

# NIPDD Fellow Outstanding Academic Project Showcase

Moderated by Clark Denniston, MD

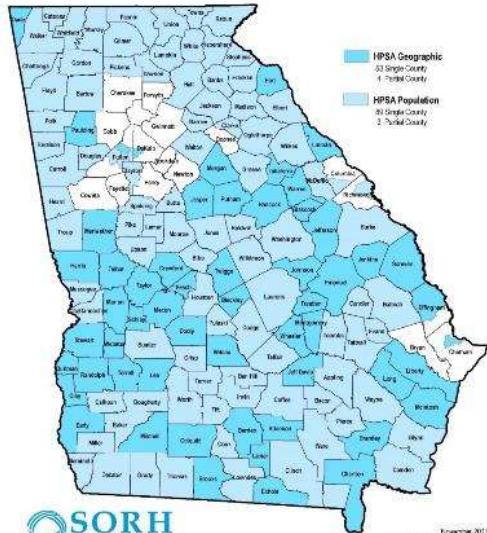


## **A Community Based Pipeline Program for Rural and Underrepresented Georgia Premedical Undergraduate Students.**

Cliff Dunn, MD



Primary Care Health Professional Shortage Areas (HPSA)  
State of Georgia



**SORH**  
State Office of Rural Health  
Georgia Department of Community Health

January 2017  
<http://dch.georgia.gov/sorh>

Medically Underserved Area/Population (MUA/P)  
State of Georgia



**SORH**  
State Office of Rural Health  
Georgia Department of Community Health

October 2017  
<http://dch.georgia.gov/sorh>

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## Criteria to Apply to the Program

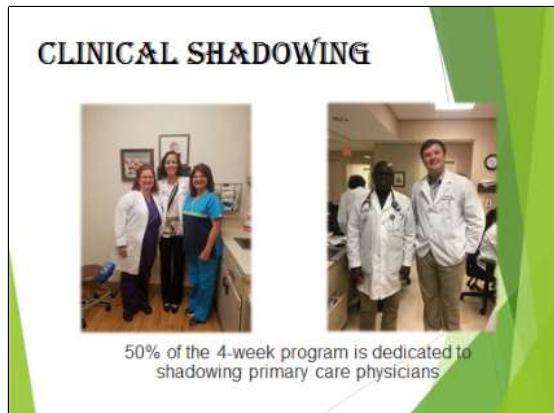
- 1. College sophomore working on pre-med curriculum.
- 2. Minimum 3.0 GPA overall and 3.0 math/science GPA.
- 3. Legal Georgia Resident and U.S. Citizen in a Georgia college.
- 4. Have reliable transportation during the program.
- 5. A 500-word essay entitled, "Why I'm interested in serving rural populations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

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# The “Program”

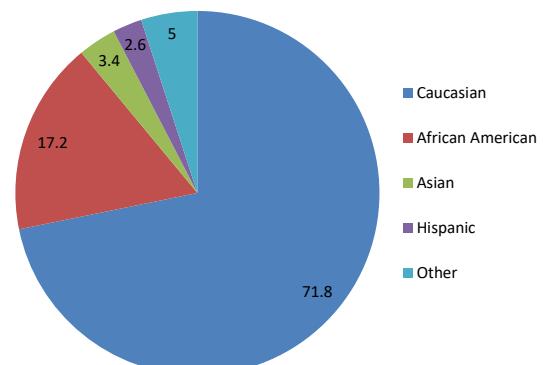
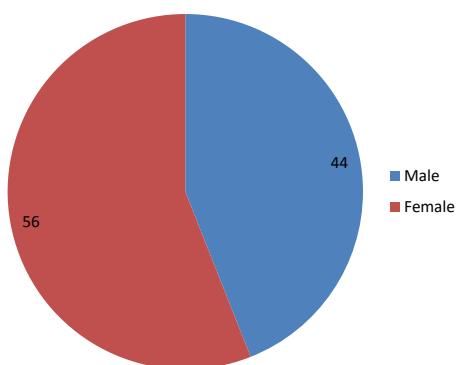
- Seminars
- Shadowing
- Research



