Population Health Pathway

Focus in Rural Health

Contents
[Overview]

[THE CLINICAL ELECTIVE (PGY4)]

[PRE-DEPARTURE:]

- [Learning Topics]
- [National Conferences]
- [Alaska Rural Provider Network series]
- [Climate Change impacts on Native peoples:]

[During Elective: Thought topics]

[POST Elective Reflection and Debrief]
[Evaluation and Mentorship]
[Milestones and Timeline]

Overview

The Population Health Pathway announces the Area of Focus in Rural Health with educational and elective components, launched in AY22-23. The following represents an overview of our overall educational goals for resident physicians dedicated to learning emergency care provision in rural areas. The overall structure of the pathway will include educational supplementation and mentorship meetings in the first two years of residency, a dedicated longitudinal month in the 3rd year to broaden the educational background of the resident, and a dedicated elective at a rural site which may include an Indian Health Services opportunity for dedicated residents with long term aspirations for IHS service. The goal of the pathway is to best prepare resident physicians for rural practice or practice within Indian Health Services after graduation.

All pathway residents will conduct either a formal research study related to their areas of focus, QA/QI project or an educational curriculum/delivery (Example Projects). Residents on the pathway are encouraged to develop these projects in partnership with host sites/mentors for collaborators outside UW, to co-submit proposals for presentations at national conferences and will present to our residents and faculty during end of the year conferences.

THE CLINICAL ELECTIVE (PGY4)

The month-long clinical elective would be a cornerstone of the Population Health Pathway with focus in rural health. This elective could take place within Sun Valley, or Friday Harbor, or within the Indian Health Services in Alaska for residents with strong dedication towards serving in the IHS. Sun Valley and Friday Harbor are critical access hospitals where residents will gain experience practicing clinical emergency medicine in a single coverage, limited-resource setting with limited consultation and limited outpatient followup. Both sites work closely with local EMS.

- ANTHC: For residents wishing to work within the Alaska Native Tribal Health consortium, efforts will be made to place a resident with a fellow in the UW Global Emergency Medicine and Rural Health program and with experienced family physicians practicing in critical access hospitals within the ANTHC. Prior clinical sites have included Kotzebue's hospital as part of the Maniilaq Health Corporation, among other sites in Bethel, Nome, Unalaska, and Sitka. Resident physicians will learn practice of clinical emergency medicine in resource limited settings, coordination and teamwork with community health aides in the village network, emergency evacuation of critically ill patients when challenged by terrain and weather, and integration of traditional health beliefs into emergency care of the Alaskan Native patient.

  *A Prior Resident Elective Site in Alaska was the Mt. Edgecumbe Medical Center with shifts in the Klawock clinic

- St. Luke's Wood River Medical Center (Ketchum, ID) offers 25 inpatient beds, 2 ICU beds and 10 ED beds. There is regular coverage by a hospitalist (FM or IM) and orthopedics and "spotty"

coverage by general surgery, OB, hand, and spine. It is not an ACS-designated trauma center and the nearest trauma center is approximately 150 miles away.

- Peace Island Medical Center (Friday Harbor, WA) is the only hospital within the islands of San Juan County, WA (population 15,000), with a 5 bed ED, 10 inpatient beds, a chemotherapy infusion center, and an outpatient clinic. ED volume is about 3,500 patients annually, the majority of which come in the summer months. It is an ACS Level 5 trauma center. Medical evacuation/transfer and continuation of care for PIMC patients is facilitated by local Island Air fixed-wing medical transport and Airlift Northwest medical transport.

*For further details re the Sun Valley Idaho and the Friday Harbor WA electives, please contact Dr. Douglas Franzen, and request supporting documents.

Details on how to obtain licensure and setting the rotation up will be provided in a different document. When you return from your rotation, we will schedule a debrief to discuss the experience.

PRE-DEPARTURE:

During your pre-elective time, you'll want to begin learning as much as you can about the site and community where your elective will take place. For those rotating in the Alaska Native Tribal Health consortium, pre-departure planning will include learning about the ANTHC, life in Alaska, subsistence living, and traditional health beliefs to best prepare you to be successful in your clinical endeavors and community-building.

