

Scribing in a Rural Community during the Gap Year:

*A model for priming the pump to meet demand
for rural family physicians*

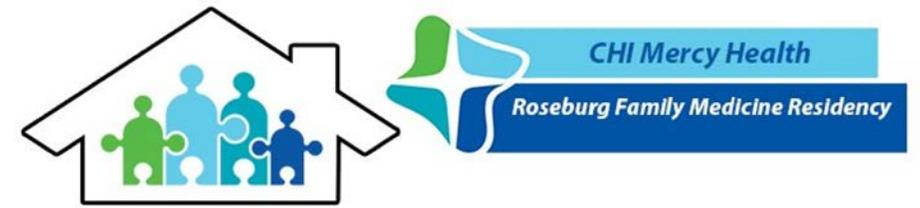
Chip Taylor, MD, MPH

Clinical Professor, Dept. of Family Medicine, Western University of Health Sciences

Clinical Associate Professor, Dept. of Family Medicine, OHSU

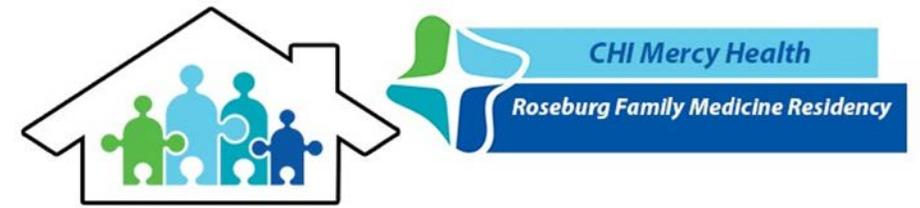
Program Director, Roseburg Family Medicine Residency

Disclosures



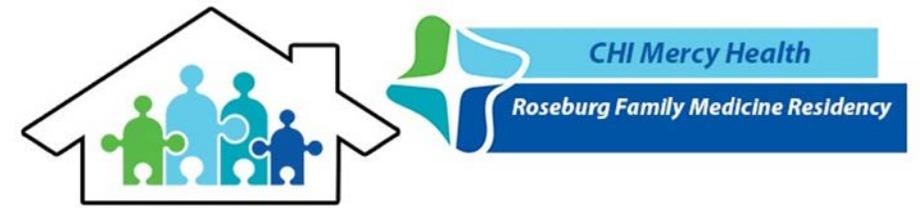
- No conflict of interest to disclose
- Associations
 - Dr. Taylor serves on the board of AHEC-SW Oregon

Background



- 97% of the US is rural & 19% of the population lives in rural America.
 - Only 11% of physicians chose to practice in rural areas.
 - Persons living in rural areas tend to be older, poorer and sicker than their urban counterparts.
- Characteristics associated with medical students eventually practicing in a rural community include:
 - Being born in a rural county and
 - Choosing family medicine as a specialty

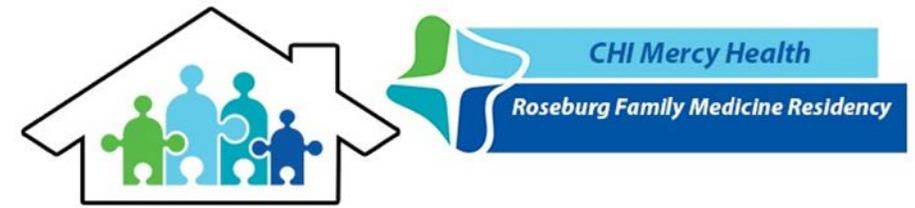
Background



- The majority of successful applicants to medical school have been out of college for > 1-year (~63%) with >40% taking 1-2 gap years between college and medical school.
- Professional identity development has been described as taking the medical student/resident from legitimate peripheral participation to full professional participation via socialization through social interactions and being part of a community of practice.
- Medical scribes are present in the exam room documenting the content of the clinical encounter in the electronic medical record.

