CLIC BIG SKY RURAL LIC WORKSHOP

Tom E. Norris, MD
Kathy Brooks, MD
Lori Hansen, MD
Jay Erickson, MD

KEY LEARNING OBJECTIVES

As a result of participating in this workshop attendees will be able to:

- Identify key lessons learned from 3 successful rural LIC's
- Discuss the challenges of operating a longitudinal integrated clerkship in a rural community
- Debate the advantages of rurally located LIC's
- Propose the similarities and differences between their home institutions and these programs to help identify their opportunities and challenges in developing a rural LIC.

WORKSHOP STRUCTURE

- 1st 30 Minutes
  - Rural LIC Overview: Norris
  - University of Minnesota RPAP: Brooks
  - University of South Dakota Yankton: Hansen
  - University or Washington WRITE: Erickson
- 2nd 30 Minutes: 4 Small Groups—Discussion
  - Identify key lessons learned from 3 successful rural LIC's
  - Discuss the challenges of operating a longitudinal integrated clerkship in a rural community
  - Debate the advantages of rurally located LIC's
  - Any individual questions from group participants
  - Assign one member of the group to present a 3-5 minute summary of group findings
- 3rd 30 Minutes: Wrap Up—Presentation from each group
  - Discussion of this question: Propose the similarities and differences between their home institutions and these programs to help identify their opportunities and challenges in developing a rural LIC.

WHAT IS A LONGITUDINAL INTEGRATED CLERKSHIP? DEFINITION

- Longitudinal Integrated **Clerkships** are those having the central element of clinical education where **medical students**:
  - Participate in the comprehensive care of patients over time
  - Have continuing learning relationships with these patients' clinicians,
  - Meet, through these experiences, the majority of the year's core clinical competencies across multiple disciplines simultaneously.

Schroth WS. Longitudinal integrated clerkships. Alliance for Clin Ed Presentation. Nov 2010 http://www.allianceforclinicaleducation.org/2010AAMCPanel.pdf

A RURAL LIC IS SIMPLY A LONGITUDINAL INTEGRATED CLERKSHIP THAT IS LOCATED IN A RURAL SETTING

CAN RURAL LIC'S IMPACT THE U.S. RURAL WORKFORCE PROBLEM?

Failure to choose a primary care residency

+

Failure to choose a rural practice site

=

Historic and worsening rural workforce shortages

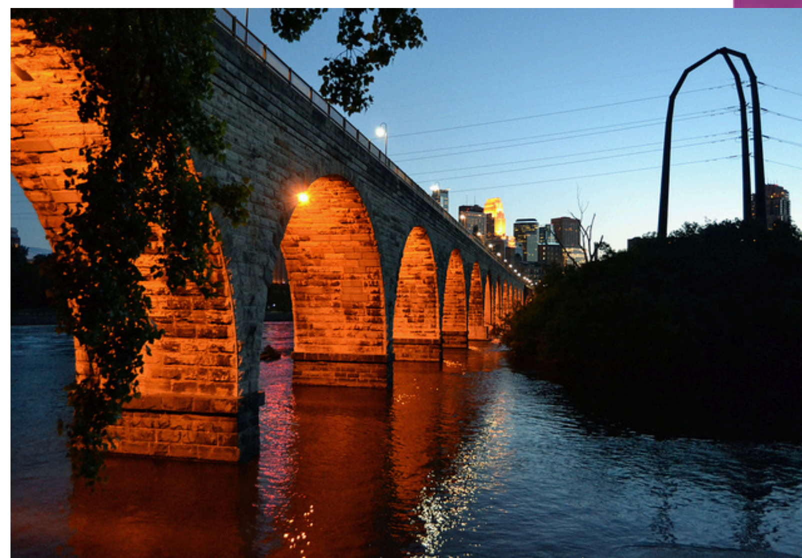
THE STORIES OF 3 OF THE OLDER AND LARGER U.S. RURAL LIC'S

- RPAP
- Yankton
- WRITE

THE RURAL PHYSICIAN ASSOCIATE PROGRAM

Kathleen D. Brooks, MD, MBA, MPA
University of Minnesota Medical School
CLIC 2013

http://www.flickr.com/photos/jimbrekke



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HOW IT BEGAN IN 1971 – THE STAKEHOLDERS

- Rural family physicians
- Minnesota Academy of Family Physicians
- Minnesota Legislature
- University of Minnesota Medical School and visionary family medicine faculty

“Learning primary care [and rural] medicine in a university hospital is like trying to learn forestry in a lumberyard”

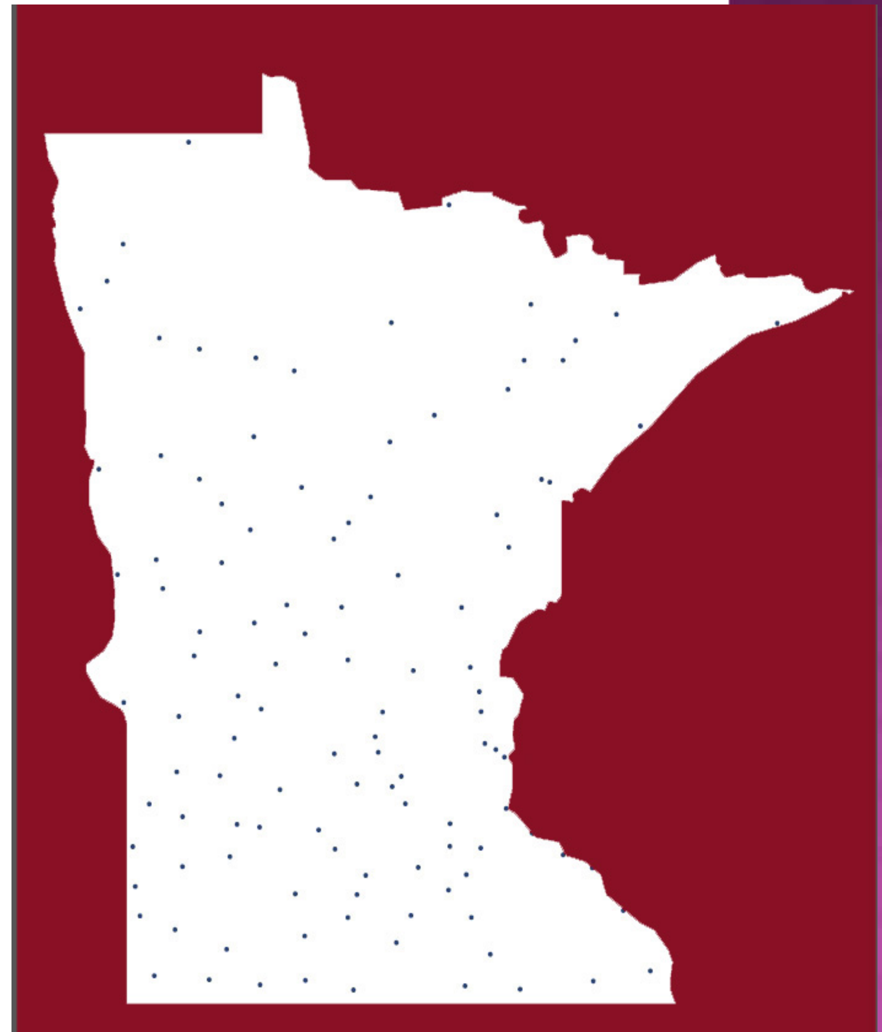
- Verby, JAMA 1981

THE PROGRAM

- Goal: to nurture medical student interest in rural medicine and primary care
- Objectives - Students learn:
  - Comprehensive care in the context of family and community
  - Procedural skills
  - Effective teamwork for better health
  - Good communication skills
  - Lifelong learning
  - Rural lifestyle
  - Confidence and competence as a rural physician
  - Rural health care issues

