WiNC Word

An update of the Wisconsin Northern & Central Graduate Medical Education (WiNC GME) Consortium Development Committee.

APRIL 2017

Highlights from WiNC GME Consortium Planning Meeting

- The consortium is planned with a dual purpose: 1) GME administration and sponsorship, and 2) regional workforce development.
- Letters of support to the WiNC GME Consortium Development Committee endorsing the investigation of a northern and central Wisconsin GME consortium have started arriving. To date the Wisconsin Council on Medical Education & Workforce (WCMEW) and Linda McCart, Policy Advisor from the Department of Health Services (DHS) have provided letters with more expected in the next few weeks.
- The next step for GME Administration development is to schedule a Residency Program Solutions consultation to learn more about the consortium as a sponsoring institution.
- Determining which data is most meaningful, what data is readily available, and what needs to be collected is the next step for creating a regional workforce development plan.

Upcoming Meetings

Thu., Apr. 13th 11:00a–12:00p – WebEx

Thu., May 11th 10:00a–2:00p

(in person in Appleton—details TBD)

In the Know — Why Train Physicians in Rural Places?

Ensuring access to health care in rural areas has been an elusive goal for several decades and continues to be problematic. Many factors contribute to this challenge, including metric-based admissions, cost of attendance, economic and prestige factors and curriculum content, but a key factor is the **limited training opportunities available in rural areas**.

Most aspiring physicians spend ages 18-30 (4 years of college, 4 years of medical school and 3-5 years of residency training) in urban-based academic centers, far removed from exposure to rural culture, role models, and experiences. Many studies have shown that 3 factors associate most strongly with entering rural practice: Rural upbringing and aptitude, positive rural experiences in medical school, and targeted training for rural practice in residency. More specifically, "**…medical residents who train in rural settings are two to three times more likely to practice in a rural area**; especially those who participate in rural training tracks" (Patterson, et. al.) and "[residents trained in rural areas] are better prepared for what awaits them in rural practice" (Brooks, et.al.).

Educating and training students in areas where they have frequent exposure to community-based and rural practice models is a key strategy in increasing the physician workforce in primary care and rural locations.

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References:

Strasser, R. Learning in context: education for remote rural health care. Rural and Remote Health 16:4033 (online) 2016 Available at http://www.rrh.org.au

Patterson DG, Longenecker R, Schmitz D, Skillman SM, Doescher MP. *Policy brief: training physicians for rural practice: capitalizing on local expertise to strengthen rural primary care.* Collaboration of Rural Training Track Technical Assistance Program and WWAMI Rural Health Research Center; 2011.

Brooks RG, Walsh M, Mardon RE, Lewis M, Clawson A. The roles of nature and nurture in the recruitment and retention of primary care physicians in rural areas; a review of the literature. *Acad Med.* 2002;77(8):790-798.

Together, create the best regional physician workforce in the country.

For more information contact Kara Traxler, Project Manager at ktraxler@RWHC.com or
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WiNC GME
(Wisconsin Northern & Central Graduate Medical Education)
Consortium Planning Committee and Partners

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Mark Belknap, MD, Memorial Medical Center
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Todd Burch, Aspirus Riverview Hospital & Clinics
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