Changes in Knowledge and Attitudes Related to Specialty Choice and Rural Practice Location for 3rd & 4th Year Medical Students at Oklahoma State University College of Osteopathic Medicine

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RURAL MEDICAL EDUCATION CURRICULUM PRIOR TO 2008

<table>
<thead>
<tr>
<th>Years</th>
<th>Basic Science Classroom Instruction</th>
<th>Electives</th>
<th>Externship</th>
<th>Total Training</th>
<th>Other Rotation (Students)</th>
<th>Designation</th>
<th>Rural Location (Students)</th>
<th>Rural Location (Residents)</th>
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<td>1</td>
<td>107</td>
<td>307</td>
<td>167</td>
<td>481</td>
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<td>693</td>
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RESULTS

- Male and female medical students had significant increases in perceived knowledge of rural practice.
- Both men and women had significant increases in certain characteristics desired in practice including technological sophistication, high wages, and availability of specialty referrals.
- Women had a significant increase in interest in non-primary care specialties.
- Men had significant increases in interest in a medical practice that involved a light on-call schedule and a practice location with a strong sense of community.
- Women had a moderate increase in interest in a light on-call schedule.
- Gender Comparisons at Graduation Results
  - Compared to men, women were significantly more interested in a primary care specialty and choosing a practice location with a strong sense of community.
  - Women were more interested in the availability of specialty referrals and somewhat less interested in higher wages.

STUDENT DEMOGRAPHICS

- All OSU COM Graduates (n=448)
- Female Graduates (n=228)
- Male Graduates (n=220)

CONCLUSIONS

- Interest in rural practice declined slightly for both male and female students during clinical rotations.
- It is unclear whether this decrease in interest in rural practice and the significant increases in non-primary care specialties and desired practice characteristics (i.e., light on-call schedules, high wages, and advanced technologies) are formed during required rural clinical rotations.
- There is evidence that both income (adjusted for cost of living) and practice satisfaction are higher in rural communities (Luman, Zweifler, & Grumbach, 2007; Jeschovsky & Stati, 2005) and that student clinical experiences in rural locations lead to increases in physician choice of rural practice locations (Ballance, Kornegay, & Evans, 2009).
- Yet these recent medical school graduates who experienced didactic instruction regarding rural practice and completed five required rural clinical rotations gained knowledge but not interest in primary care or rural practice locations.

REVIEWED RURAL MEDICAL EDUCATION CURRICULUM

- Continue to track trends in student attitudes, interests, and residency choices through the Practice Interest Survey. Now administered to all OSU COM medical students in the fall of their 1st year, prior to 3rd year clinical rotations, and prior to graduation.
- Actively recruit from rural Oklahoma.
- Place regional coordinators in rural areas to support students, rural preceptors, and communities.
- Return students to rural areas earlier for shadowing experiences through the Summer Rural Externship and the Early Rural Experience.
- Foster early rural student interaction through the SORR (Student Osteopathic Rural Medicine) Club.
- Dispel rural myths and provide more information about rural practice prior to clinical rotations through the Rural Health Electives (Perspectives in Rural Health and Rural Medical Care).
- Encourage students to return to rural areas sooner through the Rural Health Option (2+5 Plan) and new rural core (4 month) rotation locations.
- Advocate for more rural residency options.

REFERENCES


