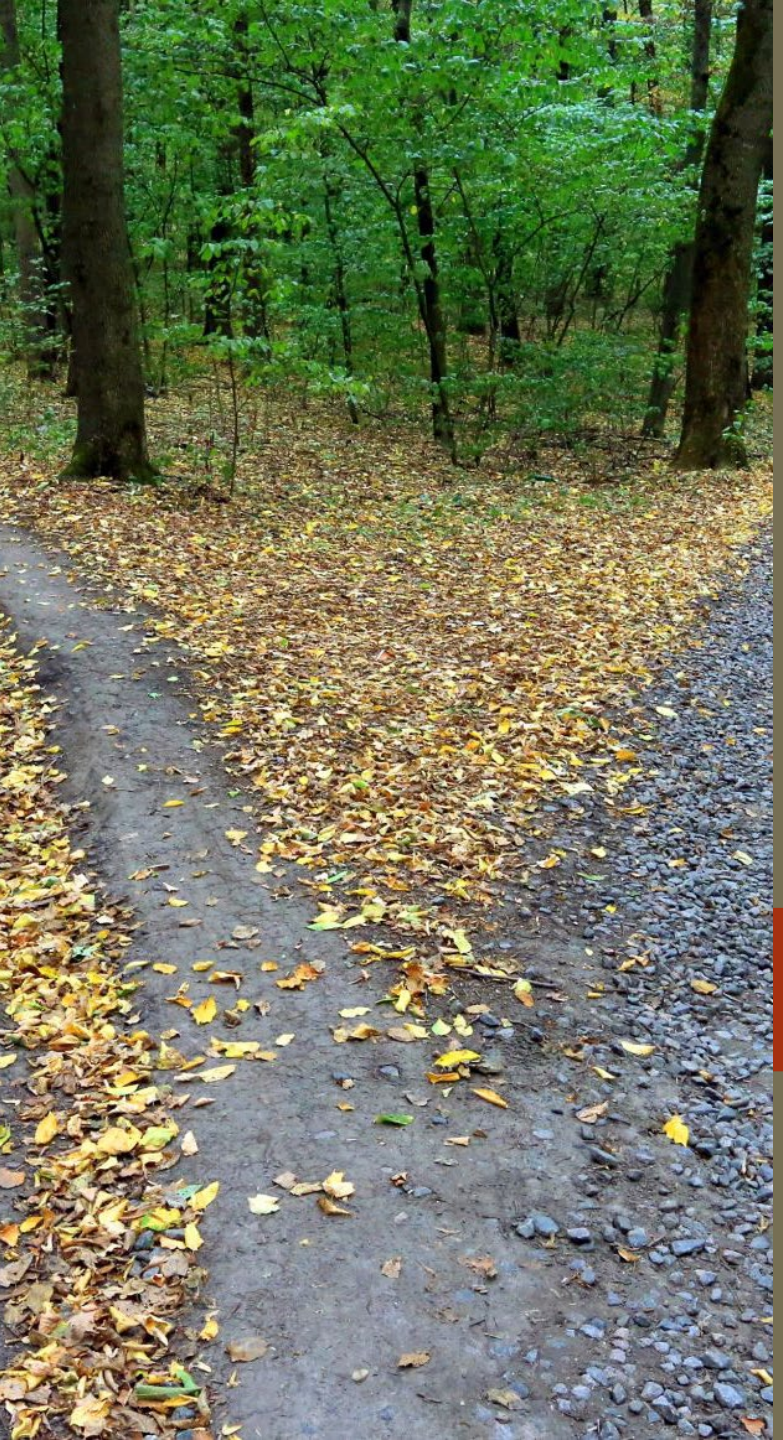

Rural Track Pediatric Residencies

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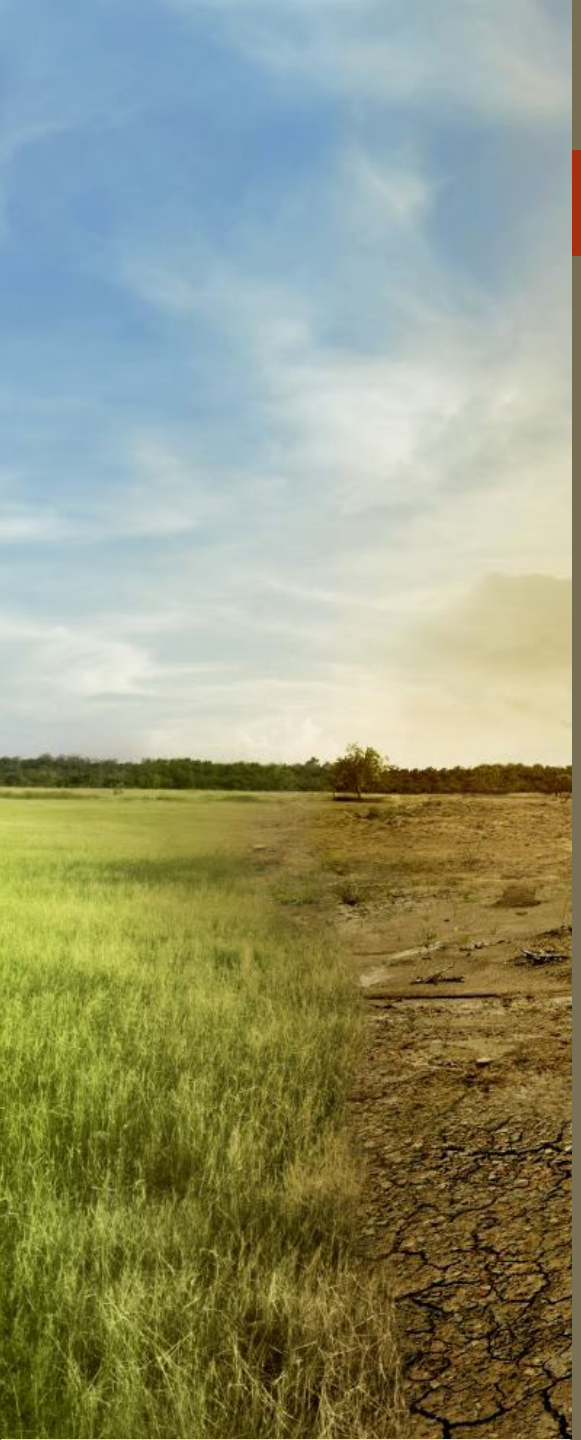
The Need for Rural Pediatric Programs

Large need for pediatricians to practice in rural venues

Present training programs do not equip graduates with skills



Reason for Tract

- Difficult to recruit residents to rural settings
- Need for rural pediatricians
- Funding available for training

Differences among Basic Standards

- Procedures
- Ambulatory pediatric
- Hospitalist rotations
- Critical care
- Newborn nursery
- Electives
- Rural Requirements

Procedures

- Stabilization and transport of both newborn and pediatric patients of all ages, including victims of trauma.

Ambulatory Pediatrics

- Continuity Clinic
- Rural office based assignments
- Emergency and acute care of illness
- Transport experience
- Adolescent medicine
- Behavorial and developmental medicine

Continuity Clinic

Continuing care of a group of patients in a rural community throughout the three (3) years of training is required.

Differences: typically, not in rural area

Rural-office based assignment

- Office electives or assignments may not exceed six (6) months
- Assignments may be solid blocks of time or may run concurrently with other assignments
- Curricular content must include small business principles, practice, finance and delivery models. In addition, the curriculum shall include one (1) month or 200 hours of OPP/OMM.

- Differences: Typically not in rural area

Emergency Medicine

- In addition to their experience in the continuity clinics, residents must have at least three (3) months of experience managing pediatric patients with acute problems, including respiratory infections, dehydration, coma, seizures, poisoning, trauma, lacerations, burns, shock and status asthmaticus.
- At least one of these months must be a block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic, and which is the access point for seriously ill and acutely ill pediatric patients.

Transport

- Residents must have at least one (1) month or 200 hours of experience in the transport of newborns and other pediatric patients via both ground and air.

Adolescent Medicine

Residents must have one (1) month of patient care experiences in the following: health maintenance examinations, family planning, sexually transmitted diseases and gynecology.

- Experiences in chemical dependency, sports medicine, health needs of incarcerated youth, and college health issues are strongly recommended.
- A separate clinic for adolescent patients is desirable.
- Also recommended is experience with healthcare for adolescents provided in schools, group homes, family planning clinics, and inpatient psychiatric facilities.

Behavioral and developmental

- Residents must participate in a structured experience in normal and abnormal behavior and development involving didactic and clinical components. Experience must include the care of patients from newborn through young adulthood.
- Residents must learn how to serve as care managers for patients with chronic diseases and multiple problems. Subspecialty consultants and ancillary personnel must be available to the residents as they care for these patients.

