

# Developing the Rural Longitudinal Integrated Clerkship at CUSOM

## Background

- The CUSOM Rural Track was established in 2005 with a goal of increasing the number of students who eventually enter and remain in practice in rural areas
- The Rural Track pioneered integrated clerkships at CUSOM in 2010 with 12- to 16-week integrated clerkships in rural communities
- During development of the Trek Curriculum, the Rural Track expanded to the Rural Program (RP), which will include a yearlong LIC in rural Colorado for 20 RP students each year
- Two-thirds of Colorado's counties are rural or frontier, and its communities vary widely in healthcare facilities and workforce, geography, and local economy
- Development of rural LIC sites is complex and each site has unique challenges and requires creative and innovative solutions

## Project Objectives

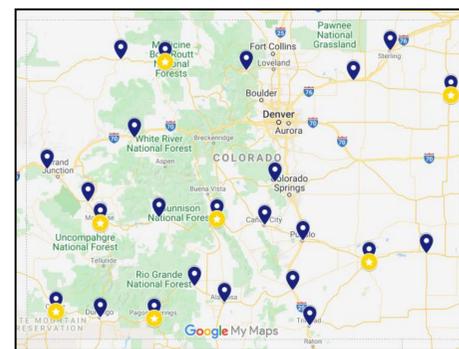
- Determine the factors essential for a rural community to support a full LIC
- Evaluate student and preceptor experiences in pilot rural LICs
- Develop processes to identify, recruit, develop, and retain excellent volunteer faculty preceptors
- Adapt the RP admissions process to include rural LIC as a core program requirement
- Adapt the core clerkship didactics curriculum to be delivered to remotely distributed students
- Enhance the preclinical RP curriculum to prepare students for a rural LIC

## Methods

- Over thirty rural communities were assessed for possible LIC sites
- Factors assessed included hospital and medical staff size, patient volume, scope of care provided, and enthusiasm of existing and potential preceptors, staff, and leadership
- Rural Track students were recruited and carefully selected to participate in pilot LICs
- Fifteen pilot LICs (24-28 weeks) were completed at 10 rural sites from 2019-2021. Seven additional LICs are underway for the 'hybrid' curriculum class
- Students maintained detailed logs of every patient encounter during the LIC. Each entry included encounter setting (e.g. clinic, ward, OR, ER), preceptor specialty, patient age/gender, complaints/diagnoses, and level of involvement in procedures
- Progress was continuously monitored, and virtual and in-person visits were made with students and preceptors regularly during the LIC
- Students' exam scores, clinical evaluations, clerkship grades, and residency match data were collected and are being evaluated
- The preclinical RP curriculum was reformed with emphasis on preparation for the Rural LIC
- Students admitted to the RP now commit to participate in the Rural LIC at matriculation

## Results and Observations

- Over 20 rural Colorado communities meet our criteria to be a successful LIC site
- All pilot Rural LIC students met all learning objectives and passed all exams. Exam scores and clinical grades met or exceeded SOM average
- Required core clinical conditions were seen with a variety of preceptors. A large majority of the core conditions are seen regularly by broad-scope rural family physicians
- Required didactic curriculum was successfully delivered virtually or asynchronously
- Early in the LIC, students reported challenges including struggles with schedules, fear of isolation, difficulty with virtual didactics sessions, and fear of missing opportunity to work on traditional teaching teams. These concerns significantly diminished after students had been in their rural sites for several weeks
- Each site has unique needs and characteristics and benefits from personal attention via regular communication and in-person visits



## Conclusions

- *Appropriately selected rural communities can support full LICs and meet all required learning objectives and teach all core competencies*
- *Each rural LIC site is unique and requires individualized development and monitoring*
- *Many rural volunteer faculty preceptors have broad scopes of care and can teach skills and competencies from multiple clinical disciplines*
- *Students with strong rural interest and/or background are best suited to this experience*
- *Rural-focused curriculum must be provided during the preclinical year*
- *Thoughtful matching of students to clinical sites is essential to rural LIC success*



## Disclosures

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