The Appalachian Preceptorship: Over Two Decades of an Integrated Clinical–Classroom Experience of Rural Medicine and Appalachian Culture

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Abstract

There is a need to encourage careers in rural medicine and to prepare potential rural physicians for life in rural communities. The authors describe a program that addresses this need, the Appalachian Preceptorship Program, and report the program’s experience from 1985 to 2004. The Appalachian Preceptorship is a four-week summer elective conducted by the Department of Family Medicine of East Tennessee State University (ETSU) that offers students clinical preceptorships in rural areas of southern Appalachia. By the conclusion of the 2004 preceptorships, the program had served 225 medical students from 95 medical schools across the country and abroad. The program combines an individual community-based preceptorship with an interactive group instructional block, emphasizes rural medicine, and provides students an understanding of the interface between culture and medicine in southern Appalachia.

Follow-up of Appalachian Preceptorship students during the 18-year period studied demonstrates that 82% of the 157 participants who matched before 2004 had selected residencies in primary care, with 60% entering family medicine. Those completing the program were more than three times as likely to practice in a rural community compared with the national average. Fifty-six percent of their practice settings carry multiple rural or underserved designations. The program has helped transform a legislative mandate to train doctors for rural communities into an institutional culture leading to more extensive programs and a greater recognition of ETSU’s rural mission.

The authors encourage other medical schools to develop combined clinical/classroom electives that reflect their institutional priorities and that can address a wide variety of clinical interests.


Many medical schools offer students clinical experiences with community-based physician preceptors. Some clinical preceptorships provide students with an undifferentiated primary care practice experience in a particular geographic region, while others focus on a clinical topic reflecting a program’s interests and available clinical resources. The Family Medicine Clerkship/Preceptorship Directory published by the American Association of Family Physicians includes focused preceptorships in sports medicine, maternal–child health, health care of those crossing international borders, emergency room care, epidemiology, geriatrics medicine, occupational medicine, and approximately 40 rotation offerings. Very few of these clinical opportunities combine a clinical placement with classroom-based instruction to complement the clinical emphasis.

For over 20 years, the Appalachian Preceptorship Program has provided students from medical schools throughout the country the opportunity to experience supervised patient care in rural underserved communities of southern Appalachia. Also, during the one-month program, students leave their rural preceptorships for a week of group classroom instruction in rural and cultural aspects of clinical care. The Appalachian Preceptorship Program carefully integrates students’ experiential learning and interactive classroom instruction.

In this article, we report the experience and impact of the Appalachian Preceptorship Program, how it reflects institutional priorities, and how it has served as a mechanism for institutional growth. This program provides a model to encourage other institutions to develop similarly integrated clinical/classroom preceptorships that focus on other areas of primary care.

Program and Participants

The Appalachian Preceptorship Program was begun in 1984 by the Department of Family Medicine at East Tennessee State University James H. Quillen College of Medicine (ETSU). As a new school with a state mandate to train primary care physicians for rural communities, we were interested in attracting students with similar interests to the school and the region. The program was conceived to integrate a culturally appropriate rural medicine experience into a month-long clinical rotation during the summer. It was named after a student outreach program at Vanderbilt University that had become temporarily inactive by the mid-1980s. The goal of the ETSU program was to allow medical students to experience southern Appalachian communities, the rural health care delivery systems and practices in those communities, the patient population, and that population’s beliefs about health care and illness.

In 1985, two students were recruited into the program. The following year, with
support from the Bureau of Health Professions, Health Resources and Services Administration, the program was expanded to twelve students per year. From 1985 through 2004, the program has attracted 30–50 applicants per year and has accommodated nine to 16 students annually. During that same time span, 225 medical students (95 men and 130 women from 95 medical schools in 33 states, the Netherlands, the Czech Republic, and the United Kingdom) participated in the Appalachian Preceptorship Program. Medical schools that contributed the largest numbers of students were:

- the University of Massachusetts Medical School and the University of Tennessee, Health Science Center, College of Medicine (eight students each);
- the Medical Colleges of Wisconsin and Ohio (seven students each), and
- the University of South Florida College of Medicine and Wake Forest University Health Sciences (School of Medicine) (six students each).

