

Off

Upstate's RMED program provides an alternative to conventional clinical training while introducing students to the joys of small-town medicine.

the Beaten Path

By Renée Gearhart Levy

"Hi Rubie."

"Hey, Rubie!"

"How was your weekend, Rubie?"

That's what Rubie Maybury hears as she walks the surgery hallway at Geneva General Hospital.

"I feel almost like a bit of a celebrity," she concedes.

To the hospital staff, she is indeed. Maybury, a fourth-year medical student at Upstate Medical University, is the lone student working at Geneva General. Instead of being one of hundreds of medical students and residents doing their clerkships at University Hospital in Syracuse or Guthrie Hospital in Binghamton, Maybury has chosen an alternate route: Upstate's Rural Medical Education Program, otherwise known as RMED.

The RMED program places third-year medical students in rural or small communities for nine consecutive months to work and learn under the supervision of board-certified family physicians and other specialists. Unlike the centralized, episodic nature of most of medical education, the program allows students to form long-term relationships with doctors who mentor them and with their patients.

Only three months into the program, Maybury is friendly with everyone from the scrub techs to the nurses to the anesthesiologists and surgeons. "People are extremely friendly," she says. "Instead of being just another student—a pain

in the neck—they're really excited to have me here."

More importantly, she's learning a lot. "I feel like I have a lot more hands-on involvement, and more involvement in the decision-making process than I would if I were in the academic setting, working under residents," Maybury says.

RMED students spend approximately half their time working with a family

practice physician in their community and the other half with a range of specialties, allowing students to experience a unique continuity of care. "When a patient from the primary care doctor is sent for surgery, I'll go over and scrub in on it," Maybury says. "I'm able to follow their progress. It's interesting to follow health care from the primary care doctor to the specialists and back."



RMED student Rubie Maybury assists radiologist Thomas Thompson, MD, with a lumbar myelogram.

A Simple Goal

To the list of ills afflicting health care—managed care, a nursing shortage, the increasing cost of medical education—add a looming lack of doctors.

According to a 2005 report of the American Medical Association, numerous studies project a deficiency in the number of physicians in the near future. Already, shortages exist in many specialties and an uneven distribution of physicians is causing hardships in many parts of the country.

Many rural and smaller communities have long struggled to attract medical practitioners. More than 51 million Americans live in areas classified by the U.S. Office of Management and Budget as non-metropolitan. They comprise one-fifth of the U.S. population, yet less than 11 percent of the nation's physicians are practicing in non-metro areas. And according to the U.S. Department of Health and Human Services, more than 20 million of those non-metropolitan residents live in areas that have a shortage of physicians to meet their basic needs.

"As I talk to hospital administrators and physician leaders in New York State, almost all of them can name two or three specialties for which they are having trouble filling positions," says James Greenwald, MD '78, associate professor at Upstate Medical University's Department of Family Medicine and Director of the RMED program.

Easing that supply and demand was the impetus for RMED, which began incubating back in 1988, at the urging of Mac Baird, MD, then chair of the Department of Family Medicine. Dr. Baird had come to Upstate from the University of Minnesota, home of the pioneering Rural Physician Associate Program. Interested in starting a similar program for Central New York, Baird enticed its founder, Jack Verby, MD, to take a sabbatical year in Syracuse to help develop the program.

The concept was simple: to provide students family medicine training in a rural setting with the hope of encouraging them to practice primary care in these underserved areas.

"It's during these formative years that career decisions are made and attitudes toward rural practice are established," says Dr. Greenwald.

RMED was modeled on Minnesota's program, started 15 years earlier. Although there are a variety of programs at medical schools across the country that focus on rural medicine, these are the only two that send students to rural communities for a full nine months of training.



Maybury with her family medicine preceptor, Andrew Reese, MD '97, an alumnus of the RMED program.

RMED sent out its first two students in 1989—one to Potsdam and one to Hamilton. By 1992, there were 10, which has been the average ever since. The program has graduated 155 students, more than a third of whom now practice in rural or smaller communities.

A program evaluation published in the August 2005 issue of *Academic Medicine* reported that RMED graduates were four times more likely than their classmates to practice in a rural community.

Over time, the program's goal has evolved slightly. "We're still interested in recruiting primary care physicians for rural areas, but many of these communities need other kinds of specialists as well. There is a terrific need for general surgeons, anesthesiologists, radiologists," says Peter Beatty, PhD, RMED associate director for education. "Our focus is not so much on the specialty as on the geographic location."

