

The Rural Program at University of Colorado School of Medicine was implemented with the new Trek Curriculum in 2021. The program was an expansion of the Rural Track which was founded at CUSOM in 2005. A major component of the Rural Program is a yearlong rural longitudinal integrated clerkship (LIC) for Rural Program students. We describe the complex process of developing Rural LICs in up to 20 rural towns in Colorado. The state is over 100,000 square miles in area and its communities are widely variable in healthcare facilities, geography, and economic drivers. Components that are critical to the success of a rural LIC include identification and assessment of candidate rural communities, recruitment and selection of ideal students, recruitment and development of excellent volunteer faculty preceptors, and program evaluation with continuous quality improvement measures.

To allow students to meet all of the learning objectives and core competencies required of a LIC, a rural community must have a critical mass of medical staff, healthcare facilities, and patients. Assessment of rural communities begin with these and other demographics and characteristics. Potential faculty preceptors must have passion for teaching and desire to develop and improve skills in precepting medical students, and providing excellent formative and summative feedback. Features of ideal student candidates for rural LICs include interest in rural medicine, rural background or experiences, and comfort with self-directed learning.

Continuous support and evaluation of LIC students, preceptors, and communities is achieved through careful monitoring of student experiences via detailed loggers, frequent communication with students and preceptors, and in-person site visits throughout the year.