



Cowboy Doctor★

By CONNIE CRONLEY • PHOTOS BY A. CUERVO

Solving the Rural Health Crisis One Recruit at a Time

IF THE STATE'S VETERINARY COLLEGE HAD ACCEPTED W. MICHAEL WOODS, HE WOULD NOT HAVE BECOME A PHYSICIAN.

"I tried twice," he says. "They didn't want me."

So he became, not just a physician, but an acclaimed physician, known familiarly as Oklahoma's "Cowboy Doctor."

Praised as "my model doctor" by Gerard Clancy, president of OU-Tulsa, where Woods is a professor of family medicine.

Nationally recognized for his work as program director of OU-Tulsa's Rural Residency Program in Ramona, population 574, in northeast Oklahoma.

As he was headed toward veterinary medicine, Woods collected degrees in zoology and physiology. That is how Oklahoma came to have a physician who is an expert in prairie rattlesnake venom and the reclusive brown spider.

His interests in astronomy and astrophotography are products of his work schedule and geography—he lives on 20 acres of prairie outside Ochelata, population 494.

His workday starts at 6:45 a.m. at Jane Phillips Medical Center in Bartlesville, where he checks emergency room patients and makes teaching rounds with the residency doctors. By nine o'clock, he is at the Ramona clinic supervising and teaching residents who see some 400 patients a month. Once or twice a week, he drives to Barnsdall where, accompanied by the residents, he supervises the rural health clinic.

He volunteers at the Green Country Free Clinic in Bartlesville and serves as volunteer medical director for the community fire departments of Ramona, Ochelata and Vera. Evenings, he is on the sidelines at Ramona football, basketball and baseball games in case of injuries.

To cover this territory, Woods drives about 30,000 miles a year and has a collection of vehicles to match the weather

and terrain—a four-wheel drive for inclement weather, a pickup truck, a minivan, several family Hondas for gas mileage, a '72 Beetle, a '95 Volvo and others—not to mention a 182 Cessna plane. He has so many vehicles he gets a fleet discount from his insurance agent.

"One thing I like about my job," he says, "is that there is no such thing as a typical day." No wonder then that he chose a nighttime hobby. "Astronomy fits my schedule. And you can see the sky better in the country." He and other amateur astronomers—"a bunch of guys with telescopes"—meet monthly. Several times a year, they host star parties for local elementary schools.

Family practice—and the specialty of rural family medicine—is not for everybody, but for those who fit into it like a penny in a slot, the life is rewarding.

Career Options • Full disclosure: Woods did not become a doctor simply because he could not become a veterinarian. He had considered other career options, starting with aerospace medicine, but allergies and a farm accident ruled out his acceptance into the Air Force Academy. By the time he had a master's degree from Oklahoma State University, his interest had turned to medicine and research; he considered a career in college-level teaching and research.

Then, his background pulled him toward rural family medicine. Woods grew up in Chickasha in south-central Oklahoma. His father was a high school science teacher, and his mother taught in elementary school. After school and on weekends, he worked on the family farm tending livestock and building fences.

He was a high school sophomore working on the farm—making repairs on a combine harvester—when the end of this thumb was severed. His reaction was telling. "I looked at the stub and thought, 'That's cool. You can see the bone. And the muscle.' I should have known then that I'd be a doctor."

After acquiring a medical degree from the University of Oklahoma and completing family practice residency in Tulsa in 1987, Woods opened a private family practice in Ramona. Once, this town was named Bon-Ton, a



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stop on the Santa Fe railroad, a rip-roaring oil boomtown with a local still. In 1899, the name was changed for the title heroine in a popular novel by Helen Hunt Jackson. Today Ramona is small and languishing—except for a new school and the new clinic Woods built.

The clinic would come later, but from the beginning, the new doctor's arrival in a town the size of Ramona was a godsend to the area. "He has meant everything to us," a local resident says. His patients, then as now, come from the entire Caney River Valley. He was the area's primary obstetrician. Two decades later, Woods has delivered a generation of citizens.

