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Nurturing the Student, Sustaining the Mission: International/Inner City/Rural Preceptorship (I2CRP) Program

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Nurturing the Student, Sustaining the Mission: International/Inner City/Rural Preceptorship (I²CRP) Program

CU

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Introduction

- By 2030, the U.S. could see shortage of 43,000 primary care physicians¹
- If barriers to utilize healthcare services were removed for underserved populations and all Americans had services equivalent to non-Hispanic, white, insured populations in metropolitan areas, 96,800 physicians will be needed to fill in the gap¹
- There are many educational tracks in medical schools nationwide in hope to address these problems

VCU SOM I²CRP Program

- International/Inner City/Rural Preceptorship Program
- Began in 1998, began as ICRP, with international component added with graduating Class of 2012
- Mission: to increase the number of students going into primary care to serve in medically underserved communities in rural, urban and/or international settings
- Students are selected after application review at the beginning of M1 year
- Longitudinal program with required seminars, written reflections, Grand Rounds and fourth-year capstone project
- Matches students with clinical rotations in medically underserved communities

Purpose of this project:

- To assess I²CRP's impact by analyzing the number of I²CRP graduates entering primary care² compared to non-I²CRP VCU SOM graduates from 2000 - 2017
 - Family Medicine
 - Internal Medicine
 - Pediatrics
 - Medicine/Pediatrics
- To assess the number of I²CRP graduates currently practicing in health professional shortage area (HPSAs) or medically underserved area (MUAs)

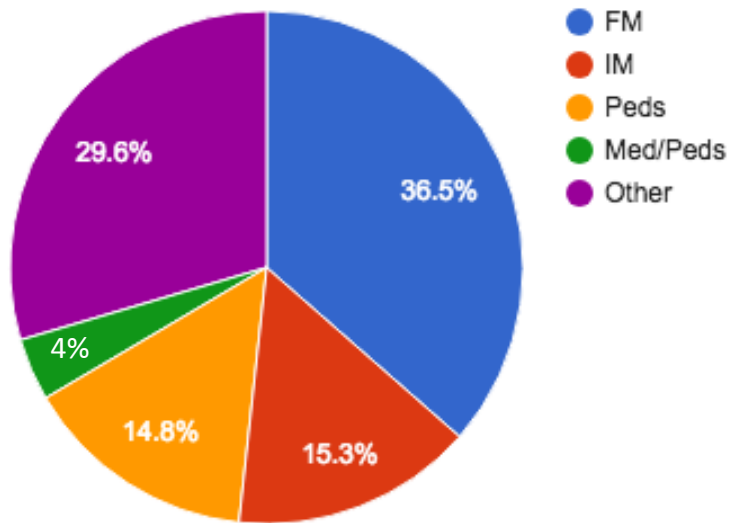
Methods

- Publically available data were used to confirm current location and specialty of each I²CRP graduate
 - 2000 – 2017: total of 203 I²CRP graduates
- Match data of 2000 - 2017 graduates obtained through SoM Office of Student Affairs to compare with all SoM graduates
 - 2000 – 2017: total of 3241 graduates

Results

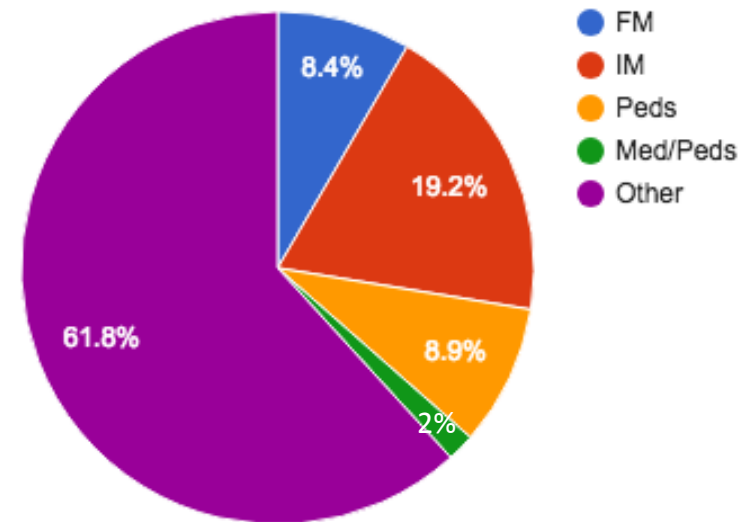
FIGURE 1. Comparison of Graduates in Various Specialties

