Introdução: Rural family physician practice has been studied in the state of Idaho, United States, both in 2007 and 2012. The state of Idaho is remote and this year’s American Academy of Family Physician of the Year will be a co-presenter with an author of the studies discussing rural practice. This presentation will highlight a historical perspective in the context of a changing healthcare environment.

Objetivos: This presentation will highlight the nature of family physician services provided in rural Idaho as well as the need for educational curriculum to serve patient needs. Satisfaction rates of both rural family physicians and administrators will also be discussed.

Metodologia ou Descrição da Experiência: A survey instrument was developed based on a literature review and was validated by physician educators, practicing family physicians and executives at the state hospital association. This survey was mailed to rural family physicians practicing in Idaho counties with populations of less than 50,000. Descriptive, bivariate and multivariate analyses were employed to describe and compare scope of practice patterns. This survey was repeated in 2012 and results compared with the study five years earlier. Demographic and practice information was compared and contrasted in addition to data regarding physician and administrator satisfaction with rural physician healthcare services to communities.

Resultados: Rural family physicians have a broad scope of practice and a high level of satisfaction. Results between 2007 and 2012 demonstrate differences in physician demographics, scope of practice such as obstetrics and emergency care and changes in use of technology. These results will be discussed with the presenting physicians referencing their own experiences from rural practice in Idaho; one of which is the recently announced American Academy of Physicians family physician of the year (Keith Davis).

Conclusão ou Hipóteses: This presentation will demonstrate a usable research tool which could be applied to measure rural family physician practice outside of Idaho and outside the United States. This will be presented in the context of discussion of the satisfaction associated with the provision of a broad scope of practice providing care to rural communities.