



2020 Poster Slam

Richard Vath, Session Facilitator

Saturday, March 28th

AIAMC Annual Meeting 2020





Poster Slam

Top Four Poster Abstracts Received

- Each Presentation:
 - > Up to Five (5) Slides
 - > Up to Eight (8) Minute Presentation
 - > Followed by Two (2) Minutes Q & A
 - > Each Presentation May Not Exceed Ten (10) Minutes

- NEW THIS YEAR: Everyone in Audience is Invited to Vote on Winner
 - > <https://www.surveymonkey.com/r/POSTERSLAMSCORE>
 - > (This link also appears on website and meeting app)

- Winner Announced at Close of Meeting





An OSCE Opioid Management Case: Correlations with Residents' Systems-Based Practice Milestones

Tsveti Markova, MD, R. Brent Stansfield, PhD, Heidi Kenaga, PhD

Office of Graduate Medical Education, Wayne State University

AIAMC 2020 Annual Meeting

March 27, 2020





OSCE at WSU

4 SP cases, 1 OSHE Handoff simulation

KEECC: Kalamazoo Essential Elements of Communication Checklist

- > 7 items measuring communication skills
- > SPs rate performance and give feedback
- > Residents self-rate performance and review video

PGY1 and 2 across 7 programs

- > 2 cohorts
 - August, 2018 ($N = 50$)
 - August, 2019 ($N = 51$)





New Case: Morgan Tempo

59-year-old female

Follow-up for chronic lower back pain

Finishing 2-month medical leave

- > Elementary school teacher
- > Goes back to work in 2 days

Neighbor gave her some Norco pills

- > She wants more

Does not want physical therapy or steroids

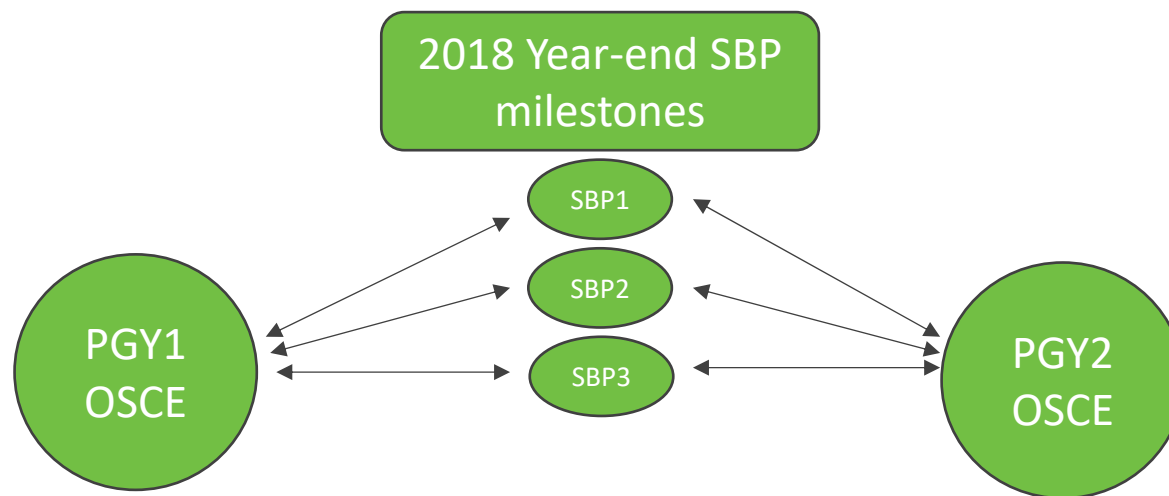




Hypothesis:

SP KEECC ratings will predict residents' SBP milestones ratings (linear regression):

- > SBP1: Coordinates patient care within settings
- > SBP2: Works in interdisciplinary teams
- > SBP3: Advocates for cost-effective care



