

2010-2015 RPAP End-of-Year Essays Summary

Aitkin

“Aitkin is a town of about 2000 people, mostly Caucasian located in the center of the state. While in Aitkin, you will also get to know both Crosby and McGregor, neighboring towns, as you will do clinic with your primary preceptor in McGregor and many of your specialty rotations will have portions of your time spent in Crosby.

Previous students and [I] did RPAP in a block system, rather than longitudinally. I did RPAP Elective when I first arrived (6 weeks), followed by General Surgery (6 weeks), Obstetrics/Gynecology (6 weeks), RPAP Elective (2 weeks), Orthopedic Surgery (4 weeks), Primary Care Selective (4 weeks), Family Medicine (4 weeks), and finally ended with RPAP Elective (6 weeks).

During the first six weeks I was with [my] primary preceptor... [He] mostly has an internal medicine type practice with a high population of geriatrics, but he still sees the occasional OB and child. My days usually started around 7:45 and ended between 5:00 and 6:00 in the evening. You will start to get into a routine, particularly with dictating, and then you will be off to a specialty rotation. [My preceptor] works four days a week, and I recommend taking the fifth day off to get all your online assignments and projects completed.“

2010-2011

“The environment and medical staff at Riverwood is conducive to medical education. Providers at Riverwood are continuously training the next generation of medical providers, including nurse practitioners, physical therapists, nurses, and nursing assistants. The current RPAP preceptor... is a great mentor, physician, father and person. Personally, he is very welcoming to medical students, comfortable and was easy to work with, flexible and thus able to teach to student’s strengths and weaknesses.

Riverwood Healthcare Center contracts with surgeons and specialists from MN Institute of Minimally Invasive Surgery at Cuyuna Regional Medical Center in Crosby, MN. For this reason much of the time spent with the specialty services is split between the hospitals in Crosby and Aitkin.”

2011-2012

“The city of Aitkin is home to 2,165 people and is located two hours north of the Twin Cities on Highway 169. Riverwood Healthcare Center is a 25-bed critical access hospital and clinic located in Aitkin, Minnesota. Riverwood employs 20 percent of the town’s workforce, is the only hospital in the county, and has satellite clinics in McGregor and Garrison, each approximately 20 miles from Aitkin. The current RPAP preceptor... is a great physician to work with and you will learn a lot from him.

In addition to being a bariatric center of excellence, the surgeons have created a highly competitive fellowship program to train a surgical fellow... [One of the surgeons has spent] over 20 years of volunteerism in Haiti. He was once the RPAP surgical preceptor and is a great teacher and role model. Try to spend some time with him. There are often opportunities for medical students to work with him in Haiti teaching surgery residents the fundamentals of laparoscopic surgery. It is a great time and I suggest going if you can. You will have to pay out of pocket for plane ticket and expenses but it is worth it.”

2012-2013

“Aitkin is also known to have the only stoplight in the county. Each summer the population of the surrounding area significantly increases due to the numerous cabins, lakes, and recreational activities. Just west of Aitkin about twenty-five minutes lies the Cuyuna Lakes mountain bike trail system, which is known to many mountain bikers as the best mountain bike trails in the state.

I would arrive early each day to look over the schedule with [my preceptor] and discuss interesting potential patients for me to see. In between seeing my patients I picked out I would either follow him in on his other patients or take time to dictate or study. Covering the inpatient practice with [my preceptor] consists of rotating a week at a time with other family practice doctors as a hospitalist. This was one of my favorite parts of RPAP and I wish I had more exposure to this. This setting allowed me to become better at the basics of hospital medicine. I got really good at the end of RPAP at writing admission orders including starting IV fluids, DVT prophylaxis, IV antibiotic and medicine orders, and working on improving my assessment and plan. Outside of formal RPAP rotations I did a ton of time in the ER. Another opportunity for learning is with... radiology.”

2013-2014

Albert Lea

“My preceptor... was an excellent mentor and teacher. He had a great balance of being patient and encouraging, yet keeping me learning and “on my toes.” He would often ask, “So what do you want to learn about today?” and I would pick a topic that I would research and we would then discuss. I always felt comfortable working with him and knew I could ask as many questions as I needed to. My OB/GYN preceptor... was also superb. I loved the continuity of care I had with patients. I had several OB patients whom I saw throughout the year and then saw with their babies for well baby checks after they gave birth.

I have always been committed to working with underserved communities and I certainly had that experience in RPAP. Many of the patients I worked with were living in poverty and I witnessed through my encounters with them some of the challenges they confronted. I did not see as many deliveries as I would have liked and I attribute this largely to the patient volume being lower at my hospital...”

2012-2013

“Albert Lea is a town of about 18,000 situated at the crossroads of I-90 and I-35 in southern Minnesota... The hospital and clinic are connected and are a part of the Mayo Clinic Health System and it was great to have experience with Mayo as its one of the few systems in Minnesota that we don't get the opportunity to train in out of the U... The hospital has over 100 beds. The hospital has OB/GYN on site and also has special care (in between med/surg and ICU) capacity. There is an inpatient hospitalist service that covers the admitted patients and the family medicine, internal medicine, and pediatrics providers take some night call.

The hospital and clinic are connected and are a part of the Mayo Clinic Health System and it was great to have experience with Mayo as its one of the few systems in Minnesota that we don't get the opportunity to train in out of the U... My preceptor was great, excited to teach, very accommodating of any particular interests I had and willing to help me tailor my experience to maximize my learning. He was very high energy and I definitely felt that all of my time spent in clinic was being utilized in a productive manner. My preceptor was the only family medicine physician who still practices OB and he had a very diverse practice from OB and brand new babies to elderly patients... I was provided with housing by the hospital just 2 houses behind the hospital so I was always close for call and had a fantastic 2-minute walking commute.”

2014-2015

Bemidji

“If you love family practice OB, peds and women’s health, Bemidji is the place for you. The preceptor in Bemidji... is energetic, enthusiastic and a great person to have as a preceptor. Between her and my time spent in OB, I delivered and provided postpartum care on around 40 babies during my time spent in Bemidji. [My preceptor] is very encouraging and pushed me past my comfort zone. [She] works at Bemidji State University one afternoon a week during the school year at the clinic. She also is a part of the Family Advocacy Center and is a part of the board for the SANE program (Sexual Assault Nurse Examiner). The only down part is that since Bemidji now has 5 hospitalists, I did not get a lot of inpatient patient care.”

2011-2012

“In 2010 the Bemidji hospital and clinics became a part of Sanford Health based out of Sioux Falls, SD. The hospital itself has 196 beds and serves as a regional medical center, accepting transfers from Critical Access Hospitals and Indian Health Services hospitals in the region. I was very impressed by the number of services offered by the hospital.... There are two separate clinic locations, one attached to the hospital and the other across the street, and... the Family Medicine department is split between those two locations. Sanford also operates an urgent care clinic, two eye clinics, a large nursing home and assisted living complex adjacent to the hospital, a separate senior behavioral health unit, a sleep center, and an outpatient hospice program. Bemidji has a high prevalence of mental health problems....

[My preceptor’s] patients on average are younger, and many of them have significant social and financial hardships so you really learn a lot about the complexities of treating underserved patient populations. You will be expected to be available for deliveries and circumcisions, and you will

get experience doing office procedures including colposcopies, biopsies, IUD insertions and removals, etc. [My preceptor] also spends a half day each week working at BSU's health center, so you learn a lot about treating college students.

If you have any interest in surgery, then Bemidji is the absolute best site for you to consider. The primary [surgery] preceptor... really goes above and beyond to teach you about surgery and medicine in general. Because Bemidji is a regional medical center that accepts patients from hospitals, Sanford sees over 1000 deliveries every year. Unfortunately they do not have a NICU so truly critical cases are transferred to Fargo or Minneapolis. If you are debating between Family Medicine with OB and OB/Gyn, Bemidji is a very helpful site because you really see the pros and cons of both specialties in the context of working in a rural community....”

2012-2013

“The hospital in Bemidji is a regional medical center with a large catchment area covering most of the northern part of the state. Patients who need more specialized care are referred to Fargo or Duluth, but patients from many of the smaller RPAP sites are referred to Bemidji for specialist care. There is a vibrant family medicine department, but you can also follow urologists, orthopedic surgeons, cardiologists, radiologists, pathologists, obstetrician/gynecologists and general surgeons. The hospital is large enough that patients can stay in the area for most of their medical needs, so you can see them in family medicine clinic, follow them for their angiogram and talk to the hospitalists about their stay in the intensive care unit. Many of the specialists do outreach clinics in small towns like Baudette and International Falls, and are happy to have medical students follow them.

There is also opportunity to follow practitioners to the local reservations, Red Lake and Cass Lake, to work at the Indian Health Service. I contacted the local IHS hospital director and asked if it would be possible for me to come there, and he was happy to have a medical student interested in attending. It became clear during my first well child check that the social determinants of health are a key part of understanding health care on the reservation and off. Before I went, there are several books about local history that I read, most important of those being “Rez Life” by David Treuer. I recommend both reading the book and participating in the rotation, even for a week.”

2013-2014

“I was... interested in Bemidji because of its high OB volume. As a future family physician, I am very set on incorporating OB into my practice so I wanted a lot [of] obstetric experience in my RPAP site... When I was with my primary family practice preceptor, we would see at least two or three women for prenatal care per day. The many pregnant women in her practice gave us plenty of deliveries and by about the third delivery, I was doing almost everything myself under the watchful eye of my preceptor. I also did a six-week clerkship in the obstetric and gynecology department.

My surgery clerkship during RPAP was also outstanding. I functioned as the first assist to my surgery preceptor for the six weeks. I was able to run the laparoscopic camera for most surgeries and also use some other laparoscopic instruments. I also was able to do the suturing on most cases, which was my absolute favorite part. It was so nice to work with the same surgeon for those six

weeks because I feel a trust starts to develop, which translated into me being able to do more hands-on things during the surgeries. There were a couple minor surgeries where my preceptor pretended I was the main surgeon... Not only did I get a lot of hands-on experience but my preceptor also took much time out of his day to lecture me on different surgical topics that he would ask me to read about the night before. Every day we would discuss a topic for about two hours. No matter how late or busy we were, my preceptor always made that time for me, which I appreciated so much.

The beauty of RPAP is I had a chance to mold my education into what I wanted. I was able to spend a day in different departments if I wanted to. I did this on multiple occasions. I thought I might be interested in oncology so I spent four days with the medical oncologist and one day with the radiation oncologist. I also spent a week in cardiology/cath lab and one day in sleep medicine..."

2014-2015

Bigfork

"Bigfork is a Northern Minnesota town of Itasca County with a population of 446, and a population density of 263.5 people per square mile. The town is over 97% white with 1.7% of residents Native American, and 0.2% of other races. The median income in Bigfork is \$24,167 for an individual and 6% of families and 12% of the population live below the poverty line. The health care system in Bigfork is composed of Scenic Rivers Health Services Clinic, which is a community health clinic that receives federal funding, as well as Bigfork Valley Hospital . It is a Critical Access Hospital with 20 beds and a 24/7 Emergency Department. Attached to the Clinic and hospital are assisted living apartments and a nursing home.

On RPAP in Bigfork, you can get 22 weeks of required credit, and 14 weeks of elective credit. The Required rotations you take at Bigfork are 4 weeks of Family Medicine, 4 weeks of Primary Care selective, 4 weeks of Emergency Medicine, 6 weeks of General Surgery, and 4 weeks of Orthopedic Surgery (completing the 4 weeks of surgical subspecialty requirement). [There is one] primary preceptor for RPAP in general, for Family Med, Primary Care, and Emergency Medicine. The one con I can think of is that there is no OB. None of the docs deliver babies here, but some do prenatal care."

2012-2013

"The community is rather isolated, as the closest stoplight, Wal-Mart, pay-at-the-pump gas station, or movie theater is a 45-minute drive south to Grand Rapids. However, don't let the population and isolated location deter you, as these characteristics actually foster the unique community feel of Bigfork. Being new to a small community, I was surprised at how a trip to the grocery or gas station quickly turned into a social outing – as you would be bound to run into a couple patients, hospital staff, or friends.

One of the highlights of my RPAP experience was getting to know the community. I had the opportunity to attend community discussions, cheer on the school basketball team, help backstage with the local theater, attend a local art gallery meeting and even received French cooking lessons

from someone in the community. Another perk of Bigfork, is its proximity to excellent hiking, skiing, snowshoeing, fishing, and hunting. There are a variety of beautiful state and national parks within minutes of Bigfork... I was introduced to snowshoeing, ice fishing, kayaking, hiking, cross-country skiing, bee keeping, and even learned to milk a goat.

The highlight of this RPAP site is the ideal housing arrangement. The primary RPAP preceptor... and his family built a 2-bedroom cabin for the RPAP student to rent. Although the hospital is rather small, the physicians are kept busy. The emergency room has a fairly low volume, but as a critical access hospital physicians need to be ready to manage anything that walks through the door (from a nosebleed to a STEMI). The hospital has a new surgery center, performing orthopedic and general surgeries. I had the opportunity to help with many total joint replacements, hip fractures, carpal tunnels, hernia repairs, EGDs, colonoscopies, appendectomies, and laparoscopic cholecystectomies. “

2013-2014

“Bigfork is a wonderful place to do RPAP. It is a lower volume site, but you will see a wide variety of interesting cases. With the lower volume, you have time to do more investigation on your patients and you have more time to spend with patients. Everyone at the hospital and clinic are excited that you are there and are very willing to help and share their expertise. Enjoy the outdoors while you are here. Bigfork offers easy access to great fishing, hunting, hiking, kayaking, biking, and whatever else you can think of enjoying doing outdoors. Bigfork has is a very active arts and theater community...”

2014-2015

Brainerd

“Brainerd/Baxter is a community of about 25,000 in the winter, which triples in the summer. Some positives of a large community include the variety of health care specialties to experience, many stores and restaurants, plenty of opportunities to find a place to live, and perhaps a larger variety of things to do in your free time. Downsides to a larger community include little continuity of care with patients, lack of a small town atmosphere where everyone knows everyone, and some relative isolation.

I did part of [my family medicine/primary care selective] rotation with my primary preceptor. He has been in practice for a number of years so his practice is pretty established and narrow in scope. We mainly saw patients with diabetes and hypertension with a few same day appointments scattered in. He does not do OB (none of the FPs do), sees maybe 2 kids a week, and does not do any emergency medicine. The FPs do hospital rounding about once every 3 months and are on call about as frequently. In order to get a broader scope of what FPs would do in a “full scope” practice, I spent a considerable amount of time in the ER and with the hospitalists.

[My OB/GYN] rotation was a highlight of my experience, mostly because of... the enthusiastic preceptor who is a great and eager teacher. We had OB clinic once a week, surgery once a week, and the rest of the days were GYN clinic with a little OB. The GYN part of the rotation was the

strong part – you get very good at working up postmenstrual bleeding, pelvic pain, and pap smears. But as luck would have it based on the call schedule, I only got to deliver 2 babies. I would recommend doing this rotation early in RPAP so that you could continue to take call with [the OB/gyn in order] to get more deliveries.”

2010-2011

“My primary preceptor... does an incredible job at making you feel as if you belong. In Brainerd, you will gain a tremendous amount of self-esteem and confidence as you work with friendly and familiar people who are excited with the opportunity to teach. You WILL hone your clinical skills and learn a whole lot more when you go through your rotations. I felt respected and appreciated daily and that’s a great feeling.

OB is with a male physician. This means [men] will get to do plenty of OB/GYN because the ladies seeing a male physician usually aren’t as modest as those seeing a female physician based on gender. And the OB rotation rocks! General Surgery is an awesome experience with a ton of OR time.”

2011-2012

“The town of Brainerd itself is relatively large and the healthcare system there has already become fairly subspecialized. Due to this fact, none of the family practice doctors provide full-spectrum care. For example, while a few of the family practice doctors offer routine pre-natal care up to 36 weeks, the obstetricians do all of the deliveries. The hospital is staffed by hospitalists 24-7 and the emergency department has many Emergency Medicine trained physicians and full-time ER doctors. Relative to many RPAP sites there is a huge volume of patients in the ER, clinic, and surgical subspecialties. [This means] that if you are willing to work with it you can get exposure to a wide variety of procedures, patients, and medical conditions.

One minor inconvenience is that the hospital is not connected with the clinics and the three are all located across town. The Baxter Clinic houses half of the family practice physicians, Urgent Care, Pediatrics, and OB/GYN. The Brainerd Clinic has the internists, family practitioners, surgeons, and medicine sub-specialists. In addition to both of these clinics, the hospital and emergency room are in yet another location.”

2012-2013

“The Brainerd/Baxter area was a great place to live and learn for many reasons, from the opportunities in the clinic and hospital to the overall community and recreational resources. Essentia Health is the healthcare system that operates the hospital, St. Joseph's Medical Center, which is a large 160 bed rural hospital that provides many different services including Pediatrics, Urology, Orthopedics, OB/GYN, Cardiology, Pulmonology, and a Hospitalist service.

The primary preceptor ... has been teaching [in] the program for many years and was an excellent teacher during the FM electives, a huge help in getting connected at the start of the program, and overall an invaluable resource throughout the nine months. In addition to the great clinical

medicine learning, the student gets exposed to an almost innumerable number of experiences outside of clinical/academic side of medicine. I was able to see the extensive administrative work that is required to keep a clinic and hospital running, and I worked with numerous professionals outside of the nurse/physician duo including PAs, NPs, care coordinators, technicians, clinic managers, public health workers, community members, social workers, scribes, billing/coding personnel, and many others.

There are 350-450 deliveries a year at the hospital, so there was no shortage of experience with OB medicine, both pre- and peri-natal. OB call was one day a week and one weekend a month, and the OB call day was the OB clinic day which allowed me to pick up more OB time when I wanted to. There is likewise an excellent exposure to GYN medicine... All the surgeons, techs, and nurses were great to work with, extremely helpful, and happy to answer questions and teach. I was able to scrub in and assist on basically every surgery, and learning to close happens quickly. There was a good combination of laparoscopic and non-laparoscopic procedures and even a few Da Vinci robotic cases to watch.”

2014-2015

Buffalo

“As someone who was undecided for a career path when starting RPAP, Buffalo provides the ability to see almost all aspects of medicine from urology to a very strong Family medicine practice that has providers who specialize in a wide variety of areas including sports medicine, OB, perform endoscopies & colonoscopies, and dermatology.

My main preceptor practice has a lot of females and children most of which are healthy. While I found this was not the ideal patient population she was open to allowing me to explore other populations including sports, orthopedics, even emergency medicine and cardiology. She also does a fair amount of deliveries and OB so this is an ideal preceptor for someone looking for women and children... [she] applies her clinical experience with most current recommendations [and] allows perfect amount of autonomy. [My preceptor] also spends one day/week in derm clinic, which is great for learning the common ailments. [This was a] perfect spot to practice suturing and punch biopsies. They also do botox and lipo dissolve treatments and various other cosmetic treatments/procedures.”

2010-2011

“First I will start with the town of Buffalo, MN. Buffalo clinic on a whole is an absolutely fantastic site to do RPAP. The clinic providers are more than willing and happy to teach. There have been numerous providers who have found me or called me to see exciting clinical cases.

Family Medicine/RPAP Elective: My preceptor... has a side to family medicine that I haven't seen before and it's a procedural base. I've completed more colonoscopies than I ever thought I could. He does joint injections. He does skin care and mole removal. He also sees a wide variety of family medicine. What I like most about [my preceptor] is his ability to teach every day I spend with him, he's more than willing to cover anything and everything. He certainly is a wealth of

knowledge. All in all he's phenomenal and I'll be smarter, stronger, and more confident going forward. The one biggest downfall [to my preceptor] is that he is also the director of medical affairs at the hospital. So he spends about 50% of his time at the Hospital, which means you have to find someone else to learn from.

By far the best experience I had on RPAP [was OB/GYN]. I delivered about 40 babies- [some born] healthy and some not healthy. I experienced OB/GYN problems that you only read about in books. I was present for a placental abruption an intrauterine fetal demise. I spent 80+ hours a week. It was crazy. It was fantastic. Teaching is done by the volume."

2010-2011

"When I first arrived at Buffalo, the other medical student and I tried to coordinate our schedules so they would not overlap. The rotations that I did at Buffalo were the 6 weeks with my family medicine preceptor at the beginning and end of 9 months, OB/GYN, Surgery, FM, primary care rotation and emergency medicine rotation. Both of us did our rotations in blocks instead of longitudinally because we thought it would be easier not to overlap our schedules and easier to block study time for exams.

