Billings Clinic

We care where you are.

Rural Family Medicine Critical Care Fellowship

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Session objectives

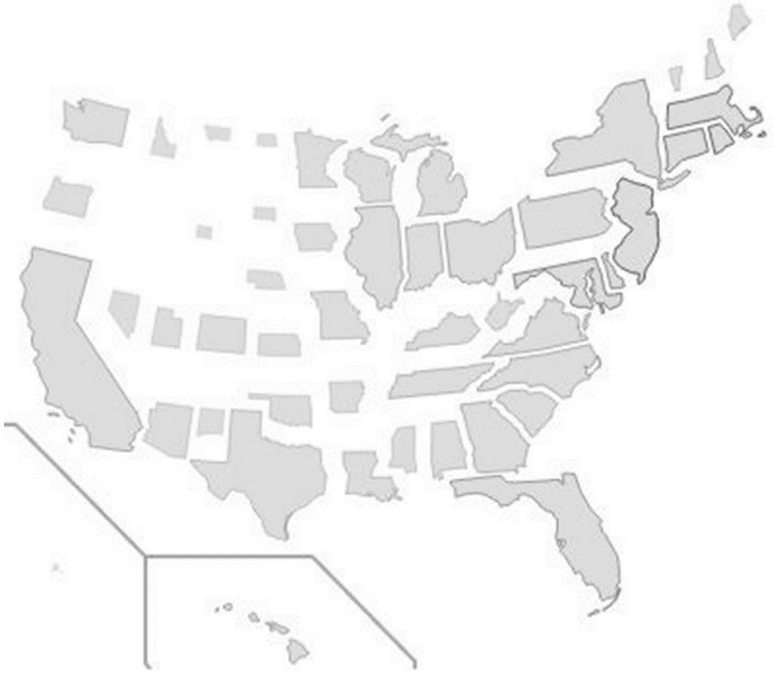
Critically reflect on the challenges for new family medicine resident graduates in transitioning to rural practice

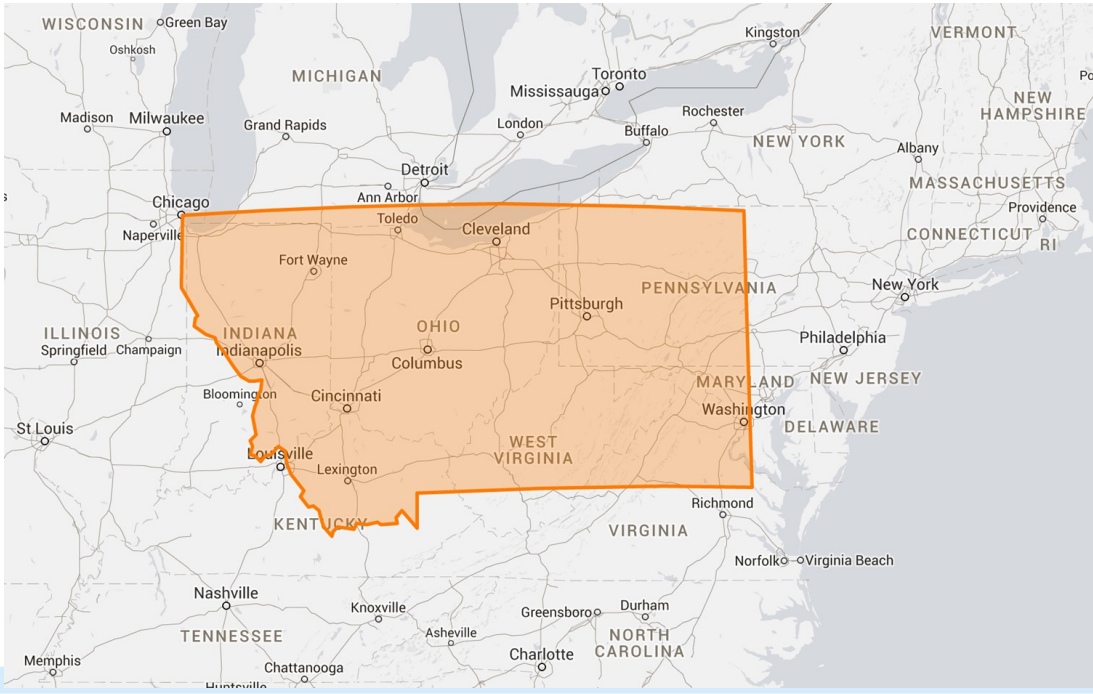
Identify competencies needed to address these challenges

