

Urban Origin Students Going Rural: a look at the University of Colorado's Rural Track

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Background

- 2/3 of Colorado's 64 counties are partial or full primary care HPSAs
- 16 years ago, the CU School of Medicine's Rural Track was founded with the goal of producing physicians for rural Colorado.
- Our strategy was to attract, admit and support students:
 - ...from rural backgrounds
 - ...Colorado legal residents
 - ...stated interest in rural practice, community engagement and primary care
- After 16 years and 9 classes that have completed residency:
 - 39% of our graduates are practicing in rural areas (any specialty)
 - 62% are practicing primary care (includes both rural and urban)
 - 29% are practicing rural primary care

Strategic Basis for Producing Rural Physicians

(Downey et. al. JRH 27 (2011) 230–238 and many other articles)

1. Admit the right students:
 - Graduated from rural high school
 - Rural living experience
 - Desire to return to a rural community lifestyle
 - Interest in primary care
 - Male gender (older literature)
 - Older age and more life experience
2. Rural curriculum, particularly clinical training in rural communities
3. Recruit and support strong, dedicated rural clinical preceptors
4. Secure institutional support for the program
5. Evaluate results

Examining our experience and results ...

- Analysis of our outcomes indicate that we can further narrow the target characteristics but that will even further shrink the number of target students.
- Not all students with all of our target characteristics enter practice in rural communities.
- We have always admitted some interested students who do not have rural backgrounds, some of whom do enter rural practice.

Examining How our SOM is Changing

- Students with our target characteristics are a VERY small segment of the application pool.
- ALL students will be in longitudinal integrated clerkships for their core clinical year.
- Rural Program students will be required to move to a rural community for their core clinical year.
- Moving to a rural community for a year is a deal-breaker for some students, even those who come from rural communities.
 - Spouse/partner employment
 - Children's schooling
 - Other personal preferences

Questioning our Priorities and Tactics...

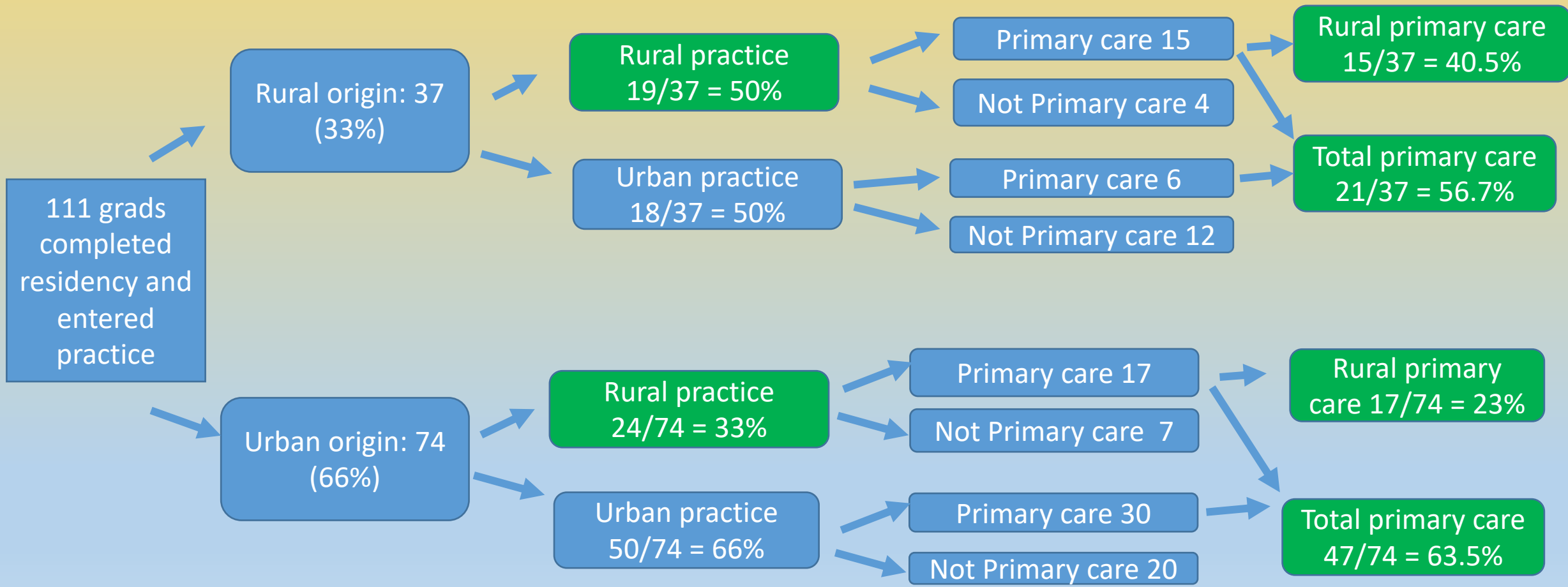
- Do our priorities serve our goal?
 - Rural origin
 - Rural interest
 - Colorado v. out-of-state legal resident
- Do our tactics serve our goal?
 - Duration of rural clinical experience
- What does our data show about:
 - Relationship of origin to rural practice and primary care
 - Relationship of gender to rural practice and primary care

Data



- All data is for students in the Rural Track, not the overall School of Medicine!
- Data is for Rural Track students graduating between 2009 and 2016 who have completed residency and entered practice.
- This is a highly selected student population that applied to the SOM with stated interest in rural practice and primary care.

