



Reaching Out to Rural Regions

New MD Program Aims to Address Shortages

by Dian Land

The University of Wisconsin School of Medicine and Public Health (SMPH) is creating a new medical degree program aimed at addressing the serious shortage of physicians in rural areas of the state—a problem that, according

to most experts, will only worsen over time. The Wisconsin Academy for Rural Medicine, or WARM, will be a four-year curriculum that parallels the standard MD curriculum, but with a distinctly rural emphasis—from the admissions process through residency placement.

The first class of the new program, spearheaded by Byron Crouse, MD, the school's associate dean for rural and community health, will matriculate in fall 2007. Five students will be admitted that year with five more each of the following four years for a total of 25 by 2015.

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Students specially selected for the WARM program—qualified applicants who have indicated an affinity for rural medicine—will find that the first two years of the program are much the same as the regular curriculum, but they will be encouraged to concentrate on rural medicine-related electives.

WARM educators also will strive to ensure that Med 1 and 2 students do their local initial clinical experiences, which are part of the Generalist Partners Program within the Patient, Doctor and Society course, in smaller agrarian communities close to Madison. Activities in the popular Rural Medicine Interest Group, which students have created, also will be expanded.

The most extensive curricular changes will occur in years three and four, when almost all of the student clinical experiences will take place within a network of rural training sites that the school has built across the state.



Fourth-year medical student Erin Kimball has found her longitudinal rotation in rural medicine with Jeff Polzin, MD, at the Krohn Clinic in Black River Falls, Wisconsin, to be a great educational experience.

With the current curriculum, all Med 3s and 4s participate at one time or another at one of the school’s regional campuses, averaging 16 weeks away from Madison in those two years. With WARM, students will be firmly based, for example, in Marshfield, but may possibly spend a block of time at a tertiary-care center in Madison for an occasional rotation in a specialized area, depending on their interests.

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Crouse stresses. “The result following residency will be well-prepared physicians with a variety of clinical skills who want to live and practice in towns such as Wild Rose, Clinton or Hayward.”

Crouse expects interest in the program to be strong. The school recently created a longitudinal rotation in rural medicine in which a handful of Med 3s and 4s live and train in a rural community for five months. The response to it has been positive.

“This rotation has served as a pilot program of sorts for WARM,” Crouse says. “It has shown us areas we need to strengthen and, overall, has proven to us that an extended period in a rural area can be

appealing to many students. It tells us that the WARM program can be a viable, quality experience.”

Fourth-year SMPH student Erin Kimball eagerly signed on for the rotation. Kimball grew up in City Point, a township of around 250 people in central Wisconsin, where the nearest gas station was 15 miles away and the closest school was 20 miles from her home. “Four generations of my family have lived there,” she says. “It was a terrific place to grow up. I learned a lot about being part of a community and taking care of people there.”

In her rotation, Kimball has been working at Krohn Clinic in Black River Falls, a

town of 3,800 people in west central Wisconsin, for the past several months. As the major outpatient healthcare center for Jackson County, the clinic is staffed by family practitioners, a general surgeon and a psychiatrist.

With Jeff Polzin, MD, as her primary contact, Kimball works mainly with the family practitioners but did spend a month working with the general surgeon. She also works several evenings a week and every other weekend in the emergency department, which is staffed by family practitioners.

“Educationally, it’s a great experience. The doctors are more than willing to teach and to answer questions. There are times that, even when I am working with someone else, they will seek me out to show me an interesting case or to have me help with a procedure,” she says. “I am given a lot of responsibility. For example, in the emergency room, I am responsible for admitting patients to the hospital. I write the orders, call the

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Task Force Calls for Expanding Students’ Clinical Learning Experiences with Underserved Populations

Like most states, Wisconsin is burdened by a shortage of physicians in many areas. The result is pockets of people lacking adequate healthcare in inner-city Milwaukee, in predominantly Hmong communities near La Crosse and on tribal reservations, among other locations.

According to Byron Crouse, MD, associate dean for rural and community health, the SMPH is building an educational portfolio that attempts to embrace all of these—an array of clinical learning experiences in underserved rural, urban and even affluent areas. By doing this, the school is dealing with two important, related issues: enhancing its medical curriculum to train culturally-competent providers as well as addressing statewide health needs.

The SMPH has a rich history of offering students clinical opportunities with diverse and underserved communities in Wisconsin. For example, the school has offered fourth-year students a yearlong rotation at its Milwaukee Clinical Campus for decades. Working alongside providers at Walker’s Point and other clinics, students are immersed in the clinical care of underserved patients within the predominantly African American and Latino communities nearby (see Fall ’03 *Quarterly*).

The SMPH recently commissioned a task force to examine all medical student learning experiences with underserved populations. Chaired by Ann Ruscher, MD, professor of anesthesiology, and Robert Fillingame, PhD, professor of biomolecular chemistry, the task force reported that the school must build on its successes at offering students community-based learning experiences.