Reconnect Scribe Program

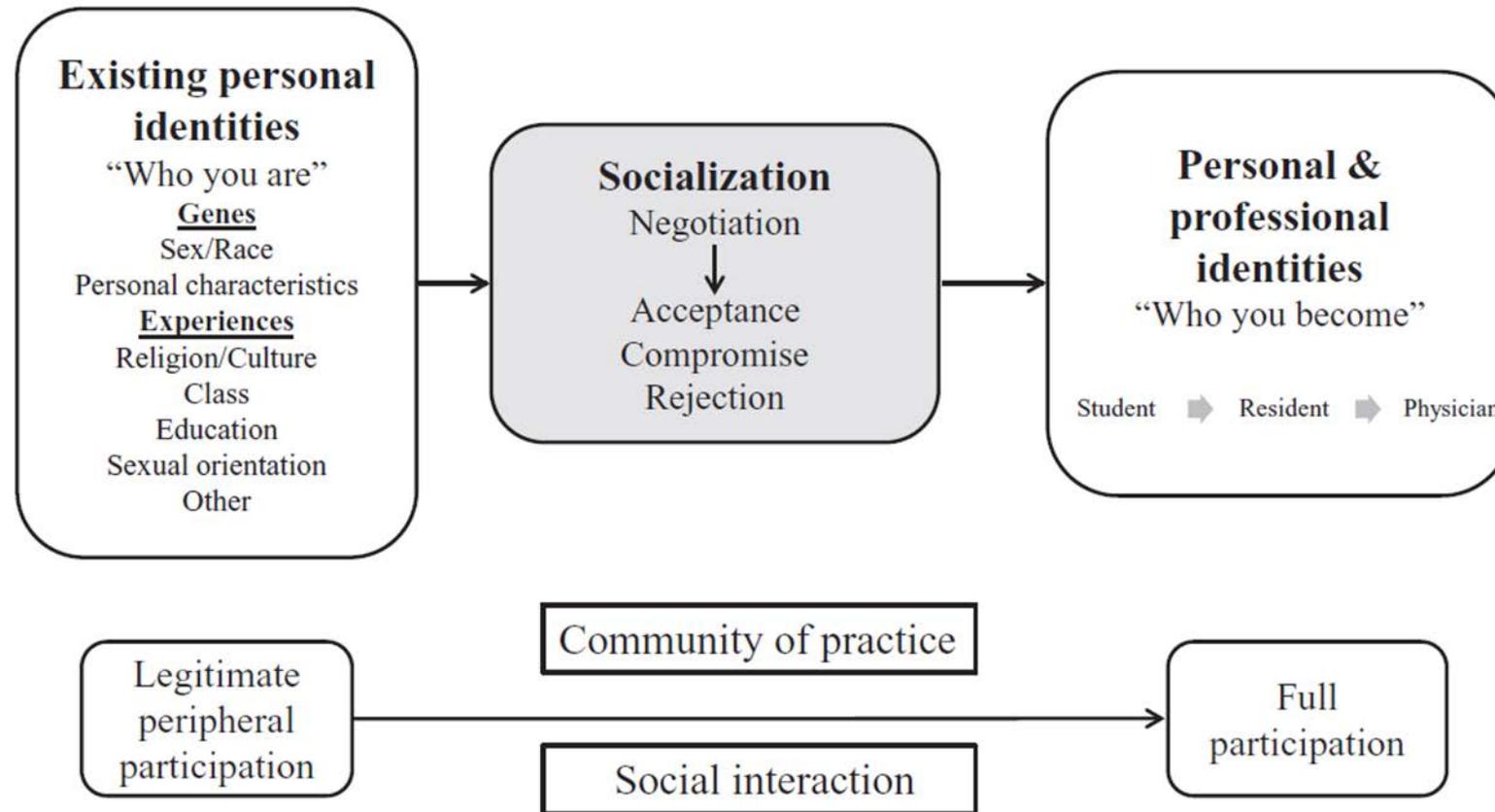
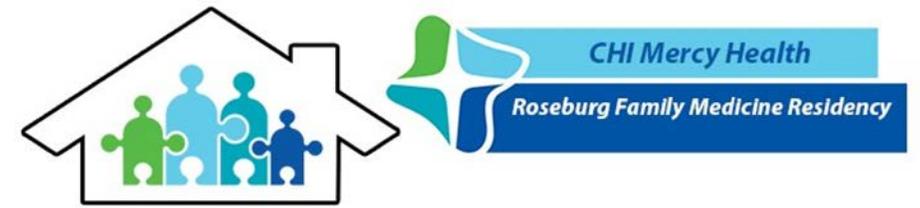
[ReConnect Scribe Video](#) (89582 KB)



