sounding board

The Tuscaloosa Experience in Rural Medicine:
An Integrated Approach to Competency-Based Education

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Many changes are occurring at every level of medical education, ranging from first-year medical students to residents to fellows to newly graduating physicians to tenured private practice physicians.

Introduction

Several years ago, I visited the Soviet Health Care System. I was already aware of the European approach to college and medical education. Students in many European countries begin college and medical school together, and attrition adjusts the numbers and competency. Anyone can sign up to go through a seven-year educational endeavor that it is a culmination of college and medical school. Anyone can apply, and, if one completes the process, a medical degree is awarded.

The Soviet system was an apprentice-type program in which one works with a physician in a particular field until that mentor feels that the trainee is competent to practice the skills of the specialty. Two interns dressed in a scrub top and blue jeans were performing cardiac catheterizations without supervision. Down the hall, there was a line of patients waiting for radial keratotomy with laser to correct vision. There were two beds in a room set up for the procedure.

The Medical College of South Carolina is an academic training center representing many residency programs. The Pathology Residency was unique in that it did not specify length of training. Having interviewed there, the chair always responded that when a matriculant completed training, he/she would graduate, albeit three years, four years, or five years. Most residency training programs at the time were four years in length. The chairman went on to say that many physicians work and learn at different rates. When they were *competent in pathology*, they would be issued certificates of completion of training.

Competency-Based Education

Medical students also learn at different rates. Emphasis today is on what is learned, not what is taught. Each medical school establishes the minimum requirements students should learn during a clerkship. However, the more of a certain task a student does, hopefully the better he or she will become at it. For example, the senior students at the University of Alabama School of Medicine in Tuscaloosa recently took their clinical skills examination, which is required to pass in order to graduate. Students had to acknowledge how many pelvic examinations they had performed during their training. The range included 0 to 2, up to 20. Students at our campus had performed 300 to 500 pelvic examinations. They universally were competent at that part of the examination.

The Tuscaloosa Experience in Rural Medicine

The Tuscaloosa Experience in Rural Medicine (TERM) Program at the University of Alabama School of Medicine at Tuscaloosa is a new program at this campus, in which students interested in primary care in rural areas as a career are selected. These students must be academically sound, because they take abbreviated, accelerated clerkships during their third year of medical school. They are then placed with preceptors in rural areas, where they live and work with primary care providers for 17 weeks of their third and fourth year. The experience is similar to an acting internship, in which they have much more responsibil-

ity in patient care and are supervised by a preceptor. Care is not divided up into Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Psychiatry, Neurology, and Surgery, but all are integrated together as in the real-life practice of medicine.

While they have abbreviated clerkships at the time, they have 17 weeks of *everything* in which to be competent. It is both integrated and competency-based at a higher level. Patient care is approached at an integrated level to which they can become very competent. TERM also helps students appreciate their resources for their patients in rural areas, where they may not have an MRI or cancer center. In reality, they end up with much more time in patient care, even with the abbreviated clerkships.

Medical students use time after basic clerkships and acting internships for many different reasons. Some students select elective subjects that they think they may be interested in but have never any exposure to such subjects as ophthalmology, dermatology, or anesthesiology. They may also select courses or electives in areas they expect to never have any exposure to but may need to know something about. Many students use this time to do away rotations, where they think that they would like to go for residency training. Sometimes students use this time to try to find out what area they want to pursue as a career. *Rarely do students use this time to expand skills already learned or to apply them in a clinical situation.* TERM is an opportunity to do that.

Conclusion

How would a student know he or she would like to go to a rural area if they have not tried it? How would they know that primary care is a culmination of everything learned thus far if not given the opportunity? How can they imagine what all this would be like without a role model/preceptor to teach them *in the actual environment?* Students are given the task of integrating what they have learned and applying it in a rural community. Medical students have a first-hand opportunity to see if this is what they want to do. It is an opportunity to see if this is a place in which that they may like to practice. By the same token, it is a community's opportunity to attract new physicians, to help train new doctors, and overall to participate in the process. They may want to invite this physician to return to their community to settle after residency for a career.

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