



Rural surgeons—We must grow our own

by Paul J. Huffstutter, MD, FACS

The decline in the overall number of general surgeons is a growing concern in the public and surgical communities. The decline, which exceeds 25 percent, has been experienced in both urban and rural areas.¹ The demographic characteristics of the rural general surgeon workforce lead many physicians, as well as other health care researchers, to believe that the numbers will continue to decline in the future.² Quality rural health care will invariably suffer as a result of this reduction in rural surgeon numbers. The effect of decreased numbers of rural surgeons will not only impact the health care of rural communities, but also the financial viability of rural hospitals, and even the communities served by these hospitals.³ Joseph B. Cofer, MD, and R. Phillip Burns, MD, have estimated the economic impact of a general surgeon on the net revenues of a hospital to be between \$1.05 million and \$2.4 million annually.⁴

Analysis of this rural surgeon shortage has revealed both assets and liabilities of a rural surgical practice, but has resulted in few meaningful solutions to the problem.⁵ The establishment of specific rural surgery training programs is encouraging, but with unproven results.⁶ Exposure during residency to rural surgery practices may influence more residents to choose practice in a rural setting.⁷

Looking within

I practiced for 29 years in a rural surgical practice, after having been recruited to this community by two well-trained, productive general surgeons. These individuals quietly went about their business of treating patients and were enthusiastic about their profession, with only a rare complaint. As these surgeons aged, the recruitment of young surgeons into this rural setting, for the most part, fell to me. During my 29 years at this facility, I was able to play a part in the recruitment of four general surgeons to our practice.

Based upon this experience, I have arrived at several opinions concerning the recruitment of rural surgeons, the cornerstone of which is “grow your own.” After several early failed attempts to recruit new surgeons to our community, I concluded the best surgeons could not be enticed by money, early partnership, needs of the community, or various challenges.

Following these early failings, we began to look within our community. First, pre-med students from our county were given the opportunity to work at the hospital during the summer. Those interested in surgery were instructed in sterile techniques and operating room procedures, and then took on the role of surgical assistant. Our group chose not to discuss practice business, hospital politics, or the inevitable, ever-intrusive governmental controls on medicine. Conversely, we tried to point out the science of medical practice and the satisfaction of helping patients. The familiarity with peers and health care workers in the small rural setting was emphasized as an advantage. We attempted not only to discuss the science of surgery, but also to point out the importance of treating the patient and family members with courtesy and respect.

Emphasis was placed both on the entire spectrum of a rural practice, as well as the concept of a lifetime of learning. The relevance of undergraduate courses such as chemistry and biology were conveyed as part of the overall experience, and valuable time was reserved for answering each student’s questions, and addressing their fears and aspirations.

Encouraged by some early success, the hospital joined our efforts by establishing a two-week summer program for juniors and seniors in our

county’s high schools, offering the students the opportunity to tour the hospital and see each department in operation. The program, titled “White Coats,” became so popular that we had to restrict participation by evaluating the students’ grades and personal compositions. As these students progressed to college, their progress was noted, and each was encouraged to return during the summer or holidays to work at the hospital, as well as to discuss any issues they might have concerning their education. At each step, the positive effect of a good and caring physician in the community was emphasized. Of approximately 70 of these students, 10 have completed medical degrees. One has become a neurosurgeon, one is a pediatrician, and another is a veterinarian/astronaut/physician. Six have become general surgeons, with four of these returning to practice with my group as partners. All are a credit to our profession.

Mentoring requires genuine interest

This history of surgeon recruitment I have outlined is probably best termed “mentoring.” Mentoring is certainly not a new concept; however, with the escalating pressures placed upon today’s general surgeons, its true meaning may have become diluted in our current environment. Mentoring requires genuine interest in the student, in their dreams, as well as a realistic appraisal concerning the difficulty and lengthy preparation for becoming a physician/surgeon. It requires some investigation into the student’s or resident’s current status, as well as their plans for reaching goals. In this aspect, mentoring is very much like the everyday practice of the general surgeon. The best of surgeons must not only take a personal interest in their patients, but also take the time to learn about each patient’s expectations for their treatment, as well as to explain the benefits and risks involved.

As with the practice of surgery, the interest shown to patient or student alike must be genuine—or each group will quickly sense this lack of sincerity and react accordingly. Obviously, the most difficult requirement for successful mentoring is time—the time that must be taken from the surgeon’s pressing issues of family, profession, and friends. However, there can be no substitute for time when establishing a relation-

ship that may or may not end with the decision to join a rural surgical practice.

The joy and fulfillment of mentoring has been eloquently outlined by various physicians, perhaps none more eloquently than Mitchell Goldman, MD, FACS, in his 2005 presidential speech, "Masters and Commanders," to members and guests of the Southern Association for Vascular Surgery. Dr. Goldman introduces his topic of mentoring by honoring his mentors, acknowledging their duties for criticism, as well as praise. Lamenting the decline of emphasis on mentorship, he explores the responsibilities of mentors as a catalyst for young minds, including the psychology and selflessness of true mentoring. Dr. Goldman outlines his experiences and structure for mentoring, concluding with a challenge to those who have no time or energy to mentor. I would recommend this address as required reading for all medical students, residents, and staff.⁸

Emphasize the positive

Upon retiring as an active surgeon, reflecting on my 29 years of practice as a rural surgeon has reaffirmed my decision to enter this rural environment and practice surgery. I have come to believe that if we are to continue to have well-trained rural general surgeons, we must spend time with the young people in our communities, exposing them to the profession in an encouraging and positive manner. They should be protected from the unimportant negativity that invades our profession, as well as from the fears that often fail to materialize; instead, we should expose them to the delights of helping others. We must be ready to encourage these young people through undergraduate school, medical school, and residency, as well as educate them on the many advantages of the practice of rural surgery. In short, rural surgeons must "grow our own." This burden falls squarely on the rural surgery community's shoulders, and not directly on the academic community, for its resolution.

The mentored high school students will enter college more enthusiastic to study and prepare for medical school. The mentored medical students will be better prepared during residency and have a better understanding of their ultimate goal. They will become better physicians, surgeons, and partners as the result of mentoring,

with a deeper appreciation for our profession and its true goals. My advice to rural surgeons and rural hospitals alike: Look into your own community and "grow your own." □

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