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HEALTHTM SCIENCE CENTER



Rural Training Tracks in Predoctoral Education

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Objectives

- Identify successes and challenges encountered in instituting value added rural components to the curriculum at TCOM
- Discuss the rationale for integrating prevention strategies and public health content in a rural medical school curriculum
- Create strategies for rural focused education at your home institution.

Recruitment

- When do you begin?
 - Prematriculation
 - During year 1

Strategies

- Early and recurring exposure to rural clinical and rural community experiences – *every positive direct contact with a rural site increases the odds of attracting rural student doctors long term.*
- Curricular content focused on rural issues, prevention, and *eclectic* skills needed for rural practice – *rural adjunct faculty assist in classroom education*
- All rural scholar students complete 100% of year three core rotations at rural focused sites

Rural Scholars Curriculum (ROME)

- Selection is during admissions process
 - 16-20 spots out of class of 240
- Regular curriculum +
 - Approx 40 additional contact hours per semester
- Rural rotations during clinical years
- Continuity experience with one rural community
 - Over 4 years
 - Family Medicine
 - Community Health Research Project

Curriculum Focus

- Emphasis is placed on special patient populations found in rural communities, cancer prevention and detection, and rural environmental health risks.
 - Understanding the needs of special patient populations in Rural Texas
 - Cultural Competency in the Practice of Rural Medicine

Addressing Barriers to Health Care for the Rural Populations

- Isolation
- Transportation
- Lack of family care givers
- Independent mind set
- Loss of CAH (the rural safety net)
- Broad scope of training for rural physicians

Value Added Components

- Enhanced clinical skills
- Prevention
 - Specifically- Cancer Prevention in Rural Populations
- Public Health
- Rural Health Systems
- Cultural Competency
- Scholarly Activity
- Agricultural Medicine

Rural Family Medicine Continuity Experience

Description	Length	Timing
1. Rural Practice & Lifestyle Practicum	4 days	Summer after Year 1
2. Rural Pre-Clinical Preceptorship	4 days	Year 2
3. Family Medicine Clerkship/OMM Clerkship	12 weeks	Year 3
4. Rural Primary Care Partnership	4 weeks	Year 4
5. Geriatrics	4 weeks	Year 4

COMMUNITY HEALTH RESEARCH PROJECT

- Each student will complete a community project related to their assigned “family medicine continuity” community. The purpose of the community project is to provide the student experience in “community responsiveness” and leadership through the identification and development of a plan to address a relevant health concern in the community

Public Health Modules

- **Goal:** To increase competencies in public health and preventive medicine in the rural physician workforce
- Each module consists of:
 - 6-7 contact hours
 - School of Public Health faculty lead sessions
 - Case studies related to rural health

Public Health Modules

Year 1

Semester 1

Epidemiology

Semester 2

Biostatistics

Community
Health

Semester 3

Environmental
Health

Semester 4

Health
Systems and
Policy

Community Health

Session Learning Objectives

By the end of this session, the student should be able to:

- Understand the framework of social determinants of health.
- Understand the impact that social determinants have on the health of individuals and communities.
- Identify the importance and effectiveness of health behavior change counseling.
- Describe the theoretical basis for modern approaches to behavior change counseling.



AACOM Osteopathic Core Competencies for Medical Students:

IX Cultural Competencies

7. Demonstrate effective communication that takes into consideration the ability to elicit another's perspective, present concerns from another's perspective, refrain from behaviors that cause others to become defensive.

XII. Public Health Systems Competencies

1. Apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention.

Prevention topics

Year 1

- Cancer prevention and screening
 - Skin cancer
 - Lung cancer
 - Colorectal cancer

Year 2

- Lifestyle modifications in CV disease
- Oral health preventive dentistry
- Disaster preparedness
- Well woman exams

Year 3

- Asthma
- Tuberculosis
- COPD
- Cardiac conditions management and prevention
- Diabetes management and prevention
- Women's health
- Psychosocial problems