No more than eight students have come from a single school, indicating the broad base from which the program draws. Medical schools in Ohio (24 participants); Tennessee (19); Illinois (17); New York, Texas, and Pennsylvania (12 each) have contributed the most students to the program. Over one-third of the student participants (79) attended medical schools in the Northeastern region of the United States (regions defined according to the Society for Teachers of Family Medicine),6 65 from the Southeast, 40 from the North Central region, 26 from the South Central region, 11 from the West, two from the Netherlands, and one each from the Czech Republic and the United Kingdom. One hundred participated prior to their second medical school year, and 125 did so during their clinical years.

Central to the success of this program has been the inclusion of a group- and classroom-based education week, based on the ETSU campus, that provides the students a cultural, spiritual, and historical context for the delivery of primary care in Appalachia. The decision to provide a cultural context in the program was because physicians are often removed from the communities in which they grew up and/or may be new to the regions in which they practice. They do not have the advantage of the “country docs,” who are longstanding members of the communities in which they serve. To provide optimal care to patients, and to enhance their personal and professional experiences in a rural area, physicians should be educated not only in clinical skills but also have grounding in the cultural and social dimensions that influence rural health care delivery. With regard to future rural retention, Stearns and Stearns suggested that although medical students are being adequately prepared for the clinical aspects of practice, “instruction and experiences relating to the realities of rural living need to be enhanced to increase retention.”3

Program Planning and Operation

The Appalachian Preceptorship requires a significant, yet not overwhelming, commitment of personnel. Core medical faculty from ETSU plan, organize, implement and evaluate the program. The campus-based education week also draws on community clinical faculty, a medical anthropologist, and others from outside the medical community with a commitment to the unique subject matter of the instruction.

A rural program coordinator facilitates the planning and implementation of the Appalachian Preceptorship; responsibilities include scheduling speakers, recruiting host rural preceptors, and handling all correspondence with students. Planning begins during the winter preceding each summer program. In January invitations are sent to potential speakers and panel members, with the schedule of the campus-based week finalized by April. In early June speakers are given information about the student participants and a list of questions about Appalachian medicine, culture, history, and other topics suggested by incoming students.

Applications are received during February and March. Criteria that the program’s admission committee, composed of the course directors (FL and PZ) and course coordinator (CS), use to evaluate applicants include their experiences with rural or underserved groups, other volunteer work, interest in the National Health Service Corps, outdoor hobbies, and cross-cultural interests and experience. Twelve potential participants and two alternates are selected and are notified in early April. During April the coordinator confirms each preceptor’s commitment to host a student, matches students with preceptors based on individual interests and availability, and schedules the three weeks the students will spend at the practice site. After this, the students and preceptors are in direct contact, in order to make individual arrangements.

During May, the coordinator arranges for all food, lodging, program materials, and transportation associated with the campus education week activities. During the week on campus ETSU family medicine support staff assist the coordinator with conference room set-up, field trips, and other details. Follow-up activities, including reimbursement and collection of evaluation materials, are handled by the coordinator.

The annual budget for the Appalachian Preceptorship Program is approximately $17,500. The total cost for brochures, postage, speakers’ honorariums and travel, field trips and speakers’ travel costs, food and entertainment is approximately $3,500. The main program cost, a $1,120 stipend for each student, which covers local housing and other living expenses, has, in most years, been provided through extramural grant support.

The Program’s Preceptors and Sites

For many decades, southern Appalachia has attracted community-oriented physicians dedicated to improving health care for their patients and for the region. ETSU partners with such rural physicians to create a mentoring relationship for medical students that address the health care needs of rural communities. From 1985 through 2004, Appalachian Preceptorship Program students have rotated with 49 preceptors in 40 clinical sites, including university-supported clinics, private practices, and community health centers. Twenty preceptor sites in Tennessee, one in Kentucky, 15 in Virginia, and four in North Carolina have hosted students.