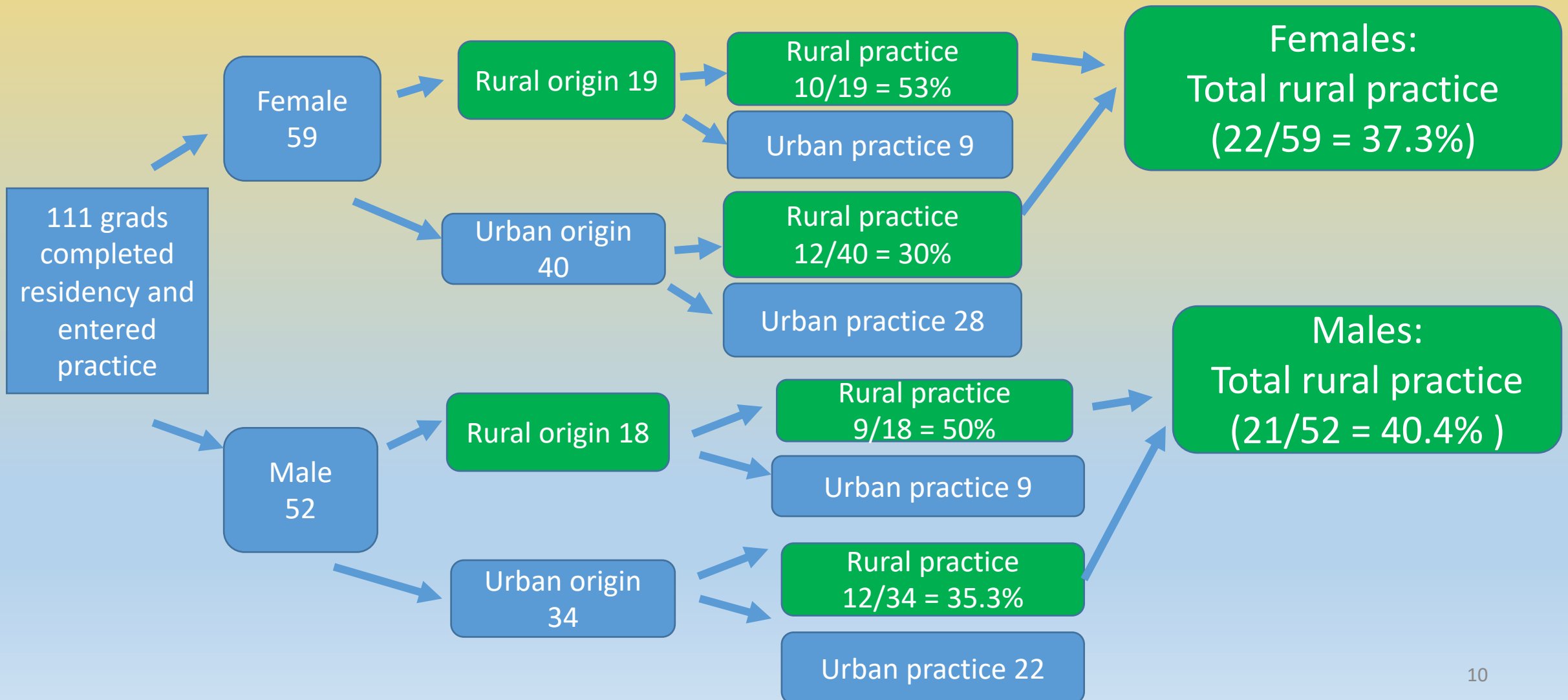
Origin Analysis: To Rural and/or Primary Care



Relationship of Origin to Rural and Primary Care

- Rural origin graduates are more likely to go rural and to practice rural primary care than urban origin graduates.
(50% v. 33% and 40.5% v. 23% respectively)
- Urban origin students are slightly more likely to practice primary care overall than rural origin students overall. (63.5% v. 56.7%) Both groups far exceed the national average for primary care!