Hands On

Students who choose the RMED program are placed in one of approximately 20 communities in Upstate New York, with hospitals ranging from 28 to 160 beds. Although billed as a "rural" medical program, some of the communities are fairly



Fourth-year medical student Shawn Conlon checks the ears of a young patient. Conlon is completing his family medicine clerkship in Cortland, NY, through the RMED program. "I thought working here would give me a good flavor for medical life outside the academic realm," he says.

good sized—including Glens Falls, Oswego, and Ithaca.

"They may not be what you typically consider rural, but you're generally out in the country within a five minute drive of downtown and many patients come from more rural areas far outside," says Beatty.

Others are very small towns, such as Rushville, which boasts one traffic light.

"They have to be big enough to have enough clinical material for students," Beatty says.

The RMED program is 36 credit hours. Students typically complete 14 hours of required clerkships (surgery and family medicine) and 22 hours of elective credits in a schedule they create themselves.

Maybury was actually attracted to the RMED program specifically because of her interest in surgery. "I thought I would have the opportunity to do more than at

University Hospital, which would allow me to find out if I had the hands for it," she says.

With the opportunity to scrub in on nearly all of her preceptor's surgeries, she was first assist on all of the smaller procedures—lumpectomies, appendectomies, hernias—and first assist on two laparoscopic cholecystectomy procedures. "The surgeon let me suture about half the time," Maybury says. "Sometimes he let me do the incision. I really got a lot of hands-on exposure."

Even more valuable was the insight the surgeon was able to give her about her strengths and weaknesses. "If I was at the University, I'm not sure any one doctor would know me well enough to assess me in that area," she says.

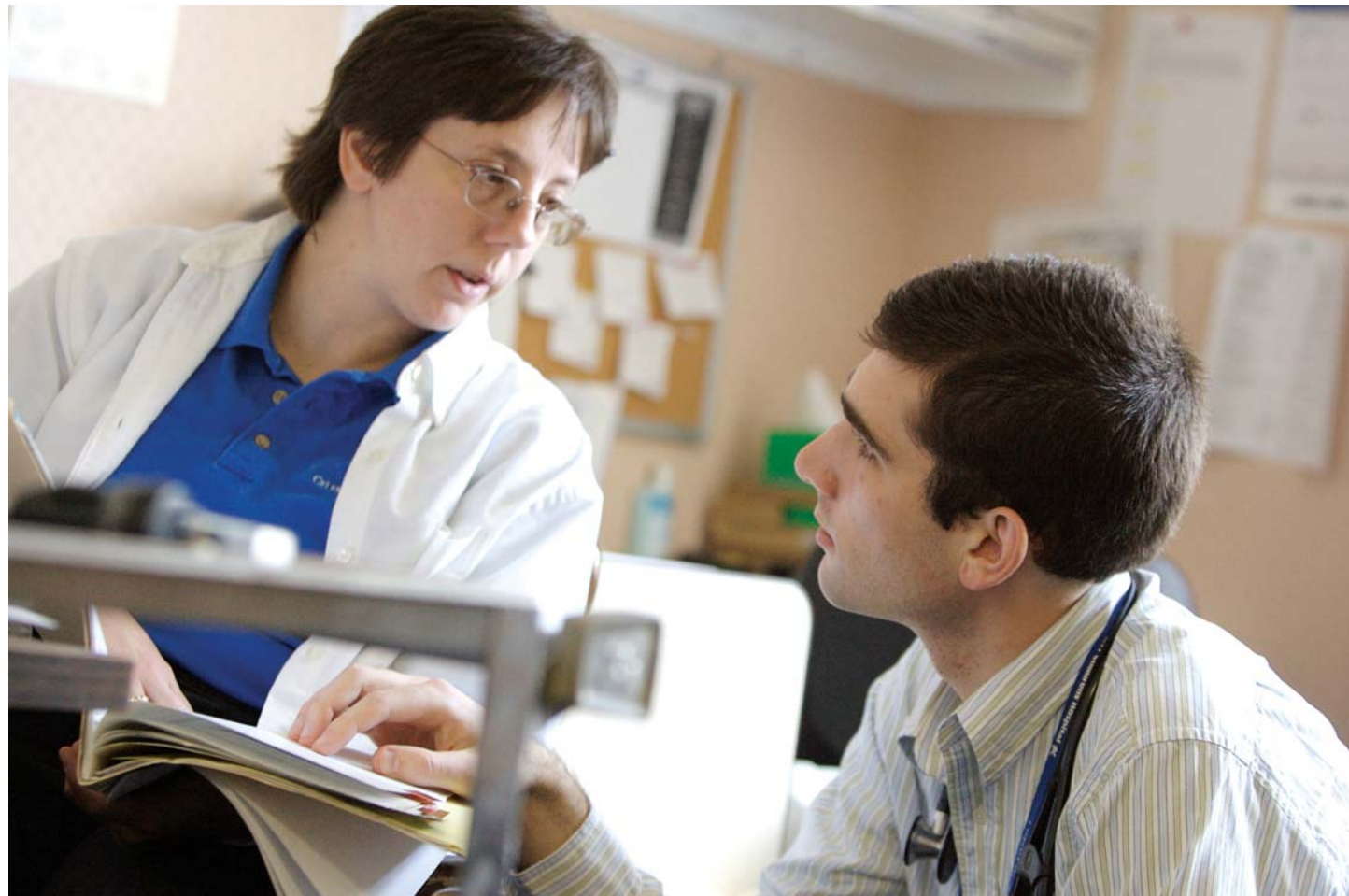
Thus far, she's confirmed both her interest in surgery and in working in a

