

RURAL MEDICINE

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General Description

Required Rotation

The Rural Medicine rotation may be done as part of the fourth year required Family Medicine requirements (see the Clinical Rotation Rules and Regulations) and must be four weeks in a structured, predominately ambulatory primary care setting intended to develop the student's decision-making, cognitive skills and to apply didactic material in a clinical setting. In addition, as a general guideline the community should be less than 20,000 in population. The community also should be at least a 30-minute or more commute from a metropolitan area (which for this purpose is also defined as a community of 20,000 population or more).

Elective Rotation

An elective rotation in Rural Medicine is a four (4) week rotation during which time the student will be given opportunities to further develop clinical skills as described for the required rotation. Most students electing this rotation will be in the fourth year of osteopathic medical school.

Purpose

Clinical experiences are intended to assist the students' transition from didactics to integrated clinical evaluation, decision-making, and management of patients. In addition to gaining specific skills during this rotation, the student should also continue to develop skills in systematic clinical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have reached certain broad goals, including:

- enhancement of their skills in systematic medical problem solving and patient management abilities;
- expanded knowledge of disease processes;
- improved clinical skills, including both diagnostic and therapeutic procedures

Students are expected to assist in the management of patients, under supervision of a licensed health care professional. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

Objectives

We recognize that four weeks is insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular clinic or service. Nevertheless, certain minimum content **must** be addressed, either by clinical exposure or by didactic materials so that students are prepared for Board examinations and other assessments. Therefore, each of the following sections contains relatively broad, basic objectives which students are responsible for learning.

Affective Objectives

At the completion of the Rural Medicine rotation, the student should:

1. Understand the multiple and varied responsibilities of rural primary care physicians
2. Recognize the value of continuity in the physician-patient relationship
3. Be able to deal with patients as individuals
4. Understand the value of a team-oriented approach in current osteopathic medical practice

Psychomotor Objectives

At the completion of the Rural Medicine rotation, the student should demonstrate development and expansion of competence in the following:

1. Perform and record a complete, appropriate history through the comprehensive collection of basic, relevant facts, by systems, in logical order, legibly and systematically recording this data, using accepted terminology.
2. Perform and record a complete, appropriate physical examination of all systems at a sufficient level of complexity, using all methods (inspection, palpation, percussion, auscultation) including attention to the structural examination. The data will be recorded systematically, legibly, and in acceptable terminology.
3. Formulate, record and use a problem list.
4. Make rational use of information, including the ability to:
 - a. integrate material from the history and physical
 - b. sequence findings
 - c. prioritize
 - d. synthesize
 - e. revise
5. Development of realistic diagnostic and management plans.
6. Use of laboratory testing to include:
 - a. Familiarity with:
 - diagnostic x-ray indications and techniques, to include ultrasound, CT, MRI and nuclear studies
 - methods and indications for endoscopic evaluation (upper and lower GI, bronchoscopy, etc.)
 - cardiovascular diagnostic methods, including ECG and ambulatory monitoring
 - blood chemistries and their use in diagnosis
 - b. Ordering and interpreting:
 - blood glucose
 - complete blood count
 - electrocardiogram
 - throat culture/rapid strep screen
 - tuberculosis skin test
 - stool guaiac
 - urinalysis, dipstick
 - urinary sediment
 - c. Correct use of:
 - ophthalmoscope
 - otoscope
 - reflex hammer
 - sphygmomanometer
 - stethoscope
 - tuning fork
 - Monofilament
7. Perform with supervision:
 - a. osteopathic manipulative therapy
 - b. pelvic examination and Pap smear
 - c. breast examination
 - d. rectal and prostate examination
8. Initiate treatment with an appropriate level of supervision.
9. Request consultation as needed.
10. Reassess and adjust treatment plans
11. Anticipate possible treatment actions, reactions and interactions.
12. Anticipate cost/benefit/risk ratios.
13. Perform/arrange for patient education and implementation.

Cognitive Objectives

At the completion of this rotational experience, the student should be able to:

1. Understand the scope and limitations in the Rural Medicine Clinic.
2. Demonstrate strong interactive skills for communication with patients and other members of the health care team.
3. Integrate the osteopathic philosophy of wellness and holistic and structural care into the practice of Rural Medicine.
4. Recognize opportunities, methods, and limitations of primary prevention of disease in the practice of Rural Medicine.
5. Incorporate evidence-based medicine into Rural Medicine
6. Discuss the protocols for routine screening and preventive medical procedures (e.g. immunizations, serum lipid screening, Pap smears, etc.)
7. Discuss societal and environmental issues as they affect specific patient groups (e.g. elderly patients, indigent patients, etc.)
8. Discuss the implications of billing and coding, and third party payer issues in the practice of Rural Medicine.
9. Apply osteopathic medical principles and practices to:
 - understand the clinical presentation.
 - understand incidence, etiology, and pathophysiology.
 - list available therapeutic methods and specific risks, costs, and side effects of each.
 - understand the natural course of the disease and the prognosis

Implementation

Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under supervision of a licensed health care professional. Rotation objectives must be covered during the rotation to assure adequate student preparation for Board examinations and preparation for residency training. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve the required objectives include:

- reading assignments
- lectures
- computer-assisted programs (if available)
- student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:

- supervised and critiqued clinical workups of patients admitted to the service
- assignment of limited co-management responsibilities under supervision
- assigned, case-oriented reading

Three levels of achievement are identified:

- awareness of the availability of various medical procedures and their use.
- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance

Evaluation

Evaluation of the student should be completed and submitted to the Office of Clinical Affairs by the attending physician by the E*Value on-line system within one week of the completion of the rotation. On the last day of service, the supervising physician should review the student's performance with the student. A student's signature on the evaluation form simply indicates that the student has received the evaluation directly from the attending; it does not indicate agreement with the evaluation and is not required.

Texts and Resources

Recommended Text:

Agricultural Medicine: Occupational and Environmental Health for the Health Professional. Donham & Thelin 2006
Goldman, L., Goldman's Cecil Medicine, 24th Ed., Saunders, 2012

Additional helpful reference texts:

For specific questions in:

Internal medicine: Harrison's Principles of Internal Medicine, 17th or 18th Edition, or Cecil Medicine, 23rd or 24th Ed.
Surgery: Sabiston Textbook of Surgery, 18th Edition
Obstetrics: Williams Obstetrics, 23rd Edition, 2010
Pediatrics: Nelson Textbook of Pediatrics, 18th Edition, 2007

Assignments

The student is expected to read each evening to address diseases and disorders of the patients seen during clinic hours daily and to address diseases and disorders noted in the Cognitive Objectives section above. During this rotation, the student will follow the attendance guidelines in the Clinical Affairs Rules and Regulations.