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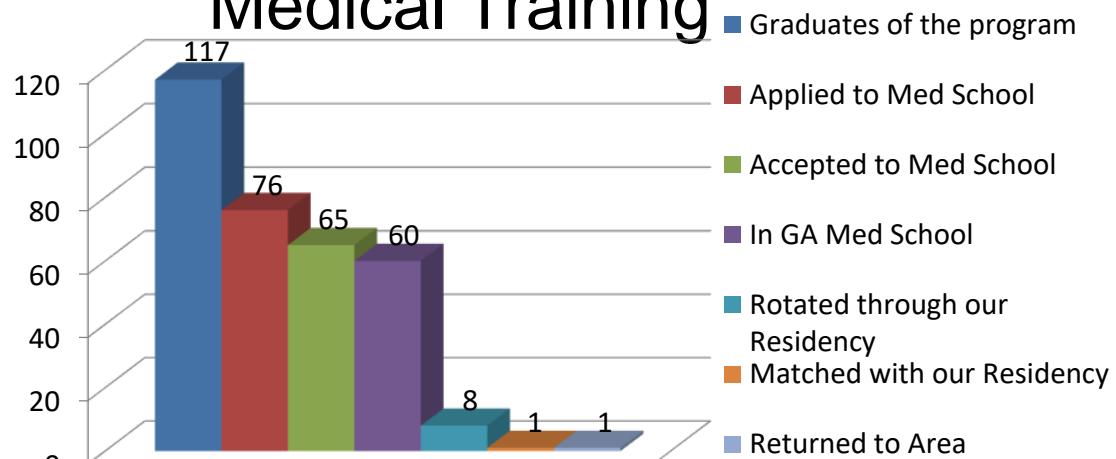
## % Gender/Race in the Program



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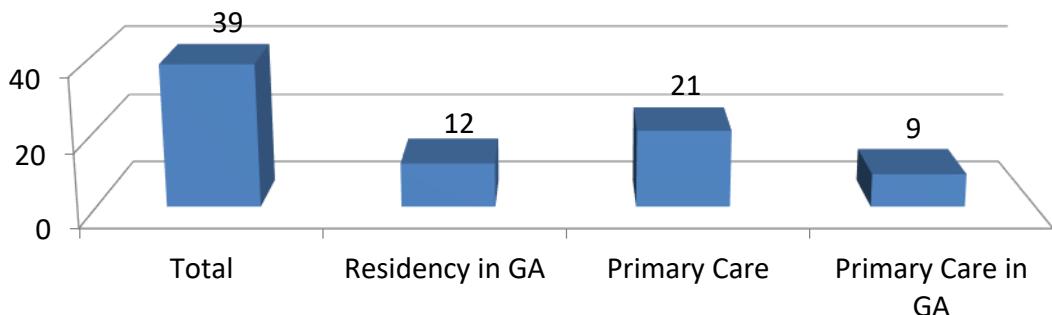
# Students Progress Through Medical Training



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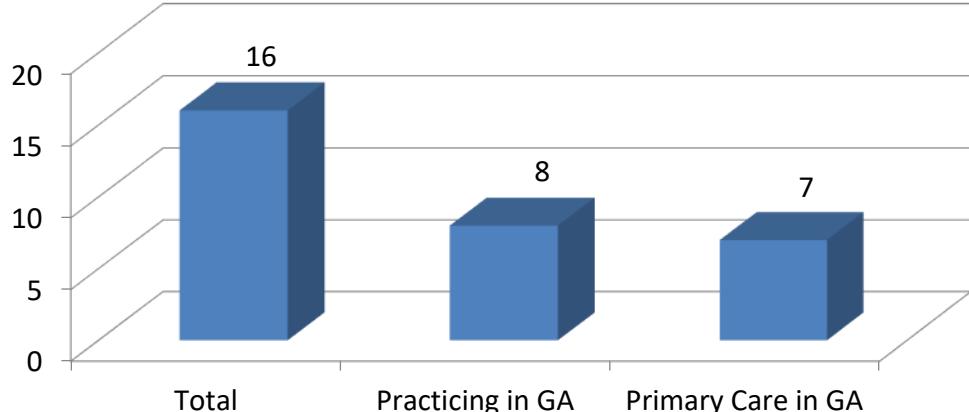
## Current Resident Data



