



Exploring Health Care Pathways around the State

By Porscha Fuller



Fuller

The Office of Admissions and the Improving Primary Care for the Rural Community through Medical Education (IMPACT the RACE) created the Exploring Health Care Pathways Outreach Program with two objectives – to inspire Mississippi high school students to pursue health care careers and to establish the foundational importance of health for our population. The program attracted 173 juniors and seniors from all parts of the state. They participated in half-day sessions and learned more about what it takes to be a health care professional. Students participated from rural areas with self-identified, disadvantaged indicators and limited knowledge about where to start their health care career journey.

The Exploring Health Care Pathways Outreach Program was conducted in February and March and consisted of three sessions which were held at the University of Mississippi (Oxford), Mississippi State University (Starkville), and Jackson State University (Jackson). These institutions provided an opportunity for students to tour a university campus and learn about health care careers. An array of careers were highlighted through collaborative efforts by schools at the University of Mississippi Medical Center (UMMC) including the schools of medicine, pharmacy, dentistry,

health related professions, nursing, and graduate studies. Each school joined this effort with a commitment to help improve health care and to make students aware of the opportunities for them to become a part of improving health care in the state. Each school also provided a roadmap to various careers and answered participants' questions and addressed parents' concerns.

The IMPACT the RACE and Office of Admissions staff are excited about these outreach opportunities in the state and the collaborative efforts with the other schools at UMMC.



Scholarships IMPACT the RACE

by Rakesh A. Patel



Patel

Earlier this month, the School of Medicine's (SOM) Improved Primary Care for the Rural Community through Medical Education (IMPACT the RACE) program awarded eight M3 or M4 students with a full, four-year tuition and fee scholarship. This award, paid retroactively for matriculated years, was made possible by funds granted to the SOM by the Health Resources and Services Administration (HRSA) to promote rural medicine. In exchange for the \$140,000 scholarship, each student signed a contract pledging a five-year service commitment to practice primary care in a rural Mississippi community.

Our state has a large rural population but unfortunately, lags in the number of primary care physicians to treat these individuals. These scholarships represent one strategy by IMPACT the RACE to address this issue. An application to express interest in receiving the scholarship was sent to pre-clinical students in October of last year. Students were asked to submit short essay responses to questions pertaining to their motivation to practice rural medicine, how this scholarship could facilitate their ability to practice rural medicine, and their thoughts on qualities a successful rural physician should possess. Also required was a letter of recommendation from a community physician with whom a student has worked. The deadline for the application was the end of November and selected students were notified of their award the week of Christmas.

The recipients of this scholarship are Joseph Riley Alef (M3), Lauren Billington (M4), Leah Bowlin (M4), Katherine Cranston (M4), Olivia Grant (M3), Daulton Newman (M4), Christopher Turley (M3), and Austin Urvina (M3).

Symposium on Rural Medical Education

The University of Mississippi School of Medicine is hosting a statewide rural medicine education symposium. The theme for this symposium is 'The Good, The Bad, and The Difficult in Rural Medical Education.' Physician educators contribute to improving the health of the public by delivering care to patients and developing excellent and comprehensive educational programs along the continuum of medical education, including for students, residents, fellows, and other physicians.

You may register using the [Symposium Registration Link](#).

Currently these best practices are developed and discussed separately. Through this symposium we will gather those best practices by delivering a comprehensive forum for discussion.

Educators and trainees of rural medicine will be able to:

1. Evaluate facets of the continuum of rural medical education.
2. Incorporate new tools in the educational process.
3. Integrate existing best practices and data to apply to the continued enhancement and development of rural educational programs.
4. Develop a framework for the growth and evolution of the state's rural medical education process.

School of Medicine Mission Statement

The University of Mississippi School of Medicine is committed to training skilled and compassionate physicians to provide high quality and equitable health care particularly to the state's residents, including diverse and underserved populations. The school prepares learners to provide excellent care through programs of innovative education, state-of-the-art research and comprehensive clinical practice.

Residency Director's Survey Affirm MD Graduates' Readiness



Buckley

Each year for over a decade the Office of Medical Education has administered a survey of the residency directors of programs where our recent graduates matched. This short survey sought to gain the perspective of program directors on how prepared our graduates were for their first year

as a resident. The results of the data were reviewed annually by various stakeholder groups to help evaluate the medical education program.

