RURAL TRACK THRIVES
From Students Through Curriculum, a Host of Indicators are Positive

This article provides an updated overview of the rural track at the University of Colorado School of Medicine. Future articles will focus on those who are actually involved in the program, including individual students and Family Physicians. Additional information is available at www.uchsc.edu/som/rural.

As its first class enters its last year, the Colorado Rural Track is apparently thriving. Increased student interest, continued financial support, a well-designed curriculum and student satisfaction all indicate the program is doing well. But Program Director Mark Deutchman, M.D., says, “This is a long-term project.”

The track, which began in 2003, is offered to students entering the University of Colorado School of Medicine. According to its Web site, “The track identifies students interested in rural practice and provides them with mentorship, additional knowledge, broad skills and rural socialization experiences. The ultimate goal of the track is to increase the number of students who eventually enter, and remain, in practice in rural Colorado.”

Number of Applicants Grows
One indicator of the program’s health is the number of students who apply to the program. The program was originally funded for 12 students per year, but actual enrollment has ranged from 15 to 21 per year. The number of applicants rose over the past three years from 60 to 72 to 90. The gender breakdown is 60 percent female, 40 percent male. Approximately 50 percent are interested in becoming Family Physicians, 25 percent are inclined toward internal medicine, and the remaining 25 percent expect to pursue other disciplines.

“Preferences may change as time goes on, but the point is most of them are interested in Family Medicine,” says Dr. Deutchman, who is a long-time active member of CAFP and former rural physician. He likied working in a rural area and says working with the program “keeps the spark alive.”

Financial Support Continues
The initial, primary source of funding for the program was a grant provided through the Colorado Trust’s Health Professions initiative. The original grant was for a three-year period, and that has been extended for an additional three years.

Support also comes from the School of Medicine Dean Richard D. Krugman, M.D., and from the Department of Family Medicine. In the first year, a grant from the Colorado Academy of Family Physicians allowed the program to serve more than the 12 students funded by the original grant. The National Western Stock Show, which has an interest in preserving the western lifestyle, funds an annual scholarship.

Patient Contact Starts Early
Dr. Deutchman points to several factors that contribute to the program’s appeal and success from admissions through postgraduate placement. The program began around the same time that a new, integrated curriculum with more clinical experience was begun in the medical school, and the two are mutually supportive.

Students meet the same academic requirements as all other students – and then some. Besides being admitted to medical school, they must also be admitted to the Rural Track. The separate application involves an essay where students tell why they want to practice in a rural area. Most of the time, the applicants have lived in rural areas.

The first two years include regular contact that comes in a variety of forms ranging from parties and lectures to clinical training. “We bring in guest speakers. We try to support their continued interest in rural medicine,” Dr. Deutchman says.

Between the first and second years, students participate in rural preceptorships where they often engage in patient contact. They also make observations about the health care system where they are and make presentations on their experiences.

In the third and fourth years, when students spend much of their time off-campus and can make choices about electives and research, the rural track encourages and supports activities that are oriented toward rural medicine. All third-year students at the medical school are required to complete a rural clerkship. In addition, they may select additional clerkships and research projects that are based outside of urban areas. These clinical experiences involve as many as 150 practicing Family Physicians throughout the state. Some host students on a regular basis; others work with students on a more occasional basis.

“We offer assistance and mentorship for their research,” Dr. Deutchman says. “A lot of rural track students use one of our faculty members as an advisor.”

As students prepare to make the transition from medical school to their specialized clinical training, the program helps them identify opportunities. Gunnison, for example, offers $10,000 per year for the last three years of medical training if
students will commit to practicing there.

“We’re working with more small communities, hoping they’ll see the value in this,” Dr. Deutchman says.

**Students’ Comments**

Yet another way the program keeps students engaged is by regular communication during their preceptorships. Dr. Deutchman poses different questions or assignments each week and the students respond.

At the start of the preceptorship, Dr. Deutchman solicits first impressions. At the end, he asks “whether this experience has confirmed or changed your thoughts on what kind of physician you’d like to be and what type of community you would like to practice in.”

At the start, one student wrote of a busy, intense day and ended with, “Love this stuff!!” Another wrote, “This isn’t simply a good experience, I would say it is a life changing experience and a total affirmation of my decision to go into medicine.”

Not all comments are positive, but near the end of the preceptorship, one student commented, “At this point, I’m absolutely determined to pursue Family Medicine.” Another wrote, “I think overall this has been a great experience, and it has been cool to get a bunch of different perspectives on the same clinic. This has definitely reinforced my interest in Family Practice since I really liked the wide scope and the continuity of patients and families that I’ve gotten to see here.”

Yet another was pleased that he was successful in inspiring two people to quit smoking.

**Impact will be Significant, but not Immediate**

Obviously, the program is making a difference in the education and even the lives of the students. But will it have a notable impact on the physician shortage in rural Colorado?

Dr. Deutchman says it will make a significant difference, but not immediately. He points out that it takes at least seven years to get someone into medical school, through specialized training and into practice. “It’s a pipeline project,” he says. “We’re taking a long view.”