

Preparing Future Rural Physicians: A Ladder of Opportunities From the University of Minnesota Medical School

Rural Observership Experience (ROE) Twin Cities Campus Program (pre-matriculation) – Dr. Kathleen Brooks, director (elective)

- Students interested in exploring rural practice spend 2-3 days living with and shadowing rural physicians just before starting medical school.
- Student educational background and expected roles: Students have no clinical experience yet, so this is an observership experience.
- Preceptor and student matched by medical school based on expressed interest. Students may lodge with the preceptors if available, otherwise with friends or family.
- Typically 10-12 students in July.
- Goal: Offers Twin Cities students an opportunity to begin consideration of rural practice, obtain realistic perspectives of rural physician life, and begin to connect with other students and faculty engaged in rural education

Introduction to Rural Family Medicine Course Year One Duluth Campus – Dr. Ruth Westra course director (required)

- Initial introduction to rural communities, health systems, and physicians and clinics.
- Student educational background and expected roles: Students have had class presentations on rural communities and have met and interviewed a patient. In this course Duluth students learn basic history and physical exam skills and documentation.
- The class is divided and (with an equal number of pharmacy students) visits six rural communities. Each group presents their community to the class.
- Groups meet a panel of rural family physicians/pharmacists on the community visit.
- Agricultural medicine, legislative issues, health care systems, etc. presented in didactic sessions.
- Initial cultural diversity training.
- Learning communities are formed with 12 students with clinical advisors.
- 60 students in each class.

Rural Academy of Leadership Duluth Campus – Dr. Ruth Westra course director (elective)

- Longitudinal elective course for year one and two medical students with emphasis on their future role as rural physician leaders.
- Student educational background and expected roles: Basic H&P and SOAP Note experience, previous personal volunteer service history, and all possess altruistic life goals. Students participate in care of patients in HOPE Clinic and complete a student leadership project.

- HOPE Clinic – Interprofessional student run free clinic with Interprofessional faculty supervision.
- Didactic leadership skill sessions presented by community and physician leaders.
- 30 students in each class.

OB Longitudinal Course Duluth Campus – Dr. Ruth Westra course director (elective)

- Longitudinal elective course for year one medical students.
- Student educational background and expected roles: Basic H&P and SOAP Note experience. Students attend appointments with mom and family, labor and delivery, and post partum care.
- Each student matched 1:1 with a volunteering OB patient and her Family Physician.
- Didactic sessions on each trimester of pregnancy, labor and delivery, and postpartum care with med school faculty.
- Birthing simulation with Noelle birthing simulator.
- 16 students from year one selected for participation.

Preceptorship I Duluth Campus Program – Dr. James Boulger/Dr. Emily Onello, course directors (required)

- Year one Medical Students DU Campus.
- Student educational background and expected roles: Students have learned H&P and SOAP Note basics, and are expected to practice those skills.
- Six visits/four hours each September – May.
- Program instituted in 1972.
- Duluth Area (includes Superior WI, Two Harbors, and Cloquet) family physician clinics.
- With RMSP I & II allows student to compare FM in different settings.
- 60 students in each class.

Rural Family Medicine, Native American, and Minority Medical Scholars Program (RMSP I & II) Duluth Campus Program – Dr. Ray Christensen, course director (required)

- RMSP occurs longitudinally at a rural site, with five weeks in year one and two weeks in year two.
- Student educational background and expected roles: Building on their developing clinical experience in history-taking, physical exams, and beginning patient assessments students evaluate and treat patients with their preceptor, follow patients longitudinally including a geriatric patient, do H&Ps and SOAP Notes, home visits, community assessments, and projects.
- RMSP I & II is a two-year longitudinal program. The student participates on site for five one-week periods in the months of Jan, Apr, Jun, Oct, and Feb.
- Each one-week visit includes preceptorship, hospital, geriatric, and community experience.

- Our preference is for the student to live with the preceptor and experience a rural family physicians family life in a rural community. (This is not always possible and may keep a site from participating)
- As this is a longitudinal program at the same site, it is expected that the students will be given increased responsibilities as they master competencies.
- Interprofessional education and work opportunities are expected.
- Week one is prep on campus with instruction in scrubbing, CPR/AED/BLS, suturing, blood drawing, immunizations, etc.
- Students also submit assignments to their Faculty Advisor.
- Duluth Campus cultural and diversity training continues.
- Sixty students in each class.

Summer Internship in Medicine (SIM) University Medical School Program both campuses – Dr. Ray Christensen, course director (elective)

- Students spend two to eight weeks of their summer between years one and two working with physicians and other health professionals in rural communities.
- Student educational background and expected roles: Building on their developing clinical experience in history taking and physical exam skills; under the supervision of community physician can begin to participate in those activities with patients.
- Hospitals provide stipends for students when possible. (\$500 or less/Week)
- Students responsible for housing. (Limits participation, rely on family and some hospitals – area where communities could help)
- This opportunity is the same for both campuses, with 60-100 students annually. (First and maybe only opportunity for some urban students to experience rural medicine – many decide to do RPAP and rural medicine after this experience)
- Elective program designed to introduce students to rural health systems and rural life.
- SIM is accomplished with engagement with administrators and other healthcare professionals reflecting different components of the communities health system.
- They will assume more observer roles in experiences with other components of the healthcare system.
- The students write a reflective paper about their experience.

Rural Physician Associate Program (RPAP) – Dr. Kathleen Brooks, Director (complete core required clerkships and electives)

- Students desiring to explore their interest in future rural practice apply, and if selected spend nine months in rural communities completing core clerkship requirements in family medicine, primary care selective, surgery, and some combination of ob/gyn, peds, em, ortho, urology

- Student educational background and expected roles: Students are in year 3 of medical school, have completed 2 core clerkships before RPAP, and are expected to actively participate in clinical care under the supervision of community physician preceptor.
- Student stipend provided by community and medical school
- Started in 1971 – highly successful in educating future rural primary care physicians.
- Currently ~40 students per year – learn with an average of 10 community preceptors per site per year. (This program is indebted to the freely given educational contributions of these rural preceptors)
- Strong role modeling and mentoring relationship with primary preceptor
- Medical school selects students and offers placement to sites that have agreed to a student, and that have capacity to meet a particular students' educational needs.

Primary Care Electives Year Three and Four FM 7523 – Dr. Ray Christensen, course director (elective for credit)

- Opportunity for a four-week rural rotation in FM with a rural preceptor
- Student background education and expected roles: Students have completed some core clinical clerkships, and thus may actively participate in clinical care under the supervision of community physician preceptor.

Thank you Dr. Kathleen Brooks, Dr. James Boulger, Dr. Ruth Westra, Dr. Emily Onello, and Katy Frederickson

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