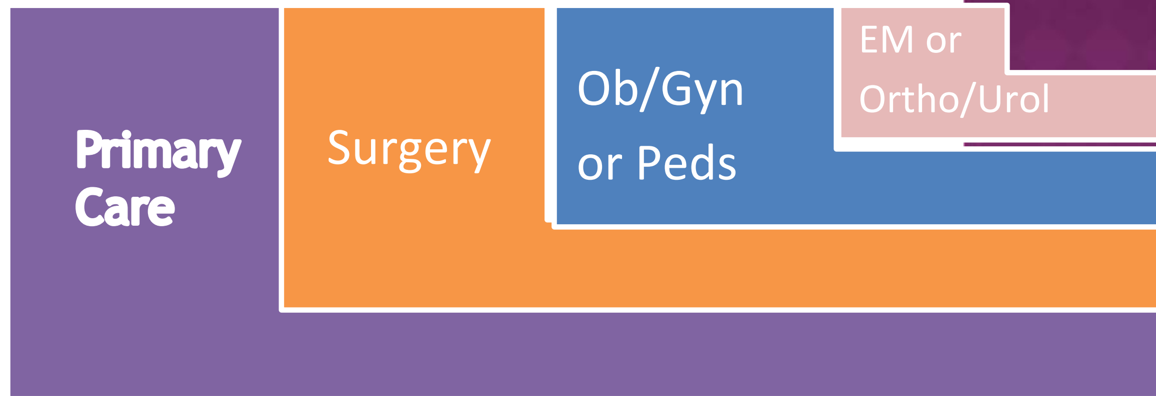
RPAP

- 9-month longitudinal integrated clerkship for third year medical students
- Students complete core clinical clerkship requirements
- Distributed model across Minnesota
- Approximately 40 students/year



The Schedules

RPAP Model 1

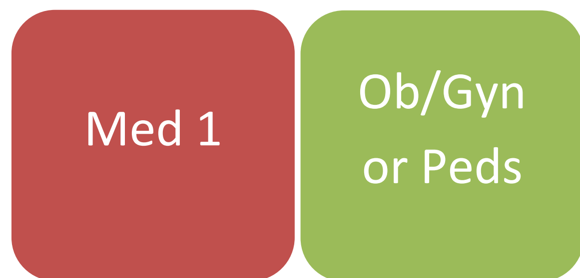


On Campus for 12 weeks

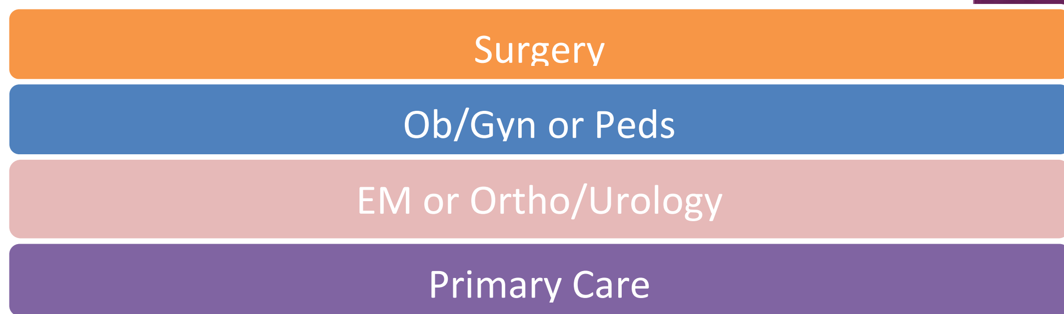
In Rural Community Site for 36 weeks – includes equivalent of 20 weeks of Primary Care, 6 weeks of Surgery, 6 weeks of Ob/Gyn or Peds, and 4 weeks of EM or Ortho or Urol. Each discipline is initially blocked, and then threaded.

The Schedules

RPAP Model 2



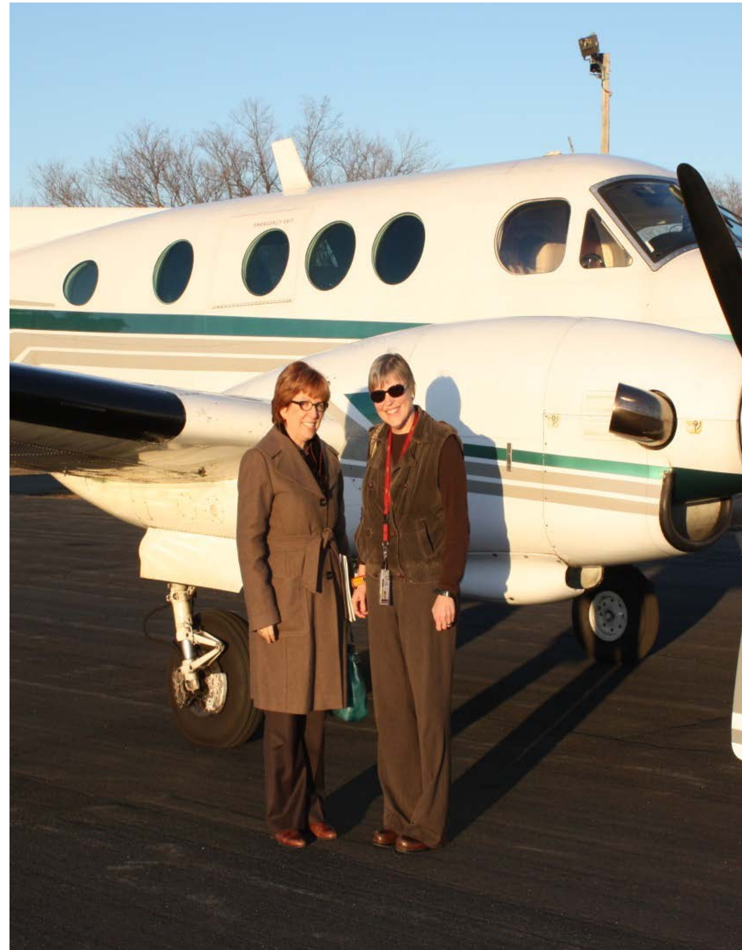
On Campus 12 weeks



In Rural Community Site for 36 weeks – all clerkships are threaded across the time, including the equivalent of 20 weeks of Primary Care, 6 weeks of Surgery, 6 weeks of Ob/Gyn or Peds and 4 weeks of EM or Ortho or Urology.