I2CRP Graduates 2000 - 2017



2000 - 2017	# Grads Matched	Total # Graduates	%
FM	74	203	36.5%
IM	31	203	15.3%
Peds	30	203	14.8%
Med/Peds	8	203	4.0%
Other	60	203	29.6%

Non-I2CRP Graduates 2000 - 2017



2000 - 2017	# Grads Matched	Total # Graduates	%
FM	256	3038	8.4%
IM	582	3038	19.2%
Peds	270	3038	8.9%
Med/Peds	53	3038	1.7%
Other	1877	3038	61.8%

**FIGURE 2. Comparison of Graduates Matched to
Primary Care & NHSC Priority Residencies**

I2CRP Graduates 2000 - 2017				Non-I2CRP Graduates 2000 - 2017		
	# Graduates	Total # Students	%	# Graduates	Total # Students	%
Primary Care	146	203	71.9%	1161	3016	38.5%
NHSC Priority*	166	203	81.8%	1464	3016	48.5%
Non-PC NHSC Priority**	20	203	9.9%	303	3016	10.0%
General Surgery	14	203	6.9%	96	3016	3.2%
I2CRP Graduates 2000 - 2011				Non-I2CRP Graduates 2000 - 2011		
Primary Care	66	82	80.5%	807	1998	40.4%
NHSC Priority*	72	82	87.8%	988	1998	49.4%
Non-PC NHSC Priority**	6	82	7.3%	181	1998	9.1%
General Surgery	1	82	1.2%	100	1998	5.0%
I2CRP Graduates 2012 - 2017				Non-I2CRP Graduates 2012 - 2017		
Primary Care	80	121	66.1%	352	1040	33.8%
NHSC Priority*	94	121	77.7%	477	1040	45.9%
Non-PC NHSC Priority**	14	121	11.6%	125	1040	12.0%
General Surgery	8	121	6.6%	55	1040	5.3%

*NHSC Priority Disciplines: Primary care + ObGYN and Psychiatry

**Non-PC NHSC Priority: ObGYN and Psychiatry

**FIGURE 3. # Practicing I²CRP Graduates
in Primary HPSA or MUAs**

	# Practicing Graduates	Total # Practicing Graduates	%
MUA, HPSA or MUA and HPSA	37	104	35.6%

Discussion

- I²CRP graduates are more likely to enter family medicine and primary care specialties as compared to non-I²CRP peers of VCU SoM from 2000 – 2017.
- I²CRP graduates match into NHSC-priority specialties at rates higher than non-I²CRP VCU SoM peers from 2000-2017.
- With the introduction of the international component and the increase in the cohort size of the I²CRP program in 2012, number of I²CRP graduates entering family medicine and primary care specialties decreased. However the number of students matching to NSHC Priority specialties remained high.
- 36% of I²CRP graduates who have completed residency training currently practice in HPSA, MUA or both HPSA/MUAs, showing the longevity of the program's impact.

Discussion

- To address workforce shortages, this study shows the importance of early medical education training to nurture students to pursue primary care as well as other NHSC priority specialties.
- The study also shows the potential of medical education programs to impact each graduate's choice to practice in settings designated as HPSAs and MUAs.
- Limitations and future directions
 - Difficulty of comparing VCU SoM's data with national data due to differences in each programs (underserved tracks UCLA/Drew, rural tracks Jefferson PSAP and Michigan State University's RPP ^{3,4,5})
 - Is the program supporting decisions for students to enter primary care fields or are they self selected?
 - Snapshot of specialty choice does not account for mobility throughout the long-term span of each physician's career

