

Clerkship Offers Clear Advantage to RMED Students

When Diane Krall, M4, was a child in Bradford, Illinois, (population 900), there was only one doctor in town. This doctor, seeing patients in his home office, knew all members – and often generations – of the same family. “I knew when I was little that I wanted to be a doctor just like the one in my small town,” says Diane.



Diane Krall, M4, examines a patient at a clinic in Sycamore.

What Diane did not yet know was that her desire to return to a small town like the one she calls home would eventually lead her to an innovative and new medical education program that is different from any she had ever heard of.

Diane received her undergraduate education at the University of Illinois at Urbana-Champaign: While there, she met a recruiter for the University of Illinois College of Medicine Rural Medical Education program. “I was still a year away from applying to medical schools, but I held onto the information I got and when it was time to apply I submitted applications simultaneously to the medical school and to the RMED program,” says Diane. “RMED had the best program to prepare me for the kind of practice I wanted to have someday.”

Medical school with a little something extra

“I went through the same basic curriculum of basic sciences and medicine as my peers who are not a part of the RMED program,” says Diane. “But I also participated in monthly meetings and lessons specific to the rural medicine curriculum.” These meetings included preparing special assignments above and beyond her usual coursework and participating in specialized lectures, presentations and discussions. “We really had to learn about issues that are only

pertinent to physicians in rural practices. That part of our training is significantly different from the training our peers receive," says Diane.

Part of that training includes a fourth-year, 16-week clerkship in a rural health practice. Diane is now studying under Mary Beth Shear, MD, a family practice physician and graduate of the University of Illinois College of Medicine at Rockford, at Kishwaukee Medical Associates in Sycamore, Illinois.

Now that Diane has started her rural clerkship, she no longer has those monthly meetings. Instead, she is expected to put the past three years of education to work for her in a rural family medicine practice. Under the direction and close supervision of Dr. Shear, Diane spends her days doing hospital rounds, seeing patients in the office, participating in procedures, delivering babies and sometimes even scrubbing into surgery. "I have learned so much from Dr. Shear," says Diane. "She is a role model for me both as a woman and a doctor."

Dr. Shear says having students with her for preceptorships helps her too. "I have had four RMED students so far and I find that being a preceptor is an education for me as well," says Dr. Shear. "Students help make my practice a little more academic and keep me up to date on the practice of medicine." Another advantage is the ability to give a little back. "I had excellent community doctors when I trained in Rockford. I enjoyed the style of learning and am glad to be able to give that back to other medical students," says Dr. Shear.

A team approach

Rural medicine is different than urban medicine. Diane explains, "We're taught to become a part of our community. In a big, urban practice, you can blend in more if you choose to. In a rural setting, we are called to get involved in our community, to make a difference and stay active."

One way that the students are asked to get involved in the community is through a community health project. Diane's experience with Dr. Shear is unique because she not only works with Dr. Shear on her clinical days, but the two are teaming up on a community health project.

"Since Dr. Shear is participating in the Master's in Public Health program, we decided to work together. We're surveying the seventh graders at one of the schools and asking them about their eating habits, their ideas of health and their exercise routines." Diane and Dr. Shear are then planning a series of presentations for the students and their parents and activities that will get them all involved in learning about healthy eating habits. "When we're finished, we will present the information we learn to the parent-teacher organization at the school because they decide what gets served on the a la carte lunch menu and at athletic events. We hope we will get everyone thinking about nutrition," says Diane.

For Diane, working in the community is a great way to see how a small community works. For Dr. Shear, working on a community-based project has helped remind community members that the family doctor is also a great health resource for the community. "Our project has brought out the roles of prevention and wellness – both areas in which I am interested – for my practice and my community. People are giving me feedback saying what an important issue this is for our children and they're realizing that their family doctor might be able to help," says Dr. Shear.

Time spent with Dr. Shear has Diane thinking about her own medical practice. "Working with a doctor who is involved in the community is an advantage," says Diane. "Dr. Shear knows the names of her patients, she remembers the surgery a patient had 10 years ago and can remember things about each patient's

care without having to read every word of the chart. That knowledge really changes the face of the interaction in the office." Additionally, as a family practitioner, Dr. Shear takes on more responsibility than some doctors in a larger practice would. "She admits her own patients, delivers her patients' babies and does procedures in the office that require a high level of skill and training. She's the kind of doctor I hope to be one day."

An "unbelievable blessing"

Sometimes people think that working in a rural setting means that the doctor will be 'behind the times.' Not so in this case, according to Diane. "These patients in rural Illinois are getting excellent care. Dr. Shear has shown me how a rural medical practice can be. These are really great physicians who just happen to work in a rural setting."

The training program in RMED is an excellent opportunity for medical students intending to practice rural medicine. "I might be biased," says Dr. Shear, "but the students coming from this setting are great. They have experienced a level of continuity of care that you just don't see in other training programs." What's more, Diane is an ambitious learner. "She goes out to work with a dermatologist and an ophthalmologist and does call with an ob/gyn. Sometimes the emergency department doctors call her in on interesting cases. She's creating her own opportunities and that can make all the difference."

When Diane steps out at the end of this year to start her residency – hopefully somewhere in Illinois, she says – she'll be ready. "I'm getting an opportunity in this clerkship that no other medical student in the country is getting. Meeting Dr. Shear, having the opportunity to work with her and her partners and learning what I have about rural medicine has been an unbelievable blessing and a huge privilege."