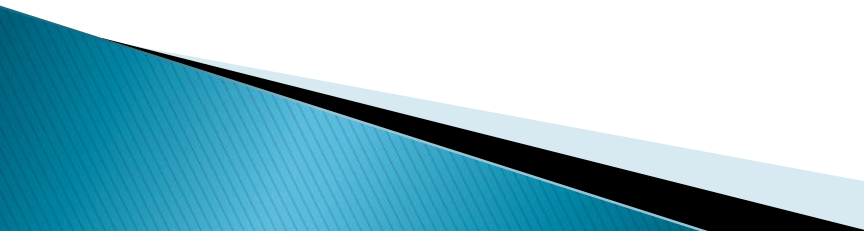


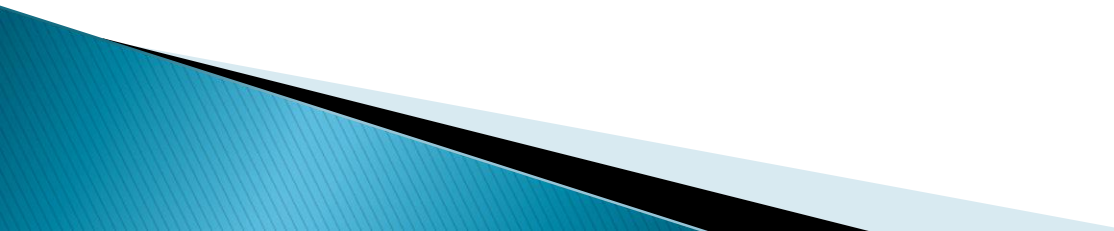
# Kentucky Rural Medical Educators

William T. Betz, DO, MBA  
Senior Associate Dean for Osteopathic Medical  
Education

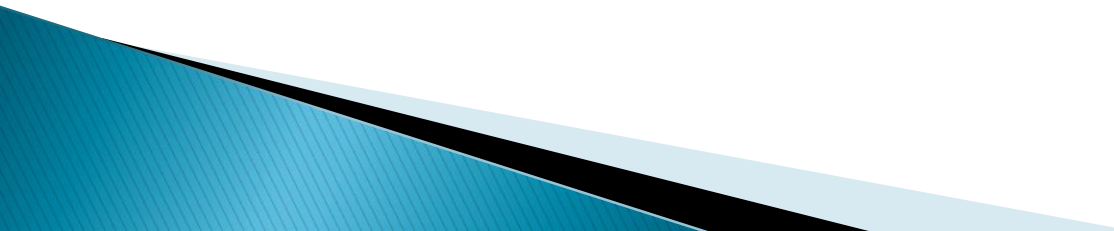
# Medical Crisis

- ▶ 1994: We will have a medical crisis
  - ▶ 2001: We will have a medical crisis
  - ▶ 2010: We have a medical crisis
  - ▶ 2014: We are really having a medical crisis
- 

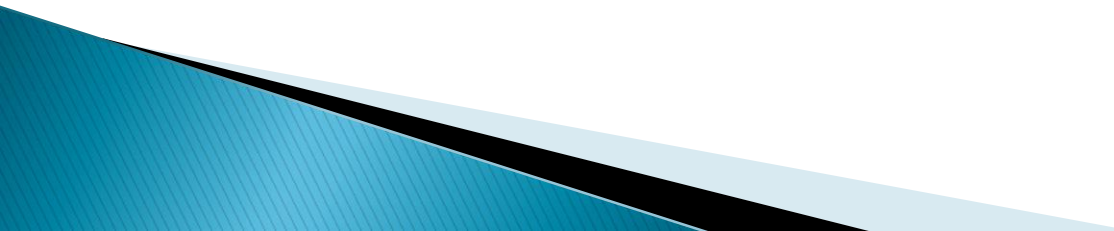
# What WE KNOW

- ▶ Decreased access – existent problem in Rural America
  - ▶ Increased utilization ( ACA)
  - ▶ Increased utilization (Baby boomers)
  - ▶ Increased physician retirement
  - ▶ Increased physician movement from direct patient care
  - ▶ Decreased reimbursement
  - ▶ Long work hours – work balance
  - ▶ Increased direct cost in medical education (student loans – \$300k)
  - ▶ Etc.
- 

# Rural America

- ▶ 2010: ACA funding for 550 residents in underserved rural and urban areas
  - ▶ Incentives and investments to boost family medicine are scheduled to end this year and next year
  - ▶ Need to create residencies in area of need – a great predictor as to where they practice
  - ▶ Most residencies in large metro areas in a multi-specialty program
- 