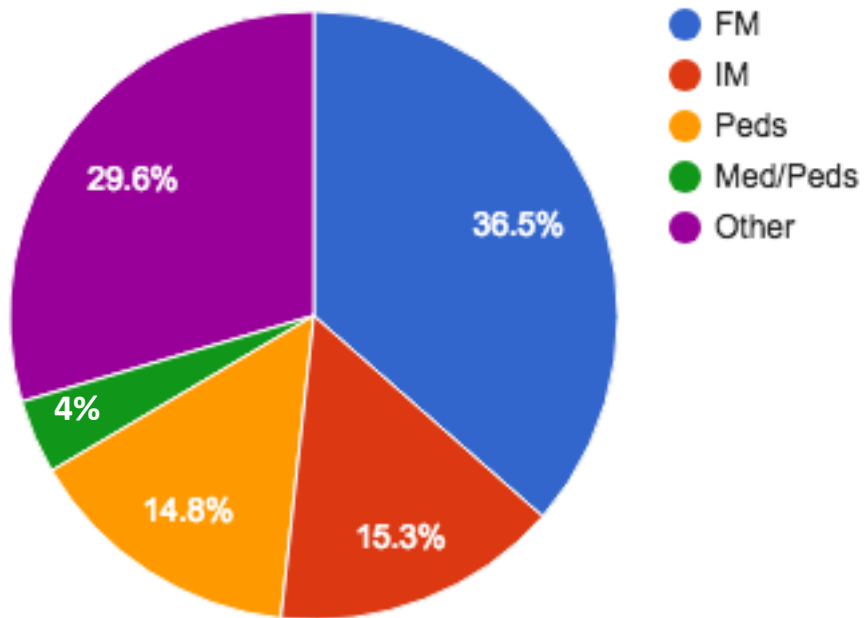
- Acknowledgements

- Dr. Steve Crossman, Judy Gary, Dr. Chris Woleben

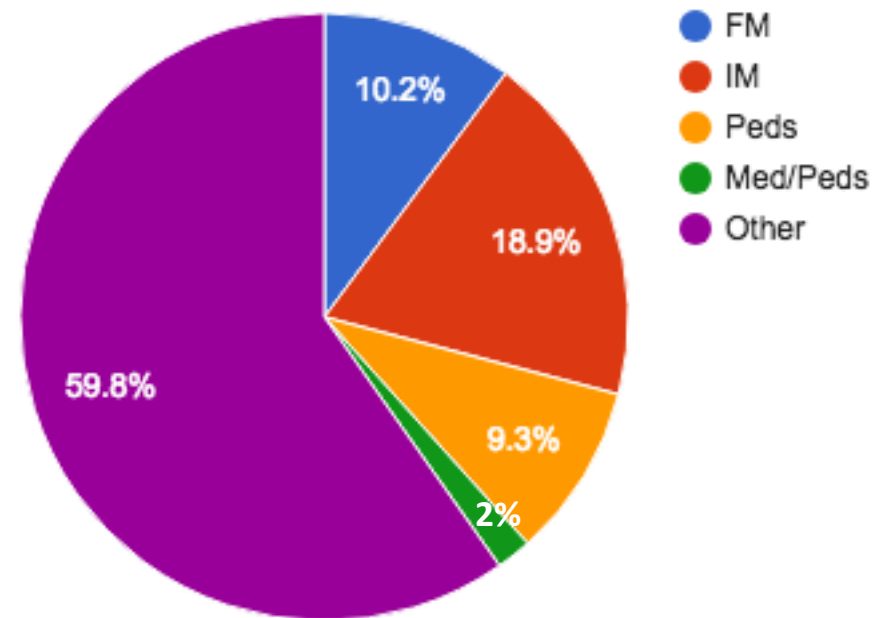
- References:

