

WICHE REGION – MEDICAL SCHOOL RURAL-RELATED ACTIVITIES*
MAY 2008

STATE	MEDICAL SCHOOL	RURAL-RELATED ACTIVITIES	MEDICAL STUDENT PARTICIPANTS	STUDENT RECRUITMENT	CONTACT INFORMATION
ALLOPATHIC MEDICAL SCHOOLS					
Arizona	University of Arizona College of Medicine http://www.medicine.arizona.edu/	<p>Rural Health Professions Program (RHPP). The Arizona Legislature established the University of Arizona's RHPP in 1997. Students are mentored by rural preceptors from first year forward, based on their specialty interest (family practice, pediatrics, internal medicine, obstetrics and gynecology, or surgery). RHPP students gain experience using telemedicine technologies when they serve in communities linked to the Arizona Telemedicine Program, a telecommunications network that allows rural physicians and their patients to consult with specialists at the University of Arizona Health Science Center in Tucson.</p> <p>For more information: http://pcrm.medicine.arizona.edu/RHPP/rhpp.html.</p>	Program's overall enrollment is 60 students (15 students per class).	Information sessions are held in the first semester for each first-year class. Advisory committee selects 15 first-year students; preference given to individuals who lived in rural communities or who are recipients of the Arizona Medical Student Loan Program in which forgives loans for graduates who practice in underserved areas.	Carol Q. Galper, EdD, CHES Assistant Dean for Medical Student Education cgalper@email.arizona.edu 520.626.2351
California	Loma Linda University School of Medicine http://www.llu.edu/llu/medicine/	<p>Hanford Health Care System. Physicians practicing at the Loma Linda affiliated rural hospitals and health clinics in Hanford see a large portion of patients who live in underserved areas. Hanford is the only rural clinical site available to Loma Linda, and has an established rural track family practice residency program.</p> <p>Third year medical students have the opportunity to experience a four week clerkship with Hanford, and fourth year students, a four week subinternship. Experienced preceptors tailor rotations to meet the interests of individual students.</p>	Generally 8 to 12 students participate per year.	Students are given a list of available clinical sites for their third year clerkships and fourth year subinternship. Loma Linda has received positive feedback from past students on their experience at Hanford, and new students express interest in the clinical site via word of mouth.	Veronica Hartunian Clerkship Coordinator vhartunian@llu.edu 909.558.6508 Tracy Belsan Director Hanford Family Practice Residency Program – Rural Track belsante@ah.org 559.583.2106
California	Stanford University School of Medicine http://www.med.stanford.edu/	<p>In the past, if medical students expressed interest in rural health, Stanford encouraged their participation in a summer clerkship funded by the California Academy of Family Physicians Foundation (CAFP-F). CAFP-F funds first-year medical students to explore careers in family medicine through CAFP's summer Family Medicine Preceptorship Program. Students who participate spend four weeks precepting full-time with a family medicine physician. Students selected to precept at rural sites live in the communities they serve. Rural community preceptorships are also available that allow students to rotate between multiple sites within the same rural community. This increases their exposure to the community as a whole, and gives them the opportunity to learn from physicians with different backgrounds and interests.</p>	No student participation in rural health programs at this time.	Via student self-motivation.	Samuel LeBaron, MD, PhD Director Center for Education in Family and Community Medicine slebaron@stanford.edu 650.723.9621

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California	University of California (UC) Davis School of Medicine http://www.ucdmc.ucdavis.edu/medschool/	<p>Rural Program in Medical Education (Rural-PRIME). UC Davis is offering students a new five-year MD/Masters program. Coursework will focus on rural health policy, public health, telemedicine, culture/language competency, and other topics relevant to rural health and health care delivery. Extended clinical clerkships will be completed in rural sites, as will fifth-year rotations. Technologies employed will include videoconferencing, telemedicine and simulation applications. Collaborations with statewide (e.g., California Hospital Association, CA Academy of Family Physicians) and other UC Davis stakeholders are also anticipated.</p> <p>Immersion in the rural-oriented curriculum will begin with the first year in which students will learn from rural faculty instructors in seminars, as well as in infield rural preceptorships. During year four students will attend graduate school in public health or health informatics, with a scholarship project based on a rural site. In year five students will train in a typical medical year four curriculum, with an emphasis on rural rotations.</p> <p>For more information, http://www.ucdmc.ucdavis.edu/medschool/rural_prime/rural_prime_program.pdf</p>	Program started in 2007 with 12 medical students enrolled; 12 additional students will be accepted in each subsequent year.	Intention is to recruit students who were raised in rural areas and are most likely to return to their home towns to practice medicine. Applicants apply for the regular MD program (through AMCAS*) and Rural-PRIME program (through a secondary UC Davis application). Students are screened and interviewed, and must be accepted to both programs to gain entrance. *The American Medical College Application Service.	Donald Hilty, MD Director, Rural Program in Medical Education (Rural-PRIME) don.hilty@ucdmc.ucdavis.edu 916.734.8110 or 4121 Sneha Patel Manager, Rural Program in Medical Education (Rural-PRIME) sneha.patel@ucdmc.ucdavis.edu 916.734.1433

