

DEVELOPING MEDICAL STUDENT AND RESIDENCY RURAL TRAINING TRACKS IN EASTERN VIRGINIA

Stephen Brawley, MD

Bruce Britton, MD

Eastern Virginia Medical School

Department of Family and Community Medicine

RURAL TRAINING TRACK COMPONENTS

4 rural block
months to include
a rural public and
community health
experience

3 months of
obstetrical training,

4 months of
pediatric training
to include neonatal,
ambulatory,
inpatient and
emergency
experiences

2 months of
emergency
medicine
experience

EVMS

- Established in Norfolk from grassroots efforts in 1973
- Vision: Be recognized as the most community-oriented school of medicine and health professions in the United States
- Medical School with 150 students in each class
- Norfolk Sentara General Hospital and Children's Hospital of Kings Daughters on campus
- Dedicated Ultrasound Training Department
- Two family medicine residency programs



TOURIST INFO

- 70 miles long
- Southern Tip of Delmarva Peninsula
- Population 45,000
- Connected to Virginia Beach by 18 mile long Chesapeake Bay Bridge
- Popular Outdoor Tourist destination- beaches, fishing, kayak, golf



VA ES HEALTH CARE SYSTEMS

Eastern Shore
Rural Health

Riverside Shore
Memorial
Hospital

ESCSB

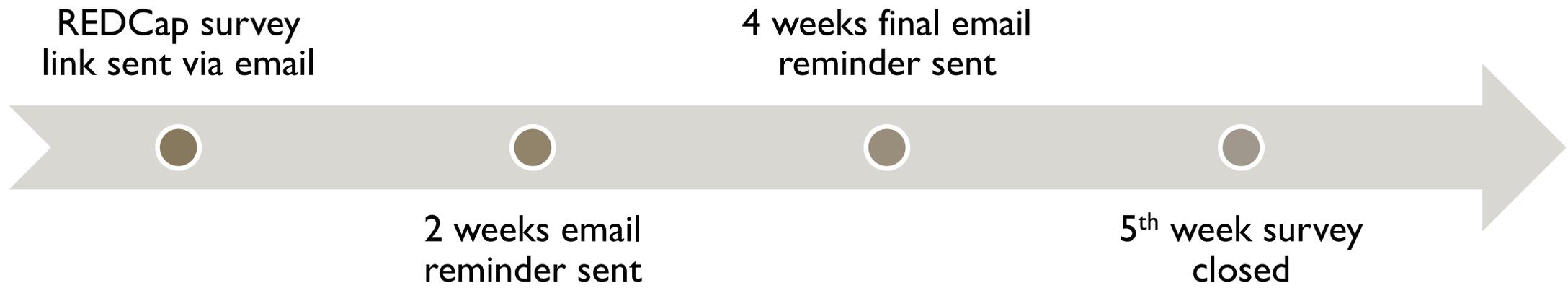
RECRUITMENT

EVMS Family and
Community
Medicine faculty
and residents

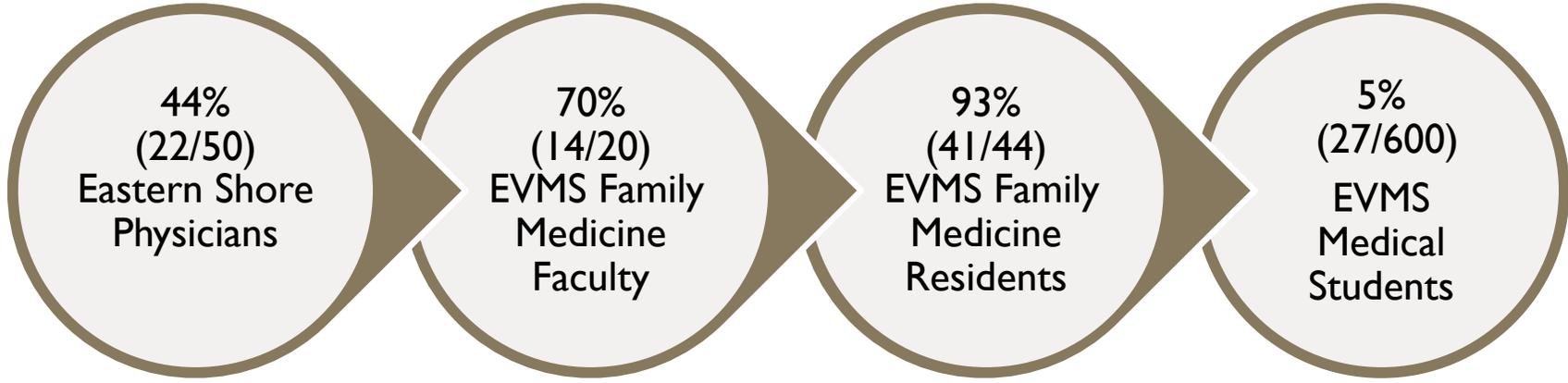
Eastern Shore
Rural Health
physicians

Riverside Shore
Memorial Hospital
physicians

EVMS medical
students

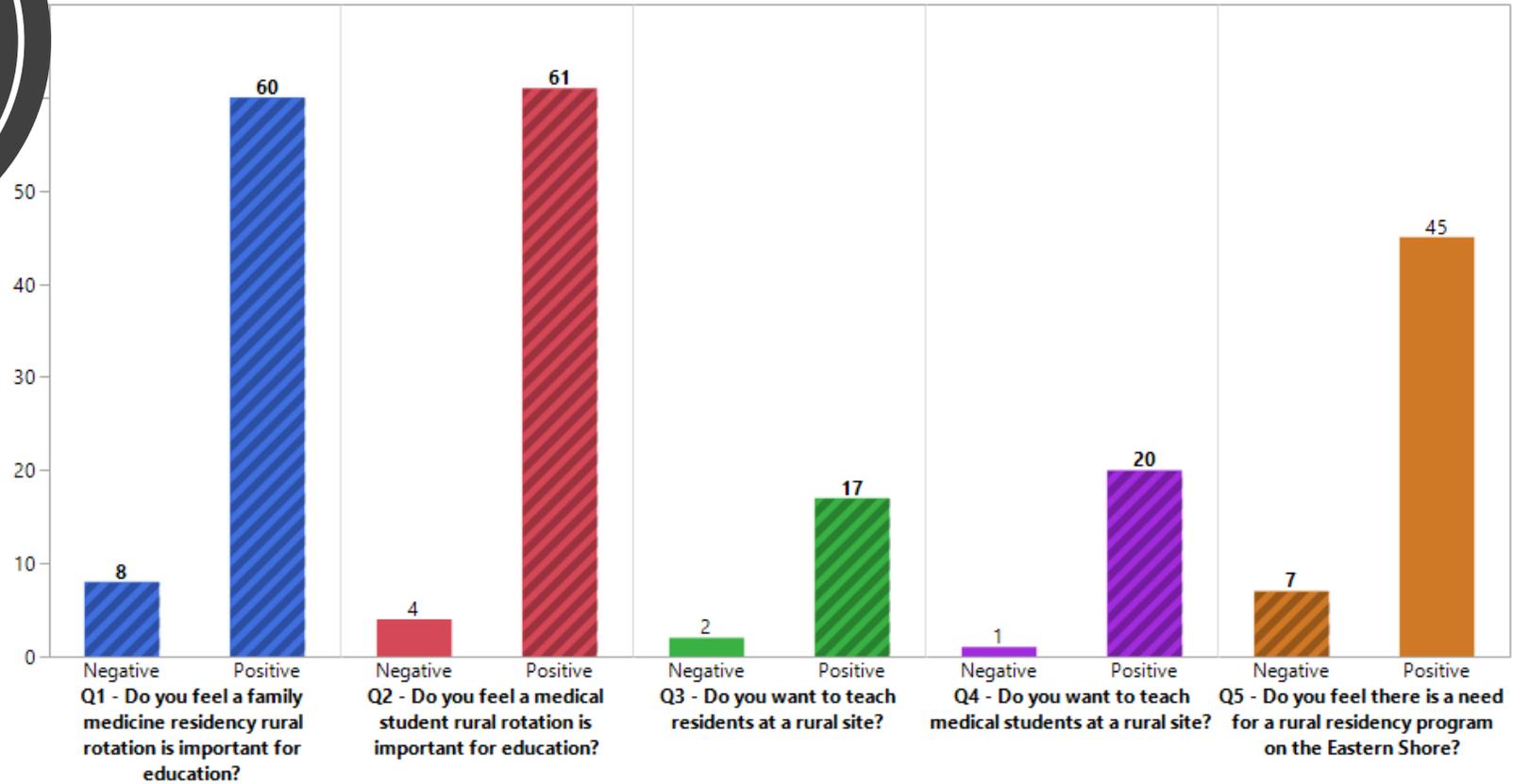