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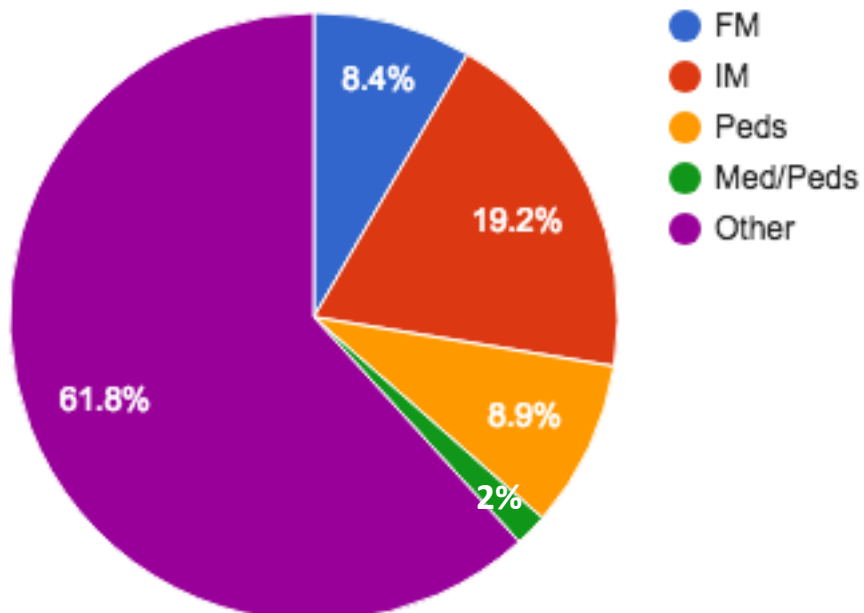
I2CRP Graduates 2000 - 2017



