

This issue:

*The SYRUS Success Stories - Mentorship and more* 2

*The Provincial Surgeons Association Meeting 2016: Albany Australia* 2

*Grass Roots: Rural Interest starts early* 2

*The National Rural Health Meeting* 3

*Rural Health Interest Groups: Medical Student initiatives* 3

*A Rural Rotation Experience: Medical Student thoughts* 4

*SYRUS contacts and outreach information* 4

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*What's Happening at SYRUS?*

Lauren Smithson

When the Society for Young Rural Surgeons first started in 2013, the initial steps were to introduce the concept for a group that was focused on promoting rural medicine to trainees in both surgery and medicine. This would serve as a platform where high school students, medical students, residents, and surgeons new to practice could communicate and connect.

We work in a field that relies heavily on networking, but one of the problems in rural medicine is the isolation that prevents this critical component of successful, thriving practices. We stay current when we stay connected, and through this, we can also find colleagues, mentors, partners, and employment that enhances our practice. That is the main goal SYRUS strives to achieve: connection. Through our bur-

geoning mentorship program (page 2 for updates), we have started to connect residents and young surgeons with similar interests, both personally or professionally. This, however, is only one of the areas of connectivity in which SYRUS is working.

Also of note is the 'grass roots' notion of appealing to rural high school students and undergraduates interested in medicine. Rural Medicine interest groups, such as the one run by the medical students at Memorial University of St John's, Newfoundland, Canada, contacts rural high school students to help them develop their options. SYRUS is developing a secondary school scholarship program that will host a high school student for a week with one of our rural faculty and expose them to all elements of rural practice, surgical and medical.

Globally, we have contacts at the WHO, and the Australian chapter of SYRUS continues its membership on Facebook. Through SYRUS Australia, I was able to attend the Provincial Surgeons Association meeting in August 2016 (page 2). We are hoping to spotlight some of our global doctors in the next issue, as the concerns of those working in third world countries mirrors the issues in rural medicine at home.

Our Facebook page and membership both continue to grow, with approximately 150 people involved in SYRUS. Recruitment remains a major component of our focus at present. Our website continues to post the residency programs that highlight rural surgery through rotations or tracts, and connects to the ACS for these listings.

Get involved at SYRUS! Please contact us by email to participate further.

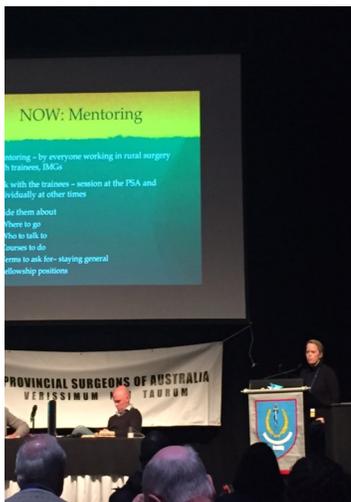
*SYRUS Australia*

The Australian Chapter of SYRUS continues to have a presence on social media, with a dedicated Facebook page and a link to our main site. Nearly 40 trainees and surgeons from Australia stay connected, not only to each other but also to the North American counter-

part, through this site. Patrick Thornton and Rebecca Irwin are two dedicated members who seek to improve rural medicine in Australia while still in training. Rebecca is a leading member of the National Rural Health Student Network (NRHSN), while Patrick brings

awareness to the issue of enticing people into a career in rural medicine and then keeping them there. Sally Butchers and Tom Bowles are active staff in rural communities interested in promoting and maintaining rural surgery and surgical standards.

## The SYRUS Connection: Mentorship



*Mentorship is one of the methods by which surgeons, especially young surgeons, are able to maintain a practice in rural areas.*

At the creation of the Society for Young Rural Surgeons, one of the main objectives was to unite students and residents with practicing surgeons who could help them with career goals, advice, and direction. We began a mentorship program, which, although still fledgling in nature, is connecting our members. In medicine, 'networking' is important, but more important is friendship. We strive to connect people with similar geographical areas, but also with similar interests in life and outside of medicine. Our mentorship program has currently matched members in Ohio and Illinois, but we have

mentors in Oregon, Connecticut, Montana, Maine, Texas, Canada and even Malawi. There are still members looking for mentors in California and Arizona. Students and residents looking for global missions, residency advice, practice pointers or even how to seek your first position are encouraged to join the Mentorship program. Our practicing surgeons may also find it helpful to offer their expertise as mentors as well. These connections open more doors than you might expect!

