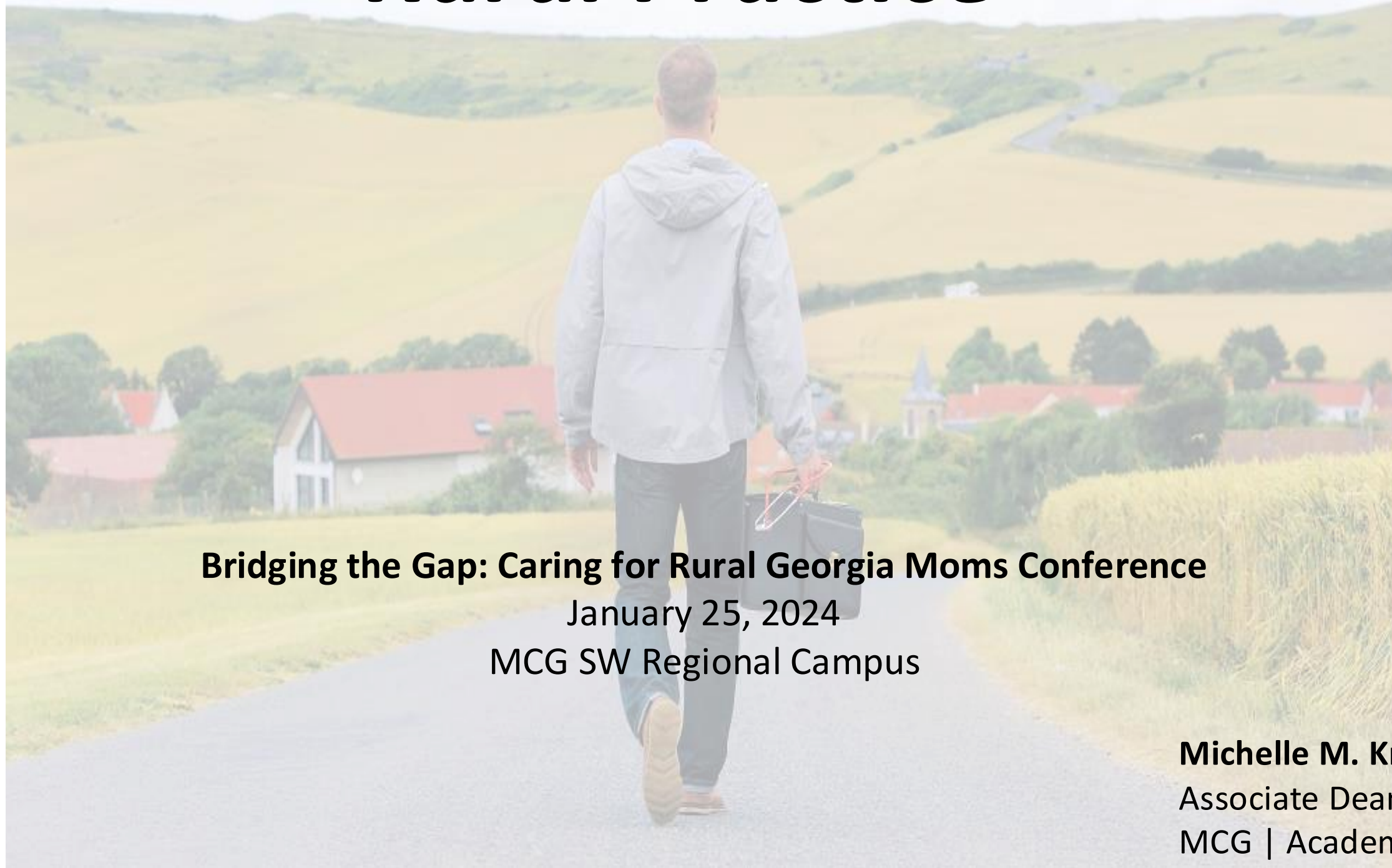




Preparing Future MDs for Rural Practice



Bridging the Gap: Caring for Rural Georgia Moms Conference

January 25, 2024

MCG SW Regional Campus

Michelle M. Krupp, EdD, MS

Associate Dean for Faculty Development

MCG | Academic Affairs



AUGUSTA UNIVERSITY

**MEDICAL COLLEGE
OF GEORGIA**



Ulowa Hawk Alert

To Krupp, Kyler

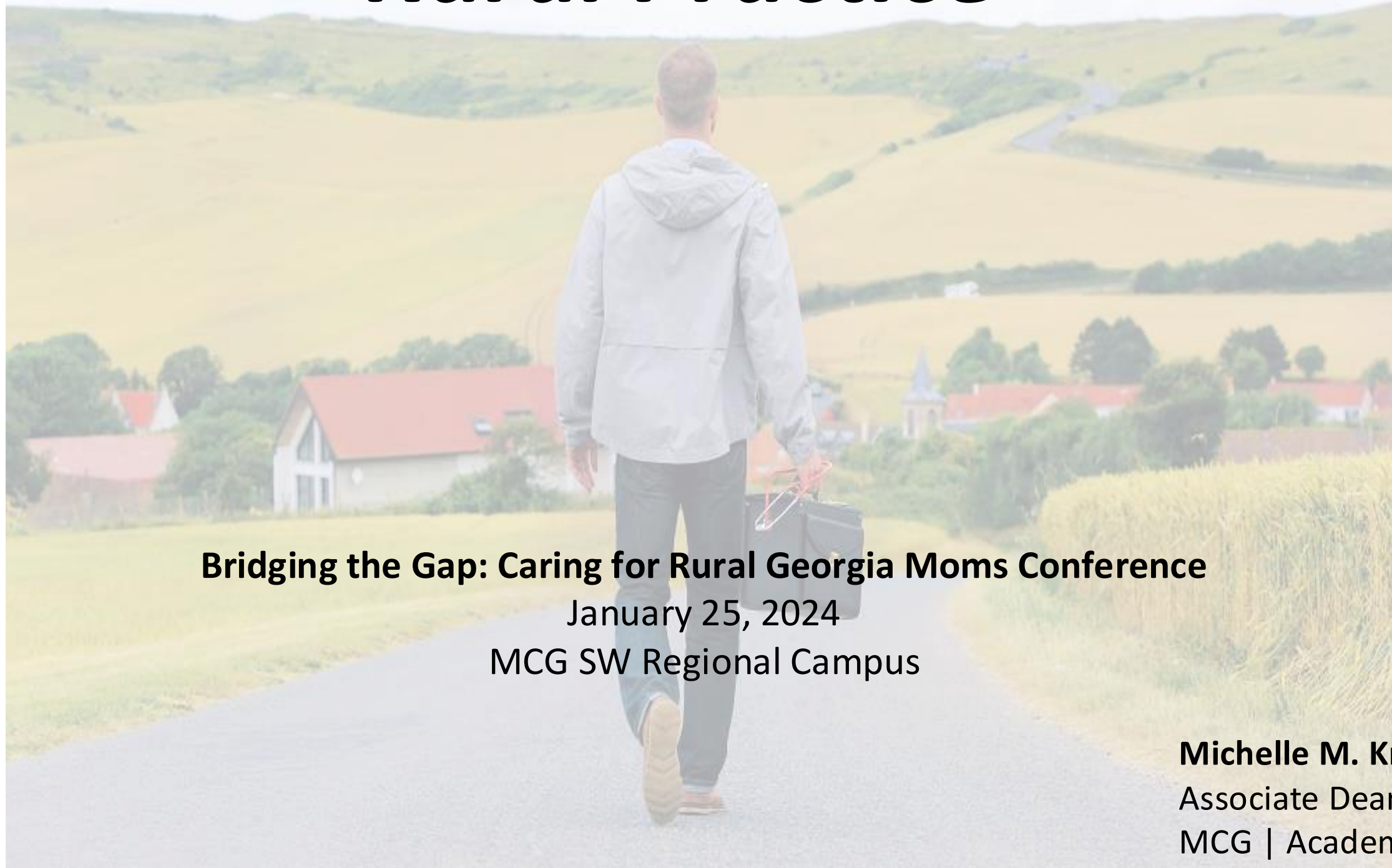
Yesterday



HAWK ALERT: NWS Extreme Cold Warning in effect [midnight through noon Tuesday, Jan. 21.](#) -30 wind chill. Dress warm to protect yourself. More: emergency.uiowa.edu.



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- **Objectives**

- Review the importance of rural pipeline development
- Highlight the role of the healthcare team in preparing students for rural practice
- Outline strategies for preparing learners for rural practice
- Emphasize faculty development's role in supporting rural health

