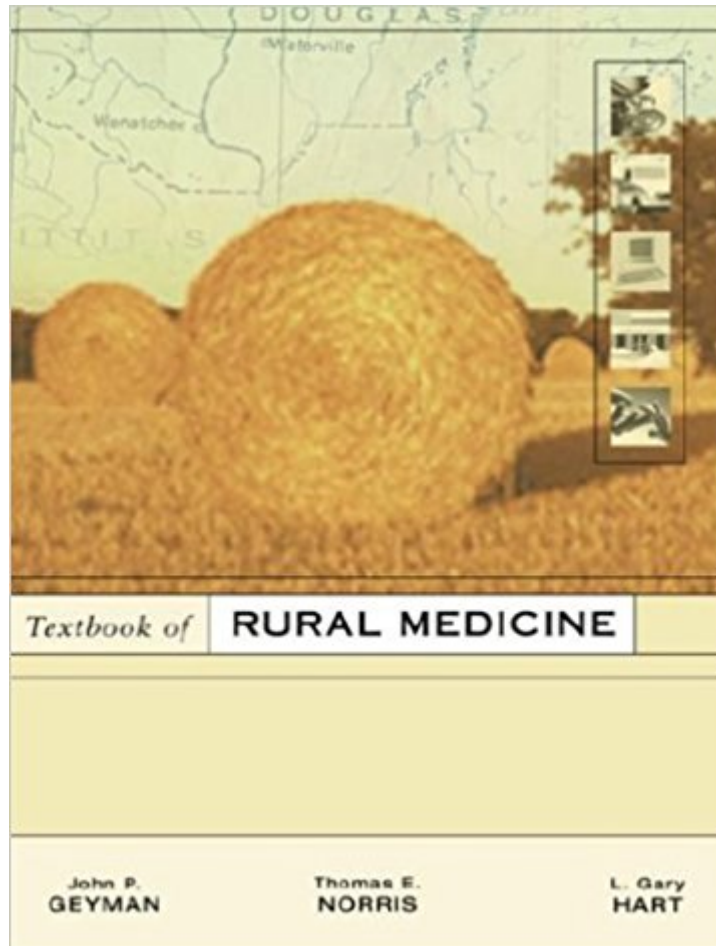




The book was found

Textbook Of Rural Medicine



Synopsis

Written by four members of the Department of Family Medicine at the University of Washington School of Medicine, a leader in rural health care. Focuses on special clinical problems and approaches common to rural care, augmented by practical information on management and organization issues, as well as rural and family medicine education.

Book Information

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Customer Reviews

Twenty percent of Americans live outside metropolitan areas in what is collectively called rural America. But rural America is no more homogeneous than the metropolitan areas of Manhattan, Kansas, and Manhattan, New York. Rural America can be distinguished by its lower population density, smaller numbers of services, and fewer kinds of services, but not by a lack of diversity in terms of culture and ethnic backgrounds and the aspirations of its inhabitants. A textbook of rural medicine must reflect that diversity while assessing and describing the health and health care of 51 million people. The editors approach this task with the combined wisdom of three men who have practiced, taught, and researched rural health care for many years. They call on colleagues from academic centers around the country to expand on an eclectic group of topics designed to profile useful strategies that improve the quality of rural health care. The editors state that their intended audience is rural clinicians, clinician teachers, residents, medical students, other health professionals interested in rural health care, health services researchers, and others interested in rural health policy. To address this broad group on a topic so diverse is a huge, if not impossible,