rural area. "I'd like to do medical mission work. Ultimately, I plan on being somewhere rural, although it might be in the Third World and not the United States," she says.

The typical student attracted to RMED is described by Beatty as a mature, independent learner from Upstate New York, who is sometimes older and/or married.

Maybury is from Syracuse. Her classmate, Shawn Conlon, a native of suburban Niskayuna, New York, is married and had been commuting to Upstate from Cortland, New York, while his wife attended veterinary school at Cornell University in Ithaca. Conlon chose the RMED program and requested to be placed in Cortland. He is unusual in that he'd already been living there for two and a half years.

But geography wasn't the only attraction. "I thought working here would give



Conlon confers with his family medicine preceptor, Cherilyn White, MD '94, HS '97, who practices in Cortland, NY. Dr. White also participated in the RMED program as an Upstate medical student. She is one of the few family medicine docs in the area who still practices obstetrics.

me a good flavor for medical life outside the academic realm," he says. "I also liked that you work pretty much one-on-one with attending physicians the entire time," says Conlon, who plans to do a residency in internal medicine. He spends half his time working with family medicine physicians Rose Marie Hurley, MD, and Cherilyn White, MD '94, HS '97, who are among the few family physicians who still practice obstetrics.

"Most students do their two weeks of labor and delivery during their OB/GYN rotation and that's it," says Conlon. "I get to see lots and lots of deliveries. Really, it's the full spectrum of care. It's neat—I see prenatal care, the baby being born, then the child is brought into the office as a patient. And last week I saw a 103-year-old patient in a nursing home. There's a real diversity."

Mutual Benefits

The RMED program could not exist without the support of the communities that host students and the preceptors that donate their time. Many of them are alumni of Upstate or of the RMED program itself, and interested in supporting the institution in this way.

Others appreciate the intellectual rigor mentoring a student entails. "Our preceptors tell us it gives them motivation to keep up to date and keeps them on their toes," says Beatty.

Most of them are interested in attracting new physicians to their communities. "They view the medical students as possible future practitioners for their communities," says Beatty. Oneida, for example, has recruited four physicians from the RMED program since the community began hosting students.

It also brings them continuing education opportunities. Twice a year, RMED hosts two weekend faculty development programs for its primary preceptors. Once a month, faculty members from Upstate Medical University visit each RMED site to spend time with the student and his or her host doctor. The student generally has four to six hours with the visiting faculty—a family physician and a specialist. During the course of the day, the visiting physicians—sometimes nationally known specialists—make a presentation to which the local physicians and staff are invited.

It's not just the local doctors who appreciate these visits, but the students as well.

"It's valuable academically, but even more valuable from the standpoint of feeling connected," says Maybury. "These visits help you not feel like you got dropped out here as a way for the school

to spend fewer resources on you. In fact, it probably ends up being more expensive for the school than having us there."

Indeed it does.

In the beginning, RMED was supported by a series of federal grants. The program has received periodic assistance from foundation grants but the majority of support comes from the medical school itself.

"It's an expensive program," says Beatty. "It's labor intensive and there are extra expenses for students."

Many communities have historically assisted students in the areas of housing, transportation, and computer support. Maybury, for example, lives in a house owned by Geneva General Hospital.

"It's getting harder and harder for these hospitals to help us as they struggle financially to keep their heads above water," says Beatty.

The Department of Family Medicine would like to establish an endowment to

secure support for the RMED program into the future. "If we can use financial incentives to encourage students to do something that's going to be beneficial in the long run, then we're happy to do it," says Beatty. "We just don't have the resources, and unfortunately, the rising cost of medical education is only putting an increasing burden on students."

