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Senior Project Proposal
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I. Title of Project:
French Rural Medical Practices

II. Statement of Purpose:
I hope that my research will reveal the significance and consequences of Rural Medicine. I want to show how house visits and rural medical practices lead to more personalized attention and care. Also, I want to examine the underlying stress that exists with being a rural doctor in an area with so few practitioners. Therefore, my main question is what can we learn from rural medicine and how can we incorporate these lessons into our modern, hospitalized medical methods?

III. Background:
For this project I will be shadowing my aunt who lives up in the mountains in the south of France. She was an ER doctor at a major hospital in a bustling city before she decided to move and pursue the small-town, primary care route. While she still practices trauma, her career as a medical professional has changed drastically.

I aspire to go to medical school and hopefully become a surgeon. I have attended several lectures by doctors, volunteered at different hospitals, and worked in an ASU lab. However, even with all this experience, I have never even given the slightest thought to rural medicine as I have never really lived in a small town or rural area. Though I don't wish to practice medicine or live in a more rural area, I still believe the field itself and see the importance in its continued practice.

IV. Prior Research:
Most of the knowledge on this topic relates to how little support rural doctors are provided due to the large preference of doctors to move to more urban areas. Yet, rural doctors are immensely important because "they are directly engaged in the delivery of medical care" and "any proposed solution to a particular problem is more difficult to implement unless physicians believe that the problem exists" (Cordes 1978). What this means is that to change any facet of rural medicine or learn anything from rural medicine, one has to be directly involved with rural doctors.

Yet, as I have noted before, most research involves the issues with rural medicine and how some communities have been trying to solve these problems. In 1951, 60 million people lived in rural America and now the number has increased significantly (Roemer 1951). As the number rises, the number of physicians do too; however, not at the same pace. This leads to a shortage in personnel, debilitated facilities, stressed doctors, and worse healthcare overall. Some medical facilities are improving upon themselves by establishing health centers which are associated with university medical colleges. However, many of these solutions are short lived and most rural

medical professionals are stuck having to travel long distances and work long nights (Khazan 2014).

The severe lack of physicians in rural areas has become the main source of focus when it comes to issues with rural medicine. The National Rural Health Association has listed that although 25% of the United States population lives in rural areas, only 10% of doctors do. This creates a dire need for health care that is not being provided currently. To make matters worse, several rural doctors face " policy failures in rural settings in which clinical services and political advocacy are severely limited" (Blevins, 2008).

These issues that have arised could be easily squandered as long as more physicians join the rural medical force however, several physicians are just uninterested in doing so. Some suggest it starts with medical education in that there are few medical students coming from rural areas and students with country roots are less likely to return (Khazan, 2014). Others believe that "After eight grueling years of school and with hundreds of thousands in student loan debt, many doctors are reluctant to give up a city's creature comforts" (Khazan, 2014). Some solutions exist as to pull more doctors in to rural care with scholarships being given to students who practice rural medicine. Several major institutions, such as the University of Washington, have specific medical programs geared towards rural primary care as to get more students to practice (U.S. News, 2015). Third parties are reaching out to medical students, disbarring myths and encouraging others to pursue rural practices. Some doctors, such as Theresa Chan, are blogging and sharing not only their issues with rural medicine but also the exciting benefits of it (Blevins 2008).

Even though the lack of doctors in rural areas is a major issue which I will discuss in my presentation, I plan to shift the conversation from being about their struggles to their benefits and the lessons urban doctors can take away from rural medical professionals.

V. Significance:

Rural medicine is quite personal. With house calls and small towns, most patients recognize the doctor and the doctor knows the quirks and needs of their patient. Because of this, it is less machine-like and more human, more one on one. That is what I think lacks from the hospitals and private practices that exist in bigger cities. A lot of hospitals function like a machine, craving profit margins and reportable statistics. Private practices are the same with doctors having back to back appointments all day. I think this leads to faulty and low quality patient care which leads to medicine not being personal or human. I believe that rural medicine, on the other hand, is less automatic and fully centered around the patient. I think the patient care I observe and study in rural medicine will provide new ways on how doctors can and should interact with patients. I believe that hospital doctors could learn a lot from the type of patient care provided by rural medical professionals.