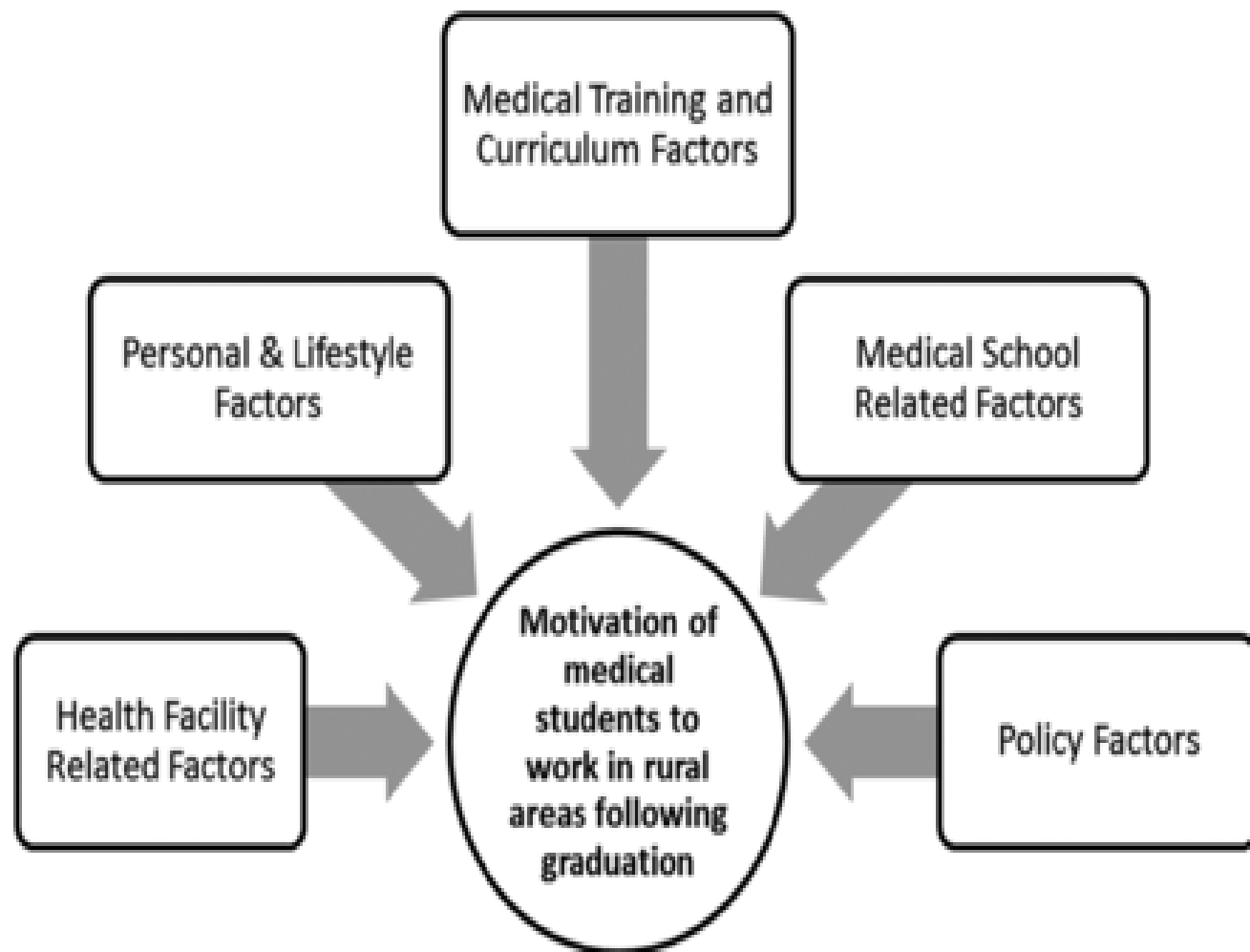
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Contributing to the Rural Pipeline



Factors Influencing Rural Career Choice



Budhathoki SS, Zwanikken PAC, Pokharel PK, *et al.* Factors influencing medical students' motivation to practice in rural areas in low-income and middle-income countries: a systematic review. *BMJ Open* 2017;7

Pipeline Effectiveness

Note: While rural upbringing significantly contributes to students practicing in rural areas, 40-70% of current rural physicians not from rural areas

Targeted rural pipeline programs can produce:

- Students more likely to practice in rural areas compared to peers that did not rotate in rural areas
- Contribute to forming a rural identity
- High retention – 20-25 years later

Programs & Initiatives Include:

Collaborations throughout the state that aim to expose students early and frequently to rural health practice

- Targeted Admissions, Regional Campuses, Rural Clinical Rotations, Community-based GME programs, Scholarships & Incentives, Community Engagement, Service & Research



Context & Relevance

Why it Matters

- Shortage of physicians lead to delay care and worsened health outcomes
- Rural communities – 20% of US population, but face significant disparities in healthcare access and outcomes
- Chronic conditions more prevalent, compounded by limited h/c infrastructure and shortage
- **Building a pipeline for rural h/c is critical to addressing disparities & ensuring sustainable care delivery**