Also of note are the successes of our connectivity plan. This year has proven some great

successes so far. Through Dr Glenn Levine in Oregon, an observership has been proposed for Dr Sumesh Khanal, an IMG from Nepal transitioning to practice in the US. Dr Khanal is planning to start with Dr Levine in May this year, the first example of SYRUS's aims for collaboration working for our IMG members.

Globally, we have members in Geneva working for advocacy through the WHO, and doctors in Bangladesh working to improve health for the local communities. Global projects is another direction in which the SYRUS Mentorship program aims to head.

### Provincial Surgeons Association Meeting: Albany, WA August 2016

In August 2016, Dr Lauren Smithson was invited by Dr Tom Bowles to speak about the development of SYRUS and her work as a rural surgeon in northern Canada at the PSA meeting in Albany, Western Australia. The conference was a testament to rural medicine, attended by surgeons from across Australia, a country dealing with vast distances and variable climates that add to

complexity of remote practice. The meeting included talks from visiting surgeons, the president of the Royal Australasian College of Surgeons (RACS), local rural surgeons, students and trainees. Talks about surgical education in Tasmania, Fiji and New Zealand, as well as the need for equality in training, were incendiary. The overall impression was that rural medicine is very

important, not only to the population it serves, but also to the leaders in urban centers. The conference also explored the beauty of Albany, recently celebrating the 100th anniversary of the ANZAC fleet sailing out of the bay to Gallipoli for the battle of WWI. Between the education, scenery, and camaraderie, it was an ideal connection for SYRUS and SYRUS Australia to connect.

### Grassroots: Rural Surgery Interest Starts Early



*Working with students, either medical students or undergraduates, or high school students allows interest in rural life to develop early and guide careers.*

Where do you start when trying to increase awareness of the need for rural practitioners in medicine? With medical students? Residents? Or do you go back further? It is a question that many advocates for rural surgery have been asking. As the rural/general surgery workforce dwindles,

we are facing a crisis that needs attention. But how do you entice young surgeons? It has been noted that people of rural origin or with spouses of rural origin are more likely to practice rurally themselves. SYRUS has devised a proposal for a high school student to shadow a rural surgeon for a week in

order to introduce them to the lifestyle and perhaps encourage them to go into medicine. When funding can be obtained, scholarship applications will be sent out to high school students interested in participating. Any members interested in this project should contact SYRUS by email.

# National Rural Health Association 2017

Jacob Thatcher, OMS Resident

After completing a one-year fellowship under the National Rural Health Association (NRHA), Jacob Thatcher, OMS II, was elected as the student body representative for the Rural Health Congress to advocate for policy-making under the NRHA—A national nonprofit with more than 21,000 members and a mission that embodies the same principles as our own for rural health care.

Jacob helps carry this torch to represent and reflect the concerns of NRHA that surround our fluctuating health care policies in rural and underserved communities. Most recently,

Jacob attended the National Rural Health Association Policy Institute on February 2-9<sup>th</sup> in Washington, D.C.

Jacob was able to meet with Senators and state representatives from Idaho and Washington State, discussing the impact that current health policy is having in rural health care. “It was an incredible experience to network, and advocate for rural health care in the United States,” said Jacob. According to the NRHA Action Center, more than 75 rural hospitals have had to close their doors in 2015, a rate six times higher than 2010. Right now, across the US, one-third of rural hos-

pitals face the same issue due to debt cuts.

What Jacob and others advocate for are the systems and populations that depend on these facilities. According to the NRHA, without congressional intervention, an estimated 11.7 million patients will be without direct access to health care, forcing layoffs and economic loss in those rural communities.

For more information on involvement in the NRHA, please see the link on the SYRUS website.



Jacob Thatcher at the NRHA meeting in Washington

## Rural Medicine Interest Groups

Desmond Whalen, MD

### Student-Run Rural Medicine Interest Group in Newfoundland and Labrador

Nearly 22% of Canada’s population lives in a rural area, but only about 11% of Canada’s physicians practice in rural communities. We need to seriously consider ways in which rural medicine can be promoted. At the end of the day, there should be no disparity in the population distribution and the physician distribution; equal access for all is the goal.

Rural Medicine Interest Groups (RMIGs) serve to promote medicine among medical students, undergraduate students, and high school students to target key groups early and ensure that rural practice is healthy and prosperous in the future. Without RMIGs, a key fostering opportunity in the pathway to rural practice can be missed.

