

NIPDD Fellow Outstanding Academic Project Showcase

Moderated by Clark Denniston, MD



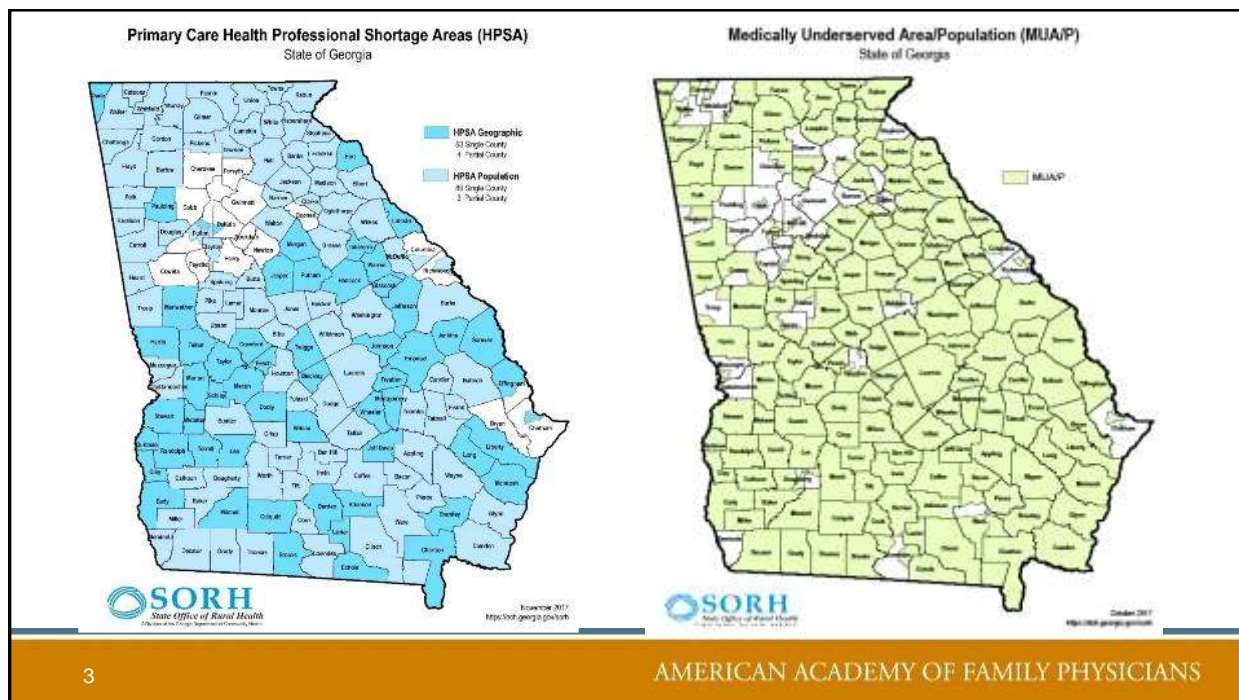
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A Community Based Pipeline Program for Rural and Underrepresented Georgia Premedical Undergraduate Students.

Cliff Dunn, MD



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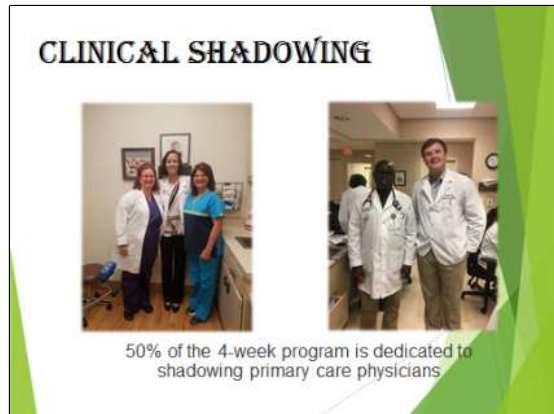


Criteria to Apply to the Program

- 1. College sophomore working on pre-med curriculum.
- 2. Minimum 3.0 GPA overall and 3.0 math/science GPA.
- 3. Legal Georgia Resident and U.S. Citizen in a Georgia college.
- 4. Have reliable transportation during the program.
- 5. A 500-word essay entitled, "Why I'm interested in serving rural populations as a Primary Care Physician."