By any designation, the sites used are rural and underserved. For example, the shortage-designation branch of the federal Bureau of Health Professions
National Center for Health Workforce Analysis4 classifies geographic regions of the nation as Health Professional Shortage Areas (HPSAs) based on the ratio of primary care physicians to the local population. It also categorizes counties or communities as HPSAs if there are significant numbers of individuals within those areas that suffer barriers to primary care due to cultural, economic, and other factors. The shortage-designation branch also classifies communities as medically underserved areas (MUs) based on additional criteria including the infant mortality rate, percentage of the population over 65, and the percentage living below the poverty level. The federal Office of Rural Health Policy categorizes geographic regions as rural based on the local population density and proximity to metropolitan areas.2 A geographic area may therefore be identified as having any combination of the three designations: HPSA, MUA, and rural. All 40 of the Appalachian Preceptorship sites carry multiple designations, with 28 sites classified as all three: HPSA, MUA, and rural.

The Campus-Based Instruction

Many students are available to participate in clinical experiences between their first and second preclinical years and for electives during their fourth years. Since medical schools have slightly different calendars, for some students their three-week clinical preceptorships begin in early June; for others, their preceptorships do not end until August. The second week in July was selected as the optimal time to bring all students to campus regardless of schedule. The goals of this week include:

1. Enabling medical students to learn interactively from experts and with peers about rural medicine and southern Appalachian culture as it is experienced in the clinical portion of the preceptorship.
2. Allowing students at different points in their preceptor experience to meet with their peers and learn from each other.
3. Fostering a bonding experience for students that will reinforce their excitement about working in a rural southern Appalachian community.
4. Exposing students to the interests and expertise of the multidisciplinary faculty in family medicine and other departments and colleges at ETSU and the surrounding region.
5. Giving multidisciplinary faculty an opportunity to develop their academic expertise in teaching about rural medicine and about culture in medicine.
6. Offering students who are potentially interested in medical practice in southern Appalachia exposure to ETSU’s residency programs.

To facilitate accomplishing these goals the program is structured to maximize student–students and student–faculty interaction, beginning late on Friday, and including social, cultural, and recreational activities over the weekend. Table 1 presents a typical schedule for the week. The activities begin with dinner Friday evening at a restaurant located in a rural area, followed by the weekend activities, which include several of the following: hikes and swimming along portions of the Appalachian Trail; whitewater rafting: a visit to the Carter Family Fold (the music hall home of one of the first families of country music); trips to the Scottish Highland Games in North Carolina; or a visit to the historic Barter Theatre, the State Theatre of Virginia. Students are housed in ETSU dormitories and share meals, which are provided during the day and most evenings. A party is held on the evening of the last day of the week. Faculty are involved in most of the social and recreational activities.

Culture and medicine

Most students expect to learn about a culture that is rich in language, beliefs, and practices. But in addition, they learn that each health care provider and patient brings different culturally determined values and beliefs, constituting their “reality,” to the clinical encounter. Each student is challenged to find a common ground between his or her own cultural system and that of the student’s patients, through seminars, workshops, and activities (Table 1).

Several presenters highlight the peoples of the area. A local, Native American healer presents that group’s linkage of spiritual beliefs and folk medicine. Appalachian storytellers teach students about the ethnic migration patterns that populated the area and how sequential waves of migration introduced different European cultures. Other sessions address the medical beliefs of different groups of Appalachians, the historic and contemporary economic influences of the region, and the role of contemporary spiritual beliefs in medical decision making presented by a Religious Beliefs Panel of ministers and clinicians.

The week concludes with several sequential workshops on how to identify patient beliefs in a clinical encounter through a patient- and culture-centered communication process. Students learn strategies for reaching common ground that integrate biomedical knowledge and best practice with the patient’s worldview. Under faculty guidance, students interview standardized patients using cases that challenge students to bridge the gap between rural culture and health care. For example, based on an actual case encountered by a student during the clinical phase of the program, a patient with atrial fibrillation, who is reluctant to use allopathic medications, requests “natural remedies.” This segment also builds on an introduction to alternative and complementary therapy presented to students earlier in the week. A field trip during which medicinal herbs are identified concludes with lunch at the home of a faculty member, who integrates alternative and complementary therapies into practice. The goal for this section is for students to develop knowledge and skills that pertain outside as well as inside Appalachia.