THE FACULTY AND STAFF

- RPAP Director and Associate Director (part-time)
- 3 Additional part-time academic faculty
- 2.5 FTE Staff
- Approximately 300 Community Preceptors/Year
- Approximately 50 Academic Faculty Visitors from Departments of Fam Med, Surgery, Internal Medicine, OB/GYN, Peds



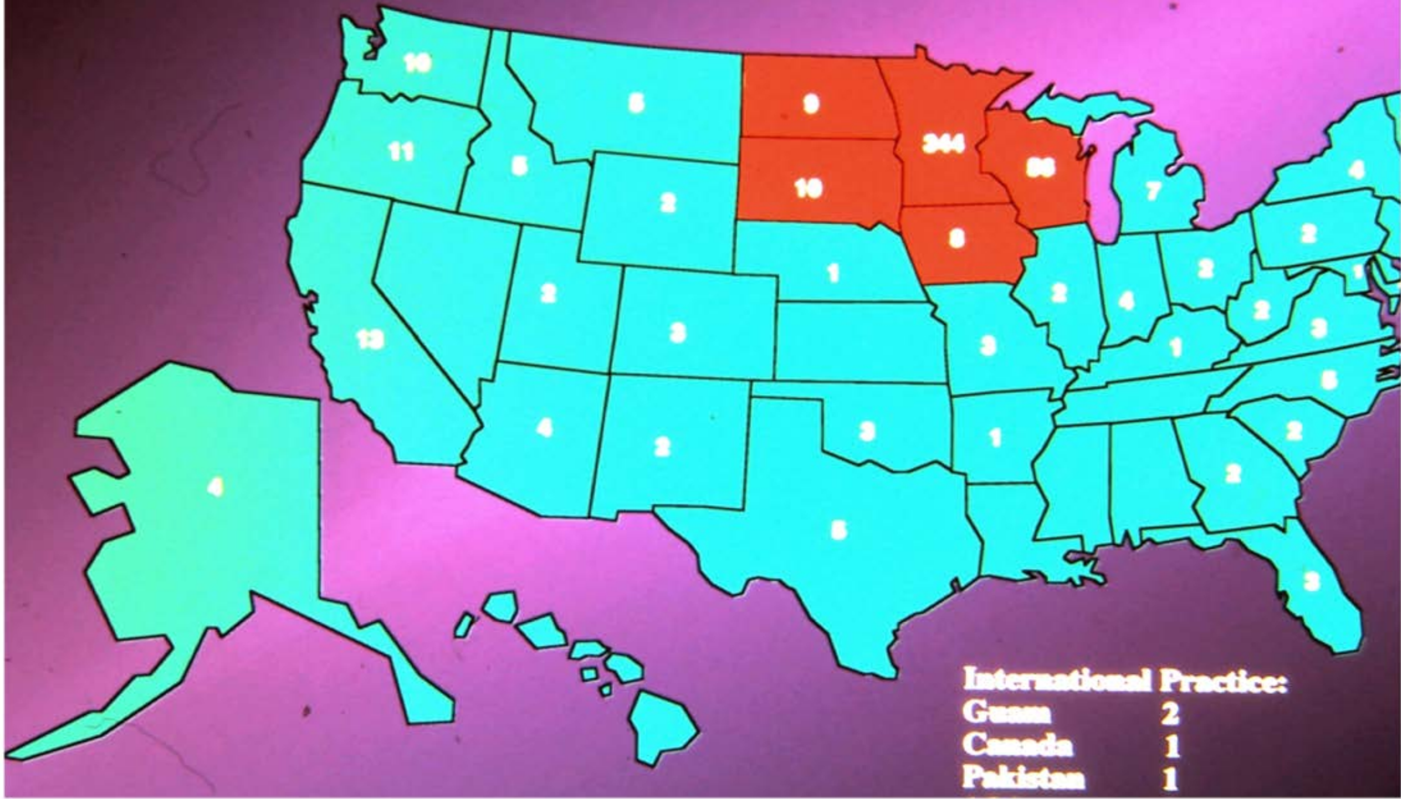
PROGRAM EVALUATION

- Most valuable aspects of RPAP
  - Independence, Autonomy
  - Continuity of care with patients, families, preceptors, staff.
  - Responsibility
  - Procedural training
- RPAP influenced my preference for my future practice location
  - Strongly Agree -38.5%
  - Agree - 51.3%
  - Neutral - 7.7%

RPAP OUTCOMES

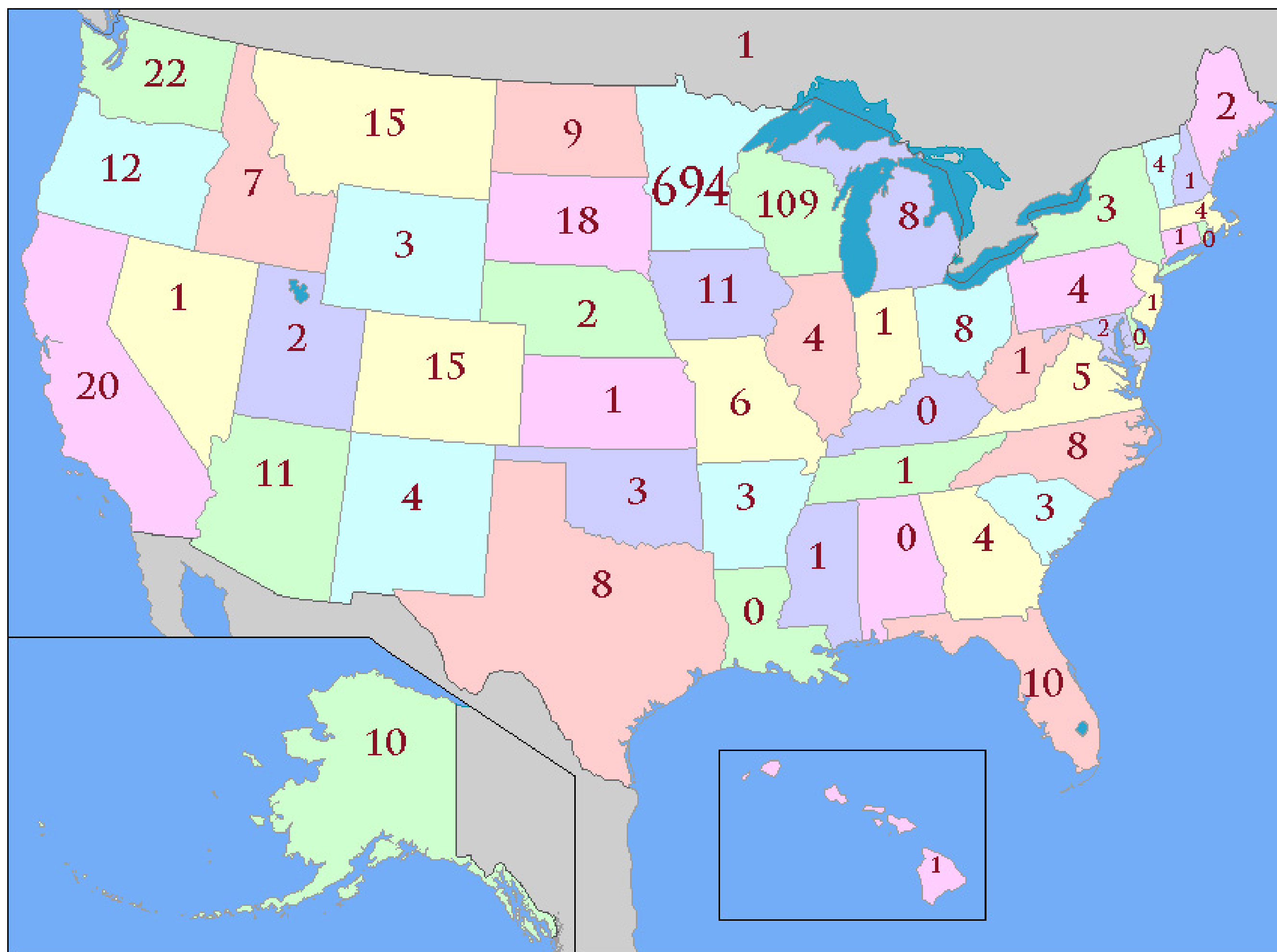
- 1064 RPAP alums in active medical practice. Of these:
  - 77% practice primary care
  - 65% practice family medicine
  - 44% practice in rural setting
  - 38% currently practice primary care in a rural setting.