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California	University of California (UC) Irvine School of Medicine http://www.healthaffairs.uci.edu/som/	<p>Program in Medical Education for the Latino Community (PRIME-LC). In the Fall of 2004, UC Irvine began PRIME-LC. Given a large number of Latino individuals are migrants working in agriculture in rural areas of California, participants in PRIME-LC have the opportunity to be exposed to rural healthcare delivery. A component of this program is its focus on telemedicine which facilitates medical outreach with rural physicians.</p> <p>As background, the 12 students admitted to the program on an annual basis have a history of prior service and commitment to the Latino community and are fluent in speaking Spanish. The program begins with a summer immersion experience in Mexico that provides further instruction in Spanish, supervised interaction with Spanish-speaking patients and health care personnel, and additional instruction about Latino cultures. The program continues at Irvine with didactic sessions and structured clinical experiences in settings serving predominantly Spanish-speaking patients. The program requires that all students complete requirements for a master's degree in one of several areas requiring further study and research relevant to Latino health needs.</p> <p>For more information: http://www.ha.uci.edu/som/meded/PrimeLC/index.html</p> <p>-----</p> <p>UC Irvine medical students also have the opportunity to participate in the California Academy of Family Physician's (CAFP) summer preceptorship program that has the potential to expose students to rural medicine. Students who participate in the preceptorship spend four weeks precepting full-time with a family medicine physician. Students selected to precept at rural sites live in the communities they serve. Rural community preceptorships are also available that allow students to rotate between multiple sites within the same rural community. This increases their exposure to the community as a whole, and gives them the opportunity to learn from physicians with different backgrounds and interests.</p> <p>Additionally, fourth-year students have the opportunity to have elective clerkships that potentially could be in a rural area.</p>	<p>In AY 2007, 48 students are participating in PRIME-LC with approximately a third having a rural medicine exposure.</p> <p>-----</p> <p>In AY 2007, 12 students have been placed in the CAFP preceptorship program; three students will precept at rural sites.</p>	<p>Information on PRIME-LC is available on the UC Irvine website; as is information on the CAFP preceptorship program.</p>	<p>Charles Vega, MD Director of PRIME-LC Program Department of Family Medicine cpvega@uci.edu 949.824.7136 or 714.456.6502</p>

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California	University of California Los Angeles (UCLA) School of Medicine http://dgsom.healthsciences.ucla.edu/	<p>Program in Medical Education (PRIME) for Leadership Serving Disadvantaged Communities. UCLA students will participate in curriculum and clinical rotations that prepare them to become leaders addressing the issues of the underserved and health disparities. The program will include a combined MD and a master’s degree selected from UCLA degree programs in public health, public policy, business administration, or information technologies tailored to addressing health disparities and the underserved. The program will be at the three campuses and will use telemedicine, clinical informatics or other related fields using new technologies and multicultural solutions for urban and rural disadvantaged populations. The program will have a focus on telemedicine strategies, and will stress leadership training on the delivery of culturally competent clinical care, the conduct of research on health disparities, and the advocacy for disadvantaged communities.</p> <p>----</p> <p>In addition, UC Riverside (UCR/UCLA) is located in an area serving the rural disadvantaged communities and Charles Drew Medical Sciences (DREW/UCLA) located in South Los Angeles (Watts) has its campuses in a very disadvantaged area. Both focus on training students to be physician leaders in serving underserved populations:</p> <ul style="list-style-type: none"> • The mission of UCR is to train physicians for medical careers of service to the underserved, inland, and rural populations. Students matriculating to the joint UCR/UCLA medical program are drawn from the UCR undergraduate student body. Students complete the first two years of medical school at UCR and then complete clinical training at UCLA. • The Drew/UCLA mission is to train students to practice medicine in disadvantaged urban communities. Medical students in the program take their first two years of basic medical science coursework at UCLA, then complete their last two years of clinical work until recently at the King/Drew Medical Center on the Drew campus. 	<p>Over the next five years, 18 students per year will participate (UCLA 10, UCR 4. UC Drew 4)</p> <p>-----</p> <p>24 UCR students per year</p> <p>24 Drew students per year</p>	<p>Students are made aware of the various programs through the application process.</p>	<p>Neil Parker, MD Senior Associate Dean Student Affairs and Graduate Medical Education nhparker@mednet.ucla.edu 310.825.6774</p>

