Domains of Competence in Rural Residency Consulting
From the Nominal Group Process Summary
Rural Residency Consultant Learning Community
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Randall Longenecker MD, Senior Advisor, The RTT Collaborative

Providing consultation to developing and existing rural residency program is a complex task and crosses multiple domains, as described in: Hawes EM, Weidner A, Page C, Longenecker R, Pauwels J, Crane S, Chen F, Fraher E. A Roadmap to Rural Residency Program Development, Journal of Graduate Medical Education August 2020;12(4):384-7. https://www.jgme.org/doi/full/10.4300/JGME-D-19-00932.1

Since corresponding domains of competence for consulting were first proposed by the Rural Residency Consultant Learning Community (RRCLC) Steering Committee in 2020, the RRCLC group has refined a set of competency domains, potential behavioral descriptions of competent behaviors (competencies), and entrustable professional activities (EPAs) relevant to this task. These domains cross multiple stages in developing and sustaining a rural residency program and provide a structure for assessment of one's competence as a consultant. Most of these domains, competencies, and EPAs are relevant to residency consultation in any context, but they are particularly important to rural GME. In the urban centric world of accreditation, finance, and governance it is particularly important to recognize the nuances and understand the implications for residency training in a rural community.

The following list of domains, measures of competent behaviors (competencies), and Entrustable Professional Activities (EPAs) were refined in a nominal group process with Cohort 1 of the RRCLC and its Steering Committee, first online and then in person at The RTT Collaborative Annual Meeting in Stevenson, WA, April 27, 2022, and then vetted through a Qualtrics survey of the same group plus additional consultants from The RTT Collaborative (RTTC) and Residency Program Solutions (RPS). The following represent a distillation of the 15 responses from that survey and will be used for a self-assessment inventory of Cohort 1 (2020-2022) and the incoming Cohort 2 (2022-2023). The proposed competencies were endorsed by at least 60% of those surveyed, with many achieving 87% approval. A few additional competencies were suggested and many added. This draft will continue to be refined by RRCLC participants and the Steering Committee in future years. The list of competencies is not meant to be exhaustive, but rather represents measurable behaviors expected of a competent consultant.

A competent rural residency consultant demonstrates:

Seven Technical Domains

Community Engagement

- Focuses on assets in rural communities (as opposed to focusing only on deficits or needs)
- Facilitates the use of tools for completing a community asset and capacity inventory
- Engages multiple and diverse voices
- Identifies and meets with key community stakeholders to determine most relevant opportunities for inclusion in the process
- Facilitates the creation of a guiding coalition and identification of key program leaders (PD/APD/Core faculty)
- Identifies rural community resources/gaps (e.g., a SWOT analysis)

Program Design & Development

- Creatively adapts to rural community assets, capacity, and challenges in meeting the requirements of finance and accreditation
- Recommends a governance structure appropriate to the relative size and vested interests of participating stakeholders
- Facilitates the creation of a program purpose (mission and vision) statement and core objectives framed around education and training for rural practice
- Suggests a timeline and priorities for residency development
- Provides and demonstrates the use of tools for successful design
- Helps identify strategies and resources for resident recruitment

Financial Planning

- Clarifies the complexity of GME finance for stakeholders
- Demonstrates understanding of rural and urban hospital types and their relevance to GME finance for rural programs
- Details start-up and sustainability funding with contingencies, assumptions, and a range of scenarios
- Details the expenses attributable to a rural training program, including the assumptions and decisions needed for a specific program's model.
- Creates a balance sheet of costs and resources
- Identifies sources of grants appropriate to the programs purpose
- Demonstrates knowledge of GME funding including IME and DME from Medicare, Medicaid, Veterans Administration, HRSA, and other sources and suggests a focused financial consult when appropriate.
- Sets reasonable expectations for financing in conversations around program value
- Articulates for SI/financial stakeholders the need for faculty to have protected time for program administration/education

