

**Colorado Commission on Family Medicine
Family Medicine Rural or Medically Underserved Preceptorship**

Questions and Answers for Prospective Preceptors and Communities

Are Colorado family medicine residents required to do a rotation with an established family physician in a rural or medically underserved community?

Yes. Effective with the graduating class of 1989, all Colorado family medicine residents must complete a one-month rotation in a rural Colorado site approved by the Colorado Commission on Family Medicine (COFM). In certain circumstances, residents may request to complete a local, urban medically underserved rotation in lieu of traveling to a rural rotation site. COFM has established this requirement and oversees the project in order to increase the likelihood of a graduating resident choosing a practice in an area of need. The resident (once licensed) usually enters this rotation during his/her second or third year of training.

How can a family physician become a preceptor for these rotations?

Interested family physicians need to complete and return to the COFM a "Preceptorship Profile". Preceptors must be board-certified, be in good standing with the licensing board, and have an interest teaching resident physicians. The Commission then reviews the application and determines if the site and preceptor meet established criteria as listed below. For example, a community with a large physician population or near an urban setting may not qualify for this required rotation. Unapproved sites may, however, be used by the residents for a variety of other elective rotations allowed in their curriculum. Seasonal restrictions may be attached to approval, usually in areas with a high tourist population during certain times of the year. A preceptor, too, may limit the months during which he or she wishes to host a resident.

Must the resident physician live at the rural site during this rotation?

Yes. The purpose of the rural rotation is to allow the resident to experience first-hand the challenges and rewards of practicing in a rural setting with limited medical resources. Even though some rural areas are within commuting distance, a resident is required to live at the site.

Can this rotation lead to recruitment of a family physician to our community?

Yes. This is one of the goals of the rotation. The rotation affords the resident physician an opportunity to spend an extended period in your community developing a relationship with its citizens. This is an excellent opportunity for your recruitment committee to welcome the physician to the area and express an interest in having him/her return for permanent practice.

My practice is an approved site, but no residents have signed up for the rotation.

While this is a mandatory rotation, the residents are free to choose any approved site. Once a resident has had a good experience in a site, he/she will usually go back to the residency and encourage others to do their rotation there as well. One important factor residents look for in a site is the availability of housing for the month. Frequently, residents have their families join them for some portion of their stay; ideally, housing should be able to accommodate a spouse and/or children.

Am I evaluated on my performance as a preceptor?

Yes, after the resident has completed the rotation, he/she is asked to complete an evaluation form about the experience, both for CAFMR and for the individual residency program. CAFMR staff uses the evaluation information to help the Commission maintain an ongoing assessment of the educational experience. An overview of the CAFMR evaluations will be sent to the preceptor periodically.

Will I evaluate the resident on his/her performance during the month?

Resident evaluation by the preceptor, while not required by the Commission, should be provided to the resident's program director. The resident evaluations are usually completed online and the Program Coordinator at each residency program can help you access the evaluations. Any additional comments about your precepting experience are welcomed by the Commission.

Criteria for Rural or Urban Medically Underserved Preceptor Sites

- Consideration 1. Proximity to a hospital is helpful, but not required.
- Consideration 2. Housing must be provided for the resident physician at a rural site. The resident is required to reside in the rural community.
- Consideration 3. Urban medically underserved sites must be federally-qualified health centers.
- Consideration 4. The rural community's access to physicians, particularly sub-specialists, should be limited. (Exempted specialties may include family physicians, general internists, and general surgeons.)
- Consideration 5. The preceptor(s) and clinic staff must be interested and capable of providing a well-rounded learning experience.
- Consideration 6. The practice serves a population diverse in age and presenting problems.
- Consideration 7. Preceptor has an unrestricted license to practice medicine, is board certified by the ABFP or AOBFP, and preferably, practices obstetrics.

Exceptions must be reviewed and approved by the CAFMR Board Chair.

**For additional information, please contact:
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