



Perspective/Opinion

How Graduating from an MCW Regional Campus Prepared Me for Residency

by Bradley Zastrow, MD

Prior to attending medical school at MCW–Green Bay, I lived in Milwaukee for six years. While applying to medical schools, I knew I wanted to work with underserved populations outside of the relatively resource–rich city during medical school. Access to mental health treatment in rural Wisconsin is currently one of the most pressing issues facing our state. My experience training in a rural location was the first necessary step in preparing to help try to remedy this issue.

At its core, medical school calls on us to adapt to learn and work in a variety of settings. The most obvious example is rotating through different specialties. When primarily training at an academic center, students are typically restricted to rotation sites within a short drive of the main hospital. By completing medical school at a rural campus, however, I was able to rotate within a variety of hospital systems throughout northeastern Wisconsin. Family medicine in Oconto Falls, inpatient neurology in Appleton, and acute care surgery in Door County were just a few. What solidified my pursuit of psychiatry was the opportunity to rotate at the [Wisconsin Resource Center](#) (WRC) in Oshkosh, a joint effort between the Department of Health Services and the Department of Corrections, that serves the state prison population. Patients in this setting require specialized mental health services. Without the unique access provided by a rural campus, the opportunity for medical students to learn in this innovative setting would not be possible.

The expanded set of rotation sites at MCW – Green Bay afforded me the chance to work with several underserved populations. From members of the Oneida tribe to veterans in northern Michigan making their way to Green Bay's VA outpatient clinic, I saw firsthand the healthcare disparities facing those who live outside of an urban or suburban setting. For example, where I completed my outpatient pediatrics rotation in Sturgeon Bay, the county lacked any formal child psychiatry services. As a result, this pediatric clinic was responsible for managing all patients with psychiatric conditions in addition to their general medical concerns. To contrast, in Milwaukee, these patients are routinely followed by, or at least have access to, a fellowship-trained child psychiatrist. My preceptor in the Door County clinic dedicated years of medical education credits to learn how to better serve this population. She was one of many physicians I met dedicated to expanding their scope and caring for those who needed it most.

On Match Day, I was thrilled to learn I would be returning to Milwaukee for residency training. Thus far, I have found that my years of experience at the rural medical school campus complement my residency training in a more urban setting quite nicely. During medical school I observed the challenges that patients and providers face with a lack of resources; in residency I am seeing programs and interventions that may help address those challenges. As a psychiatry resident, I see patients at the Milwaukee County Behavioral Health Division with acute mental illness that I rarely encountered in the northern counties. Fortunately, Milwaukee County has developed resources to provide care for these patients who may not otherwise receive it. Within the county hospital, Psychiatric Crisis Services (PCS) provides an emergency department for this population, who may otherwise overwhelm the capabilities of other community emergency departments. The majority of the patients treated through PCS are those who would otherwise be unable to access mental health resources, whether that be due to lack of insurance, inability to navigate the system, or acuity of illness. This is one example of a program uniquely developed to triage and treat a highly underserved population.

In returning to Milwaukee, my goal has been to learn as much as I can from public health interventions already in place. I hope to take these and similar initiatives with me and adapt them to more rural populations, where I have seen how great the need is firsthand. Whether expanding access to patients waiting to establish or improving the access for those who already rely on our care, there is much we can take from models and programs in more urban areas like Milwaukee to improve psychiatric care throughout all of Wisconsin.

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