

Montana Rural Health Association

Montana TRUST Program: A WWAMI Medical Student's Experience



Montana Rural Health

Winter 2014

Two things stand out to me about my Targeted Rural and Underserved Track (TRUST) experience so far: the opportunities for learning in a clinical setting and seeing continuity of care in practice. Most of the first year of medical school is spent sitting in a classroom so I relish any opportunity to spend time with patients. It's a nice reminder of why I chose medicine and a chance to apply what's been taught in the classroom. The preceptors demonstrate a passion for teaching and medicine, developing my clinical skills and cultivating confidence. While taking a history during a continuity visit this fall, the patient discussed his heart condition, which we had just learned about in class. Then the preceptor wondered if this condition was genetic. We looked it up and it was like biochemistry came to life: a specific gene had an inherited deficiency that resulted in abnormal muscle fibers. It was so much more than that though – this patient had to give up his favorite hobby due to this condition, he worried that it could affect his children, and he wondered what his future held. This patient helped me to connect the science and humanity of medicine together. On another day in clinic, we saw a patient that sounds similar to many others – diabetic, overweight, and in for a 3 month checkup for manage-

ment of chronic conditions. Only this time it was a patient I had seen before. For the first time, continuity of care was tangible. I knew his story and he knew mine. The beginning of a doctor-patient relationship was there – something I had only experienced from the other side. That feeling – knowing a patient and his story – is what primary care is all about.



Julie Middleton
WWAMI MT TRUST M1 E'13

New Opportunity: Rural HIT Network Grant

The Montana Rural Health Information Technology (HIT) Network was developed to address HIT workforce issues for all of Montana's rural and frontier healthcare providers; aiding and accelerating the meaningful use of Electronic Health Records (HER) to improve quality care and lower costs.

This grant-funded project will support individuals who are currently employed to obtain an HIT certificate. All certificate courses are offered online through our educational partners at MT Tech, Great Falls College, Missoula College and Flathead Valley Community College. Trainees will receive assistance for tuition, fees and books while they pursue

Certificate coursework (with verification of satisfactory progress in courses). Trainees will complete their programs in 2-3 semesters as part-time students. They will also receive training on specific HIT applications, as well as on-the-job training. As the project progresses, the Network will also look to support displaced workers and veterans in obtaining HIT certificates. This is an exciting opportunity for rural and frontier facilities to significantly enhance their HIT efforts.

Contact Cindra Stahl, Network Director, at 406-994-6499 or cindra.stahl@montana.edu for additional information.

TRUST STUDENT EXPERIENCE

By Kena Lackman WWAMI MT TRUST M1 E'13

After going through the long, and at times, excruciatingly painful application process, the day had finally come for me to begin my medical school experience. However, unlike many students whose first day of medical school takes place in a classroom setting, mine was beginning in Miles City, MT at the Billings Clinic with my TRUST mentor, Dr. Sue Gallo. As a TRUST student, I was required to spend two weeks in clinic with Dr. Gallo before starting classes in Bozeman, and I couldn't have been more pleased with my pre-matriculation experience.

Dr. Gallo immediately had me using her stethoscope, attempting to distinguish the blur of heart sounds that continue to baffle me. She was so excited when one of her patients with a benign, yet prominent heart murmur came to clinic. I smiled and nodded as I listened for what Dr. Gallo was describing, yet I kept thinking, "I have no idea what I am hearing." Dr. Gallo explained that it would take time to attune my hearing to normal versus abnormal heart sounds, but it was important to just listen to as many hearts as I could.

Next, we saw a colicky newborn and his mother. I wanted to absorb every word that Dr. Gallo said as she spoke calmly with the overwhelmed mother and listened intently to her worries. I soon realized that this would be a typical patient presentation at Dr. Gallo's practice, given the number of post-partum and newborn exams she does. I think half of the healing that takes place in her exam rooms is directly related to her ability to listen and communicate with her patients.

Going into my two-week experience at Miles City, I had never observed a vaginal delivery and, since I desire to be a Family Medicine/OB physician, I was more excited to see one than any other medical procedure. I met several women in clinic my first week who were either quickly approaching their due date or had already surpassed it, so I knew the opportunity to see a delivery was near!

Dr. Gallo was excited to include me in a delivery and I feel so privileged to have been a part of this. I was the wide-eyed and terrified medical student in the room who didn't even know how to properly gown up, but with a little guidance I got into my sterile attire. I didn't expect to get my hands dirty, but Dr. Gallo had a different plan in mind. She had me stand by her as she delivered the child and asked me to clamp the cord. After the cord was cut, she guided me in collecting some cord blood before having me deliver the placenta. The experience was beautiful, exciting, and just plain awesome!