The “Program”

- Seminars
- Shadowing
- Research

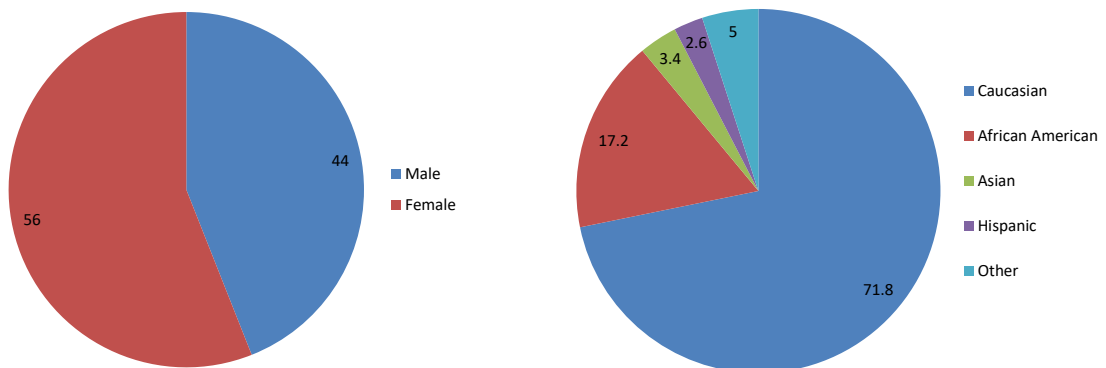


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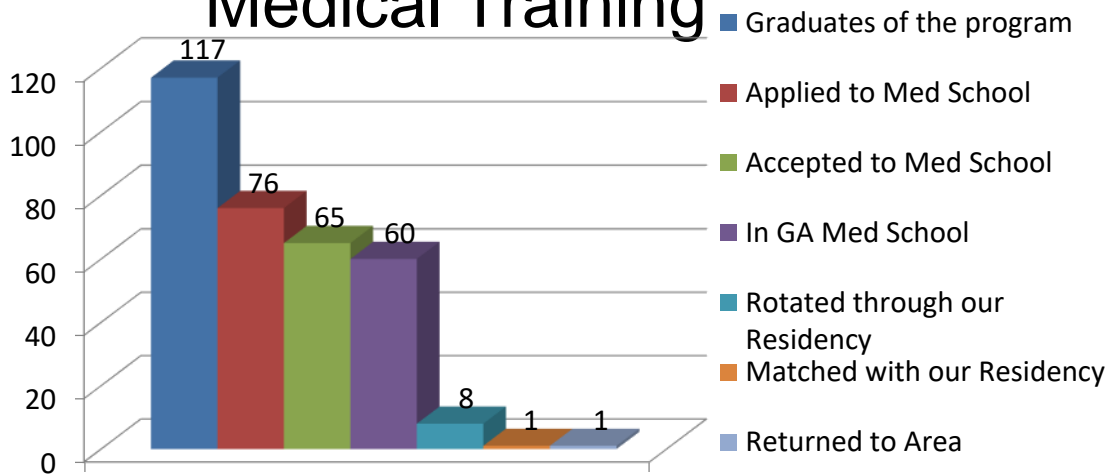
% Gender/Race in the Program



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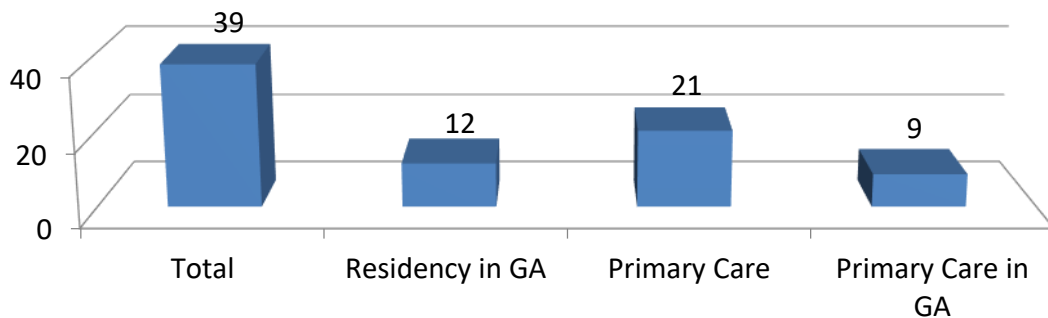
Students Progress Through Medical Training