RECRUITMENT

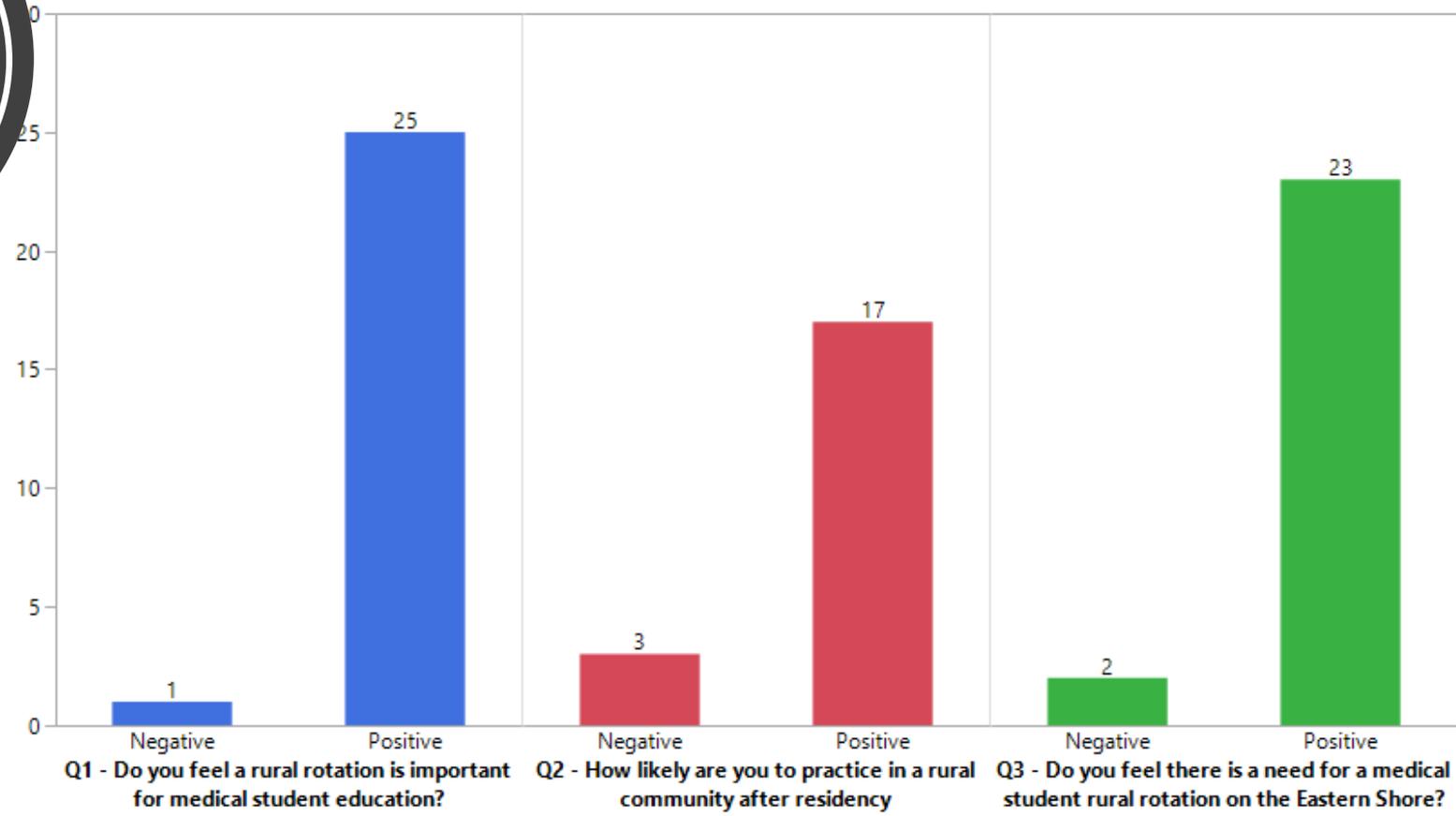


SAMPLE

Physicians Responses
(including residents)



Medical Student Responses





HRSA
GRANT

Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program

- Submitted January 2020. Start date July 2020.
- The purpose of this program is to enhance accredited residency training programs in primary care in rural and/or underserved areas, and encourage program graduates to choose primary care careers in these areas
- Up to \$500,000 per year subject to the availability of appropriated funds for 5 years
- Train residents in interprofessional, team-based care
- Develop or enhance training to incorporate knowledge, skills and competencies needed to treat opioid use disorder, mental health, and telehealth

