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Rural Healthcare The Handbook of Rural Medicine in Australia Rural Health and Medical Care Foundations of Rural Public Health in America Medical Student Rural Practice Incentive Program Rural Health Medical Practice in Rural Communities Exploring Rural Medicine Dermatology in Rural Settings PROCEEDINGS- 1ST ASIAN CONGRESS OF RURAL MEDICINE. SUMMARIES- 3RD GENERAL MEETING- KANTO SOCIETY OF RURAL MEDICINE- IN JAPANESE. Medical School Costs and Its Impact on Rural Medicine New Deal Medicine Rural Health in Kenya Rural Health and Medical Service in Missouri The Role and Responsibility of America's Colleges of Medicine in Addressing Rural Health TRAINING PHYSICIANS FOR MEDICAL FACILITIES IN REMOTE RURAL AREAS. Rural Medicine Health Care Needs in Rural Areas Rural Practice Rural Health & Agricultural Medicine Training Program Rural Behavioral Health Care Caring for the Country Health Information Seeking Behavior of Rural Health Workers Year in Review 2000 Rural [is Not Equal To] Remote Australian College of Rural and Remote Medicine Vocational Preparation Standards Do Medical Students Intend to Work in Rural Facilities After Training The Rationale, Outcomes, and Objectives of Remote and Rural Community Placements Conducted as Part of Early Medical Training at the Northern Ontario School of Medicine Primary Curriculum Rural Health Services in the Soviet Union Rural Health Aid The Rural Medical Family Network, Western Australia The Philosophy of Rural Medical Offices and a Review of Three Experiences Rural Caregiving in the United States Burnout and Seasonality in Rural Medicine Rural Access to Medical Care in Washington State ABSTRACTS- 13TH GENERAL MEETING- YAMAGUCHI PREFECTURAL SOCIETY ON RURAL MEDICINE- JAPANESE ONLY. Handbook of Rural Aging British Columbia rural physician programs review

They would facilitate various medical support projects, such RURAL HEALTH CARE IN JAPAN AND THE UNITED STATES: SHARED CHALLENGES AND SOLUTIONS 60 as: staffing the hospitals with physicians and dentists; pooling of doctors for staffing; and providing training programs and telemedicine, etc. [...] To motivate the students to learn more about rural health care, they are given the opportunity for on-the-job training in rural medical care, including RURAL HEALTH CARE IN JAPAN AND THE UNITED STATES: SHARED CHALLENGES AND SOLUTIONS 62 practical training in the first year, welfare practical training in the second, and the compulsory extramural BSL in their fifth year. [...] This is why consideration should be given to the improvement of the outpatient clinic department and to the possibility of providing doctors with training in rural medical institutions. [...] They are the hospitals and clinics that serve as the central core in providing and promoting comprehensive rural medical care, located in a wide area encompassing Iwate in the north and Gifu in the south. [...] One of the key issues for successful development of rural health care is the use of such an organization for educating and training doctors for rural medical service. Twenty per cent of UK residents live in rural areas, but little attention has been paid to their health needs or to the needs of the people who provide them with healthcare. This is the first textbook of rural medicine in the UK. It is easy to read, comprehensive and authoritative, and it is invaluable for both intending and established rural primary healthcare workers including general practitioners, nurses, managers and administrators. Rural Behavioral Health Care discusses the needs and resources of the often overlooked individuals who live in rural and frontier areas. These areas of the country frequently lack sufficient services to meet their residents' health care needs. Federal policies, intended to offer relief to rural and frontier areas, are often developed from urban models. As a result, they may not be as effective at reducing health disparities as had been hoped. This edited volume presents a comprehensive analysis of the public and federal policy, clinical trends, and empirical literature that are relevant to the provision of behavioral health care services in rural and frontier areas. Chapter contributors are leading experts from different professional disciplines, such as family medicine, public health, psychology, nursing, and social work. The book examines the economic and social problems of rural and frontier areas, collaborative methods for service delivery, and the specific needs of special populations. It explains the unique cultural characteristics of rural areas compared with urban areas and also offers a detailed look at the differences between frontier and rural areas. The book successfull The purpose of the review was to assess the effectiveness of the Rural Programs and identify opportunities to enhance and streamline the programs. [...] Completed in March 2008, the Rural Review examined the strengths and weaknesses of the programs, evaluated the scope of services, and provided key recommendations for improvement. [...] Page 5 Under the guidance of the Joint Standing Committee, the effectiveness of the Rural Programs will be improved and a positive impact on physician