



## COMUNICAÇÃO ORAL COORDENADA

### *Human Resources and Training for Rural Health*

#### **Rural medical education: multisite study of the role of longitudinal integrated clerkships**

Thomas E. Norris. University of Washington. [tnorris@uw.edu](mailto:tnorris@uw.edu)

Kathleen D. Brooks. University of Minnesota. [kdbrooks@umn.edu](mailto:kdbrooks@umn.edu)

Lori A. Hansen. University of South Dakota. [Lori.Hansen@usd.edu](mailto:Lori.Hansen@usd.edu)

Jay S. Erickson. University of Washington. [jerick@uw.edu](mailto:jerick@uw.edu)

Douglas C. Schaad. University of Washington. [schaad@uw.edu](mailto:schaad@uw.edu)

**Introdução:** Shortages of rural physicians are worsening worldwide. Rural longitudinal integrated clerkships (LIC's) based in primary care practices represent a new way to train medical students in rural and underserved locales. These programs place medical students in rural/underserved settings for 5-12 months of their first year of clinical education, the third year of medical school in the U.S. model.

**Objetivos:** Evaluate impact of the 3 oldest US rural LIC's on choice of specialty and practice site. Hypotheses: Students who participate in primary care rural LIC's during their 3rd year of medical school are more likely to choose primary care specialties and to practice in rural and underserved settings.

**Metodologia ou Descrição da Experiência:** The medical schools at the Universities of Minnesota, South Dakota, and Washington sponsor the 3 oldest rural LIC's in the US. Utilizing program data we studied the likelihood of participants graduating and entering primary care specialties and rural practice sites. An 8 yr. period from 2000-2007, when all programs were fully operational and allowing time for graduation, residency match/training, and practice site selection was utilized as the period of analysis. Choices made by participants of the programs were compared to choices made by other U.S. medical students who graduated in the same time period. Comparison data were statistically analyzed to determine significant differences.

**Resultados:** The students who participated in one of the three rural LIC programs were far more likely to enter a primary care medical specialty than students who did not participate in the programs. This finding was especially true for Family Medicine. Additionally, students who participated in one of the three rural LIC programs were much more likely to enter rural practice on completion of their training than students who did not participate.

**Conclusão ou Hipóteses:** Longitudinal integrated clerkships are an emerging approach to medical education worldwide. This study suggests that rurally located primary care based LIC's may be effective in encouraging medical students to choose primary care specialties and to practice in rural underserved locations upon completion of their training. This approach could be part of the solution to rural healthcare workforce shortages.

**Palavras-chave:** Longitudinal. Integrated. Clerkship.