PROGRAM COMPONENTS

TELEHEALTH

Develop and implement telehealth education and experiences

- IPE/Telehealth educational rotation
- Behavioral/Mental Health Telehealth Education/Certification
- Clinical Experiences with Telehealth (Videoconferencing, eConsults, VMAP, Project ECHOTM)
- Faculty collaboration with FQHCs partner sites via telehealth

MEDICATION ASSISTED THERAPY

Development and implement didactic education training and/or interactive modules on:

- Medically Assisted Treatments
- Mental Health issues
- Substance Use Disorders (SUD) /Opioid Addiction
- Social Determinants of Health
- Telehealth

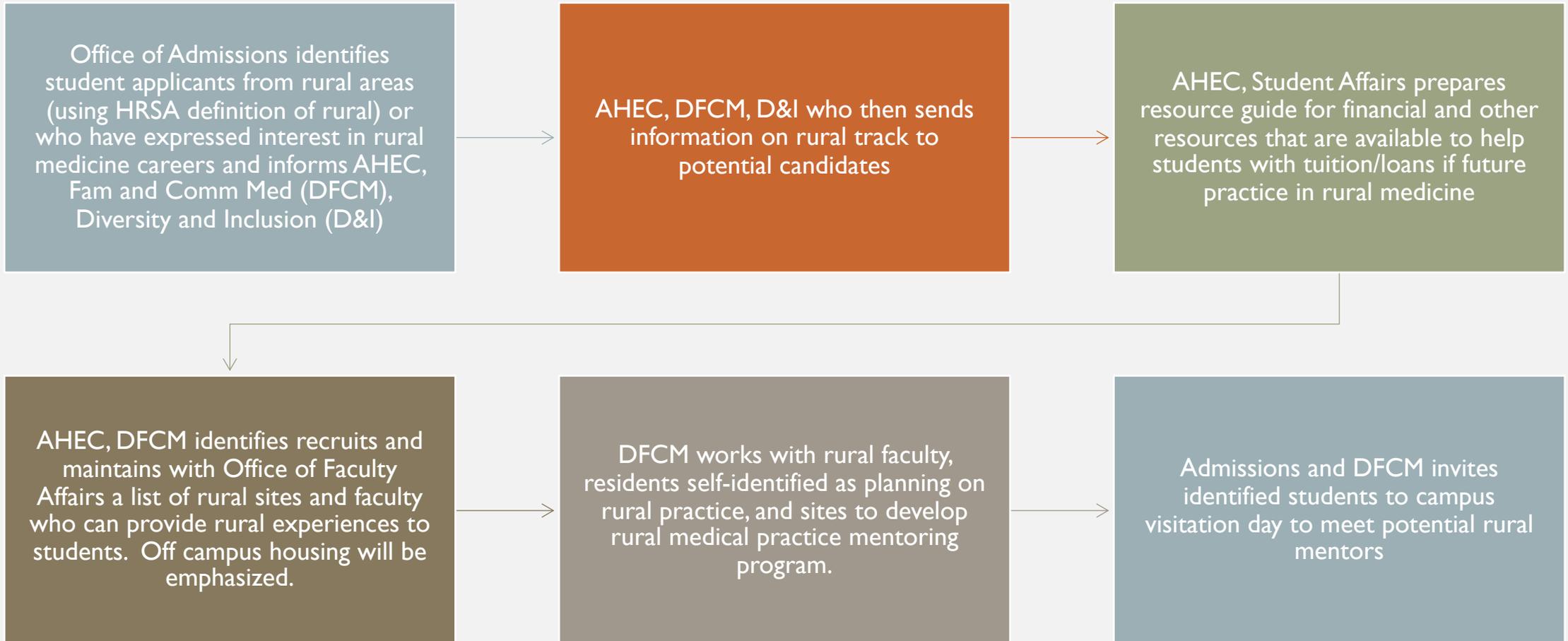
Participate in clinical experiences in programs that address SUD or mental health

