

OSU tries to spread doctors

Health: Program would create residency programs that serve rural patients

By Jeff Raymond
Staff Writer

Officials at the Oklahoma State University Center for Rural Health want nothing less than to change the face of medical education.

Currently, the OSU College of Osteopathic Medicine trains most of its doctors in Tulsa and, although it has a respectable record of sending physicians across the state, it loses many to the Tulsa and Oklahoma City areas, where they have spent years studying and training.

Rural-health advocates want to do more.

Under a hub-and-spoke model that covers much of Oklahoma, the college proposes to add sites to its medical student clinical rotation. Using cities such as *Durant, Enid, Tulsa, Oklahoma City* and *Lawton* as hubs, the medical school would offer advanced training there and, through affiliation agreements, give medical residents the opportunity to see patients in communities such as *Elk City, Poteau, Guymon* and *Blackwell*.

None of the sites are finalized, although college officials are meeting with personnel in *Tahlequah* and *Lawton*.

"This really is a watershed change in medical education," said Val Schott, director of the rural-health center.

Costly prospect

Although many communities have hospitals in which OSU doctors-in-training could work, meeting the residency accreditation standards is costly and unrealistic for most. Among the requirements are that sites' directors of medical education must have at least three years' experience as a faculty member of a medical school and be board-certified. Residency programs also must offer fully stocked medical libraries.

Additionally, the OSU medical school proposes to identify promising rural students from seventh through 12th grades and steer them toward medical careers. The students could serve as a ready pool from which future osteopathic physicians will come.

Tying into the expanded residencies, these students will have opportunities to train in or near their hometowns.

Rural differences

The proposed program is the brainchild of Dr. William Pettit, OSU assistant dean for rural health. For the idea to work, Pettit explained, regional universities must have strong science programs, communities will need to invest in nurturing local doctors-to-be, and everyone involved will need to coordinate their efforts, from career technology programs to universities.

"We need to follow these kids along at the grass-roots level," he said. "It's a big world out there, and there's a lot of competition for docs once they get produced. ... The hospitals are out there recruiting, trying to get docs. We want to start earlier than that."

It takes seven to 11 years of postgraduate training to become a doctor.

Pettit emphasized the differences between practicing in the city and in small towns. Miss Sunday service in a small town, he said, and your patients will wonder whether you're a believer.

"Literally, when you go out to dinner at night, you sit beside all your patients. When you go to church in the morning, you sit beside all your patients," he said.

Housing provided

In Enid, a proposed hub city, Dr. Michael Ogle, medical director of the emergency department at Integris Bass Baptist Health Center, helped purchase and outfit homes Friday near the 169-bed hospital. Such roll-up-the-sleeves effort and financial commitment kept students from commuting or sleeping in friends' and relatives' homes.

"We just finished at noon today, and three (medical) students are now occupying the house," he said.

Students get additional exposure by accompanying Ogle to places such as *Woodward* to see patients. The hospital in a given month has five to seven OSU medical students on clinical rotations.

When they're finished, he said: "We know who we want to come back."

Exposure to patients

Although it's a rural hospital, the Enid complex performs open-heart surgery and has an intensive-care unit. The son of a rural doctor himself, Ogle thinks the hospital has what it needs to train future family medicine physicians.

Among the hospital's strong suits is its ability to bring students closer to patients. In a large teaching hospital, doctors, fellows, residents and interns are higher on the training ladder than third- and fourth-year medical students.

"One of the big pluses is first-line exposure to patients," Ogle said, explaining how his students can talk to patients, take histories and discuss them with attending physicians.

Additionally, he emphasized, students' hours are more flexible than they at large teaching hospitals.

OSU has residency programs in Tulsa, Oklahoma City and Durant.

Ogle repeated an old adage that says doctors can't be recruited, they have to be raised.

"This is probably somewhere in between," he said.