retention and recruitment will be achieved through consideration of options developed by the Rural Review and the JSC`s vision for the future. [...] A suite of programs was developed to enhance the availability and stability of physician service in rural and remote areas of British Columbia by addressing some of the unique, demanding and difficult circumstances attendant upon these physicians, and by enhancing the quality of practice of rural medicine. [...] There is strong support for continuation of the Rural Programs as a tool to support the retention and recruitment of general practice and specialist physicians to rural communities. Foundations of Rural Public Health in America spans a wide variety of important issues affecting rural public health, including consumer and family health, environmental and occupational health, mental health, substance abuse, disease prevention and control, rural health care delivery systems, and health disparities. Divided into five sections, the book covers understanding rural communities, public health systems and policies for rural communities, health disparities in rural communities and among special populations, and advancing rural health including assessment, planning and intervention. Written by a multidisciplinary team of experienced scholars and practitioners, this authoritative text comprehensively covers rural health issues today. "The health of any population is, in part, determined by access to healthcare resources including the availability of physicians. Such access is not equitably distributed being more concentrated in urban centres leading to worse health outcomes for rural citizens. Increasing the supply of rural physicians is therefore of importance to providing healthcare which meets the needs of the local population. The provisions of suitable medical education programs is an important component of meeting rural community healthcare needs; programs which explicitly do so are termed 'socially accountable'. One mechanism by which a socially accountable program can be implemented is the training of physician in their future practice context, which for rural health means training in rural communities. This comprises a form of community- and/or place-based education with the desired outcome being that the learner develops the knowledge and skills to work in such contexts as well as the desire to do so. The existing literature regarding community placements rather lacks information and analysis of the role played by the actual place the placement takes place it even though recruitment and retention of physicians is known to be influenced by community satisfaction, knowledge and integration. This portfolio aims to begin to remedy this deficiency in the literature by focusing on a type of community placement which forms part of the MD program of the Northern Ontario School of Medicine (NOSM). At NOSM learners take part in a variety of community-based experiences, two of which are the 'remote and rural community placements' in year 2, the objective of which is to teach students what it is like to work and live in rural communities. A review of the founding documents of the MD program along with interviews of those in leadership roles during the formative and start-up phases of the program indicated that the placements had three main roles (i) as a means of engaging communities as part of social accountability, (ii) to be part of a holistic program of community-based learning, and (iii) to learn the knowledge, skills and attitudes necessary to work and live in a rural community as a physician. A consideration of the existing curriculum of the placements revealed, however, that while there was a considerable focus on the regular academic sessions of the program and on learning specific clinical skills by means of time spent with community physicians, the key place-related learning about rural living and working lacked Syllabus outcomes, learning objectives and learning activities. Such a deficiency is concluded to mean that much of the educational intent of the placements has not been made explicit. This includes allowing learners to experience and reflect on this way place and community influences medical practice and how they can successfully live and work as rural physicians, outcomes which are argued to be key to fulfulling the

school's mission of a 'healthier North'. With this in mind new outcomes, objectives and educational activities for the placements are described including the inclusion of community exploration, advocacy and/or service learning opportunities, a requirement to reflect on rural medical practice, and a focus on team-based interprofessional learning during clinical and academic sessions."