MCG's Strategic Priorities

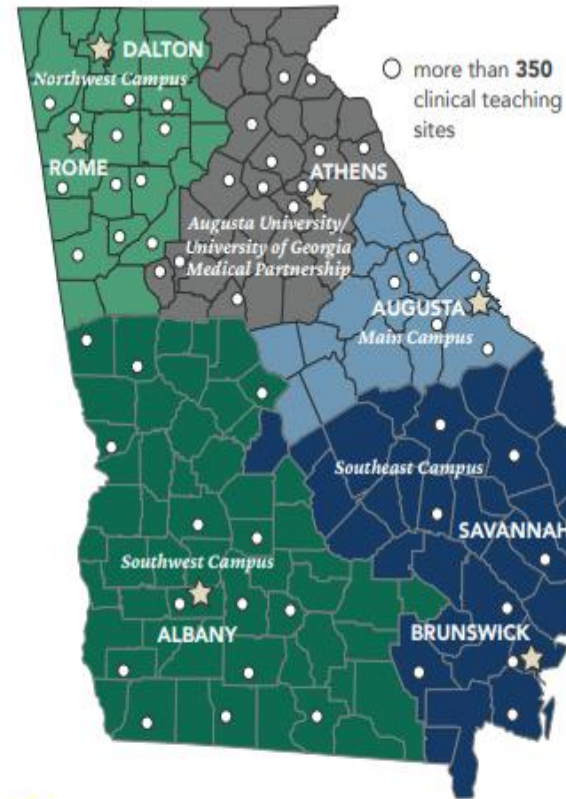
- Grow our statewide footprint to better meet the needs of our state
- Address the health care needs and diversity of our communities
- Intentionally preparing students to for rural practice

STRATEGIC PRIORITIES

EDUCATION

- Provide exceptional career-oriented learning experiences that prepare practice-ready graduates to enter the health care workforce.
- Grow our statewide footprint to better meet the needs of our state.

Our Campus Locations



- Expand medical education opportunities to meaningfully connect students with communities and to support innovative rural/underserved community curricular delivery.
- Leverage professional educational pipelines to recruit and retain a diverse group of learners.



CLINICAL CARE

- Create a sustainable, efficient, and future-oriented health care system.
- Provide quality and value in all clinical services and programs.
- Address the health care needs and diversity of our communities.
- Enhance access to complex care.

COMMUNITY

- Maximize impact of community outreach through a shared understanding of community needs.
- Demonstrate ongoing community engagement.
- Optimize community involvement in research and education.
- Develop Georgia's health professions workforce from within Georgia communities.



Strategies to Cultivate Rural Physicians: *Educate ~ Model ~ Engage*





To cultivate a rural physician, it takes a village...AND

- ✓ a community
- ✓ an entire healthcare team
- ✓ institutional support
- ✓ organizational support
- ✓ clinical sites
- ✓ hospitals
- ✓ commitment, intention, concerted effort



The Role of Healthcare Teams in Preparing Future MDs for Rural Practice: *Interprofessional Education*

Translating IPE to Rural Practice

- **Exposure & Training Through Real-World Team Dynamics**
 - How teams function effectively despite resource limitations
 - Exposure to IP teams managing emergencies or trauma w/ limited resources & equipment
- **Bridging Academic Knowledge with Rural Needs**
 - i.e., adapting care plans when diagnostic tools unavailable, leveraging technology (telemedicine)



Strategies for Cultivating Interest in Rural Practice

- **Be intentional**
 - <rural background, more explicit the intention & strategies
- **Identify & cultivate rural interest**
 - Share joys, rewards & success
 - Address misperception and negative beliefs
- **Develop confidence & competence to meet rural community needs**
 - Longitudinal experiences, exposure, connection
 - Teach/practice telemedicine
 - Provide full spectrum of healthcare: nursing homes, clinics, in-patient, etc.

Everyone has the ability to impact someone's life in a deep and meaningful way.

– Sathya Chey Patterson

Exposure, Mentoring, & Teaching for Rural Skillsets



- **Negotiating Dual Relationships**
 - Discuss/involve how to balance community and physician role
 - Discuss setting boundaries & confidentiality
- **Leadership Skills & Roles**
 - Discuss/share own experiences
 - Involve students in hospital committees, community boards
 - Emphasize teamwork, negotiation & conflict management skills
 - Community physician role and advocacy
- **Improving Community Health Problems**
 - Provide opportunities to work with community members through projects, research, boards, speaking events
- **Fully Engage Rural Communities**

Premise: Phone-based generations and correlation to mental health issues

Application: Tap into underlying needs of connection, advocacy/purpose and resilience

Sparking Rural Interest through GenZ Needs

Promote Real-World Interactions:

- **Effectiveness**: This hands-on experience fosters a **deeper connection** to the community and a **stronger commitment** to serving in rural areas.