THEN



THEN

NOW



NOW

FUTURE PLANS

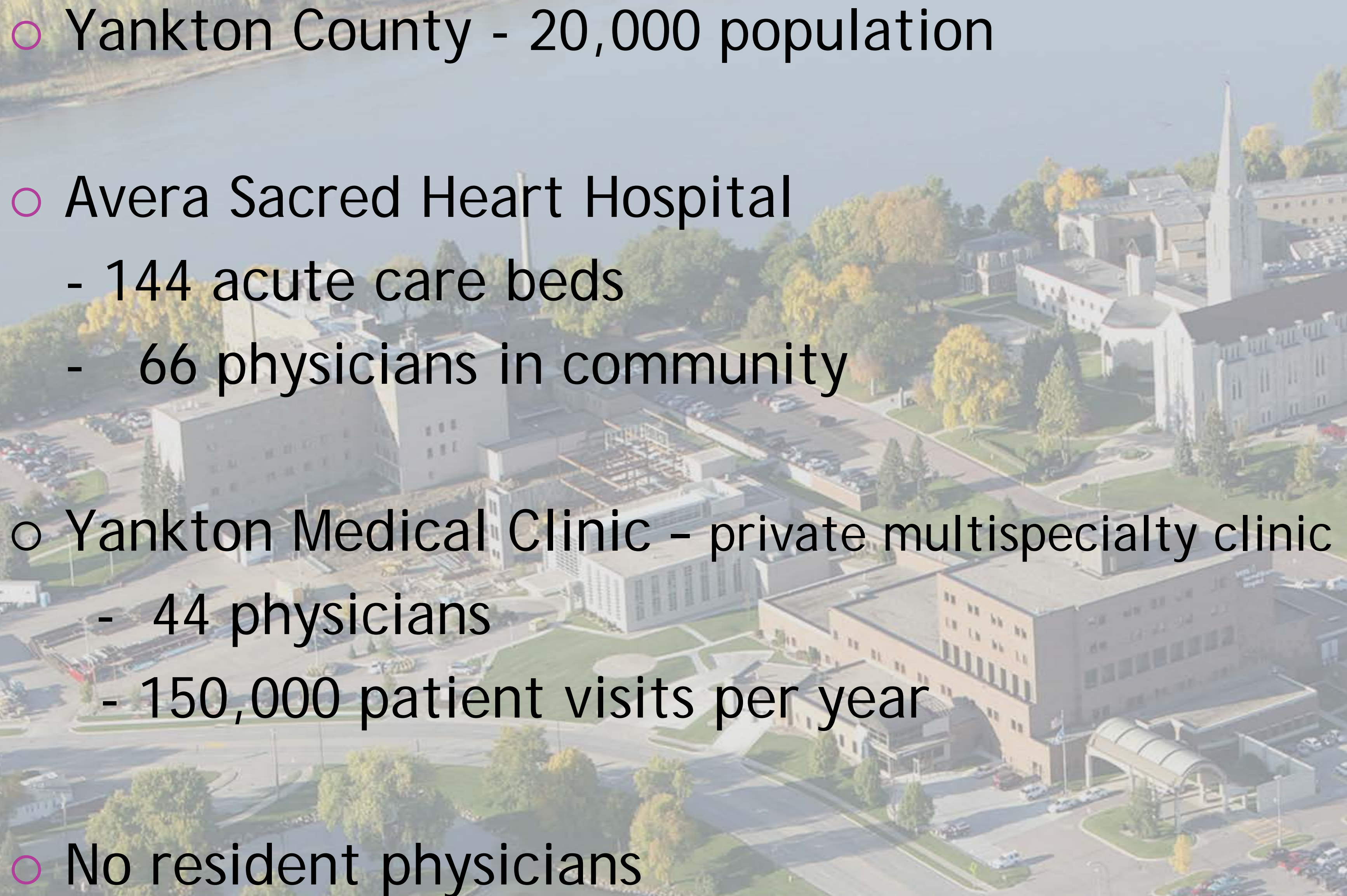
- MetroPAP
- IPE
- Strengthen pipeline and advising pre-program

Yankton Ambulatory Program
CLIC
Big Sky Montana

Lori A. Hansen, M.D.
October 1, 2013

Sanford School of Medicine of the University of South Dakota

- 56 students per year
- 2 MD/PhD
  - Year 1 and 2: Basic Sciences – now 1/ ½ years
  - Year 3: Required clerkships
    - Sioux Falls
    - Rapid City
    - Yankton Ambulatory Program
  - Year 4: Electives and required clerkship
    - now 1 ½ years



- Yankton County - 20,000 population
- Avera Sacred Heart Hospital
  - 144 acute care beds
  - 66 physicians in community
- Yankton Medical Clinic – private multispecialty clinic
  - 44 physicians
  - 150,000 patient visits per year
- No resident physicians

Yankton Ambulatory Program

- 1989 Planning began YMP
- 1991 Program instituted

Yankton Ambulatory Program

- Ambulatory-based
- Integrated
- Student-centered
- Continuity
- Problem-based learning
- Community Engagement/Diversity Project

AMBULATORY - CARE

- Yankton Medical Clinic
- Assigned to Family Medicine, Internal Medicine, Pediatrics, OB/Gyn, Surgery
- Avera Sacred Heart Hospital
  - Inpatient care
  - OB/Newborn
  - Surgery
- Human Services Center
  - Psychiatry
- Lewis and Clark Specialty Hospital
  - Surgery
- Wagner IHS
  - OB/Gyn

CONTINUITY CARE

- Patients followed in:
  - Clinic
  - Subspecialty Clinic
  - Hospital
  - Surgery
  - ER
  - Home/Extended Care

PROBLEM-BASED LEARNING

- Six students per group

  two 1 hour sessions/week
- Actual patient hx presented by student
- Serves as stimulus for learning issues
- Facilitators from Basic and Clinical Sciences