-- from abstract. With the number of Americans seeking health care dramatically increasing, the number of physicians available to serve them, particularly in rural areas, is not following suit. Providing an adequate number of primary care physicians, particularly in these underserved areas, is critical to improving the national health care system since they help to contain the cost of health care and improve the general health of society. Medical school costs, however, are reaching staggering heights and the impact is being felt hard in rural communities across the country. Unless we relieve the financial pressures on medical students and young doctors, they have no incentives to enter primary practice in rural communities. This leads to a continuation of the disparities in medicine that those living in rural communities face. There are two ways to decrease the financial pressures on medical students and young doctors, and consequently decrease the resulting impact on rural medicine. First, the cost of medical school should be decreased in order to increase the number of physicians entering primary practice. Second, the number of loan reimbursement and scholarship programs should be increased in order to lure doctors to underserved rural communities. Therefore, to affect these disparities in rural medicine, we must provide financial incentives that to make practicing medicine in these communities possible. In New Deal Medicine, physician and historian Michael Grey brings to light the diversity, reach, and complexity of the medical care programs of the Farm Security Administration. Drawing on oral histories, archival records, and medical journals from the 1930s and 1940s, Grey finds the programs were both a rehearsal for more modern forms of medical organization and a lightning rod for critics of "socialized medicine." He assesses the compromises made to try to preserve the programs' somewhat "secret objective" of providing the poor with health care while not running afoul of conservative politicians and their colleagues in the AMA. Acknowledging the effect of changing demographics (doctors, nurses, and farmers alike marched off to war) and economics, Grey contends that these factors do not fully explain the demise of the FSA experiment in health care. Rather, the political winds shifted at the same time that the medical profession acted to protect its authority over the practice of medicine. New Deal Medicine shows that, by the peculiarly American style of "incrementalism," many of the FSA medical care structures and goals have been at least partially realized in the United States and in Canada. The lessons learned by the FSA personnel were transferred into health programs in Canada, in the labor unions, and finally in Lyndon Johnson's "Great Society." Caregivers living in rural areas face daunting obstacles. In addition to the isolation and anxiety that many caregivers across the country experience, rural caregivers must also cope with limited access to uncoordinated resources and severe shortages of trained professionals. Although many research, policy, and practice upgrades have been made in response to caregivers' general concerns, the specific problems facing the rural caregiver have been less frequently addressed. Focusing on what is known as well as what is needed – and zeroing in on major subgroups within this diverse population – Rural Caregiving in the United States replaces misconceptions of the nonurban experience with real-life issues, findings, and solutions. For example, this pioneering volume: Covers a broad range of issues unique to rural caregiving, including research, education/training, policy, and practice. Identifies specific needs related to education, training, and support for rural caregivers. Examines both the positive and negative effects of rural living on caregivers as well as patients. Discusses the importance of in-home care in lieu of scarcer forms of for-profit care (e.g., hospitals). Addresses not only discrepancies between rural and urban health care systems but racial and ethnic disparities within rural health care. Explores the advantages of using information technology to address rural health care limitations. Rural Caregiving in the United States offers uniquely knowledgeable perspectives to researchers, practitioners, and graduate students in the caregiving fields, including psychology, social work, nursing, gerontology and geriatrics, medicine, public health, public policy, and educational policy. This volume will serve as an indispensable reference for the rural health practitioner facing uniquely rural concerns in health promotion, patient care and professional practice. Despite the urbanization of the United States, the rural population exceeds 60 million, and the provision of health services to these people remains a difficult problem. This volume addresses one crucial aspect of that problem-the task of attracting physicians to rural medical practice. It does this by carefully analyzing the special health problems and the general features of rural society in which the young doctor would be working. Rural health needs have been recognized in America for wen over a century. In response, many organized health programs have, in fact, improved the situation. Compared to 1930, the present coverage of rural counties by public health agencies has been greatly extended. Thanks to the Hill-Burton Act of 1946, the availability of general hospital beds has become virtually equalized among the states with varying degrees of rurality. Federally subsidized and locally organized health programs are serving migratory workers, American Indians, the people of Appalachia, and other rural groups. Voluntary