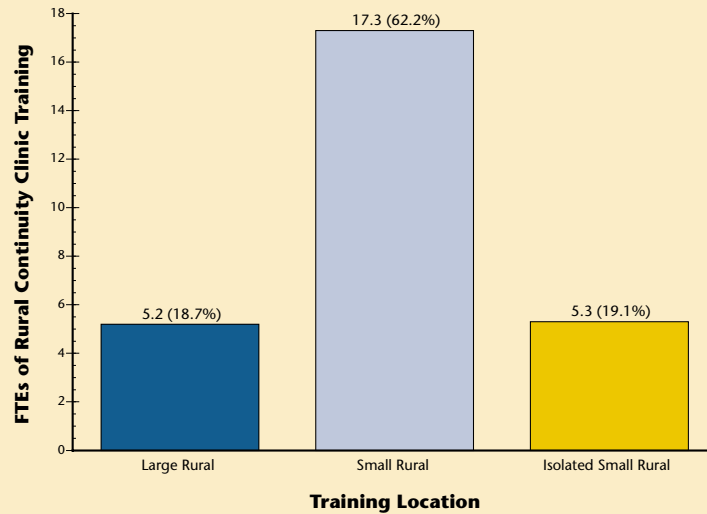


Figure 3-5: Location of Rural Block Rotation FM Training
(2000 FM Residency Director Survey, n= 435)



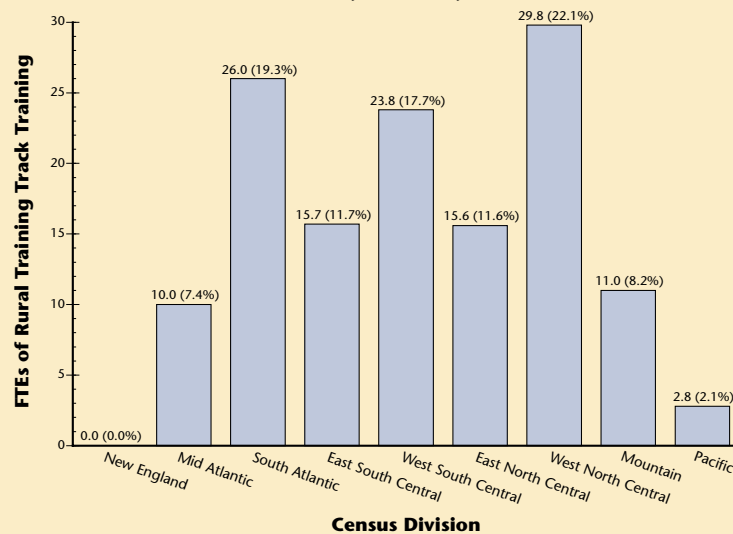
Over half (58.7%) of rural block rotation family medicine training takes place in small rural areas, with one quarter (24.3%) located in isolated small rural areas.

Figure 3-6: Location of Rural Continuity Clinic FM Training
(2000 FM Residency Director Survey, n= 435)



Two-thirds of the rural continuity clinic rural family medicine residency training occurs in small rural areas, with the remainder almost equally located in large rural (18.7%) and isolated small rural (19.1%) areas.

Figure 3-7: Location of FM Rural Training Track by Census Division
(2000 FM Residency Director Survey, n= 435)

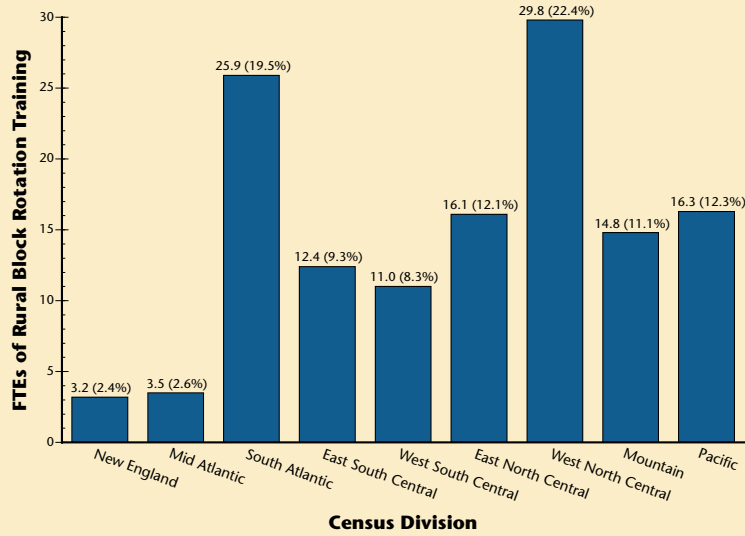


About 60 percent of rural residency family medicine training tracks are located in three Census Divisions: West North Central (22.1%), South Atlantic (19.3%) and West South Central (17.7%), with few in the Pacific Division and none in New England.

Types of Rural Family Medicine Training by Location

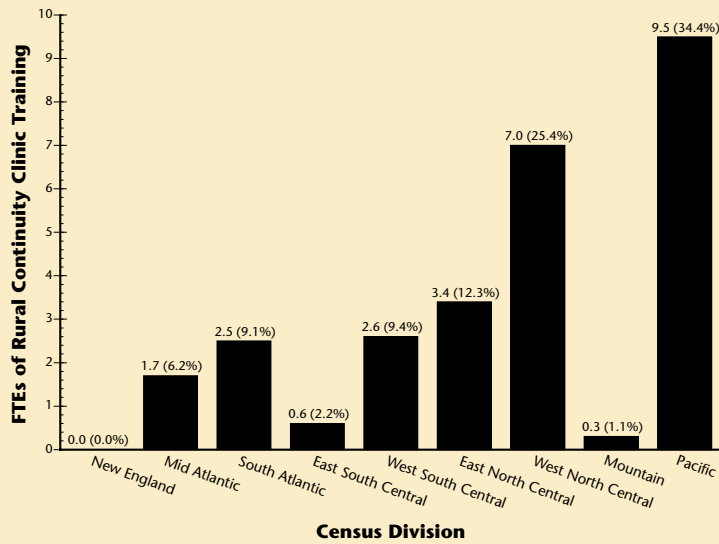
Over 40 percent of the family medicine rural block rotations are located in two Census Divisions: West North Central (22.4%) and South Atlantic (19.5%), with the smallest numbers located in New England (2.4%) and the Mid Atlantic (2.6%).

Figure 3-8: Location of FM Rural Block Rotations by Census Division
(2000 FM Residency Director Survey, n= 435)



Rural Continuity Clinics are predominantly located in the Pacific (34.4%) and West North Central (25.4%) Census Divisions.

Figure 3-9: Location of FM Rural Continuity Clinic by Census Division



The largest amount of rural model family practice residency training occurs in the East North Central Division, while very little occurs in the Pacific and Mountain Divisions.

Figure 3-10: Location of Rural Model Family Practice by Census Division
(2000 FM Residency Director Survey, n= 435)