STUDENT CENTERED

- No scheduled lectures
- Objectives same for all students

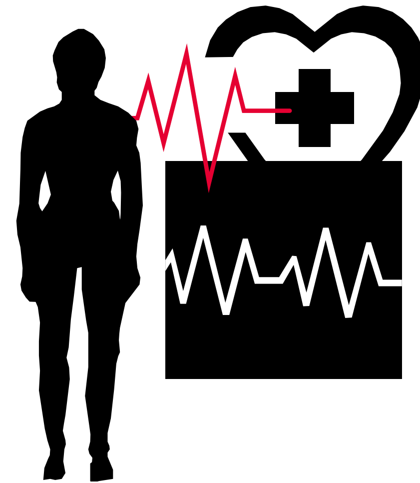
YAP Student Schedule

Week 1	Mon	Tue	Wed	Thur	Fri	Weekend
7:30 AM	ObGyn Surgery	ObGyn Rounds	FM Rounds	IM Rounds		
						Call - 8 AM - 11 PM
8:30 AM			FM Clinic			Students rotate
9:00 AM				IM Clinic		weekends on call
						in ER, Surgery and
						Labor & Delivery
12:00 PM		Small Group		Small Group		
1:00 PM	ObGyn Clinic			IM Clinic	Chart Audit	
					Journal Club	
					Bedside teachings	
					Requested Lectures	
5:00 PM					Pediatric Presentations	
					Psychiatric Presentations	
6:00 PM	Weekday Call 6 pm - 11 pm (On Call in ER, Surgery and Labor & Delivery)- approx. every 10 days.					
11:00 PM						

Week 2	Mon	Tue	Wed	Thur	Fri	Weekend
7:30 AM	Surgery Rounds	Surgery -OR	Peds Rounds			
					Psychiatry Rounds	Call - 8 AM - 11 PM
8:30 AM	Surgery Clinic		Peds Clinic			Students rotate
9:00 AM					Psychiatry Clinic	weekends on call
						in ER, Surgery and
						Labor & Delivery
12:00 PM		Small Group		Small Group		
1:00 PM		Neurology-			Chart Audit	
		1 student			Journal Club	
		rotates			Bedside teachings	
		every other			Requested Lectures	
5:00 PM		week			Pediatric Presentations	
					Psychiatric Presentations	
6:00 PM	Weekday Call 6 pm - 11 pm (On Call in ER, Surgery and Labor & Delivery)- approx. every 10 days.					
11:00 PM						

Yankton Ambulatory Program

- Dr. Talley Reflections
  - Student input/peer evaluation
  - One grade for entire year
  - Context-Yankton unique situation
  - Partnerships/Team
  - Cost/mission based



Assessment:

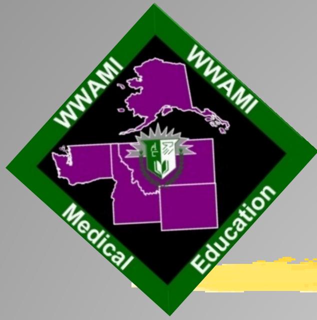
- Knowledge
- Clinical Skills
- Problem Solving
- Physician Related Characteristics

Benefits:

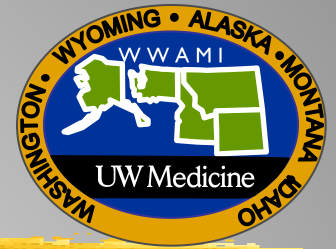
- Improved knowledge retention
- Empathy
- Physician skills
- Student and Physician Satisfaction
- Residency choice
- Workforce

- Thank You
- Questions

WRITE at UWSOM
A Primer
Jay Erickson, MD



WWAMI



Tom E. Norris M.D.

Chair Department of Family Medicine

Co-Chair WRITE

Jay S. Erickson M.D.

Asst Dean MT WWAMI Clinical Phase

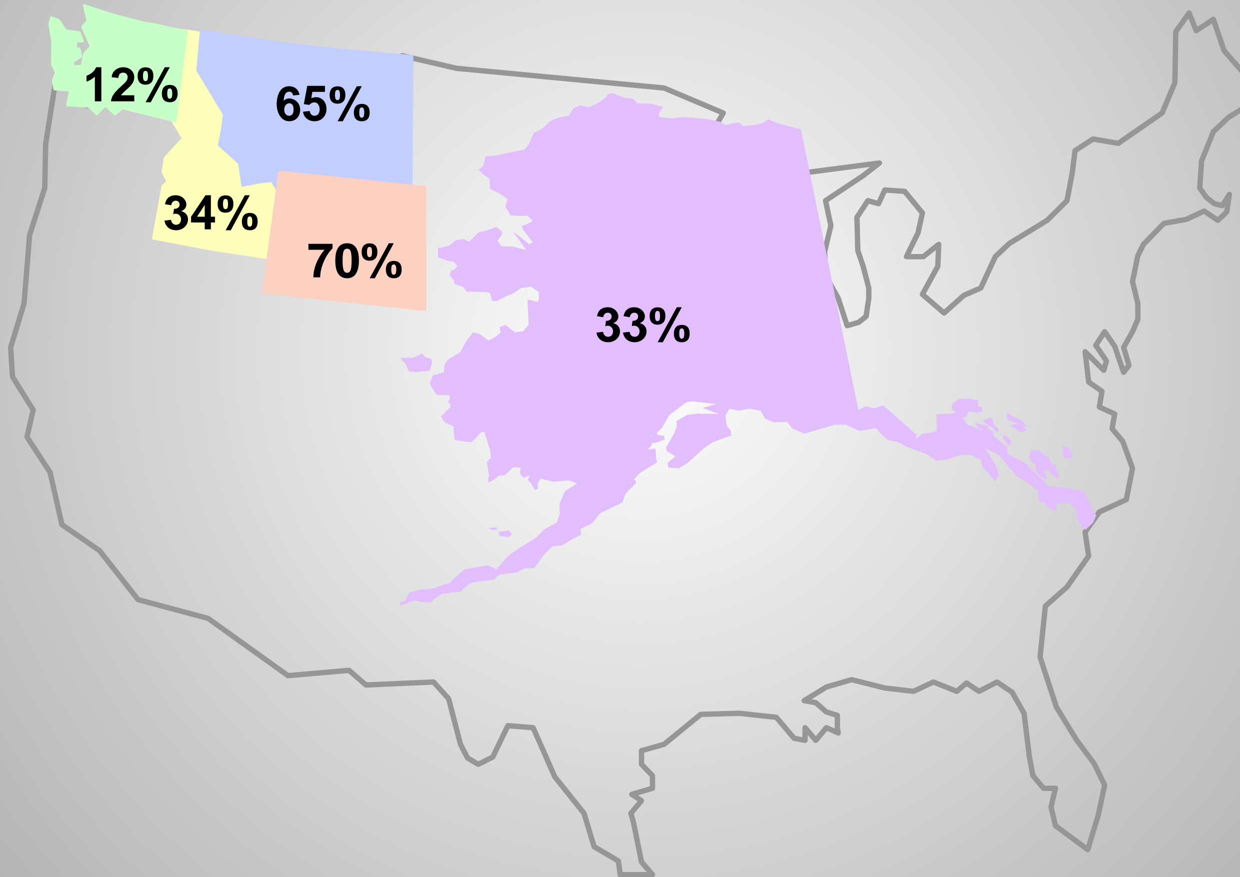
Co-Chair WRITE

WWAMI

- 27% of the total land mass of the U.S.
- 3% of the U.S. population
- 25% of the people live in rural areas

