



Rural Program

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO

ANSCHUTZ MEDICAL CAMPUS

April 2024

Hello Rural Program Friends,

This month we are excited to share some thoughts from one of our current Rural Program students, Shivani Beall. Shivani spent her LIC year in Del Norte/Alamosa, and recently returned to the San Luis Valley for a month-long rotation. We hope you enjoy her reflections on the unique experiences of being a medical student in a rural community.

The next academic year is approaching quickly! Our team has been finalizing Rural LIC placements for the Class of 2027, who will be starting at their sites later this year. These students will complete basecamp activities, as well as 2 weeks of inpatient medicine and 2 weeks of inpatient psychiatry in Denver before starting at their LIC sites on October 21, 2024.

As always, thank you for all you do to support our students!

Sincerely,

[The CUSOM Rural Program Team](#)

Close-Knit Care: A Medical Student's Perspective on the Privilege of Rural Medicine

by Shivani Beall, Class of 2025

In medical school, we are often prompted to consider the pros and cons of having personal connections with patients outside of our professional relationships. We learn how to set boundaries and balance the tightrope of interacting with patients away from the clinical setting. In the CU School of Medicine Rural Program, I have learned that not only is forming relationships with patients outside of the doctor's office unavoidable for those of us planning on careers in rural medicine, it is one of the great privileges of this work.



During my second year of medical school, I lived in Del Norte, Colorado, a rural community in the San Luis Valley with a population of around 1,500. Sooner than I expected, I found myself running into people I had helped care for in the clinic and hospital at local eateries, farmers markets, and at the ski area. I became fast friends with a woman who worked in town and who was excited to find out she was pregnant a few weeks before we met. A few months later, I coincidentally saw her at her prenatal visit where she was diagnosed with gestational diabetes. From one of our previous conversations, I knew her mother had received this diagnosis and had endured major complications from it. Although I offered to leave the room during her appointment, she opted to have me stay. Because of this, I was able to discuss the diagnosis with her from the perspective of a friend who understood her lived experience and her fears. I had a sense of how to present information in a way that would be most useful for



her, and I think she left the conversation feeling more confident and reassured.



This was one of many examples of how knowing someone as more than a patient- as a fully-formed human outside of the clinical setting- positively impacted their care. I learned that the medical visits surrounding and during the birth of a child can be particularly vulnerable for patients and can especially benefit from these close and comfortable relationships. These experiences largely influenced my decision to return to the San Luis Valley as a rising fourth year to complete a clinical elective focused on obstetrics. During this month, I had the opportunity to care for dozens of women at various stages in their pregnancy journeys who each had stories, memories, and personal situations that impacted their experience in unique ways. Having the chance to run into familiar faces from the year prior, as well as make new connections, reinforced the lesson that being an engaged and friendly community member can have as much of an impact on patient care as pure medical knowledge.

From this experience, I learned so much about rural medicine. I would be remiss if I did not thank all of the patients and preceptors who contributed to my growth!

How should my current LIC student be performing?

Now that we are in the second half of the core clinical year, you may be asking how your student should be performing. The Rural LIC syllabus contains benchmarks that provide a general idea of where students should be with their clinical skills by April. You can review those [here](#)!

Volunteer Clinical Faculty Appointment

Preceptors involved in teaching and evaluating CU medical students are required by our accrediting body to have a Volunteer Clinical Faculty appointment. We also ask that you review the [Teacher-Learner Agreement](#) annually.

If you do not have a faculty appointment, please fill out [this brief form](#) to initiate your application and determine the rank for your appointment. If you need a CV template, please find one [here](#). If you are not sure if you have an active appointment or have questions about the process, please reach out to [Julia Kendrick](#) or [Melissa Darzins](#).

Last call! Teaching/Precepting Survey for FM Physicians

If you are a Family Medicine physician and haven't already done so, please consider taking a minute to complete [this survey](#) from our friends in the CUSOM Department of Family Medicine about the incentives and barriers that impact medical student clinical teaching. Please feel free to share this survey with your FM colleagues.

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CU School of Medicine/Dept. of Family Medicine | 12631 E 17th Avenue, Box F496, Aurora, CO
80045

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