- Managed through AHEC-SW
- Places recent graduates in an FQHC primary care setting as a scribe/MA
- Applicants interview with both AHEC-SW and FQHC
- Program Goals:
 1. Gain professional experience in a rural FQHC setting as medical assistant/scribe while living and working in a rural community.
 2. Develop empathy toward a rural medically underserved population

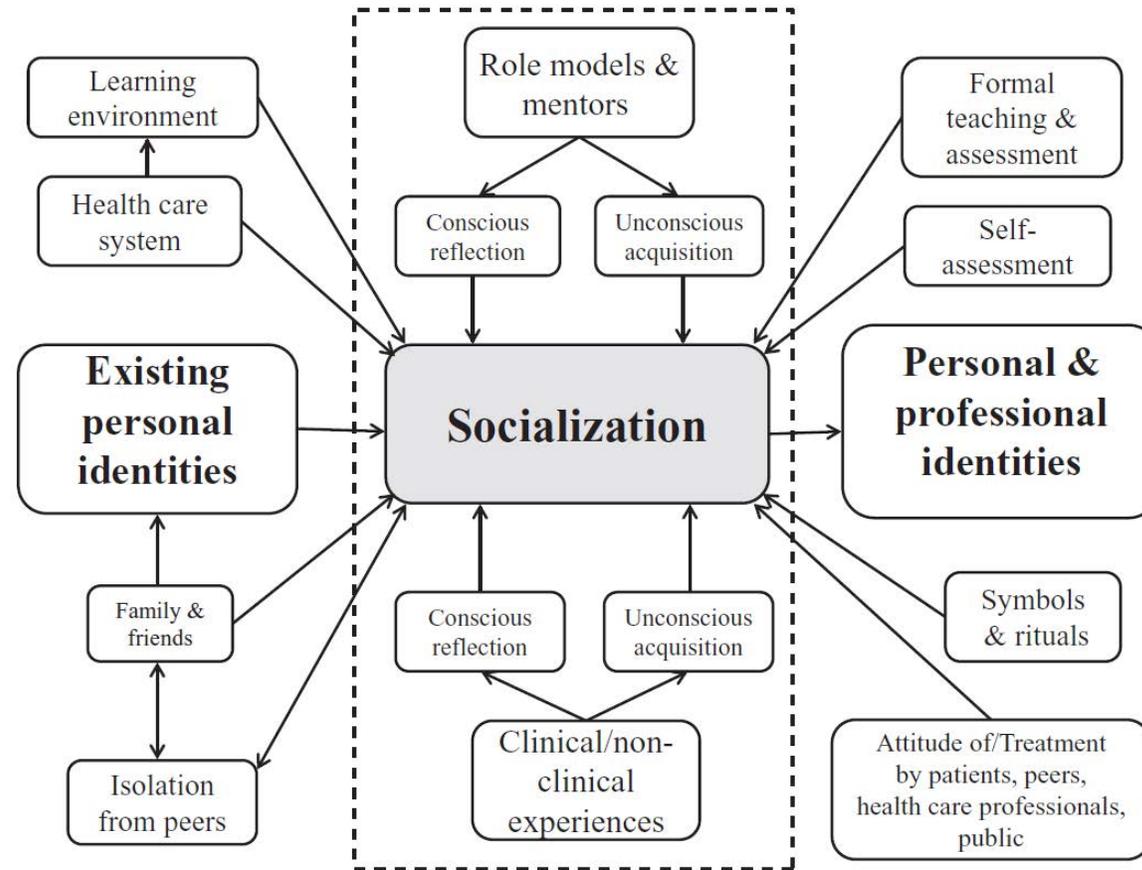
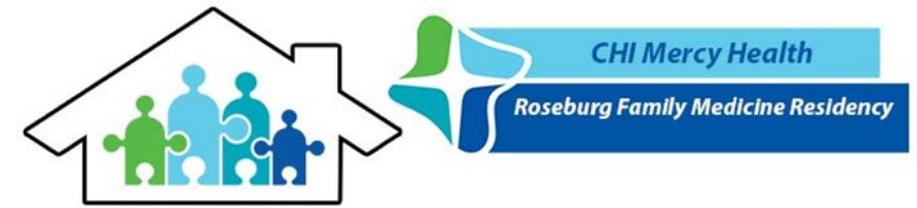


