Innovations in Family Medicine Education

Joshua Freeman, MD
Feature Editor

Editor’s Note: Send submissions to jfreeman3@kumc.edu. Articles should be between 500–1,000 words and clearly and concisely present the goal of the program, the design of the intervention and evaluation plan, the description of the program as implemented, results of evaluation, and conclusion. Each submission should be accompanied by a 100-word abstract. You can also contact me at Department of Family Medicine, KUMC, Room 1130ADelp, 3901 Rainbow Boulevard, Kansas City, KS 66160. 913-588-1944. Fax: 913-588-1910.

Minnesota’s Rural Health School: Interdisciplinary Community Education

Daniel G. Mareck, MD

The Minnesota Rural Health School was established in 1996 and is administered by the University of Minnesota School of Medicine, Duluth. The program provides rural interdisciplinary clinical experiences for health professions students in seven community sites. The core disciplines include medicine, physician assistant, pharmacy, nursing, dentistry, and social work. There have been more than 230 participants. Students benefit by learning to work in collaborative teams and by participating in rural health care delivery. The communities benefit from service-learning projects, from the introduction of telecommunication technologies, and from the increased potential for recruiting future rural practitioners.

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Background and Educational Objectives

The University of Minnesota has a long history of developing innovative approaches to help meet the health care workforce needs of the state’s rural population. These include the Rural Physician Associate Program (RPAP) administered by the University of Minnesota Medical School in Minneapolis and the Family Practice Preceptorship for Duluth medical students. Recently, an interdisciplinary program, the Minnesota Rural Health School (MRHS), was initiated to further address the continuing shortage of rural health care providers.\(^1\)

Several developments have contributed to this new initiative. Nationally, the Pew Health Professions Commission report, “Recreating Health Professional Practice for a New Century,” and the Institute of Medicine, in its “Crossing the Quality Chasm” report, encourage interdisciplinary competence in health professionals. Locally, Minnesota managed care organizations have fostered the development of health care teams to provide efficient and cost-effective patient care.

The MRHS is a community-based program established in 1996, administered by the University of Minnesota School of Medicine, Duluth, and funded by the Academic Health Center (AHC) of the University of Minnesota. The school uses seven training locations throughout the state. Students are recruited from the core disciplines of medicine, nursing, physician assistant, pharmacy, social work, and dentistry. Students from public health, veterinary medicine, physical and occupational therapy, and speech-language pathology also occasionally participate. In addition to the seven schools and colleges of the AHC and the Duluth Depart-
The curriculum at the University of Minnesota School of Medicine, Duluth, has expanded the school's core disciplines to include social work, allowed for the development of six Web-based educational modules on various components of rural and community health, and allowed for implementation of videoconferencing and diagnostic-level video technology to provide home visits to elderly patients.

Additional program information is available at: www.mnruralhealthschool.org.

Table 1

Cumulative Student Evaluation Results

<table>
<thead>
<tr>
<th>How well do you understand the roles and contributions of the various health care team members?</th>
<th>Before Session</th>
<th>After Session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5.4</td>
<td>8.1</td>
</tr>
<tr>
<td>To what extent do you feel comfortable, overall, with your skills in working as part of a team?</td>
<td>5.7</td>
<td>8.0</td>
</tr>
<tr>
<td>To what extent can you identify the strengths and weaknesses of an interdisciplinary team?</td>
<td>5.3</td>
<td>7.8</td>
</tr>
<tr>
<td>How well do you understand the culture of a rural community?</td>
<td>6.2</td>
<td>7.9</td>
</tr>
</tbody>
</table>
community sessions, which have limited student enrollment. The number of participants per session is also limited, as each of the seven sites can accommodate only five to seven students. The buy-in from both academic and community faculty is not always strong, since “interdisciplinary” is still a new, and sometimes threatening, concept for many faculty and practitioners educated in discipline-specific models.

Clinic responsibilities and the potential for decreased reimbursement for clinicians engaging in voluntary teaching also limit community faculty involvement.

Future initiatives include implementing shorter sessions targeting specific topics such as interdisciplinary geriatric education. The University of Minnesota has applied for an Area Health Education Center (AHEC) grant. Collaborating with the AHEC initiative would strengthen the MRHS by facilitating more-effective scheduling across disciplines. It would also allow the opportunity to expand community educational experiences. The program has also partnered with several Duluth-based organizations to develop a stronger research focus. These include the Whiteside Institute for Clinical Research, which is seeking to develop a Rural Clinical Research Network, the Minnesota Center for Rural Health, and the School of Medicine, Duluth Center for Rural Mental Health Studies.

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REFERENCES