- Medically Assisted Therapy with a provider with a DATA-2000 waiver
- Community-Based Opioid Treatment or Office-Based Opioid Treatment
- Community Service Board for Behavioral Health
- REVIVE training (Opioid Overdose and Naloxone Education)
- Screening, Brief Intervention, and Referral to Treatment for SUD

QUESTIONS

MEDICAL STUDENT RURAL TRAINING TRACK OVERVIEW

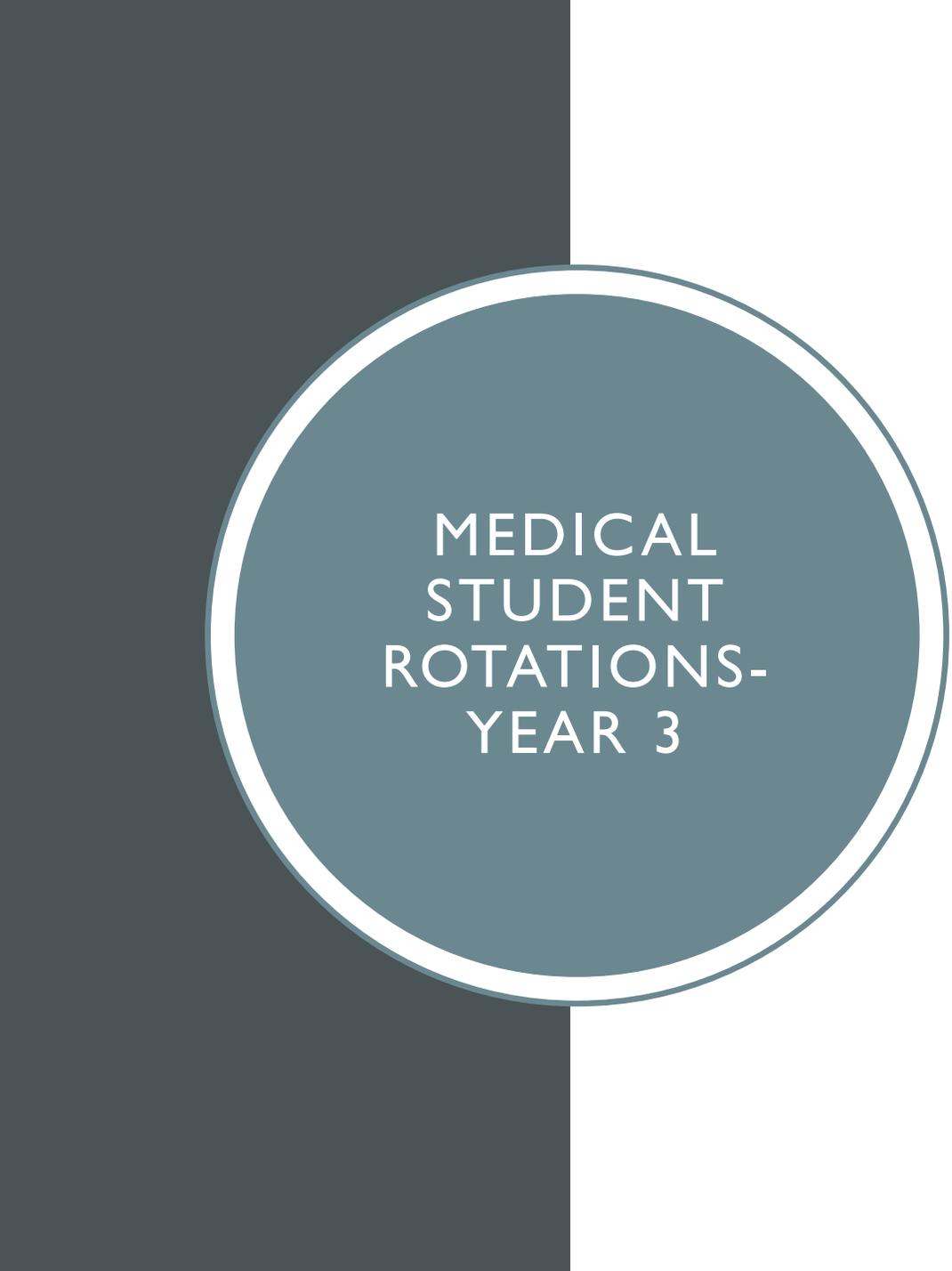
MEDICAL STUDENT RECRUITMENT- PREMATRICULATION



MEDICAL STUDENT ROTATIONS-YEAR 1&2

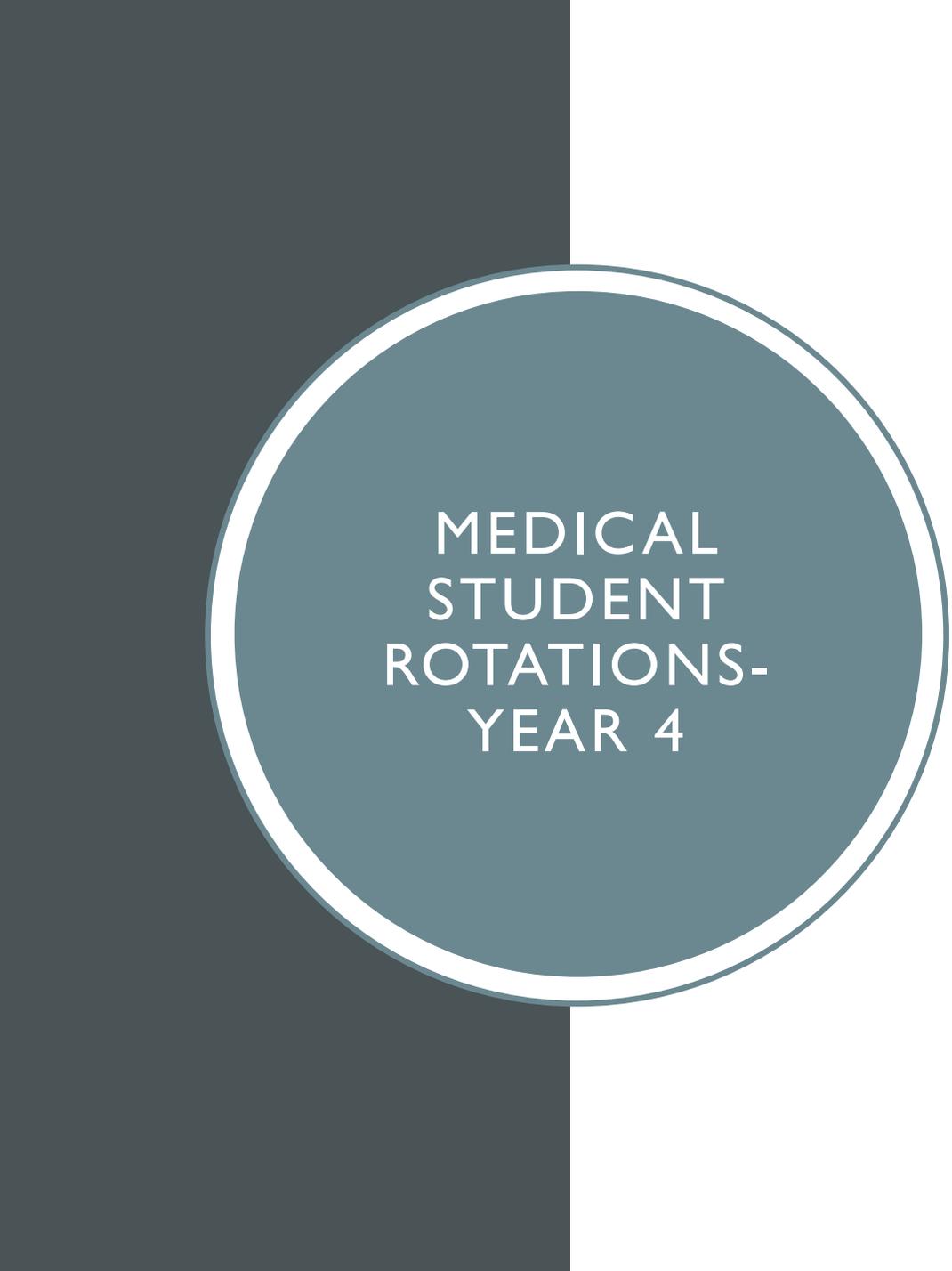
- Rural Health Club
- Student accepted to Rural track will have assigned Mentor
- This mentor will also be Longitudinal Generalist Mentorship (LGM) facilitator who will work with students at rural site
- Possibility of using modified LGM program (paired students or senior resident at rural site) if multiple rural track students needing mentors