task. The authors make a valiant but not altogether successful attempt. The first section of the book describes the rural environment, the rural patient, the rural physician, the rural health care team, and the emergence of a federal policy on rural health. The picture seems skewed and harsh and appears to reflect years of personal frustration on the part of the authors. The statistics that health care researchers and policy pundits like to have at their fingertips are there, but the value of these facts to practitioners and students is less clear. The introductory section does give a fascinating view of the evolution of American health care and its effect on rural health care. As described here, the growth of medical specialization and subspecialization changed the focus of medical care and education from care by generalists to the treatment and cure of individual illnesses; the prevalence of rural poverty and the explosion in the number of women in medicine decreased the pool of primary care physicians willing to choose rural practice; and the rapid growth in the number of midlevel practitioners, most of whom stay in urban and suburban settings, has not stemmed the flow of clinicians away from rural practice. This summary of rural practice seems unlikely to inspire young clinicians to rush to embrace the challenge. But just when all hope seems to be gone, Rosenthal's chapter on the rural health care team reminds those of us who have practiced rural medicine why we did so. The ability to apply the principles of population-based medicine and public health to daily practice and to solve a medical problem by calling on the resources and resourcefulness of an entire community without task forces, seed money, committee meetings, and planning grants is exciting and satisfying to all involved. This explanation is what might make a student interested in rural medicine. A few medical problems are singled out for special attention. The selection seems arbitrary, leaving out preventive care, the care of heart disease, and the treatment of occupational injuries. Some chapters in this section move beyond the usual textbook discussions. For example, the author of the chapter on mental health flatly states that "country people are different than city people." It is this ability to incorporate the qualitative and quantitative view of rural medicine, perhaps on the basis of direct rather than academic experience with rural America, that allows some of the authors to describe rural medicine in a meaningful context. The chapters on both mental health and dental health suggest ways of providing care in smaller, underserved areas. Examples include providing mental health services at primary care sites and teaching the primary care clinicians the basic skills needed to incorporate dental health into well-child visits. It is this type of creative endeavor and energy that may inspire students, nurses, administrators, and rural physicians to accept the challenge of rural medicine. The section on the organization and management of rural health care accounts for over a third of the book. Perhaps this reflects the expertise of the editors and authors and their views of health care. Or perhaps it

reflects the current reality of health care, in which the direct delivery of services accounts for only about one quarter of the expended resources. Several of the chapters are of interest to a limited group of people. Conversely, the short chapter on quality assessment illustrates the value of having a unique rural focus, highlighting the gaps and potential flaws in several studies that purport to compare the quality of care in rural and urban settings. The authors end the chapter with a list of challenges that should be read and addressed by all members of quality-assessment groups who desire to understand and to respond to the medical, cultural, and social needs of people in rural areas. Who will actually buy and read this book is not clear. Medical students are unlikely to find the time or desire to read the sections on practice management, continuing medical education, and systems integration. Practicing rural physicians will find limited information on solutions to their challenging daily problems. The book will provide urban researchers and policy advisors with statistics, a flavor of rural health care, and an extensive list of challenges. Barbara Yawn, M.D. Copyright © 2001 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

THE FIRST BOOK TO FOCUS ON THE IMPORTANT FIELD OF RURAL HEALTH CARE! About 20% of the U.S. population, over 50 million people, live in rural America. Physicians and other health care professionals face unique and particular problems in providing health care to this growing population. Yet until now, there has been no comprehensive source of information on rural health care. Textbook of Rural Medicine fills this gap. Written by educators and practitioners with long experience in rural health care, this book provides:

- *Practical guidelines and insights on all major facets and issues of rural practice
- *An in-depth preview of rural practice for students considering this field or on rural rotation
- *Help with special rural clinical problems such as emergencies, prenatal care, mental health and dental care
- *Valuable approaches to rural health care organization and management
- *Communications-era applications that improve delivery of rural health care
- *Key lessons in rural medicine from other countries including, Canada, Australia, China, South Africa, and the UK
- *Strategies, tips, and policies that can benefit current rural practitioners
- *Experienced physicians' and educators' suggestions on educating and training rural physicians

Examining rural practice from every angle, Textbook of Rural Medicine brings home the first complete guide for practitioners, or explorers, of this important field of medical practice. Add it to your library for a rewarding source of answers, inspiration, and comparisons for many years to come—even if your practice is an urban one.

I like this book. It is an introduction to rural medicine and as such I felt like it was cursory in many areas, however I love the attempt at trying to organize rural medicine into an academic subject. Things that I would like to see in the next edition:1. A solid chapter on telemedicine, research for and against, and the economic struggles faced in its use and installation, as well as a breakdown of how much it costs to get a system up and running.2. A chapter on community Asset Mapping, the do's and don't's of community organizing. Ethnographic techniques for the physician interested in program development.3. Alternative economic models that have worked in rural communities. Basically sustainable small business models.4. The role of research in small towns and the important statistics to measure beyond morbidity and mortality. There were a few others but these are the ones that stuck out.

Table of contents promising, but not what I was looking for.

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