Continuity of Care

For her family medicine training, Maybury works in Waterloo, New York, with family physicians Tim Ryan, MD, and Andrew Reese, MD '97. Dr. Reese joined Dr. Ryan in practice after working with him while an RMED student himself in 1996. Ryan is a 1979 graduate of the Family Practice Residency Program at St. Joseph's Hospital Health Center in Syracuse, and is also an alumnus of the University of Minnesota's Rural Physician Associate Program, after which RMED is modeled.

"Having been in my shoes, they understand how valuable this experience can be," Maybury says.

And they understand the downside. "It can get lonely. I have no classmates. You're so busy that it's hard to establish new friends," she says.

The tradeoff is that she feels she's having a "much more pleasant experience" than many of her classmates going the traditional route. "I'm doing more and involved with my patients in a totally different way," she says.

"I had a patient as one of my early surgical cases who ended up also being a patient of my family practice doctor. Now I'm working with an orthopedist and he's a patient there too. It's really valuable to be able to see the entire spectrum of a patient's medical care as opposed to just one piece of it. I can't wait to see where he'll turn up next." ■

RMED SITES

While the word "rural" connotes a remote location, most RMED sites are actually small towns and cities, many within a two-hour drive of Syracuse. "We've chosen communities that have enough clinical material to be a worthwhile experience for students, but still provide a small-town environment," says Peter Beatty, PhD, RMED associate director for education.

Canandaigua

Pop. 11,310

Canton-Potsdam

Total Pop. 16,650

Cortland

Pop. 18,390

Geneva/ Seneca Falls

Total Pop. 19,390

Glens Falls

Pop. 14,350

Hamilton

Pop. 3,890

Ithaca

Pop. 28,300

Lowville

Pop. 3,650

Malone

Pop. 6,780

Norwich

Pop. 7,500

Ogdensburg

Pop. 14,230

Oneida

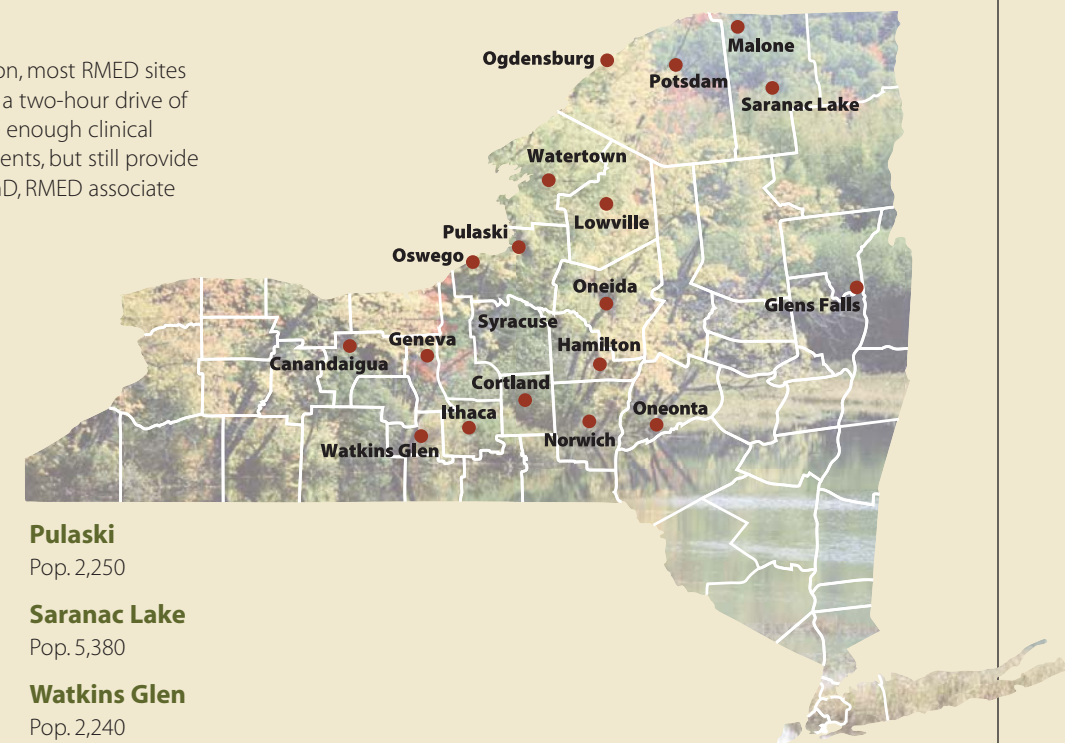
Pop. 11,000

Oneonta

Pop. 12,810

Oswego

Pop. 20,000



Pulaski

Pop. 2,250

Saranac Lake

Pop. 5,380

Watkins Glen

Pop. 2,240

Watertown

Pop. 26,710