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California	University of California San Diego (UCSD) School of Medicine http://meded.ucsd.edu/dome/	<p>All UCSD fourth-year medical students have an opportunity to elect a four-week rural health clerkship. This clerkship is primarily designed for students to obtain experience in family medicine in general with emphasis on providing health care for underserved communities. The clinical experience occurs in the offices of adjunct faculty family medicine physicians in a rural or underserved setting near San Diego.</p> <p>-----</p> <p>PRIME – Health Equity. Across the University of California System, all medical schools are participating in Programs in Medical Education (PRIME). UCSD's PRIME focus is on health equity. Given populations in rural areas experience health disparities, a student may choose to concentrate on rural medicine under PRIME.</p> <p>UCSD students choosing rural medicine take PRIME electives during the first two years of their medical education, and spend the summer after their first year in a rural experience. They then undertake a rural-related clerkship in their fourth year. UC Davis' PRIME has a rural focus, and UCSD PRIME students have the option of electing a summer experience that is coordinated with the Davis campus. PRIME students are also provided with an opportunity to acquire advocacy skills.</p> <p>In addition, PRIME students have the option of earning a Masters in a discipline that strengthens their ability to serve a rural population. UCSD will be strengthening its telemedicine services and these services will likely strengthen communication with providers in rural areas.</p> <p>For more information: Cathryn L. Nation, Andrea Gerstenberger, and Dena Bullard. "Preparing for Change: The Plan, the Promise, and the Parachute." <i>Academic Medicine</i> 82, no. 12 (2007): 1139-1144.</p>	<p>Up to five students generally participate per year.</p> <p>-----</p> <p>Five medical students are participating in PRIME.</p>	<p>UCSD faculty are supportive of students who are interested in rural medicine. Students who display an interest in rural health are encouraged to select the rural health clerkship for their fourth-year clinical rotation, or participate in PRIME-Health Equity.</p>	<p>Ted Ganiats, MD Interim Chair Department of Family Medicine and Preventive Medicine tganiats@ucsd.edu 858.534.6058</p> <p>Sandra Daley, MD Associate Chancellor and Chief Diversity Officer sdaley@ucsd.edu 858.822.4382</p>

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California	<p>University of California San Francisco (UCSF) School of Medicine</p> <p>http://medschool.ucsf.edu/</p>	<p>Model Fresno. Fresno is a regional UCSF campus in central California. All medical schools in California are in urban locations, and Model Fresno has been a rural education option for third-year medical students since 1996, and has provided a pipeline approach for improving healthcare access for rural residents.</p> <p>The program runs over a six-month period, and housing and travel stipends are provided. Students spend a half-day per week in a longitudinal experience within a given rural or urban underserved healthcare office or clinic. A weekly seminar and experiential series is held that focuses on practical topics beneficial to a future career in rural or urban underserved medicine that is patient centered and student focused.</p> <p>A follow-up survey was conducted of Model students who graduated from 1996 through 2005. Students felt the program positively influenced their interest in working with medically underserved patients (95 percent), and their knowledge and comfort level in working with rural populations (95 percent). Seventeen percent of students matched into residencies focused on rural health, and 69 percent matched into residencies serving underserved populations.</p> <p>-----</p> <p>UCSF Fresno also has a Rural Summer Preceptorship Program for medical students between their first and second year of school. It is a four-week, full-time work experience in preceptor's private practice. Housing is available with mentors or in the community of preceptorship, and a stipend is given to students upon program completion.</p> <p>For more information: http://www.fresno.ucsf.edu/undergrad/forms/modelfresno_announcement.pdf; and http://www.fresno.ucsf.edu/undergrad/forms/Summer_Preceptorship_Program.pdf</p>	<p>Up to 12 third year UCSF medical students have participated Model Fresno in the past. For AY 2007, however, only four students participated.</p> <p>-----</p> <p>Four students.</p>	<p>Students have been recruited through informational meetings held for second year students.</p> <p>The decrease in student participation has been attributed to the UCSF recruitment focus of students who have interests other than primary care, and students have more options for innovative training on the main campus.</p> <p>-----</p> <p>Students are recruited via the California Academy of Family Physicians (CAFP). UCSF – Fresno supports the training sites and provides funding to CAFPP to in turn pay students for participating.</p>	<p>Adriana Padilla, MD Director of Undergraduate Medical Education UCSF – Fresno adriana.padilla@fresno.ucsf.edu 559.499.6523</p>
California	<p>University of Southern California (USC) Keck School of Medicine</p> <p>http://www.usc.edu/schools/medicine/</p>	<p>Community Health Pathway. The USC program is designed to encourage students who are interested in rural or urban community medicine. Students are supported during the four years of medical school through clerkships and preceptorships in rural areas, including wilderness medicine practices.</p>	<p>In AY 2007, 28 first-year students and 30 second-year students.</p>	<p>USC actively seeks students who are from rural areas for admission to the medical school.</p>	<p>Erin A. Quinn, PhD, Med Associate Dean for Admissions erinquin@usc.edu 323.442.2552</p>

