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in Primary Care



University of Maryland School of Medicine Increases Medical Student Education in Primary Care

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Abstract

In August 2012 the University of Maryland School of Medicine will start a new Primary Care Track for incoming first year medical students as a collaborative program of the departments of Family and Community Medicine, Internal Medicine, and Pediatrics. Its focus will be to introduce all students to primary care role models early in medical school, and to offer a longitudinal experience in primary care in rural and urban underserved communities to interested students, with the intention of increasing the number of UMD medical students who choose primary care careers in these communities.

Introduction

Nationwide, fewer medical students are choosing careers in primary care, and this trend is also present in Maryland. When career choices by medical students are studied, it is noted that many medical students express an interest in primary care in their preclinical years, but this interest wanes for some as they proceed into their clinical years. In response, the University of Maryland's Department of Family and Community Medicine created a Family Care Track (FCT) in 2007 with partial funding from the Maryland Academy of Family Physicians. [1] This longitudinal experience in years one and two has allowed students an opportunity to work alongside family physicians that practice in underserved areas of the state. The FCT has been successful by many measures. In 2010 twenty five percent of the incoming medical school class applied to be in the FCT. In 2011 thirty three percent applied. In 2011 we saw the graduation of the first class of students who matriculated in the FCT. Of the 17 students who completed the FCT 36 % chose family medicine and 73% choose any primary care specialty.

At the same time that fewer students are choosing primary care, Maryland is facing both physician and other health workforce shortages. A comprehensive 2008 study conducted by the Maryland Hospital Association (MHA) and MedChi (The Maryland State Medical Society), revealed that Maryland "is 16% below the national average for the number of physicians in clinical practice." The most severe problems occur in rural parts of the state and will worsen by 2015, based on the study's findings.

The situation in Southern Maryland, Western Maryland, and the Eastern Shore—rural areas of the state—is the most alarming. All of these underserved areas are likely to benefit from enhanced primary care education among UMD medical students, many of whom go on to practice in the state.

Building on the success of the FCT, the Departments of Family Medicine, Internal Medicine and Pediatrics are collaborating to create a new Primary Care Track, thanks to a grant from the Health Resources and Services Administration (HRSA). With the recently awarded five year grant, lead investigator Dr. Richard Colgan (Family Medicine), and co-investigators Drs. Linda Lewin (Pediatrics) and Nikkita Southall (Internal Medicine) put together an ambitious academic program which will allow students interested in primary care to gain hands on experience throughout their four years of medical school with the hope of providing increased exposure to primary care early in the education of its students. Support for this project has come from University of Maryland School of Medicine's Dean E. Albert Reece, and the respective chairs of the Departments of Family and Community Medicine, David L. Stewart, M.D., MPH, Internal Medicine, Stephen Davis, M.D. and Pediatrics, Stephen Czinn, M.D. This grant received important support as well from Associate Dean for Health Policy and Planning and Director of Maryland AHEC, Claudia Baquet, M.D., State Delegate John P. Donoghue, as well as the Regional AHEC Executive Directors Susan Stewart, Jacob Frego and Susan Sweitzer.

Focus on Primary Care

The focus of the Primary Care Track will be to introduce all students to primary care role models early in medical school and to offer a longitudinal experience in primary care in rural and urban underserved communities to interested students. The goal is to increase the number of UMSOM students who choose careers in primary care by: 1) connecting first year students with primary care physicians in urban as well as rural underserved communities and create the opportunity for longitudinal mentorship and clinical experiences with them; 2) educating them early about important topics in primary care and community health; and 3) culminating

with a capstone project that will be presented to all first and second year students during a new Primary Care Day to allow the senior students to act as role models for their colleagues.

Maryland Area Health Education Centers

The Maryland Area Health Education Center Program (MAHEC) will be a close partner with the co-principal investigators, and Dr. Mozella Williams will act as the liaison between the AHEC physicians and the program leaders as the Community Health Relations Coordinator. The role of the AHECs and more specifically, the community preceptors who offer their time to teach students through the coordination of the AHECs, will be critical to the success of this program. Some information on the MAHEC's follows:

The Eastern Shore Area Health Education Center (Eastern Shore AHEC), a private, non-profit organization, was established in 1997. A key accomplishment of the Eastern Shore AHEC is the continued success of its clinical education program. One of its most successful partnerships is with the Geriatrics and Gerontology Education and Research Program at the University of Maryland Baltimore, providing two interdisciplinary symposiums yearly focused on key geriatric issues.

The Western Maryland Area Health Education Center (WMAHEC), established in 1976, is the longest running of the state's three area health education centers. WMAHEC works closely with its Maryland AHEC Program Office, local health departments, hospitals, federally qualified health centers, and many other community partners, as well as the National and Maryland Rural Health Associations, to address its Appalachian region's healthcare disparities.

Baltimore City Area Health Education Center, established in 2003, is the newest of the three AHECs in Maryland and serves Baltimore City and Baltimore County. BAHEC builds and strengthens inner-city capacity to serve low income and under-served populations via its clinical education program. The later program places 4th year medical students into primary care practices in underserved areas for a four to eight week rotation.

The Primary Care Track Curriculum

The Primary Care Track will have a longitudinal curriculum that will allow for relationships between interested students and primary care physicians over the course of their entire medical school experience. Students will be assigned mentors from one of the AHEC sites early in the first year. They can choose the primary care discipline that they would like to pursue, or remain undecided. This physician will be the student's primary mentor. If the primary mentor practices in a far-off location, the student will also have an "in town" preceptor. Each student will spend one afternoon each month in the office or clinic of one of those preceptors throughout the first and second years of medical school, and twice each year they will have sessions in the practices of physicians from the other two primary care disciplines in order for all PCT students to gain familiarity with family medicine, internal medicine, and pediatrics.

First and second year students will also participate in a once monthly lecture series in which topics of importance to primary care physicians will be presented using university-based experts as well as outside speakers. Topics will focus on health policy issues

such as health disparities, health care funding, workforce issues, medical home initiatives, and care for vulnerable populations. Once each quarter, all PCT students will attend a Primary Care Grand Rounds session during which a primary care case will be presented and appropriate discussion with experts will occur. AHEC preceptors will also participate in Grand Rounds via video conference and student-preceptor pairs will work together after the session to respond to a question that is posted on the program website.

During the summer between first and second years all PCT students will spend at least two weeks with a primary care physician in an underserved community. For those students whose primary mentors are in rural AHEC sites, those two weeks can be spent in those rural practices. The PCT program is working toward offering its third year students the ability to do one of the following three ambulatory clerkship experiences in an AHEC site: the four week family medicine clerkship, the four week ambulatory internal medicine rotation, or the three week ambulatory pediatrics rotation. Students will be placed in these sites based on the availability of the preceptors.

In the fourth year, students will do one month of their two-month required AHEC rotation in the same AHEC site that they have been attached to since the first year. The second month will be spent pursuing a substantive capstone project that will result in a presentation to the first and second year students during Primary Care Day, in May of the fourth year.

In Conclusion

With HRSA funding we will be able to connect beginning medical students with primary care physicians in underserved areas across Maryland, and create longitudinal relationships that can help sustain the students' drive to practice primary care, even in the face of the specialty care that they see during their medical school training. We anticipate being able to show our state legislators that this is a viable model for addressing our physician shortage, and have already begun speaking with them so that this project will be sustained beyond the grant.

* Primary care physicians practicing in underserved areas of the state of Maryland who are interested in serving as preceptors for the Primary Care Track are encouraged to contact the authors.

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