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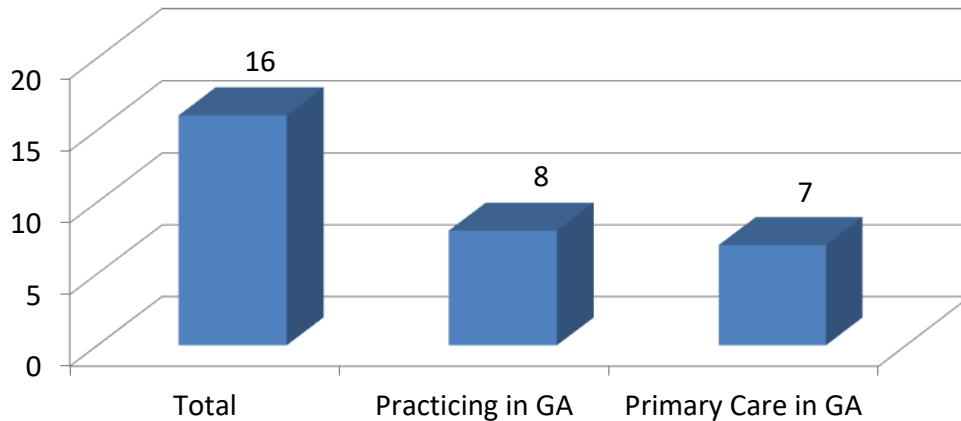
Current Resident Data



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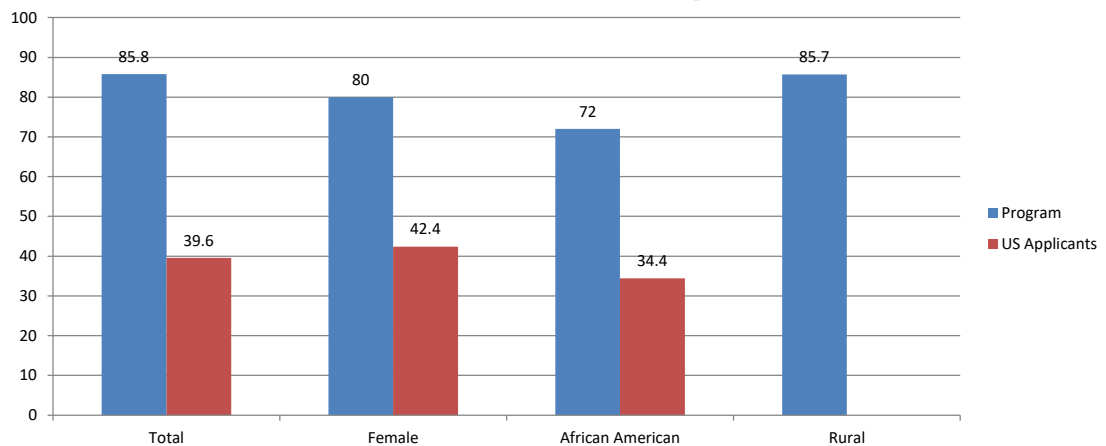
Current Career Data



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Medical School Acceptance Rate



Acceptance rate in percent.

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Limitations

- Duration of training
- Exposure during training
- Selection bias
- other

Conclusion

- Community based pipeline programs can be created and are beneficial
- They may be too early to influence career choices

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- Diversity in Medical Education. <http://www.aamcdiversityfactsandfigures2016.org/> Accessed December 2017

Family Physician Burnout in Rural vs. Metropolitan Areas

Amy Hogue, MD
Sioux Falls Family Medicine Residency Program



Family Physician Burnout

- It's real...
- But is it worse in rural areas?
 - Isolation
 - Less resources
 - Increased hours?
 - Patients are your neighbors.