Rural community medicine

Another goal of the week is to foster greater academic and personal appreciation for rural medicine. Instructors build upon the clinical experience that some students have gained to introduce rural medical issues to other students who have yet to begin their clinical work. The Rural Physicians’ Lifestyle panel discussion includes both male and female providers with a variety of clinical and procedural interests who are from various private and federally funded practice sites and who have spent different lengths of time in the community. The Community Oriented Primary Care (COPC) panel emphasizes how rural physicians can affect the health of their communities. Over the years this panel session has adopted a highly interactive format during which the panelists and students break into small groups that identify and attempt to
Table 1
Schedule for the Campus-Based Week of the Appalachian Preceptorship Program, East Tennessee State University

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Topic or activity</th>
<th>Speaker or activity location</th>
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<tbody>
<tr>
<td>Friday</td>
<td>Afternoon</td>
<td>Orientation Dinner in rural restaurant</td>
<td>Course directors, coordinator Harmony Grocery</td>
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<td>Evening</td>
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<tr>
<td>Saturday</td>
<td>Day</td>
<td>Hike to Laurel Falls or Hike or bike Virginia Creeper Trail Appalachian Bluegrass Theatre</td>
<td>Blue Ridge Parkway Appalachian Trail Carter Family Fold</td>
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<td>Evening</td>
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<tr>
<td>Sunday</td>
<td>Day</td>
<td>Whitewater rafting Dramatic production</td>
<td>Nolichucky River Historic Barter Theatre, Abingdon, VA</td>
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<td></td>
<td>Evening</td>
<td></td>
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<tr>
<td>Monday</td>
<td>Morning</td>
<td>Introduction to program Introduction to Appalachia Botanical medicine and alternative therapies (field trip)</td>
<td>Dean, College of Medicine Professor Emeritus and Appalachian Scholar, ETSU* Program director, Family Medicine Residency, expert on complementary medicine</td>
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<tr>
<td>Tuesday</td>
<td>Morning</td>
<td>Appalachian economics Health beliefs in Appalachia Historical overview of managed care Stories from Appalachian history</td>
<td>Professor of economics, ETSU* Professor of anthropology, ETSU* Director, ETSU Office of Rural and Community Health Storyteller and history professor, ASU†</td>
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<tr>
<td>Wednesday</td>
<td>Morning</td>
<td>Addressing religious beliefs in patients in Southern Appalachia Field trip</td>
<td>Panel: University and rural physicians and bioethicists Historic Jonesborough, Saylor’s dairy farm</td>
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<td>Afternoon</td>
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<tr>
<td>Thursday</td>
<td>Morning</td>
<td>Responding to rural community needs</td>
<td>Panel: Bioethicist, health department physicians, community leaders Panel: Rural Appalachian physicians</td>
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<td>Afternoon</td>
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<tr>
<td>Friday</td>
<td>Morning</td>
<td>Native American health practices Patient–physician communication and cultural perspectives Picnic§</td>
<td>Physicians, North Carolina Indian reservation ETSU Medical Interview Study Group Appalachian Preceptorship director’s home</td>
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<td>Afternoon</td>
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‡ East Tennessee State University.
§ Appalachian State University.
† Historic Jonesborough is Tennessee’s oldest town and home of the National Storytelling Festival.
§ Lunches and dinners in locations of regional interest, which are held throughout the week, are not detailed in the table.

resolve community health problems. These sessions provide examples of how COPC projects can be incorporated into practice.

A field trip to a local farm offers an opportunity to appreciate the uniqueness and substantial health risks associated with farming in the region. This experience gives additional exposure to the values of rural multigenerational families. Students also have the opportunity to milk a cow.

Evaluation

Assessment has played a key role in the development and retention of program components. Evaluations of the precepted rural experience and of the campus-based instruction are done separately because the preceptor experience can occur before, after, or in between the campus-based instruction. Given the small number of students that participate in the program each year, emphasis in evaluation is placed upon in-depth written feedback from individual students about their rural preceptor experiences, and through group discussions by the students that assess their campus-based instruction.

Evaluation of the Precepted Rural Experience

The evaluation of the individual preceptorship occurs immediately at the end of that experience. In addition to a debriefing with the program coordinator, the student writes a short account of the experience. The student is encouraged to describe what was unique and valuable about spending three weeks in a rural community under the guidance of a rural preceptor. The following statements are representative:

Rural family medicine in Mountain City was everything I had hoped it would be and more. Working with my preceptor I was able to become a part of the community nearly instantaneously.