When I had free time or the provider I was working with was gone, I would try to work with people I had not already worked with. You end up finding that you will not have enough time to do everything you want to do in 9 months."

2011-2012

"Buffalo Hospital is an Allina affiliated hospital with two clinics attached- the Buffalo Clinic and the Allina Clinic. The Buffalo Clinic is where I was placed [and] is a privately owned clinic. It is set up with 4 stations and different doctors and PA's working out of each station. There are 8 FP's and 6 FP PAs, 3 pediatricians, 3 IM doctors and 2 OB/GYN's. Specialists like cardiology, ENT, Ortho and Urology come and work a day or two a week in the clinic. I ended up working a lot with another FP that was right out of residency. She is an amazing physician and I have learned a lot from her. She does full spectrum FM with OB. We saw a lot of women and children. We also did a day a week in the dermatology clinic, and I was able to do a lot of punch and shave biopsies, tons of cryotherapy, and cosmetic procedures too. Hospital inpatient care was also something I was able to do while on RPAP."

2011-2012

"Most of the RPAP students are assigned to the private clinic but then have access to the hospital as well. The 40-bed hospital runs a hospitalist service during the day but many of the physicians take turns with overnight call. While working in the hospital, students have the opportunity to be a part of many different groups. I had a particular interest in the ethics committee and was able to partner with them for my community project.

While rotating through the hospital, students have the opportunity to learn through many different services including surgery, ER, orthopedics, pediatrics, medicine, and OB. Surgery in Buffalo is

mostly bread-and-butter cases, but I had the opportunity to be first assist on many of the surgeries and really learned a lot from the hands-on experience. In addition, being the only student, I was able to be a part of many different deliveries, catching babies on my own and assisting in caesarian sections. There are also opportunities in the hospital and clinics to work with radiology, cardiology, ENT, sports medicine, ophthalmology and in skin care. Using my time on RPAP, I was able to learn a lot about these fields without ever taking a formal rotation in them.

Many providers say that the students function as a physician assistant or even first year resident when they are done with RPAP and being in Buffalo is no exception.”

2012-2013

Cambridge

“Cambridge is a community about an hour north of the metro area with a population of approximately 8000 people (according to the 2010 census). The Cambridge Medical Center, an Allina affiliate, is made up of a clinic that is connected to the 86-bed hospital. It serves as the regional health care center for the 30,000+ people who live in Isanti County. Although the town has less than 10,000 residents, there are over 150,000 clinic visits, 14,000 ER visits, 4000 inpatient admissions, and 1000 surgeries each year.

I worked with [two Family Practice preceptors- one] a former RPAP student in Moose Lake. These two were excellent resources, and always available, whether it was for help deciding where to spend my time at RPAP or just discussing life as a physician. They are both enthusiastic and effective teachers, who are passionate about “giving back.” [One of my preceptors] has put it best: it took approximately 15,000 hours to get him to where he is now, the least he can do is teach students. It is truly wonderful to work in an environment in which you are supported and cared about by two people so dedicated to teaching you to be the best physician you can be. “

2010-2011

“Let me again tell you about the freedom you will have at CMC. My first six weeks at CMC I was still coaching high school volleyball. My family medicine preceptors... were very understanding of this and allowed me to leave clinic around 4:15 – 4:30 everyday for practice and matches. NSO [non surgical orthopedics] was probably my favorite part of the RPAP clinical experience. Full disclosure, I am a huge sports fan, and I have discovered that I want sports medicine to be a part of my professional career.”

2012-2103

Cloquet

“Doing the Rural Physician Associate Program at the Cloquet/Fond du Lac site is a very unique experience. There are two clinics associated with the Fond du Lac tribe. One is in Cloquet on the Fond du Lac Reservation called the Min No Aya Win clinic. It offers a wide range of services all under one roof... The Center for American Indian Resources is the second clinic and it is located

in Duluth. It offers many... services but not all of them so the patients in Duluth will go to the Reservation to get the other services. There is transport provided from the CAIR clinic to the MNAW clinic. Each clinic has a different type of population of American Indian people. The reservation is a rural population whereas the population in Duluth is a more inner city type. This allowed me to have a very unique perspective when comparing the two populations.

I split my time between the MNAW and CAIR clinics as well as between two main preceptors. I felt like this gave me a really good perspective of two different family physicians who did things differently but both were great physicians. There was probably less continuity because I spent time at two clinics and with two different preceptors though. I took call each week with my preceptors. I switched every week. A physician at the clinic takes at least one night of call each week and one Friday, Saturday, Sunday combination each month.”

2010-2011

“Cloquet, MN is a community of 12,050 (2013) on the I-35 corridor west of Duluth, MN. Cloquet, despite its proximity to a major medical center, Duluth, provides an opportunity for full scope family practice. On my first day, I was given a laptop and an office, and given flexibility to order labs and see patients. I often found myself doing procedures, such as cyst and mole removals, but also assisting in vasectomies and C-sections as well. When I was with [my primary preceptor] I typically saw 1 out of every 3 patients, as his pace was brisk, and I found I needed time to document with every patient encounter... I saw patients alone, and would order labs or studies, and then present my plan to him. We did weekend call about once per month. Weekend calls were busy, with 2-3 hospital admissions per day. We also had nighttime call once per week.

Surgery provides for experiences beyond the operating room. It was during this rotation where I would start the IVs for the day surgery patients in the mornings, and placed NG tubes when I had the opportunity. The nurses are great teachers and love to have students around. I also intubated patients in the operating room with the assistance and teaching of the local nurse anesthetists. Emergency Medicine was an excellent rotation in Cloquet... I loved the variety of conditions and procedures during emergency medicine. By the end, I was quite comfortable handling lacerations, arrhythmia cases, anxiety, eye exams, and performing dental blocks, amongst other medical skills.”

2014-2015

Crosby

“Crosby is a sweet little town in Central MN, roughly 20 mi east of Brainerd. Cuyuna Regional Medical Center was developed during the mining industry as a community hospital called “miners hospital.” Like all of the other family docs, [my primary preceptor] works 4 days/week in the clinic and usually Sunday night ER shifts. [His] practice is full spectrum FM... He sees a large number of older adults... He is always very excited and enthusiastic to talk about his patients. He is also good about doing office procedures and letting students try them. From punch biopsies to tick removals to joint injections to fish hook removals, he often encourages students to do the procedure with assistance. There are many procedural skills you can learn as student in anesthesia... intubations...nerve blocks to arterial lines and central lines... intra-operative trans-

esophageal echocardiography and how to interpret them on the fly. It's definitely worth a couple week on RPAP to learn a little ventilator management, critical care and basic anesthesia."

2011-2012

"On RPAP, it is the norm for you to ALWAYS be first assist, deliver ALL of the OB's you can get to and see ALL the really awesome/gruesome stuff that may come through the ER. [You]... don't have as much time off as you would if you were to do rotations in the cities, but you do have more time on a daily basis to do non-medical things like eat dinner with your family and reading non-medical books and much – all of those things that we love and need to maintain balance and our sanity! Throughout my time on RPAP, I was able to attend various meetings and really see how administration, hospital, clinic and support staff personnel worked together.

Everyone is amazing and helpful and kind and everything you wish they were. Most of them are also invested into the community and are active in other organizations thus great people to help you get "plugged" into the community.

[The general surgery] rotation is really fun. In part to the GREAT OR staff but also the unique opportunity to travel to Haiti on a medical mission trip... (which usually takes place in Spring). You also get to work with the surgical fellow... which is fun and can be a great person to go-to for various questions."

2012-2013

"Crosby was recommended to me... as an excellent site with as comprehensive a spectrum of care as a critical access hospital could ever dream of having. They have thirteen primary care providers in family medicine, with another three in internal medicine, as well as an OB practice that includes three doctors and an NP. Their surgery suite is staffed by four general surgeons, all of whom are board-certified in bariatric surgery, as well as a bariatric fellow. On top of this, they have two orthopedic surgeons whose clinics are also in-house. They also have coverage that includes cardiology, ENT, ophthalmology, podiatry and urology. Overall, it's about the most comprehensive a site as an RPAP student could ask for.

Practicing in Crosby... was a little closer to the image that "rural medicine" brings to mind. Granted, we had a relatively large primary care department and on-call general and orthopedic surgery as well as OB coverage, but we definitely didn't have ready access to all of the specialties. Quite often we would refer patients to the Twin Cities or Rochester. We also transferred out many cardiac patients, as we lacked a cath lab. Overall, it was a nice balance of good access to care with the autonomy that accompanies an RPAP student.

CRMC had transitioned to a hospitalist program during this time... This meant that, instead of rounding on admitted patients every morning before clinic, we would instead work for four or five days at a time doing twelve-hour hospitalist shifts. While you can argue one way or the other on how this affects patient care, for a medical student, it's great! You get to take enough time during

an admission to do it right, and we got as many admissions as I could want and more! This was the time where I really honed my H&P skills.”

2013-2014

“There is only one family physician who still does obstetrics, and I had the opportunity to work with her for part of my time, and was thus able to compare obstetrics from both a family medicine and Ob/gyn perspective. Several of the family medicine physicians, including my primary preceptor, take three to four days at a time working as the hospitalist... The family physicians also take call for pediatrics every few weeks. This is a great time for practicing newborn exams, doing circumcisions, and taking care of hospitalized children. I was able to take advantage of the continuity of care by scrubbing in on a C-section, and then following the baby both before and after birth. My primary preceptor no longer does obstetrics, and tended to have many very complex patients. I found this very helpful, as someone going into internal medicine. I was pleasantly surprised with the wide variety and even distribution of ages of her patients, though there were probably more women than men.

Crosby is a very strong site for students interested in rural surgery! In fact, the preceptors often joke about how they have frequently failed the RPAP program by their students going into surgery, rather than primary care. There are four general surgeons and one bariatric fellow... I was able to help and learn from many colonoscopies done by the general surgeons, as well as numerous laparoscopic surgeries, often serving as first or second assist. A description of my time in Crosby would not be complete without including the annual “Haiti Trip.” I... had the amazing experience and privilege of helping to teach laparoscopic techniques I had learned during my surgery rotation to Haitian surgery residents.

There are many things to do here if you like the outdoors. I enjoyed cross-country skiing at several parks nearby, as well as the Arboretum in Brainerd. Biking here is world-class, both road biking on the Paul Bunyan Trail or mountain biking year-round on many well-maintained trails around the flooded mine pits. The Cuyuna Country State Recreation Area is just minutes away (by bike), and has mountain biking trails both for beginners (like me) or experts, though all trails are manageable if you go slowly. This is also a beautiful place for kayaking or canoeing though the mine pits, as well as fishing. Ice fishing and hunting are big activities here...”

2014-2015

Detroit Lakes

“Detroit Lakes is the largest town in Becker County, the county seat, and the center of commerce for the county. Originally a railroading town now is vacationland for many, which is evident with its winter population of about 8,500 and peaking at 13,000 during the summer. This draws people from the large surrounding lakes area and the White Earth Indian Reservation. The population is largely Caucasian of Northern European descent, but it also has large Native American population. The other ethnic groups present are Hispanics, African American, Somali, and Vietnamese. There are two clinics in town one is Sanford owned and operated, while the other is the Essentia. Essentia Health owns the hospital, but it is shared between these two healthcare entities.

Family medicine was a good experience as clinic was typically busy. When working with my primary preceptor or one of her partners we would see about 20 patients a day. Urgent care you could see up to 60 patients a day that were there for acute problems. There is limited OB experience as only one of the family practice doctors does OB. The call schedule was variable, but it worked well. When on call you were responsible for admitting Essentia patients from the emergency room to the hospital floor and any babies born to an Essentia patient. On average I would say we had 2-4 admissions per call. Weekend hospital call was rare as they used locum hospitalist coverage, so instead I worked ER for my one weekend a month. This however is changing as they are beginning a hospitalist program starting in July of 2011.

Surgery at Detroit Lakes was great. I got lots of practice doing intubations, spinal blocks and conscious sedation working with the nurse anesthetists preparing our patients for surgery. Working with the anesthetist was possible with all the specialties (orthopedics and ob/gyn). I got to see a lot of the bread and butter surgeries (appendectomy, cholecystectomy, hernia repairs, and excisional biopsies), but also some other surgeries like hemicolectomies, gastrectomies, and mastectomies. Obstetrics and Gynecology was busy there are two OB/GYNs and nurse midwife at Essentia. There were lots of deliveries, nearly 500 a year, which is a ton for a town this size. There were lots of hands on experience catching babies.”

2010-2011

Elk River

“The clinic is located right in the middle of Elk River. The clinic has FP, Peds, Sports Med, IM, Surgery, OB/GYN, Urology, ENT, Ophtho, Allergy and Neurology. There is a small lab and radiology dept. There is also a pharmacy. [My primary preceptor] works part time in the clinic and part time as an EPIC super-user. Her practice consists mainly of women’s health and chronic care. The ICU has Tele-ICU physicians that work remotely and oversee rural ICU’s. [Another family physician] is your main man when [my primary preceptor] is not available. His practice tends to be younger. His practice tends to be younger. He does preventive health, some women’s health, sports medicine, men’s health, chronic care and a lot of dermatology.”

2011-2012

“There were many perks to completing RPAP in Elk River. The first and foremost perk was working with my Preceptor... She is a skilled physician, teacher and mentor and is truly an expert at training students. She sees a lot of women’s health and does some pediatrics and men’s health. She also has a wide panel of some very complex geriatric patients, so you will get extensive training in internal medicine at her clinic. She does a lot of procedures in clinic like skin lesion removal, IUD insertions and colposcopy and is eager for you to get hands-on training in this. Additionally, she also does weeklong shifts every 2 months in the hospital, so you will get extensive hospitalist training as her student. As a teacher, she strikes a wonderful balance of guiding you, yet challenging you in your learning. Her style will really help you to develop confidence as a future physician.

With close proximity to the cities, there are a wide array of specialists that rotate through this clinic including Rheumatology, Podiatry, Orthopedic Surgery, Sports Medicine, OB/GYN, Pediatrics, Surgery, Cardiology, Urology and Ophthalmology. All of these specialists are willing and eager to teach you, so there is an endless opportunity to learn from a wide range of skilled specialists. Some of my favorite experiences on RPAP were in my general surgery rotation and my urology rotations. The other thing I really liked about this site is that some of the preceptors you work with in surgery, urology and orthopedic surgery travel to other clinics and hospitals. I really liked this because I was able to see several different locations and try out different places I may someday work.”

2012-2013

“For me this location was advantageously close to the metro, and my fiancé, but it also did not have the strong sense of community one would expect from a RPAP experience. However, a large portion of the rotation is actually spent in Princeton, 20 minutes north, where the hospital and community absorb students like family. At the end of my RPAP experience I felt confident managing many different complex patients and was able to easily re-assimilate into many different clinical and hospital settings. Elk River clinic is quite large and offers many specialties including pediatrics, Ob/Gyn, general surgery, allergy and immunology, sports medicine, orthopedics, rheumatology, podiatry, ENT, ophthalmology, cardiology and urology.

Fairview Northland in Princeton is a 31-bed hospital that serves as the hospital site for RPAP students in both Princeton and Elk River doing their ER, Surgery and Ob/Gyn rotations as well as the clinic site for the Princeton RPAP student. Because there are two students you have to be more proactive with your schedule so you don't overlap, but it was nice to have another medical student nearby. The Northland ER has 18 beds and almost 17,000 visits a year, with up to 70 patients seen per day. I saw patients independently and staffed with the doctors like an intern. I also practiced my IV, NG and suturing skills during this rotation.

During my experience, I assisted in 30 C-sections, 40 vaginal deliveries and numerous tubal ligations, hysterectomies, D&Cs, ablations and circumcisions. The one certified OB/GYN on staff acted as my primary preceptor for the rotation, but a majority of my training was actually completed with the family practice physicians. Most of the family practitioners at Northland are FP/OB providers who perform vaginal and surgical deliveries, surgical sterilization procedures and newborn care. The general surgery practice in Princeton is diverse for a small-town hospital. I participated in thoracic, colorectal, foregut, breast, soft-tissue, vascular access, endoscopic, laparoscopic and open cases. I had a great amount of independence and easily rotated through many different specialties in the clinic and hospital. In one of my last days on RPAP I scrubbed in on a C-section in the AM and then worked a shift in the ER; during which got pulled in on a diagnostic biopsy with radiology and scrubbed in on an appendectomy with general surgery.”

2014-2015

Ely

“Ely is a great community and good RPAP site for the right student. The town of 4,000 is located “at the end of the road” right at the edge of the Boundary Waters Canoe Area Wilderness. Ely is over one hundred miles from the hospitals in Duluth... We also see an interesting slice of wilderness medicine, because some of our patients have to paddle by canoe for several days before they reach our Emergency Room. The EMS often works with the Forest Service to rescue paddlers by floatplane.

In Ely, we have five family doctors who practice in the clinic; one of whom is dual-certified in Internal Medicine. We also have two nurse practitioners. There are two other doctors who work nights and weekends in the Emergency Department. The doctors in Ely truly practice full-spectrum family medicine. They deliver babies and perform cesarean sections. They put in chest tubes and central lines and manage drips. They do colonoscopies, thoracenteses, and bone marrow biopsies. They run the ER, round on their own patients in the hospital, and get called in during the middle of the night.

Ely only does simple surgical procedures in our OR. I completed my surgery rotation in Virginia, MN which is an hour’s drive away (or more with icy winter roads.) I split my surgery into two 3-week blocks. Surgery in Virginia consisted of lots of colonoscopies, cholecystectomies, appendectomies, hernia repairs, and colectomies. One of the doctors does weekly nuclear stress tests. Another runs a very successful weight loss program with a monthly support group. We have a Community Care Team consisting of representatives from the local schools, the health clinic, the local mental health group, the local food shelf, and other social service groups. The group meets monthly to collaborate efforts and meet the community’s wellness needs. There's also a free clinic in town that's open twice a month for patients who are under-insured.”

2013-2014

“While in Ely you will primarily be working in the clinic, which is Essentia owned, and Ely Bloomenson Community Hospital (EBCH), which is independent. The Essentia clinic has 6 family physicians... All of the physicians seem amenable to having a student work with them, so you will likely work with a variety of them, although you might find yourself working more with one or two doctors who seem to be a good fit. All of the physicians are great teachers, and most offered me ample opportunities to practice exam techniques and procedures.

Weekdays in the ER are covered by whichever doctor is on-call at the clinic, whereas nights and weekends are covered by a group of FM & EM doctors who cover a variety of rural ERs. The doctor on call for the weekend rounds on inpatients, otherwise the patient’s PCP will generally round on their patients if it is a day that they are in the office. There is also a nursing home attached to the clinic/hospital complex that you will occasionally go to for annual nursing home visits. You will get a lot of inpatient experience while on RPAP. Ely no longer offers obstetric services, but you will get to do a lot of prenatal care.”

2014-2015

Faribault

“The rotations I completed in Faribault included Family Medicine, Primary Care Selective, General Surgery, OBGYN, Orthopedics and Urology. My Family Medicine rotation was completed with [my primary preceptor]. This was the first rotation I completed. The Primary Care Selective rotation was divided between 2 providers... [One of them] has [completed] a fellowship in sports medicine and rotating with him provided me with great exposure to the basics of managing musculoskeletal complaints in the primary care setting. There were many other family doctors in Faribault at the Allina Clinic and my interests prompted me to ask the different family doctors if I could work with them for a few days at a time to further broaden my education.

There is one hospital in Faribault – District One Hospital. Providers from both the Allina Clinic and the local Mayo Clinic manage patients in the hospital. The hospital has over 100 beds. There is an OB floor, a Medicine/Surgery floor and a small ICU. I spent a total of 3 weeks doing hospitalist work while in Faribault.”