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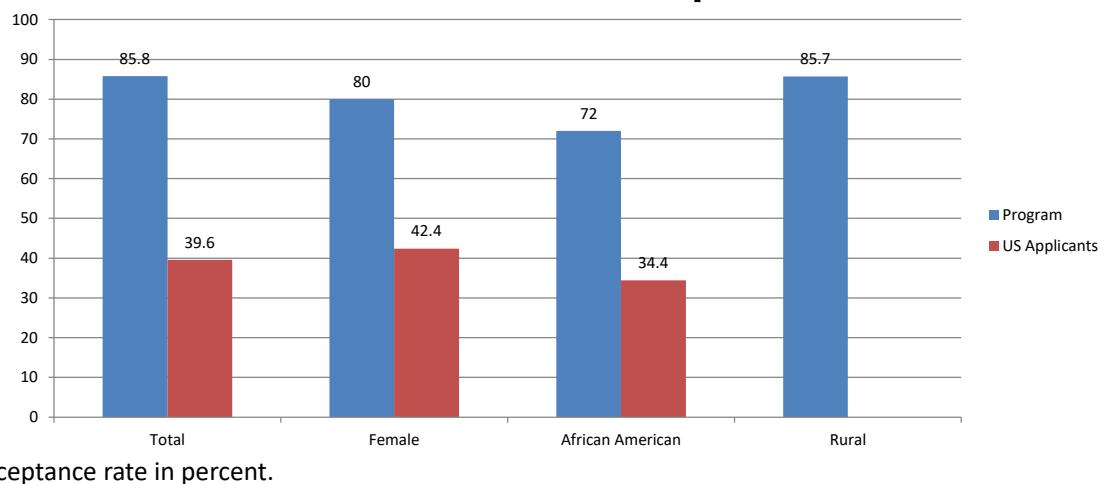
# Current Career Data



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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

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# Conclusion

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

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# Family Physician Burnout in Rural vs. Metropolitan Areas

Amy Hogue, MD  
Sioux Falls Family Medicine Residency Program



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# 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.*

# 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.*

# 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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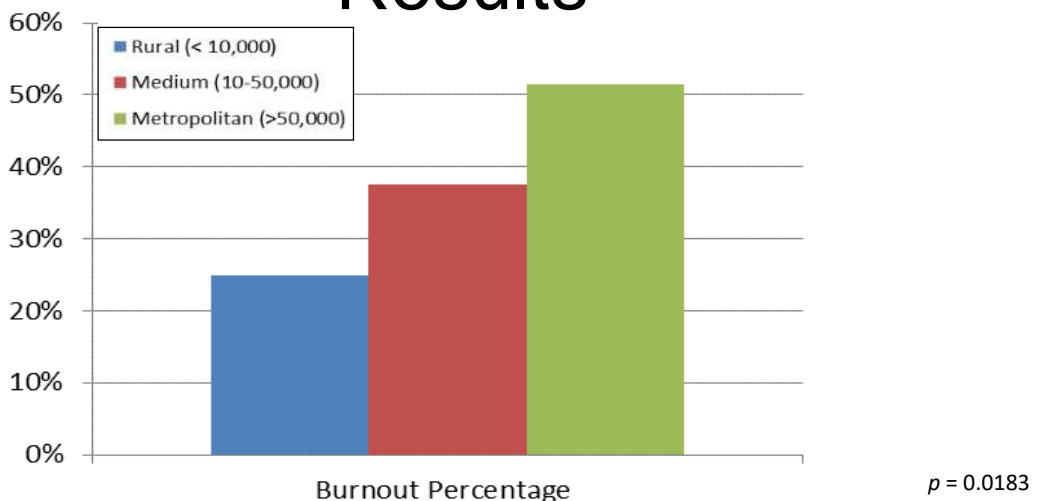
## Results

|                               | 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%    |