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Colorado	University of Colorado School of Medicine http://www.uchsc.edu/som/	<p>The Rural Track is designed to identify students interested in rural practice and provide them with mentorship, and rural-related knowledge, skills and socialization experiences. The ultimate goal of the Track is to increase the number of students who eventually enter, and remain, in practice in rural areas.</p> <p>Fundamental features of the Rural Track are:</p> <ul style="list-style-type: none"> • During Phases I and II, seminars are held about twice a month to help interpret and bring a rural focus to what students are learning in their regular courses. • In the summer, between Phases I and 2, students receive a stipend and housing assistance to participate in a four-week rural preceptorship. • Upon completion of the preceptorship, students present to peers a summary of their clinical and social experiences, and their analysis of how the summer experience impacted their thought process about future medical practice. • In Phase 3, <u>all</u> medical students have a four-week rural rotation. • In Phase 4, students have the opportunity to select rotations and electives at rural sites. • The curriculum includes a scholarly activity requirement. Students in the rural track are offered mentorship for their scholarly activity on a rural-related topic. • Students seeking information on scholarship and loan repayment programs receive assistance. • As the program progresses, it will link with communities who are recruiting new physicians and establish a conduit with the Colorado “pipeline” of physicians-in-training <p>For more information: http://www.uchsc.edu/som/rural/</p>	<p>Rural Track participation: Class of 2009: 15; Class of 2010: 21; Class of 2011: 16.</p> <p>All medical students are required to participate in a rural rotation in their third year; overall class size is roughly 150.</p>	<p>A description of the Rural Track program can be directly linked to when potential students view the admissions web page at http://www.uchsc.edu/som/admissions/.</p> <p>Students interested in the Rural Track apply as part of their Colorado secondary application, must submit an essay in response to the question: “Describe your past experiences and future goals for rural living, and your concept of medical practice in a rural area as a primary care physician,” and is interviewed by an admissions committee member who has specific knowledge about the Rural Track</p> <p>The number of students completing a Colorado secondary application for the Rural Track has steadily increased since its inception:</p> <ul style="list-style-type: none"> • Class of 2009: 13 (first year of program; all students previously matriculated) • Class of 2010: 62 • Class of 2011: 72 • Class of 2012: 90 	<p>Mark Deutchman MD Director Rural Track Program mark.deutchman@uchsc.edu 303.724.9725</p>

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Hawaii	University of Hawaii Burns School of Medicine http://jabsom.hawaii.edu/JABSOM/	<p>Hawaii is a state uniquely comprised of seven major islands. Hawaii's extensive ruralness is embedded within the varied, multifaceted cultures of its people often separated by considerable expanses of water.</p> <p>Rather than a university teaching hospital, the University of Hawaii bases its clinical instruction in affiliated community hospitals and clinics, many of which are in rural areas. Students work within communities with extensive participation of community physicians. In particular, the family medicine and primary healthcare curricula strive to have students gain the ability to manage the healthcare needs of patients in diverse rural communities, learning about the healthcare problems and multiple roles physicians play.</p> <p>Problem-based learning in small discussion groups (five/six students) anchor the first two years of the curriculum. Throughout the first year, medical students have a weekly, required half-day dedicated to community health. Between the first and second year students have a required primary care clinical preceptorship experience potentially in a rural community. In the third year students have the opportunity to select a community-based, longitudinal program, in which they spend half of the year in clerkships in Honolulu, and half of the year in communities around the state. (A significant percentage of the students who have completed this program now live and practice in rural or underserved communities). Medical students have the opportunity to elect further rural-specific training experiences in their fourth year.</p>	Given the ruralness of Hawaii and the University's community-based medical education, all students (62 per class), on an ongoing basis, have opportunities to experience rural medicine.	Recruitment for rural medicine begins as early as the admissions process. Among the criteria for admission is a commitment to Hawaii and the Pacific. The medical school selection committee strives to identify candidates deemed most likely to become humanistic physicians.	Richard Kasuya, MD, MEd Director of Medical Education kasuya@hawaii.edu 808.692.0940