Several medical students are un-interested in rural medicine or primary care. It seems as if most students want to be in a large hospital or pursue a more "exciting" field of medicine. However, because of this, there are very few rural medical professionals out there. This means that several

rural doctors are swamped with patients and are forced to balance several people's needs. This can lead to a lot of stress yet also a lot of money. I believe that by delving into rural medicine and by observing and talking to rural doctors, I can really examine the reasons why one should or should not enter into this field. Also, I can describe the effect this field may have on a doctor. I believe this will really shift the way people may view medicine.

VI. Description:

I will read several articles online about rural medicine and its effects. I will also read case studies by other doctors and interviews with other rural doctors. I plan to review the statistics on patient care that contrast with that of hospitalized medicine and rural medicine as well as articles generally discussing both.

While in France, I will be shadowing a rural doctor during her day to day as a rural doctor. There I will see first-hand how it is to be in her field. I will also interview the doctors in her practice and get their take and perspective on their field. While being with her during her home visits, I will ask her patients to fill out a brief survey on their opinion of rural doctors and their contrasting experiences with medicine. This way I will fully be able to get a full picture of the rural medical experience.

Then, I will follow a doctor in America on her rounds in urgent care. Here I will observe her bedside manner and take note of her ways in order to put rural medicine in context. The final product will be a descriptive observation and piece on rural medicine as well as its benefits and drawbacks along with how its patient care is different-and potentially better- than hospitalized medicine.

VII. Methodology:

Firstly, I will spend three weeks shadowing Dr. Godart, a rural medical professional who is the only woman doctor in a 100 mile radius. I will follow her on several home visits and will interview her about her job and its requirements. Then, I will go to her practice and interview the other doctors and get their opinion on their profession and its needs and difficulties. These interviews will be recorded and will serve as a way for me to compare their professions with more hospitalized medical professionals. The question will be informal and will cover their day to day, benefits and pull-backs from their jobs, their patient satisfaction, etc. I will also compare their interviews with other rural doctor interviews to get a standard for their profession.

Then, when I am going on house visits with her, I will bring along a standard survey, provided by the Myers group, to have the patients of the practice and in the home tell me about their patient care. I am using a standard survey that has being used widely in several hospitals across the country. I will compare this to surveys done by hospitals and third party companies to measure patient care. This will allow me to study which medical practices offer the best patient care.

Also, I will study articles and case studies because I need to get a more well rounded perspective of rural medical care. Even though the interviews and shadowing will be a good look into the life of a rural doctor, I need a few more sources to really round out what I am really trying to tackle which is how effective rural care is and what lessons can we learn from it. This will be done in the format of a literary review with specific themes of patient satisfaction and care.

Now, to set rural medicine up against the American standard of care, I will shadow an urgent care doctor and study her manner of care. I will use this as a method to really contrast the two forms of care in order to better define rural care. I will also use my observations, research, and interview with my urgent care doctor, to say what they could take away from rural care and vice versa.

Overall, I would like to use my research to really gain data and observations on both forms of care- mainly rural care- as to better define rural medical practices and the improved patient care it provides.

VIII. Problems:

One significant problem with my research is the fact that I am looking at two different countries medical practices. Because of this I cannot just directly compare the two. Instead, I need to account for their differences in my research. Hopefully, however, by studying the regulations and general policies of both countries, I can find the similarities and therefore, eliminate any problems that might be derived from them being two different countries.

Also, my survey to test the patient care in rural areas can not be fully accurate because you can't measure patient care to an expert degree. Also, my sample size for this survey will be quite limited to most likely around 20 individuals., which would again change the results. Also, we need to account for the more likely false answers people might provide (response bias). To account for this potential problem, I will pull from other surveys and studies conducted on rural medicine. This way I can put them in the same setting and compare them to get a general trend.

My final issue has to do with patient privacy in which during certain home visits, I may not be allowed to enter the residence. However, the rural doctor I plan to shadow has already agreed to take my survey with her to give to her patients for me if I am not allowed to come. This will allow me to hopefully get the data I need to complete this survey.

IX. Bibliography:

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