2012-2013

“Faribault, Minnesota is a diverse and historically rich community located in southern Rice County, 50 miles south of the Twin Cities on Interstate-35. My significant other lived in Minneapolis while I completed RPAP, and it was a very doable commute (45-50 minutes) to meet for dinner during the week or to see each other on weekends. Faribault has a population of 23,352 people, a median age of 36 years old, and a median household income of \$47,415. While its population is predominantly white (75%), it is a diverse city with significant Somali and Hispanic populations. I worked with new immigrants and refugees on a daily basis, which presented excellent learning opportunities and challenges. Throughout the year, I saw patients with hepatitis B, parasitic infections, latent tuberculosis, and latent syphilis. There was even one case of Neisseria meningitis and active tuberculosis. Faribault is also home to the Minnesota State Academies for the Deaf and Blind, and the largest Correctional Facility in Minnesota. I worked with several deaf and blind patients, as well as prisoners in the emergency department, operating room, and hospital.

Faribault has two different medical groups, Allina Health System and Mayo Clinic Health System. The main RPAP preceptor... works for Allina, therefore your RPAP experience will run mainly through that organization. The Allina clinic practice is comprised of ten family medicine physicians, one internal medicine physician, and one med-peds physician. There are different specialists who come to Faribault throughout the month, including cardiology, urology, neurology, and dermatology. The clinic also offers psychology, optometry, and audiology services. Allina recently bought District One Hospital, but both clinics (Allina’s and Mayo’s) are attached to the hospital. A unique aspect of RPAP in Faribault is that you will be working with physicians from the Mayo Clinic Health System for your pediatric or OB/GYN rotation. This gives students an opportunity to work with two different health systems and EMRs, which I found helpful and interesting.

[My preceptor and his nurse] are both fantastic. He was a former RPAP student, and has been a preceptor in Faribault for over 20 years. There are several other physicians in the practice who are former RPAP students, so there is great support and understanding of the program. There are

several different rotation options to choose from in Faribault. They offer pediatrics, OB/GYN, orthopedics, urology, emergency medicine, and the opportunity to work with hospitalists. One of the highlights of RPAP actually ended up being my Surgery rotation.

2014-2015

Fergus Falls

“Fergus Falls has a population of over 13,000 people which makes it one of the larger rural communities involved in the RPAP program. It has a 208-bed hospital with an attached multi-specialty clinic, a separate Walk-In clinic, and many satellite clinics scattered throughout surrounding counties. Being a multi-specialty clinic, I had the opportunity to compete my general surgery, OB/GYN, family medicine, primary care selective, and emergency medicine rotations. I could have done pediatrics and orthopedic surgery had time and requirements permitted. I also had the opportunity to follow a pulmonologist, anesthesiologists, and interventional radiologists. I am especially interested in inpatient internal medicine and because of Lake Region Healthcare’s hospitalist system, was able to spend several weeks scattered throughout my time here with my primary preceptor as hospitalist.”

2012-2013

“Fergus Falls, and LRHC in general, is one of the larger RPAP sites, but fortunately you are generally the only medical student at the place, and only occasionally are there residents (there are many PA students, however). Because it is a larger site, [it is] a fairly busy hospital and [has] a fantastic internal medicine department that is interested in working with you. The inpatient opportunities are excellent. There are two internists who are RPAP alumni and will most likely be happy to work with you in either the hospital or the clinic. If you spend time at the clinic with the internists, as you likely will, you will get to know a lot of 80-100 year old because Otter Tail County has one of the oldest average populations in the state of Minnesota.

The family medicine main preceptor is involved in the clinic, takes call on the pediatric floor of the hospital and sometimes goes to urgent care as well. [He] is really good about finding teaching opportunities in each day and is also an RPAP alumnus so he understands what your role is. Moreover he is really devoted to the pediatric side of Family medicine so you get a lot of practice with pediatrics... [There is another] family medicine doctor in the OB department who does C sections and 60-70 deliveries a year who you could also work with if you wanted to do more OB. There are about 280 deliveries a year at Lake Region right now. I also did ER and spent time with a Dermatology nurse practitioner during my time at LRHC, and both of those were richly rewarding experiences.”

2014-2015

Glencoe

“I have loved working at Glencoe Regional Health Services, at the hospital, the main Glencoe clinic, and the Lester Prairie satellite clinic. Glencoe is located... about an hour west located right on Highway 212... The main clinic is physically connected to the hospital which is very convenient for rounding... There are 2 satellite clinics... The hospital and clinic are also owned by the same entity... They also have the same EMR system... The nursing home and assisted living facility is also connected which makes nursing home rounds convenient as well.

Glencoe has a large Hispanic population. We have two full time interpreters on staff for visits with these patients. Being fluent in Spanish myself, that was one of the reasons I wanted Glencoe as an RPAP site. I would say I generally get to use my Spanish every single day in clinic and have delivered several babies in Spanish as well.

You can do pediatrics, OB?GYN, orthopedic surgery, urology and emergency medicine in addition to your RPAP elective, general surgery, family medicine and primary care selective [in Glencoe]. Other visiting specialists you can spend some time with include ENT, ophthalmology, nephrology, neurology, podiatry and cardiology. The main RPAP preceptor is fabulous. His practice includes a lot of older patients... although he does see kids still too. He doesn't do OB so as a result has a little older practice. He is also the nursing home director here in Glencoe, so you will get a lot of experience with nursing home rounds, as well admitting patients to the nursing home. He does a lot of ER call and usually has several hospital patients. This gives you a lot of great experience.

Even though [my primary preceptor] doesn't do OB any more, there is still tons of OB experience to be had whether or not you do your actual OB rotation here. I delivered 37 babies vaginally, assisted on 15 more vaginal or operative vaginal deliveries and scrubbed in on 24 C-sections even though I didn't officially do my OB rotation here. Pediatrics here is a lot of fun as well. Surgery is great.”

2011-2012

Grand Rapids

“I have had an incredible experience not only at Grand Itasca Clinic and Hospital, but also in the community as a whole, and could see myself returning here someday to work as a physician. I spent most of my time with... a family physician who trained in Minnesota, but also spent some time in Idaho as faculty at a residency program. She was really flexible and made sure that the day went how I wanted it to, and that I wasn't getting too overwhelmed so that I was still learning as I went. [She] also knew when it was time to push me a little further so I was always learning more. When I started getting comfortable, she would extend my comfort zone and make me do more. It was a healthy learning environment, I never felt like I was being pushed too hard, but I could tell she wanted me to get better.

Another advantage to being with [my primary preceptor] was the volume of OB patients she saw. I got to do about 20 deliveries with her during RPAP which was great. I was [also] able to spend time with [one of the other Family Physicians] as well. [He] was an awesome preceptor with a very different practice than [my primary preceptor]. He saw a wide variety of people, and had a

more fast-paced schedule. [He] loves to teach and is full of knowledge, so spending time with him is like getting a fountain of facts poured into your head.”

2010-2011

“[My primary preceptor] is a bit overwhelming at first because he is so intelligent, but he is also very personable and easy to get along with. Like other rotations, he would send me in to see the patient first and I would do a history and physical. Then we would spend a little time discussing what I would do and what the next steps were. He initially wrote all the assessment and plans, but I was able to do most of that in the final 6 weeks. [He] has a patient population of mostly middle-aged and older families. He does do some OB and Peds, but I would say that it is not the focus of his practice. I spent the 4-week family medicine rotation with [another Family Physician]. She would have us call patients and do all of the charting. Her patient population is sustainably more OB/GYN than [my primary preceptor’s practice].”

2010-2011

“I could hardly be happier with my experience here. The medical training was fantastic. We were able to earn 22 required rotation credits, therefore we earned 14 weeks of RPAP elective credit. We were able to take General Surgery, Urology, Emergency Medicine and all were great rotations. The primary preceptor... is reasonable, rational, well-read and patient, but direct. He’s a superb family practitioner and has a wealth of knowledge to share. He has a full spectrum practice so you will participate in pediatric and adult clinic and hospital, nursing home rounds, and OB care.”

2011-2012

“I challenged myself daily in each rotation (FM, urology, surgery, and rounding in the hospital) to learn about each condition or illness and build a foundation for what the disease is, the process, screening, prevention, and treatment. Adding on, I challenged myself to ask why preceptors ordered certain tests or medications versus others. Everyone has their own style, and being on RPAP I was able to see the style of about 5 FP’s, 2 IM doctors, 5 ER doctors and 1 OB/GYN.”

2011-2012

“Grand Rapids is a lovely town located in Northeastern Minnesota, with a population of about 10,000. I worked at Grand Itasca Clinic and Hospital, a beautiful facility built within the past ten years. There was another RPAP student... who worked there as well. Additionally, there were several other students from the health care field who visited throughout the year, including medical, pharmacy, PT, and nursing students. As a result, the Grand Itasca staff was used to having students around, and were welcoming to students and willing to take the extra time to teach.

I did my first six weeks in Family Med with my primary preceptor. [He] is a very knowledgeable physician who likes to teach evidence-based medicine. He was always sharing the latest research articles and current guidelines with me, encouraging me to approach medicine with an open mind and to always be reflecting on the latest research and what it might be telling us. He takes time to listen to his patients, and shares anecdotes and analogies to explain medical problems and

treatment options to them. It is obvious that he is well respected by his patients. I feel I learned a lot from his teaching and approach to patient care. He allowed me to practice many skills, such as catching babies during deliveries and performing pap smears, suturing, cryotherapy, and joint injections. In addition, I feel my note-writing has improved while working with him, as I wrote a note on every patient I saw independently.”

2012-2013

“The community’s Grand Itasca Clinic and Hospital is a one-unit 64-bed facility with over 60 physicians of various specialties (though mostly family medicine) in the clinic or hospital. I completed 22 credits of required rotations while here on RPAP, including the following: Surgery, Emergency Medicine, Urology (surgical sub-specialty), primary care selective, and family medicine... My main RPAP preceptor was... a family physician. This was his first year being an official RPAP preceptor, although he had mentored several medical students in past years. Overall, I thought he was an excellent preceptor, and his laid-back, lighthearted, easy-to-approach personality made him a comfortable and fun person to work with. The clinic family docs here have the option of doing OB as well as rotating weeks spent in the hospitalist role in the hospital... To gain more exposure to the “typical woman physician” repertoire of visits, I spent a few weeks (two of the other primary care selective weeks) in the clinic, hospital, and OB area with ... another full-spectrum family physician. I also jumped into some clinic days with the two other family docs sharing our office... All of these family physicians were spectacular teachers and great people to work with.”

2012-2013

“There are three main advantages to doing RPAP in Grand Rapids. First is that it’s a teaching hospital with students from all levels of nursing, PA, pharmacy, physical therapy all rotating though. Nursing staff, RT, social work, administration, etc are all used to having students around and were fantastically welcoming. Across all departments I got nothing but support and help.

The second is that the overwhelming number of faculty went to medical school in Duluth, almost all the rest went to the Twin Cities. At least 8 of the doctors scattered between FM, EM, and IM did RPAP. They understand the process and are excited to have students. This led to the third great thing about Grand Rapids, the almost total control and freedom of your schedule. Except when doing blocks with [my primary preceptor] in Clinic and Surgery... I pretty much had full run of my schedule.

In the fall I spent quite a bit of time out in the woods grouse hunting, Itasca County has a Plats book available that is invaluable to anyone interested in outdoor pursuits. I only made it out cross country skiing a few times, though there are many trails nearby. It is a vacation spot for cross-country skiing and the some of the attendings are very into it if you need directions. The same goes with fishing, many opportunities in the numerous lakes.

[My primary preceptor is] a very smart doctor, very professional, excellent teacher, and his patients love him. I cannot say enough good things about him; he was fantastic to work with. Grand

Rapids does about 300 deliveries a year, at this time entirely by the family medicine staff. Grand Rapids has very few pediatric admissions every year, so that was an issue.”

2013-2014

“My preceptors were very approachable and treated me as an equal and valuable member of the care team for each patient. I was able to participate in basketball coaching and felt like a part of the community... In the Grand Itasca Clinic and Hospital there are physicians trained in family medicine, internal medicine, OB/GYN, Urology, Orthopedics, Oncology, Anesthesia, General Surgery, ENT, and they are hoping to hire a cardiologist soon. I credit the fantastic preceptors at Grand Itasca for making my year a great one. I can’t say enough about the mentors I met during my year. Each was welcoming and created a respectful, rewarding learning environment.”

2014-2015

“Grand Itasca Clinic and Hospital was built within the last decade to meet the needs of the expanding community. It is a very nice facility built on 40 acres overlooking the river. The clinic is attached to the hospital so all rotations take place in one location. There are many great physicians who work at Grand Itasca. This site has been accepting students for many years and doctors and patients alike are very understanding of this. My primary preceptor... has a unique practice in that he does normal Family Medicine clinic in the mornings and has a Sports Medicine and Orthopedic clinical practice in the afternoons. The general surgeon and has been working with students for the last twenty years. He really enjoys being involved in students’ learning.”

2014-2015

Granite Falls

“Granite Falls, MN is a tiny little town of 2,300 in the southwest corner of Minnesota. The majority of my experience was through Granite Falls Municipal Hospital, and ACMC Clinic, which is associated with Willmar, MN and several other small clinics in the area. Granite is lucky enough to be associated with Willmar, who is large enough to carry many of the specialties needed in this secluded area. Once to twice a month, a variety of specialists will spend a day in clinic to accommodate for the patients who are unable to make it to Willmar. There are also a few surgeons that come in a couple times a week for elective same-day surgeries, colonoscopies, EGDs, other miscellaneous surgeries, and surgery clinic.

The Granite Falls Municipal Hospital provides a 24 bed facility, a nursing home, an emergency department and ambulance services. The ACMC clinic physicians do rounding on all their admitted patients and split responsibilities of the nursing home patients, whereas the ED is staffed by locums. Granite Falls is only able to accommodate longitudinal core rotations and blocked specialty rotations. Additionally, I attended every OB delivery, after-hours surgery, and several emergency department visits. I did specialty rotations in Urology and Orthopedic Surgery through Willmar, where I did a combination of commuting and staying on surgery call in Willmar.”

2013-2014

Hastings

“I highly recommend the RPAP experience, particularly in Hastings. The obstetrical opportunities are excellent, as are the specialty rotations and all of the providers with whom I worked... From the first day I worked with... my main preceptor, I knew it would be a great fit. He is truly an extraordinary teacher and mentor. From day 1, he encouraged me to formulate my own differential and treatment plan, even if it was something I hadn't seen before. When I was correct, he would support me, and when I was wrong, he'd congratulate my train of thought and offer suggestions. The way he interacts with his patients is truly inspirational.

I had the opportunity to work with several providers during my time in Hastings, and all offered different practice styles that greatly enriched my experience. [My primary preceptor] set up my schedule so that other than my specialty rotations in OB/Gyn, Surgery, and Orthopedic Surgery, I'd be working half-time with him and half-time with another family medicine provider. In all, I worked with seven different family medicine physicians, all of whom remembering me when they had interesting cases and pull me over to their rooms. Seeing these different practice styles allowed me to pull the positive aspects of each (and note the negative aspects as well).

My inpatient experience was completed with [another physician], who practices 75% clinic-based and 25% hospitalist, along with obstetrics. She is a brilliant and incredibly thorough physician who puts an incredible amount of effort and energy into her patients. Although Regina Hospital sends the more high-risk patients to the St. Paul hospitals, I had a diverse and interesting patient population with which to work. The rich family medicine-based obstetrics experience in Hastings is one of the highlights of the site. With only one obstetrician, the bulk of the deliveries and c-sections are managed by family physicians. Early on, I was able to hook in with several of the providers and see patients full cycle from pregnancy to delivery to postnatal care. I also completed specialty rotations in OB/Gyn, Surgery, and Orthopedic Surgery, all of which were great.”

2010-2011

“With 10 Family Physicians and 2 OB/GYNs doing OB there is plenty of opportunity to be involved in the around 300 deliveries/year [in Hastings]. I was able to work with 5 different family docs who had varying patient population and ways of running their practice. I felt extremely luck to spend the majority of my time in Family medicine with [my primary preceptor]. He does a great job of allowing autonomy, encouraging hands-on experience, and providing learning opportunities. The general surgery and orthopedic surgery clerkships were both busy and well run in Hastings.”

2011-2012

“Working with [two of the Family Physicians] was especially helpful because they make a habit of forcing students to make a decision about every aspect of diagnosis and treatment for their patients. There is much less shadowing and much more thinking and learning. Oftentimes this means getting the diagnoses and treatments wrong, but these two are exceptional preceptors in that they encourage you to keep thinking and keep asking questions so you keep learning. It was truly a pleasure to work with them everyday.

I would recommend that in the starting months of RPAP, you stalk the patient lists of ALL of the FPs/OBs that provide OB care and try to arrange to follow as many pre-natal visits as possible with the understanding that you can be called for the delivery. Then, keep your own list of OB patients – mine was a note card- and follow them over the year.”

2012-2013

“RPAP was truly experiential learning; I was able to spend my time focusing on what a career in a smaller town or truly what a family medicine physician could look like at a rural location. I got a realistic view of some of the balancing acts that go with living and knowing the patients that you care for outside of work and aside from being a patient. Seeing a woman for prenatal care across the aisle in church or bumping into a woman who was screened for STDs at the grocery store are unique situations that seldom present themselves in the Twin Cities.”

2013-2104

“The [RPAP] experience gave me the ability to practice and learn independently, learn first hand many essential exam skills and procedures, all while being part of an amazing community close to the cities. While a student on RPAP I was able to learn practice styles from many physicians, all while gaining the independence to learning my own personal style. I could factor in my personal time, clinical time, along with family experiences and still get my work completed on time. Sticking to the RPAP modules was key for me to make sure I kept up with the curriculum as well as reading journals to stay current and practice evidence based medicine.

Many of the patients that come to the clinic in Hastings travel an hour or more from the farming communities to receive care and are not able or willing to go “up town” to St. Paul or Minneapolis for certain tests and treatments. The many providers that I have worked with have been practicing rural medicine and providing safe, effective, timely care for their patients. These physicians opened my mind to what a family physician in a small community can provide for their patients from IUD placements, vasectomies, colposcopies, biopsies, and caesarian sections! Their training, years of experience, and confidence with these procedures offer the physician a colorful practice and the academic challenge.

In the clinic, I performed many procedures in clinic with the physician standing nearby and by the end I was seeing, diagnosing, and coming up with treatment plans independently. I was also able to do my OB/GYN, surgery and emergency department rotations while on RPAP. During all of these rotations I was able to be first assist on every surgery and procedure as well as do many procedures on my own after watching the physicians do it once or twice. The location proved to be perfect for my husband and I to continue to live together during the 9 months. He was able to travel into the cities, with a commute of only 30-40 minutes depending on traffic and weather.”

2014-2015

Hibbing/Chisholm

“My family medicine clinic would actually be in Chisholm, a town of 5,000 just seven miles up highway 169 from Hibbing. On family medicine days we’d round on our patients in the Hibbing Hospital and then go to the clinic in Chisholm to see our patients. The Adams Clinic as it called in Chisholm is not the most modern facility on the Range, but it turned out to be a great place for a student to learn. I would have my own office, and X-ray and lab services were twenty steps away. I would be treated like a resident and it would be just [my primary preceptor] and me running the show. I knew I would learn a lot of procedural skills... During that first week I learned more medicine than I had in the previous twelve weeks I spent on my internal medicine and pediatrics clerkships.”

2010-2011

“I spent my third year working in the hospital in Hibbing and the clinic in Chisholm under the preceptorship of [of one of the Family Physicians]. The clinic [in Chisholm] is run by Essentia Health. [My preceptor] is the only physician working at this clinic. [He] does OB but doesn’t have a lot of OB patients currently. He sees his patients at the hospital in Hibbing...”

2011-2012

“Over the nine months I was in Hibbing I spent a lot of time working in the family medicine clinic in Chisholm with [my primary preceptor], this was probably the best part of RPAP for me because it was a one-man clinic, with one nurse, four exam rooms, and a small lab. He also has a very busy practice he mainly sees geriatric patients but this allowed for me to get comfortable managing patients with multiple co-morbidities.

While in Hibbing I also had the opportunity to do my rotations in pediatrics, general surgery and orthopedic surgery. Doing orthopedics in Hibbing was great for me because I have a very strong interest in sports medicine and was able to see patients and practice doing injections pretty much daily in clinic. Also you have at least one or two surgery days a week which allows you the opportunity to be first assist and you often will have the chance to close after surgery. General surgery is also a great rotation in Hibbing for the same reasons as orthopedics during surgery you are often the first assist and you on scope days you will have the ability “drive” the scopes.”