Destination: Ramona • A passion for teaching led him to a part-time faculty position with the Bartlesville Family Practice residency program while maintaining his full-time private practice. With community support and the assistance of professional colleagues, he designed a new Ramona rural residency program, closing the one in Bartlesville in 1993. He obtained a \$136,000 grant for an electronic medical record system, computer library and videoconferencing; and personally designed the Ramona clinic—complete with skylights for times of electrical failure.

In the OU medical system, the Ramona clinic was the first in the state to incorporate a wireless electronic medical record. His pioneering efforts led OU-Tulsa to implement the technology in its entire network of physicians, more than 300 physicians and 26 clinics, reducing medical errors and improving health care efficiency.

The rural residency program opened in Ramona in 1996 with one resident. Fully accredited by the Accreditation Council for Graduate Medical Education, it has been expanded twice and can accept three residents a year. The graduation rate is 100 percent—25 residents, now all practicing in small communities. All are sorely needed.

Meeting a Crisis • "Recruiting medical students to rural medicine is no easy task," says OU-Tulsa President Clancy.

Like the traveling salesman sing in "The Music Man," "You gotta know the territory"—and Woods knows it. That is why he has served on OU's Board of Admissions since 1996, looking for students qualified to practice rural medicine.

The shortage of physicians in the rural United States has become a health care crisis, says Woods. His colleagues in Nebraska,

Ohio and elsewhere agree; they join Oklahoma in providing some of the nation's only 28 rural training-track residency programs.

"Our state ranks last in physician availability," says Steven Crawford, professor and chair of the OU College of Medicine's Department of Family and Preventive Medicine.

An additional 16,000 physicians are needed to provide health care to the 35 million Americans in underserved rural and inner-city poor areas, according to the American Medical Association. That health care shortage, especially in rural areas, will grow dramatically in the next decade due to a rising population and aging work force.

"In Western Oklahoma," Woods says, "it's not unusual for a person to drive two hours for health care—or groceries."

Why are not more young doctors drawn to rural practice? Money.

Not salary. "That's not why we do this work," Woods says. The prohibitive factor is college debt. "The average medical school debt is \$155,000," Woods explains. "That's not including undergraduate debt. Some graduate with \$250,000 to \$300,000 in college debt." The quickest way to pay off that debt is to go into a medical specialty.

"The average income for a family physician is \$150,000," he says. "For a cardiologist, it's \$300,000. For an anesthesiologist or other subspecialty, \$600,000."

That is correct, says Daniel Brown, a third-year resident at Ramona who will be graduated in June. His university debt is \$200,000.

Does that alarm him? "Yes," he says, "and it alarms my wife. We have a five-year-old daughter and a baby on the way." Brown will go into family practice in Stillwater, his hometown.

Why then is he making this career choice? "It's a personality thing," the young doctor says. "When I was rotating, I realized that these are the people—such as Dr. Woods—that I want to be like."

Brown likes the continuity of care in rural practice. "You get to know your patients," he says, "and their families. You are in contact with them for years and years. You become an extension of their family. That is very satisfying. The work is never routine, and it is never boring."

Brown and the other residents are involved with Woods every day in their training. They talk through the cases with him and solve the health care problems together. "He has a great perspective and years of experience," Brown says. "He knows everything."



Michael Woods recruits interns to his rural medicine program who rate the lifestyle that he and his wife, Sue, find so rewarding over monetary considerations.

Owned by the Town • Woods is the only full-time faculty member in Ramona, assisted by three part-time faculty. Yet, he is not a lone voice on the prairie.

"I designed this rural residency with community ownership," Woods says. Its rural medical education steering committee is comprised of members from the OU-Tulsa administration, OU-Tulsa Family Medicine, Jane Phillips medical and administrative staff, Bartlesville business leaders and the Caney Valley Medical Foundation. "This helps me keep the community informed about the residency's operation, and they help direct the clinic's patient services. This arrangement works very successfully."

A sense of community is one of the draws to rural family health care, but special qualities are required. A rural primary health care provider must be proficient in handling a wide range of illnesses and traumas and must rely on "in-the-field" clinical judgment, since a battery of tests is not available.