WWAMI Population
Urban 7,840,000
Rural 2,580,000
Total 10,420,00

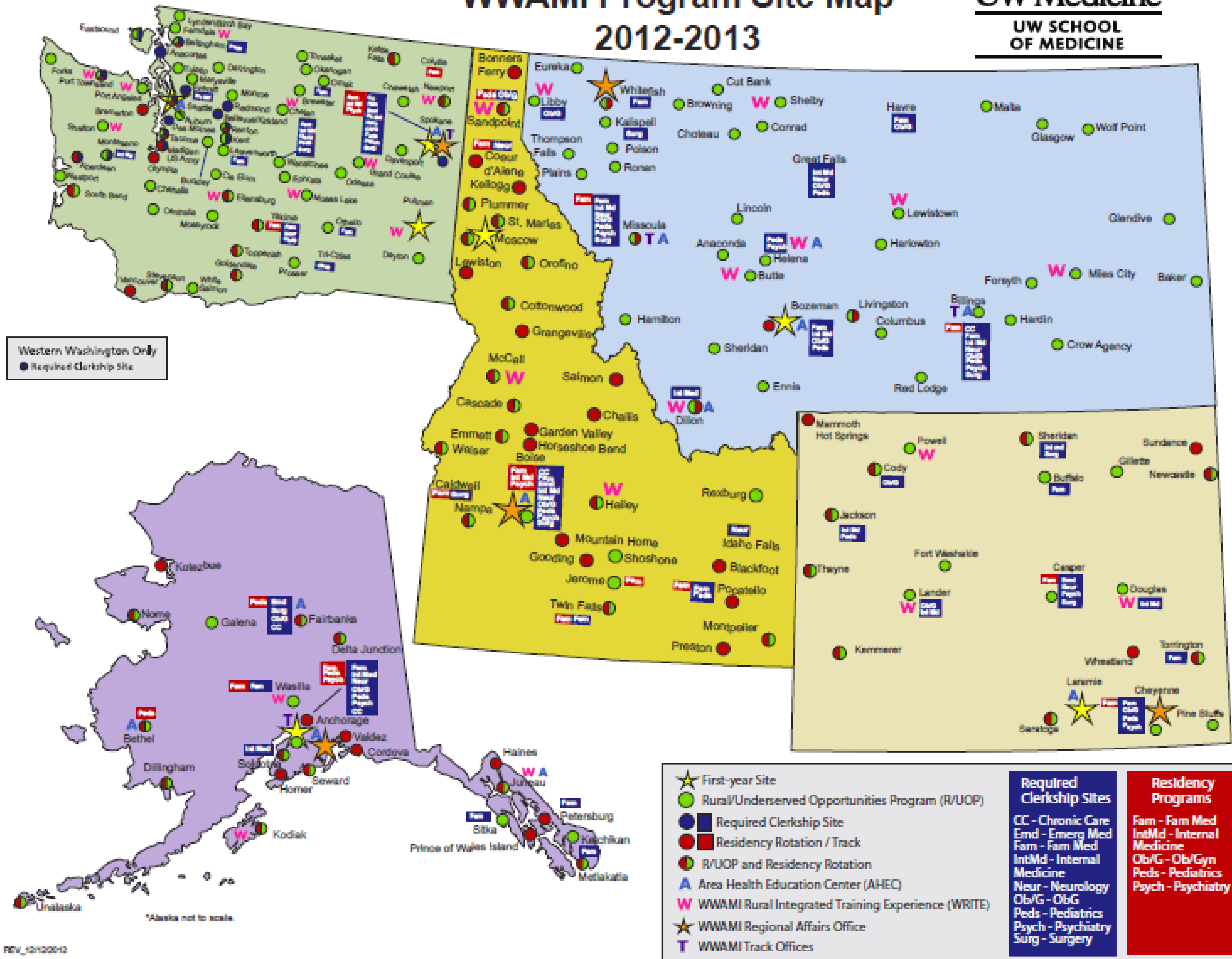
WWAMI
Non-metro percent of population by state



1) Access to Publicly Supported Medical Education
2) Avoid excessive capital costs by using existing educational infrastructure
3) Create Community-Based Medical Education
4) Expand GME and CME across WWAMI
5) Increase the number of primary care providers (MD) /address maldistribution of physicians

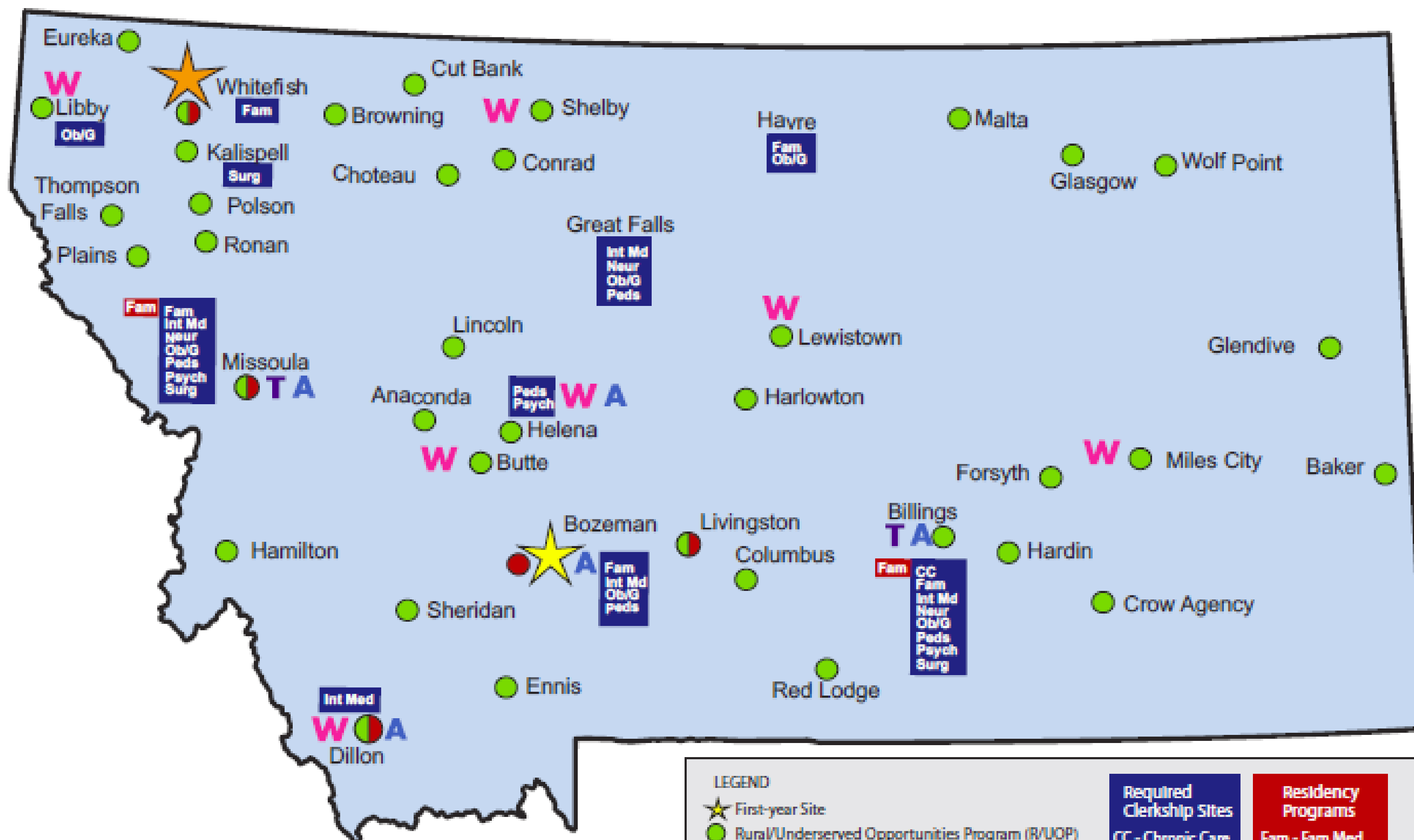
The University of Washington School of Medicine has two distinct missions:

1. Meeting the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations
2. Advancing knowledge and assuming leadership in the biomedical sciences and in academic medicine.



WWAMI Program Site Map
2012-2013
UW Medicine
UW SCHOOL OF MEDICINE
Western Washington Only
Required Clerkship Site
Bonners Ferry
Sandpoint
Coeur d'Alene
Kellogg
Plummer
St. Maries
Moscow
Lewiston
Orofino
Cottonwood
Grangeville
McCall
Salmon
Cascade
Challis
Emmett
Garden Valley
Weiser
Horseshoe Bend
Boise
Caldwell
Nampa
Hailey
Rexburg
Mountain Home
Idaho Falls
Gooding
Shoshone
Blackfoot
Jerome
Pocatello
Twin Falls
Montpelier
Preston
Eureka
Whitefish
Cut Bank
Libby
Browning
Shelby
Havre
Malta
Kalispell
Choteau
Conrad
Glasgow
Wolf Point
Thompson Falls
Polson
Plains
Ronan
Great Falls
Lewistown
Lincoln
Missoula
Glendive
Anaconda
Helena
Harlowton
Butte
Forsyth
Miles City
Baker
Bozeman
Livingston
Billings
Hamilton
Columbus
Hardin
Sheridan
Crow Agency
Ennis
Red Lodge
Dillon
Mammoth Hot Springs
Powell
Cody
Buffalo
Gillette
Sundance
Newcastle
Jackson
Fort Washakie
Thayne
Casper
Lander
Douglas
Kemmerer
Torrington
Wheatland
Laramie
Cheyenne
Pine Bluffs
Saratoga
Kotzebue
Nome
Galena
Fairbanks
Delta Junction
Wasilla
Anchorage
Valdez
Cordova
Bethel
Dillingham
Soldotna
Seward
Homer
Haines
Juneau
Petersburg
Sitka
Prince of Wales Island
Ketchikan
Metlakatla
Kodiak
Unalaska
*Alaska not to scale.
First-year Site
Rural/Underserved Opportunities Program (R/UOP)
Required Clerkship Site
Residency Rotation / Track
R/UOP and Residency Rotation
Area Health Education Center (AHEC)
WWAMI Rural Integrated Training Experience (WRITE)
WWAMI Regional Affairs Office
WWAMI Track Offices
Required Clerkship Sites
CC - Chronic Care
Emd - Emerg Med
Fam - Fam Med
IntMd - Internal Medicine
Neur - Neurology
Ob/G - ObG
Peds - Pediatrics
Psych - Psychiatry
Surg - Surgery
Residency Programs
Fam - Fam Med
IntMd - Internal Medicine
Ob/G - Ob/Gyn
Peds - Pediatrics
Psych - Psychiatry

2012-2013
WWAMI Program Site Map - Montana



LEGEND
- First-year Site
- Rural/Underserved Opportunities Program (R/UOP)
- Required Clerkship Site
- Residency Rotation / Track
- R/UOP and Residency Rotation
- A Area Health Education Center (AHEC)
- W WWAMI Rural Integrated Training Experience (WRITE)
- WWAMI Regional Affairs Office
- T WWAMI Track Offices

Required Clerkship Sites

CC - Chronic Care
Emd - Emerg Med
Fam - Fam Med
IntMd - Internal Medicine
Neur - Neurology
Ob/G - ObG
Peds - Pediatrics
Psych - Psychiatry
Surg - Surgery

Residency Programs

Fam - Fam Med
IntMd - Internal Medicine
Ob/G - Ob/Gyn
Peds - Pediatrics
Psych - Psychiatry