Institutional Sponsorship

- Compares the characteristics of different organizations serving as institutional sponsors of rural programs
- Identifies the key components of ACGME Sponsoring Institutional (SI) accreditation and their relevance for specific institutions and programs
- Considers and suggests alternative SIs and their potential benefits
- Shares strategies to address the challenges of governance peculiar to rural programs (e.g., managing across geographic distance)
- Suggests a timeline and priorities for SI accreditation
- Clearly articulates the CLER process and the functioning of the CCC, PEC, AIR, ADS
- Facilitates senior leadership understanding of GME to the institution
- Anticipates the normal but important tension between operations and learning in creating GME programs

Program Accreditation

- Clarifies the general process, common and specialty-specific program requirements, and the respective roles of the institutional and program Review Committees
- Explains the process for endorsement as a 'rural track program,' when that applies
- Familiarizes clients with specific accreditation requirements
- Describes models across a variety of rural programs
- Outlines the steps and timeline for accreditation and details areas for improvement to the application(s)
- Creatively facilitates the adaptation of rural curriculum design to meet the requirements of accreditation
- Assists in identifying opportunities for collaboration with established programs in meeting requirements and enhancing rural resident education
- Demonstrates an understanding of common citations and issues related to program accreditation and offers alternatives and strategies for consideration

Faculty and Residency Leadership Development

- Identifies key requirements for local leadership of residency program
- Demonstrates understanding of team dynamics including the value in diverse faculty skillsets
- Demonstrates understanding of "managing up" in team dynamics, which can be particularly challenging for community-based and geographically distant programs (i.e., rural programs)
- Elucidates rural faculty development needs and assists in the development of a relevant faculty development plan
- Provides resources, curriculum, and possible methods of engagement of rural faculty

Program Implementation, Sustainability, and Anticipatory Guidance

- Solves problems collaboratively and fosters that skill in others
- Honors peer expertise among a community of practice in rural medical education
- Assists in developing systems for continual improvement
- Demonstrates comfort with and suggests rapid improvement tools, e.g., Agile Design
- Fosters network development across the community of practice in rural medical education
- Encourages succession planning from the start
- Facilitates the establishment of an adaptive reserve
- Takes the long view and fosters that approach in others

Four Process Domains:

Communication

- Responds to emails and texts in a timely fashion
- Encourages open and honest communication, respectful discourse, and the inclusion of all voices and varied perspectives
- Writes a report that is easy to understand, grammatically simple, active tense, and relevant to the client's questions and expectations
- Demonstrates facility with use of web-based platforms for virtual meetings and communication and platforms for document storage, review, and collaborative editing
- Tailors the message and platform for communicating to stakeholder groups and the guiding coalition/team
- Encourages and inspires pragmatic and honest hope (brings a 'tale of hope,' not woe, with eyes wide open to the challenges)

Cultural humility

- Honors the rural community
- Bridges 'town and gown' – the gap between academia and clinical practice, across a variety of diverse cultural, political, and other perspectives
- Demonstrates commitment to the rural mission
- Demonstrates 'knowing what I don't know' – acknowledges the boundaries of their competence
- Both facilitates and directs - each as appropriate
- Negotiates and assists in aligning clear expectations

Adaptive leadership

- Navigates and fosters critical conversations
- Demonstrates people and project management skills
- Demonstrates effective polarity management[1]

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[1] Resources for polarity management: https://www.polaritypartnerships.com

- Empowers others to lead in running meetings and program development ('guide from the side')
- Demonstrates vulnerability and comfort with ambiguity, uncertainty, and spirited civil discourse

Master Adaptive Learning

- Demonstrates curiosity, innovation, learning mindset, and resilience (the 'battery')
- Demonstrates metacognition and reflection on, in, and toward action throughout the learning cycle
- Reframes difficult problems in ways that lead to practical solutions
- Improvises in pursuit of new solutions

In addition, a competent rural residency consultant can perform the following Entrustable Professional Activities (EPAs):

- Conduct an initial needs assessment and diagnostic consultation
- Lead a series of longitudinal consultations (or coaching sessions) by videoconference
- Conduct a design consultation
- Complete a limited consultation with a targeted goal, maintaining fidelity to a scope of work
- Conduct a comprehensive consultation with attention to program design, finance, accreditation, governance, and implementation
- Provide a summary report
- Keep and archive careful records for documentation and invoicing
- Acknowledge and adhere to confidentiality and professionalism as a consultant during and following the consultation