Attending community meetings and functions, I experienced first hand the impact of a physician on a small town and the joy of involving oneself in activities of the community. In the clinic, the variety of patients we saw was amazing. Moving from a patient with a rare immune disorder, to an elderly woman with diabetes, to a depressed young man seeking help, to 100 seven- and eight-year-olds for their free sports physicals, I quickly realized this was the type of medicine I had been studying for eight years to practice. —From a student in the 1998 program

Because the community was so small, the doctor’s patients were also his friends and neighbors. I saw the positive impact he was making in his community and I look forward to the day when I can be in a similar position. —From a student in the 2001 program

My three weeks in Jellico with my preceptors gave me a realistic look at the challenges they face in rural family practice as well as the satisfaction they enjoy in their current setting. —From a student in the 2001 program.
Evaluation of the Campus-Based Instruction

Since 1990, student evaluation of the Appalachian Preceptorship campus based instruction has included a focus-group session conducted near the end of the campus-based week. The session lasts approximately 90 minutes; it involves all the students, and is conducted by a faculty member (BB) with limited involvement in the program. While the session format has been revised over time, the basic evaluation questions have remained constant. Since 1997, the prompt for the discussion has been, “Please write a summary statement about the impact of the week upon you, specifically identifying aspects . . . that you considered valuable and those that you did not think were valuable.” The students read and discuss their statements. Seventy-nine students have responded to the query since 1997. Transcripts of focus-group sessions were examined using the constant comparative technique of Goetz and Le Comte.

Several themes have emerged from the focus-group evaluations. The major themes described below are derived from similar statements about the character of the program that appear each year in the summary statements of at least one or two students and are reinforced by the group discussion.

Group instructional experience essential. The students view the campus-based week as an essential component of the elective that is quite different from other medical school experiences. While they learn about the health system and clinical issues in the region, they consider the nonhealth sessions to be of equal or greater value. Very few students have been given the opportunity to consider the history, spiritual beliefs, economic status and cultural practices of a population or a region while in medical school. Most like this exposure. Below are typical statements from two medical students:

I really enjoyed the week, largely because there was not a heavy emphasis on medicine. I appreciated the program being presented in a way that we stepped back. . . . We got the history, the exposure to music and this perspective is completely lacking in medical school and it was refreshing. —From a student in the 1998 program.

Most notable was the realization that after a year of clinical training I found that it was very enjoyable to be in class for a week and to talk about issues and to reflect about what was presented, which you do not have much time to do when you’re in clinical training. —From a student in the 1997 program.

Weekend activities contribute. The students have stated that beginning the campus-based program on a Friday afternoon followed by a weekend of recreational activities is a strong contributor to the success of the week. Most students commented that the weekend activities bring them together and set a tone that the following week will be enjoyable and nonthreatening as they learn from each other.

I will add to the sentiment that it was very good to start on a Friday. It allowed bonding to begin immediately and to develop, and by the time we met in classroom sessions we were a functioning, small group and we could learn from one another and contribute without being self-conscious. —From a student in the 2003 program.

As a result of the weekend, I felt assimilated, I felt relaxed and I think learning takes place better in such circumstances. —From a student in the 2001 program.

ETSU faculty involvement important. The students recognize the personal touch provided by ETSU departmental staff and faculty as unusual in medical education and an important, positive element of the program. Here are a few representative statements:

I need to thank people . . . you have an excellent staff and faculty committed to this program . . . they should be recognized not only for what they did but for who they are . . . they have a strong background in this geographic region as well as in academics . . . I find it difficult to respect academics who don’t seem connected . . . it’s nice to have people in academics who feel people are important. —From a student in the 2002 program.

For me, the experience is life-changing . . . when do you get opportunities to work with students from different schools, from other areas with different ideas? (MS 2001) The most valuable element is, I think, the diversity of the group . . . we are a bimodal group of experienced and less experienced students, but as an entering second year, it was extremely helpful for me to have been paired with students who are further along. —From a student in the 1998 program.

Residency recruitment strategy needed. Students recognize that the elective is offered to attract students to the region.