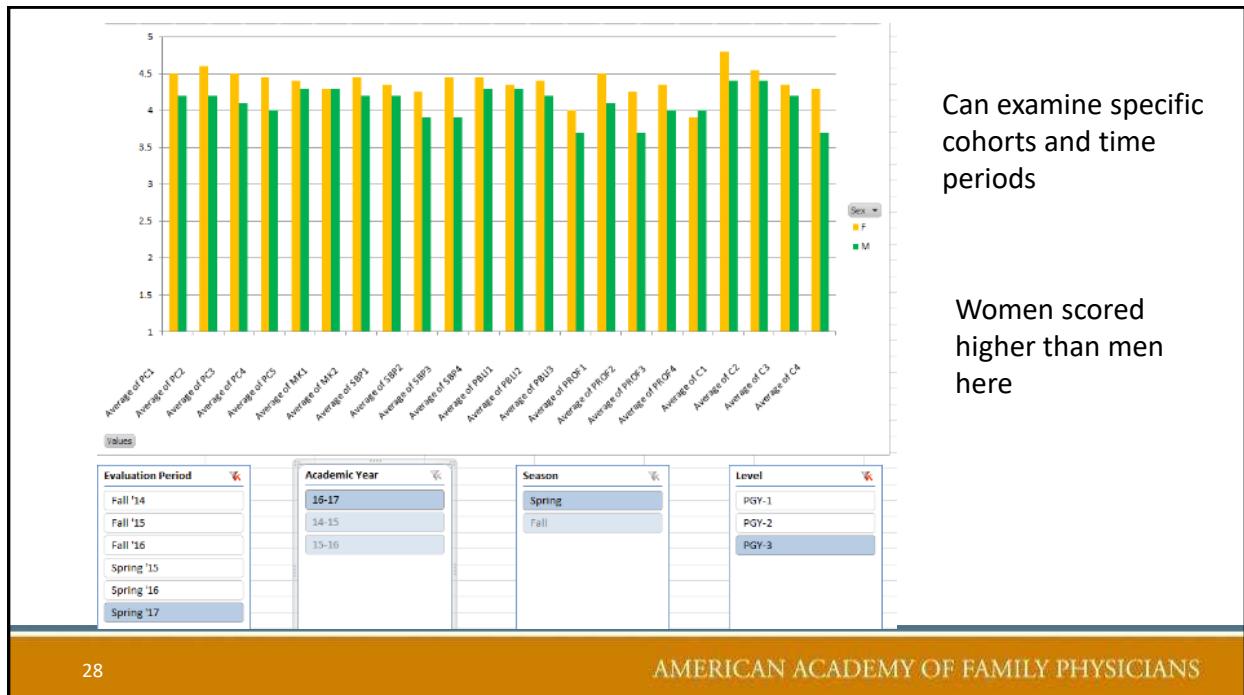
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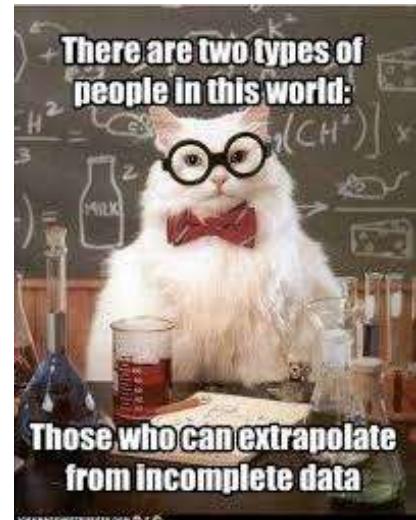
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# Data analysis

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

Is there a significant difference in scores?



