

Rural Medical School Competes with Big City

Difficulty:



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Discussion activities to be done after completing this EA lesson

Today's report is about a new medical school program in a rural part of the US midwestern state, Kansas. Why has this program been started? What do students like about it? What benefits are there for students who complete their medical school in this program?

Extension discussion topics

A. Talking about and going over the specific topic / idea / issue in listening text

Introduction = the new medical school program in Salina, Kansas.

1. How is the program in Salina different?

- It's in a small city in Kansas. (Most medical students in Kansas study in Kansas City or Wichita, which are quite big.)
- The program itself is very small - the smallest in the US - with only eight medical students.
- After four years in the program, students do a residency in a nearby town to complete their medical training.
- For every year that graduates of the program practice medicine in rural Kansas, one year of their student loans is paid off.

2. Why was this program started?

- Many medical students from rural areas "intend" to go back home to be doctors, but then they don't: they fall in love with someone from the city and end up staying there.
- There are not enough doctors in rural areas.
- Big cities also offer better working hours and more money, so the tuition repayment part of this program is attractive to students.

If you were planning to go to medical school, would you be attracted to a program like the one in Salina?

3. Which people did we hear from in the report? Who were they?

- Dr. William Cathcart-Rake: he runs the program in Salina.
- Claire Hinrichsen: she is a medical student in the Salina program.
- Dr. Kerry Murphy: he is a doctor at a clinic near Salina, where students can do the residency part of their training.

B. Expanding on (one of) the topics / ideas / issues in listening text

Topic = Medical training.

1. What kind of person do you generally go to see for medical care? Is she / he a doctor? What kind of training does this person have?
2. What do you know about how doctors are trained in your country or in the country where you live? Has the system been in place for a long time, or have there been changes in recent years?
3. Are there about the same number of male and female doctors in your country? If there are more male or female doctors, is there something about the system of medical training that encourages this difference, or that could partially explain it? What changes in medical training might encourage more female doctors? More female specialists?
4. Are doctors very respected in your culture? Are there other professions that have the same level of respect as doctors? Does the training in these other professions take about the same amount of time as medical training? More? Less? Is it more difficult? Less difficult?

OR, Topic = Medical school and other medical training.

Find out all you can about the type of training required for one of the following and give an oral presentation of your findings to a partner or to your teacher: Family doctor, midwife (person who helps women to give birth to their babies), pediatrician (children's doctor), surgeon.

C. Extending discussion of (one of) the topics / ideas / issues in listening text

Topic = Television series about medical schools, teaching hospitals, hospitals.

1. Do you watch any TV series about medical schools, teaching hospitals, or hospitals? Which one(s)? Do you know any of the shows below?
 - Scrubs
 - E.R.
 - Grey's Anatomy
 - Getting On
 - Doogie Howser, M.D.
 - General Hospital
 - M*A*S*H
 - St. Elsewhere
 - Northern Exposure
 - Third Watch
 - Crossing Jordan
 - (For a more complete list, see: http://en.wikipedia.org/wiki/Medical_drama)

2. Are any TV series about medical schools or hospitals produced in your country? If so, do people in other countries watch them, too? Do you think there are things in these TV shows that someone from another country would have difficulty understanding?
3. Do you think TV series like these are realistic? If you went to a real teaching hospital, how do you think it would be different from what you have seen on television? Would it be less interesting? More interesting? Which department would be most interesting to you (emergency room, surgery, psychiatrics, internal medicine, etc.)?

Audioscript

This is the VOA Special English Education Report.

Many rural areas in the United States have no doctor. Some medical schools are trying different ways to treat the problem. One idea is to educate doctors in smaller communities and hope they stay. Dr. William Cathcart-Rake heads a new program at the University of Kansas in the Midwest.

"We need more docs. There's somewhere like a quarter of all of our physicians in Kansas (that) are sixty years of age or older. So we need to be replacing physicians, too."

He says medical students from rural areas now typically study in Wichita or Kansas City, two of the biggest cities in Kansas.

"They say, 'You know, I really have every intention of coming back to rural Kansas,' but they meet a soul mate, they get married, their soul mate happens to be from a big city and we never see them again. They get captured in the big city. Hopefully, if we train them in smaller communities, they can meet the prospective spouses here, they can network here, and they have those connections which hopefully can be lifelong."

The program is based in Kansas's tenth largest city, Salina, home to about fifty thousand people. Salina is about a three-hour drive from Kansas City, past fields of corn, soybeans and cattle.

Student Claire Hinrichsen grew up in a town of about six hundred people. She attended the University of Kansas, or KU, as an undergraduate. One reason she chose the Salina program is because of the size. There are only eight students -- the smallest medical school in the country. Classes are taught by professors in Salina or on a video link from Kansas City or Wichita.

Ms. Hinrichsen talked about the program with reporter David Weinberg.

"I really like it. I know everybody in my class. We're close and it's a nice feeling. Like, I went to KU, so I went to a big school, and I'm getting back to the small feel. I like it a lot."

"How do those two compare, like going to KU and going here?"

"They're a lot different. My first class, general chemistry, in KU had more people in that lecture hall than there were in my town! So it was a big change and it was hard to get used to having so many people there."

Students who complete the four-year program will then do their residency training in a small community in the surrounding area. One place a resident might work is the Clay Center Clinic, where Dr. Kerry Murphy is a family physician.

"This is a clinic that has currently eight doctors and four mid-level practitioners and we cover, of course, this town, but also we have satellite clinics in two nearby towns. We just kind of operate as what I call a 'cradle-to-grave operation.' We deliver babies and go all the way up to doing nursing home care."

Rural doctors generally serve older, poorer patients. Going into a specialty in a big city can mean better working hours and more money to pay off student loans.

The Salina program will pay tuition for each year that students practice in a rural area in Kansas.

And that's the VOA Special English Education Report. I'm Mario Ritter.