The week is beautifully done. Its aim is obvious to me and I think to everybody which is to inform us in a fairly comprehensive way about the area, what it might be like to live here and work here. —From a student in the 1999 program.

Truly what is outstanding about the program is its organization and the week. It provides for diversity. It provides for multiple perspectives. It provides for us to meet a lot of physicians, both in the preceptorship and in the campus based sessions and this is really critical as we plan our futures. —From a student in the 1997 program.

The physician panels presented me with motivated, capable doctors who obviously are interested in what they do in this region and that’s a very effective means for helping me decide about my career choice. —From a student in the 2001 program.

Feedback on individual sessions informative. This forum provides a mechanism for evaluation of individual sessions. Rarely do students suggest a particular session be eliminated; rather, they make suggestions for improvement. Economics sessions are sometimes considered too data-laden and abstract. Students requested that more information on how physicians deal with the popularity of alternative medicine within the region be included in the botanical and alternative medicine session. Although the Religious Beliefs Panel is popular, students often observe that religion is so complex a topic that no single session can cover it adequately. All sessions are revised based upon student feedback and other considerations, which keeps the campus-based block dynamic and fresh.
The focus-group evaluation has provided a useful, ongoing, in-depth assessment by students of the campus based week and the overall program. The results over time have both affirmed the value of the group educational block and provided useful suggestions for improvement.

Outcomes and Impact

As the Appalachian Preceptorship Program prioritizes providing primary care practice experiences in medically underserved settings, we have examined residency and practice choices of program participants. Residency choices of the 164 Appalachian Preceptorship participants who matched prior to 2005 show that 82% selected primary care specialties, including 99 (60%) in family medicine, 11 (7%) internal medicine, 15 (9%) pediatrics, and 9 (6%) medicine/pediatrics. Seventeen participants selected one of ETSU’s three family practice residency programs.

ETSU’s Department of Family Medicine tracks participants in its educational programs, maintaining a database of most recent practice locations. Sources of practice information for these databases include medical schools, residency programs, credentialing requests, state licensure Web sites, and the AT&T Business Directory, with telephone calls made to confirm practice locations. Using these sources, we identified the specialties and practice locations of 134 of 149 Appalachian Preceptorship participants who had completed their residencies before 2003.

Practice locations were categorized as rural, HPSA, and MUA using federal designations described above, and as Appalachian according to the Appalachian Regional Commission’s designations. Twenty-seven (20%) former Appalachian Preceptorship students elected to practice in Appalachia. A high proportion of program participants are in practice in underserved settings. Of the 134 former students whose practice locations were identified, 44 (33%) are in rural areas, compared with 9% of all physicians. Fifty-six percent of their chosen practice settings carry multiple rural or underserved designations; 37 practices (28%) are located in HPSA-designated settings, and 41 (31%) are in MUAs. A total of 110 (82%) are in primary care practice.

Discussion

Our experience in offering the Appalachian Preceptorship for over 20 years demonstrates the benefits and costs of this focused academic/clinical preceptorship experience. While this program was initiated as a way of exposing outside students to a new medical school in southern Appalachia, the placement of graduates in rural and underserved areas is an even more important outcome.

It is difficult to estimate the role of the preceptorship experience on a student’s ultimate career path. Clearly our program’s selection process maximizes selection bias, i.e., selecting individuals who appear committed to rural, underserved medicine and primary care. While students’ evaluations have indicated that their commitment to family medicine and to rural medicine increased as a result of the preceptorship, the long-term impact of this program on attitudes and choices is unknown. A follow-up study is planned to explore the perception of the role and importance of this program on the students’ decision making. We are also limited in our knowledge of the practice choices of Appalachian Preceptorship graduates over time. Although current practice information of physicians is more readily available today than previously through Internet-based sources, it is difficult to track previous practice locations of graduates. Therefore, our follow-up study will also collect information directly from graduates on their initial practice choices, changes in practice location over the years, and reasons for those changes. In this way, we will be able to learn about the retention in rural practices of our program’s graduates. Pathman et al. reported that retention of physicians in rural practice was related to their preparedness for living in small communities, rather than to preparedness for rural practice. Because our program highlights the importance of culture and lifestyle in choosing a rural practice, awareness of this consideration may enhance the likelihood that our graduates choosing rural practice will remain there.