Foster Resilience:

- **Effectiveness**: Encouraging **autonomy and problem-solving skills** helps students build resilience, which is essential for handling the challenges of rural healthcare. By taking on **leadership roles** and participating in **rural health initiatives**, students gain **confidence** and learn to navigate complex situations independently. This resilience is crucial for adapting to the often resource-limited and unpredictable nature of rural medical practice.

Support Mental Health:

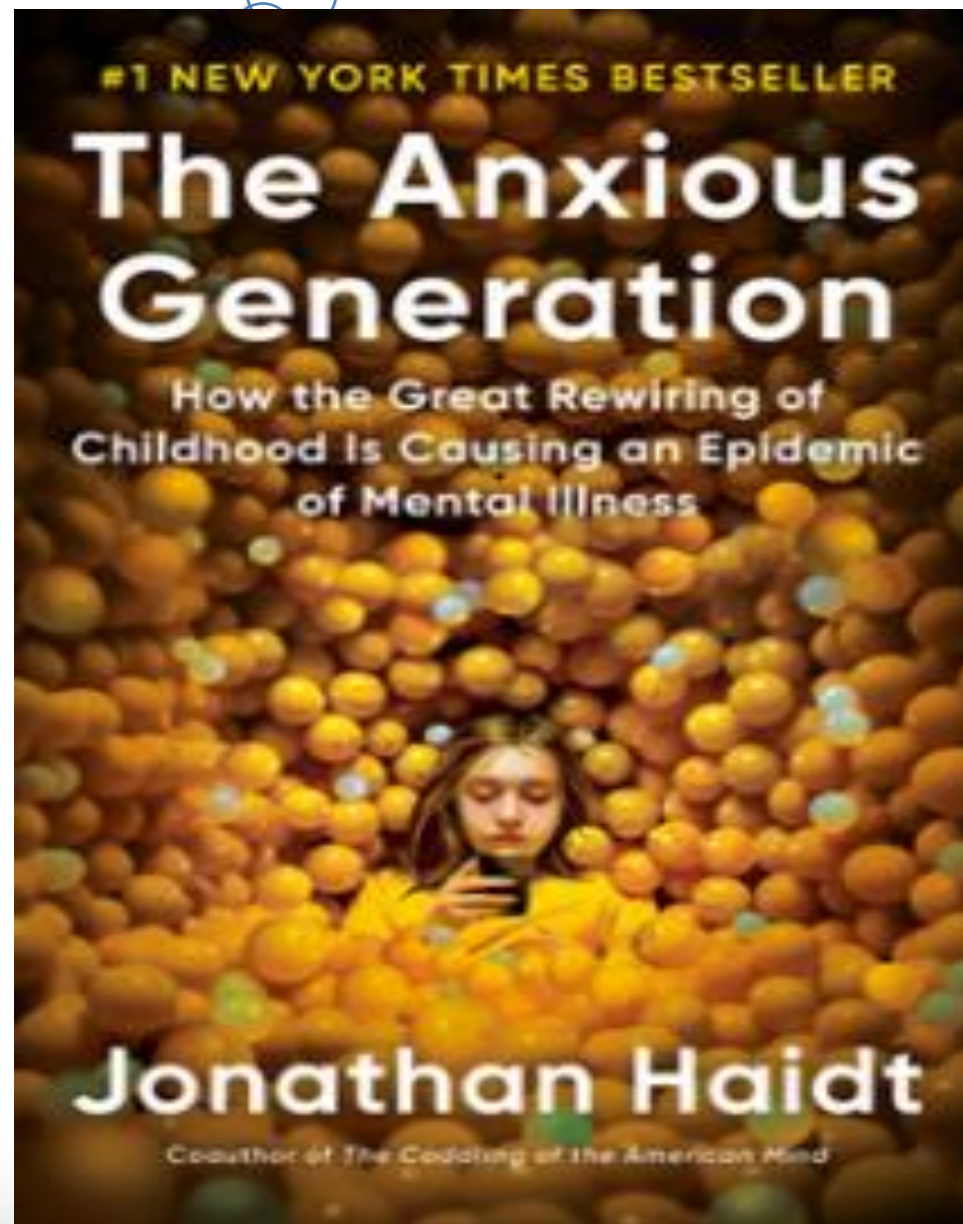
- **Effectiveness**: create a supportive environment that promotes well-being and resilience, making students more likely to thrive in demanding rural practices.