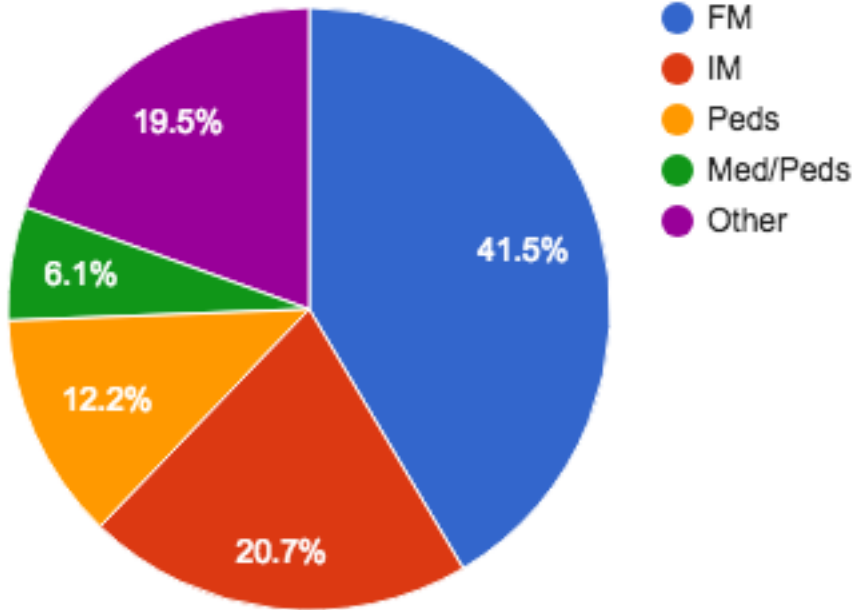
All SoM Graduates 2000 - 2017



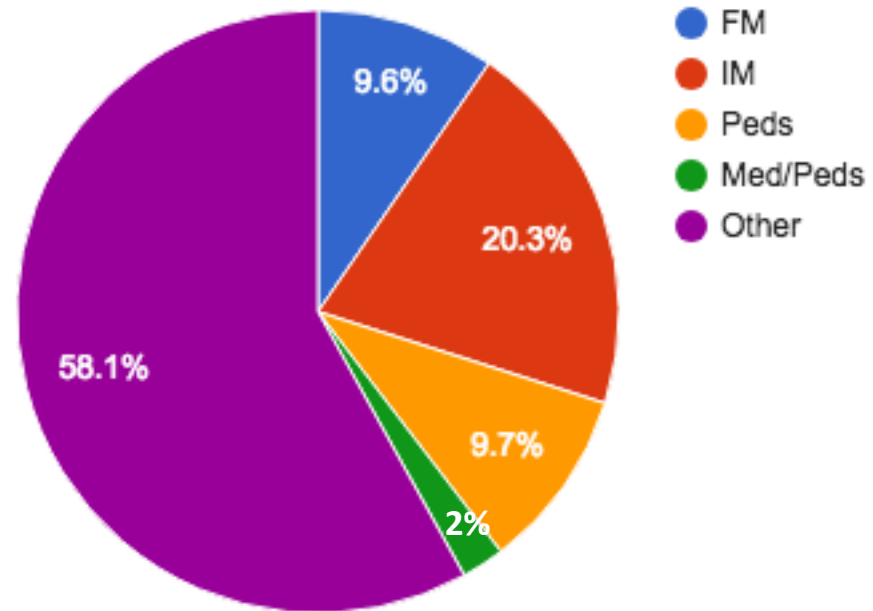
Non-I2CRP Graduates 2000 - 2017



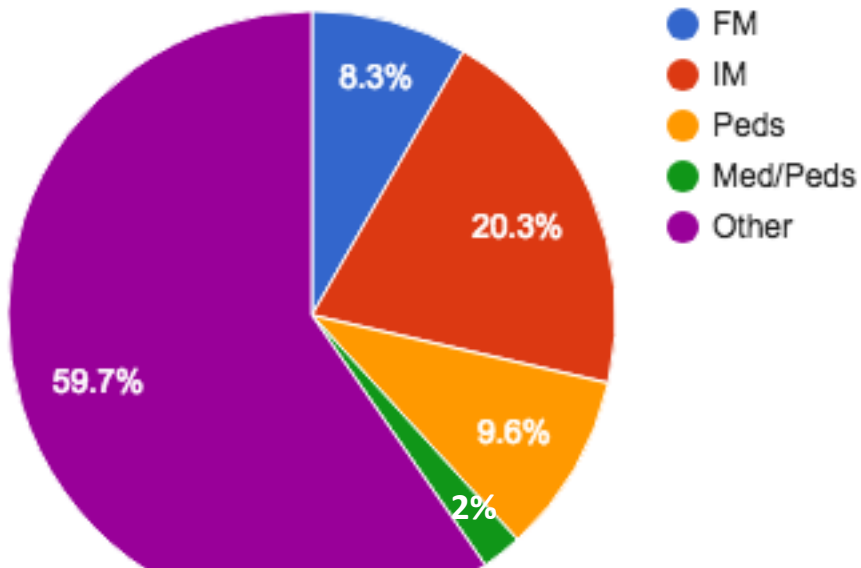
I2CRP Graduates 2000 - 2011



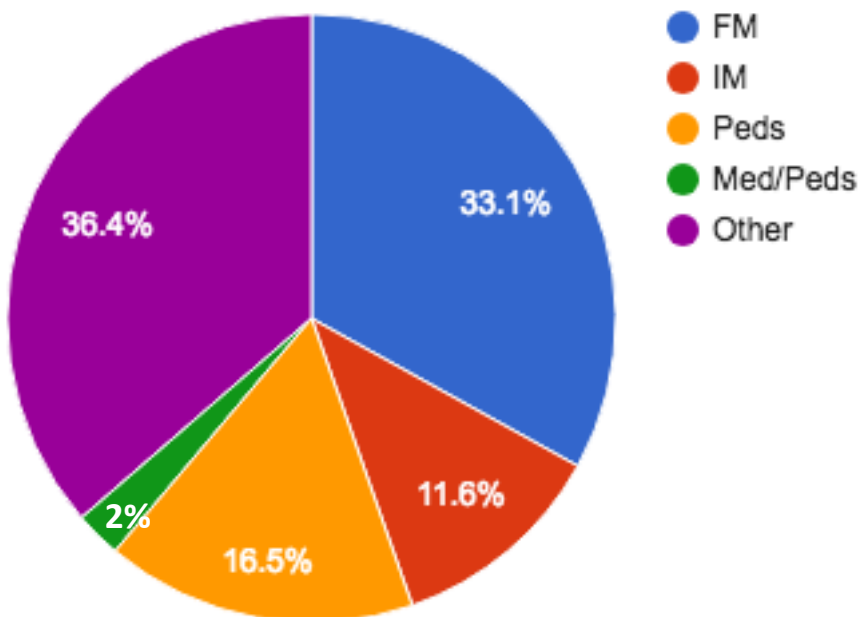
All SoM Graduates 2000 - 2011



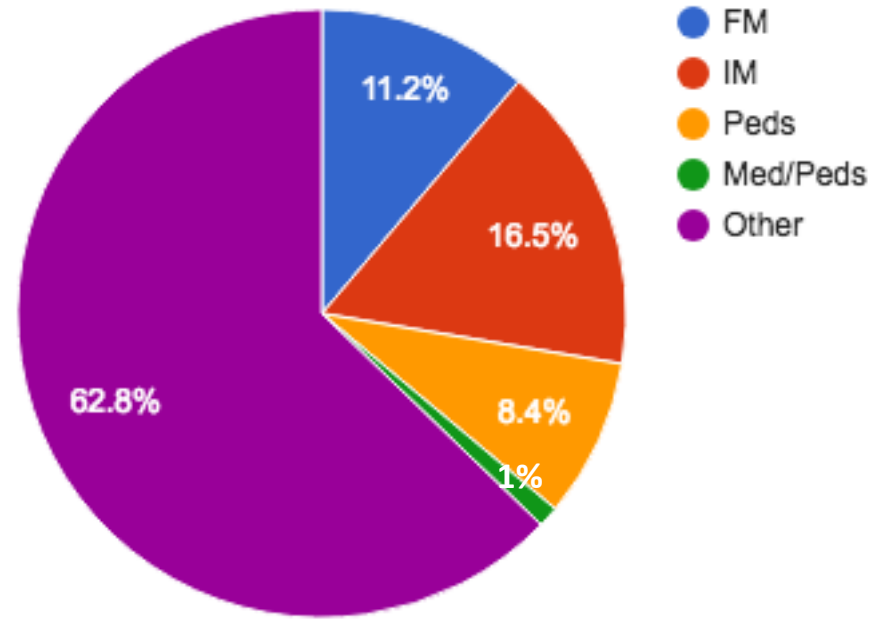
Non-I2CRP Graduates 2000 - 2011