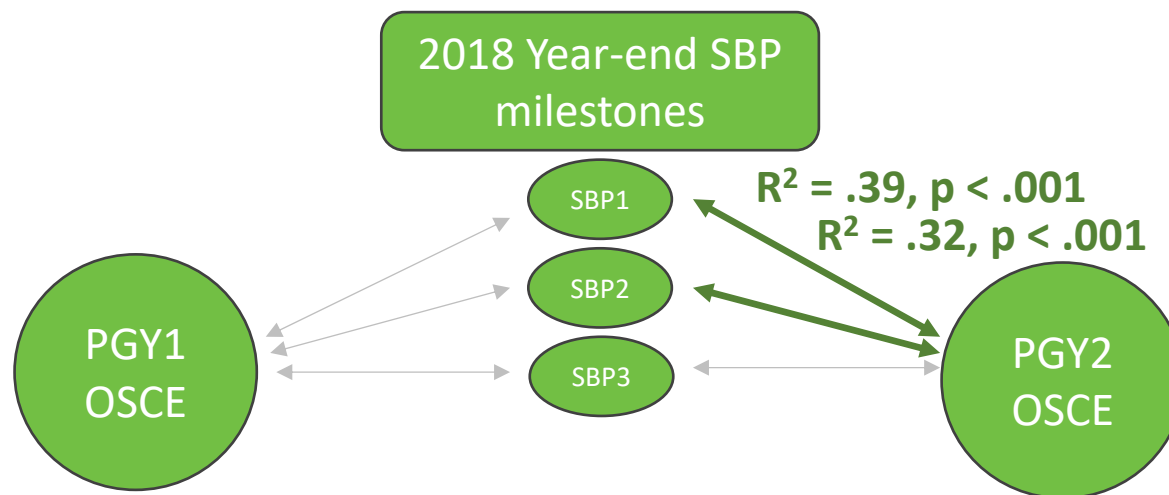


Results:

Year 1: No correlations

Year 2: Two of the three correlations

- > **SBP1: Coordinates patient care within settings**
- > **SBP2: Works in interdisciplinary teams**
- > **SBP3: Advocates for cost-effective care**





Conclusions

After 1 year of training

- > SBP skills are measurable in OSCE
- > SP ratings agree with CCC milestones ratings

At matriculation

- > SP ratings do not predict CCC milestones
- > Some SBP performance appears to be learned

OSCE is useful for training and measurement



You Can Lead a Horse to Water but...

Do Learners Access Web Resources Recommended During F2F Educational Sessions?

Deborah Simpson PhD @debsimpson3

Kathryn Denson, MD @kdenson2

Steven Denson, MD

Amanda Szymkowski @GerFastFacts

Edmund Duthie, MD

Michael Malone, MD @MichaelMaloneMD

AiAMC Presentation
Sat 3.28.2020
Austin

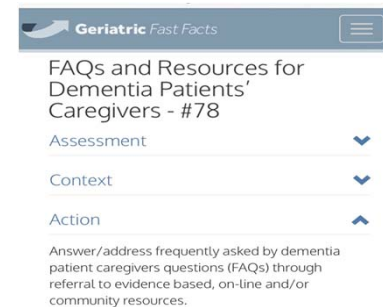
OUR QUESTION

BACKGROUND

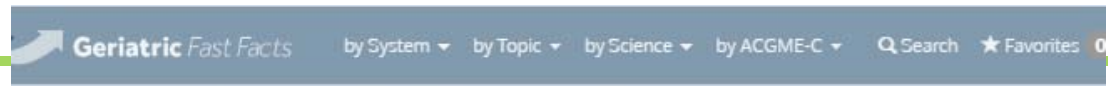
- Digital learning resources ↑ during F2F sessions
- Some subjects – Geriatrics - are complex yet limited time
 - 2015 Geriatric Fast Facts (GFFs) as mobile enabled website
 - GFFs “Fast”= Short for point of care education, evidence based, searchable

OUR QUESTION

- Are GFF's accessed when referenced?