Conceptual Model



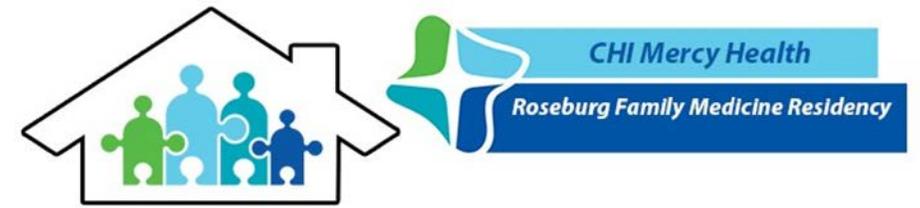
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Conceptual Model



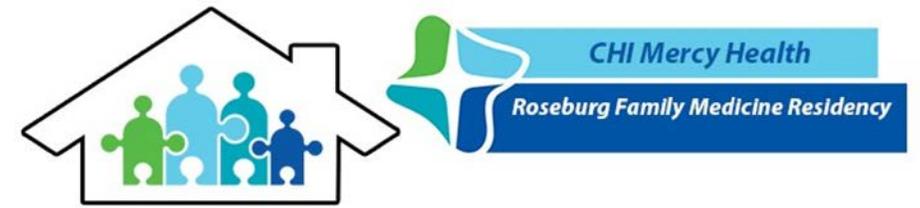
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Question



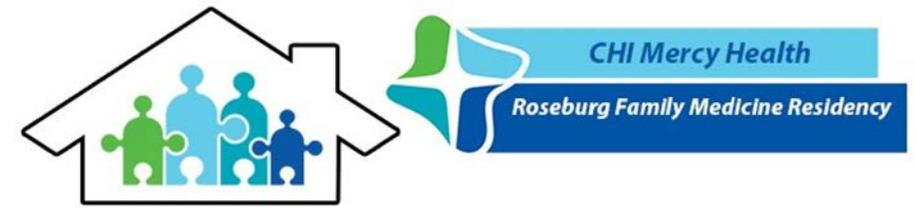
What is the impact of a gap year scribe experience in a rural federally qualified health center (FQHC) upon participants' professional identity development as future rural family physicians?

Methods



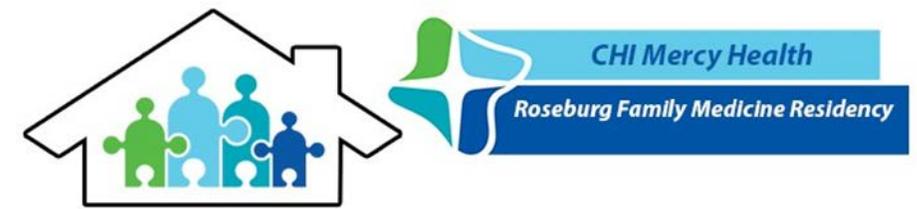
- We used the schematic representations of professional identity formation and socialization into medicine to identify eight (8) potential themes affecting participants' desire to practice rural medicine and to care for underserved populations.
- These eight themes formed the conceptual framework for our study.
- We conducted a post hoc analysis of structured interviews for six (6) individuals who participated in the first two cohorts of a project titled "Reconnect Scribe" sponsored by AHEC-SW where recent Oregon college graduates were recruited to live in a rural community and work as medical scribes in a rural FQHC.