Discuss the benefits of an unaccredited Critical Care Fellowship Program in creating a sustainable pipeline of rural physicians

Background

- Everywhere in Montana is rural
- Residents need to be prepared for frontier medicine





Background

- Access to healthcare providers is a significant factor that causes disparities for rural communities[1].

- Training family medicine physicians to practice in rural and frontier settings within our region is a critical goal

1. World Health Organization. Increasing access to health workers in remote & rural areas through improved retention: Global policy recommendations. Geneva, WHO 2010.

Background

- Rural family medicine physicians required to care for high acuity patients in the emergent or hospital setting
- It is challenging for family medicine residents to practice high acuity procedures and other skills needed within critical care contexts in current 3 year training model
- This creates barriers for newly trained physicians to move directly to rural practice

Aim

Expand advanced emergent and critical care training for newly qualified family medicine physicians interested in rural practice

Pilot unaccredited Rural Critical Care Fellowship Program

Outcomes

Provide quality clinical care for high acuity and critically ill patients in rural communities

Lead rural healthcare teams in providing care for these patients

Teach and conduct scholarship to support future rural critical care fellows

Curriculum Development

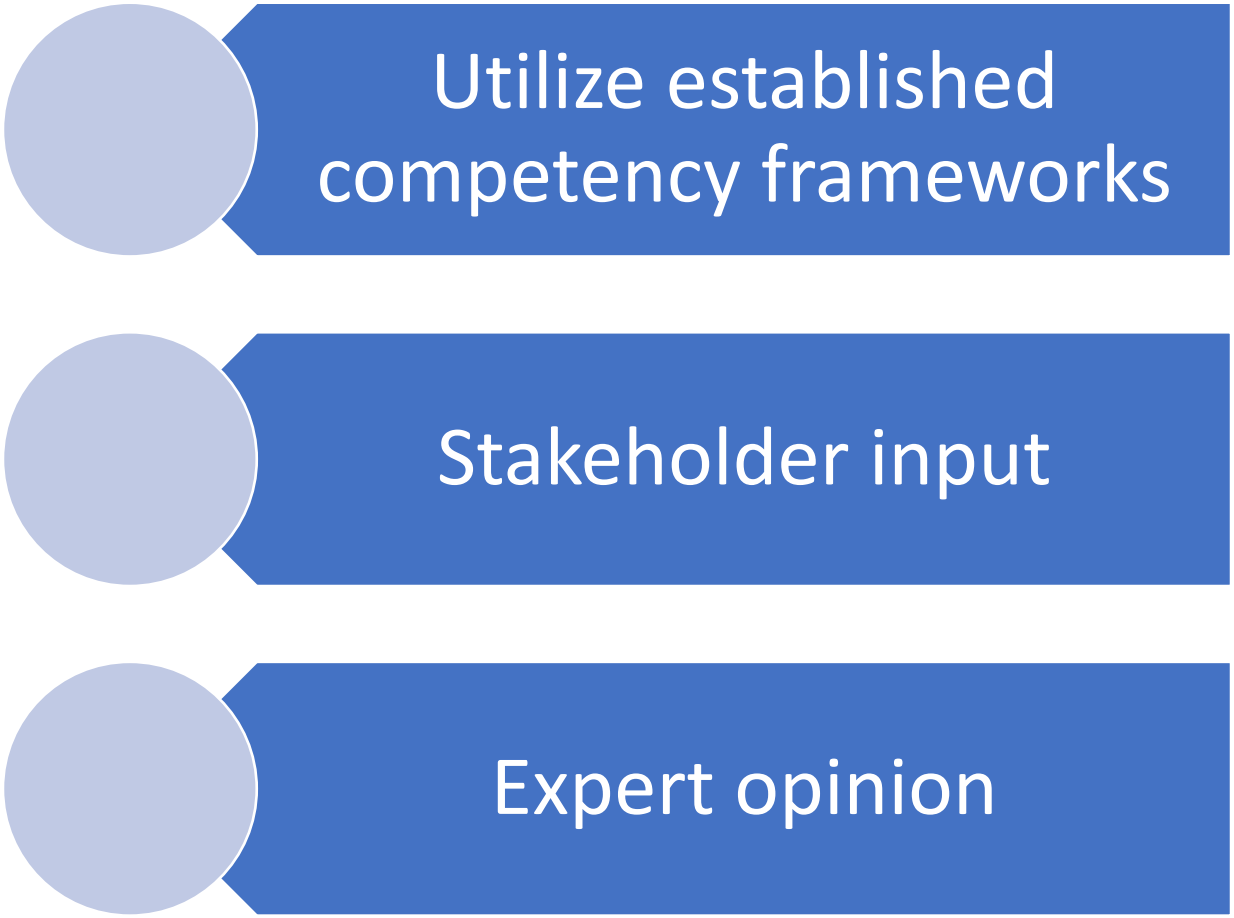
FINALIZE COMPETENCIES

CURRICULUM ORGANIZATION

EDUCATIONAL EXPERIENCES

CURRICULUM EVALUATION PLAN

Competency Development



Competency Development

Medical Knowledge

Procedural Skills

Leadership/ Communication

Education/ Scholarship

Enter into the chat box:

Any key resources we should be using in the development process?

What competencies need to be emphasized and evaluated to ensure graduate success in rural communities?

Educational Experiences

- Six Two-month units over a year(Flip Billings/CAH)
- Progressive Educational Rotations:
  - Early-Simulation/ controlled setting procedures / Trauma/Critical care call / leadership development (2 months)
  - Mid-Focused procedural training / ER/ Trauma/ Critical care (2 months)
  - Late-Electives (based on learner goals / gaps) (2 months)