Over the next week I assisted with several more deliveries and began feeling more comfortable in my role as placenta deliverer. But on my second to last day in Miles City, Dr. Gallo decided to bring me out of my comfort zone one more time. The labor was progressing normally and when it was time to deliver Dr. Gallo signaled that she wanted me to deliver the baby. Pure terror struck, but I tried to stay calm and collected. In my head I was thinking, "I am not qualified for this!" Dr. Gallo placed her hands over mine as we together guided the baby into this world. I think I am still beaming ear to ear over my experience. I had just delivered my first baby!

Before I left Miles City, I got to deliver one more baby, and the experience was just as exciting. I was exhausted by the long hours and late night deliveries, but certain that I had made the right career choice for myself. I learned so much in my two weeks at Miles City and cherish the times I get to return to Miles City for clinic. Because of my TRUST experience I can firmly say, "My name is Kena Lackman and I want to be a family physician in rural Montana when I grow up."



**12th NW Regional Critical Access Hospital Conference
27th NW Regional Rural Health Conference
Spokane Washington**

By: Shane Tuck ahec@wsu.edu 509-358-7640

Join more than 200 rural health colleagues from Washington, Oregon, Idaho, Montana, and Alaska to share strategies, best practices, project models, innovative ideas, and success stories.

This year's conference(s) focus is on how rural communities are navigating the changes in health care reform and finding the right fit for their community through sharing proven tips, tools, methods, or initiatives. Breakout session content will focus on an exchange of information about programs and innovative strategies that can be models for changing rural health and health care delivery at the state and regional levels. Hundreds of rural health professionals attend, ranging from rural health administrators, health care providers, board members, educators, state and federal staff, public health officers, researchers, information technology specialists, and more.

Once again, sessions are content-rich and delivered by experts doing the work. See for yourself in the brief outline below or go online for more detail. The largest gathering of rural health professionals in the Northwest will once again be at the Red Lion Hotel at the Park in Spokane, Washington, March 18-20, 2014.

TUESDAY, MARCH 18, 2014

12th NW Regional Critical Access Hospital Conference

Plenary Sessions:

Surviving the Crossing of the Shaky Bridge: Eric Shell, CPA, MBA, Principal, Stroudwater Associates

The Future of Healthcare – It Starts with You: Lance Keilers, President, Connected Healthcare Solutions

Keeping Care Local with Telemedicine: The Grande Ronde Story: Doug Romer, Executive Director of Patient Care Services, Grande Ronde Hospital

The Art of Community Engagement: Michelle Rathman, Impact! Communications, The Right Strategies for Rural Healthcare

Choose from 5 concurrent breakout sessions that include public health, medical home, affiliation and more.

Connect with colleagues from around the Northwest at the Joint Conference Reception from 5 – 6:30 p.m. on Tuesday, March 18th.

WED & THURS, MARCH 19 & 20, 2014
27th NW Regional Rural Health Conference

Plenary Sessions:

Be the Bar: Zach Hodges, CPHIT, Senior Consultant, Qualis Health

Rural Strategies for a Value Based Future: Keith Mueller, PhD, Rural Health System Analysis & Technical Assistance (RHSATA)

Insurance Exchanges and Medicaid Expansion: Is the Rural Northwest Covered?: Regional Panel Presentation; Moderated By: Tom Martin, Lincoln Hospital, Davenport WA

Choose from 19 concurrent breakout sessions designed to deliver content inclusive of collaborative rural models, innovative community projects, quality, and other underlying themes that shape the way business is done.

We look forward to seeing you there!

For More Information and to Register, Visit the Conference Website: <http://extension.wsu.edu/ahec/conferences/cah-rhc/Pages/default.aspx>





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Change Services Requested



NRHA Conference Calendar



Improving the Health of 62 Million Rural Americans
www.RuralHealthWeb.org

February 4-6, 2014

Rural Health Policy Institute
Washington, DC

April 22-25, 2014

Rural Medical Educators Conference
Las Vegas, NV

April 22-25, 2014

37th Annual Rural Health Conference
Las Vegas, NV

July 16-18, 2014

Rural Quality and Clinical Conference
Atlanta, GA

September 30 - October 1, 2014

Rural Health Clinic Conference
Kansas City, MO

October 1-3, 2014

Critical Access Hospital Conference
Kansas City, MO

