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## Proposal 3: Facilitating Rural Practicums and Preceptorships Through the University of North Oralington

### Related Strategy

Facilitating Rural Practicums and Preceptorships

### Background

The University of North Oralington College of Dentistry (“NOCOD”) has created the Underserved Practicum and Preceptor Program to provide students with more exposure to community based clinical care and to increase opportunities with under-served populations.

### Proposed action

NOSDA would support NOCOD in expanding its Preceptor Program in Springdale County with 3rd and 4th year dental students and dental hygiene students serving at the Othello farm Worker’s Community Health Clinic and a small network of local private practice dentists. All supervising staff would be approved by the College as serve as adjunct faculty. The NOCOD would formalize staffing structures, distribution of administrative and management tasks, and other practice management guidelines in Memoranda of Understanding with the health center and the participating private practice dentists.

Under the supervision of the on-site dental preceptor, students will be expected to provide oral health education, examinations, preventive care, simple extractions, and restorative care as negotiated by NOCOD and individual location. It would be expected that students would work full-time and average 6-7 patient encounters a day. Rotation groups would initially have three dental students and six dental hygiene students in 4 week blocks. Housing and a small stipend will be made available. Student rotations would occur for 5 months throughout the program year with the possibility of expanding in future years. Rotations would be voluntary with students applying for the program and expect more applicants than available slots.

### Anticipated cost

A one-time cost of \$250,000 would be needed to update dormant dental operatories at the community health center and to renovate rotating student living facilities. Over a two year period, \$150,000 would be used to provide initial support for a part-time director and administrative support at NOCOD oversee and administer the program as well as to provide orientation and training for preceptors. NOCOD would be responsible for all ongoing costs of this program past the grant period.

Description	Year 1 Cost	Year 2 Cost	Ongoing Cost
Update dormant dental operators and renovate student living facilities	\$250,000	\$ -	\$ -
Part-time program director and administrative support	\$75,000	\$75,000	\$ -
<b>Total</b>	<b>\$325,000</b>	<b>\$75,000</b>	<b>\$ -</b>

### What are rural practicums and preceptorships?

Practicum and preceptor opportunities help dental students and graduates develop skills and confidence by allowing them to provide education, examinations, and treatment to patients under supervision. Many practicum and preceptor



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programs are located in community-based settings in order to increase underserved patients' access to care, although they can be located in private practice as well. Practicum and preceptor programs vary widely by dental school in terms of location, selection/matching, duration of participation, benefits to students and preceptors above and beyond training, payer mix, and other factors. Their organization often depends on the mission and emphasis of the school, as well as its relationships with practicum and preceptor sites. Because many rural regions in the U.S. have disproportionately low dentist-to-patient ratios and high percentages of safety net patients, most rural practicums and preceptorships are service-learning opportunities in community settings. However, dental students and recent graduates interested in rural private practice could certainly do a practicum or preceptorship in a rural setting, provided that it is university-approved. Due to the needs of rural population and their reduced access to resources including dental insurance and self-payment, rural practicums and preceptorships are likelier to focus on general dentistry, simple procedures, and deliberately simplified treatments such as one-step dentures, rather than advanced procedures or cosmetic dentistry.

### **How do rural practicums and preceptorships work?**

Rural practicum and preceptorship programs develop out of relationships between a College of Dental Medicine and a site (or sites) that has, typically, an underserved population and the capacity to host the program. They can be initiated by either partner or an outside stakeholder, like a dental professional organization or a county or regional development office. Much work goes into developing the program before it can be launched, especially raising funds for start-up activities, whether building facilities, hiring staff, developing a model of payer mix, assessing student and preceptor interest in participating in a rural program and/or negotiating with university administration. Typically, rural programs provide some kind of housing not only so that students and preceptors can avoid lengthy and costly commutes, but also so that they get to experience the community first hand, including the day-to-day realities that can influence residents' abilities to seek care and/or follow the norms promoted by oral health education. Often, local dentists must be recruited, approved by the university as faculty, and compensated (directly, in actual dollars, or indirectly, for example through status with the university) in order to provide supervision.

### **What are some things to consider about rural practicums and preceptorships?**

- What is the available student/graduate mix to participate in rural practicums and preceptors?
- What kind of commitment/plans (financial, duration of program, number of services provided, admissions, etc) could a Rural Practicum/Preceptor program expect from the College of Dentistry?
- How will students and preceptors be supervised? Will the University recruit local private practice dentists (active or retired) to provide part-time on-site supervision, voluntary or paid? Will it try to hire one full-time on-site dentist? Will it do tele-supervision with faculty at the University?
- What are the logistics of the program? How will the student/preceptor's duration of commitment and frequency of service be determined? Who is responsible for setting up housing, transportation, and general social support for the students and preceptors? How will the financials work?
- How will students and preceptors be selected or recruited to work in the rural setting? How will the University handle a proliferation of interested students and preceptors if the program is popular? How will it fulfill its staffing commitments to the community if the program is unpopular? How will it help students who are struggling with the realization that the rural setting is not the right one for them?
- What will the student or preceptor gain from the experience, besides the experience itself – Will the University and partners incentivize students and preceptors with credits or credentials, stipends, enhanced career networking opportunities?

### **What are some examples of where rural practicums and preceptorships have worked before?**



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A number of dental schools have developed an array of successful models for serving historically underserved communities and providing student with valuable learning opportunities while remaining financially productive. Here are a few university programs that have been particularly adept at serving rural adults:

- <http://www.oralhealthpromotion.vcu.edu/community/servicelearning/>
- <http://www.marquette.edu/dentistry/professionals/documents/fall09.pdf>
- <http://www.northcarolinahealthnews.org/2012/08/29/new-rural-dental-clinic-sees-slow-first-month/>
- <http://dental.washington.edu/programs/ride/ride.html>



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