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The Study

- Online surveys sent to 304 graduates of Sioux Falls Family Medicine Residency Program
- Demographic info collected: age, sex, time since residency graduation, and practice spectrum

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The Burnout Question

- a) *I enjoy my work. I have no symptoms of burnout.*
- b) *I am under stress, and don't always have as much energy as I did, but I don't feel burned out.*

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The Burnout Question

- c) *I am definitely burning out and have one or more symptoms of burnout.*
- d) *The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.*
- e) *I feel completely burned out. I am at the point where I may need to seek help.*

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The Burnout Question

- a) *I enjoy my work. I have no symptoms of burnout.*
- b) *I am under stress, and don't always have as much energy as I did, but I don't feel burned out.*
- c) *I am definitely burning out and have one or more symptoms of burnout.*
- d) *The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.*
- e) *I feel completely burned out. I am at the point where I may need to seek help.*

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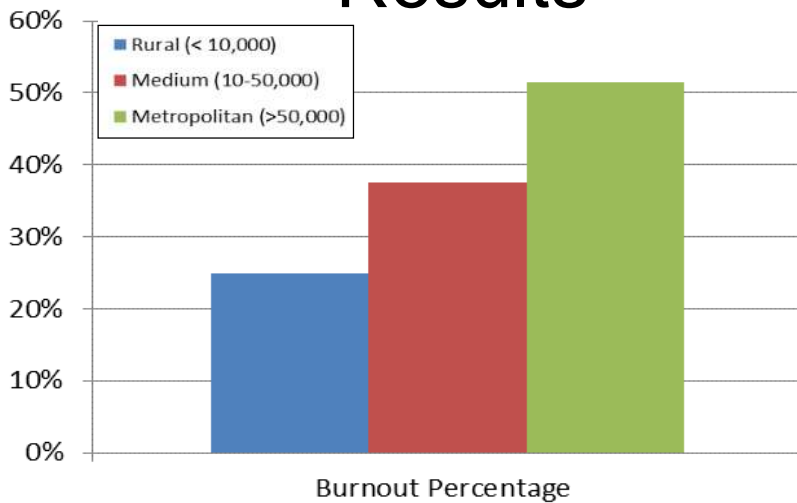
Results

	Female	Male	Age ≤45	Age >45	OB with deliveries	No OB deliveries
Rural (<10,000)	16 (40%)	24 (60%)	19 (48%)	21 (52%)	20 (50%)	20 (50%)
Medium-Sized Town (10-50,000)	14 (58%)	10 (42%)	15 (63%)	9 (38%)	12 (50%)	12 (50%)
Metropolitan (>50,000)	21 (60%)	14 (40%)	19 (54%)	16 (46%)	11 (31%)	24 (69%)

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Results



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Why?

- Autonomy?
- Patient relationships?
- Rural lifestyle?

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Implications

- Rural Recruitment—Green Acres is the place to be??
- Burnout Rate of 25% is not insignificant.
 - Wellness programs/ mental health resources
 - Telemedicine
 - Continued support of physician autonomy.

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Female vs Male Milestone Scores

Ildi Martonffy, MD
U of Wisconsin-Madison

Thanks to Jennifer Birstler, MS and Justin Sena, MA



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Background

- Prompted by emergency medicine residency program study
 - Male and female residents start with comparable milestone scores
 - Male residents finish with higher ending milestone scores
 - True regardless of faculty rater-resident gender concordance or discordance

(Dayal, 2017)

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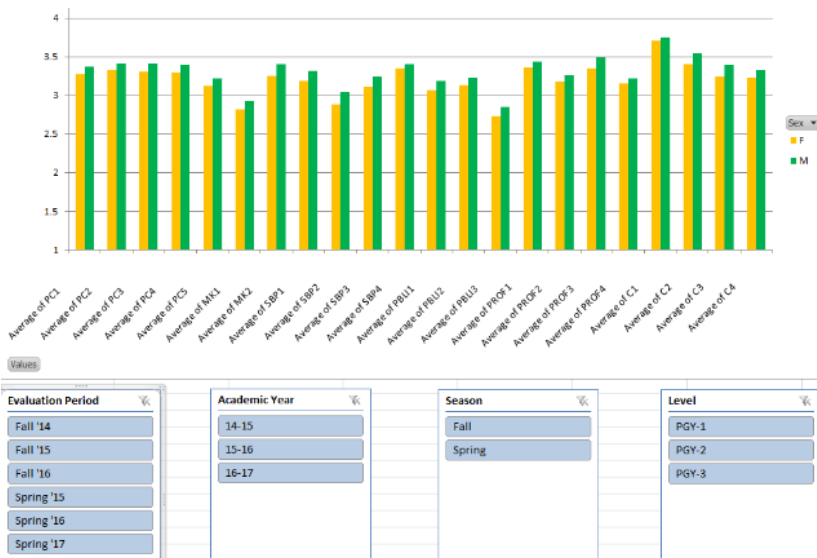
Different for family medicine?