2012-2013

Hugo

“I spent a total of sixteen weeks completing my family medicine and RPAP elective rotations at the Fairview Clinic in Hugo. Although [I had one MD identified as] my primary preceptor, I spent almost as much time with [another]. I was blessed to spend so much time with two amazing physicians, who also happen to be amazing people. Both were equally as interested in me as a person as they were in me as a medical student, encouraging me to maintain a good work-life balance. [One] sees a lot of middle-aged men and elderly people. He has a great rapport with his patients, especially the elderly ones who respect his ability to have open and honest discussions

about end-of-life issues. [The other physician] is the only family physician (out of the five at the Hugo clinic) who still does obstetrics, so her practice is largely childbearing-age women and their children.

Both [preceptors] feel very comfortable with minor excisions and skin lesion removals, which they were more than happy to let me perform under their supervision. [One of my preceptors] does a vasectomy almost every Thursday morning, which he was happy to let me participate in as well. Both [preceptors] still do hospital family medicine and pediatrics, although I only rounded with [one]. On average, we were in the hospital 2-3 days every month seeing both adults and children. I really enjoyed my time in the hospital as I was allowed to manage my own patients with input/supervision only when necessary. The only downside of my time in family medicine was the absence of other specialties within the clinic.”

2010-2011

“The clinic (home base) is in Hugo itself, which is a town of about 13,3000 people that is actually a suburb of the greater metropolitan area. The clinic is very modern and was built approximately 7-8 years ago. There is onsite X-ray available and a lab, but some labs are sent to the hospital in Wyoming, MN. The hospital is Fairview Lakes Regional Medical Center (Lakes) and is located in Wyoming, MN about 15 miles north of the clinic. It is a 60-70 bed hospital... including the Birth Center and nursery.

Family Medicine and Primary Care Selective are done at the clinic in Hugo with the main preceptor... and his partner... [My main preceptor] stopped his Obstetrics practice a few years ago so for those interested in doing more deliveries [the other preceptor] is more than willing to take the student as she still has a very large OB practice. Urology is a hidden gem at Fairview Lakes. Emergency Medicine was yet another very good rotation at Lakes.”

2011-2012

“[Hugo] is located about twenty miles north of St. Paul. It is considered an outer suburb of the Twin Cities, and it is a rapidly expanding community. The clinic in Hugo houses family practice physicians. There is also a physical therapy department, lab/ X-ray, and pharmacy within the building. The hospital in Wyoming has a fully staffed hospitalist service. Therefore, call schedule is slightly different at this location than at many others. [My primary preceptor] would usually have a call shift every two to three weeks. This shift went from 3-11 pm and involved admitting all patients during that time. Typical shifts would involve 4-7 admissions. These shifts were a great way to practice and improve histories and physical examination skills.

[There] is another family practice physician at the Hugo clinic. She is the only provider at this clinic with obstetrics as a part of her practice. She enjoys working with students, and is a wonderful teacher. [She] would... call me in for deliveries and would let me do most of the deliveries. Because OB continues to be a part of her practice, [she] has a large pediatric practice.”

2012-2013

“The Fairview Hugo Clinic (FHC) is staffed daily by up to 3 family physicians (totaling about 2 FTEs), 2 full-time physician assistants, one or two registered nurses, two to four LPNs/CMAs and several excellent support staff. In addition to the clinic, the building houses a busy Fairview pharmacy, a multi-provider Fairview physical therapy practice (the Institute for Athletic Medicine), and an unaffiliated private pediatrics practice.

Although no providers at FHC currently do obstetric deliveries, the providers see patients ranging from days old through the end of life. The family physicians all have relatively large, well-established panels of patients, many who followed their doctors to Hugo from prior employment in towns nearby (Chisago, White Bear Lake, etc.). Both MDs and PAs see new patients and walk-ins... Along with Fairview’s Lino Lakes and Blaine clinics, FHC is served by a core administration team (a family physician and two RNs) that... visit weekly to discuss quality metrics and ongoing quality improvement efforts.

Since FHC is a freestanding primary care office, all hospital work for this RPAP site takes place at Fairview Lakes Medical Center (FLMC), an easy 14-mile drive up I-35 to Wyoming. FLMC is a busy, modern and relatively well-equipped small community hospital. Opened in 1998, this designated Level III trauma center has a 20+ bay ER, 49 staffed inpatient bed and 5 active operating rooms as well as a radiation therapy center, a well-equipped radiology division, and a variety of specialty clinics. About once per month, [my preceptor] takes an 8-hour evening shift admitting patients from the emergency room when they need to stay in the hospital. With help, the RPAP student is encouraged to take responsibility for everything the admitting physician normally does: get pass-off from the ER team, perform a thorough history and physical exam, formulate an initial plan for work-up/management of the patient’s condition, write the H&P admission note and place orders in the electronic medical record.

Specific for-credit rotations at FLMC include general surgery, emergency medicine and urology. Each of these is done with a unique primary preceptor at FLMC. Overnight and weekend call with general surgery are available but generally are not encouraged for the RPAP student. There are occasional admissions to the inpatient surgical service, but the vast majority of surgeries are same-day procedures, so there are only very rare opportunities to participate in the care of surgical inpatients. The emergency medicine rotation at FLMC is an excellent adjunct to the primary care clinic and inpatient medicine experiences.

2014-2015

Hutchinson

“Hutchinson... has a population of 13,385 people. Often times this town is known for the 3M and HTI (Hutchinson Technology Incorporated) companies that have allowed the town to grow and prosper. The hospital, which is physically attached to the clinic, is owned by the city. There are 16 FP’s, 2 pediatricians, 3 general surgeons, 4 midlevel providers, 1 OB/GYN, one internist and 1 podiatrist. Just across the parking lot there is ... 1 orthopedic surgeon and 2 PA’s along with many physical and occupational therapists. [My primary preceptor] has a wide variety of patients in his [practice] and he also does a lot more sports medicine compared to other family docs in the clinic. He also does about 20 OB’s a year. Again, my experience was phenomenal with him. Finally,

there are many visiting specialist that you can choose to follow. There are visiting neurologist, urologists, cardiologists and one permanent oncologist that you can spend time with. Also, you can fulfill your ER rotation here.”

2011-2012

“Hutchinson Health provides primary and specialty care clinics, emergency services, and specialty programs. It has more than 30 full time physicians (about 2/3 family medicine), 35 specialty care providers, and 150 staff. In 2013 the Hutchinson Medical Center (formerly the clinic) and Hutchinson Area Health Care (the hospital, orthopedic, psychiatry, etc.) integrated into Hutchinson Health.

Hutchinson provided excellent experiences across the board in all the major RPAP areas – family medicine, OB/GYN, surgery, emergency medicine, and pediatrics. Hutch has a long history with RPAP and the program is well known and respected in the healthcare system and community. A number of physicians at the site, including both of my preceptors, were former RPAP students. As a result, physicians and staff are very familiar with what is expected of students. Historically, students block their schedule in Hutch instead of mixing their rotations longitudinally.

A large portion of time is dedicated to your primary preceptor – in Hutchinson this is a family medicine doctor. Additionally, the clinic and hospital are physically connected and the hospital has recently moved toward a hospitalist system. This means that time with your primary preceptor is largely spent in clinic. However the program is highly flexible and when I wanted more experience with inpatient medicine, I worked a few weeks with the hospitalists into my schedule.

There are three general surgeons in Hutchinson, all of whom trained at Hennepin County Medical Center. RPAP students are first assist in every surgery they participate in, and the scrub techs are knowledgeable about the program and are instrumental in helping students learn in the OR. Currently there is only one OB/GYN in Hutchinson and working with her is busy and highly rewarding. Students essentially work whenever she is working. On average, she does multiple vaginal deliveries weekly, spends a few days in clinic, does surgery 2 mornings per week, and is on Cesarean section call most days. Students are typically called for almost all deliveries during their OB rotation.

Finally, Hutch is a wonderful place to live for 9 months. The Luce Line trail runs through the town near the river and is great for bicycling, running/walking, skiing, and snowmobiling.”

2013-2014

“Hutchinson is a great bridge between a rural and metropolitan setting. Located an hour outside of the metro, there are ample opportunities for everything from outdoor activities to shopping. The town has a population of about fifteen thousand people. The healthcare facility in Hutchinson is not what one would expect with the proximity to other facilities. The building houses the clinic of about 50 doctors, an 8-bed ICU, a 60-bed Med/Surg floor, and an 8-bed Birthcare Center. It also includes an 8-bed ER, a 12-bed inpatient mental health unit and a full surgery wing. There is MRI and Radiology onsite with the ability to do procedure under fluoroscopy.

There are a larger number of specialties available in the community. Minneapolis Heart Institute and Centre Care both have full time cardiology here. In addition, there is oncology, ENT, Nephrology, Urology, Pediatrics, Family Medicine, Orthopedic Surgery, General Surgery, and OB/GYN. All of these providers are willing to teach to some extent and allow you to follow patients through all aspects of their care. I assisted in over 50 deliveries, and delivered 10 infants myself with the supervision of my attending. I was taught how to do and performed episiotomy repairs, LEEPS, D&Cs, endometrial biopsies, I & Ds, IUD placement, Nexplanon placement, laceration repairs, IV starts, arterial lines, sclerotherapy, and much more. The interaction with preceptors is excellent. Most doctors have been preceptors before, or were previous RPAP students themselves. They know that you are training to be a full-time participant of the care team, and they treat you as such.”

2014-2015

Lake City

“I did my RPAP experience in Lake City, MN. Lake City is a town of approximately 5,000 people located on the Mississippi River southeast of the Twin Cities. The clinic and hospital are part of the Mayo Clinic Health System. The clinic, hospital, and nursing home are all connected. This was very convenient for learning purposes as it made it easy to get to wherever the action was. My time in Family Medicine was divided between multiple preceptors (total of 6). The summer before I arrived in Lake City, several of the family practice doctors left the clinic and that fall one of the remaining two switched into an administrative role. The doctor who switched into an administrative role used to be the primary preceptor for RPAP students. Because of this, I didn’t have a consistent preceptor for most of my time there.

There were very few deliveries while I was in Lake City and unless I was physically there when the patient arrived, I wouldn’t know that an OB patient was in to deliver. The OR was short-staffed for a while so I did get called in for a lot of after hour surgeries. I enjoyed being a necessary part of the team.”

2010-2011

“Professionally, Lake City has most of the things that I hoped for from RPAP. It is a small practice entirely run by family physicians, with a clinic, hospital, OR, ED, and nursing home. My schedule was very flexible, and I had no set expectations for my time. For my family medicine experience I worked with all five of the family physicians in Lake City, plus I spent a month with the family physicians and nurse midwife in nearby Wabasha. It was a great exposure to full spectrum family medicine, and I am sure that this is what I want to specialize in now.

Other physicians taught me to do office procedures, including joint injections, cryotherapy, excisional biopsies, colposcopies, fluoroscopic eye exams and foreign body removal, casting, and IUD placement. I felt like the jumping from physician to physician let me know everyone in the practice, gave everyone an opportunity to get to know me and include me in their cases, and meant that I could walk into clinic, ED or hospital and work with whoever was on.

Surgical specialists come through Lake City once a week, which gave me great exposure to general surgery and orthopedics. I also spent two months at nearby Red Wing with the surgeons, all of whom were wonderful to work with. I assisted in multiple operations per day, and was opening and closing for the surgeons by the end of my time. I got relatively proficient with the laparoscopic camera, and my arms definitely got some toning on those long cases. I performed a tube thoracostomy, removed lipomas, assisted with post op hospital management, and learned about many aspects of pre and post-surgical care. And my schedule was fantastic, very reasonable hours with flexibility.

There are two CRNA's here in Lake City, both of whom were great teachers and called me up to do intubations, spinal, regional blocks, and even an epidural once. I feel pretty confident in my ability to do spinal taps and intubations thanks to them. The OB experience in Lake City was limited. There are 3 providers who take on OB patients, and each has approximately 10-20 deliveries per year."

2013-2014

Little Falls

"The town of Little Falls is a mid-sized rural town with a population of about 8,300 people. It is located on the Mississippi river half way between St. Cloud and Brainerd Minnesota. Little falls FMC is a CHI (Catholic Health Initiatives) clinic with 12 Family Practice physicians and a few mid-level providers, which adjoins Saint Gabriel's Hospital, which was rebuilt in 2010. The provider group is Primarily RPAP alumni, with most providers in the middle of their careers. They typically see a mix of Farmers, factory workers, employees of Camp Ripley Guard Base, and families. After I got to know the staff and physicians, they would actively recruit me for interesting cases and allowed me to work in many specialties in a single day. I had one day in which I started out assisting an ortho surgery, assisted a C-section, saw patients in Family medicine clinic, did surgery clinic, and finished up with a hemi-colectomy.

The FM providers are typically busy with 18-30 patients per day M-F and call every 11th day. When on call you see sameday appointments and the physician does overnight admissions for the hospital. The providers within the clinic do a large amount of procedures and will give you plenty of hands on experience. I did quite a few biopsies, vasectomies, destroyed superficial lesions, repaired lacerations, and some casting. There are one male and one female Ob/Gyn physicians working at the clinic. I would recommend threading this rotation throughout your time in clinic if you are interested in delivering babies. In total, I managed to deliver 16 babies vaginally, and 16 via Cesarean section scattered over around 3 months' time. "

2012-2013

Long Prairie

"On day one, I met [my primary preceptor who] has been in Long Prairie for over 35 years. He is greatly loved and respected in the local community. Those first six weeks were humbling. As I

stumbled through a thoracentesis, spent ten minutes closing a trocar hole with a single suture, and stared dumbly at rashes, I wondered if everyone else could see my inexperience and discomfort. But instead of pointing to my faults, the nurses and OR techs and physicians lifted me up. In addition to working with the family physicians in clinic, I also worked with a general surgeon, orthopedist and urologist. [The surgeon] is at Long Prairie one day a week so I threaded surgery throughout my RPAP experience.

[My preceptor] gave me a significant amount of responsibility and soon I was suturing lacerations and admitting people to the hospital with a level of autonomy I probably will not have again until residency. This is a great site for anyone interested in procedures as [my preceptor] performs cesarean sections, colonoscopies, EGDs, appendectomies, carpal tunnel release surgeries, PICC line placements, pacemaker insertions, temporal artery biopsies, and probably several other procedures that I'm forgetting at the moment. He will let you get very hands-on with these procedures and if there is something you're particularly interested in, do not be surprised if you find yourself as the primary operator. If he is comfortable with your ability, he will let you do it."

2010-2011

"I arrived in Long Prairie, a town with a population of 3, 458... in early October 2011. The hospital and clinic that I would be working at were housed in one building as the CentraCare Health Systems- Long Prairie Hospital and Clinic. Long Prairie has a rich history of Midwifery practice with 2 midwives who love to teach and remind students that birth can be a very natural experience. Aside from a new breadth of practice that was being defined for me by my preceptor, the other family doctors in the clinic, and the midwives I soon realized that Long Prairie would be a irreplaceable setting to be trained in because it is home to 2 new populations, the Amish who moved to Long Prairie around 19 years ago and the Mexican immigrant population who started settling in Long prairie around 15 years ago when the meat packing plant moved to the area. Through my experiences on RPAP and during my community health assessment project I would come to better understand the health disparities and cultural beliefs that lead to... emergency situations."

2011-2102

"Recently, due to changing farming technologies, many people have moved in to town to work in meat processing and printing factories. These industries have helped to attract many immigrants and refugees to the area creating a very diverse patient population. I often liken it to my experiences working internationally. As many are uninsured or underinsured, we often have to practice minimalistically, be very cost conscious, and avoid unnecessary tests. I was able to gain an even richer experience working with diverse populations by volunteering at the two free clinics in Long Prairie. The organization of this medical system is ideal for a student who seeks a wide variety of experiences. Because there are few providers, it was easy to establish a rapport with all of them and to become a trusted member of the team. "

2012-2013

“Long Prairie as an RPAP site combines phenomenal teaching with a diverse patient population. The providers let students learn by doing; it was not uncommon to be asked to do a joint injection, suture a laceration, perform a circumcision, cast a fracture, intubate a patient for surgery, or close up surgeries. The clinic and hospital are combined in one building which makes it easy to round on patients, see people in the clinic, and run to the ER for a trauma code. There are no hospitalists, so all of the physicians see patients in both the clinic and hospital. I was encouraged to admit patients on my own: writing the H & P, putting in orders, and discussing patients with the nursing staff. Many specialists also do outreach at the clinic and are happy to teach students. In addition to orthopedists and urologists, it is also possible to work with dermatologists, ophthalmologists, oncologists, cardiologists...

With a population of 3,500 Long Prairie has a small town feel. It is not uncommon to run into patients at the grocery store or a restaurant. Despite its size, Long Prairie is surprisingly diverse: about 1/3 of the population is Hispanic and ¼ of the population is Amish. There are free clinics that serve primarily these populations which students are welcomed to take part in. The Amish do not have insurance, so you learn quickly the true cost of medicine and become practiced in determining which tests are absolutely necessary and which are more optional. Because of this desire for cheaper healthcare that is close to home I was able to see several conditions that would usually be sent on to a larger hospital including a high risk twin delivery.”

2014-2015

Luverne

“Perhaps the most important skills I cultivated on RPAP were self-reliance and self-discipline, far from administration and other students. There is a daunting amount of autonomy in deciding schedules and directing learning, as well as in meeting the existing assignment deadlines. However, proving to myself that I can do all of these things on my own has been invaluable for my confidence in my abilities as a medical student entering 4th year.

[My primary preceptor] provided me with a broad primary care experience in the clinic. I feel I gained a great amount of knowledge and experience in preventative medicine, chronic disease management, and urgent care of all ages. These rotations also allowed me a broad nursing home experience. I regularly visited 4 different nursing homes in the area, depending on which physician I was working with at the time. Sometimes I was working in blocks, and sometimes the weeks would be broken up with days in the ER and with urology, etc. If the doctor I was working with was on call, I was on call with them. If they had patients in the hospital, I rounded on those patients with the specific doctor I was working with. Scheduling was usually very flexible, though.”

2013-2014

“Working with three separate providers/preceptors gave me a different experience than most RPAP students. On one hand, there was a more thorough rural medical experience, with a variety of practice types and styles. On the other hand, I didn’t exactly have the continuity throughout the entire 9 months that some other students may have had. I saw the work of the rural family physicians and general surgeon in stark contrast to what I saw in the orthopedic surgeon and

urologist that did outreach to the Luverne clinic from Sioux Falls. While they provided excellent care and enjoyed the work they did to provide care to individuals who needed it, their connection to the Luverne community was much less evident. Working in Luverne was a great example of how a community rallies around the local businesses, including the Sanford clinic & hospital. Throughout RPAP I also had the opportunity to work with nurses, administration, lab, radiology, patient care, social work, and other health care professionals.”

2014-2015

Montevideo

“I did my emergency medicine, primary care selective, family medicine, 4 weeks of surgical subspecialty (urology), surgery, and RPAP elective credits during my RPAP experience. Two of these, ER and Urology, required me to go to Willmar, at least for part of them. I got a ton of experience suturing and much more hands-on surgical experience than my classmates in the twin cities. My family medicine clerkship, primary care selective, and RPAP elective time all blended together. I was fortunate that I really enjoy OB, and [my primary preceptor] does a lot of it as he is one of the two family practitioners trained in c-sections. He was a former RPAPER as well, so he knows what makes for a good experience.”

2011-2012

“Montevideo is a town of about 5300 people in west central MN. It is where the Chippewa and Minnesota rivers join in a lovely double river valley. Montevideo is home to CCMH, Chippewa County Montevideo Hospital and Clinic. It is a 25-bed critical access hospital with 3 ICU beds and 3 OB suites. Hospital, ED, and Clinic are connected in the same building and use the same EMR, Meditech. The family physicians also visit their patients in Luther Haven, the nursing home, which is attached at the southern end of the clinic. Copper Glen is an assisted living facility that is also attached.

The clinic is served by 6 family physicians, several NPs and a PA. Family physicians round on their own patients in the hospital. Often the ED physician will serve as hospitalist overnight. The physicians rotate call, and the physician that is on call on Friday will often serve as hospitalist for the weekend. Several of the physicians are trained to perform C-sections and they were happy to have me scrub in.

I followed my primary preceptor in the clinic most often, but spent some time with each of the physicians. Often I would work with the physician who was on call in the clinic, as they were seeing same-day appointments. Call days provide the opportunity to see many patients with varied concerns, and helps to develop time management skills. Montevideo does not offer an OB rotation, but they do have probably about 2 deliveries per week I’m guessing, so you can certainly gain solid OB experience here.

