Innovative Program Prepares Medical Students to Work Where Need is Greatest

By Jim Phillips

In 2003, the Heritage College – it’s one of the reasons the college exists. Attracting and training students willing to work in high-need areas is part of the job, but in 2013 the college launched a new program to also make sure that medical students in underserved communities graduate with a solid group of what it takes to succeed before setting up to practice there.

Offering a combination of workshops, intense group case-study discussions, and field immersion experiences, the Rural and Urban Scholars Pathway (RUSP) Program is meant to teach the kind of self-reliance and creative problem-solving skills a physician needs when working alone or in a small practice, far from big hospitals and highly specialized practitioners. Currently, 41 students are enrolled in the program, seven of those at the Dublin campus. To many students who want to work in an underserved area, the program seemed tailor-made.

“I found out about the RUSP program while I was applying for medical school, and I was instantly excited,” recalled Kara Guisinger, OMS II. “It kind of seemed as though it fit all of the interests that I had, most especially with primary care. And I was instantly excited.”

Kara Guisinger, OMS II

To do good work as a physician in an underserved area, “you need to be comfortable doing great work in difficult a moment as a working physician when he or she says, ‘What drug should I be prescribing for this?’ because that’s a lot easier chore,” Oldach said. “It’s usually more personal-interpersonal kinds of things, rather than, ‘What questions we can talk to them. They take such good care of us.”

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Addressing an Urgent Need

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RUSP Director Sharon Reynolds, Ed.D., said she thinks the program helps the students stay in touch with the rewards that make possible pay and workload implications of a career providing primary care to the underserved. “To go back to the question of why they wanted to be a doctor in the first place.”

When the state’s General Assembly created the Ohio University Heritage College of Osteopathic Medicine in 1975, the enabling legislation specified that the new school should emphasize training family practitioners and “encourage its graduates to practice medicine in those areas of the state where the greatest need exists.”

The college has been working effectively ever since to supply physicians to underserved areas of Ohio, both rural and urban. Two years ago it took a big step to further augment that effort when it accepted the first set of students into RUSP: Operating out of the college’s Office of Rural and Underserved Programs, RUSP is one of the transformative projects funded out of a historic $105 million gift in 2011 from the Osteopathic Heritage Foundation.

Longenecker, for example, joined the Heritage College faculty in 2012 after a long career as a rural family practice physician, with a national reputation for his work in developing rural training programs at the Ohio State University and elsewhere. In 2014, he won the National Rural Health Association’s Outstanding Educator Award (two RUSP students nominated him).

He noted that RUSP was designed to enrich a student’s learning experience, rather than serve as a separate curriculum track.

“Students also seem to appreciate the close attention and mentoring they receive through RUSP.”

They are so on top of things,” said Jessica Fike, OMS I. “We have questions like, ‘Where are we going to do our rotations as part of RUSP?’ Well, they got us all together and set up a conference call with other RUSP students who are at Affinity Health and Cleveland Clinic South Points. They let us talk to the students, and they got us their emails, so if we have any questions we can talk to them. They take such good care of us.”

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Under the heading of “capacity,” the program seeks students with a demonstrated ability to think on their feet and to make do with the resources available. Along with an essay, applicants are asked to submit two portfolio items that, according to Longenecker, “demonstrate their capacity to solve something and to improvise in a setting of limited resources.” This doesn’t have to be medical-related; Longenecker recalled one student from a rural area who “had devised a little deer-shooting contraption. He took the materials he had and made something from what he had, rather than buying something from Cabela’s (a hunting/fishing supply business).”

An Improvisational Approach

The core of RUSP is the monthly clinical reflection group (CRG), dubbed “Clinical Jazz.” In each 90-minute session, one student brings in a knotty problem, often an ethical quandary that he or she has faced in a clinical setting. “The group tries to clarify the case in question, to really understand it and refine it into a useful question,” Longenecker said. “And then we try to answer it from our different perspectives.”

Benjamin Oldach, OMS II, one of the first set of RUSP participants, said Clinical Jazz adds a valuable human dimension to a physician’s scientific and clinical training, which is especially important for a primary care doctor.

“It’s usually more personal-interpersonal kinds of things, rather than, ‘What drug should I be prescribing for this?’ because that’s a lot easier chore,” Oldach said. “And so it’s a mechanism for getting at those things that are a lot more difficult to get at.”

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People who just fall in love with rural practice, and there are rural people who "They don't come in with 'urban' or 'rural' branded on their backs," Longenecker. The original plan was that students would be designated as either heading the experience of living in poverty." They can also be a little bit more abstract – maybe looking at poverty and can be scope-of-practice kinds of things, or skill-based things like suturing. The responses from students, he admitted with a laugh, are "very student-specific. They have to want to go to a rural community, because there's a lot more that you have to do. It's not an eight-to-five day. When you have a situation that you're concerned about, you really need to take the time to explore it, even if it makes you run behind." Being a rural doctor, Neeley concludes, "is not for everybody. You have to be willing to sacrifice your time sometimes. But patients appreciate it." He said he considers RUSP "an important program. It's really made me think about how I want to run my practice." An official of a national group providing leadership on rural health issues said that while other medical schools have programs focused on training physicians to serve the underserved, he knows of none as holistic and integral in its approach as RUSP.

"I think the program would be incredibly helpful," said Brock Slabach, senior vice president of the National Rural Health Association. He noted that getting a new physician to start practice in underserved areas is easier than keeping them there, because if someone is not adequately prepared to make an adjustment, "it could be a real adjustment of expectation to reality." The work RUSP does to acclimate students, he said, helps "to allow for a smooth transition from academics to practice very quickly, and one that isn't as traumatic as it would be otherwise." While RUSP can help prepare a student to hit the ground running in an underserved community, it also benefits from students who have entered the Heritage College with a mind set of becoming primary care doctors where they're most needed and who have a fair idea of what that choice entails. "Since I've decided that medicine was the way to go for me, working in an underserved community was something that I wanted to do," explained Oldshull, whose father was a primary care physician in southwestern Ohio. "I want to be what I'm doing. Because, even 40 hours a week, which I think is probably the minimum of what I would work, is a long time to be doing something that you have a really long time. So it's nice to go and feel like you're making a difference and feel like you're doing something to be challenged every day."