- Procedure based vs relational specialty
- Make up of residency and practice cohorts

Per AAMC 2015 and DeFazio, 2017	Male	Female
Emerg Med residents	62%	38%
Fam Med residents	42%	58%
Emerg Med in practice	74%	26%
Fam Med in practice	62%	38%

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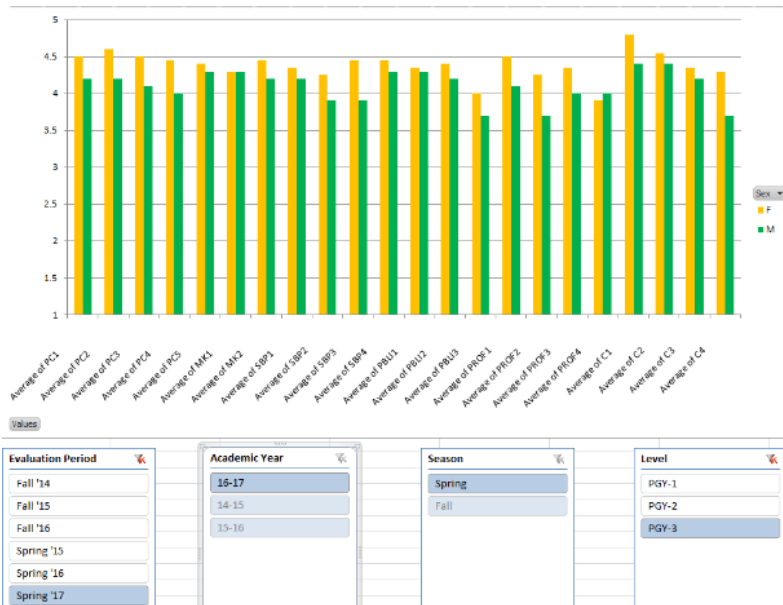


Scores by 6 month evaluation period, academic year, residency year

“Advantage of being male score” calculated for each (green minus yellow)

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Can examine specific cohorts and time periods

Women scored higher than men here

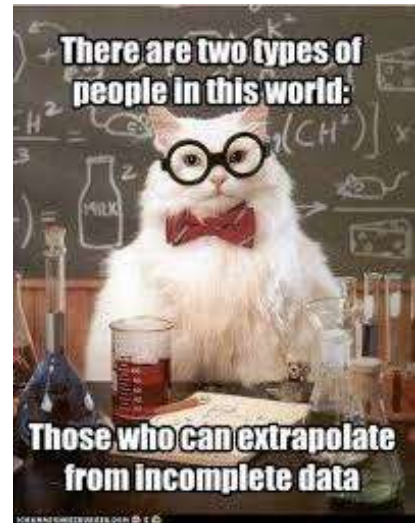
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Data analysis

Excel sheet was
interesting to look at,
but what does it mean?

Is there a significant
difference in scores?

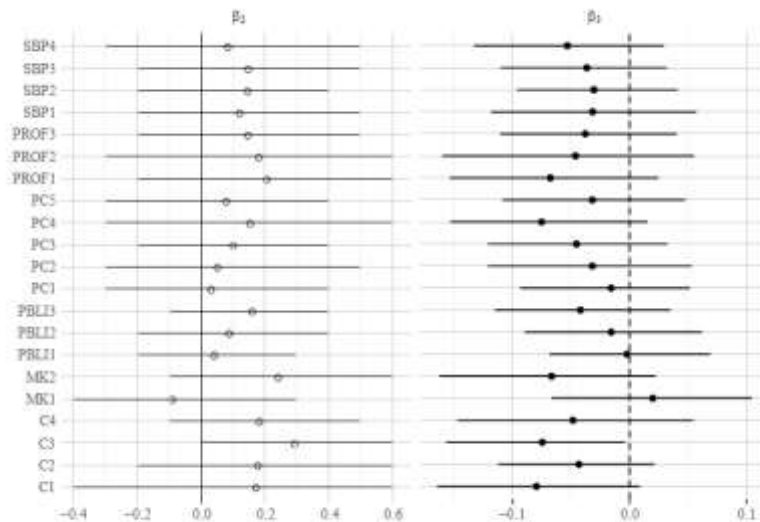


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β_2

Do males
have
higher
scores
than
females?