Leverage Technology Wisely:

- **Effectiveness**: While excessive screen time can be detrimental, technology can also be a powerful tool for education and connection. **Telemedicine and online learning platforms** can provide continuous support and education for students in rural placements, ensuring they remain connected to their peers and mentors. This helps mitigate feelings of isolation and provides access to ongoing professional development, making rural practice more sustainable and appealing.

Community Integration:

- **Effectiveness**: **Building strong relationships** with the community enhances trust and cooperation, which are essential for effective healthcare delivery. By participating in local events and understanding community needs, students can tailor their medical practice to better serve the population. This integration fosters a sense of **belonging and purpose**, increasing the likelihood that students will choose to remain in rural practice long-term.





Faculty Development Approaches to Support Rural Community Faculty and Teams

Impact of Faculty Development

Enhanced Teaching Quality

- Improves teaching & mentorship skills
- Improves feedback & evaluation skills

Better Support

- Address specific challenges in community setting
- Provides support & resources
 - Build a community of practice

Increased Satisfaction

- Increase self-confidence
- Increases student and preceptor satisfaction



Images created by ChatGPT. DALL-E

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- Mowreader, A. (2023). Faculty development benefits professors, students. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/news/2023/03/24/faculty-development-benefits-professors-students>
- Leslie, K., Baker, L., Egan-Lee, E., Esdaile, M., & Reeves, S. (2013). Advancing faculty development in medical education: A systematic review. *Academic Medicine*, 88(7), 1038-1045.
- Sorinola, O. O., Thistlethwaite, J., Davies, D., & Peile, E. (2017). Realist evaluation of faculty development for medical educators: What works for whom and why in the long-term. *Medical Education*, 51(12).

The Reality of Teaching Challenges

Clinical

- Decreased clinical efficiency, impact on productivity
- Strain on resources & space
- Disruption of routine

Teaching

- Find teaching to be stressful & difficult
 - Uncertain about teaching skills
 - Not feeling prepared to teach
 - Variability in student preparedness & skill level
- Ambivalent, difficult or struggling students
- Evaluating students, academic paperwork
- Lack of institutional support & training

Personal/Time

- Not enough time to devote to development
- Increased workload, time constraints, longer days
- Professional burnout



References

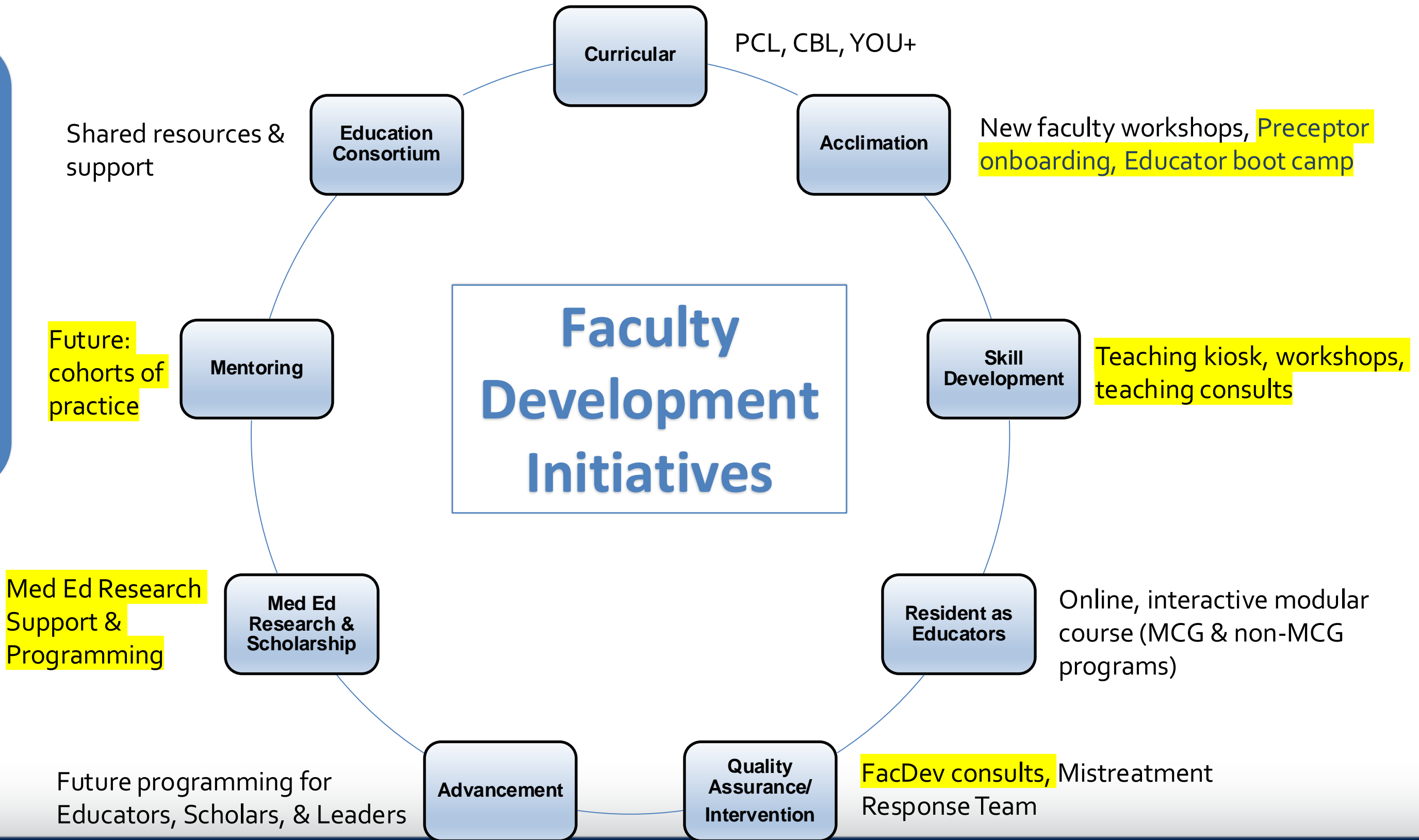
Minor, S., Huffman, M., Lewis, P. R., Kost, A., & Prunuske, J. (2019). Community preceptor perspectives on recruitment and retention: The CoPPRR study. *Family Medicine*, 51(5), 389-398.