Rural Family Practice is unique in several ways:

Long-term continuity of care. In urban areas, patients may switch doctors, perhaps because of insurance. Not so in rural family practice, where doctors may treat a patient for decades, continuing to treat them as they move into nursing homes.

Occasional home visits—what used to be known as house calls. The purpose of home visits has changed. When Woods and his residents make home visits, it is to assess the patients' environment in an effort to improve their health care. Rural family doctors get to know factors of the patient's life that may affect health—work, finances, death in the family or other emotional pressures, Woods says. "A doc in a box loses track of that information."

Occupational medicine. "You have to understand the rural lifestyle," Woods says. "You can't tell a rancher with a lacerated hand not to use it. You have to give him some natural use of his hand because he's got to feed the cattle, grab a bale of hay and drive the tractor." Consequently, the Ramona clinic performs much as an emergency center handling minor injuries. "We put on a lot of casts and splints," Woods says. "We treat chain saw injuries, broken bones and lacerations."

Financial considerations. In economically depressed rural areas, the cost of the medication or treatment is an issue.

Variety of medical issues. Sometimes, this requires health care creativity.

The Ramona clinic opened originally in a two-bedroom house where the garage had been converted into a minor surgery room. The first week of practice tested Woods' ingenuity.

One of the initial patients through the door needed a cast removed from his arm, but Woods had no cast saw. He improvised—using a side cutter and hacksaw from his truck.

When a motorcyclist needed the dressings changed on burns, Woods had to send around the corner to Miss MacDonald's general store for supplies.

He sewed up lacerations caused by the explosion of a refrigerator compressor and removed a bass fishing lure imbedded in a three-year-old child's head.

A roofer with a staple gun had accidentally stapled his boot to his foot—completely to the bone. For that, it was back to Woods' truck for wire cutters and vice grips. The nurse held the

man's leg while Woods pulled.

The one patient he could not help was a little boy whose bird had a broken wing. As we know, Dr. Woods is not licensed to treat animals.

Rural family practice may never be boring, but one of the risks is professional burn out. "I try to teach my residents how to control their workload," Woods says. "I tell them they have to train their practice. Not to let patients call them at home, for example. Take some time off."

He shows by example how to get a life. On the family's 20 acres, Woods has dug a pond, created a rose garden, constructed a wooden deck, deer-proofed a tomato and hot pepper garden, and he makes his own wine, bottled under the label Woods Family Wines.

Take time, he might say, to look at the stars and smell the roses.

All the members of the Woods family seem to be on a similar track. Woods' wife, Sue, has a Ph.D. in microbiology and is the premedical advisor at Northeastern State University's Broken Arrow campus, where she teaches cellular biology, human physiology, special topics of emerging diseases and biological weapons of mass destruction.

Their son Chris has an undergraduate degree in microbiology and biochemistry and works for the Red Cross doing quality control for the southwest region testing platelets and bacterial counts on blood supply. Son Will has a bachelor's degree in microbiology, cellular and molecular biology with a minor in computer science and has applied for medical school. Son Clifton is a junior at OSU majoring in biomedical engineering.

Recruiting New Docs • The problem Woods faces in promoting health care in small communities is simple: "We don't get enough people going into rural medicine," Woods says. Medical students from urban areas may not appreciate the life style. The two characteristics he looks for in potential residents are a rural background and good communication skills.


"The biggest key in medicine is communication with the patient." Good communication skills are critical for admission to the Rural Residency Program.

The Ramona clinic patients appreciate the time the doctors spend with them. "They don't rush you through and give you a prescription like some doctors," says a patient from Bartlesville with a leg problem. "They get to the bottom of what's the matter with you."

Training residents two or three at a time, Woods is doing his part to alleviate the crisis in rural health care.

It is much like the classic story of the boy throwing beached starfish back into the ocean.

"You're wasting your time," a passing adult told him. "Just look—there are hundreds of starfish up and down this beach. You can't possibly make a difference to all of them."

The little boy looked at the beach full of starfish, then threw another one into the water. "Maybe not," he said, "but I sure made a difference to that one." 

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