Montevideo currently has one surgeon who serves Montevideo, Appleton, Granite Falls, Dawson, and Madison. This was a valuable experience as I was able to compare and contrast different facilities and healthcare teams.

2014-2015

Monticello

“Monticello is at an interesting place in its history. Having gone through a recent population boom, it is a small town with a suburban feel. You will find Family Medicine to be both challenging and rewarding. [My primary preceptor] works education time seamlessly into his clinic. He quickly trusts his students with reporting on patients... You will find the clinic experience you get for pediatrics to be extensive and rewarding if you choose it for your primary care selective. I completed both my orthopedics and general surgery rotations while on RPAP, with most of this time spent in the Buffalo clinic and hospital. I highly recommend both of these rotations. The surgeons and the anesthesiologists like students and allow them to be very involved.”

2011-2012

Moose Lake

“Moose Lake is a town of about 2500 people. There is a hospital right in town as well as a separate clinic. The hospital has 25 beds, a surgery center with 2 ORs, and a gorgeous birthing center. They also have a small ER and urgent care. The clinic is staffed by several mid levels, family practitioners, and one med/peds doc. Everyone is amazing about teaching and including the student. They are all very friendly and welcoming. Most of the family docs in Moose Lake do OB. There are several that do the great majority, however. [My primary preceptor] does have some of his own OB patients, but he mostly does c-sections for his partners who are not c-section trained. Having [him] as a primary preceptor means doing sections. By that, I mean he actually lets you do them. He starts little by little: letting you suture more and more, cut skin, dissect fascia. This all leads up to the amazing day where you are primary surgeon!”

2010-2011

“Moose Lake is one of the oldest RPAP sites, and several of the docs were RPAP participants themselves. I spent my time at the physician-run Gateway Family Health Clinic and the district board governed, 25-bed Mercy Hospital.

By the numbers, there are nine primary care doctors who have clinic at Gateway and three mid-level providers. Several of these providers also have clinic or rounding duties at Gateway Clinic and Essentia Hospital in Sandstone. Six of the doctors take practice (general admitting) and non-surgical OB call at Mercy in Moose Lake, and four (including the one general surgeon) take c-section call. Each of the physicians has a different style, personality, and philosophy, making for a diverse and generally provider-dependent experience.

My primary preceptor [is] one of the oldest full-time physicians in the practice, and a veteran RPAP preceptor. Teaching is one of his passions, and it was a privilege for me to work closely with this mentor. I followed his practice closely throughout my RPAP experience... I adopted his practice/OB call schedule, which was generally one 24-hour period each week and one weekend (Friday-Sunday) every six weeks.

I participated in 30 deliveries. I delivered 9 babies on my own with supervision, and generally sutured any lacerations. I was first assistant for 12 c-sections, and if [my primary preceptor] was the primary surgeon, I would typically make the initial and uterine incision, attempt to deliver the baby, and close most layers. I followed several mothers throughout their entire prenatal care, making the diagnosis of intrauterine pregnancy on ultrasound and finally delivering their baby nine months later. The longitudinal care was invaluable for my learning and connection with patients.”

2012-2013

“During my time in Moose Lake I completed rotations in family medicine, primary care, surgery, emergency medicine, and pediatrics. I think that the main reason I had a great educational experience at Moose Lake, was due to my preceptor. I gained confidence in joint injections, circumcisions, wound care, labor and delivery, and c-sections. The most important part of my RPAP experience was learning what it is like to be a full scope family physician. I was able to work with family doctors who did OB and even C-sections. This helped me realize that I would like to practice in a small town, so that I will be able to do OB and C-sections in my practice.”

2013-2014

“RPAP students have the option of blocking educational experiences in chunks of dedicated time with in a particular discipline, or to partake in all disciplines longitudinally. I chose the longitudinal approach. This made sense in Moose Lake, where most of the family practice physicians staff the clinic, hospital, ER, and perform procedures in the OR on a daily rotating basis. This structure required me to be very reactive and open to changes in my work setting on a daily or hourly basis. The structure of practice in Moose Lake allowed for an incredible sense of continuity. Family Practice exposed me to the highest volume of procedures. We performed multiple minor procedures in clinic daily. The family physicians here perform cesarean sections and endoscopies, and instructed me to become technically proficient as the primary surgeon in these cases as well. By the end of my sixth month I had enough technical exposure to perform screening colonoscopies, EGD’s for biopsy or dilation, and c-sections under direct supervision.

I would say that pediatric encounters made a disproportionately small component of my overall experiences in the clinic and hospital. I have, after seven months, participated in thirty-six deliveries that included full neonatal care while the mother and baby remained in the hospital postpartum. Some of these infants were followed in clinic by my primary preceptor, so well-child checks, immunizations, and outpatient health concerns became routine work for me.

2014-2015

Mora

“Mora has been a great place to do RPAP. The physicians practice a full-scope style of family medicine, the staff has been good to work with, and the community has been very supportive. The educational experience in Mora has also been good. All of the family physicians here practice obstetrics, three of them do C-sections, several of them cover the ER, and the family doctors cover the hospital in a rotating weekly hospitalist schedule. I will be getting credit for the family medicine rotations, surgery, emergency medicine, the two week orthopedic surgery rotation, and the two week urology rotation. Even though obstetrics is not offered here for credit, there is plenty of opportunity to get in on deliveries and c-sections through family medicine.

The family medicine experience is great here. I worked with [three Family Physicians], all of who have different styles, and all of who are very good. As part of the RPAP experience, you will be expected to do a community health project. I managed to get involved with a group of community health care personnel who are developing and implementing an outpatient palliative care program. It was a good project because I was part of something that had been started before I got there and which will continue after I leave.”

2010-2011

“FirstLight Health System (FLHS) is a clinic and hospital combined into one building, along with an Emergency Department. There are also two satellite clinics in nearby Pine City and Hinckley. Most of the physicians do one or two days a week in the other clinics. I was able to complete my basic rotations (family medicine, primary care selective, emergency medicine, and surgery) as well as both of my surgical sub-specialties.

The main preceptor is a former Mora RPAPer, so he is very well known around the hospital and community. His patients trust him, and so it is very easy as his student to establish a great rapport with them as well. He is a great teacher, easy to get along with, and willing to give you the reins in anything that you want to do. The general surgeon is relatively new to the area, but absolutely wonderful with teaching. The two full-time ED physicians are family med trained and go out of their way to find teaching opportunities. Even though Mora does not offer OB, there are plenty of babies to be delivered! I was able to get about 10-15 vaginal deliveries and about the same number of C-Sections. “

2011-2012

“The city itself harbors 3500 people and serves as the epicenter of Kanabec County. It is a retail and health care hub for those in the surrounding area. The Mora location is home to both the Allina clinic and the Kanabec county hospital. This means that there is an outpatient Allina clinic (that is driven by the Family Medicine providers) as well an inpatient critical access hospital (that is also staffed by FM providers on a rotating basis). In the clinic, there are also some full – time specialists as well as mid – level providers. The hospital is considered “critical access,” meaning it receives government support for taking care of a poor rural population. Mora also carries a National Health Service Corps rural site designation...

[My] primary preceptor... has been a family physician at FirstLight for nearly 30 years. Because of his impressive tenure in Mora, he is well known to nearly everyone in the community. His practice includes many families, from children to the elderly. He does enough Ob to keep young patients in his practice. His rate of obstetric cases is somewhere between 20 – 40 deliveries each year. Working with him also results in a fair amount of Cesarean deliveries, as he is 1 of only 3 providers that perform sections there. He also rotates as a hospitalist, and sits on the hospital board of executives.”

2012-2013

“The clerkships that are available in Mora are Family Medicine, Primary Care Selective (FM), General Surgery, Emergency Medicine, Orthopedics, and Urology. There is no pediatrician or OB/GYN on staff at the hospital, so you cannot get those clerkships. Family Medicine in Mora is amazing. There are 12 total family doctors within the system: 9 work primarily on Mora, 2 work only in Hinckley, and one works only in Pine City clinic. The majority of time on RPAP is spent in Mora, between the clinic and the hospital. I did on occasion go to the outreach sites when the preceptor I was working with had a day out there. The beauty of the docs here is that they all love to teach. Mora has a lot of trainees come through, whether that is medical students, residents, PT students, radiology students, etc. Because of this, they are well versed in teaching and getting students hands-on experience.

The 9 docs that work out of the Mora clinic primarily also cover the inpatient side and do OB. C-sections are a great place to develop obstetrical and surgical skills. The docs are great about letting students get in and get their hands dirty. The hospital is a 25-bed critical access hospital with three ICU beds. The census usually runs around the 10-12 patients, give or take a few. Each doc spends one week on the hospital service, taking night call for four of the seven nights and day call/rounding for all seven.

It’s also a great place to be if you like being outdoors. During the fall, there is a lot of public land around that is quite good for grouse and pheasant hunting. If that’s not your thing, there are plenty of lakes, rivers, and back roads that are great for biking around. It’s really quite beautiful. During the winter, those lakes and rivers make great places to ice fish. Mora is also known for its cross-country skiing. The Nordic center has miles and miles of groomed trails for skiing.”

2013-2014

“The medical education at FirstLight Health System in Mora is outstanding. It is a teaching facility in the sense that a wide variety of students (PA, MD, NP, surgery technician, imaging technician) rotate there. There are nine family medicine physicians and you will be assigned to spend about one month at a time with almost all of them. When not doing family medicine, you will be completing other required rotations, like emergency medicine, general surgery, urology, and orthopedic surgery. All of the specialists are good teachers and will let you be fully involved in patient care.

You will have the opportunity to participate in clinic care, hospital rounding, vaginal deliveries, cesarean sections, a wide variety of surgery (general, OB/gyn, ENT, urological), emergency

medicine, administrative meetings, and educational lectures. Also, you can spend time with the radiologists, mental health specialist, diabetes educator, dieticians, pharmacists, physical therapists, lab technicians, imaging technicians, wellness educator, chronic care case manager, quality improvement manager, and EMS workers.

Since your preceptors' schedules dictate your schedule, you will experience the family medicine lifestyle firsthand. Generally speaking, you can expect to be on call for hospital admissions a few nights a months, work one weekend a month, and have about two late or sleepless nights a month. You will also likely spend about five weeks rounding in the hospital during the course of RPAP. In Mora, physicians work in the hospital for a week at a time with no clinic duty during those weeks. You will have the choice to block or thread your various rotations while on RPAP. I highly recommend blocking as much as you can. If you block your rotations, you will slowly but surely check things off your list.”

2014-2015

New London

“Affiliated Community Medical Center (ACMC) is a multispecialty physician owned healthcare organization. The main clinic is in Willmar with affiliates in New London, Benson, Litchfield, Marshal, Granite Falls, Hancock, and Red Wood Falls. The ACMC New London Clinic has four family practitioners, two physical therapist, and optometrist, and a pharmacy. I did my Family Medicine and Primary Care Selective in New London. All of the other rotations are in Willmar. You may spend a few elective days with providers in other specialties if you would like (Derm, ENT, Podiatry, Jail Medicine, hospitalist, hearing and balance center etc).

[My primary preceptor] is an EXCELLENT physician and teacher! He does full scope family medicine with obstetrics, no c-sections. He is also a county coroner and moonlights in the ER two nights a month. We would also round at the local nursing homes once per month. The other New London physicians enjoy teaching as well so they would grab me for interesting cases and procedures.

A typical day included rounding on our patients at Rice Memorial Hospital in Willmar, clinic from 9:00-5:00, with several morning or noon department or educational meetings per week. On call days we would admit 2-3 patients on average to the hospital. You can take call from home, you just need to be within fifteen minutes of the hospital. Rice Memorial Hospital has sleep rooms that you may spend the night in.

There are five OB/GYNs at ACMC. They all have busy practices with a good balance of OB and GYN. They each have their niche with some more interested in GYN oncology and others in obstetrics. They were all pleasant to interact with and a good resource for me when I had OB questions.

ACMC excels as a rural teaching institution. They have many students in many different disciplines ranging from x-ray techs to nursing students to dermatology residents (one of the

Dermatologist teaches at the U of M's derm residency program!) Teaching is engrained in ACOM culture with many different learning opportunities.”

2010-2011

“New Londo is a small rural community located in Southwestern Minnesota in Kandiyohi County. The population is about 1,500 people. The clinic in New London is a satellite clinic. There are four family practice physicians, a physical therapist, a pharmacy, and a small eye clinic with an optometrist who comes from Willmar once a week. There is also onsite x-ray, lab, a minor procedure room, and a casting room. There is even an office for the RPAP student, which comes in handy for studying throughout the day. While I spent most of my time with [my primary preceptor], the other doctors at the clinic were also available for me to work with. This also allowed me to cater my experience to my interests.

An additional perk of New London/Willmar for RPAP is the other students in the area. There are constantly nursing and pharmacy students rotating through, as well as 1-2 RPAP students in Willmar and one RPAPer in New London. There were also two DO medical students from Des Moines University on a 12 month longitudinal experience while I was on RPAP. This allowed for social interaction with peers, but still allowed [me] a normal RPAP student experience.”

2011-2012

New Prague

“New Prague is home to Mayo Health Systems- New Prague Hospital (formerly Queen of Peace Hospital), and the New Prague family medicine clinic group includes a site in Montgomery... New Prague is home to Mayo Health Systems- New Prague Hospital (formerly Queen of Peace Hospital), and the New Prague family medicine clinic group includes a site in Montgomery, where my preceptor practices. New Prague and Montgomery are located about 45 miles southwest of the metropolitan area, and their populations are estimated at 7,300 and 3,000, respectively.

My RPAP preceptor... is also the Chief Medical Officer for the New Prague Hospital. [He] grew up in Montgomery and returned there to practice. His familiarity with his patients as well as his leadership role at the hospital provided a very valuable and interesting perspective to the workings of the hospital administration and the lives of his patients. I accompanied him to several administrative meetings which provided an opportunity to learn about the inner workings of the hospital and health care system... witnessing the Mayo transition and EMR go-live as a student was a wonderful learning experience about hospital politics and administration.

My favorite rotations while on RPAP were my family medicine and surgery rotations. I had student-level access to the EMR, which allowed me to enter information into the chart, and place orders for studies and prescriptions, which then had to be co-signed by [my preceptor]. I also had the opportunity to do most of the minor procedures that came into clinic, especially by the end of RPAP. [My preceptor] and I also made several visits to one of the local nursing homes to round on his patients. The hospital relies on the family medicine staff to provide hospitalist coverage, so every sixth week [my preceptor] would round in the hospital, and if I was working with him at that time I would join him. My other favorite rotation was general surgery. I started my rotation

completely uninterested in surgery as a career, and I honestly felt uneasy during my first few surgeries in the OR. But I quickly grew to love surgery and I am now planning on applying to general surgery residencies.”

2012-2013

New Ulm

“New Ulm has a population of ~15,000 and that their main claim-to-fame is the notorious Schell’s brewery. The term “RPAP student” is a very familiar term around the medical center as NUMC has been taking RPAP students for several years and many former RPAP students have returned to work in the community.

I started out my RPAP experience with 6 weeks in the family medicine clinic with my primary preceptor... I couldn’t have asked for a better mentor or role model... He has the unique ability as an attending to create a low-pressure, open learning environment that still challenges you and encourages you to continue learning. He never criticizes when you do not know something, but is very supportive and reassures that knowledge will come with experience. His patients clearly respect him and often made it a point to tell me how lucky I was to have such a great teacher. “

2012-2103

“The most significant and longest lasting component of the RPAP experience is Family Medicine clinic. Another large part of RPAP in New Ulm is your surgery rotation. You will get a great experience and learn a lot. Also, you will get to be the first assist on a bunch of surgeries and this means that you get to hold the camera on laparoscopic surgery and close the incision sites. I also did my OB/GYN Rotation at New Ulm. You will get to catch several babies during your rotation and assist with several C-sections. I also spent some time with the hospitalists because this is a particular interest of mine. There is a lot of good learning that can be had on the Med-Surg Floor. New Ulm is a really great RPAP site if not one of the best. It is fortunate to be small enough for you to feel comfortable but large enough to give you really good exposure. The facility is great, the staff is awesome, and the physician group is a really special.”

2013-2014

“I felt so comfortable here and trusted the people that I worked with. My preceptors constantly challenged me to be a better student and gave me many opportunities to learn and try new things. Without a doubt, I learned more in this nine-month period than I have in any other nine month period in my life. I learned more on RPAP than I did studying for boards, during my first year of medical school, or even during my second year of medical school. All of this hands on learning really cemented things in my brain and I feel so much more capable and know so much more medicine than I did nine months ago.”

2013-2014

“The New Ulm Medical Center is a great place to learn as a medical student. It covers a large population (by RPAP standards) as it is the only hospital/clinic in the community. There are a

number of specialties ranging from OB, general surgery, med/peds, ortho, and several others that come once or twice a week. The wide range in specialties provided a good experience as there were opportunities for longitudinal care. It was easy to follow a case from one physician to the next as they manage medical needs. Physicians were usually easy to work with and happy to help educate. The experience certainly did offer a wealth of one on one interaction with physicians who are excited educators. I was able to work hands-on and I believe it was a fantastic learning experience.

2014-2015

Ortonville

“First off, Ortonville is a truly rural RPAP site. It is well over an hour away from the nearest town... and the only physicians permanently based in town are five family physicians. They run the clinic, the hospital, and the emergency room, and are not hesitant to consult specialists (by phone or in person when they are in Ortonville on outreach) if they believe it would benefit patient care. It is a great site in which to be a student. If any of the docs (or any one of the three nurse practitioners) sees an interesting patient and a good teaching opportunity, they will seek you out and have you meet the patient.

I would work the same call schedule as my attending family physician (I would rotate between four of the five family physicians, in one month blocks) which usually worked out to be q5 overnight call, with one weekend of call per month. Call consisted of covering the ER outside of clinic hours. I would take call from home, as Ortonville only averages between 3 and 4 ER visits per day and many call nights were undisturbed by phone calls.

One of the great advantages of this site is that you have the opportunity (and perhaps an unstated expectation) to follow the patients that you see in family medicine clinic as they see outreach specialists. Specialists in orthopedic surgery, ENT, ophthalmology, OB/GYN, allergy, nephrology, oncology, gastroenterology, cardiology, vascular surgery, podiatry, and telemedicine neurology all visit Ortonville at least monthly, and sometimes more often than that. Procedures in all of the surgical specialties mentioned above take place in Ortonville OR. You’ll be able to first-assist in most of them.

Apart from urology, all rotations are threaded – meaning that surgery and orthopedic surgery (the two other rotations I did out here) were spread over the entire RPAP year; one day per week for surgery or 1-2 days/month for orthopedic surgery. I became comfortable with knee and shoulder injections, trochanteric bursa injections, basic deliveries, suturing all sorts of lacerations, and basic colonoscopy technique. I also became comfortable with management of multiple inpatient problems, including CHF exacerbations, COPD exacerbations, pancreatitis, small bowel obstruction, pneumonia, and post-op management. “

2010-2011

“Ortonville is in west-central Minnesota on the South Dakota border. Ortonville has a population of 2,158 and is the largest city in Big Stone County. Three of the five Family Physicians were

former RPAP students themselves. As a whole this was a great teaching site. The clinic was built within the last 10 years, and they recently constructed a new hospital, which was finished in 2010. The hospital is a 25-bed critical access hospital.

There are between 70 and 100 deliveries in Ortonville every year. Four of the five family physicians perform cesarean sections. I thought my OB experience was particularly strong on RPAP despite the fact that I had no official ob/gyn rotation there. One of the family physicians performs tubal ligations, appendectomies, and vasectomies. I was able to assist in these procedures in addition to my time with the general surgeon. Rotations that I completed were family medicine, primary care selective, surgery, urology (4 weeks), and emergency medicine. General surgery is a very positive part of the RPAP experience.

There are some unique populations of patients you get to work with while on RPAP in Ortonville. Big Stone County has two Hutterite colonies, which are a German religious sect who farm and live communally. Their beliefs vary but some of them prefer not to have interventions especially during labor and some choose not to immunize their children.”