Rodriguez, M., & Jaén, C. R. (2022). One-minute preceptor: Precepting medical students effectively and efficiently. *Family and Community Medicine*.



MCG Faculty Development: New Programming/Collaboratives

- Supporting & Collaborating**
- MCG Faculty
 - MCG Departments/Divisions
 - **Community Faculty>>>>>**
 - MCG GME
 - MCG Curriculum
 - Office for Faculty Success
 - AHEC
 - AAMC
 - MCG GME
 - Non-MCG Residency Programs
 - EII Involvement



Community Outreach Through Faculty Development: *The Ripple Effect*

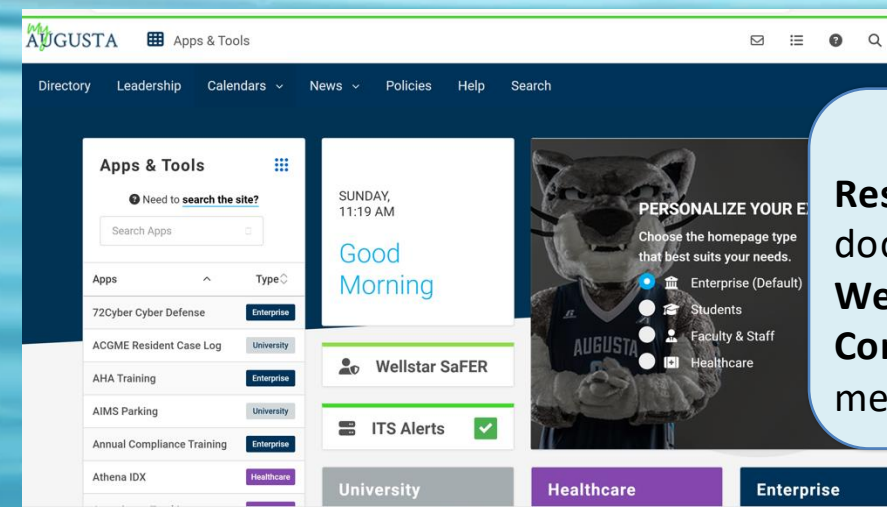


Connect, Engage, Involve, Support Stakeholders

- Community faculty
- Regional campuses
- Clinical departments
- Clerkship & site directors, coordinators
- AHEC
- Government relations
- FQHCs
- GME (MCG & non-MCG)
- MCG leadership, OAA
- AU leadership