Specifically, the report called on the school to:

- Introduce students early in the curriculum to material that is relevant to developing cultural competence and understanding health systems
- Create faculty development programs ensuring student learning experiences that include encounters with underserved patients in clinical situations not dedicated to underserved populations
- Document student exposure to underserved populations, making sure that students have an opportunity to reflect on the experience
- Maximize opportunities for students with special interests in underserved populations
- Recognize students and faculty who make outstanding contributions in the areas of care of the underserved and culturally sensitive care
- Ensure that SMPH graduates are able to demonstrate knowledge of healthcare systems, disparities and cultural issues in healthcare at the time of graduation
- Use community partnerships in developing both objectives and curricula regarding underserved populations

“The bottom line is that we want to train students to work in all practice environments,” says Crouse. “We want them to help eliminate healthcare disparities in Wisconsin.”

“The support of the Wisconsin Partnership Program has been invaluable to the progress we are making with WARM,” Crouse says.



Expecting that the SMPH could take a lead role in addressing the state physician shortage, Crouse began working on WARM several years ago.

patient’s attending physician to discuss the case and then dictate the admission history and physical. This was hard at first, but I have always had great help from the doctors. I’ve learned so much about clinical decision making and have gained a lot of confidence. I’ve also learned more about the art of medicine here than anywhere else.”

Kimball has found learning about the whole spectrum of patient care to be rewarding. “I enjoy the challenge of diagnosis, but it goes beyond that. Can we admit them here? Do we need to transfer them? By ambulance? By helicopter? Can we send them home? How far away do they live? These are all questions that need to be considered,”

she says. “Also when you don’t have every imaging study or laboratory test available at your finger tips, it makes you consider what is really necessary.”

There have been bumps in the road for Kimball. “During my third year in Madison, I worked with other medical students and residents on a daily basis, and I really miss those social contacts,” she says. “During the first two months of this rotation, fellow medical students Jenny Wipperman in Mauston, Nadine Nixon in Prairie du Chien and I would meet weekly to discuss cases, which was a great outlet.”

As for her future, Kimball is applying to residency programs, looking at traditional family practice

programs that have at least a partial rural focus.

“I do think that I will practice in a rural area someday. Partly because I feel strongly about providing quality and accessible healthcare to rural America and partly because I want to live and work in a small farming community in the Midwest,” she says. “Am I sure that I will practice full-spectrum traditional family practice for the rest of my career? Not at all. There are many areas of medicine that I am interested in and hopefully I’ll be able to explore them all. Rural communities need physicians with all kinds of specialties.”

Before joining the SMPH in 2001, Crouse, a national leader in rural medicine, helped create the rural health school at the University of Minnesota in Duluth and was integrally involved in the Rural Physician Associate Program there. The WARM program will be similar to the Minnesota program and others that are sprouting up across the country in response to a growing concern that healthcare needs in rural areas will be woefully under-met with each coming year.

Crouse points to abundant data—from the Institute of Medicine to the American Association of Medical Colleges to the Wisconsin Medical Society and Wisconsin Hospital

Association—documenting physician workforce shortages and a predicted worsening of the problem. The statistics are grim. Approximately 33 percent of the Wisconsin population lives in rural areas, yet only 11 percent of Wisconsin physicians practice in those areas. Eighty-three percent of Wisconsin counties are designated as totally or partially underserved, and 77 percent of the underserved counties are rural.

“The state and national shortages of rural physicians are projected to increase,” Crouse says. “As current rural physicians retire and the population ages, there will be an even greater need for more physicians. What’s more, the literature shows us that rural citizens are generally sicker, poorer, older and more likely to be uninsured.”

Anticipating that the SMPH could take a lead role in addressing the problem in Wisconsin, Crouse began several years ago to plan the program. Support from the Wisconsin Partnership Program (WPP) has helped in a critical way to advance the planning.

“We benefited from a community application through the Rural Health Development Cooperative for an Oversight and Advisory Committee planning grant,” he says. “We then took the lessons we are learning from that and won funding from the Medical Education

and Research Committee for a detailed planning and implementation grant for WARM. This support has been invaluable to the progress we are making.”

The WARM program clearly meshes well with the goal of the WPP, Crouse notes, which is to improve health and healthcare in every corner of the state through new and existing partnerships. WARM builds extensively on partnerships the SMPH has nurtured for years.

“Our clinical campuses in Marshfield and La Crosse will serve as regional centers, as will Green Bay,” he says. “Administrators at each of these centers have committed to the program and have identified many clinics in rural communities where WARM students will spend years three and four.”

The 35 physicians who currently volunteer in the school’s long-running Preceptorship Program will also play a crucial role in WARM. Since 1926, these volunteer doctors have opened their offices and practices scattered throughout the Badger State to fourth-year medical students in the required six-to eight-week preceptorships.

“Our preceptors are so passionate about their communities and their work in them—that passion is contagious,” says Crouse. “Experiences with preceptors

can redirect where students end up practicing.”

The inspiration of passionate mentors notwithstanding, Crouse and other experts know that it is essential to immerse students in rural communities in order for them to experience the richness of life in a small town. “It’s not just the educational experience that’s necessary, it’s also the social acculturation,” he says. “By having students live in rural communities, they see the quality of life that can be so desirable.”

WARM administrators will recruit prospective medical students from rural towns throughout Wisconsin. “Evidence suggests that a powerful correlation exists between having a rural background and experience and choosing a future practice in rural medicine,” Crouse says. “However, we also know that living and learning in a rural community can be a life-changing experience even for students who may not have been drawn originally to rural training.”

Crouse expects that WARM students will create an environment that other students in the traditional curriculum will also find intriguing and stimulating. “We want to open other students’ eyes to the opportunities of a rural practice,” he says.



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