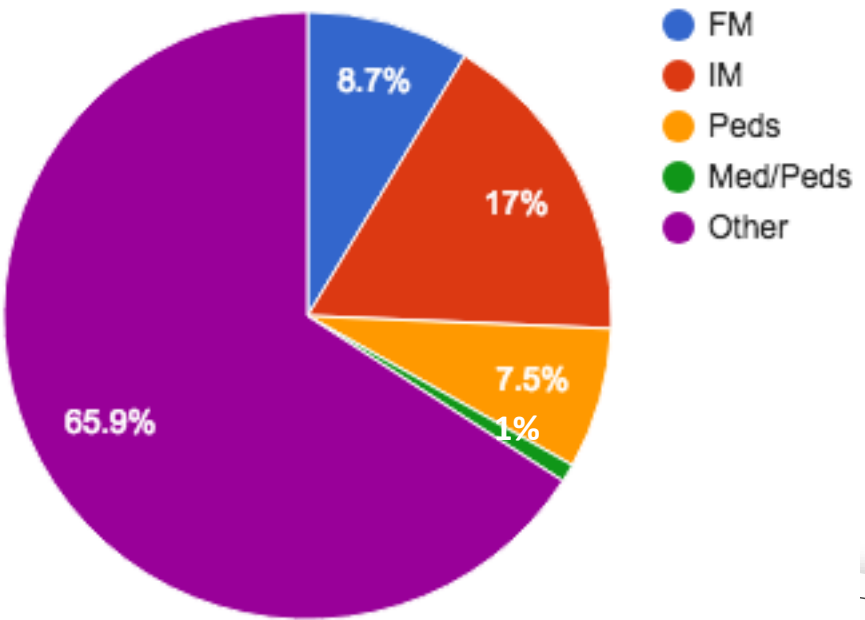
I2CRP Graduates 2012 - 2017



All SoM Graduates 2012 - 2017



Non-I2CRP Graduates 2012 - 2017



Practicing I2CRP Graduates in Primary HPSA, MUAs

	# Practicing Graduates	Total # Practicing Graduates	%
MUA	24	104	23.1%
HPSA	32	104	30.8%
Both MUA + HPSA	19	104	18.3%
MUA, HPSA or MUA&HPSA	37	104	35.6%