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New Mexico	University of New Mexico (UNM) School of Medicine http://hsc.unm.edu/som/	<p>All fourth year New Mexico medical students are required to participate in a rural preceptorship. The purpose of the rural experience is to allow students to experience medical care in rural areas throughout New Mexico in private practice as well as community health clinics and Indian Hospitals and in all different subspecialties</p> <p>In addition, towards the end of their first-year, students are required to participate in an eight-week Practical Immersion Experience which takes place in a rural community. Third-year students are required to take part in a family medicine phase II clerkship; as an option, students can choose a rural clinical site.</p> <p>-----</p> <p>The Rural Health Interdisciplinary Program (RHIP) at the New Mexico Health Sciences Center emphasizes rural health and interdisciplinary experience, and service learning projects. Over a ten-year period, about 45% of RHIP students eventually worked in rural or underserved areas. Funding concerns, however, are threatening the further existence of the program.</p> <p>For more information: Zina Daniels, Betsy VanLeit, Betty Skipper, Margaret Sanders, and Robert Rhyne. "Factors in Recruiting and Retaining Health Professionals for Rural Practice" <i>National Rural Health Association</i> 25, no. 1 (2007):62 -71.</p> <p>Also: http://hsc.unm.edu/som/programs/ruralhealth/</p>	<p>All students in their first and fourth years (75 per class).</p> <p>-----</p> <p>AY 2007, RHIP has 38 student participants from ten health disciplines, including four medical students.</p>	<p>Recruitment is not necessary. Participation in the fourth year rural preceptorship is a graduation requirement, as is the first year Practical Immersion Experience.</p> <p>-----</p> <p>Students are provided information about the program through their professional program's RHIP faculty representative, and a brochure is available (http://hsc.unm.edu/som/programs/ruralhealth/site_info/2008RHIPBrochure.pdf).</p>	<p>Dan Gonzales Senior Program Manager Preceptorship Programs DGgonzales@salud.unm.edu 505.272.6981</p> <p>-----</p> <p>Catherine Joy, MS Program Manager, AHEC and RHIP Office for Community Health cjoy@salud.unm.edu 505.272.2813</p> <p>Linda Romero, MD RHIP Director lromero@salud.unm.edu 505.272.2165</p> <p>Robert Rhyne, MD AHEC Director rrhyne@salud.unm.edu 505.272.2165</p>

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North Dakota	<p>University of North Dakota School of Medicine and Health Sciences</p> <p>http://www.med.und.nodak.edu/</p>	<p>Students participating in North Dakota's Rural Opportunities in Medicine (ROME) program complete seven months of their third-year of medical school in a rural practice site. A team of two students is assigned to each of five clinical sites. The students earn complete credit for the Family Medicine and Surgery clerkships and partial credit (one-half) for the Pediatrics, Internal Medicine, and OB/GYN clerkships.</p> <p>For year three, students spend either:</p> <ul style="list-style-type: none"> • The first seven months at the ROME site, then return to their home campus for the remaining five months to complete the second half of Pediatrics, Internal Medicine, and OB/GYN clerkships as well as the entire Psychiatry clerkship, or • The first five months on their home campus, then complete the last seven months at the ROME site. <p>The asymmetric schedule addresses the needs of internal schedules for both the ROME sites and the campuses.</p> <p>Working one-on-one with physicians for seven months—essentially becoming team members with the physicians and other healthcare providers at that facility, learning medicine in context of delivering continuity of care, and becoming involved in the life of the community—are noted highlights of the ROME experience.</p> <p>For more information: http://www.med.und.nodak.edu/depts/fammed/rome/index.htm</p>	<p>AY 2007, ten students participated.</p>	<p>Students apply to participate in ROME. Applicants are required to be residents of North Dakota, Montana, Wyoming, or of northwestern Minnesota or be enrolled members of federally recognized Indian tribes. The School of Medicine and Health Sciences has a high proportion of students from rural parts of the country, and has consistently had many students interested in ROME.</p>	<p>Roger Schauer, MD ROME Course Director, and Director of Predoctoral Education rschauer@medicine.nodak.edu 701.777.3081</p>

