

Title: Can ObGyn and Pediatrics clerkship learning objectives be met by Family Medicine preceptors in a Rural LIC?

Abstract:

Purpose: Medical students are required to complete clerkships in obstetrics-gynecology and pediatrics as part of the clinical core. The University of Colorado School of Medicine Rural Program directs a Rural Longitudinal Integrated Clerkship (LIC) which places students in rural Colorado communities to complete the entirety of the clinical core over the course of a year. Many of these sites do not have full-scope ObGyn physicians and most do not have pediatricians. In these sites, broad-scope family medicine physicians and APPs provide all of the local women's and pediatric care and refer patients to urban centers when specialized care is necessary. We sought to determine whether learning objectives of the ObGyn and Pediatrics clerkships could be met and all core clinical conditions could be seen at rural sites with and without ObGyn and pediatrician physician preceptors. Methods: Pilot rural LICs (n=17) of 24 -28 weeks were conducted from 2019-2021 and the full 40-week Rural LIC (n=7) was launched in 2022. Rural LIC students maintained detailed patient encounter logs which included patient age, gender, problems/diagnoses, preceptor specialty, and location of care (e.g. clinic, L&D, ER). Entries with patient gender logged as female, trans male, trans female, or other gender were sorted and further analyzed. A separate analysis was performed on logger entries of patients age 0-18 years. We reviewed the list of core clinical conditions determined by clinical content directors of the ObGyn and Pediatrics clerkships. Number of patients and conditions seen with family medicine physician, ObGyn, and pediatrician preceptors will be reported. Results: Preliminary findings show that all or nearly all clinical conditions from the ObGyn and Pediatrics clerkships are seen at rural LIC sites. Over the course of a rural LIC, most ObGyn and pediatric conditions are seen with family medicine preceptors, regardless of whether there are obstetrics-gynecologists or pediatricians practicing in the community. Challenges: Our rural LIC sites are extremely heterogeneous, which makes broad conclusions nearly impossible. Rural LICs can be successfully delivered in communities with few or no ObGyns and pediatricians in the community, however each rural LIC site is unique and requires ongoing assessment and monitoring.