The rural surgery tract of the University of North Dakota General Surgery Residency Program is designed to better prepare general surgeons who wish to practice in rural environments. The skills and knowledge for practice in a rural surgery environment are recognized to be different than a general surgery practice in an urban or academic practice. The rural surgery tract allows general surgery residents to train in subspecialized areas in preparation for providing these services in a rural surgical environment.

**Background:** The University of North Dakota General Surgical Residency Program has a long history of preparing residents for practice in rural environments. In fact, the UND surgical residency program has a higher percentage of graduates practicing in rural areas than most other programs in the country. Over 40% of former graduates of the UND general surgical residency program currently practice in rural environments. Nationally over 80% of general surgery residency graduates enter into a fellowship for subspecialty training following graduation from their general surgery training. The UND Surgical Residency Program is the opposite, with approximately one-third of our graduates entering fellowships while the other two-thirds enter into general surgery practice, many in rural environments. The UND School of Medicine is also nationally recognized for its role in rural medicine. The Center for Rural Health and the federally funded Rural Assistance Center are an integral part of the University of North Dakota School of Medicine.

The Department of Surgery at the North Dakota School of Medicine has been involved in the rural surgery initiative for many years. Members of the department have held key positions in national committees at the American College of Surgeons and other organizations which have helped to recognize the unique nature of a rural surgery practice. The Third Annual Rural Surgery Symposium was held in Grand Forks, North Dakota in 2007 with rural surgeons from across the country attending. Rural surgery research done through the Department of Surgery and published in the peer-review literature has helped to better delineate the types of practice and specific procedures that are necessary for individuals wishing to practice in a rural location.

The attributes of the UND surgical residency training program that foster and support the rural surgery initiative include:

1) The rural environment in the state of North Dakota and northwestern Minnesota.

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1 Harris JD, Hosford CC, Sticca RP. *A Comprehensive Analysis of Surgical Procedures in Rural Surgery Practices.* American Journal of Surgery. 200(6), 820-5. 2010


2) The many rural surgery practices and hospitals in our clinical facilities which are available for rural surgery training.

3) The UND General Surgery Program is the only surgery training program (either general surgery or any other surgical specialty) in the region. This allows general surgery residents to participate in all types of subspecialty cases and rotations without conflict or competition.

4) The clinical faculty of over 200 surgeons dispersed across the state of North Dakota surgical and rural surgical practices.

5) The many rural medicine programs at the UND School of Medicine.

Based on its long history of training for rural surgery practices and the current involvement in major rural surgical initiatives, the University of North Dakota surgical residency program has designed a rural surgery tract to recognize and better train residents who wish to practice in rural environments.

**Program Description:** The rural surgery tract involves nine months of training in surgical subspecialty and rural surgery rotations in the PGY 2, 3 and 4 years. A representative example of the rotations is shown below. Six of the nine months are dedicated to subspecialty rotations that are common subspecialties in which rural general surgeons often perform cases. The subspecialty rotations are designed to allow the rural general surgeon to be familiar with and competent in the basic procedures in these subspecialty areas. In addition, rural surgery residents will have a better perspective on the types of subspecialty cases that can be safely performed in their local institution and be better able to decide when it is best to refer patients for subspecialty care. The management of emergency situations in these subspecialties is also stressed. The PGY-1 and PGY-5 years of residents in the rural surgery tract are the same as the general surgery tract residents. All ACGME Surgery Residency Review Committee and American Board of Surgery requirements are fulfilled with the rural surgery tract rotation schedule.

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>Rural Rotations</th>
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<tbody>
<tr>
<td>PGY-2</td>
<td>OB/GYN</td>
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<td>Orthopaedic Surgery</td>
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<td>Rural Surgery</td>
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<td>PGY-3</td>
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<td>PGY-4</td>
<td>Rural Elective Mission</td>
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<tr>
<td></td>
<td>OB/GYN</td>
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<td>Rural Surgery</td>
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</table>

Every effort is made to schedule the rural surgery tract rotations on the campus to which the resident is assigned for that given year. Due to the variability in scheduling, faculty
availability, and limitation of some subspecialty rotations to certain campuses, rural surgery tract residents may be required to move to a different campus during a rural surgery tract rotation. The rural surgery tract residents are responsible for all housing and living expenses during their rural surgery tract rotations, although often there are housing accommodations available in the rural locations. The rural surgery tract residents are generally expected to take call on the subspecialty services when the attending subspecialty surgeon is on call. When the rural surgery rotation is at the same campus as one of the core facilities, the rural surgery tract resident may be required to take occasional general surgery call on the general surgery service. There will not be more than one day of general surgery call per week during the rural surgery tract rotation.

**Application:** The UND Department of Surgery has two categorical tracts listed through the Electronic Residency Application Service (ERAS) and National Residency Matching Program (NRMP). One tract is for categorical general surgery which has two positions and the other tract is for categorical rural surgery also with two positions. Applicants may apply to one or both of the tracts and can also apply for a preliminary surgery position in our program (two PGY-1 positions and one PGY-2 position). Interviews are conducted in November and December of each year with applicants interviewed for each of the tracts during that time. Applicants who are interested in a rural surgery tract should contact the Department of Surgery at the University of North Dakota School of Medicine and Health Sciences for additional information.

**Contact Information:**

Program Director: Robert P. Sticca MD, FACS

Associate Program Director Northeast Campus: Randolph E. Szlabick MD, FACS

Associate Program Director Southeast Campus: Enej Gasevic MD, FACS

Program Coordinator: Lori Anderson, Administrative Assistant
501 North Columbia Road
Grand Forks, North Dakota 58203
Telephone: 701-777-3067
Fax: 701-777-2609
Email: lori.anderson@med.und.edu

**Please direct all inquiries regarding the UND Surgical Residency Programs to Lori Anderson, Program Coordinator.**