METHODS



FAQs and Resources for Dementia Patients' Caregivers - #78

Identified 3 F2F Sessions

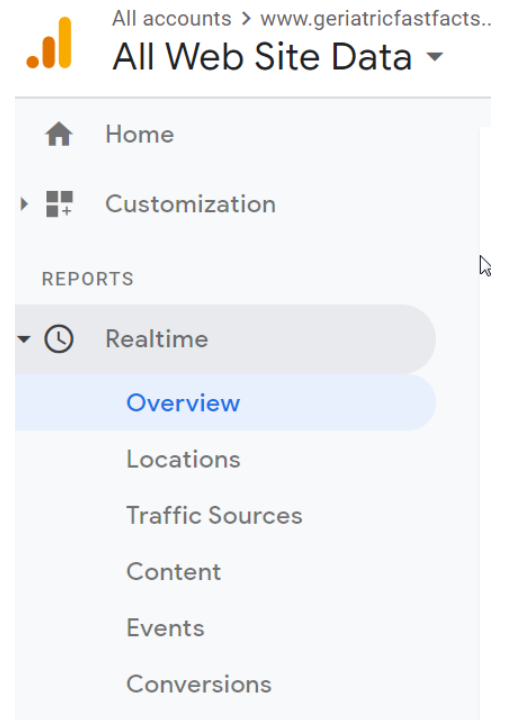
- Same Teachers
- Same Topic

Highlighted a Specific GFF

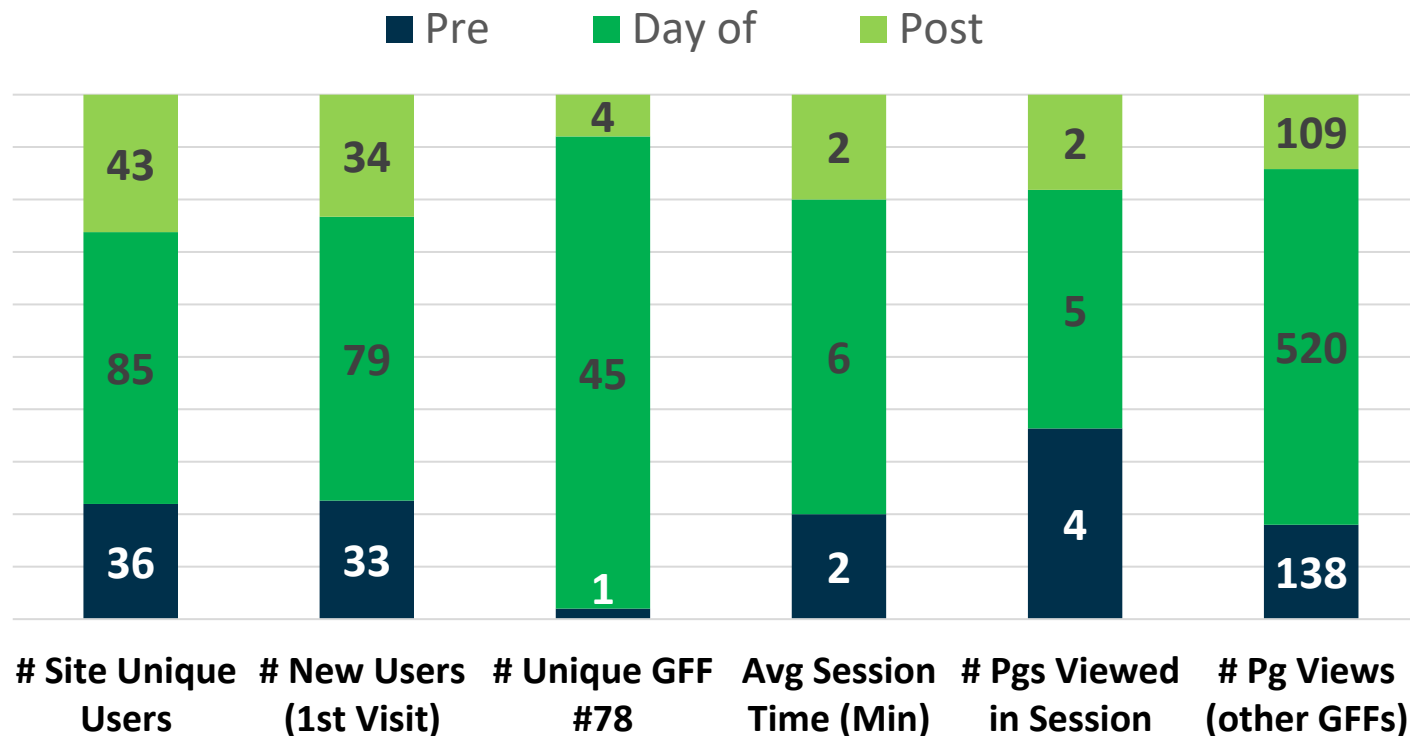
- #78 Dementia Caregiver Resources
- 30-60 Minutes F2F (CME, Residents, APs)