Prior to your elective, please prepare by addressing the following learning topics through pre-reading, pre-video watching, and consider these learning goals for further exploration as you see cases and meet the community. For bullet points with links, please read/listen to these before your elective if possible, but prior to completion of the elective would be the goal. Not all resources will be applicable to all rural electives, however many cross-over themes and overarching principles can be applied broadly, and we encourage you to explore these resources.

Learning Topics

Cultural

- Familiarity with American Indian/Native Alaskan health beliefs around chronic and emergency care, end of life and palliation, substance use, mental health issues
- Familiarity with Nutrition and environmental factors contributing to health
- Familiarity with healthcare administration in IHS including 638 programming, community health aide program, the formation of health corporations
- Familiarity with historical trauma, trauma-informed care principles, history of relationship between native peoples and the health care system
- Familiarity with state wide health system in Alaska and challenges of administering health care over vast areas of wilderness
- An understanding of the impacts of climate change on the health of native Americans and rural communities
- How to discuss Firearms in a rural setting
- Resources:
  - GEMRH recorded lectures series (required):
    - Robert Onders, Kyle Pohl, Paul Charlton/David Cheever/Emily Bartlett, Robin Demoski (Decolonizing Native healthcare), Anne Zink,
    - Dr. Meghan O'Connell (tribal epidemiology centers)
  - GEMRH recorded lectures series (suggested):
    - Margaret Greenwood Ericksen, UNM
    - Anne Zink, Alaska Chief State Medical Officer

  - Decolonization Video Series: While geared toward global health, this youtube video series from academic scholars hosted by Emory Univ on the decolonization of global health is applicable to tribal and indigenous health within the continental US as well. Please listen to this series and plan to discuss with your mentor
    - Beyond Tokenism (Dr. Ngozi Erondu): How do we stop global health institutions from perpetuating global health inequities
    - Decolonizing the Mind (Dr. Anouska Bhattacharyya)
    - "Decolonizing Global Health Education"

National Conferences

Consider attending the annual EMRIC Emergency Medicine in Rural and Indigenous Communities Conference held annually.

Alaska Rural Provider Network series

Provider Webinar Archive | Alaska Native Tribal Health Consortium (anthc.org)

Required in this series are: Caring For Alaska's Most Vulnerable, Trauma Informed Care Miniseries, Water and Health in Alaska

Climate Change impacts on Native peoples:

Required Resources

- Impact of Climate Change on the Fishing Village: Selawik
- Climatic Change | Volume 120, issue 3 (springer.com) - Please choose at least two articles to read in this special issue
- Profiles of Rural Medical Educators , e-book by Emily Onello MD

During Elective: Thought topics

As you go through your time in the ANTHC, please consider these questions below and consider jotting down notes for yourself about patient stories that were impactful for you, how care in your rural site was different from urban health care delivery experiences, and what you learned.

PSYCHOSOCIAL & SOCIAL DETERMINANTS OF HEALTH:

What are the burdens of disease for these problems compared with your home institution:

- Mental health - acute decompensations, chronic problems
- Intimate partner violence
- sexual assault
- substance use/abuse
- Homelessness / unstable housing
- food insecurity

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- Teen pregnancy / Birth control / abortion
- Racial disparities in health care administration
- How do you coordinate with/tie into other existing resources?
    - Often done by or with the help of social workers in academic centers - who does this in this ED? How do you learn what resources are available?