health insurance covers millions of rural families, even though the extent of this economic protection is less than among urban families. Medicare helps to protect the rural aged, as it does the urban. Medicaid finances health services for the rural poor far more effectively than the purely local welfare programs of 1930. There is no question, then, about the improvement in rural health resources and services in America over the last 50 years. The Handbook of Rural Medicine is the definitive resource for Australian medical students studying rural medicine. It is an invaluable resource for doctors undergoing postgraduate training in rural and remote areas, The book is divided into three sections: Context, which gives an overview ofthe key issues of rural society, demographics, health status and the health services and workforce; Clinical Practice, the main section of the book, which deals with priority clinical practice issues, using a case scenario approach to illustrate how rural and remote medicine differs from urbanpractice; and Professional Practice, which looks at how rural and remote medicine is structured, how it works and what are the key barriers and enablers to practice. Purpose of Study: The purpose of this study is to develop an understanding of how staff working in rural healthcare organizations experience burnout and seasonality and the perceived effectiveness of organizational interventions employed to mitigate or prevent the occurrence of burnout. This book addresses the maldistribution of health care between people in dense cities and more rural areas. This proactive resource provides solutions that will motivate dermatologists to make a difference, including free rural clinics and incentives to attract dermatologists to the aforementioned areas. Comprehensive yet concise, the book encompasses not only the logistics of the healthcare issues, including location, incentive, and set up of facility but includes insight into the effectiveness of teledermatology, a practice more commonly utilized due to the COVID-19 Pandemic. Additionally, chapters examine the relationship between economic viability and quality of care, as well as government incentives and political action to mitigate this issue. Unique and timely, Dermatology in Rural Settings is an invaluable resource for dermatologists, resident dermatologists, and academic physicians interested in rural and urban health. -An excellent resource for pre-med students and medical school advisors. -Possible adoptions for courses in Medical Humanities (pre-med undergraduate and medical school/graduate, first two years) and Family Practice Clerkship (medical school/graduate) -In-depth profiles reveal the everyday reality of the shortage through poignant stories and candid dialogue. -The foreword is written by Dr. Robert Taylor (Family Medicine; Fundamentals of Family Medicine) The Handbook of Rural Aging goes beyond the perspective of a narrow range of health professions, disciplines, and community services that serve older adults in rural America to encompass the full range of perspectives and issues impacting the communities in which rural older adults live. Touching on such topics as work and voluntarism, technology, transportation, housing, the environment, social participation, and the delivery of health and community services, this reference work addresses the full breadth and scope of factors impacting the lives of rural elders with contributions from recognized scholars, administrators, and researchers. This Handbook buttresses a widespread movement to garner more attention for rural America in policy matters and decisions, while also elevating awareness of the critical circumstances facing rural elders and those who serve them. Merging demographic, economic, social, cultural, health, environmental, and political perspectives, it will be an essential reference source for library professionals, researchers, educators, students, program and community administrators, and practitioners with a combined interest in rural issues and aging. There is a persistent shortage of qualified health workers (HWs) globally, but worse in rural areas of developing countries. There are a number of pull and push factors that determine the HWs' location practice. In this study, the intentions of Ugandan medical students to work in rural health facities (HFs) after qualification were sounded out,

together with the factors that affect them and their perception of rural areas. The study covered five government medical schools. Students of all years of study were interviewed, as well as KIs in the school administrations. Atleast 50% didn't intend to work in rural HFs after training while ahalf was divided equally among those who wanted and un-sure. The peak for those who showed intent to work in rual HFs was 4th and 2nd year for student doctors and clinical officers respectively. Other factors were also assessed. The paper recommends review of the community exposure programs for medical schools and improved support supervision in the field among others. It also recommends better facilitation of rural HFs and better incentives/ remuneration for rural HWs.

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