Data: Google Analytics Targeted GFF

- Session Day & ± 1 Day



RESULTS: Google Analytics



Conclusions

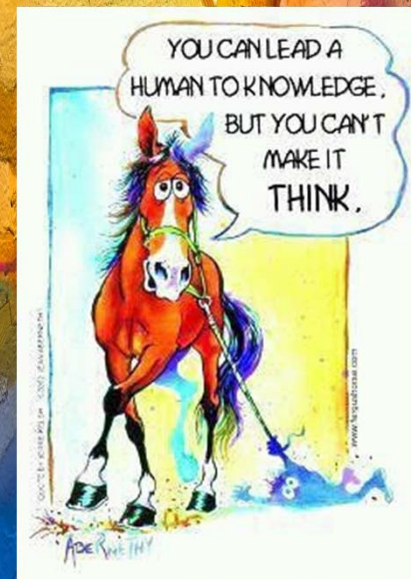
1. Learners *DO* access web-based resources highlighted in F2F class & HO's
 - Day of
 - Increased Post
2. 1st visit takes ↑ Time
3. *REC*: Make it *EASY* to access



@GerFastFacts



Questions? Comments?





Teaming to Advocate for Rural Healthcare Education across the Micro to Macro Continuum

Heidi Duncan, MD

Physician Director Healthcare Policy

AIAMC Poster Slam

March 28, 2020

Today 50 percent live in the 20 largest cities. 75 percent of all Americans live in metropolitan areas.

This map shows population density. The relative height of each major city reflects its population in 1990.

Source: U.S. Census Bureau

Go West. Nevada is the fastest growing state, followed by Arizona, Idaho, Colorado, and Utah.

Wyoming has the lowest population density of all states in the lower 48 with an average of five people per square mile.

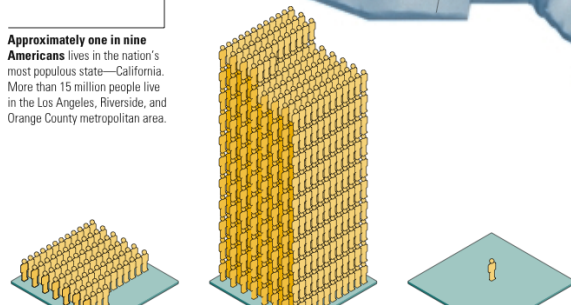
What happens in the empty spaces? Some of it is farming country. More than one quarter of America's crop land is used to grow corn. One third of what is produced is exported to other countries.

Chicago, the country's third largest city, has a population of about three million people. There are 21 states with populations smaller than this city.

Largest metropolitan area includes New York City and portions of New Jersey and Long Island with a total population of 20 million.

Population density is highest in New York City, where there are 23,000 people per square mile.

Approximately one in nine Americans lives in the nation's most populous state—California. More than 15 million people live in the Los Angeles, Riverside, and Orange County metropolitan area.



Wet. Some states are full of water. For example, Louisiana includes more than 8,000 square miles of lakes and wetlands. That's an area bigger than Connecticut and Rhode Island combined.

Coastal areas are home to more than half the U.S. population.



US Population Bubble Map



The mission of our Residency is that our graduates will be experts in the care of complex medically ill patients in rural environments.

Residents on the Rise:



University of Washington medical student Andrew Markuson, left, family practitioner Mike Sura, MD and doctor-in-residency Sierra Gross share a laugh while visiting Tuesday afternoon at Central Montana Medical Center. Gross is two weeks into her Internal Medicine Residency Program through Billings Clinic. She said she feels fortunate to be at CMMC.

Photo courtesy of Charlie Denison

CMMC embracing residency program

By CHARLIE DENISON | Reporter

Central Montana Medical Center will have some new faces between now and May, as eight future doctors will be doing their residencies here in Lewistown.

Dr. Sierra Gross, who is studying internal medicine, is two weeks into her four-week residency as the first of the residents. And, for Gross, so far so good.

"People have been very welcoming," she said. "Everyone is eager to help."

During her residency, most of Gross's time is spent in the clinic, where she sees patients that are either coming from the hospital or patients who need to get in sooner rather than later to see a physician. Gross said. She's had a lot of opportunity to work one-on-one with students, an experience she considers invaluable, but what she feels has been most rewarding is what she's learned about internal medicine in a rural area thus far.

"I've learned the difference of rural medicine and providing care to a community that has such close camaraderie behind the hospital and clinic here," she said. "It's been very beneficial for me over all just being here. It's a great training experience."