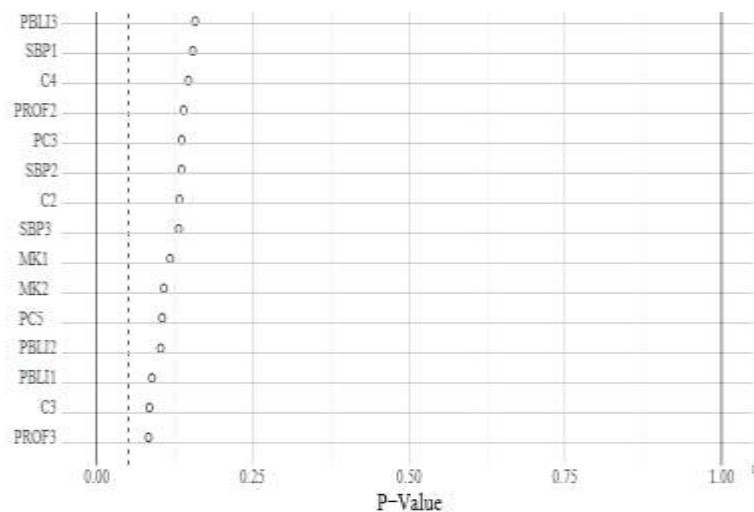
β_3

Do
males
improve
their
scores at
a faster
rate?

Figure 2: Results of difference in intercept and slope between genders. No significant differences were found.

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P values for aggregate mean milestone score values across semesters compared by gender

No significant differences found

Figure 1: P-Value results from Mann-Whitney tests. No significant differences were found in milestone scores between genders.

Good news, but ...

- Scores given by CCC rather than individual faculty
 - Harder to effect change?
- Predominantly female faculty and CCC could be a confounder
- Did not examine narrative feedback or remediation plans

Questions?

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Evaluating Community Need and Graduate Medical Education on Opioid Use Disorder in America's Heroin Overdose Capital

Anna Murley Squibb M.D.

Associate Program Director
Soin Family Medicine Residency
Kettering Health Network



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A Tale of Two Interstates



Greene County¹: 5 fold increase since 2010
Montgomery County² 2016 : 57 per 100,000 UOD deaths

2016 SAHMSA³:
11.8 million OUD patients
21 million Need SUD treatment
3 million Received SUD treatment

3% Family Physicians currently provide MAT⁴

Rare in rural areas⁴

The patient perspective⁵

50% Physicians didn't address the issue

40% Physicians missed diagnosis

25% Shared Decision for Treatment



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STFM 2015⁶

26% Curriculum addressing SUD

8% Programs had ONE graduate treating SUD

Wakeman et al, Harvard⁷

55% Addiction Training “fair to poor”

72% Insufficient ambulatory training

56% Insufficient hospital based training

Knowledge poor: MAT and Naltrexone



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“Cross Sectional Descriptive Design”

Goals:

- Current self reported competence
- Culture of our health system
- Resident MAT
- Resident Education Opportunities
- Faculty Development Opportunities



