Rural GME Implementation
TUSM-MMC Annual Medical Education Retreat
June 3rd, 2016

Part 1: Update on rural GME experiences of MMC EM, IM, Surgery programs

-EM: Expansion of program to add SMMC rotation
-IM: Traditional one-month rural rotation with MPN, newer expansion plans for rural IM track in Norway
-Surgery: Plans for new rural track, ? partner

Part 2: Things to consider with rural GME expansion

-Finding a partnership between a GME program and a rural site:
- -What does the rural site need?
- -What does the rural site do really well?
- -What does the GME program need?
- -What does the GME program not do really well?
- -Who has the budget?

-Options for rural GME experiences:
- -Shorter individual rotations (such as 2-4 weeks)
- -Longer individual rotations (such as 6-8 weeks)
- -Multiple rotations over multiple years
- -Track model
- -Other?

-ACGME considerations:
- -Any absolute barriers in the GME program requirements?
- -"Remote site" definitions
- -Faculty qualification and connections between rural site and home GME program
- -Supervision
- -Social/educational learning environment in the rural site
- -Teaching conferences
- -Evaluation of residents, faculty, and rotations
- -Program letters of agreement (PLA)

-Logistics
- -Housing
- -Transportation
- -EMRs and any training needed
- -Credentialing of residents at other hospitals

-Videoconferencing opportunities

-Marketing to prospective applicants (GME programs) and prospective hires (rural sites)