Metrics/ Milestones

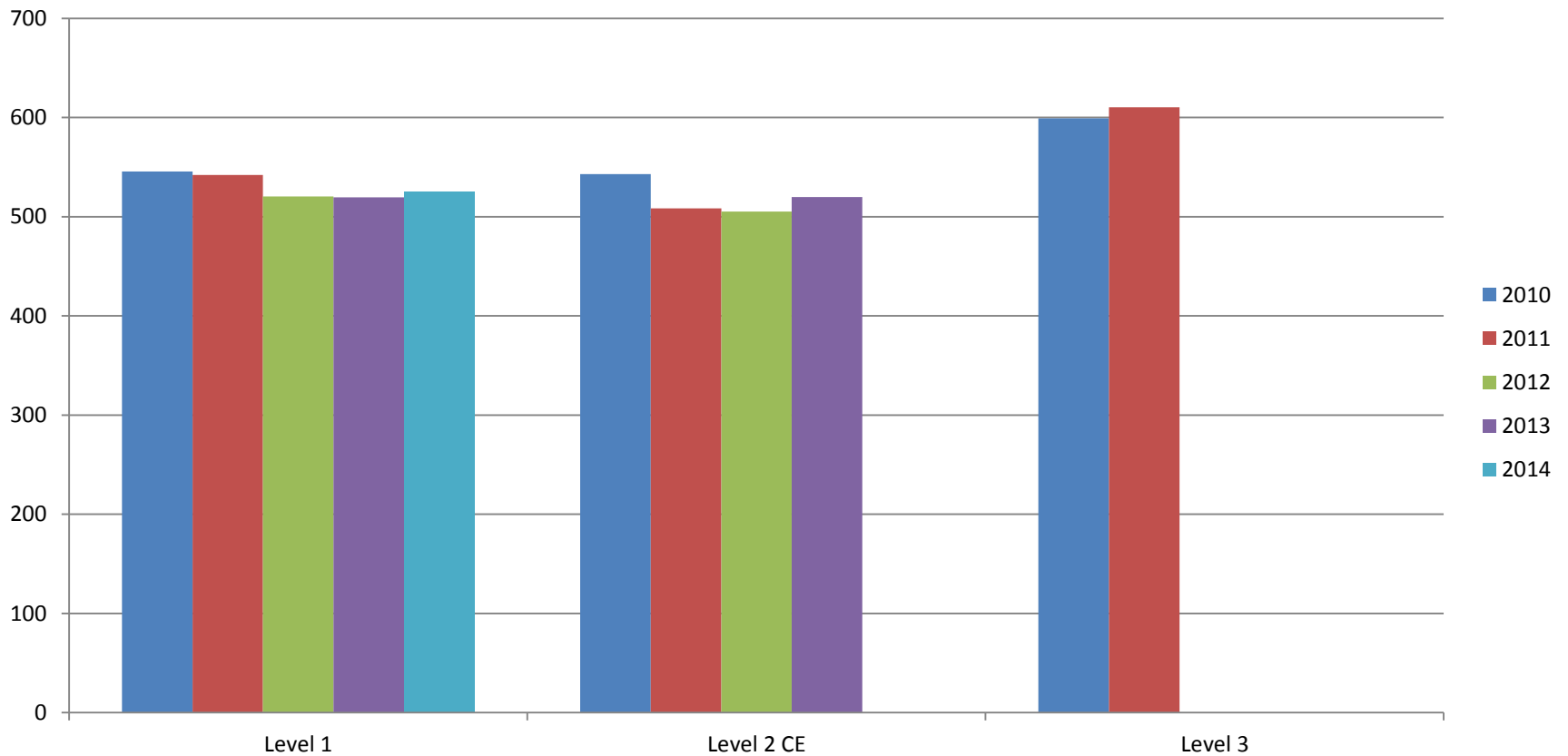
- Rural Scholars Program (ROME)
 - 9/1/2014
 - 46 graduates from ROME
 - 4 rural
 - 40/46 still in residency

Board Scores

- ROME COMLEX Scores compared to TCOM mean
 - N = 26
 - Level 1 530-532
 - Level 2 CE 519-529
 - Level 2 PE No failures
 - Level 3 605-557
 - Class of 2013 ROME 493 mean 4/7
TCOM mean 549 63/180