- Multiple types of CAH-small versus larger
- Longitudinal Precepting/Teaching/Research/Leadership

Progress so far

Recruitment

Developing curriculum

Developing support infrastructure

Rural Critical Care Fellowship Summary

Develop fellows who have the competence and confidence to lead rural healthcare teams in providing a high level of care to high acuity and critically ill patients in rural communities

Develop sustainable program that could be translated to other context or expanded

Create scholarly outputs to disseminate experiences and findings

Enter into the chat box:

How can we best develop scholarship within and about this program?

What outcomes would be best to track success?

Thanks to our working group

- Kenda Fornshell
- James Guyer, MD
- Kristina McComas
- Sandy Morse
- Gerele Pelton
- Wade See, MD
- Hannah Shirkey

Questions & Comments

Enter into the chat box:

What challenges have others encountered and what mistakes can we avoid?

Clinical Competency Areas

- Medical Knowledge
  - Demonstrate an ability to rapidly gather and assess information pertinent to the care of patients in an urgent and/or emergent situation
  - Develop treatment plans appropriate to the stabilization and disposition of these patients
  - Integrate treatment plan into the patient's continuity-based health care
- Patient Care / Procedural Skills
  - Manage trauma resuscitations
  - Manage/lead for Cardiac Arrests and other 'Codes'
  - Manage critical medical patient

Clinical Competency Areas

Core Procedures

- Central venous access via jugular, subclavian, and femoral veins
- Arterial Line placement / Arterial blood gases
- Intubation and initial mechanical ventilator management
- POCUS in Emergency Setting including Central line placement guidance and Resuscitation
- IO access
- Thoracentesis
- Paracentesis
- Arthrocentesis
- Conscious sedation for procedures
- Lumbar punctures
- Reduction of dislocations, casting / splinting of orthopedic injuries

Question

- Using the retrospectoscope: what leadership skill do you wish your had before entering into a rural CAH/Clinic?

Other Competency Areas

- Leadership
  - Team Building
  - Quality & Safety
  - Relationship building
  - Communication
  - Practice management
- Education and Scholarship
  - Precepting
  - Didactics
  - Research