PARTNERING TO CREATE RURAL CLINICAL PLACEMENT OPPORTUNITIES

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The Maine AHEC Network is one of 56 Area Health Education Centers (AHEC) programs across the country funded by the US. Health Resources and Services Administration (HRSA) to address health workforce shortages in rural and underserved communities.

PURPOSE

To increase rural experiences for University of New England College of Osteopathic Medicine (UNECOM) students the Maine AHEC Network, Northern Maine AHEC, and Northern Maine Community College collaborated to create a rural community health rotation that would attract students interested in rural health and create a rich experience to increase the chances that they will make the decision to practice in rural Maine in the future.

ENHANCED ROTATION COMPONENTS AND PARTNERSHIPS

The CHR contributes to the student’s preparation in primary care by:

- Increasing competence and confidence in their approach to clinical and physical diagnosis for acute and chronic illnesses.
- Developing patient care management plans that integrate the social, psychological, and economic realities of the patients and their communities.
- Promoting student participation in patient teaching, health promotion and disease prevention, and community and or public health activities.

Community Partners:
The Northern Maine Community College in Presque Isle which housed the students on their Enhanced CHR also the Northern Maine AHEC. Headed by a local woman whose family has been in Aroostook County for many generations, AHEC was able to partner with many community agencies that were eager and excited to be part of a student’s educational experiences. Not only were the students involved in their organizations’ activities, but invitations to dinner and family gatherings were readily extended to the students. The communities’ sharing of life experiences were an invaluable component of this rotation. Some of the agencies were the Chambers of Commerce, Maine Center for Disease Control, Maine Winter Sports Center, Area Agency on Aging, University of Maine at Presque Isle, Carle Healthy Community Healthy Soul Program, and one of AHEC’s first supporters, the Aroostook County Action Program (CAP). These organizations’ assistance and connections throughout Aroostook County were key to a successful and exciting program.

Clinical Rotation Settings:
1. Presque Health Services – Caribou, Presque Isle; Van Buren: Local FQHC with over 40 physicians and other providers.
2. Caribou Family Health Center – Madawaska: Part of the Northern Maine Medical Center in Fort Kent, serving Family Medicine, Internal Medicine, and Psychiatric needs.
3. The Aroostook Medical Center (TAMC) – Presque Isle: The leading provider in Aroostook County and part of the Eastern Maine Health System.

STUDENT PROJECTS

The projects were informally structured as each student had slightly different interests and the community activities during any one particular time of year changed. Some typical projects were:

- Nutrition and Health
  - Working with Diabetes Educator to learn about living with diabetes
  - Nutrition vs. costs, eating on a reduced budget
- Public Health and Community
  - Volunteering with the homeless shelter services
  - Working with the public health nurse within
- Substance Abuse
  - Studying and analyzing what and how it affects the community
- Pipeline and Health Careers
  - Talking with middle and high school students about health careers

CONCLUSIONS

By collaborating with the Maine AHEC Network and local community college, the UNE College of Osteopathic Medicine has provided medical students with a rich rural health experience that may translate into the recruitment of more providers in rural and underserved areas. Recruitment of rural health providers will require new strategies and partnerships in order to ensure all people have access to quality health care.

For more information, contact Maine AHEC Network Clinical Coordinator Maryfrances Smith at msmith4@une.edu or (207) 221-4461. Learn more about Maine AHEC Network at www.une.edu/AHEC

ENHANCED AROOSTOOK COMMUNITY HEALTH ROTATION

Students who have positive clinical training experiences in rural and underserved communities are more likely to return to those communities to practice. Maine AHEC has partnered with academic institutions and community-based providers since 1988 to coordinate UNECOM Community Health Rotations (CHR) for third-year medical students in rural and underserved communities in Maine. Approximately half of the students stay in 4 Maine at four clinical sites: in Augusta, Bangor, Lewiston, and Portland. Over the past few years there was a sharp decline in the number of medical students completing a CHR in Maine’s most northern rural community (Aroostook County). To combat this trend, Maine AHEC Network created the Enhanced Aroostook County CHR to provide students with:

- A rich clinical experience via direct interaction with providers and patients to build skills and confidence.
- A community project/activity to better understand rural life and the community.
- Exploration of interests beyond, or in addition to, clinical practice.
- Free housing at a local community college.
- Mileage reimbursement for one round trip to the area.

Eleven students participated in this rotation during FY2015—2016.

Student Requirements:
- An application process was developed and administered by the AHEC program.
- Completion of a one-page reflection paper.
- Completion of a community-based student project.
- Evaluative processes were put in place both pre and post.
- Yearly tracking of program alumni (email).

Evaluation Methods

- Ten of the 11 participants in FY2015-2016 completed a pre-survey and 9 completed a post-survey as part of their participation in this pilot clinical rotation.
- In addition, 7 students responded to a follow-up tracking survey administered in Nov. 2016.
- Monitoring of this program will continue on an ongoing basis using annual debriefing sessions as part of a rapid cycle/PDSA evaluation approach.

Evaluation Results

- Pre-Pilot Clinical Rotation Survey Results
  - Key outcomes are likelihood of students practicing in rural, underserved, and/or primary care settings.
  - Promotions about intention to practice in primary care, with medically underserved populations, in rural areas (and in Maine) after graduation all showed increases in average agreement from pre to post.
  - Sample size of 9 is too small for reliable statistical analysis (e.g. paired t-test), but changes in intention warrant further study as program expands.

Tracking Survey Results:
- Of the 7 students who responded to the November 2016 tracking survey, 4 are in their 4th year of medical school at UNECOM & 3 are currently completing a residency.
- All 3 of those in residency characterize their area of focus as primary care, 2 out of state and 1 in Bangor, Maine.
- When asked about the influence of the enhanced rural rotation on their career path, 5 out of 7 (71%) indicated it was “semantically” or “very influential”.

“I have particularly enjoyed the opportunity to learn in one-on-one settings where the physicians not only take valuable time out of their busy schedules to create teaching moments, but also offer their sincere mentorship in a supportive and encouraging learning environment along the way.”

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