Like each prior year, OME administration and the Curriculum Committee are among those who are considering the results from 2020-21 survey. These results, however, come from a new pilot survey, the Resident Readiness Survey, administered by the Association of American Medical Colleges (AAMC) with 77 participating medical schools. This new national process offers opportunities for comparisons while previously, we only had access to our school data. The response rate was 49%, the highest in the last six years.

In 2020-21, the AAMC began to administer the Resident Readiness Survey with the aim of helping program directors by eliminating the need to complete numerous school specific surveys. The AAMC saw multiple benefits to medical schools such as (a) assisting schools in their continuous quality improvement (CQI) efforts (b) assisting schools in assessing their effectiveness in preparing students for residency, (c) helping student affairs deans evaluate the utility of their Medical Student Performance Evaluations (MSPE) to program directors, and (d) reducing staff time by eliminating the need for school-initiated surveys.

Spring Faculty Development Sessions (virtual)

Supporting Student Mental Health

Wednesday, April 13 | 12:00 – 1:00 pm
Presented by Dr. Danny Burgess

Medical school is academically rigorous and emotionally challenging, requiring dedication and a great deal of work. Providing support for students' mental health in this process is a major focus on the School of Medicine. Services are provided through the Student Counseling and Wellness Center and through the Humana Student and Employee Assistance Program. This session provides faculty with basic skills in supporting student mental wellness, identifying students who may be approaching a crisis point, and resources that non-mental health providers including faculty may offer to students.

Curriculum Design & Objective Writing: Objectives as the Driving Force for Instruction and Assessment

Wednesday, May 11 | 12:00 – 1:00 pm
Presented by Wesley Wilson

Planning and designing learning activities and defining learning objectives starts with a clear understanding of the knowledge, behaviors, skills, and attitudes the learner should demonstrate at end of the educational program. The learning objectives serve as the driving force for teacher choice of instructional and assessment methods. This session examines this driving force through examples that illustrate the connectedness of assessments, educational activities, and learning objectives.

Data results undeniably affirm the strength of our medical education program. When asked "During the transition to GME (0-6 months of PGY-1 year), did this resident meet overall performance expectations?," 98% of residency directors indicated that our graduates either exceeded or met overall performance expectations.

Seventeen additional items addressed various areas of competency including professionalism, diversity concerns, patient-centered interview skills, performing a pertinent physical exam, performing expected procedures, patient safety, prioritizing a differential diagnosis, recognizing when a patient requires urgent or emergent care, interpreting results of basic studies and their implications, documenting encounters in a patient's records, entering a clinical encounter, and using communication strategies for safe and effective transitions of care and handoffs.

Of these seventeen items, there was only one item for which more than one (precisely two) residents failed to meet or exceed expectations. That item was "admitted one's own errors and accepted responsibility for personal and professional development." For twelve of the other items, the rating was greater than 96% of the residents meeting or exceeding expectations. For the remaining five items, a significant percentage of the residency directors indicated that there was "not enough information to determine" the resident's proficiency. For example, 21% were unable to assess if our residents "identified and reported system failures, patient safety concerns in a timely manner," and 19% for "considered religious, ethnic, gender, educational and other differences in interacting with patients and other members of the health care team."

Two items addressed the MSPE. Of the 66 responding residency directors, 45% did not recall the MSPE for the specific resident. Eleven percent of the residency directors did not find the information from the medical school useful.

While evaluating the quality of a medical education program takes several factors into consideration, the results from the Resident Readiness Survey serve as a strong indicator of its strength. Our medical school adequately prepares its graduates for residency programs. This is reassuring as we celebrate the recently completed 2022 Match.



Tips on Library Database Selection

by Sarah Adcock

Rowland Medical Library provides UMMC affiliates access to 100 databases. These resources can be divided into three broad categories:

- Research (examples: PubMed, Embase, Scopus, Web of Science)
- Teaching and Learning (examples: AccessMedicine, Case Files Collection, ClinicalKey, MedOne Education)
- Point-of-Care (examples: BMJ Best Practice, DynaMed, UpToDate, VisualDx)

A-Z Databases organizes Rowland Medical Library's resources alphabetically. It includes detailed descriptions on database content and scope. Additionally, the list can be filtered by subject, content type, and vendor. For example, a researcher could filter the list by the content type "dissertations" to quickly find databases that index dissertations.

From the [Rowland Medical Library](#) website, choose the Resources tab, then choose [Databases](#) from the first column. Off-campus users will be prompted to authenticate with their UMMC username and password. Instructions for downloading available mobile apps can be found at <https://umc.libguides.com/mobileapps>.