SYSTEMS / LOGISTICS

- EMS (transport of acute patients from scene to ED - capabilities? capacity?)
- Understanding of the need, implications, and risks/benefits of transfers from a critical access facility to a higher level of care including considerations of options of higher levels of care
- Patient transports (back to SNF? Out to a higher level of care?) Does this affect scene capacity (i.e. are transports delayed b/c you wouldn't have enough ambulances to cover scene calls?) If so, how do you deal with this / determine what to do? Are there other resources you can utilize?
- Limitations of the ED:
    - During “routine” care [how much blood product uncrossmatched is available? How quickly can you obtain emergency medication such as TPA?]
    - What situations (#. types of patients) would define a “mass casualty” for this ED?
- Broader "capacity" issues - what official vs. unofficial resources do you have (What consult services and what is their true availability ? What does the hub and spoke model look like for referring to larger centers)
- Are there patients in the community with unique medical needs? (LVAD, congenital disease, rare chronic disease, etc). If so, what resources are available to help manage them?
- Primary care
    - Availability of appointments, usual timeframe for followup care? usual timeframe for a new referral to be seen?
    - Cost / availability of medications (and being able to come up with alternatives when cost is too high) - what resources are available to help patients who cannot afford their medications?
- Other "standard" referrals - ortho, general surgery, cardiology
    - Timeframe? Availability?
    - Problems getting in to see specialists? (don't take uninsured patients, want cash up front, etc)

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- Utilization of telehealth / telespecialists: What low and high-tech resources are available and for what specialties?
- ICU care sometimes needs to be provided while awaiting transport: How do courses like the CALS Course prep folks for this aspect (CALS Program | Emergency Medical Training for Rural Healthcare Teams)

PERSONAL / CULTURAL

- For each case you see, what cultural and intersectional differences exist that may be playing a role in this patient's disease process and care?
- Seasonal Population Fluctuations: "Ebbs & flows" of people (come to town on payday, local festivals, etc - things that might lead to increased volumes, more trauma, or otherwise affect number & types of patients coming to the ED, taxing EMS system, etc)
- Small-town or Village life: Maintaining personal work-life boundaries while integrating in community and learning/being visible to the community, how do local providers handle this? Do they go to community events/ceremonies/funerals/festivals/play sports?
- Staff / "Small town/everyone knows everyone" biases among providers: How does this play into care in the rural ED setting? E.g presuming alcohol intoxication in a patient with AMS and known AUD
- Ethics: Sometimes you may be in positions to be providing different standards of care "despite being in America" (eg. TPA consideration in young person with devastating CVA, CT scanner is down/unavailable), How do you navigate these clinical scenarios and what are the standards of care in remote/rural places compared with urban receiving facilities?

During your Elective, remember we are here for you if you experience stressors or any emergencies, or if you want to bounce ideas/cases off us in the ED!

POST Elective Reflection and Debrief

Population Health Pathway residents will prepare a post-elective reflection piece and debrief with their faculty mentor to integrate their experiences. Upon your return, we will contact you to schedule some time to learn from you about your experiences, and encourage you to consider the below opportunities to share your reflections and your knowledge.

Post Elective Opportunities to share reflections:

- Presentation to the program : 15-30 min during Thursday conference will be dedicated to you sharing your learnings, or can be integrated into your Grand Rounds presentation as an R4
- Case report: If you see a visually interesting case or a standard case made more challenging for diagnosis or treatment given the rural setting, please plan to write up/present this to our department upon your return. Consider Images in Emerg Med type publication and obtain needed permissions from patient and local supervisory community.
- Example post elective reflection summaries: Emily Bartlett, MD, MS, MSc, Class of 2020; Guatemala | Callan Fockele, MD, MS, Class of 2020; New Zealand | David Murphy, MD, Class of 2019; Dominican Republic

Evaluation and Mentorship

Residents will be evaluated based on meeting their self-identified Population Health and career milestones and goals, meeting quarterly with the Director of Education for the Population Health Section and with their mentors as their projects and educational pathway takes shape.

Milestones and Timeline

PGY 1-2

Establish interest in areas of Population Health and meet with potential mentors

PGY 2 Mid Year

Meet with the Director of Education for Population Health, and residency leadership, as well as potential other faculty mentors in the residents area of focus and apply for the pathway. Establish individualized curriculum and long term goals for away or longitudinal elective. Choose when away electives will be by mid-year.

PGY 3/4

Complete away elective in rural health, initiate longitudinal elective if chosen.

Join curriculum for Population Health Fellows and Residents, Regional Social EM and ACEP Rural EM curriculum or other national organizations of interest.

Attend focused journal clubs on rural EM topics.

Initiate Research or Educational Project related to area of Interest