2011-2012

“Recently completed in 2010, the new medical facility titled Ortonville Area Health Services houses: hospital, ER, OR, clinic, and Big Stone Therapies. There is also a dialysis unit on campus in an adjacent building. Other services available include outreach specialists, lab services, radiology, and hospice. Outreach services include providers in: Audiology, Cardiology, Chemotherapy, ENT, GI, Grief counseling, Gynecology, Nephrology, Neurology, Oncology, Ophthalmology, Orthopedics, Pain management, Podiatry, Surgery, Urology, and Vascular. Big Stone Therapies Inc. offers physical, occupational, speech, and massage therapies.

Northside Medical Center, which constitutes as both clinic and hospital have a variety of providers services the health care needs of the community: MDs (5), NPs (3) with focus on Women’s health and Diabetes, and PAs (1). They are expanding their practice next year when a physician who is completing her residency training in Family Medicine/Obstetrics returns in the fall of 2016. All of the providers were a joy to work with and welcomed me into the facility with genuine hospitality. Rotations available at this site include: Family Medicine, Primary Care Selective, Emergency Medicine, General Surgery, Orthopedics, and Urology.”

2014-2015

Osceola

“My RPAP site was a new one this year: Osceola, WI. Osceola was extremely accommodating and willing to do whatever it was that I needed to have the best possible experience. The doctors were great in taking me under their wings, and the nursing staff, administration, etc., also did everything they could to make things go smoothly for me and to ensure I felt welcome among staff and patients. In addition to all of the family medicine and primary care selective credits, I was also able to receive credits for six weeks of general surgery, four weeks of surgical subspecialty (orthopedics), and four weeks of emergency medicine. Prior to RPAP, I completed six weeks of

Med I and six weeks of OBGYN in the Twin Cities. Upon my return from RPAP, I will be completing peds, neuro, and psych, in addition to some other electives and time off for residency interviews. It was great to have done ob-gyn prior to going to Osceola because the family doctors, and my two main preceptors, are family doctors that do OB. Both of them were great about getting me involved with their OB patients and calling me for all of the deliveries. Throughout my time in Osceola, I believe I was involved with about fifteen deliveries, most of them vaginal deliveries, and a couple c-sections (two of the family doctors do c-sections, and the general surgeon does, as well).”

2012-2013

“The opportunity to spend a significant amount of time in one medical community, to get to know it well, was more meaningful than I ever anticipated. Osceola Medical Center became a place that I felt at home to learn in my own way and at my own pace, mostly because I was very comfortable with my preceptors, the staff, and the administrators. Osceola Medical Center is small. Though the hospital has something like 25 beds on paper, the census is usually more like 5-10. It is also independent, though “affiliated” with Health Partners, which is somewhat unique. The in-house specialties include family medicine, ED, and general surgery. The remainder of providers come from the Twin Cities or Stillwater and cover orthopedics, cardiology, pulmonology, Ob/GYN, radiology, ophthalmology, and ENT, usually once per week.

The organization of my months on RPAP was mostly “threaded” vs. “blocked.” This was a necessity in Osceola as the specialists come for 1 day of the week at most. Additionally, though I spent the majority of my clinic time with my primary preceptor, I worked with other providers at least once per week on her day off. Threading allowed me to integrate multiple perspectives on medicine, rather than focusing exclusively on one for a time and then promptly forgetting it. Many of the providers in Osceola take care of Ob patients as part of their practice. Another duty covered by the family physicians is care of patients in the small hospital. All of the doctors rotate through this job, which comes out to 7 days of hospitalist duty every 6-8 weeks.

My activities outside of the hospital included running and walking in the parks, canoeing on the river, eating at local restaurants, and going to the gym in Osceola.”

2014-2015

Owatonna

“Known widely for its enormous Cabela’s Outdoors Sporting Goods Store and its symbolic sculpture of Jets flying out of the ground, Owatonna is located one hour south of the Twin Cities just east of I-35. With a travel time of 40 minutes to the next large medical center in any cardinal direction, Owatonna host a clinic and hospital that serve, not only the town of 25,000, but also the surrounding farmland.

I chose to complete my General Surgery, Orthopedic Surgery, Pediatric, FM Clerkship, and Primary Care Selective [in Owatonna]. In addition to these specialties, I was able to gain exposure

to Ophthalmology, Otolaryngology, and Emergency Medicine. Finally, I also had the opportunity to become involved in a free clinic hosted in Owatonna at a local Hispanic center.

The Family Medicine department of Owatonna Clinic is comprised of approximately 20 physicians. During my time in Owatonna, I worked primarily with [four providers]. All four of these providers were very happy to work with me and include me in their practice. They encouraged me to participate in minor surgical procedures, casting, and admissions. While all four providers include Obstetrics in their practice, my primary preceptor... has a very high volume of deliveries. If a student were interested in Family Medicine with Obstetrics, Owatonna would be a very good site to pursue.”

2010-2011

“The family medicine physicians here are great. The FP physicians here work hard, and the days can actually be pretty long. Both of the docs were good at calling me in for interesting patients, or in the middle of the night for deliveries. All four physicians who did OB in my pod made an effort to call me for deliveries, and pulled me aside whenever they could find me for their patients' OB visits. I had around 40 deliveries throughout the experience, but again, that was being pretty proactive and getting in on the three ob/gyns' patients as well. Peds was a phenomenal rotation to do in Owatonna. Surgery was great, too... The emergency medicine docs (I didn't do my official rotation down there) were all great.

Along with the large Hispanic population, the Somali population is quite large in Owatonna, too. I saw at least one Somali patient per day, and the other med student and I ended up doing our Community Health Assessment on Somali obstetrical/pre-natal care.”

2011-2012

“Owatonna has been an RPAP site for many years, but it is important to note that the current preceptors have only been involved with RPAP for a few years. Owatonna is a great place to do OB! If you want the Labor and Delivery floor to call you for as many deliveries as possible, you could easily see/do 80+ deliveries. [My] main preceptor, is also more than willing to get students as comfortable with cesarean sections as possible. [Surgery]... was the hardest rotation of RPAP, but also the one in which I learned the most. I learned a TON on [orthopedics].”

2012-2013

Park Rapids

“Park Rapids is a small, rural town with a population of about 3,500 within the city limits. It is also the county seat of Hubbard County, which has a population of about 18,000. At the center of the health system in Park Rapids is St. Joseph's Hospital, a 50-bed hospital owned by Catholic Health Initiatives. The average number of inpatients at any one time is about 23 and approximately 150 babies are born at the hospital each year. St. Joseph's employs about 400 people, which also makes it one of the largest employers in the area. The main health clinic in town is Essentia Health Clinic. After recent remodeling and additions, the clinic is now connected

directly to the hospital. Although they remain separate entities, owned by separate companies, they work as one cohesive unit. The same physicians and surgeons who work in the clinic also work in the hospital. In addition, because Essentia also owns clinics and hospitals in Detroit Lakes and Fargo, ND, many specialty physicians and surgeons hold appointments at the Park Rapids clinic and perform surgery in the hospital on a weekly to monthly basis.

This is a unique experience where you potentially become a depended upon member of a real health care team. I believe that I received a fantastic education on how to interact with and interview patients, how to use limited time efficiently, how to present patients to attending physicians, and how to write and dictate patient notes. Furthermore, I now better understand how a rural healthcare system functions.

At the time I participated in RPAP, the primary preceptor... worked exclusively in Walker, MN a town of about 1000 people located 30 miles east of Park Rapids. She was a great teacher and the nursing staff was always there when I needed help. While this experience limited my exposure to primary care practice in Park Rapids, I did get to work with other family practice physicians when I took OB call. I found them all to be eager to teach and accept me as a vital part of the health care team. I would especially recommend Park Rapids to those who have any interest in surgery or performing procedures. The general surgery rotation was an intense experience but vastly rewarding.”

2010-2011

“Thursday of my last week was a little different than many of my Thursdays on RPAP. The first few Thursdays I didn’t work, as this was my main preceptor’s day off. I used these days to “get to know the town.” It was during this first mid-week off day that I discovered a reading program at the local elementary school; I signed up. This led to an every-other-week visit to a specific 1st grader, for reading during half of recess, for most of RPAP.

During my last week of RPAP, I had a great mix of the medicine that I had experienced through the year. Even though my main preceptor was not there, it was a fulfilling week, with doctors and support staff offering parting advice and final compliments. I will miss Park Rapids; but I can’t finish medical school if I don’t leave!!”

2011-2012

Paynesville

“Paynesville is a town of about 2,500 people. A majority of people are employed as crop farmers and there is a creamery in town which has a fair number of employees. Paynesville is about 25 miles from St. Cloud or Willmar... Paynesville Area Health Care Systems (PAHCS) has a critical access hospital and clinic in Paynesville. The health care system is struggling to stay afloat with evolving technology, documentation requirements, administrative changes, budgeting and a few other areas.

My time on RPAP was spent mostly in Paynesville and Richmond. Staff in Richmond Clinic [were] welcoming and easy to work with. Richmond has 2 physicians... and 1 physician assistant. [my preceptor practices] full spectrum family practice, including OB. He was easy to work with and supportive of me searching for clinical experiences to further my growth as a clinician. [Another physician] joined PAHCS while I was on RPAP. She brought an established patient panel with her, as well as her skills in Cesarean sections.”

2011-2012

Perham

“Perham Health is managed by Sanford Health, which also manages the Detroit Lakes Sanford Clinic and Same Day Surgery Center about 20 miles northwest from Perham. Perham is located in northwestern Minnesota and has a population of less than 3000. Perham Health recently opened up a new facility in January of 2012 that houses the clinic and hospital under the same roof. They also have satellite clinic locations in New York Mills and Ottertail. Some physicians base their care out of these clinics and other physicians spend their time split between the locations.

Perham Health is affiliated with Sanford Health which allows for outreach visits from a variety of medical specialists as well as a connection with more specialized care in Fargo, ND, such as a cardiac center and the Roger Maris Cancer Center. Perham Health houses family medicine physicians, both with OB and without OB, some of whom solely cover walk-in care and the emergency department, a combined internal medicine and pediatric physician, a general surgeon, a psychologist, a diabetic educator, a dietician, some supporting physician assistants and nurse practitioners, chiropractors, and both occupational and physical therapists. The hospital also offers a variety of imaging services including CT, Xray, ultrasound, and MRI. Outreach physicians and staff who visit on a weekly or monthly basis include OB/Gyn, orthopedics, cardiology, podiatry, oncology, urology, radiology, pathology, and sleep medicine.

My primary preceptor for my Perham experience practices in New York Mills, about 10 miles east of Perham. The majority of my weekends I spent at least a few hours in the Perham ER to either see patients, hear about cases during the weekend, or find a quiet place to study. I touched base with the general surgeon soon in my rotation when one of our inpatients needed a thoracentesis one evening. He then invited me to take trauma and surgery call with him for both Perham and Detroit Lakes one weekend each month. Since then he has always called me to go for consults, procedures, and trauma codes that he gets called in for on his call weekends. I threaded my time in family medicine, emergency medicine, pediatrics, and surgery throughout the nine months.

I had the opportunity to connect with the psychologists in Detroit Lakes who supervise the rural psychology resident post-doctorate program. They have a weekly group supervision meeting that I attend when possible and we discuss all aspects of living and working as a health care professional in a rural town. In Detroit Lakes I had another family medicine primary preceptor who did walk-in clinic on Mondays, traveled to an outreach site in Mahnomen on Tuesdays, and colonoscopies on Thursdays. I spent a few months with him and enjoyed his diverse practice. I also spent time following the OB/Gyn physician who bases his practice out of Detroit Lakes and visits and covers

C-section call for Perham. Most of his deliveries are in Detroit Lakes at St .Mary’s Essentia hospital. He also did surgery at that hospital, as well as in Perham and in Detroit Lakes same day surgery center.”

2014-2015

Princeton

“Princeton, MN is a town of 4,000 people about 1 hour and 15 minutes north of the Twin Cities. Fairview Northland Medical Center is a regional medical center, which services about 50,000 people. It is a great option for students who wish to experience full-spectrum family medicine while still living in a “small town” atmosphere.

Since it is a regional medical center, Princeton has a high patient volume load. There are over 500 deliveries performed per year in Princeton with FM physicians performing about 400 of these deliveries. Three FM physicians are certified to perform c-sections and minor gynecological surgery. As a medical student, you are able to personally deliver the infants and first-assist in c-sections. You have the opportunity to triage antepartum patients, perform thousands of cervical exams on laboring patients, and follow-up with newborn exams.

Fairview Northland Medical Center in Princeton, MN offers a unique glimpse into full-spectrum family medicine. There are currently 11 FM physicians at Princeton – four of which are former RPAPers in Princeton. Many physicians continue to practice clinical family medicine, emergency medicine, obstetrics, and urgent care. This offers a great opportunity for longitudinal care as well as frequent exposure to surgical and acute care. The physicians and staff are accustomed to having medical students on site and want students to become active participants in patient care. You are treated at a valued team member and colleagues in Princeton. It is very convenient that the clinic, hospital, and ER are all on one site.”

2011-2012

“My satisfaction with my RPAP experience increased by leaps and bounds when I made the decision to prioritize. For me, anything obstetrics was always at the top of my list. After that, I simply told myself that whatever service I was working on that day (ER, surgery, clinic, etc.), I was going to be completely, 100% present on that service. I’m a learn-by-doing kind of girl. I always knew this – and it’s a large reason why I picked RPAP in the first place.

I found the best way to maintain balance for me was to spend as many hours as I needed to in the hospital between Monday and Friday (typically, this was between 60-80 hours, sometimes more), then go visit friends or family on the weekends. I took weekend call from home about every third weekend.”

2012-2013

“The hospital and clinic for Princeton is Fairview Northland Medical Center. It is a 31-bed hospital that serves the surrounding communities in Sherburne and Mille Lacs Counties with

outreach clinics in Milaca, Princeton, Elk River, Rogers, Zimmerman and Saint Francis. The ER has almost 17,000 visits a year and nearly 500 babies a year are delivered at the hospital. A full-spectrum FP clinic is available with IM MD's, FP's and FP/OB providers who perform vaginal and surgical deliveries, surgical sterilization, and newborn care. Specialty care including Ob/Gyn, ENT, Cardiology, Surgery, Nephrology, Sleep Medicine and Behavioral Health is available in a new specialty care clinic that opened April 2015.

My specialty rotations on RPAP included Ob/Gyn, Surgery and Emergency Medicine, but surgical specialties are also available.”

2014-2015

Red Wing

“During RPAP I've worked with many patients through multiple visits extending over months of time and been able to see the long term effects of my interventions. In some instances I have seen patients over 5 times and really been able to get to know them and tailor their treatments accordingly. It was great to have the ability to find out how my intervention/plan affect each patient weeks and even months down the road. During the last month in Red Wing, I would say over 70% of the patients I saw, I had met before.

Red Wing has a hospitalist system so my experience with inpatient was strictly during my RPAP preceptors call time, or when I was on Surgery, Ortho, or OB/gyn. The FM docs take call about once a week and every 6-8th weekend. Call during the week with FM docs consists of coming in for admissions up until 10 pm, and any admission after this are officially admitted in the morning before clinic. I also volunteered at the free clinic in Red Wing occasionally and did my Community Health Assessment project through them.

General surgery was my first rotation in RPAP and I absolutely loved it. [For gynecology] I worked primarily with one physician... who was an RPAP student 20+ years ago in Park Rapids, MN. Her patients loved her energy and her devotion to their care. She also was a dedicated teacher and frequently printed articles for me and stopped what she was doing to teach me about something new. I did every Pap smear and endometrial biopsy in her presence and repeated every pelvic exam that she did, which allowed me to feel very comfortable with identifying abnormalities. In the OR, she let me do the D&Cs and endometrial ablations during Gyn surgery, as well as sew and manually extract the placenta during C-sections. In deliveries, I was sewing 2nd degree lacerations and always felt comfortable to ask for assistance.”

2011-2012

“Red Wing, MN is a small town located on the Mississippi river in Goodhue County. It is home to approximately 16,000 people... Within the past year, the hospital was taken over by Mayo Clinic, and there has been a fair amount of doctor turnover within each department. Red Wing's medical record system is in the process of becoming Mayo Clinic's Cerner for the entire hospital, but is currently Epic (outpatient care), Paragon (hospital/delivery), and paper charting (Emergency room).

The main preceptor at the Mayo Clinic Red Wing Hospital... has been hosting RPAP students for 12 years now, and was an RPAP student himself during his time in medical school at the University of Minnesota. [He] likes to get his students started as early as possible seeing patients alone and writing notes. [He] works as a hospitalist for the inpatient ICU and hospital in the mornings one week every 1-2 months, and spends the rest of his time down in family medicine clinic seeing 20-24 patients a day. [His] on call one night every 1-2 weeks and likes his RPAP student to see the patient's he is admitting before he gets there. [He] is also the only doctor within the Red Wing hospital who is certified in acupuncture. He loves to teach his RPAP students about acupuncture though! Besides Family medicine, I did rotations in OB/GYN, Orthopedics, and general surgery during my RPAP experience.”

2012-2013

“I was truly treated like a colleague with the physicians from my first day at the site and your opinion is valued if you put in the work. Red Wing is different from many of the sites in that there are so many specialties located in the same building. In addition to the usual rotations, there is ENT, urology, GI, cardiology, nephrology, and neurology in the same building. There is a sizeable ER, inpatient, and urgent care service all available as well.

There are many historic areas in the town with areas for different activities. I picked up mountain biking during my time there because there is a fantastic system of trails right in the town. These are located on the bluffs in the town which contain good hiking trails for those that are interested in a fun walk. There are a few good cross-country skiing trails in town that are well-maintained during the winter.

[My primary preceptor] still maintains a full spectrum practice as he works in the clinic, hospital, and does a few deliveries per month. He is always willing to have you around and let you do any of the significant work that shows up during the day. I learned a great deal about clinic and procedural work from him during my time there. In addition, there were seven other family practice physicians who work in the clinic. Each of them was very kind to me and enjoyed the opportunity to work together.

The general surgery rotation is intense work over the course of six weeks. There are three general surgeons in the community who work in Red Wing full-time. Each of them helped me to learn surgical skills and taught about the cases we were completing. The operating rooms were very fun places as the staff keeps the mood light during the day. It is a very welcoming place for students who want to learn and give full effort. I spent quite a bit of time on both the inpatient service and in the ER/urgent care. The inpatient service is covered by internal medicine physicians and the hospital is very busy. As mentioned above, many patients are complex and similar to those seen in the cities. It is great to learn inpatient care from these physicians and the staff.”

2013-2014

Sandstone

“My RPAP experience in Sandstone, MN could not have been better. I had a wonderful preceptor... and an experience I will remember forever. [My preceptor] spends about half of his time in Sandstone and the other half in Moose Lake at the Gateway clinic sites. We also would see patients in both Mercy Hospital in Moose Lake as well as Essentia Pine Medical in Sandstone. He is an amazing teacher and right away gives you responsibilities that you build on the entire rotation.

[My preceptor] does not do OB, but there are many other family practice physicians that are excited to have students work for them. I let these doctors and the hospital staff know I wanted to be called whenever a patient was admitted for OB [in Moose Lake]. I did at least 10 C-Sections and 12 vaginal deliveries. There were more deliveries than this, but because there is also an RPAP student in Moose Lake, you end up sharing deliveries.”

2010-2011

“Sandstone, MN is an excellent RPAP community. It is a unique RPAP location with the added benefit of two clinics and hospitals. As the student in this site you spend the majority of your time in Moose Lake and one day a week and one week a month working in Sandstone. [My primary preceptor] does an excellent job. There is a great deal of autonomy at [the Sandstone] location and from the very beginning I was seeing patients independently, examining them, formulating a plan and presenting it. There are also a variety of specialists that spend a day in the clinic including pain management, nephrology, podiatry, orthopedics, gynecology, etc. For Pediatrics, you have the unique opportunity of spending three weeks in Duluth so that you can see more inpatient pediatrics including ICU and NICU. This is important as we very rarely hospitalize children here in Moose Lake. Emergency Medicine is typically threaded throughout your RPAP experience.”

2011-2012

“[My primary preceptor is awesome]. He is wonderfully flexible. I used him as my “home base” for the year. I would go off and do rotations with other docs (like surgery, family med, ER, etc) but I always felt like I could come back and hang out with [my preceptor]. I really got to know his patients, and we had a lot of fun interacting with them. In a normal day, you might see about 6-8 patients (out of the total 18-24 he sees per day). He has you go in first to do the full history and physical, then present to him, come up with a plan together, and go back in with the patients. They are truly YOUR patients.

