A cornerstone of the Rural Satellite is the Clinician Partners Program (CPP). The CPP is structured as a 3-day “mini-residency” for health professionals who serve older adults living in rural areas of Missouri. The primary goal of the CPP is to enhance dementia-related diagnosis, treatment and care for the benefit of rural elders by educating a select group of rural clinicians each year. An important emphasis of the CPP is early detection of Alzheimer’s disease (AD) symptoms through effective clinical interviewing and assessment procedures.

The CPP curriculum typically encompasses three full days of training (7:30 AM on a Tuesday to 3:30 PM on a Thursday) and includes a mix of didactic, observational and skill-based teaching techniques. The Rural Satellite grant covers travel, lodging and food expenses for CPP participants, as well as a daily stipend and continuing education credits (see further discussion below). The 3-day format allows for in-depth coverage of pertinent information. Core topics include:

- Neuropathology of AD (presented by Dr. Dan McKeel, Neuropathology Core)
- Genetics of AD (Joanne Norton, MSN, Genetics Core)
- Clinical interviewing for early detection (Mary Coats, MSN, RN, & John C. Morris, MD, Clinical Core)
- Use of screening measures (Tom Meuser, PhD, Education Core & Rural Satellite)
- Differential diagnosis (Jim Galvin, MD, & David Carr, MD, Clinical Core)
- Assessment of driving skills and counseling for appropriate driving retirement (Meuser & Carr)
- Observation of live patient assessments in the Clinical Core (Morris, Galvin, Carr, & other clinicians)
- Grief and coping processes in family caregivers (Meuser)
- And other enrichment opportunities (e.g., field observation through the African American Satellite; geriatric rounds; on-campus lectures).

Implementing the CPP curriculum is truly a Center-wide activity, involving contributions from many faculty and staff from all ADRC Cores and components. Copies of our last three training schedules and other CPP-related documents, such as application and evaluation forms, are reprinted in Rural Satellite, Appendix 2. CPP participants receive a 3-ring reference binder containing helpful articles, screening instruments, various diagnostic criteria and practice guidelines, and other items, to inform their practice at home (see copy reprinted in Rural Satellite, Appendix 2b).

Clinicians may take part in the CPP pursuant to a self-nomination or one made by a local organization or authority (e.g., Alzheimer’s Association, Area Health Education Center). We
have sent four mailings to solicit nominations since 5/00, and word-of-mouth has done the rest. A waiting list is maintained from which a group of ~15 clinicians are invited each year to come to the Washington University for this all-expense-paid training experience. We typically host 4-5 sessions for 3-4 trainees per year. The CPP is open to clinicians who provide primary care to older adults residing in rural or semi-rural areas of Missouri (i.e., those counties highlighted in pale and bright yellow in Figure 1). Physicians, advanced practice nurses and physician’s assistants are the primary targets for this program, although other professionals are sometimes included (e.g., when late cancellations occur). Clinicians from other states are considered for entry on a case-by-case basis.

Clinicians from the primary target groups receive a daily stipend (i.e., to defray lost revenue and otherwise motivate attendance) and 20 hours of AMA Category 1 continuing medical education credit for taking part in the CPP. In return, CPP participants are encouraged to apply what they have learned to benefit their older patients, to inform their patients about ADRC sponsored research projects for which they may qualify, and to assist the ADRC in providing local education (e.g., as a co-sponsor for an educational presentation or conference). A number of the programs summarized under Collaborative Presentations & Conferences (see below) were offered with the assistance of CPP graduates.

Since 5/00, a total of 60 clinicians and other health professionals have graduated from the CPP: 34 (57%) physicians, 14 (23%) nurses, and 12 (20%) others (see listing in Rural Satellite, Appendix 2c). As shown in Figure 1, our CPP graduates came from 24 rural counties across Missouri (denoted by diamonds), some over 200 miles from St. Louis. This distribution speaks to the program’s reach and the motivation of rural practitioners to sacrifice three days of clinical work in order to participation in this training. A number of CPP graduates have written letters of appreciation and these are reprinted for review in Rural Satellite, Appendix 3. CPP graduates also give back by assisting in our recruitment efforts through referral of patients to participate in ADRC studies. Over the past five years (1999-2003), 12.8% of new participants evaluated in the Clinical Core came from rural locations – an increase of 52% over the 8.4% of the previous five-year period.