- Volunteer clinical experiences at Western Tidewater Free Clinic
- End of first year Summer Rural medical scribing program (scribing via telehealth?) with Rural medical groups with curriculum on rural health
- End of first year Summer help with preparation to apply for tuition and loan forgiveness programs and grants





MEDICAL
STUDENT
ROTATIONS-
YEAR 3

- DFCM rural track in Family Medicine clerkship
- Additional rural health experiences in other clerkships as available (Eastern shore psych, Ob, surgery, etc.)
- Western Tidewater Free Clinic mentoring by M3 students of M1 & M2 students in rural track
- Continued contact with Mentor
- Continued contact with Financial Aid office support
- Planning for M4 rural electives and selection of residency programs with excellent training and rural training opportunities-Virginia residency training programs



MEDICAL
STUDENT
ROTATIONS-
YEAR 4

- Menu of rural electives for rural ambulatory medicine
- Telemedicine/Interprofessional Experiences
- Paid to attend [Head for the Hills conference](#) and/or [NHRA conference](#)
- Continued mentoring
- Continued Financial Aid office support

RESIDENCY
RURAL TRAINING
TRACK
OVERVIEW

RESIDENT ROTATIONS

RTT (2 volunteers a year for first 2 years)

PGY2 Year

- 2 months with ESRH and ES CSB
- 1 additional month of Emergency Medicine at RSMH

PGY 3

- 2 months with ESRH and ES CSB
- 1 additional month of OB at RSMH
- Rural Specialty Electives at RSMH

NON RTT RESIDENT ROTATIONS

2 weeks with
ESRH and ES CSB

Rural Specialty
Electives
opportunities at
RSMH

FUTURE PLANS

With HRSA Grant

Better housing

Formal Telehealth training

OBOT clinic

Expand to a 1-2 program for 2 residents a year
with own NRMP number

Expand to a separate 4 – 4 – 4 Rural Residency
Program



Stephen Brawley
Brawlesc@evms.edu



Bruce Britton
Brittobs@evms.edu

QUESTIONS