Conceptual Framework



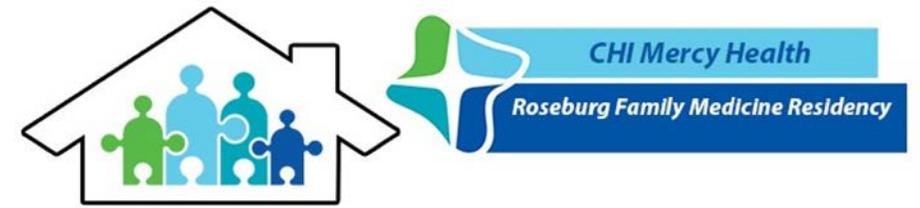
<i>Model Components</i>	<i>Potential themes for scribe interviews</i>
<i>Existing personal identity</i>	✓ Urban vs. rural background, undergraduate education and goal for professional education are key components of the scribe's existing personality and will play a role in professional identity development.
<i>Legitimate peripheral participation in professional activities</i>	✓ The scribe, as a direct observer in primary care encounters, experiences legitimate peripheral participation within a community of practice and will be subject to similar forces on professional identity development as medical students.
<i>Community of Practice</i>	✓ The rural FQHC is a community of practice in which socialization and professional identity development will occur.
<i>Social interactions</i>	✓ Social interactions within the rural community and the FQHC (community of practice) with mentor(s), patients, other scribes, FQHC staff and rural community members will be important factors in scribe socialization and professional identity development
<i>Role models and mentors</i>	✓ Mentors, within the FQHC (community of practice), will play an important role in scribe socialization and professional identity development.
<i>Clinical/Nonclinical experiences related to socialization into medicine</i>	✓ The conscious reflection upon, and the unconscious acquisition of clinical experiences in the FQHC will play an important role in scribe socialization and professional identity development related to rural healthcare and care for underserved populations.

Participant Characteristics

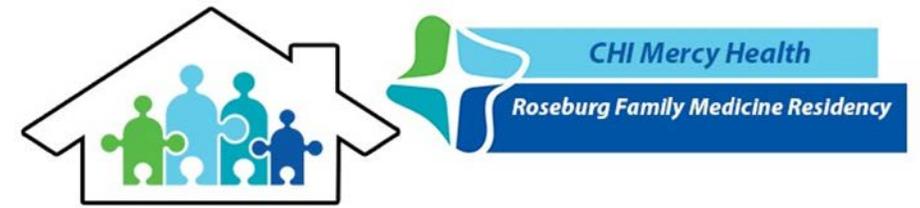


Scribe	Undergraduate Background	Upbringing	Goal on entry	Progress toward Goal
1	State University	Rural	Physician	Admitted to Osteopathic Medical School in year 2 of the scribe program
2	State University	Rural	Physician Assistant	Admitted to Physician Assistant training in year 1 of the scribe program. Awarded scholarship for rural health
3	Liberal Arts College	Urban	Physician	Admitted to Osteopathic Medical School in year 3 of the scribe program
4	Liberal Arts College	Urban/Rural	Physician	Left program after 1 year and subsequently admitted to Osteopathic Medical School
5	State University	Rural	Physician	Admitted to Osteopathic Medical School in year 1 of the scribe program
6	Liberal Arts College	Rural	Physician Assistant	Changed goal to physician: completed additional prerequisites. Application to medical school pending in year 2 of program

Themes



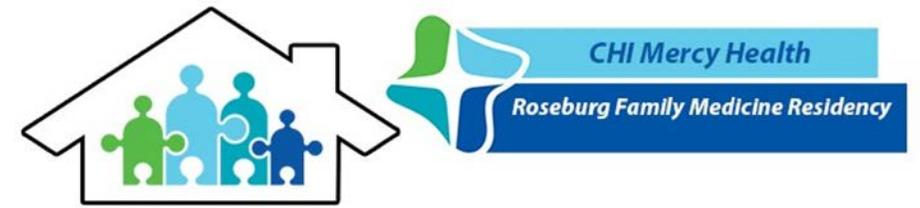
1. The cohort was an important element in the scribe experience
2. The mentor – mentee relationship was crucial in the scribe experience
3. Scribing in a rural area highlighted the need for rural providers
4. Scribing in a rural federally qualified health center fostered a sense of professional duty
5. Scribes with a background in the community displayed a higher affinity for returning after medical education