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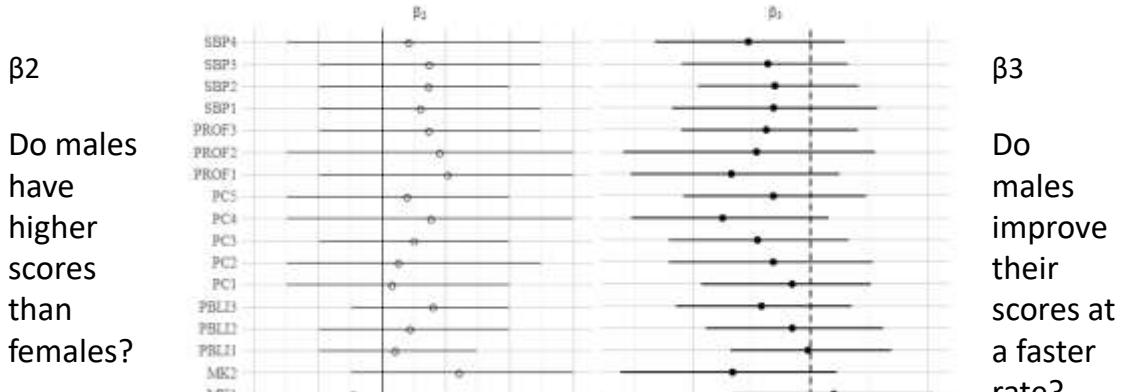
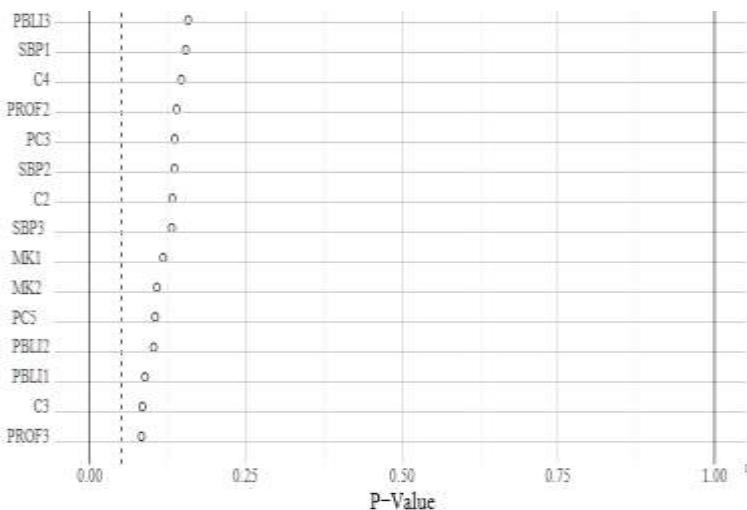


Figure 2: Results of difference in intercept and slope between genders. No significant differences were found.

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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



## A Tale of Two Interstates



Greene County<sup>1</sup>: 5 fold increase since 2010  
Montgomery County<sup>2</sup> 2016 : 57 per 100,000 UOD deaths

2016 SAHMSA<sup>3</sup>:  
11.8 million OUD patients  
21 million Need SUD treatment  
3 million Received SUD treatment

3% Family Physicians currently provide MAT<sup>4</sup>

Rare in rural areas<sup>4</sup>

The patient perspective<sup>5</sup>

50% Physicians didn't address the issue

40% Physicians missed diagnosis

25% Shared Decision for Treatment



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STFM 2015<sup>6</sup>

26% Curriculum addressing SUD

8% Programs had ONE graduate treating SUD

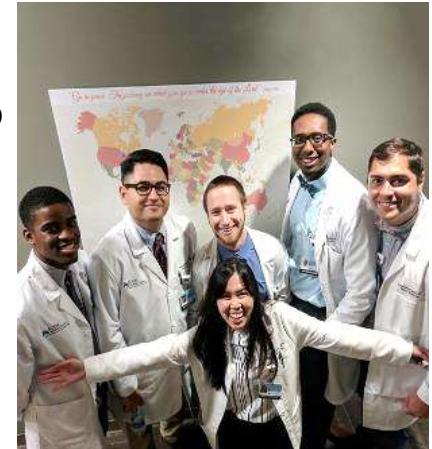
Wakeman et al, Harvard<sup>7</sup>

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

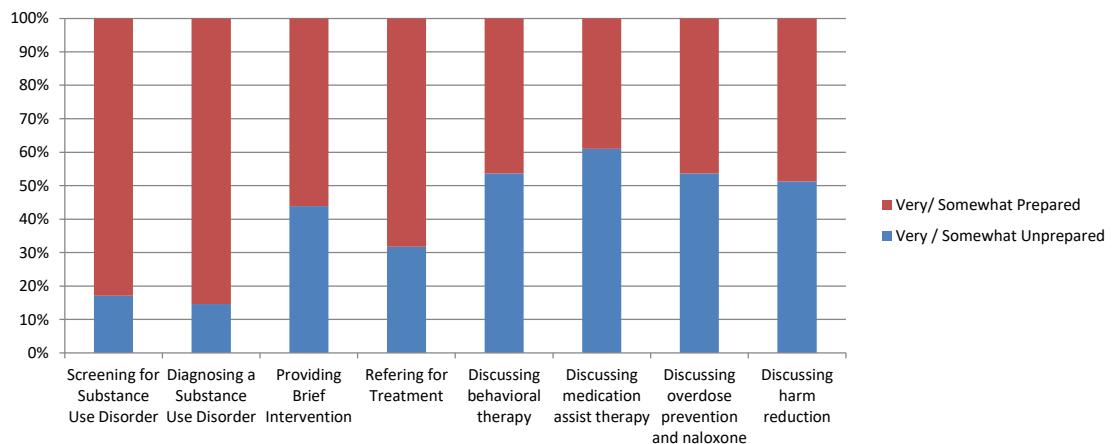
Representation from: FM, IM, EM, Gen Surg, OB, TY, Radiology