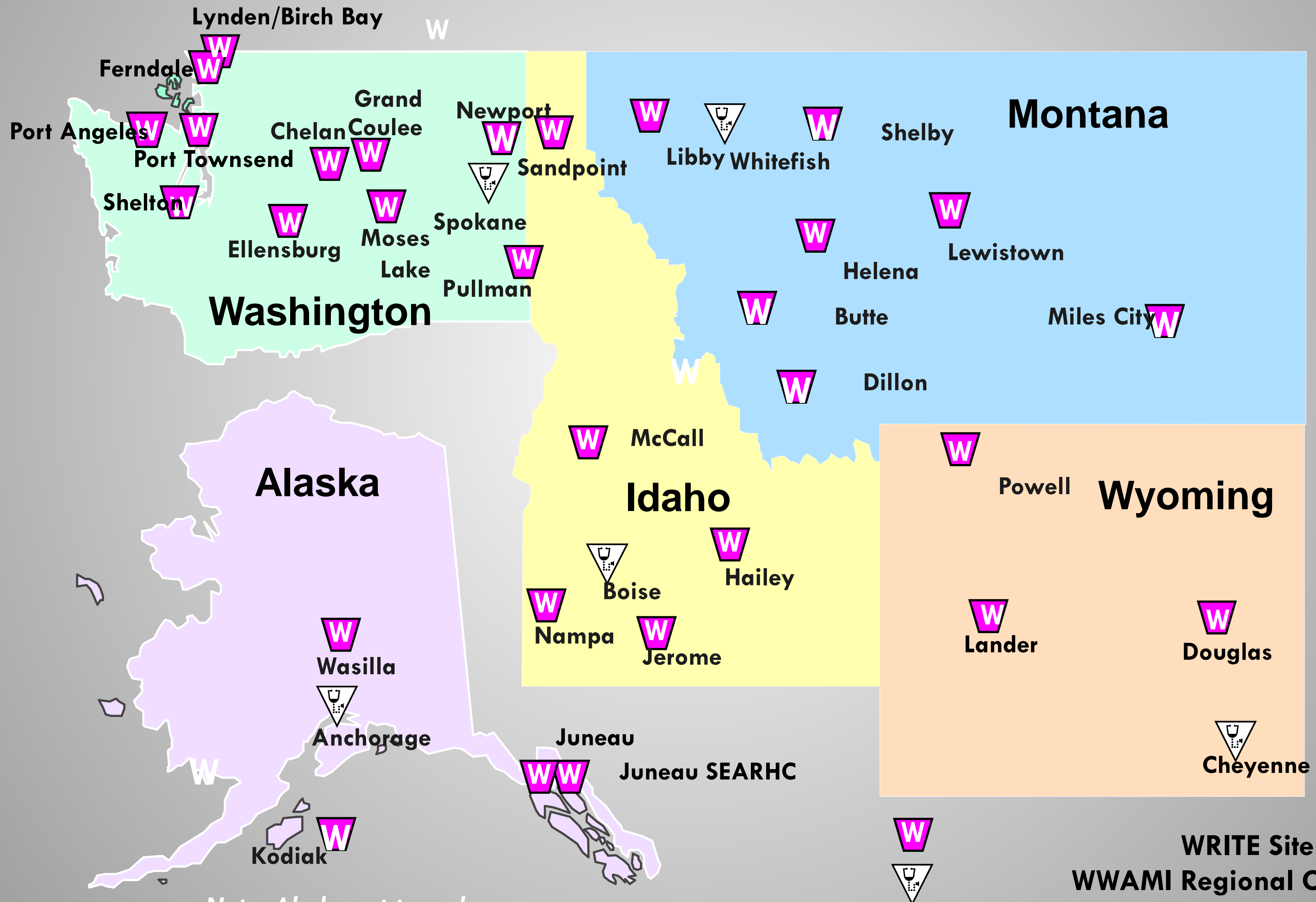
UW Medicine
UW SCHOOL OF MEDICINE

REV_12/12/2012

WRITE
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

- 18-22 week rural immersion experience for 3rd year students
- Started in 1996
- Modeled after Minnesota's RPAP program
- Help meet the need for rural physicians in the WWAMI region
- 30 participating rural communities in the 5 WWAMI states.

30 WRITE Sites in 5 WWAMI States



WRITE Site

WWAMI Regional Office

WRITE STUDENT OBJECTIVES

- Become familiar with a rural community
- Become a member of the rural healthcare team
- 20 week continuity experience
- Social integration into a rural community
- Instill confidence and professionalism
- Become independent learners

WRITE CLERKSHIP CREDIT

- 22 week WRITE experience
  - Family Medicine-6 weeks
  - Internal Medicine-6 weeks
  - Psychiatry-3 weeks
  - Pediatrics-3 weeks
  - Chronic Care-4 weeks
- 18 week WRITE Experience
  - Family Medicine-6 weeks
  - Chronic Care-4 weeks
  - Pediatrics-3 weeks
  - Psychiatry-3 weeks
  - Family Medicine Elective-2 weeks

Write Community Objectives

- Preceptors receive academic appointment
- Opportunity to showcase community
- Potential for future recruitment
- UWSOM faculty site visits
- Faculty development
- Develop culture of teaching

COMMUNITY PROJECT

- Spanish Diabetic Education Booklet
- Creating a Free Clinic in Powell, WY
- Tobacco-use Prevention--Introducing Tar Wars Program to the Community
- Fluoride Varnish Protocol in Primary Care Clinics
- Trekking Through Nutrition: Childhood Obesity Treatment and Prevention in Lewistown, MT
- Home Safety Assessment Program
- Educate Community about Exercise in Pregnancy
- Methamphetamine Survey: Jr & Sr High School Communities
- Depression in the Elderly; Helping the Community Recognize the Signs
- Diabetic Self Health Care Survey

WRITE SPECIALTY CHOICE 2013

- 129 Students have matched into residencies
- 69% Primary care
  - 44% Family Medicine
  - 15% Internal Medicine
  - 10% Pediatrics
  - 2% Med/Peds

WRITE PRACTICE OUTCOMES 2013

- 68 graduates into practice
- 47/68 (70%) into primary care
  - 27 (40%) FM
  - 13 (19%) IM
  - 7 (10%) Peds

RURAL PRACTICE 2013

- 22/68 (**32%**) into rural practice
  - 14 FM
  - 2 IM
  - 3 Peds
  - 1 ER

**Rural is defined as an area with a Rural Urban Commuting Area (RUCA) score of 4 or greater*

UWSOM-RURAL/UNDERSERVED PROGRAMS

- R/UOP: 1988
- WRITE: 1996
- Underserved Pathway: 2006
- Rural required third-year clerkships (Family Medicine, Internal Medicine, OB/GYN)
- Rural clinical electives

TRUST First Summer Experience

Rural/Underserved Continuity Community Experience
(7-14 Days)

Underserved Pathway

Year One

Continuity Community Visits

Underserved Pathway

Rural Health Course 1

Summer After Year One

Rural/Underserved Opportunities Program - RUOP
(4 weeks)

Continue Continuity Community Linkages

Continuity Community Oriented Scholarly Project

Year Two

Continue Continuity Community Linkages

Underserved Pathway

Rural Health Course 2

Year Three

Continue Continuity Community Linkages

Underserved Pathway

WWAMI Rural Integrated Training Experience - WRITE
(16 weeks + 4 weeks elective)

Year Four

Continue Continuity Community Linkages

Underserved Pathway

Rural Clinical Elective

Residency Linkages

Residency (Including Rural Training Tracks)

TRUST graduates choose Primary Care residency programs or selected specialties that practice in rural or underserved settings.

TRUST works to develop close connections with regional residency programs

Continue Continuity Community Linkages

Rural/Underserved Continuity Communities

TRUST aspires to take students from rural or underserved communities, nurture a connection and return the physician back for practice

Admissions

Students apply to the UWSOM and are admitted as TRUST Scholars via a separate admissions process

TRUST Continuum

Last revised 07/25/2011

UW Medicine
SCHOOL OF MEDICINE

TRUST CONTINUUM

- Choose students with a background or interest in rural/underserved medicine
- Educate students within a longitudinal rural continuity experience throughout 4 years of medical school
- Choose GME with a rural/underserved emphasis
- Return students to rural/underserved communities - Success!!!

"You say you'll come back, but no one ever returns to this neighborhood after graduation from agricultural school."

2ND 30 MINUTES: 4 SMALL GROUPS—DISCUSSION

- Group Facilitators:
  - Norris
  - Brooks
  - Hansen
  - Erickson
- Identify key lessons learned from 3 successful rural LIC's
- Discuss the challenges of operating a longitudinal integrated clerkship in a rural community
- Debate the advantages of rurally located LIC's
- Any individual questions from group participants
- Assign one member of the group to present a 3-5 minute summary of group findings

3RD 30 MINUTES: WRAP UP—PRESENTATION FROM EACH GROUP

- Discussion of this question: Propose the similarities and differences between their home institutions and these programs to help identify their opportunities and challenges in developing a rural LIC.

CLOSING THOUGHTS: WILLIAM OSLER

- The value of experience is not in seeing much, but in seeing wisely
- Look wise, say nothing, and grunt. Speech was given to conceal thought.