Theme 1 –Cohort

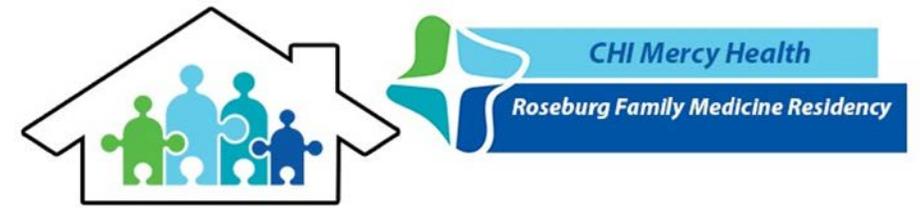
- All six scribes expressed positive feelings towards their cohort, citing weekly group dinners, game nights, and group studying for exams as key elements of their personal growth.
 - *Scribe #3 stated, "... [W]e will work together all day long and then go out to dinner afterwards and have time to talk about application processes ... [I]t's been one of my favorite parts about this program."*
 - *Scribe #6 stated, "... [W]e can really build a community of like-minded individuals that really formed a real connection and a real bond..."*

Theme 1 –Cohort



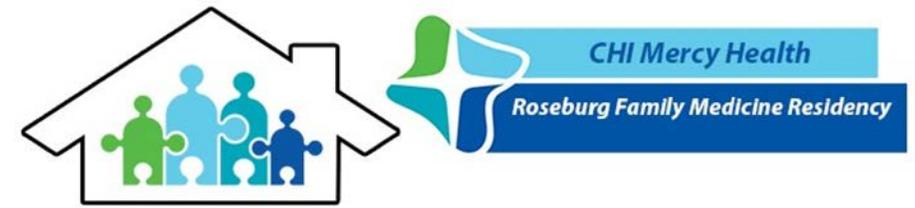
- The idea of developing a network of peers resonated with all the scribes.
 - *Scribe #4 stated, “I think that the relationships between premed students can be really competitive, and instead we tried to form a community of collaboration and support for one another, helping one another achieve [our goals].”*
 - *Scribe #4 continued, “We developed good professional relationships working together ... working every day with one another, supporting one another in the struggles of learning how to scribe and work with providers, talking about the things we were learning in the clinical setting was really nice to reflect with people who were going through the same thing.”*

Theme 2 – Mentor relationship



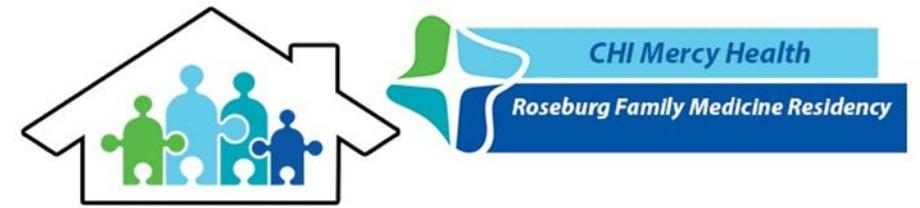
- Four scribes mentioned learning that took place with their providers when they would explain their diagnoses, and two specifically name their provider as an influence in their career decisions.
 - *Scribe #3 said, “The provider that I work with is very personally invested in my success, and so he has taken on a mentorship role and really takes the time to make sure I am doing well through my application process and pulls me aside to explain more complicated diagnoses.”*
 - *Scribe #2 stated that working with his provider encouraged him to come back to [the community] after medical education saying, “Working with [my provider], you could tell he took a genuine interest in me, in my development as a future professional. He is really encouraging and he really did a good job of building up my confidence and cultivating my desire to come back to the community.”*

Theme 3 – Rural Location



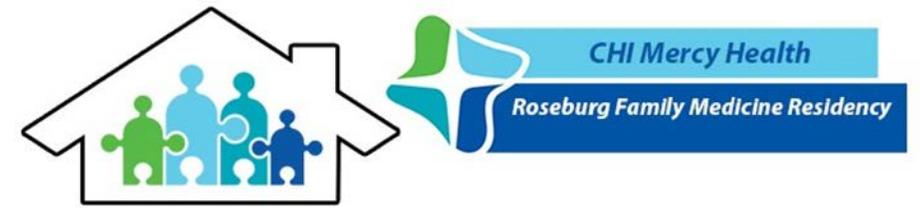
- Those scribes not from the community displayed an affinity for rural practice, but not specifically in the community in which the FQHC was located.
 - *Scribe #1 stated that “[the experience] showed me a clearer picture of the route I want to take and need to take to become a primary care physician . . . preferably in a rural area.”*
 - *Scribe #4 states, “I think it would be really nice to be able to come and give back to communities like [the community] because there is such a need for clinicians... that are going to stay and get to know the community...”*
 - *Scribe #3, originally from an urban area, noted that the Reconnect program helped her understand the provider shortage in the community and said “... I think it’s important to consider moving to a rural area in the future.”*

