The following is the second in a series of articles about the Rural Track at the University of Colorado Denver School of Medicine. For more information, see the article “Rural Track Thrives” in the fall 2008 issue of CAFP Magazine or at http://www.uchsc.edu/som/rural. Family physicians interested in hosting a Rural Track student can contact Program Director Mark Deutchman, MD, at mark.deutchman@ucdenver.edu or 303-724-9725.

Rhett Cook, like his classmates in the Rural Track program at the University of Colorado Medical School, spent the summer between his first and second years in a preceptorship with an established physician in a rural area. He learned from Larry Kipe, MD, FAAFP, in Craig, Colo.

“I drew a straight flush. I couldn’t have been more lucky,” the student said. “Dr. Kipe is known to be a good educator.”

Dr. Kipe pointed out that Cook had already worked as a nurse’s aide and later as a nurse. “He’s a very interesting guy,” Dr. Kipe said. “He has a lot of clinical background and a perspective on medicine that’s unique.”

Dr. Kipe practices along with three other family physicians and a physician assistant at Moffat Family Clinic. Together, they serve approximately 6,000 patients in three settings – the clinic, a hospital and a nursing home.

A WIDE RANGE OF EXPERIENCES

At age 38, Cook had been a nurse for more than a decade before his summer preceptorship. While some in his situation might have considered graduate nursing studies, he craved greater autonomy. “The idea that I was going into health care wasn’t new to me,” he said. “Becoming a doctor was a normal progression.”

As a nurse, the nontraditional student had worked in settings ranging from cardiac units and orthopedics to urotrauma and wound care. “I tended to get bored and move on,” he said.

Cook was attracted to a rural setting in part because of the range of experiences he would have. “I didn’t want to live in the city,” he said, adding that in Craig, “the scope of practice was much larger compared to an urban practitioner.”

He described one day when he scrubbed into a C-section just hours after attending a patient who arrived in by ambulance with cardiac arrest and died.

The C-section helped him to overcome his resistance to obstetrics. Dr. Kipe advised him, “It’s always good to attend a birth on the same day you lose somebody,” Cook said. The birth helps in coping with the sad and inevitable death of a patient.

LEARNING BY DOING

“I got along rather well with Dr. Kipe, which is important,” Cook said. “And I also liked his teaching style, which is pretty hands-off.”

Cook and Dr. Kipe both said the best way for students to learn is by doing and figuring out things themselves. The approach gives students a sense of autonomy without any risk to patients. “The students can’t do anything without us doing the same thing,” Dr. Kipe said. “There’s an entire duplication of effort.”

With Cook and his other students, Dr. Kipe takes advantage of the teaching opportunities that come with each patient. “I usually treat those first-year students the same as third-year students,” he said. “I go over what they could improve and talk about what illnesses may be presenting.”

Dr. Kipe pointed out that Cook already had interviewing experience and examining skills that students don’t usually have. “He was just a marvelous student to have,” Dr. Kipe said.

In an e-mail sent as part of his preceptorship activities, Cook wrote that he saw patients all day and then presented, and Dr. Kipe “made me decide the plan ... correcting me when I was wrong but giving me the opportunity to be decisive. Nice. He also makes me do whatever the procedure is.”

Cook said that if he recommended, “Hey, we ought to suture that,” Dr. Kipe would respond, “No, YOU ought to suture that.” Then Dr. Kipe would oversee the procedure. “In the end, he would still help you, but sometimes you found you needed less help than you thought.”

BURNOUT GOES WITH SMALL-TOWN LIFE

One reason Cook wanted to go to Craig for his preceptorship was the town. He is thinking of practicing in Salmon, Idaho, where Dr. Kipe had also considered working. Craig is about the same size town, and its geographic setting is similar. Cook wanted to see how he would feel living in a small town.

“The situation was as good as it could possibly be,” he said, pointing out that other doctors also practice in Craig in addition to those at Moffat Family Clinic.

Still, burnout occurs naturally in rural settings. Cook said doctors work 60 to 80 hours a week for three to four weeks and then take off a week. They spend several days a month on call, and those who have rare skills have an obligation to perform those skills whenever needed.

In an e-mail, he wrote about the lack of psychiatric services and told of a psychotic patient who was kept in the emergency department when there was no other safe place for him.

Cook observed that rural practice could be lonely. While seeing patients in a variety of settings is a plus, seeing them in the grocery store can be awkward. “You have to have strict boundaries, which can be isolating,” he said. “You can end up being isolated from the setting you’re in.”

Cook found answers to some questions during his preceptorship. He’s more comfortable with obstetrics. He’s even more certain that he wants a practice that offers variety, but he’s not sure whether it will be family medicine, internal medicine or some other discipline. “I have to think seriously about what kind of doctor I want to be,” he said.

A PRECEPTOR’S PERSPECTIVE

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Dr. Kipe, who has held several offices, including president, in the Colorado Academy of Family Physicians, welcomes into his practice about six to eight medical students each year. He does it because he feels teaching the next generation of doctors is a benefit of the profession.

"I just try to give back to society in thanks for the blessings I have," he said. He likes seeing the joy that students derive from learning to become skilled physicians. "It reminds me every day how blessed I am to teach students," he said.

While Dr. Kipe is not paid for teaching, he has received the recognition of his peers and community. When he received the Walking Stick Award in 2008, the Craig Daily Press ran his story under the headline "Another decoration for local doc." The Department of family medicine at the University of Colorado Health Sciences Center presents the Gus Garcia Distinguished Physician High Plains Walking Stick Award each year to a veteran Family Physician who teaches, contributes to the community and exemplifies the best in family medicine.

Cook said his medical education is far better because of his preceptorship. "I learned a tremendous amount," he said. "When I go to residency, I'll be so primed."

"The Rural Track program is a good way to get people interested in rural and family medicine," Dr. Kipe said. "They see they can practice medicine along the lines of what they perceived when they chose medicine as a career."

"For more information about the School of Medicine's Rural Track, go to [http://www.uchsc.edu/som/rural](http://www.uchsc.edu/som/rural)"