41 Participants:

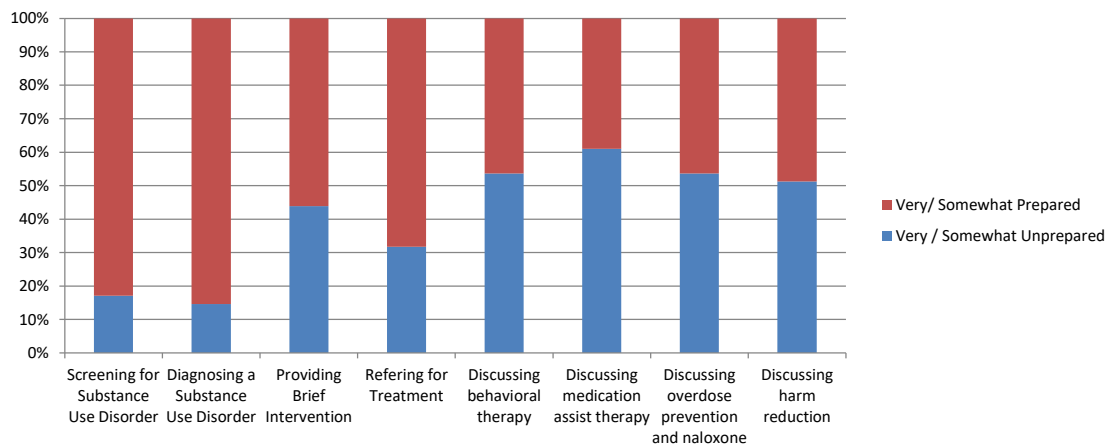
20 Faculty & 21 Residents

Representation from: FM, IM, EM, Gen Surg, OB, TY, Radiology

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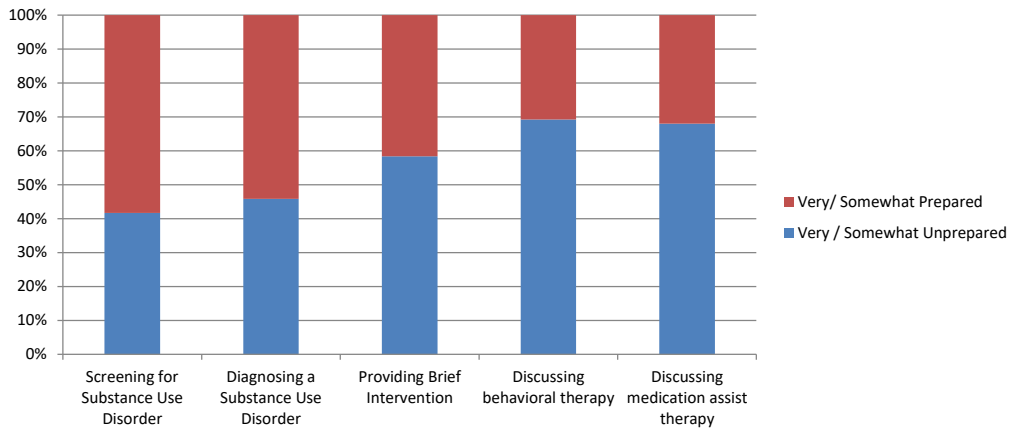
Self- Identified Competence



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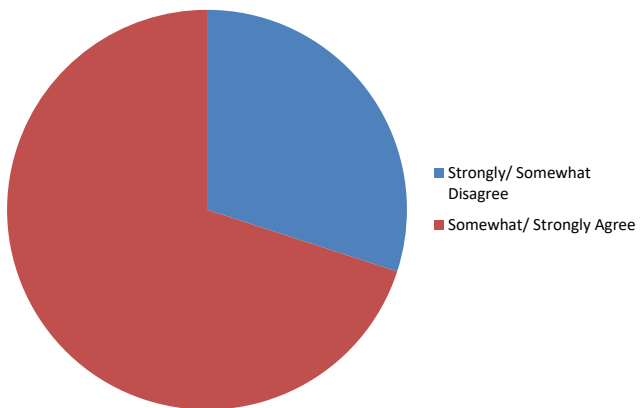
Faculty - Teaching



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I intend to prescribe medication assisted therapy in my future practice



70%

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Focused Education & Faculty Development

Clinical Site Champions⁸

Early Training & Standard Care⁹

OSCE^{9,10,11}



“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try”¹²

Atul Gawande

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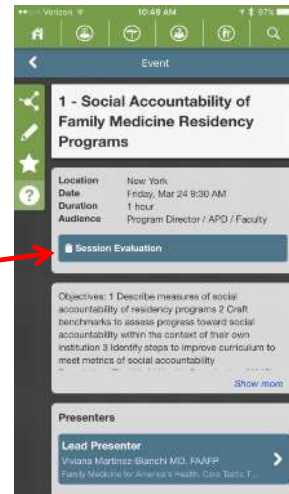
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Please
complete the
session evaluation.

Thank you.



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