Gender, Origin and Going Rural: Any Specialty

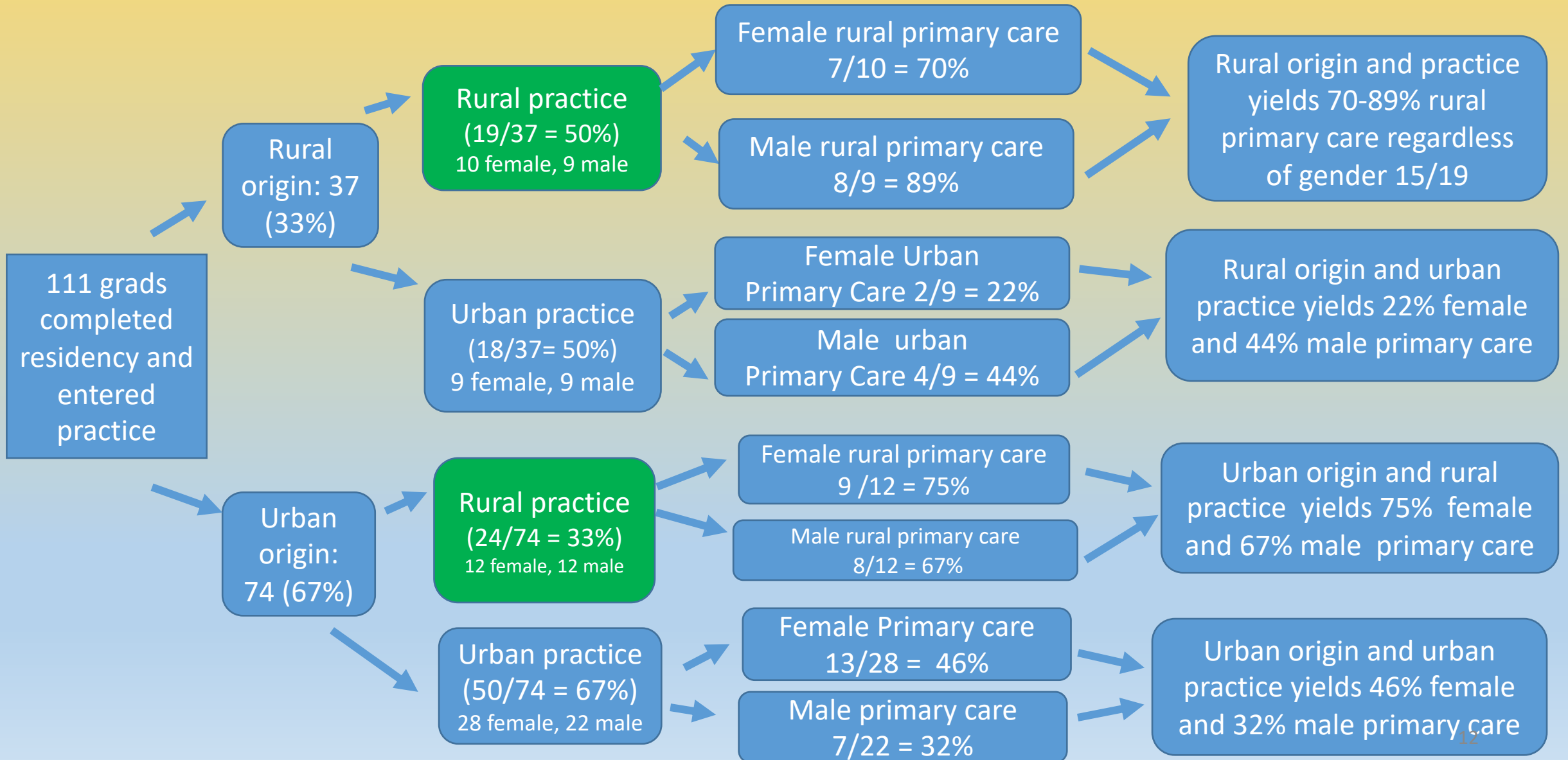


Relationship of Gender to Rural, Any Specialty

While rural origin graduates are more likely to go rural than urban origin students, there is little difference based on gender.

(female: 37.3%, male 40.4%)

Origin, Gender, Primary Care and Rural



Origin, Gender, Primary Care and Rural

- Rural origin females and males who go rural are all highly likely to enter rural primary care practice. (female 70%, male 89%)
- Rural origin males who go urban are twice as likely as females to enter primary care (44% v. 22%)
- Urban origin females and males who go rural are highly likely to enter rural primary care practice. (female 75%, male 67%)
- Urban origin females who go urban are more likely than males to enter primary care (46% v. 32%)

Conclusions Based on Rural Track Students

- Prioritizing rural origin students over urban origin students makes sense to maximize the percentage of our graduates who enter rural practice after completion of residency.
- Urban origin students who express interest in rural practice can contribute substantially to producing rural physicians, but less so than rural origin students.
- Female and male students from rural origins enter rural practice at similar rates.
- Students in the Rural Track are about seven times more likely to enter primary care than the national average for MD graduates.

Further Study Questions

- Are there other pre-matriculation factors that could help identify students who will enter rural practice?
- In state v. out of state impact on practice location?
- How does the location where our graduates do their residency impact their practice location?
- Specific residency program impact on practice location?
- Participation in curriculum components correlated with rural practice
 - Pre-matriculation program
 - Year 1 seminars and workshops
 - Longitudinal clerkship
 - Post-clerkship years participation
- Spouse/partner impact on practice location