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Oregon	<p>Oregon Health and Science University (OHSU) School of Medicine</p> <p>http://www.ohsu.edu/som/</p>	<p>The Rural Community Health Clerkship is a required, third-year rotation for all OHSU medical students. It is not available to students from other institutions.</p> <p>The five-week Rural Community Health Clerkship provides an opportunity for third year medical students to experience primary care as practiced in rural areas in Oregon. Each student is supervised by a skilled and experienced primary care physician currently practicing in the rural community serving as the clerkship site.</p> <p>Medical students participate in a clinical rotation in a primary care practice site in the University's Area Health Education Centers program. The clinical practice unit (CPU), as the base for the primary care clerkships, is in a primary care medical practice with physicians who agree to supervise the education and training of students placed at the site. These CPUs are chosen to assure a high quality and representative experience for students while they participate in healthcare activities of a rural practice.</p> <p>The preceptor is a practicing a primary care specialty in family medicine, general internal medicine or pediatrics. These kinds of practices are expected to provide the greatest opportunity for students to experience, understand, and appreciate the breadth, depth, challenges and satisfactions of practice in a primary care setting.</p> <p>Beginning with AY2008, potentially five students per year would have the opportunity to have an extended 14-week clerkship in which an elective rotation, and required family medicine and rural rotation would be combined.</p> <p>For more information: http://www.ohsu.edu/som/fammed/rchc.shtml</p>	<p>In the past 115 to 120 students participated per year. Starting in AY2008 MD/PhD students will not participate in the rural rotation and the overall number will be 110 to 115.</p>	<p>OHSU does not need to recruit for the Rural Community Health Clerkship; it is a required third-year rotation for all OHSU medical students.</p>	<p>Lisa Dodson, MD Director of Oregon Area Health Education Centers, and Director of the Rural Community Health Clerkship dodsonli@ohsu.edu 503.494.3986</p>
South Dakota	<p>Sanford School of Medicine The University of South Dakota</p> <p>http://www.usd.edu/med/</p>	<p>The Center for Rural Health Improvement was created by South Dakota's Department of Family Medicine in June 2002. The mission of the Center is to improve the health of rural South Dakotans through participatory community-based research targeted to the major health needs in these communities.</p> <p>All Non-MD/PhD students are required to complete two four-week family medicine clerkships in rural areas; one during their second year, one during their fourth year.</p> <p>As a community-based program, the curriculum emphasizes family medicine and primary care with the support and participation by practicing physicians and community hospitals throughout the state. Community hospitals and clinics provide teaching sites and the practicing physicians are teachers.</p> <p>For more information: http://www.usd.edu/med/ruralhealth/.</p>	<p>Each year approximately 50 second-year students and 50 fourth-year students participate in rural clerkships.</p>	<p>Through the medical school admission process, students are made aware of South Dakota's emphasis on underserved populations and the required clerkships in rural communities.</p>	<p>H. Bruce Vogt, MD Chair, Department of Family Medicine bruce.vogt@usd.edu 605.357.1500</p>

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Utah	University of Utah School of Medicine http://medicine.utah.edu/	<p>The University of Utah has a student initiated and run program called the Utah Rural Outreach Program (UROP). Medical students (many from rural backgrounds) travel to rural communities in Utah to make presentations to high school students about the importance of continued education and career opportunities in healthcare. UROP pays the cost of the students' travel and meals, and provides anatomical models that can be used in these high school presentations.</p> <p>For more information: www.uuhsc.utah.edu/dfpm/UROP/.</p> <p>-----</p> <p>Additionally, Utah requires a four-week family medicine clerkship during medical students' third-year. Students have the opportunity to work with family physicians in urban, suburban, or rural areas, in- or out-of-state. Students are introduced to elements of the healthcare delivery system in the community which support and complement the services provided by the primary care physician. Students spend 70% of their time in clinical activities, including office, hospital, nursing home, and home visits with their preceptors. The remaining 30% is spent learning and experiencing other elements of the healthcare system in the preceptor's community (hospital, medical staff issues, public health agencies, occupational and environmental health risks), as well as independent study.</p>	<p>In AY 2007, 16 students participated</p> <p>-----</p> <p>Roughly 20 third-year students elect to do their family medicine rotation at rural clinical sites.</p>	<p>Students are made aware of the UROP program via word of mouth and on the website, and of rural locations for their third year clerkship via a descriptive listing of potential clinical sites.</p>	<p>Bob Quinn Department of Family and Preventive Medicine Course Administrator bob.quinn@hsc.utah.edu 801.587.3382</p>

