



# Incorporating Telehealth into the Medical Education Curriculum

By Dr. Alaina Herrington



Herrington

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 are 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 ad-



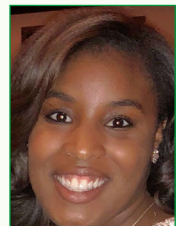
dress this gap of knowledge and to enhance rural medical education for students. With this funding, the Judith Gore Gearhart Clinical Skills Center (CSC) is providing students with hands on training through performing objective, structured clinical examinations (OSCEs) to increase students’ familiarity 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 allows 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/School of Medicine and the School of Nursing are partnering with Stealth Simulation to pilot a new training device that lets remote learners listen 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.

## Spotlight Shines on new Community Continuing Education Specialist

By Porscha Fuller



Fuller

Work hard, be kind and amazing things will happen. This is a quote I say to myself daily. Each day, I follow the words I speak; as it aligns with my actions. I have joined the Impact the Race Team as the Community Continuing Education Specialist.

In this new role, I will strive to become an essential part of helping bridge the gap between the rural health community and the medical education needed to help it thrive. I am a proud graduate of Alcorn State University, with a Bachelor’s Degree in Biology. I continued my education, by obtaining a Master’s Degree in Public Health from Jackson State University. Prior to joining the School of Medicine, I worked for the Division of Medicaid’s fiscal agent. During my 6-year tenure as a Provider Field Representative, I educated and trained enrolled Medicaid providers on policy compliance to support their continued efforts in providing care for Mississippi’s Medicaid population. As I embark on this new journey, I am honored and pleased to have an opportunity to make an everlasting impact and contribution to the UMMC/School of Medicine community.

## Non-Involvement of Providers of Student Health Services in Student Assessment

UMMC health professionals who provide health services to a medical student should have no involvement in the academic assessment or promotion of that medical student. If you find yourself in a situation where this may potentially occur, please contact the Office of Student Affairs for an alternate academic plan.

## 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.

# Educational Program Objectives: A Framework for What Should Be Taught (updated article from September 2019)

By Dr. Lecretia A. Buckley



Buckley

Guided by its mission to *train skilled and compassionate physicians to provide high-quality and equitable health care particularly to the state's residents, including diverse and underserved populations, the UM School of Medicine (SOM) prepares learners to provide excellent care through programs of innovative education, state-of-the-art research and comprehensive clinical practice.* This mission undergirds the medical education curriculum, practices, and policies, and the curriculum supports our mission and distills to the

program's six educational program objectives (EPOs). These objectives "reflect the essential requirements for physicians to act in an ethical and altruistic fashion while providing competent medical care and fulfilling their obligations to their patients." The EPOs, found in the UMMC bulletin, were reviewed, and updates were approved in November 2019 by the Curriculum Committee.

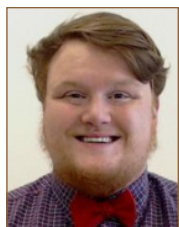
The Curriculum Committee, empowered by the dean, oversees the design, management and evaluation of the educational program of the SOM. Eight subcommittees engage in the work of the Curriculum Committee. They include: (1) Clinical Sciences (2) Curriculum Development and Innovation, (3) Evaluation and Assessment (4) Foundational Sciences, (5) Program Evaluation, (6) Professional Identity Formation (7) Society and Medicine, and (8) Systems-Based Practice.

The six EPOs address multiple areas in which medical students are trained. They address (a) structure and function of the human body; (b) utilization of diagnostic and interventional skills to accurately evaluate, diagnose and plan treatment; (c) characteristics, attitudes and values that are needed to provide ethical and beneficent medical care to all patients; (d) employment of systematic approaches for promoting, maintaining and improving the health of individuals and populations; (e) interprofessional teamwork; and (f) lifelong personal and professional learning.

Together, the SOM EPOs provide a framework for what should be taught in the medical education program. Annually, course objectives are mapped onto at least

## The Medical Student Success Network

by Dakota Bibbs



Bibbs

The School of Medicine has created the Medical Student Success Network to facilitate and ensure the success of our students by channeling the multiple resources, activities, and opportunities that we offer students into one place. The network will serve multiple purposes, and they are as follows:

1. Serve as a centralized access point for all things regarding student academic success.
2. Clarify the channels students must navigate during their time here beyond the

information that they are given during

orientation by giving them one unified access point in which they can address their concerns, problems, or needs. This will lessen the confusion that may occur for students who need help but are unsure of where to go for assistance.

3. Seek to make academic monitoring a part of the developing culture of Academic Support in the School of Medicine. To this end, we are changing the name of the Academic Achievement Program into the Academic Achievement System in order to give academic monitoring a less intimidating persona.
4. Serve as a contact point for faculty to communicate their student concerns to the Office of Medical Education.

If you have any questions regarding the Medical Student Success Network, please feel free to reach out to Dakota Bibbs, Academic Counselor for the SOM, at [nbibbs@umc.edu](mailto:nbibbs@umc.edu).

one of the six EPOs in the OME's curriculum mapping process. The SOM curriculum map is submitted to the Association of American Medical Colleges (AAMC) in September. It is available for course and clerkship directors as they develop courses that align with the school's EPOs and daily sessions that ensure vertical and horizontal alignment of content. Medical knowledge is developing at a rapid pace and selecting what to teach ultimately lies with the Curriculum Committee and the content's connection with the school's EPOs. While the SOM cannot teach its students everything, the Curriculum Committee offers faculty, an avenue to examine content and its appropriateness and to obtain approval for inclusion in the curriculum.

## Upcoming Professional Development

### 1. Emotional Intelligence: Supporting the Development of Communication Skills and Professionalism

October 20, 2021 | 12:00 noon–1:00 p.m. | Speaker: Dr. Sara H. Gleason

This one-hour workshop provides an introduction to emotional intelligence and investigates how it can be mined to support the development of medical students. An awareness of one's emotions and the development of strategies and skills to respond to one's own and others' emotions positively impacts the ways that physicians communicate with patients, families of patients, and health care teams. Beginning the process of developing emotional intelligence in the earliest phase of medical training can support the concomitant/simultaneous development of communication skills and professionalism thereby leading to increased clinical competency.

This session will be offered virtually; a link will be shared via the SOM listserv.

### 2. Clinical Vignette Writing Circle

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 items ahead of the session to Dr. Lecretia A. Buckley 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 56-year-old male presents for routine wellness examination. He self-identifies as African American. He has no complaints. Past medical history is remarkable for hypertension. Current medications are hydrochlorothiazide and Lisinopril. He drinks two, 12-oz beers weekly and does not use any other substances. Vital signs are within normal limits. BMI is 41 kg/m<sup>2</sup> Physical examination discloses no abnormalities. Results of laboratory studies are shown:

All of the following options are true for this patient except:

<b>Total Cholesterol:</b> 225 mg/dL	<b>Potassium:</b> 4 mEq/L
<b>LDL:</b> 110 mg/dL	<b>Creatinine:</b> 1.2 mg/dL
<b>HDL:</b> 35 mg/dL	<b>Hemoglobin A1c:</b> 6.5%
<b>Triglycerides:</b> 400 mg/dL	

- A. This patient is drinking an acceptable amount of alcohol.
- B. This patient is at increased risk for developing Type 2 Diabetes mellitus.
- C. This patient should be counseled on healthy diet and exercise.
- D. This patient should not be placed on an HMG-CoA reductase inhibitor.
- E. This patient should not have his dose of Lisinopril changed.

Item (from the NBME Item-Writing Guide: Constructing Written Test Questions for the Health Sciences, February 2021)