



The Good, The Bad, and The Difficult in Rural Medical Education

By Dr. Loretta Jackson-Williams



Jackson-Williams

A year ago there was an article in the newsletter describing the grant from Health Resources and Services Administration (HRSA) in the Value-Based Medical Student Education Training Program for our School of Medicine. The project for the school is IMPACT the RACE (Itr) – Improved Primary Care for the Rural Community through Medical Education. At that time, we highlighted why the school was eligible for the grant and the planned work of the grant. It was noted that there would be a focus on:

- Development and support of a rural curriculum for all students;
- Rural rotations for self-selected and interested students;
- Targeted faculty development;
- Summer enrichment programs for various students, including:
 - o High school students considering a career in medicine
 - o College students preparing to apply to medical school
 - o Students admitted to the medical school with an interest in rural medicine;
- Expanded academic support for all students;
- Enhancement of the Mercy Delta experience; and
- Network with rural hospitals and residency programs.

To achieve some of these goals, a spring symposium will be held April 29-30, 2022. The details for registration are still in development. However, the theme for this symposium is ‘The Good, The Bad, and The Difficult in Rural Medical Education.’

Submission of abstracts for small group presentations and poster presentations for the symposium are welcomed and due by December 15, 2021. Proposals may represent original research or innovations and the entire continuum of medical education. Each proposal will be reviewed and scored through a peer-review process. Students, residents, fellows, and attending physicians are encouraged to submit proposals.

Prepare the proposal in a word processing and submit by pasting each component in this link (https://bit.ly/Med_Ed_Proposal).

The proposed agenda is as follows:

Friday, April 29, 2022

Conference registration	12:00 – 5:00 pm
Welcome	1:00 pm
Plenary –	
Mississippi’s Physician Workforce and Current Health Challenges	2:00 pm
Break	3:30 pm
Small group sessions –	
Rural Workforce	4:00 pm
Moderated poster session	6:00 pm

Saturday, April 30, 2022

Conference registration	8:00 – 12:00 pm
Breakfast	8:00 am
Plenary –	
The Life of a Rural Physician	9:00 am
Break	10:00 am
Small group sessions –	
Rural Educational Challenges	10:30 am
Lunch – Networking	12:00 noon
Plenary –	
The Most Difficult Cases in Rural Medicine	1:30 pm
Break	3:00 pm
Small group sessions –	
Case Challenges	3:30 pm
Symposium Wrap-up	5:00 pm

Required for all submissions:

- Title
- Author(s) and affiliated program and institution
- Contact author for the submission
- Background and/or rationale
- Learning objectives for presentation
- Design and/or methods of the project
- Results and/or outcome of the project
- Conclusion and/or lessons learned from the project
- Submission types (see below)
- Preferred format for presentation (see below)

Submission Types:

- **Research**
 - o Includes work that promotes dissemination and discussion of completed/ongoing research and its application to medical education
- **Innovations**
 - o Includes work that promotes dissemination and discussion of educational innovations
- **Panel discussion**
 - o Includes work that is presented with diverse perspectives and approaches to educational topics
- **Workshop**
 - o Includes work that is presented as an interactive experience for learners and allows learners to focus on specific knowledge and skills

Format for Presentations: Oral or Poster

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.

Clinical Vignette Writing Circle

By Dr. Lecretia A. Buckley



Buckley

The Clinical Vignette Writing Circle meets monthly on the fourth Thursday at 1:30 p.m. in room 323 of the SOM Medical Education Building. These workshops allow basic science and clinical faculty to collaborate in writing test items similar to those utilized on national licensure examinations. You may email Dr. Lecretia A. Buckley items ahead of the session or bring draft items to the sessions, although doing so is not a requirement. The sessions will continue until June 23, 2022, and continuing education credit may be obtained.



Here is a flawed item. What's the flaw? How would you edit the item for an exam question? Let's discuss it in the next Clinical Vignette Writing Circle.

A 47-year-old male presents to the emergency department with complaints of severe pain in his left foot for the last 8 hours. The pain began last night and woke him from sleep. He reports that the pressure from his bed clothes were making the pain unbearable. He has a past medical history of well-controlled hypertension. Medication is hydrochlorothiazide. He drinks three, 8-oz glasses of red wine nightly. He is currently trying to lose weight and has been using the "paleo" diet. Vital signs are temperature 99.1F, pulse 100/min, respirations 16/min, and blood pressure 135/85. Physical examination reveals swelling and redness overlying the metatarsal-phalangeal joint of the left foot. Any motion or pressure on the joint cause the patient to jump and withdraw from the pain. Which of the following statements about gout is the most true?

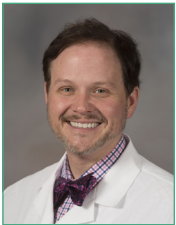
- A. It is likely one of the most painful arthropathies.
- B. It is caused by the deposition of uric acid crystals.
- C. The differential might need to include calcium pyrophosphate deposition disease.
- D. There are better medications than hydrochlorothiazide.
- E. This patient's greatest risk factor is consumption of red wine.

Incorporating Telehealth into the Medical Education Curriculum

By Drs. Alaina R. Herrington and David Norris



Herrington



Norris

The term "telemedicine" literally means "healing at a distance." Telemedicine provides access to care in areas where the physician-to-patient ratios are inadequate or where there are not enough medical specialists to meet the population's needs, such as occurs in rural settings.

Additionally, during the pandemic, telehealth has allowed providers to care for individuals in all areas while decreasing physical contact, keeping patients and providers safe. Health care leaders are actively navigating the "new normal" that has evolved since the onset of the pandemic. Some of these strategies include developing a skilled health care workforce that is able to adapt and become skilled in the delivery of telehealth care.

The Health Resources and Services Administration (HRSA) awarded the School of Medicine a grant, IMPACT the RACE Rural Track Program, to address this gap of knowledge and to enhance rural medical education for students. With this funding, the Judith Gore Gearhart Clinical Skills Center

(CSC) is providing students with hands-on training through performing objective, structured clinical examinations (OSCEs) to increase students' familiarity with logistics, equipment, communication, and technology necessary for a successful telehealth patient encounter. Students learn to perform virtual patient evaluations and demonstrate clinical judgment and critical thinking in a controlled environment.

Some of the special challenges students encounter are establishing rapport, performing a virtual physical exam, and ensuring the patient has consented to be treated via a telehealth visit. Such encounters also allow us to more easily simulate real-life challenges to providing health to rural populations, especially when physical distance is a barrier to care.

To provide realism to the learners in these encounters, the School of Medicine has purchased noise canceling headsets, interactive stethoscopes, and devices with interchangeable lenses for otoscopy and dermatology exams. The CSC in the School of Medicine and the School of Nursing are partnering with Stealth Simulation to pilot a new training device that lets remote learners listen-in to the auscultatory exam in real time. With these curriculum additions, the CSC and the SOM are leading the way nationally to expand simulated telehealth OSCEs.

Medical Education Research Support

In June 2021, the Office of Medical Education launched an Education Research Grant Academy with six faculty members in its inaugural class. With nearly one-half of the year's training complete, these fellows are sharing their project concepts, progress, and insights on Wednesday, November 3, at noon, virtually. Join Conversations about Medical Education Research: Projects, Insights, and Resources to learn about their

projects and resources to support your research in medical education.

A follow-up session by Hanover Research, the firm leading the one-year training, will be held the following week, Tuesday, November 9, at noon, virtually. Hanover will share resources and answer your questions during this one-hour session.

Links will be shared on the SOM listserv.