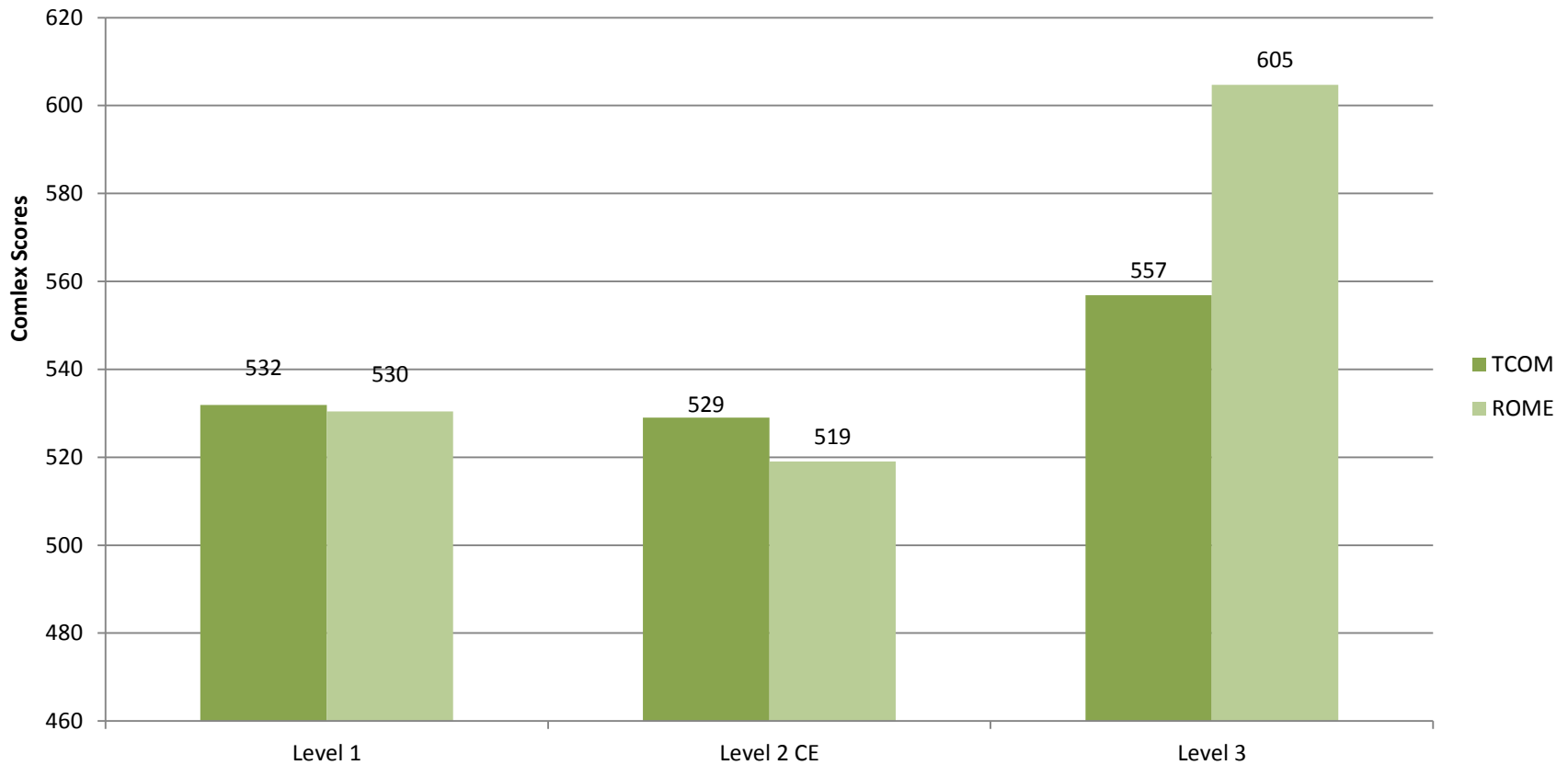
Board Scores

ROME COMPLEX Averages Scores



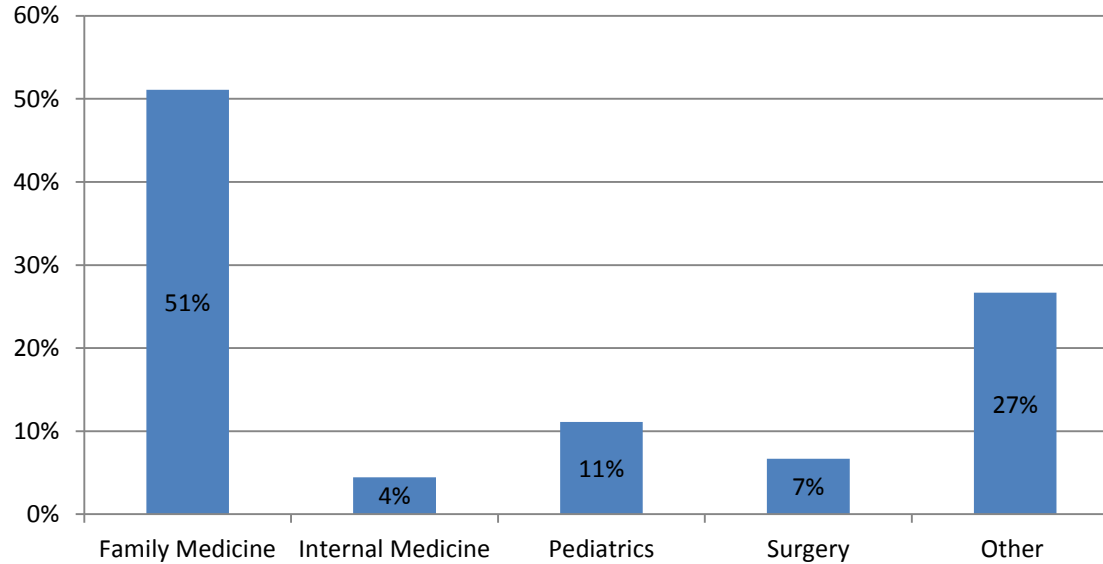
Board Scores

Average COMLEX Scores

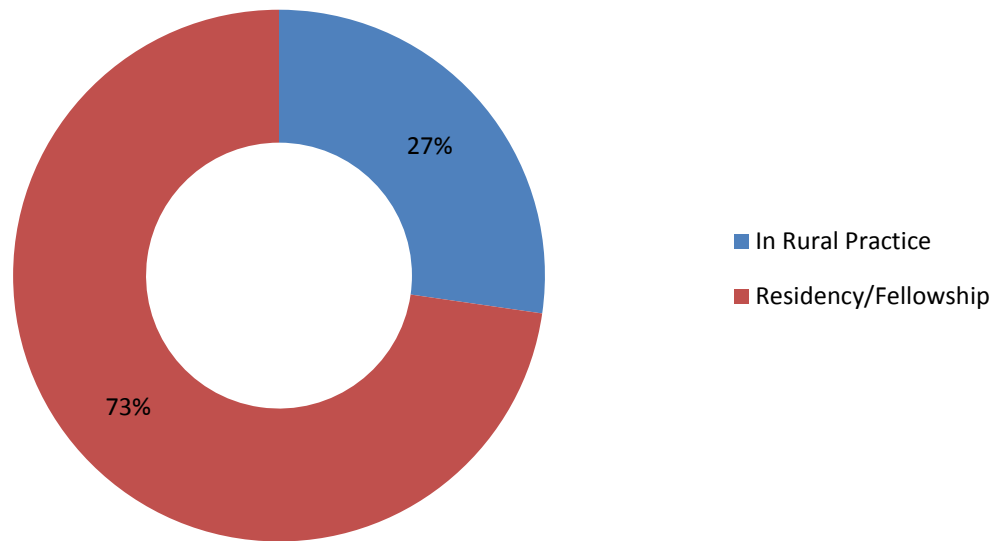


Where are they now

Residency Specialty 2010-2014
N=45



Rural Scholars 2010
N=11



Challenges

- Recruitment
- Housing
- Keeping in program
- Isolation
- Competition for sites
- Faculty Development
- Faculty recruitment
- Affiliation agreements

<http://web.unthsc.edu/ruralmed>

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Questions





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