Theme 4 – FQHC location



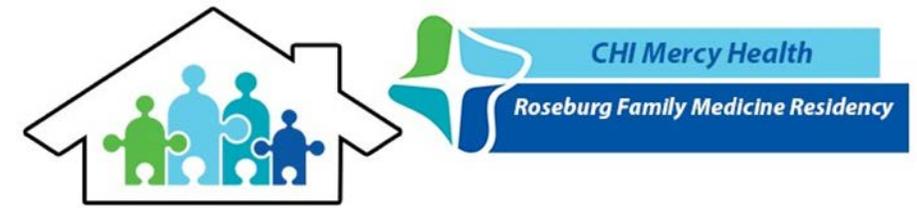
- All scribes expressed an increased sense of professional duty as a result of the scribe experience.
 - *Scribe #2 stated, “I’ve worked at an FQHC. I know what this is about, I know what I want to do, and it’s reaffirmed everything that I wanted to do . . .”*
 - *Scribe #4 noted that as a scribe in the FQHC she began to “understand the population struggles” and described a sense of vocational “calling” three times during her interview.*
 - *Scribe #3 stated that “the experience was valuable in seeing the day to day triumphs and difficulties of being a medical doctor . . . revealed a more realistic picture of what it is like to be a physician.”*

Theme 5 – Link to Community



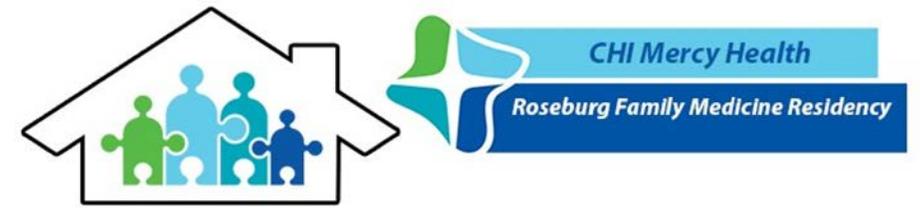
- While all the scribes expressed an interest in rural primary care, those that were originally from the community specifically stated that they wanted to return home after their medical education.
 - *Scribe #6 noted that her family is active in the community, and that draws them to come back and settle there.*
- Some of the scribes also felt compelled to give back to the community where they were raised.
 - *Scribe #2 said “I felt like the community did so much for me growing up, and I almost feel like I owe it back to my community to go back and work as a PA.”*

Linking Identified Themes to the Conceptual Model



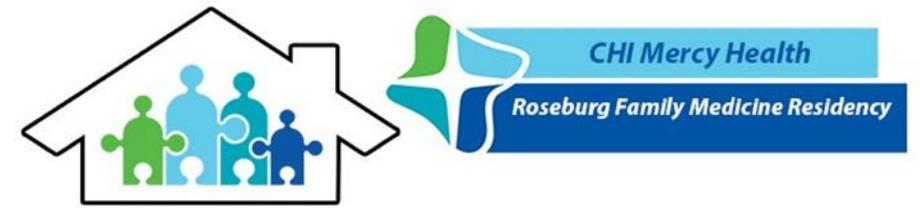
<i>Interview Themes</i>	<i>Link(s) to Professional Identity Development Model</i>	<i>Link(s) to Socialization into Medicine Model</i>
1. <i>The cohort was an important element in the scribe experience</i>	<ul style="list-style-type: none"> ✓ Social interactions with assigned provider, patients, other scribes, other FQHC staff and the rural community outside the FQHC 	<ul style="list-style-type: none"> ✓ Mentors and role models during scribe experience ✓ Clinical experiences in FQHC ✓ Non clinical experiences in rural community
2. <i>The mentor-mentee relationship was crucial in the scribe experience</i>	<ul style="list-style-type: none"> ✓ Social interactions with assigned provider, patients, other scribes, other FQHC staff and the rural community outside the FQHC 	<ul style="list-style-type: none"> ✓ Mentors and role models during scribe experience
2. <i>Scribing in a rural area highlighted the need for rural providers</i>	<ul style="list-style-type: none"> ✓ Legitimized peripheral participation ✓ Rural FQHC as community of practice 	<ul style="list-style-type: none"> ✓ Clinical experiences in FQHC ✓ Non clinical experiences in rural community
2. <i>Scribing in a rural FQHC fostered a sense of professional duty</i>	<ul style="list-style-type: none"> ✓ Legitimized peripheral participation ✓ Rural FQHC as community of practice 	<ul style="list-style-type: none"> ✓ Clinical experiences in FQHC ✓ Non clinical experiences in rural community
2. <i>Scribes with a background in the community displayed a higher affinity for returning after medical education.</i>	<ul style="list-style-type: none"> ✓ Existing personality identity 	<ul style="list-style-type: none"> ✓ Existing personal identity including goal for professional education and impact of previous mentors