The depth of experience students can get here is remarkable"

- Andrew Markuson

A good team

Having Dr. Gross on board has also benefited the workplace for others, especially for University of Washington medical student Andrew Markuson, who is working at CMMC as part of the WYAMI (Wyoming, Washington, Montana, Idaho) Regional Medical Education Program.

"As a student, one of the advantages working with (Gross) has been great because I am closer to her level of training," Markuson said. "I think it's really helpful to see the whole perspective from medical student to resident to provider."

Getting a chance to work together with patients has been rewarding, Markuson said, adding that he feels he is not just helping patients but by and large is helping the community.

"As part of CMMC, you develop a strong rapport with the community, as well, which is something I've really appreciated," Markuson said. "There is a lot of continuity here, and in a community like this, continuity is everything."

Markuson added that he's enjoyed the scope of his education at CMMC and the opportunity he had to work one-on-one with patients and providers. "The depth of experience students can get here is remarkable," he said, "and it's been really fun to get to know the physicians."

Markuson said he encourages others going to med school to try and take advantage of the opportunities to learn CMMC offers.

An excellent recruiting opportunity

Mike Sura, MD, a former CMMC resident and current CMMC practitioner, oversees the resident program, along with a few other physicians.

Coming from experience, Sura said the resident program is beneficial both for the education of the students and more exposure for CMMC and Lewistown. In many ways, Dr. Sura said, it's a win-win.

"These residents are in their second or third year of training. They are providers who can really see patients on their own with minimal supervision," Sura said. "The big thing we are hoping for is that maybe somebody will really like Lewistown. That was my case. I came here as a resident, did a rotation and that's why I'm here now."

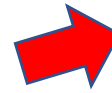
As residents continue to come in from now until May, Sura hopes they continue to have positive experiences, just as he had and just as Dr. Gross is having. And, if that's the case, some of these residents could become future CMMC staff for years to come.

"It's no secret recruiting positions is really challenging," Sura said. "Studies have shown most residents stay within 50 miles of where they did their training, so this is our best chance to get some people to come in here and be providers here."

CMS Interpretation of language in the Affordable Care Act Resulted in Residents not being able to go to Critical Access hospitals



Fund the Gap:
Helmsley Foundation



Explain the Issue:
Senator Tester



Regulatory Fix
Advocated with 2 CMS directors and administrations. Comment letters sent.



Legislative Fix?
Provided bill language to fix problem and looked for co-sponsors



CMS Administrator Verma proposed regulatory changes. Language from letters used. Other organizations jumped on board to support fix



Lessons Learned

- On the legislative side could have communicated with organizations like the AIAMC to support legislative changes
- Support from philanthropic organizations is critical to support innovation until
- Leverage people/groups to make comments on proposed regulations:
Volume Matters!



A novel community-based psychiatry residency program: A collaborative and inter-institutional approach

Chanteau Ayers, JD

Director of Medical Education

Poster Slam

3/28/2020



Community-based Psychiatry Residency Program



BACKGROUND

- There is a shortage of psychiatry and related training programs in the U.S.
- This gap in provider coverage is more pronounced in rural regions.

OBJECTIVE: To describe actions taken to create a collaborate psychiatry residency program sponsored by two community-based graduate medical education institutions.





Community-based Psychiatry Residency Program

STEPS

In 2016, the state of Iowa solicited grant applications for development or expansion of Family Medicine or Psychiatry Programs.

Two Midwestern sponsoring institutions collaborated to submit a joint application for development of a psychiatry residency program.



Funding application accepted and ACGME joint institutional sponsorship acquired.





Community-based Psychiatry Residency Program

STRUCTURE:

- ✓ Program: Four resident slots per year with four-year training curriculum.
- ✓ Joint business entity formed titled:
UnityPoint Broadlawns Psychiatry Education Foundation.
- ✓ Board of Governance w/ representation from each institution:
 - CEOs and senior administrators;
 - Directors of Medical Education;
 - Residency program directors;
 - Faculty.
- ✓ Program administered in 50:50 partnership





Community-based Psychiatry Residency Program

Delegation of Roles

UPH-DM	BMC
DIO	---
---	Program Director
Associate Program Director	---
Faculty	Faculty
Rotations*	Rotations*
Coordinator Office	Coordinator Office
Legal	---
Finances	---
---	Human Resources

*Training rotations also occur at local Veterans Affairs Medical Center