### Mandate of the MUN Rural Medicine Interest Group:

1. Increase the number of medical students who are from rural backgrounds
2. Foster interest among rural students (junior high, high school, undergraduate) to pursue medicine
3. Develop leadership skills among rural undergraduate pre-meds and medical students

### Framework for fulfilling mandate:

1. Stimulate rural medicine interest among high school students, undergraduate students, and medical students through lectures from guest speakers, discussions on important health topics, insight into clinical skills, research, and more.
2. Provide rural undergraduate students and medical students the tools and support necessary

to lead outreach activities in their respective home communities

The MUN RMIG has been very active in achieving their mandate. Through outreach efforts they have succeeded in reaching 1000’s of high school students and undergraduate students to promote rural medicine as a career. Through these efforts, the group has also published research<sup>1</sup> which has looked at the perceived barriers of rural high school students for attending medical school in an effort to break those very barriers down. In recent years, they have partnered with physician mentors and resident physicians to host a “Rural Summit” on Fogo Island, NL. Bringing together like minded people from various stages of their medical career has resulted in enriched discussions and innovative ideas about rural medicine.

**“Without RMIGs, a key fostering opportunity in the pathway to rural practice can be missed.”**

If you are interested in learning more about the MUN RMIG please contact them:

**Email:** [mun-medrmig@gmail.com](mailto:mun-medrmig@gmail.com)

**Facebook:** <https://www.facebook.com/MUNRMIG/>

**Twitter:** @MUN\_RMIG

<sup>1</sup> Whalen, D., Harris, C., Harty, C., Greene, A., Faour, E., Thomson, K., & Ravalia, M. (2016). Should I apply to medical school? High school students and barriers to application. *Canadian Journal of Rural Medicine*, 21(2), 46 – 50.

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If you would like a hard copy of this issue, please email us with your mailing address and number of copies requested. We are looking for contributions for the next issue due in October 2017. Please email.

Check us out on Facebook or on the web for more details: [www.youngruralsurgeons.com](http://www.youngruralsurgeons.com)

*Strength through Connectivity*



### *Our Goals:*

- ⇒ Promote interest in rural surgery amongst medical students, residents, and young practitioners
- ⇒ Increase awareness of job and training opportunities in rural areas for medical trainees, especially in surgery
- ⇒ Promote professional connections between rural surgeons and medical trainees in the form of mentorship and observerships
- ⇒ Promote relationships between medical schools and rural communities
- ⇒ Find methods by which surgical return of service for underserved populations can be increased
- ⇒ Connect rural surgeons with other rural practitioners and develop team-centered approaches to rural medicine and advocacy for rural issues
- ⇒ Provide a community for the spouses and families of young rural surgeons
- ⇒ Bring awareness of the role played by and efforts of the Advisory Council of Rural Surgery to the ACS for physicians working in rural areas
- ⇒ Assist young rural surgeons and practitioners in developing functional lifestyles while establishing new rural practices

## *A Student's Perspective: Rotation in Rural Newfoundland*

*Friederike Potz*

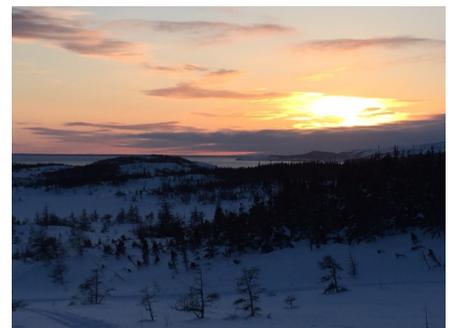


When I did my surgical rotation at the Charles Curtis Memorial Hospital in St Anthony, Newfoundland, Canada, the first thing I noticed was how welcoming everybody was.

As a medical student I had to take part in quite a lot of rotations and internships and it's easy to say that I never felt part of the team as quickly as I did on this rotation. We were integrated so effortlessly and were given responsibilities very quickly. As medical students we were the first assist for the surgeons in the O.R., saw patients in clinics and did rounds independently, reporting to the surgeons when we had a diagnosis or plan. By the end of the rotation we were allowed to do small procedures under supervision by ourselves! I never had so much hands-on-teaching in my life before, and there were didactic lectures in all subject throughout the week that we were to attend!

Beside work we had the great opportunity of discovering the beauty of the Northern

Peninsula of Newfoundland. And as for me, I fell completely in love with the place. This rough landscape of Ice and Stone and Wind and raw nature was so powerful, and the history was pretty unique. It was in-



credible to experience the rural work/life balance. I will totally be back...so I hope you'll let me know whenever a position in Gyn/Obs is opening up!

Thanks for an amazing time, great teaching and wonderful friendship.