While recruiting future residents remains a conscious consideration in the selection of individuals for the Appalachian Preceptorship, it is equally important to select applicants who demonstrate genuine interest in the impact of culture on medical practice.

The program’s effectiveness depends not only on the input of faculty and consultants in the classroom presentations but also on peer support. The ability of students to form relationships with colleagues who share common interests remains central to the program.

Institutionally, an important contribution of the Appalachian Preceptorship Program has been to reinforce the college of medicine’s mission to prepare health care physicians to provide care for the rural underserved of our region. This program is an observable manifestation of the interests and focus of the department and the university. Success with the Appalachian Preceptorship Program encouraged the institution to establish additional programs that focus on that mission, e.g., the Rural Primary Care Track program, funded by the W. K. Kellogg Foundation, that places 25% of medical students in rural underserved communities in the region for one quarter of their medical school experience.

The campus-based component of the preceptorship is an opportunity for our faculty and preceptors to connect with altruistic, culturally sensitive, educationally motivated students who share their commitment to providing care to underserved patients in rural southern Appalachia. Many of our faculty and preceptors comment, “Educationally, it doesn’t get any better than this.” The integration of precepting and campus-based sessions provides our outstanding cadre of community preceptors opportunities to visit the campus as instructors to share their experiences of rural family life, community leadership, and their spiritual roles.

Most of the Appalachian Preceptorship Program’s students who selected our residencies made that decision in large part due to their positive experience with the Appalachian Preceptorship. Our faculty members believe that the former Appalachian Preceptorship Program students entering residency at ETSU represent the best match of values and interests between the resident and our program.

Our years of Appalachian Preceptorship experiences have given us substantial
evidence of the program’s benefits to the institution as well as to the students. Administering such a program requires a combined commitment on the part of faculty and administration to meet time and financial requirements. The program was initiated exclusively with institutional funds, and while funding from extramural sources has played a role in the expansion of the program, there have been periods with very little outside funding.

Challenges and problems
The Appalachian Preceptorship Program incorporates more than two dozen clinical and instructional venues, as well as students and faculty from many institutions and sites. Challenges and problems do arise. Perhaps the greatest ongoing challenge is arranging housing for students in small, often poor, rural communities. In recruiting preceptors we address this challenge upfront and have offered rural office staff a small finder’s fee to locate suitable housing for students. Scheduling can be problematic. July was selected because of the greatest availability of students. However, July is a vacation time for many practitioners. One factor that increases program flexibility is that some students work with preceptors before the campus week, and others arrive for the campus week first, followed by the precepted rural experience. Another logistical problem has been with transportation. Unlike a student doing an urban preceptorship, it has proven nearly impossible for students without personal transportation to work in remote rural communities. Although we now generally require students to have personal transportation, some rural communities can provide both housing and a “set of wheels” for the student during his or her preceptorship.

An effective approach to advertising is another essential logistical consideration. We have found that a mailing of detailed flyers to students about six months before the beginning of the preceptorship is most successful. One year we elected to mail a postcard with our Web site URL in lieu of mailing detailed flyers; applications that year fell to an unprecedented low.

While the out of pocket costs of the Appalachian Preceptorship Program are modest, money is always tight. Most years, the department has been fortunate to have HRSA Title VII, Predoctoral Educational Grant support to provide students’ living expenses. There have been years when no such support existed and yet the full program was offered with the support of several states’ primary care associations and preceptors, who identified low cost or free housing within their communities. It is likely that many mission-driven, preceptorship/classroom electives could find organizations willing to provide similar support.

The wider potential of the program’s approach
Based on our experience, we feel it appropriate to encourage other departments to develop preceptorships and classroom electives representing their special interests and/or missions. Similarly organized experiences could be developed in inner city medicine, Hispanic and migrant care, care of HIV patients, women’s health, geriatrics, and hospice and end-of-life care. While clinical experiences are offered in some of these areas, none appear to give the opportunity for fellow students and faculty to share experiences and ideas or to provide the relevant seminars, workshops, and campus-based instruction in the knowledge and skills that enrich those clinical experiences. The Appalachian Preceptorship Program has taught us that providing an instructional block on a particular subject that integrates classroom and field experiences is an effective approach to medical education.

References