Hospitalist Rotations

General hospitalist inpatient pediatric rotations must be a minimum of five (5) months.

Differences: Typically, on a general or subspecialist inpatient service

Critical Care

There must be a rotation in neonatal critical care (Levels II and III) for a minimum of three (3) months, exclusive of experience with the normal newborn. At least two (2) of the three (3) months must occur in a setting where residents have the opportunity to regularly participate in the resuscitation of newborns in the delivery room.

- There must be a rotation in the pediatric intensive care unit for a minimum of one (1) months.
- The maximum number of required rotations in both critical care areas combined must not exceed six months.
- Hospital Procedures
  - There must be one (1) month rotation dedicated to intravenous access, intubation and other hospital procedures.

Newborn Nursery

- There must be the equivalent of at least two (2) months that include care of newborns in the routine nursery setting.
- This experience must include routine physical examination of the newborns (at least 50 normal newborn examines), attendance at routine, high risk deliveries and C-sections, and counseling of the parents on the care, and comprehensive issues of the neonatal period.

- Differences: typically, one month

Electives

- The total amount of time committed to all subspecialty elective rotations must be no more than eight (8) months. No more than six (6) months may be spent on any one subspecialty during the three (3)-year residency. The subspecialty rotations must occur primarily in the second and third years of training

Rural Requirements

- In addition to meeting all of the above requirements the program must include four (4) months in a rural setting including a rural public and community health experience.

- Differences: typically not a requirement

	OGME 1		OGME 2		OGME 3	
SURGERY	1					
INTERNAL MEDICINE	1					
WOMEN'S HEALTH	1					
EMERGENCY MEDICINE	1		1		1	
AMBULATORY PEDIATRICS	2		4		2	
NEWBORN NURSERY	1		1			
GENERAL IN-PATIENT PEDIATRICS HOSPITAL PROCEDURES	2		2 1		2 1	
PICU	0		0		1	
NICU	1		1		1	
PEDIATRIC SPECIALTY ELECTIVES	2		2		4	
TOTAL	12		12		12	

	OGME 1		OGME 2		OGME 3	
SURGERY	1					
INTERNAL MEDICINE	1					
WOMEN'S HEALTH	1					
EMERGENCY MEDICINE	1		1			
AMBULATORY PEDIATRICS	2		2		2	
NEWBORN NURSERY	1		0			
GENERAL IN-PATIENT PEDIATRICS	2		2		2	
PICU	0		1		1	
NICU	0		1		1	
PEDIATRIC SPECIALTY ELECTIVES	3		5		6	
TOTAL	12		12		12	

Expected Sites for Rural Programs

- Athens, Ohio
- South Carolina
- Montana
- Alaska
- New Mexico

Background

- Rural hospitals are closing throughout the United States
- There are several reasons.
- Most responsible of the reason is the recruitment and retaining of family physicians and pediatricians to the rural hospital area
- If left unchecked, the rural population will be left without appropriate medical care
- The lack of an organized sustained effort to recruit students that were:
  - Raised in rural areas
  - Attended a medical school with rural curriculum
  - Attended a family practice residency that is based in the rural hospital requiring family physicians.

Research

LITERATURE SUGGESTS THAT RECRUITMENT AND RETENTION OF PRIMARY CARE DEPEND ON:

- medical school characteristics,
- longitudinal rural training,
- **raised in a small town**

Mission

- To develop sustainable pediatric practices in association with rural and underserved rural hospitals, rural based medical schools and communities.

Critical success Factors:

- Creation of connection with medical schools in area
- Recruitment of local students to entire above medical school
- Recruitment of these students into rural hospital residency in their home town with affiliation with children's hospitals and smaller hospitals with small pediatric wards.
- Completion of ACGME accreditation of rural pediatric residencies
- Creation of practice in association with rural hospital, medical schools and communities.

The Four prong fork approach

- Simultaneous recruitment and development of:
  - College students with rural upbringing in rural colleges that have likelihood of getting into medical school
  - Collaboration with medical schools that have rural tracts
  - Development of rural tract GME at rural hospital, and children's hospital
  - Collaboration of rural hospital, children's Hospital and community

Basic Standards for Rural Track Residency Training in Pediatrics

American Osteopathic Association
and the
American College of Osteopathic Pediatricians

The Standard (available for review)