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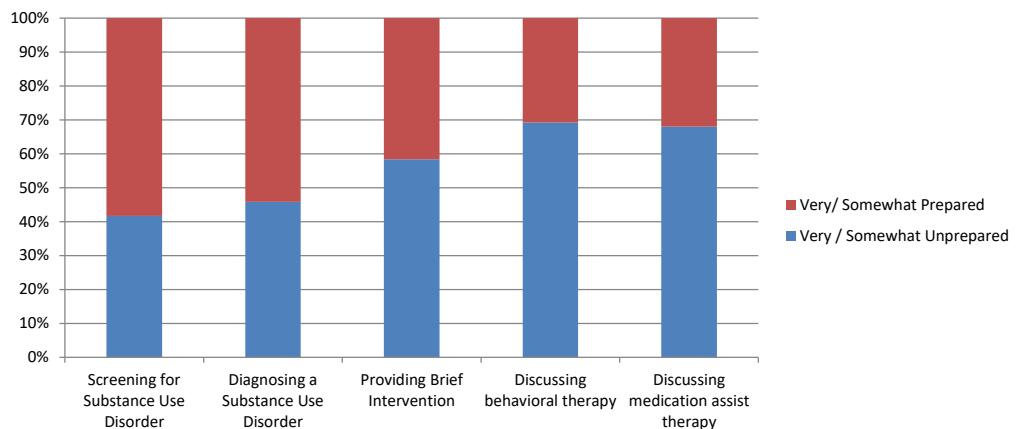
## Self- Identified Competence



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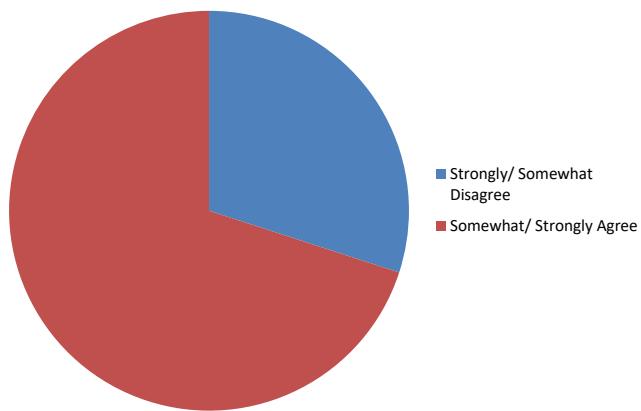
## Faculty - Teaching



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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 Champions<sup>8</sup>

Early Training & Standard Care<sup>9</sup>

OSCE<sup>9,10,11</sup>



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“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”<sup>12</sup>

Atul Gawande

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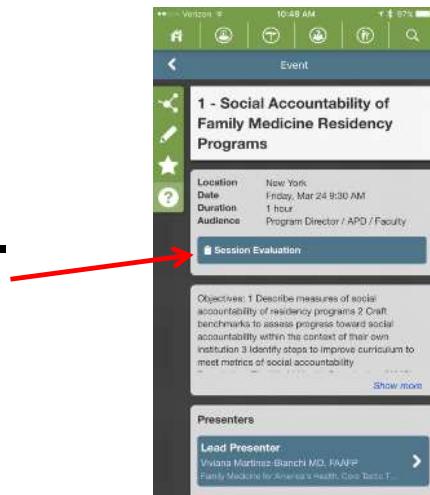
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Please  
complete the  
session evaluation.



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