# Rural Shortages

- ▶ 34% of US doctors practice primary and family care
  - ▶ Research shows a ration closer to 50:50 would provide better care and improved health overall
  - ▶ Rural programs with associated healthcare partners to share the workload (ARNPs and PAs)
- 

# KYCOM Stats

- ▶ First class – 1997
  - 60 students
- ▶ First graduation class – 2001
- ▶ Class of 2018
  - 135 students
  - GPA Cumulative – 3.5
  - MCAT Cumulative – 24.6
  - 28 states
    - KY 51%
  - Gender
    - Female – 30%
    - Male – 70%

# Graduating Class of 2014

- ▶ Primary Care – 75%
  - Family Medicine – 33%
  - Internal Medicine – 21%
  - Pediatrics – 6%
  - Traditional Rotating Internship – 15%
- ▶ Specialty Care – 25%
  - Anesthesiology – 3%
  - Emergency Medicine – 7%
  - General Surgery – 4%
  - Neurology – 1%
  - Obstetrics & Gynecology – 6%
  - Orthopedic Surgery – 1.4%
  - Physical Medicine & Rehabilitation – 2.8%

# KYCOM Clinical Experience

- ▶ 2<sup>nd</sup> Year Clinical experience
  - Regional physicians
    - Primary care emphasis
    - Afternoon exposure



# KYCOM Clinical Experience

- ▶ 3<sup>rd</sup> &
  - Diffuse clinical sites
    - Core curriculum
- ▶ 4<sup>th</sup> Year
  - Diffuse clinical sites
    - Selective rotations
    - Elective rotations

# Kentucky Core Sites

- ▶ Pikeville site
- ▶ Ashland site
- ▶ Bowling Green site
- ▶ Hazard site
- ▶ Henderson site
- ▶ Lincoln Trail site
- ▶ Morehead site
- ▶ Northern Kentucky site
- ▶ Owensboro site
- ▶ Purchase site
- ▶ Somerset site

# Regional Core Sites

- ▶ Alabama
  - ▶ Arkansas
  - ▶ Indiana
  - ▶ Michigan
  - ▶ Mississippi
  - ▶ Ohio
- 

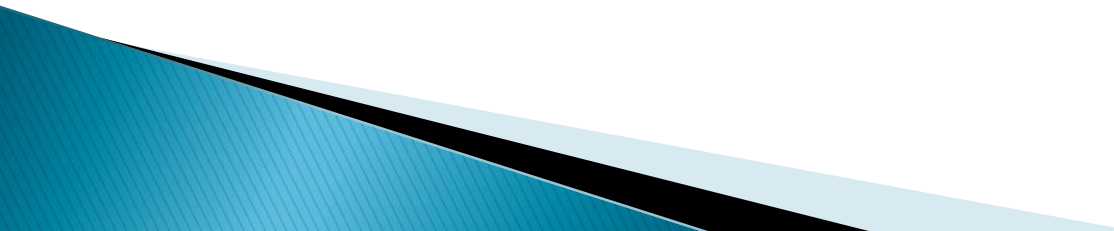
# Core Rotation Requirements

- ▶ Family Medicine
  - Two 4-week blocks
- ▶ Internal Medicine
  - Two 4-week blocks
- ▶ Pediatrics
  - Two 4-week blocks
- ▶ General Surgery
  - Two 4-week blocks
- ▶ Women's Health
  - One 4-week block
- ▶ Psychiatry
  - One 4-week block

# Selective Rotation Requirements

- ▶ **Emergency Medicine**
  - One 4-week block
- ▶ **Osteopathic Principles & Practice**
  - One 4-week block
- ▶ **Internal Medicine subspecialty**
  - One 4-week block
- ▶ **Rural Medicine (AHEC, site assigned)**
  - One 4-week block
- ▶ **Women's Health**
  - One 4-week block

# Elective Rotations

- ▶ Approval by the associate dean for clinical affairs
  - ▶ Location, specialty, physician are chosen by student
  - ▶ 16 weeks clinical experience
    - 2-week blocks
    - 4-week blocks
    - Up to 8 weeks in clinical research time
- 

# OUR Needs and Shortcomings

- ▶ **Clinical Rotations**
  - Obstetrics & Gynecology
  - Pediatrics
  - Psychiatry
- ▶ **Faculty Development**
- ▶ **Rural Mentorship/Residencies**
  - Rural experience
  - Urban collaboration for subspecialty training
- ▶ **Rural Financial Reimbursements**
  - Improved primary care funding
  - Need for education debt reduction for rural care

# The Past is just that...the Past

- ▶ We can look at what we have accomplished
  - ▶ We must look to the future of education
  - ▶ The ways of student training need to increase student exposure to the most important aspect of their training...
  - ▶ ...The Patient
  - ▶ Collaboration in medical education will help meet the needs of Kentucky Healthcare
- 