An Early Immersive Primary Care Experience
Integrating Students into Communities

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Objectives
To continue to meet the needs of Michigan, CHM’s expanded curricular efforts should focus on:
• Maintaining our historical strength in graduating high-quality primary care physicians
• Encouraging students to practice in rural and urban underserved locations throughout the state, thereby improving access of the state’s residents to quality health care

Background
There is strong evidence that students emulate the physicians they are exposed to, and choose to work in settings like the ones where they learn.
• Students are more likely to choose primary care when they attend institutions with a longitudinal primary care curriculum.1-2
• Graduates of primary care-focused training programs are substantially more likely to eventually practice primary care, work in community health centers, practice in rural areas, and participate in the National Health Service Corps.3-4 There is evidence that these associations are causal, and not merely an effect of student self-selection.
• Additionally, service-oriented training programs graduate more primary care physicians.4
• Students with rural medical school experiences, community-based experiences, or medical schools in rural communities are much more likely to practice in rural communities.4

Accelerations in technology and MSU-CHM’s dispersed network of community physicians create a unique opportunity to extend medical student education to community settings, particularly rural and underserved communities, in a greater capacity than has ever been done before.

Orientation to Medicine
• Clinical Skills “Boot Camp” for basic skills, with associated basic and clinical sciences
• Small learning groups of students with faculty, within larger learning communities

Immersive Primary Care Experience
• Dispersed & diverse community throughout Michigan, with focus on underserved urban and rural
• Work with clinical learn preceptorship skills, learn community
• Technology to continue basic sciences; work with established small group

Physical Exam/Anatomy/Physiology Modules
• Return to preclinical campuses and learning group communities
• Integrated modules of clinical skills and the related basic sciences
• Utilize anatomy lab resources

In addition to the clinical experience and patient contact, students during the Immersive Primary Care Experience will:
• Learn related basic sciences via on-line modules
• Reflect on experiences with small group colleagues and mentor faculty
• Apply interpersonal and physical exam skills
• Compare a presentation

In the Longitudinal Immersive Primary Care Experience, students spend two 4-6 week blocks in dispersed clinical communities during the first year of medical school:
• Each block includes skills/competencies to mastery. The initial block will focus on skills such as vitals, basic interviewing, community resource assistance. The second block will include physical exam skills, patient education, med reconciliation, etc.
• Meanwhile students will continue basic science learning via web based modules that connect to commonly encountered conditions/tasks in the primary care office.
• During the second block, focus will include application of epi, public health, and health disparities knowledge in a needs assessment of the practice or community, with proposal of interventions to address a concern.
These dispersed blocks are feasible due to the use of advanced technologies and the establishment of rapport and connection within a small group and larger learning community during an extended Orientation/CS Boot Camp, with these groups maintaining ongoing interaction during the immersive primary care experiences.

Discussion
• Technology allows a wider application of the true spirit of a “community-based medical school”
• Allowing the placement of students in diverse and dispersed communities, while minimizing the concern of isolation, and while allowing ongoing implementation of a standardized basic and clinical science curriculum
• Necessary resources include:
  • Dedicated small group faculty in the preclinical campuses with interest in primary care, to lead cohorts of students through this process
  • Development of a positive and willing group of primary care physicians in rural and underserved communities across the State of Michigan to host students during their immersive experiences
• Ongoing challenges
  • Housing and logistical challenges in the communities
  • Tech support, including access in all communities
  • Development of “Khan Academy” type modules for basic science that relate to common clinical encounters, to allow integration
• Potential benefits
  • Early primary care experience & with experiences in underserved communities
  • Meaningful early clinical experiences with physician faculty likely motivated to teach and not distracted by 3rd year students
  • Graduation of more primary care physicians who are more likely to serve communities in need, and particularly within the State of Michigan.

References