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Washington	<p>University of Washington (UW) School of Medicine</p> <p>http://uwmedicine.washington.edu/Education/MDProgram/</p>	<p>The Rural/Underserved Opportunities Program (R/UOP) is a four-week, elective immersion experience in community medicine for students between their first and second years of medical school. Students live in rural or urban underserved communities throughout Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI). They work side-by-side with local physicians providing health care to underserved populations. Administered by the UW Department of Family Medicine, R/UOP is a collaborative effort of the UW School of Medicine, WWAMI campuses and the Area Health Education Centers. The program has strong support from the many volunteer physician preceptors and the communities they serve. Students receive stipends, travel money and assistance with housing expenses.</p> <p>Program goals include:</p> <ul style="list-style-type: none"> • Providing students with an early exposure to the challenges and rewards of practicing primary care medicine in a rural or urban underserved setting. • Promoting in students a positive attitude toward rural and urban underserved community medicine. • Providing students with an opportunity to learn how community health care systems function. <p>For more information: http://depts.washington.edu/fammed/predoc/programs/ruop</p> <p>-----</p> <p>R/UOP is one of many strategies that UW uses to promote rural practice. A further example is in the third year of medical education. Here students are required to participate in a family medicine six-week clerkship. It is taught at over twenty-five sites in the WWAMI states, and students have the opportunity to select clinical sites in rural communities.</p>	<p>Over the past five years, greater than 50% of all medical students from the UW and WWAMI campuses have participated in R/UOP (roughly 100 students per year).</p>	<p>Students learn about R/UOP from other students and the program description is on the UW website. For the third year clerkship, students are provided with a descriptive listing of potential clinical sites.</p> <p>Much of the WWAMI program is directed at rural medicine, and students are made aware of rural-related opportunities throughout their medical education.</p>	<p>Roger Rosenblatt, MD, MPH Vice Chair Department of Family Medicine, and R/UOP Director rosenb@u.washington.edu 206.685.1361</p>

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OSTEOPATHIC MEDICAL SCHOOLS					
Arizona	<p>AT Still University, School of Osteopathic Medicine in Arizona (SOMA)</p> <p>http://www.atsu.edu/soma/index.htm</p>	<p>SOMA just welcomed its inaugural class of 107 students in 2007, and is committed to graduating community-minded physicians who will return to serve medically underserved populations, including populations in rural areas.</p> <p>Through its partnership with the National Association of Community Health Centers, SOMA will afford students the opportunity to have clinical rotations in one of nine Community Health Centers (CHCs) and three rural consortiums located across the country. Second-year students at these Community Campuses will spend half their time in integrated clinical experiences and the remainder involved with didactic activities in small group settings, expanding their expertise in clinical presentations, gaining an understanding of the local health system and community health practices, and using technology to enhance learning. Third- and fourth-year students will complete their clinical rotations at Community Campuses, in Community Campus associated hospitals, as well as with affiliated healthcare providers and at select healthcare institutions.</p> <p>Among the CHCs partnering with SOMA are those that are serving:</p> <ul style="list-style-type: none"> • Rural, suburban and ethnic populations in the low-country region of South Carolina and across Alabama • Rural, farming, ethnic, religious in Appalachian communities across southern Ohio • Isolated and ethnic populations in rural northern and eastern Arizona • American Indian communities in central Arizona, the Southwest, and the nation • Farm-worker, rural, and suburban constituents in northern Oregon, Washington, Alaska, and Idaho. • Native Hawaiian, Asian and suburban populations in the northwest coastal section of Waianae, Hawaii <p>For more information: http://www.atsu.edu/soma/medschool_future/community_health_centers.htm</p>	<p>Beginning with AY 2008, second-year students will begin clinical rotations at CHCs. In subsequent years, third- and fourth-year students will have clinical rotations at CHCs and affiliated hospitals and healthcare facilities.</p> <p>Each class will be comprised of approximately 107 students.</p>	<p>Given its curriculum focus on underserved populations, SOMA strives to identify medical school candidates with a record of service with this population. The curriculum emphasizes training for primary care and other specialties needed in rural and underserved environments. Students should be interested in community-based, culturally appropriate care, wellness, prevention, service, and osteopathic concepts.</p>	<p>Thomas McWilliams, DO Associate Dean Bioclinical Sciences tmcwilliams@atsu.edu 480.219.6053</p>
Arizona	<p>Midwestern University Arizona College of Osteopathic Medicine (AZCOM)</p> <p>http://www.midwestern.edu/azcom/</p>	<p>AZCOM has a four-week rural/underserved rotation requirement for students in their third year. It also partners with rural hospitals to create residency programs in Kingman and in Sierra Vista. In addition, AZCOM is working with hospitals along the Colorado River to develop long distance learning programs in osteopathic manipulative medicine and with other rural hospitals in the state to create new student training programs and residency programs.</p>	<p>During AY 2007 approximately 150 students participated in the rural/underserved rotation, with roughly 75 percent training at rural sites.</p>	<p>When students are admitted to AZCOM, they are made aware of the graduation requirement of completing a clinical rotation in a rural or underserved area. Core rural sites are made available for interested students during their lottery for third year rotations.</p>	<p>Thomas O'Hare, DO Associate Dean of Clinical Education tohare@midwestern.edu 623.572.3224</p>

