NEWSLETTER OF THE OFFICE OF MEDICAL EDUCATION AT THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER JANUARY 2019

Two years down the road, the Journey newsletter keeps evolving

By Dr. Loretta Jackson

Jackson

In January 2016 the Office of Medical Education launched this newsletter, the Journey. At that time we introduced the intent of the newsletter and our plan for content and distribution.

Since that first edition, there have been a number of lessons learned. People (including me!) appreciate the content, but not necessarily the deadlines. Faculty aren't the only ones interested in topics related to medical education. And readers want to understand an extensive array of medical education topics that span preadmission to medical school to graduate medical education.

Because of these lessons, the content of the Journey has evolved and we are constantly looking for new perspectives and writers. Do not be shy about contacting us to receive the newsletter or write an article for it.

Through this newsletter during the last three years we have also highlighted and honored some incredible people and work in medical education that occurs daily throughout this institution. This newsletter reaches individuals throughout this institution and the VA Medical Center and provides a forum that has stimulated innovation in a number of areas of our educational programs.

Previous articles can be viewed on the Office of Medical Education website where the Journey is archived.

As we move forward, our goals are to continue to raise awareness of the School of Medicine's education mission area and to highlight the efforts of individuals engaged in this effort. We invite each of you to take this journey with us.

Outlining SOM's major changes, investments since 2012

Participating in the Liaison Committee on Medical Education self-study prompted a review and reflection of the changes and investments in the School of Medicine since the previous survey visit in 2012.

This section of the Journey includes a catalogue of those changes and investments. It points to our ongoing quest for quality improvement in the medical education program.

The category featured this month is "general" and includes class size, facilities, communication and systems used to make the program's work more effective and efficient.

GENERAL

Class Size - Increased to 165 from 135 in 2012, which is critical for a state with the lowest number of physicians per capita, 2018.

FACILITIES

Medical Education Building – Completed the 151,000-square-foot facility in 2017, significantly improving educational and interprofessional training space and adding lounge space exclusive to medical students, 2017.

COMMUNICATIONS

The Journey – Started a monthly newsletter to provide curriculum and administrative updates to faculty and staff, 2017.

SYSTEMS

ExamSoft – Used ExamSoft educational software to support monitoring of student, 2015.

Canvas – Used Canvas as a learning management system, allowing faculty to provide class information and materials to students and for faculty and students to engage in discussions outside of class, 2015.

MEDHUB – Used MEDHUB for graduate medical education as the education management system for health care, 2017.

WebAdmit – Transitioned to a new admissions software for processing all admissions assessments, interviews and actions.

Call to action: Interprofessional education needs champions

The School of Medicine is partnering with the Schools of Nursing, Pharmacy and Health Related Professions to develop and implement interprofessional training using standardized patients in two obstructive structured clinical examinations this spring.

In the first OSCE, standardized patients present for acute pain management to teams of four, consisting of students from the medical, nursing, pharmacy and physical therapy/occupational therapy programs. Faculty observers provide both team and individual student evaluations using a simple rubric.

A second OSCE uses standardized patients to present chronic pain management. It will be conducted in early April. Faculty in all medical specialties are welcome because communication and interpersonal skills will be evaluated.

Because approximately 500 students will be involved, the OSCE will run through two days: Thursday and Friday, Feb. 14-15. To limit the burden, we've broken the days into shifts of 2.5 hours each: 8-10:30 a.m.; 10:45 a.m.-1:15 p.m.; and 1:45-4:15 p.m. For each day, we'll need four or five physicians for each shift who will work with observers from other schools.

These kinds of "near real-life" preclinical experiences are tremendously valuable for our students as they approach their clinical training years. Physicians who could spare a few hours for this activity are urged to call Dr. Ian A. Paul at 5-1361 or email him at ipaul@umc.edu.

MSBML prescribing changes require opioid guideline education

Many are aware of the proposed Mississippi State Board of Medical Licensure prescribing regulation changes went into effect on Oct. 29, 2018.

One goal of the UMMC Opioid Task Force is to educate our providers and learners about the new opioid prescribing guidelines and regulation changes. The task force also encourages responsible and balanced opioid prescribing.

The main points of the new MSBML Prescribing Regulations for Opioids include:

1. Use caution when prescribing opioids or benzodiazepines.
2. Review the Project Management Professional before each outpatient opioid and benzodiazepine prescription and document PMP review in the chart.
3. Document PMP review upon initial controlled substance prescription (other than opioids) and at least every 3 months thereafter (exceptions: Lomotil, Lyrica, Testosterone, Pseudoephedrine, Amphetamines for patients under 16).
4. Conduct point of service drug testing three times per year if prescribing Schedule II opioids for chronic noncancerous/nonterminal pain or benzodiazepines for chronic psychiatric or medication conditions.
5. Limit each prescription for acute pain opioid treatment to 3-10 days.
6. Prescribe the lowest effective dose.
7. Strive to keep the opioid total below 50 Morphine Milligram Equivalent/day and avoid 90 MME/day or greater for chronic noncancerous/nonterminal pain.
8. Refer to pain specialist if opioid total is 100 MME/day or greater for chronic noncancerous/nonterminal pain.
9. Avoid prescribing benzodiazepines, opioids and/or carisoprodol together.
10. Follow regulation documentation requirements for chronic noncancerous/nonterminal pain.

For complete information on all of the new MSBML prescribing regulations, visit http://www.msbml.ms.gov/Regulation_Filings.

To view the full MSBML Administrative code, visit https://www.msbml.ms.gov/sites/default/files/Rules_Laws_Policies/10-2018 AdministrativeCode.pdf.

To view the CDC Opioid Guidelines, Resources and Tools, visit https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html.

To have a member of the UMMC Opioid Task Force speak to a department about the CDC Opioid Guidelines and/or the new MS regulations, email stipnis@umc.edu to arrange a lecture.

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