Discussion



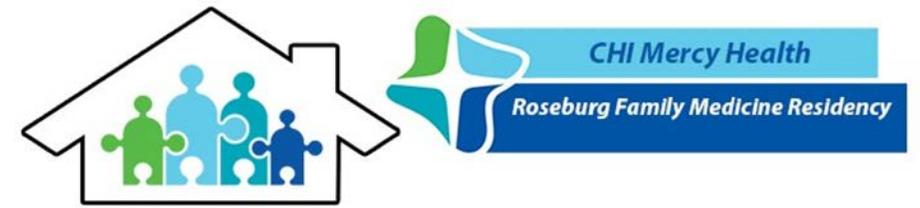
- Location matters - living in a rural community and working in an FQHC
 - The four successful applicants to medical school chose Osteopathic training at schools ranked in the top 20 for graduates entering family medicine
 - The one successful applicant to PA school was awarded a scholarship for rural practice.
- It appears that this scribe experience, in a rural FQHC, moved participants toward a next logical step for a primary care career in rural and/or underserved areas.

Discussion



- Mentor – mentee relationship in professional identity formation is well described
- Impact of the cohort was not well described with regard to professional identity development and socialization into medicine.
- It appears that the cohort provided a “ready made” social group for these recent college graduates and allowed for structured conscious reflection around shared experiences.

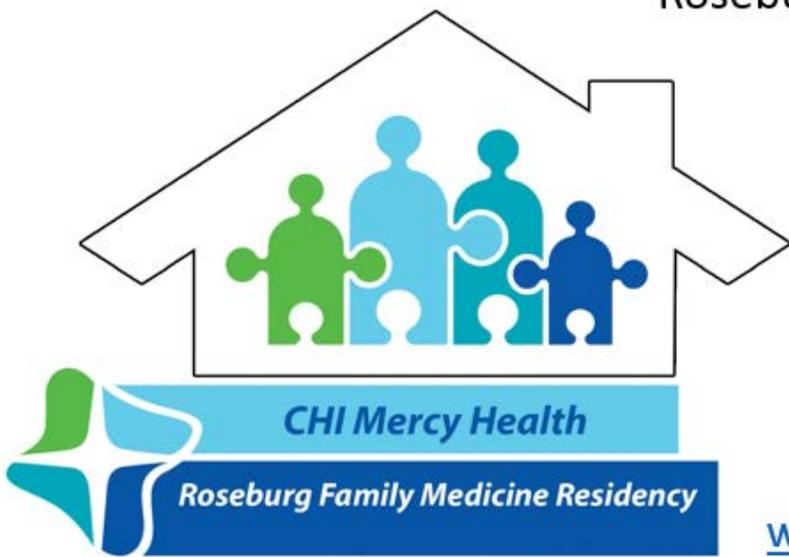
Conclusions



Living in a rural community and scribing in a rural FQHC can have a significant impact on the development of professional identity and socialization for pre-medical students and may increase the number of entrants into medical school who will eventually choose to practice in rural underserved areas.

Thank you

Feel free to reach out if you have questions or want more information about the Reconnect Scribe Program



Chip Taylor, MD, MPH
Residency Director
Roseburg Family Medicine Residency

ChipTaylor@chiwest.com

2460 NW Stewart Parkway
Suite 210
Roseburg, OR 97471
Phone: 541-375-2140
Fax: 541-375-2179

www.chimercyhealth.com/rfmr