Community
Faculty
Advisory Board



PRECEPTOR PORTAL

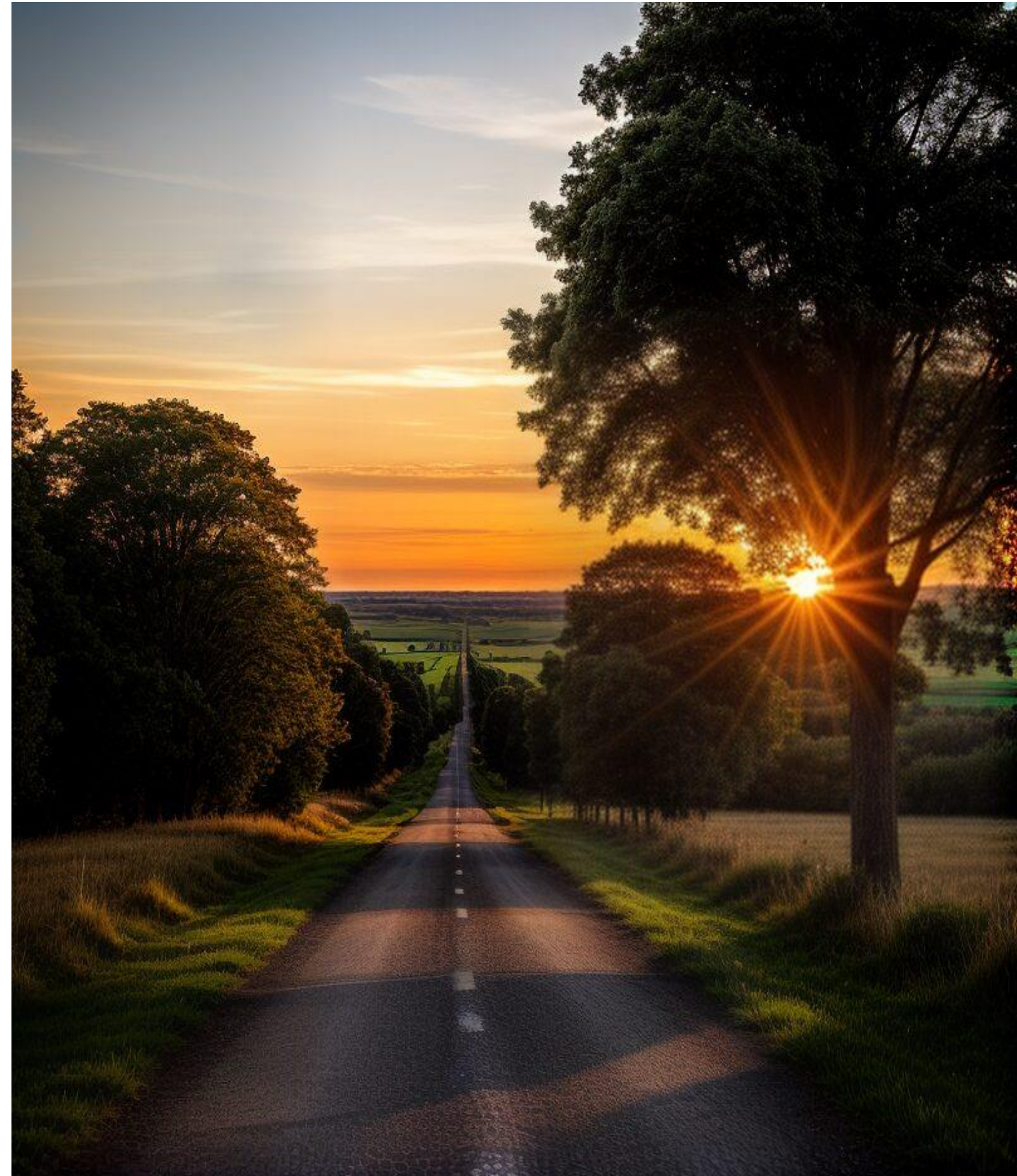
Resources: Library, Databases, Teaching Kiosk, faculty profiles, document management, who's who

Web Applications: One45, Compliances, CMEcloud

Communication: email, chats, cohorts of practice, targeted messaging, highlighted information, feedback

Future Programming to Support Rural Educators

- Community-Engaged Faculty Development
- Mentorship Training Programs
- Rural-Specific Faculty/Team Workshops
- Leveraging Telehealth for Faculty Support



Key Takeaways



- It takes a community to prepare students for rural practice
 - Intentionality and commitment from all
- Healthcare team (IPE) is vital for rural education and interest
- Community engagement enhances learner experiences and outcomes
- Tap into connection, advocacy & resilience
- Leverage faculty development initiatives to prepare the next generation of rural healthcare providers



Reach out anytime to:

- give feedback/input
- share ideas
- request a teaching consult/training
- introduce yourself
- Inquire about teaching opportunities



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