

Rural Physician
Associate Program

Family Medicine



Rural Physician Associate Program (RPAP)

The Value of Immersion Learning for Third Year Medical Students

CGEA

Rochester MN

March, 2009

Authors

Therese Zink, MD, MPH

Gwen W. Halaas, MD, MBA

Bruce Center, PhD

Deborah Finstad, BS

Kathleen D. Brooks, MD, MPA, MBA

Dept. of Family Medicine & Community Health
Minneapolis MN

Acknowledgement: Jack Verby, MD founder of the program

Immersion Learning

- Strategy that addresses both education and societal needs
 - Language immersion programs in Canada originated in the 1960s
 - New to medical education
 - Used by health professions for cultural competency

RPAP

- Founded in 1971 with dollars from the Minnesota legislature to increase the numbers of *rural primary care* doctors
- 3rd year medical students are placed in a rural community with a primary care preceptor for 9-months.
- A longitudinal, continuity, and hands-on immersion experience.

Curriculum

- Primary care preceptor
 - First 6 wks
 - Last 4 wks
 - 1/2 day weekly while completing surgery, orthopedics, OB/Gyn, etc.
 - Six weeks of primary care
- On-line modules and discussions
- Two projects: Evidence Based Medicine
Community Health Assessment
- Receive six visits from RPAP faculty





Methods

- 3 classes (2004-6) n=95
- Analyzed end of year essays
 - Read all essays and looked for themes related to hands-on learning experiences
- Analyzed database for logging patient encounters and procedures
 - Descriptive statistics



Results

SAMPLE

N=95

50% female

50% male

Teaching



Nature of the teaching

- Learner centered
 - *Supervised and gently guided*
 - *Given autonomy and responsibility to build my confidence and step outside of my comfort zone*
- Longitudinal nature
- Trusting relationships

Role of the student



Logs

- Ambulatory visits:
 - mean 681.8 (336.5)
 - median 633 (28--1,866)
- Procedures: mean 172.7 (97.3)
- Obstetrics: NSVD mean 8.0 (12.4)
 - range (4—69)

Comparisons with colleagues on metro-area rotations (8wks)

- *Sheer numbers of patients*
- *Supported and encouraged compared w/ made to feel stupid and small*
- *No other students to compare yourself with*

Discussion

- Continuity—illness story unfolds
- Learner centered—learn best when supported, but challenged
- Challenges:
 - Expensive
 - Number of students limited
 - Need committed practices
 - Taught by “masters” unable to breakdown steps

Limitations

- Log data entry varied
- Organization of data diagnosis entry alphabetical not ICD-9
 - 10,000 coded in “other”
- No metro-area comparative data

Conclusions

The RPAP experience provides a nurturing, longitudinal, immersion learning experience that facilitates the gradual, but steady development of clinical skills alongside a personal and professional mentor.

Rural PhysicianAssociate Program
2009-10 Class
Sites Only