[My preceptor] is a Med-Peds physician. His typical clinic day is about 70% elderly men and women and 30% children and teens. He does not see a lot of younger women or do a lot of women’s medicine (paps, etc) because these patients typically see one of family docs that do OB. You will work at 4 different entities: Gateway Clinic in Moose Lake, Mercy Hospital in Moose Lake, Gateway Clinic in Sandstone, and Essentia-Sandstone Hospital.”

2012-2013

Staples

“Lakewood is an independent health system that is run by a group of family physicians. Over half of the partners are former RPAP students and many of them were at Staples for RPAP. At Lakewood, everyone is open to having students. There is a good mix of practice styles and patient populations. You will find a mix between outpatient and inpatient medicine. If you like hospital medicine you can round on as many patients as you would like each day. For most providers you won’t need to have formally rounded on everyone before they get there, but it helps to review labs and pre-round. Clinic is primarily 9am to 5pm. Some of the partners are not full time and come in later or work 4 days a week. You are highly encouraged to follow interesting patients longitudinally with them to specialist visits and other studies. Overall, this is very flexible time and you need to make the most out of your learning experience. “

2010-2011

“Staples clinic and hospital are based on family medicine and offers the full spectrum of the specialty. The family doctors see all the hospital patients, run urgent care, and cover all the ED shifts. Multiple family doctors are c-section certified. Every doctor still delivers his or her own OB patients. Staples has some unique programs for a rural site as well, including palliative care and a medical home program. The awesome thing about Staples is that most doctors there love to teach. Because you will work with your preceptor over a long period of time, you really get to know their patients. It is a great experience to be able to follow these patients to their specialist visits and is something you can make happen in Staples. Staples is a great site to do your surgery rotation.”

2011-2012

“I was fortunate enough to be placed in Staples, MN for my RPAP experience. It was the second best thing that happened to me in the past year, and that’s only because I gave birth to my first child while on RPAP. The physicians are amazing, the entire staff is welcoming, the facility is gorgeous and my preceptor... is a phenomenal teacher. I was able to participate in countless hands on procedures from joint injections to bedside ultrasound to cesarean sections. He fully trusted my capabilities but also that I knew my limits and would tell him when I was unsure of myself. Even then, at times he would push me to be uncomfortable and navigate that territory. Many of his former students are now his coworkers. [One] is a fun, energetic young female doctor with a very heavy OB/Peds practice and she is always willing to have students tag along. [Another] was the first RPAPER in Staples and she has a special interest in palliative care that she is eager to share with students.

Another fabulous part of the Staples experience is obstetrics. Lakewood now has two fulltime OB/GYNs as well as a certified nurse midwife and nurse practitioner who specializes in infertility care. The system as a whole (including FPs four of whom are C-section trained) deliver over 400 babies each year and growing. I got to experience both sides of this experience being a patient in the OB wing (I had an FP for my OB care of course!) early on and then delivering over 50 babies myself.

I was also fortunate enough to spend time with several of the visiting specialists, usually just for a day. The surgical team is also a great bunch to work with. The emergency room was one of my favorite places to work.”

2011-2012

“I completed my nine month RPAP experience at Lakewood Health System in Staples, MN. I was able to complete my family medicine, primary care selective, emergency medicine, surgery, and obstetrics-gynecology rotations on site. There is also opportunity to complete urology and orthopedic surgery rotations. Lakewood has also recently hired a pediatrician to staff and may very soon (by the time someone is reading this) be able to offer a pediatrics rotation as well. I spent time in clinic working with [many Family Physicians]. Time is spent between Staples, Pillager, Motley, Eagle Bend or Browerville clinics, however this is determined by which physicians you work with.

Deliveries were by far my favorite thing to do on RPAP. What an exciting time! Staples had 450 deliveries last year, so there are plenty to go around. All of the doctors are excellent about you being in on deliveries as long as their patient is agreeable. The more you work with a particular provider, the more they let you do. I quickly became friends with the OB nurses and was able to complete 50 vaginal deliveries, most times all on my own. In my mind, obstetrics is one of Staples strongest point with 2 ob-gyns, a midwife, and a handful of family doctors that all do deliveries. I also spent a day with many other specialties, including GI, cardiology, dermatology, pulmonology and podiatry.”

2012-2013

“One of my favorite things about Lakewood was the fact that most of the docs practice true FULL scope family medicine. In one week with [my primary preceptor] I could be in clinic, urgent care, inpatient hospitalist, doing OB/GYN, and in the ED. While this sometimes lead to long 36 hour shifts that grinded on forever, I made for excellent relationships with the physicians that I was working with.

I would recommend the Staples RPAP rotation to anyone and everyone who was considering a career in primary care. It is amazing to see the influence that RPAP has had on the facility in Staples. Almost every physician there has been through the program itself.”

2013-2014

“The clerkships completed on RPAP in Staples are family medicine, primary care selective, OB/GYN, general surgery, and either emergency medicine or orthopedic surgery. I chose ortho. For your family medicine and primary care selective courses you work mainly with your primary preceptor, but are encouraged to work with any of the 9 family physicians. The doctors have created a family like environment which you are warmly welcomed into. Everyone is more than willing to teach and each has a practice that is slightly different. The family docs cover their own deliveries; if you let them know you are eager to do deliveries they will let you do as many as you want. Family physicians also cover ER.

For the general surgery rotation, I semi-threaded to rotation throughout the year. Staples has two main surgeons, one is there 3 weeks of the month and there other is there the 4th week. To spend equal time with each surgeon, I would do surgery 2 weeks at time, one week with one and the next with the other. Looking back I would have still done 2 weeks at time, but I would have done this for three consecutive months instead of sporadically throughout the year.

I learned so much and grew as a future physician. I gained confidence in my skill as a future doctor. I saw many patients in different settings throughout the hospital. I could see a patient in family medicine clinic, follow them to surgery and then deliver their wife's baby! I delivered a baby on my first week of RPAP and when was able to see her on her 2 week, 2 month, 4 month and 6 month visits! Immediately upon arrival you feel like you are an import and valuable part of the team. The entire community is welcoming and it is easy to get involved. There are always lots of projects going on at the hospital and I would recommend seeking out departments you are interested in for your CHA project."

2013-2014

"During my RPAP rotations, I was a 6th generation student. That's right, I stood across the operating table from a physician who taught the physician.... who taught the physician that was now teaching me. The first six weeks were spent in the clinics with my main preceptor. She does full scope family medicine which means OB, clinic, ED, and hospitalist work. We were all over the place. The first week on site, I delivered 2 babies and saw well over 50 patients in clinic. It is true that you will find your future during your third year, and this is even more true if you do RPAP. My family medicine experience was amazing. It could not have been better, but it also showed me that OBGYN was what I loved about family medicine and that it was okay to break away and focus on just OBGYN."

2014-2015

"The town is about 2 ½ hours north of the Twin Cities; Brainerd lies to the East and Detroit Lakes farther north. I'd be apt to describe it as a small farming community. Staples is surrounded by "lake country," but you'll find a good amount of farmland surrounding the town itself. Staples differs from other RPAP sites in the fact that the it accommodates for two RPAP students. Let me re-assure you that even with two students, there is enough happening around the hospital/clinics where two students can easily stay busy. I never felt that I was at a disadvantage being at a site with another student. It was actually nice to have another person there to talk to and share the experience with. Being that there are two students though, I would say block scheduling might work the best when planning-out rotations. Through RPAP, I was able to earn credits for family med, primary care, OB/GYN, surgery, and orthopedic surgery. Although I didn't receive credits for it, I also worked in the Emergency Department, with the Hospice & Palliative Care teams, and alongside a few other specialists (dermatology, pediatrics, & oncology).

Expect to get a lot of hands-on experience. You'll have many opportunities to perform procedures

with the oversight of your preceptors, and during surgery, you'll be first-assist and closing for a majority of the surgeries you scrub-in on."

2014-2015

Virginia

"In Virginia here are two clinics; Essentia health and Virginia Regional Medical Center (VRMC). You are placed at the Essentia Health Clinic but have the option of also doing rotations at VRMC. The hospital/Emergency Department is part of VRMC. Essentia Health Virginia is currently going through some changes. They are currently in the process of acquiring Virginia Regional Medical Center (VRMC).

Virginia (Essentia Health) is very much a specialty clinic. Specialties in Virginia include Cardiology, Dermatology, ENT, Ophthalmology, Urology, Pulmonology, Sports Medicine, Oncology, Family Medicine, Gynecology, Pediatrics, Hospice and Palliative Care, and Internal Medicine. Emergency Medicine, Hospital Medicine, OB/GYN are currently part of VRMC. Virginia as a specialty clinic has its positives and negatives. For example, Family Medicine is less of a "bread and butter" experience. Patients see their OB/GYN for deliveries, pap smears and pelvic exams, their dermatologist for mole removals and skin checks, and their Orthopedist for their knee injections. While this leaves family medicine with less, you have the opportunity to spend time with physicians in these specialties at any time during your experience. Also, this allows you to follow your patients easily throughout their medical journey. Also, as a student you can seek their expertise at any time.

Everyone in the clinic was great to work with and excited to have a student. Whenever there was something neat, or out of the ordinary, other physicians or nurses would page me over so I could learn or partake in the experience. During my time in family medicine I really developed a lot of autonomy over the 9 month period; I saw the patients, wrote all the orders and wrote the notes. My preceptor came in at the end of the visit to verify what I did was correct, said hello to the patient, otherwise I did all the work from the beginning to the end including orders, notes, charging level of service etc. I was also able to have total freedom over my schedule, and change it at any time to suit my needs."

2010-2011

"The doctor I worked with had moved there less than a year ago, and was learning about Virginia as well. The former RPAP preceptor became a hospitalist while I was there. The clinic is run by Essentia Health, a large Duluth-based health care provider. It uses Epic electronic health records, and has a very nice new building... The hospital, which is across the parking lot is city-owned. Essentia is in the process of attempting to buy the hospital.

[My preceptor] was also great to work with. She sees a good mix of pediatrics patients, will take pediatrics call at the hospital once per week, sees nursing home patients. I did not see much Gyn with her, as patients at Virginia are used to going to their Ob/Gyn for that. She is comfortable with giving you responsibility if you feel ready for it. You will also be attending the c/sections for the

baby half of the procedure when you are on call with her. General surgery was a great rotation... You will do a lot of colonoscopies and EGDs. I was also able to spend some time with... the dermatologist. He is tremendously busy, probably averaging 45 patients per day and finishing with at least 10 biopsy samples. He is very friendly and knowledgeable. I enjoyed working with him. He will put you to work shaving and suturing.”

2011-2102

Wabasha

“Wabasha is an amazing site! While on RPAP I completed all of the primary care/family medicine courses, surgery, emergency medicine, and OB/GYN. My time spent in Wabasha in Primary Care Clinic has been some of the most educational and rewarding experiences in my medical education thus far. I received a thorough mix of educational experiences within internal medicine, family medicine, pediatrics, and geriatrics/nursing home care. My family medicine preceptors are some of the most knowledgeable physicians I have ever worked with. It never ceases to amaze me the complexity of patients that come to us in our small rural clinic here, and I feel I have gotten exposure to such a wide variety of medical conditions that has prepared me so well for my future in medicine. This longitudinal experience has truly shown me continuity of care and allowed me to follow my patients in clinic, the OR, hospital, ER, and delivery room.

My main preceptor is absolutely wonderful. He is a great family physician and has a bedside manner that I think all physicians should strive to have. He has a very robust clinic practice, works as a hospitalist and ER physician, takes call, does OB, and makes nursing home and home visits. I worked with a Midwife & CNP on many OB deliveries. Wabasha will no longer be delivering babies routinely [on site] but her prenatal care is well known throughout the surrounding area, and students will still have the opportunity to get in on that experience with her through a shared care model.

I had the ability to assess all patients presenting to the ER on my own, come up with my plan for diagnostics if needed, reassessment, and treatment plan. This was extremely helpful for me to assess, diagnose, and treat a multitude of medical conditions in the ER setting. I dealt with more complicated medical conditions requiring hospitalization and/or transfer to tertiary care center such as STEMI, NSTEMI, COPD exacerbations, pneumonia, pancreatitis, appendicitis, cholecystitis, fractures, bowel perforation, bladder perforation, trauma, DKA, sepsis, seizure, EtOH withdrawal, suicidal ideation and attempt, drug overdose, stroke, etc. By being the only student in Wabasha, I worked one-on-one with our General Surgeon as well as experiences with our Orthopedic Surgeons.

[My Ob/gyn experience was also amazing], especially for someone interested in OB/GYN or providing some OB and/or women’s health in a primary care practice. I gained great exposure to OB and GYN cases in the clinic, L&D, OR, and ER settings. It was a great longitudinal experience with the ability to spend time with patients for the duration of prenatal care and

throughout delivery, as well as to follow surgical gynecology patients in clinic, to the OR, and throughout their post-op period.”

2014-2015

Waconia

“Waconia is a great site for people who have loved ones who need to be around the cities. It is a mere 45 minute drive to the University, maybe a little longer with traffic. But there are new roads (Hwy 212) which make it very easy to travel nearly all the way out to Waconia by freeway. I was very active in the medical school during years 1 and 2, and was able to maintain most of my activities during RPAP. I served on the Medical Student Council, was the GAPS representative for the Med School, and served on an LCME committee. Although my drive for these meetings was longer than if I had been on campus, the proximity of my RPAP site allowed me to make most of the meetings, even during the week.

It is also a great site for people who want to see a lot of different types of medicine. You can fulfill all of the required rotations, and there are more offered that you won't even have room for. They have all of the standard clerkships, such as Ob/Gyn, Family Practice, Primary Care Clerkship (Internal Med, FP, or Peds), and Surgery. They also have ER (in which you spend time in both a hospital-based ER and a free-standing Urgent Care/ER [one of the first in the state]) and Orthopedic Surgery. Not offered for official credit, but available for interested students are Radiology, Oncology, Anesthesiology, and NICU.

[My primary preceptor] expects a lot of students but also lets you do quite a lot. She is very thorough and often spends extra time with her patients making sure she has gotten to everything. By the end of my time with [my preceptor], we developed a great relationship wherein I was basically doing most of the exams and a great portion of the assessment and plan for the patients I saw. If you work with her, be ready to jump in and try procedures if she asks you if you want to, and be willing to see patients alone at first. She has a very busy schedule so try to keep up and help out; this will help her get out of the clinic on time as opposed to staying late because she has a student. I dictated all of my own charts. It helps to jump into this from Day 1 so you can get the hang of it sooner rather than later.”

2010-2011

“When you do RPAP in Waconia, the great majority of your time will be with physicians at Lakeview Clinic. This is a physician owned clinic, with its main center being in Waconia. There are satellite clinics in Watertown, Norwood, and Chaska. I would highly recommend trying to spend a little time in all the different clinics if possible. Ridgeview Medical Center in Waconia is the where you will do inpatient care, OB, surgery, and ER or ortho, depending on what you choose. Ridgeview is a completely separate entity from the clinic. The radiologists are great about having you tag along for a day. Get their early – they start reading around 7am. They also do many procedures throughout the day that you can observe. Also on off days, you can follow anesthesiology and get some intubation practice.

Other choices for optional experience: oncology, NICU with the nurse practitioners, gastroenterology, ENT, [and] Urology. Basically, if there is something that you are interested in, talk with [your preceptor] and he will help set up any experience you want. I took additional OB call past my regular rotation because I wanted more experience. I also came back to see surgeries that I didn't get to see during my normal 6 weeks. In general, everyone is very flexible and willing to have a student along. I also saw some echocardiograms, angiograms with stenting, and followed the cardiologists from Abbott a few mornings. They also just started doing gastric by-pass surgery at Ridgeview, and they have a new D'Vinci machine – both are interesting surgeries just to watch. Ridgeview also just opened a new stand alone ER/Urgent Care off Hwy 212 in Chaska if you are interested in getting some experience there.”

2010-2011

“I met my preceptor the first day of RPAP and dove right in. I got along with him very well, he was extremely knowledgeable in medicine, savvy in patient interactions, he was only 3 years out of residency and has had a student every year since (this helps if the doc is used to teaching), and he made it clear that he was there to help me in any way he could. He seemed genuinely interested in teaching. The experience ended up going very smoothly. I easily transitioned into the routine, as well as between different rotations. The preceptors were all great!”

2011-2102

“Lakeview Clinic in Waconia is a unique clinic in that it is a small independent clinic that is not affiliated with a hospital or other system. As a result, the physicians have a lot of autonomy to their practice. Lakeview clinic is made up of many primary care physicians including family med, internal med, and pediatrics. They also have 4 general surgeons, 3 OB/GYNs, and a few optometrists. Lakeview Clinic is filled with RPAP alumni! As a result, they are all open to working with you and excited to teach you and show you cool cases. They have a lot of respect for the program and use it for a recruiting tool for future partners in the clinic.

Ridgeview Hospital is just up the hill and across the parking lot from the Waconia Lakeview Clinic. This provides a wonderful opportunity to care for patient during lunch breaks, and run up for deliveries! The physicians at Lakeview are very involved in the medical board at the hospital and definitely have a presence there. The hospital is also a small, independent entity that provides amazing scope of care to such a small community. The hospital has many specialties, including cardiology, orthopedics, urology, oncology, and others. There is a CiCU/Telemetry unit as well as a small NICU. Many rotations are offered in Waconia. Everyone will do general surgery, family medicine, RPAP elective and primary care selective. In addition, you can choose between OB/GYN, pediatrics, ortho surgery, urology, and emergency medicine.”

2011-2012

“To begin my RPAP experience, I started working with my main preceptor... [who] specializes in internal medicine. I greatly enjoyed my internal medicine rotation and felt very fortunate to have a preceptor who specialized in the field I was considering. [My preceptor] has a very unique practice. Lakeview clinic still has an "old school" mentality, where they will round on their

patients if they are admitted to the local hospital, Ridgeview Medical Center. [My preceptor] had an elderly practice I would often end up seeing patients in the hospital that I had seen before in clinic--something that I found very valuable and enjoyable.

My final required rotation on RPAP was my family medicine clerkship. For this, I worked with [another physician]. This was my first experience with a family doctor on RPAP and it was one of my favorites. [This physician] has a very diverse practice and does quite a bit of sports medicine, which I have an interest in. One of the best experiences I had on the rotation was helping to deliver twin boys. It was particularly rewarding because it was early on in the rotation and I was able to contribute to their aftercare, as well as see several other members of the family.”

2012-2013

“This is quite a unique practice, as Lakeview Clinic has not adopted the hospitalist model. When a Lakeview Clinic patient is admitted to the hospital, their primary care physician, or the on-call physician for the team, admits and rounds on this patient. Throughout my entire experience, I was also fortunate enough to spend one day a week with radiology. While they dictated their impressions, they often stopped to ask me questions or quiz me on anatomy. This was an excellent learning experience and provided me with skills I used in the clinic to read chest radiographs looking for infiltrates or extremity radiographs looking for fractures. They also performed many procedures throughout the day that I was able to watch, including epidural steroid injection, breast and thyroid nodules biopsy, esophagram, barium enema, thoracentesis, and paracentesis.”

2012-2013

“Waconia is the home of Lakeview Clinic and Ridgeview Medical Center. The clinic and hospital are separate health care systems that work together to provide an impressive range of patient care. My primary preceptors are internal medicine physicians at Lakeview. The clinic also has family physicians, pediatricians, obstetrician/gynecologists, surgeons, optometrists, and an ophthalmologist. The main Lakeview Clinic is located in Waconia just adjacent to the hospital. There are three satellite clinics in the surrounding communities of Chaska, Norwood Young America, and Watertown. Chaska is more suburban and larger than Waconia, while Norwood and Watertown are smaller and more rural. I spent a lot of time at Ridgeview Medical Center and the Waconia and Chaska Lakeview clinics and a few days at the other two clinics. I also had the opportunity to work at the Two Twelve Medical Center in Chaska, which provides emergency and urgent care as well as outpatient surgery. As an RPAP site, Waconia provides the feel of a small town but access to many different medical and surgical specialties.