STATE	MEDICAL SCHOOL	RURAL-RELATED ACTIVITIES	MEDICAL STUDENT PARTICIPANTS	STUDENT RECRUITMENT	CONTACT INFORMATION
California	<p>Touro University College of Osteopathic Medicine – California (TUCOM)</p> <p>http://www.tu.edu/departments.php?id=43</p>	<p>Considering the national shortage of primary care physicians in rural areas, TUCOM stresses matching physicians with community needs and early identification of undergraduate students committed to becoming rural primary care physicians.</p> <p>Students can elect to do their clinical training embedded in a rural area of northern California. Here they are able to undertake their third- and four-year core rotations via a consortium of three hospitals in rural communities.</p> <p>-----</p> <p>TUCOM medical students also have the opportunity to participate in the California Academy of Family Physician's (CAFP) summer preceptorship program that has the potential to expose students to rural medicine. Students who participate spend four weeks precepting full-time with a family medicine physician. Students who precept at rural sites live in the communities they serve. Rural community preceptorships are also available that allow students to rotate between multiple sites within the same rural community. This increases their exposure to the community as a whole, and gives them the opportunity to learn from physicians with different backgrounds and interests.</p>	<p>During AY 2007, 14 students elected to do their core clinical rotations in rural northern California.</p> <p>-----</p> <p>Typically, two to three students participate in CAFP each summer.</p>	<p>During their second year, students are made aware of the various sites that are available for their third- and fourth-year clinical rotations.</p>	<p>Abraham Pera, DO Interim Associate Dean for Clinical Education abraham.pera@touro.edu 707.638.5923</p>
California	<p>Western University of Health Sciences College of Osteopathic Medicine (COMP)</p> <p>http://www.westernu.edu/xp/edu/comp/recruitment.xml</p>	<p>Northwest Track (NWT). Thirty qualified students have the option of participating in the NWT. Students complete their first two years of study on the COMP campus in Pomona, California. The required third- and fourth-year clinical rotations, excluding elective clerkship experiences which can be taken anywhere, are completed in WesternU/COMP affiliated hospitals and clinics in Alaska, Idaho, Montana, Oregon, Washington or Wyoming. Varied training sites across these states include rural locations.</p> <p>By working collaboratively with undergraduate institutions, hospitals, physicians, and graduate medical education (GME) programs in the northwest, NWT is assisting to meet the special needs of rural communities. Historically, medical students often pursue post graduate residences in locations in which they trained via clinical clerkships, and NWT provides an important pipeline of osteopathic students who have a potential to practice in rural areas of the northwest.</p> <p>For more information: http://www.westernu.edu/xp/edu/comp/nwt_contact.xml</p>	<p>Annually, at least 15 out 30 third year students do core clerkships at rural sites.</p>	<p>Students learn about NWT through the COMP application process. Candidates for NWT must permanently reside or possess a degree from a four-year college or university in the states of Washington, Oregon, Idaho, Montana, Wyoming, and Alaska, and commit to participate in clinical clerkships in these states.</p>	<p>Dirk Foley Executive Director for Educational Development Northwest Region foleyd@westernu.edu 503.319.0886</p>

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Nevada	Touro University College of Osteopathic Medicine – Nevada (TUNCOM) http://www.tu.edu/departments.php?id=43	<p>Nevada is largely rural and given the shortage of primary care physicians in rural areas, TUNCOM stresses primary care and is striving to identify students committed to becoming rural primary care physicians.</p> <p>TUNCOM graduated its inaugural class in May 2008, and is in the process of establishing rural strategies for its students. Three-pronged planning is underway:</p> <ul style="list-style-type: none"> • Linkages have been created with rural clinical sites to enable third- and fourth-year students to have primary care rotations in rural areas, and further linkages with additional rural sites are anticipated. • In the future, rural rotations are to be developed in which students are immersed in rural community health. Students would have the opportunity to view medicine from a community perspective and experience the diverse, multirole scope of practice of rural physicians. • Also in the future, a rural track program is to be developed to enable students to undergo a rural-oriented curriculum and clinical experiences beginning in their first year and continuing throughout their medical school education. 	<p>In the past two years, 12 to 15 students a year have pursued their primary care rotation at a rural clinical site.</p>	<p>Students become aware of available clerkships at rural clinical sites towards the end of their second year of medical school. As time progresses and more students have rural experiences, it is anticipated that student “word-of-mouth” will become an important recruitment factor.</p>	<p>Andrew Eisen, DO Associate Dean for Clinical Education andrew.eisen@tun.touro.edu 702.777.4755</p>

*Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Washington will open in 2008; Rocky Vista University College of Osteopathic Medicine in Colorado will open in 2008.