Kansas Family Medicine Obstetrical Services Survey
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Background: In Kansas, there is a redistribution of family medicine services from urban areas as an attempt to match rural physician obstetrical providers. Kansas has many isolated, small rural and frontier areas. Physician-providing OB services in these areas are highly dependent on those who were trained in OB and operation OB with C-section. Attracting properly trained rural family physicians to provide obstetrical services in small rural communities is becoming increasingly difficult. During our preliminary research, we found there is little data describing obstetrical services in Kansas. It is our hypothesis that reduction in obstetrical services in small, remote areas is linked to attitudes, behaviors, and levels of training for rural family physicians who provide OB services.

Methods
29 Students were assigned to work with a family medicine rural preceptor for their summer course in the Summer Rural Research and Clinical Practice Elective. Informed consent to participate was obtained before survey questions are asked. The survey contained questions about practice demographics, training for obstetrics, decision timing about providing OB services, reasons for providing OB services, and levels of confidence for OB skills. The protocol was approved by the KU Institutional Review Board.

Kansas Population Density Peer Groups – 2010 Census

<table>
<thead>
<tr>
<th>Population Density Peer Group</th>
<th>Number of Persons</th>
<th>Person (per sq mi) Average Abbr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>33</td>
<td>&gt;150</td>
</tr>
<tr>
<td>Semi-Urban</td>
<td>71</td>
<td>40.0-149.9</td>
</tr>
<tr>
<td>Urban</td>
<td>73</td>
<td>20.0-39.9</td>
</tr>
<tr>
<td>Rural</td>
<td>64</td>
<td>6.0-19.9</td>
</tr>
<tr>
<td>Frontier</td>
<td>40</td>
<td>&lt;6.0</td>
</tr>
</tbody>
</table>

Results

30 surveys were collected from 30 practices in 21 rural counties distributed across Kansas. 21 of the physicians have provided OB services in some part of their practice. 99% currently provide OB services with an average of 37 years of practice experience. 97% provide operative obstetrics services in Kansas. 97% of physicians indicated that they felt they needed a fellowship and most felt they received adequate training during residency. 99% family physicians made the decision to provide OB as part of their practice while in medical school and 70% during residency. Reasons for providing OB services were: enjoy this aspect of medicine, desire to provide OB as a “practice builder” and “sense of duty”.

Introduction

Results (cont.)

21% of those surveyed indicated that they chose to provide obstetrics during medical school, due to:
- A mentor
- Other personal reasons
- A rural experience

Family physician providing OB services reported a high level of perceived skill. Physicians rated the confidence in their skills as very high (4.5/5) and OB/GYN consultants (4.4/5) report that patients (4.7/5), colleagues (4.4/5) and OB/GYN consultants (4.4/5) would view their skill as very high.

Background:
- **Family physicians providing OB services have confidence in their skill set regardless of the number of years they have been practicing.**
- **Nearly all (98%) felt a reason to do an OB fellowship.** None in our survey did one (these fellowships have existed for a little more than 20 years).
- **Most physicians surveyed stated that they chose to practice obstetrics during medical school, due to:**
  - A mentor
  - Other personal reasons
- **Family physicians providing OB services have confidence in their skill set regardless of the number of years they have been practicing.**

Discussion

Conclusions

Students working with a preceptor at a rural site learn what it’s like to practice in a rural environment and gain an understanding of the work-life balance of a family physician who offers obstetrical services. These opportunities may influence their decision. Further study will be needed to identify the most influential and the most constructive.