When I started in Waconia, all of the internists and family physicians took care of their own patients in the hospital. At the very end of RPAP, the internists switched to a rounding system. They decided that one internist would be in the hospital rounding on all Lakeview internal medicine patients for a week at a time. The family physicians still see their own patients in the hospital. For me, it was nice to have a mix of inpatient and outpatient. Future students on internal medicine will still get that mix, but the inpatient experience will be during one week instead of spread out over many weeks.

I got a lot of hands on experience through all of my rotations, but specifically obstetrics & gynecology, surgery, and emergency medicine. My preceptors are skilled and patient teachers. They made me feel comfortable in the OR, which allowed me to learn quickly.”

2013-2014

“Preceptors by far the best assets to this site. All the preceptors encourage you to be extremely hands on and autonomous, are excited to teach, are flexible, and are passionate about their work and patients. Outside of work, Waconia has nearby lakes, parks with paved trails, 3 wineries, a new brewery and distillery, movie theater, cute coffee shops, and an actually really cool llama farm (not even kidding).

The 3 main preceptors at the clinic are Internist by specialty, however they spend a majority of their time in the outpatient clinic with a rotating call schedule with Family Medicine for hospital. Since Waconia has 2 student spots, this means that likely one student will work with 2 preceptors and the other will work with a former RPAPER. They have comparable types of patients and opportunity to have lots of continuity, however each preceptor has different strategies to handle different patients, all of which are great to learn from. In general, their practices consist of 30 minute appointments of middle-aged to older patients coming with several issues. There is also opportunity for nursing home rounds, seeing hospice, stress tests, and even some procedures like joint injections and mole removals.

Not only will you be closing and being the first assist to every surgery from day 1, but as you spend more time with [a surgeon] who will have you almost completely do some of the simpler surgeries. [The surgeon] spends 2 days in the OR followed by rounding on those patients in the hospital, 2 half days in the clinics for consults, and 2 half days doing colonoscopies so you will get the opportunity to see surgery in the various settings. A majority of his surgeries are bread and butter surgeries, but he also has experience in vascular and thoracic surgery and does a handful of robotic assisted surgeries so you may see some pretty unique cases too (especially for a rural area).

Almost all of your time [on Pediatrics will be with a Pediatrician who says she never wants to retire because she loves her job and patients too much. You will be with her at] outpatient pediatrics in Chaska and Norwood Young America. [For your ED rotation you will have lots of autonomy. You can do any procedures/assessments that the physician needs to do] – anything from prepping and completing your own laceration repairs, doing bedside ultrasounds, putting in chest tubes, nerve blocks, reducing dislocations or calling other hospital physicians [regarding admissions]. Other possible required rotations that are available at Waconia but I did not do were: OB/GYN, Ortho surgery, Urology, and ENT.”

2014-2015

“The facilities you get to work in are phenomenal. There are two private groups of providers in Waconia: Lakeview and Ridgeview. Most of your preceptors work through Lakeview, but you will work with Ridgeview providers as well. The main hospital in Waconia is Ridgeview Medical Center. There is a Lakeview clinic at the base of the hospital. Lakeview also has clinics in Chaska, Norwood-Young America and Watertown that you can rotate through. In addition, there is a

“Professional Building” between the hospital and clinic that houses a private OB/GYN group, ortho, ENT, audiology, pulmonology, GI, oncology, endocrinology, rheumatology and dermatology. There is also a cardiology clinic and cath lab in the hospital and an optometry/ophthalmology practice in the Waconia clinic. These specialists operate out of Waconia/Chaska almost full-time that you can use to your advantage to learn about and work with the specialties.

Currently, the internists spend about every 6th week as the hospital rounder. This system is changing within the next year so that internists and family practitioners share the same call pool. There are always opportunities to spend more time with the inpatient service if that’s what you’re interested in. Lakeview doctors work 4 days a week. I usually used the open day in the week to spend time with a specialist. In general, [my preceptor] let me work like a resident intern. That meant that while we worked in the hospital, I took admissions and managed anywhere from 3-8 patients per day. We took care of med/surg, telemetry and ICU patients. In the clinic, I usually saw patients first, took a history and did a physical exam, then presented my findings and plan to [my preceptor].

There are a lot of docs who deliver at RMC, including those that work with Western OB/GYN. Most of the Lakeview doctors were willing to let me help with deliveries but it was difficult for them to remember to call me when a patient was laboring. “

2014-2015

Wadena

“A typical day, when I was with my main preceptor ... would start around 0700 for an educational discussion on a topic that was either something from a patient we encountered previously or something I asked to cover. I would pick a patient that I had encountered previously and have 3 minutes to effectively present the patient, everything from history of present illness to assessment and plan. After our 0700 meeting we would round on hospital patients. There is something to be said about rounding on your own patients while they are in the hospital. It was definitely an asset to have seen some of these patients in clinic before they had been hospitalized. During my RPAP experience [my preceptor] gave me more and more freedom during this rounding process. It started out with a close to shadowing experience and progressed to having my own patients, putting in orders he would review, and then sign.

Throughout the day other physicians in the clinic would come find me if they had a procedure I could assist on or there was something interesting in the emergency room, which there usually was. The emergency room in Wadena is very busy for a rural area and my skills in this area prepared me well.

The surgery department staff was amazing to work with and very patient with me as a student. I had the opportunity to scrub any case that I wanted to and first assist. I was also able to intubate

patients if I asked nicely. I was doing procedures beyond the level of a resident... For example, bone marrow biopsies, paracenteses, appendectomies and cholecystectomies.”

2013-2014

“Wadena, MN is a small community located in central Minnesota right along Highway 10 north of Interstate 94. It is about an hour northeast of Alexandria, MN and an hour southwest of Brainerd, MN. It has a population of just over 4000 and, like most rural populations, is mostly Caucasian and is older than the average population of the state of Minnesota.

For clinic, I spent most of my time with my preceptor but I would switch up with different doctors depending on the day, & the patient load. The physicians had different patient loads and focuses. They ranged from pediatrics, sports physicals, geriatrics, new patient, and obstetrics. I would spend time helping out physicians with different procedures ranging from placing IUD’s, shave or punch biopsies, steroid injections, freezing lesions, splinting, and other basic clinical procedures.

I also received a lot of autonomy in the OR with my [ortho] drill work, suturing, splinting, injections, and wrapping. At the end of my rotation, I noted that I’ve done over 30 injections ranging from knees, to subacromial space, to DeQuervain’s Tendonitis, to lateral epicondylitis, and other small spaces. They all improved my confidence by leaps and bounds while performing these procedures. The emergency room was also one of the highlights of this rotation. I spent anywhere from 12-24 hours a shift in the emergency room, and saw a plethora of different case ranging from trauma to serious chest pain, to abdominal pain workups, and they have all been interesting and unique stories that have advanced my medical knowledge in the field.

2014-2015

Willmar (ACMC)

“My RPAP experience at Willmar-ACMC far exceeded my expectations. ACMC is a large clinic with eight satellite clinics in other towns in central Minnesota. ACMC-Willmar is the main clinic for the network so there are specialists such as cardiology and nephrology on-site. ACMC-Willmar is a learning community and many of the providers were in RPAP as well. ACMC-Willmar has had RPAP students for years so everyone in the clinic knows about the program. Also on Wednesday mornings, four other students in clinic including pharmacy and medical students would gather for class. A retired physician would teach us and it was a great place to share interesting cases and receive feedback.

Willmar is a town of 20,000 people in central Minnesota. The community is quite diverse with many Hispanic and Somalia immigrants who work at the Jenny-O. Several providers have become fluent in Spanish and there are two Somalia interpreters in clinic at all times.

My primary preceptor was [a Family Physician] and I did my RPAP elective time, Family Medicine and Primary Care Clerkships with him. [He] is an amazing teacher and would let me see any of his patients. Also he would gradually teach me procedures so that by January I was doing knee injections and mole removals by completely by myself. Since ACMC is a large clinic, the call schedule is roughly every 13 night. [My preceptor] does not do OB anymore, but other

providers are more than willing to have students at deliveries. The lack of OB did not hinder my RPAP experience did not hinder my learning and I was able to focus my learning on other things in family medicine.”

2010-2011

“Because of the location and size of Willmar, it serves as a medical hub in Southwestern Minnesota. Many patients from nearby smaller communities come to Willmar to seek care at the ACMC clinic or at the local hospital, Rice Memorial Hospital. There are also many specialists who come to Willmar do outreach from St. Cloud. During my nine months of RPAP, there were three RPAP students and two third year medical students from DMU training in Willmar. Additionally, there were pharmacy students, nurse practitioner students, physician assistant students, and other students who rotated through the clinic. Because of the volume of students, the clinic set up weekly lectures for us.

My RPAP preceptor was [a Family Physician]. He is a veteran RPAP preceptor, and has had many RPAP students over the years. This was great for me, because both he and his nurse... knew how to incorporate me as part of the team from day one. Furthermore, his patients were accustomed to having students involved in their care, and it was rare that I was turned down for a visit. He has a diverse practice, and still sees all ages despite the fact that he no longer does obstetrics. He has maintained his hospital privileges, and we almost always had at least one patient in the hospital to see in the morning before clinic. I really enjoyed getting this much hospital experience on RPAP. It was a great way for me to develop relationships with patients and to become a familiar face on the hospital floors. In addition to hospital medicine, [my preceptor] performs stress tests, interprets Holter monitors, does a lot of orthopedic injections, and performs vasectomies. Therefore, I was able to get a lot of experience with procedures including knee aspiration and injection, other joint injections, punch biopsies and shave biopsies, other minor surgical procedures, IUD placement, administering stress tests, and assisting in vasectomies.”

2012-2013

“While on RPAP [at Willmar ACMC], I did 14 weeks of primary care with my primary RPAP preceptor, rotations in Peds, Surgery, and Emergency Medicine, and did a 2 week selective in Medical Oncology. My biggest suggestion is to spend as much time in the ER as possible. I had lots of good learning there that I didn’t see elsewhere, but I did not start going there until after my ER rotation, which I had towards the end.”

2012-2013

“I heard there was a large Latino and Somali population in Willmar and working with diverse cultures was what drew me to Willmar for RPAP. I completed Internal Medicine and Obstetrics in Duluth before my wife and I moved out to Willmar during period 3. My wife is a kindergarten teacher so we enjoyed having the time to get settled in to our new apartment in Willmar and get our family plugged into the community. We found a church for our family and found a school for my wife. We met some of our neighbors and found some other couples that like to bike. By the end of RPAP she knew more people around town than I did!

There are a lot of students in Willmar: 2 RPAP students and 2 DO students from Des Moines University were there at ACMC for most of the time. ACMC is prepared for all these students. There is a person on staff who manages student schedules and activities. She did a great job juggling all the different requirements for all the different programs going on. However, it does mean that in Willmar at ACMC that longitudinal rotations are not possible: you must be blocked. But the advantage is that many doctors, providers and nurses are used to students. The disadvantage is you might not get called away from whatever you are doing as often as other communities, because the specialist might have another student with his or her team.”

2013-2014

“RPAP at ACMC in Willmar has been a wonderful experience and I would definitely recommend it! Affiliated Community Medical Center (ACMC) is a multi-specialty clinic network that is based in Willmar with clinics in seven of the surrounding communities. ACMC is the largest healthcare provider in the west central region of Minnesota. Many of the physicians in Willmar not only care for patients from Willmar, but patients from all over west central Minnesota. The main clinic in Willmar houses the majority of the different specialties, including Family Medicine, Internal Medicine, Urgent Care, Pediatrics, OB/GYN, Surgery, Orthopedics, Podiatry, Urology, Nephrology, ENT, Audiology, Allergy, Occupational Medicine, Neurology, Infectious Disease, Dermatology, Gastroenterology, and Sleep Medicine. There is a secondary location in the Skylark Strip Mall (about a block from the main clinic) that houses the Weight Control Center, Diabetes Center, Psychology, Physical Therapy, Optometry, and Ophthalmology.

Rice Memorial Hospital is the local hospital in Willmar. It is a Level 3 Trauma Center and it is the largest municipally owned hospital in Minnesota. Rice Memorial has 100 inpatient beds and close to 900 deliveries a year. The only physicians employed by Rice Hospital are the Emergency Department physicians. The hospitalists and majority of the other physicians who see patients in the hospital are all part of the ACMC group and they are credentialed at the hospital. The pathologists are a private group that contracts with the hospital. There are also outreach specialists who come from CentraCare in St. Cloud, the University of Minnesota, and Gillette Children’s Hospital that see patients in Willmar.

My primary preceptor is an amazing teacher. He immediately lets you jump right in and see patients on your own on the first day. I was seeing patients on my own on my first day with him. He really pushes you to learn by experience and he gives you responsibility of the patient. I am calling patients to follow up on lab results, and I then see them in follow-up in the clinic. He also does a lot of procedural medicine including joint injections, lesion removals, circumcisions, and vasectomies and I get to assist and do many of the procedures. There are some days when he is catching up on paperwork and dictations that I will see the majority of patients in our schedule.

RPAP students are not usually the only medical students rotating at ACMC. There are usually one or two DO students from Des Moines University Medical School and there are frequently several other medical students from the area who come home to do several rotations during their fourth year. ACMC holds weekly didactic sessions for RPAP students, other medical students rotating at ACMC, nurse practitioner students, and pharmacy students. The topics vary across different

specialties, and it provides an opportunity for inter-professional communication and learning how different professionals interact in a patient care setting.”

2014-2015

Wilmar (FPMC)

“For the Rural Physician Associate Program, RPAP, I was placed in Willmar, MN working with the clinicians at Family Practice Medical Center, FPMC. FPMC is the smaller of the two clinics in Willmar. There are nine family physicians and several mid-level practitioners. Affiliated Community Medical Center is the other clinic in town. This is a large multispecialty clinic with over one hundred practitioners. While I did rotations at both clinics while in Willmar, my major primary care rotations were through FPMC. I worked specifically with [two Family Physicians] while at FPMC. They were wonderful. Both physicians are passionate about their patients and perform full spectrum family medicine. Along with the other clinicians at the clinic, they round on their patients in the hospital, perform OB care, and accept the occasional ER shift.”

2012-2013

“Willmar is an incredibly diverse site with a large immigrant community primarily from Guatemala, El Salvador, Honduras, Mexico, and Somalia. There is also a growing community of Karen people from Burma (Myanmar). Given that the population is currently approximately 20% Hispanic/Latino and 5% Somali, there are numerous opportunities to learn about the unique cultures and health needs of these communities. As a medical student, I was welcomed to many extra-clinical experiences which were designed to increase cultural competency and culturally-appropriate service by the clinic to these communities.

We have “field trips” every couple of weeks to a number of very interesting sites. Some of the highlights were learning about occupational health (and turkey processing) at the Jennie-O Turkey Plant which employs a large number of Hispanic/Latino and Somali immigrants in the community. We also visited the Kandiyohi County Jail and learned about providing compassionate care for incarcerated individuals, the Community Health Clinic (formerly “Migrant Health Clinic”), a women’s shelter, Rice Home Medical, the Sleep Medicine “lab”, the dental clinic, and the Ortho casting room where we learned to place and remove casts and splints on one another.

Another exciting benefit of Willmar having many students is being able to work and learn interprofessionally as a student. Some of [my clinical] experiences included doing 20 vaginal deliveries (with supervision) including one infant born at 27 weeks gestation due to chorioamnionitis (NICU team flew in to stabilize him and flew him out – last I heard he was doing well). I also successfully intubated anesthetized patients 11 times, placed five Mirena IUDs, placed two Nexplanons, removed three Nexplanons, performed three endometrial biopsies, placed one central line, performed two paracenteses, performed one thoracentesis, performed one circumcision, and performed other minor procedures including punch and shave biopsies, freezing

skin lesions, I&D abscesses, removed sebaceous cysts, and closed traumatic wounds more times than I can count.”

2013-2014

“I loved working with my RMSP preceptors at Family Practice Medical Center (FPMC) in Willmar, MN. Overall, the complete clinical experience offered by [both preceptors] offered an educational experience I could not have gained in any other setting. I learned different ways to write notes, present patients, and care for patients. During RPAP, I also complete my General Surgery, Pediatrics and Emergency Medicine rotations. Each of these experiences was exceptional. Willmar has a level 2 nursery, which offered me the opportunity to perform hospital rounds, even in an Intensive Care Nursery, attend deliveries and perform call duties including admissions. My pediatric experience offered an excellent mix of hospital and clinical pediatric experiences. My primary surgery preceptor allowed me to assist in all surgical procedures, including clinical. I spent time on-call, as well as, rounding on hospital patients. My preceptors were willing to take time to teach me and allow me to perform many of the encounters, procedures or skills.

The town of Willmar offered excellent clinical experiences; however, the community also offered some beneficial encounters. During my time on RPAP I was able to attend some of the high school athletic events. I participated in Nursing Home rounds and Hospice home visits. Willmar offers opportunities for outdoor activities with numerous area lakes, as well as, amateur baseball. I found myself checking the paper for upcoming events and **area attractions.**”

2014-2015

Winona

“Winona has a really unique population make-up; although there are many nursing homes and facilities to support the town’s growing elderly sector, the city is also home to three colleges of its own: Winona State University, St. Mary’s University and Minnesota State College Southeast Technical. As far as rotations go, you are required to complete your Family Medicine (4 weeks), Primary Care Selective (Medicine/Pediatrics---4 weeks) and Surgery (6 weeks) rotations at your RPAP site. In Winona you also have your choice of Emergency Medicine (4 weeks) or Orthopedic Surgery (2 or 4 weeks) along with OB/Gyn (6 weeks). Pediatrics (6 weeks) and Urology (2 or 4 weeks) are not available here.

[On surgery] you get ample suturing practice on real patients, you get to scrub in on EVERYTHING and you get to be first assist which is really a huge advantage(!). You get to see bread and butter general surgery like appendectomies, cholecystectomies, hernia repairs, chest tube placement, dialysis fistula creation, mastectomies and lumpectomies and Nissen GERD surgeries, [etc.]. You get the chance to deliver every baby that is born on your service... You can always come back later to deliver more if you are interested! Plus, you get to be first assist on C-section deliveries which is a definite plus.”

2011-2102

“Winona is a beautiful city in southeastern Minnesota. It is situated amidst the picturesque bluff country on the edge of the Mississippi River. According to the 2010 census, it is home to 27,952 people. The vast majority of residents are Caucasian (93%). There are two universities and a technical college in town: Winona State University, Saint Mary’s University, and Minnesota State College-Southeast Technical.

You can complete rotations in Family medicine, Primary Care Clerkship, Pediatrics, OB/GYN, Surgery, and Emergency medicine. They also have podiatry, ophthalmology, internal medicine, anesthesiology, pathology, radiology and orthopedic doctors there full time. Specialty docs that rotate to Winona 1-2 times per week include: neurology, cardiology, dermatology, allergy medicine, ENT, oncology and urology.

In order to better serve the surrounding community, Winona Health maintains a satellite clinic in nearby Rushford, MN (located approximately 20 mi south). Winona Health remains independent, and is located geographically between two larger health systems including Mayo Clinic in Rochester and La Crosse, as well as Gundersen Lutheran of La Crosse. Winona Health typically pulls locums from both of these health organizations. There were two RPAP students in Winona for 2012-2013... We rotated between two primary preceptors weekly... Both of these guys are awesome! They expect a lot of outside reading and work on your own, but they are amazing sources of information and great docs.

The Family medicine experience here is moving toward 15 minute visits, 3 per hour. They also seem to be transitioning family docs out of the inpatient setting, opting for hospitalist care. That being said, you will have no problem getting an experience with inpatient medicine if you want it. You will see a lot of variety [of patients in Rushford] on your satellite days, but many fewer patients.”

2012-2013

“With two separate family medicine clinics, hospital and intensive care, psychiatric inpatient and outpatient, general surgery, obstetrics and gynecology, radiology, dermatology, emergency medicine and internal medicine there is no lack of opportunity for a student at Winona to experience the type of education they desire. Additionally, local health services from Gunderson Lutheran in LaCrosse Wisconsin and Mayo Clinic provide locum tenens for various other services including but not limited to orthopedics, urology, nephrology and ear/nose and throat.

An additional benefit of the RPAP rotation is that within the scheduled 9 month mega rotation the student is able to adjust their schedule, within reason, to suit their talent and desires, their future ambition, and their academic requirements. I was able to add additional time to specific rotations that I really enjoyed, allowing a closer look at that specialty somewhat removed from the mindset of being in a rotation to maximize learning for the purpose of taking a SHELF exam.”

2012-2013