

Building Rural Practice Competencies and Retention through a Community Health Project Curriculum

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Objectives



Describe the Community Project, a longitudinal Community Health Curriculum



Understand why experience in community health during residency builds competencies needed for success in rural practice.



Describe results of survey of postgraduates on rural practice outcomes.

Rural Residency Goals

Attract

Attract learners with intent to practice in rural settings

Provide

Provide a curriculum that produces physicians competent for high quality and sustained rural practice.

Prepare

Prepare physicians with skills that build resilience for careers in rural practice.

Rural Resident Physician Traits

Service-minded

- Desire to fulfill a calling to practice medicine in communities with a higher need
 - Rural, Safety-net, Underserved, Marginalized, International

Desire good health outcomes for all

- Reduce health disparities
- Address social-determinants of health
- Set health goals
- Assist patients with health behavior change

Envision community-engagement

- Desire to be agents of change
- Participate in community level health improvements

Training
Workshop
early PGY2

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graph TD; A[Training Workshop early PGY2] --> B[Year 1: Develop project idea and present project plan at end of PGY-2]; B --> C[Year 2: Implement project plan and present outcome at end of PGY-3];
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Year 1: Develop
project idea and
present project plan
at end of PGY-2

Year 2: Implement
project plan and
present outcome at
end of PGY-3

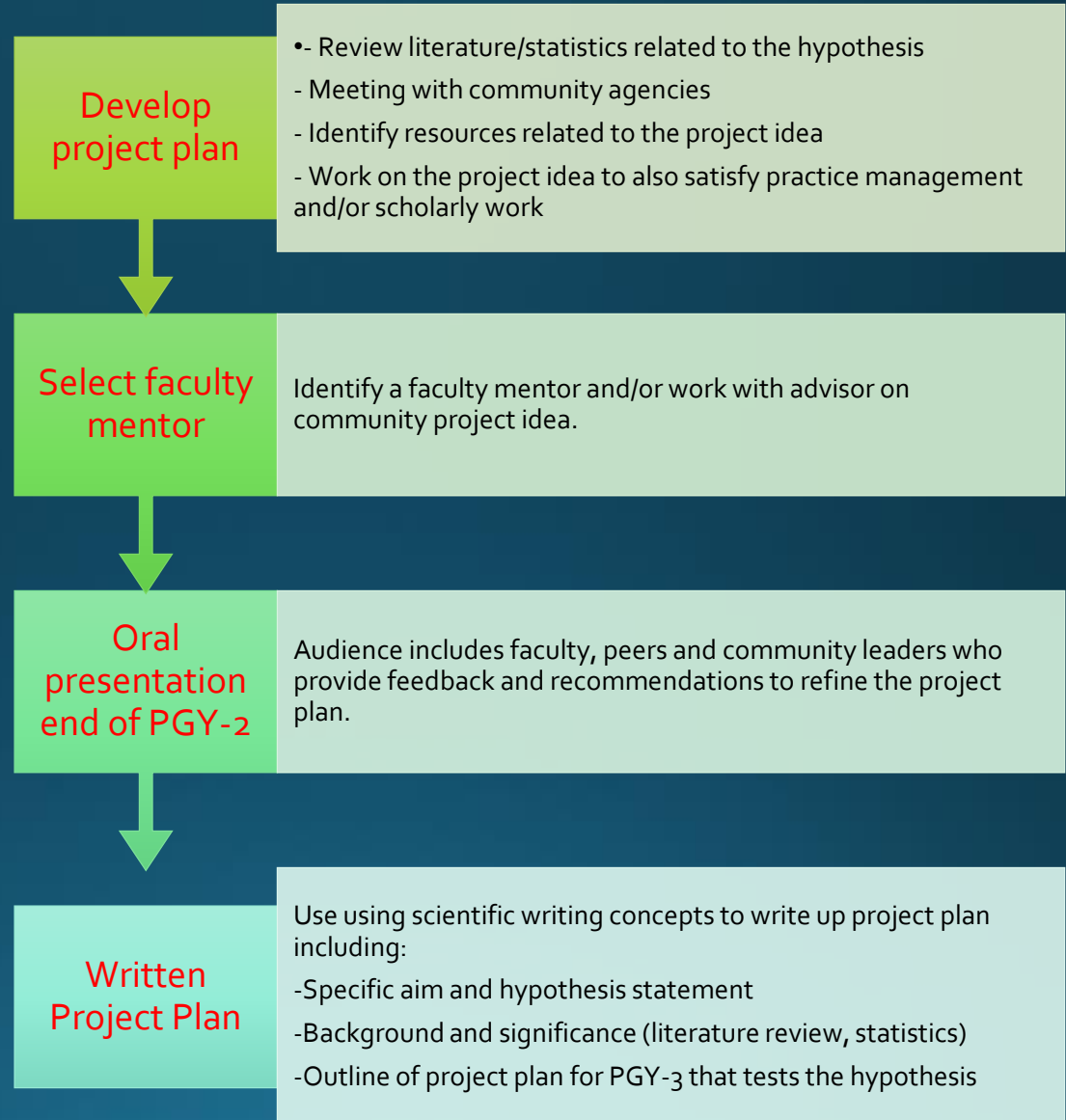
HFPRP
Community
Health
Curriculum
Two-year
longitudinal &
experiential

Workshop Components

- Learn Community Medicine Concepts
 - Population Health, Public Health and CHA
 - COPC and 4 Dimensions of primary care practice
- Formulate a project idea required to include:
 - Health Change Topic
 - Defined population
 - Collaboration with community partners
- Develop skills
 - Scientific writing lecture and practice
 - Write hypothesis statement and action plan for testing the hypothesis
 - Research and analysis of health statistics
 - Practice literature searching, librarian support
 - Identify local/regional community partners



Community Project PGY-2



Community Project PGY-3

Implement

Implement the project plan

- Manage time constraints and obstacles
- Modify the plan due to barriers/opportunities
- Collaborate with community partners with competing priorities
- Check in regularly with their Mentor

Share

Conduct Scholarly activity

- Apply for oral and/or poster presentation at an academic meeting
- Poster template available

Present

Present project at the end of PGY-3

- Hypothesis
- Background and significance
- Project plan
- Outcomes of project including experiences (limitations, barriers)
- Future directions: "passing the torch" if applicable

Write

Write-up project

- Use scientific writing method
- Required prior to graduation
- Publication encouraged

Community Project Example



Kids BEST: Boundless Energy Support Team

- Caregiver support for children with ADHD
- No existing support groups (such as CHADD)
- Goals: encourage caregivers, learn from other participants and local experts, provide resources, Christian faith-based setting
- Model: NAMI support group and chronic pain group care model.

Community Project Example

Firearm Safety - Add the Lock

Education and locks for families with guns in the home during well-child visits

Firearm Safety – Add the Lock!

- Make trigger locks easily accessible to gun owners
 - Shooting ranges
 - Gun stores
 - Pediatric and Family Practice offices



Family Medicine Residency Program - Hendersonville



Community Project Example



Improvement of the Health of Spanish Speaking Population in Hendersonville

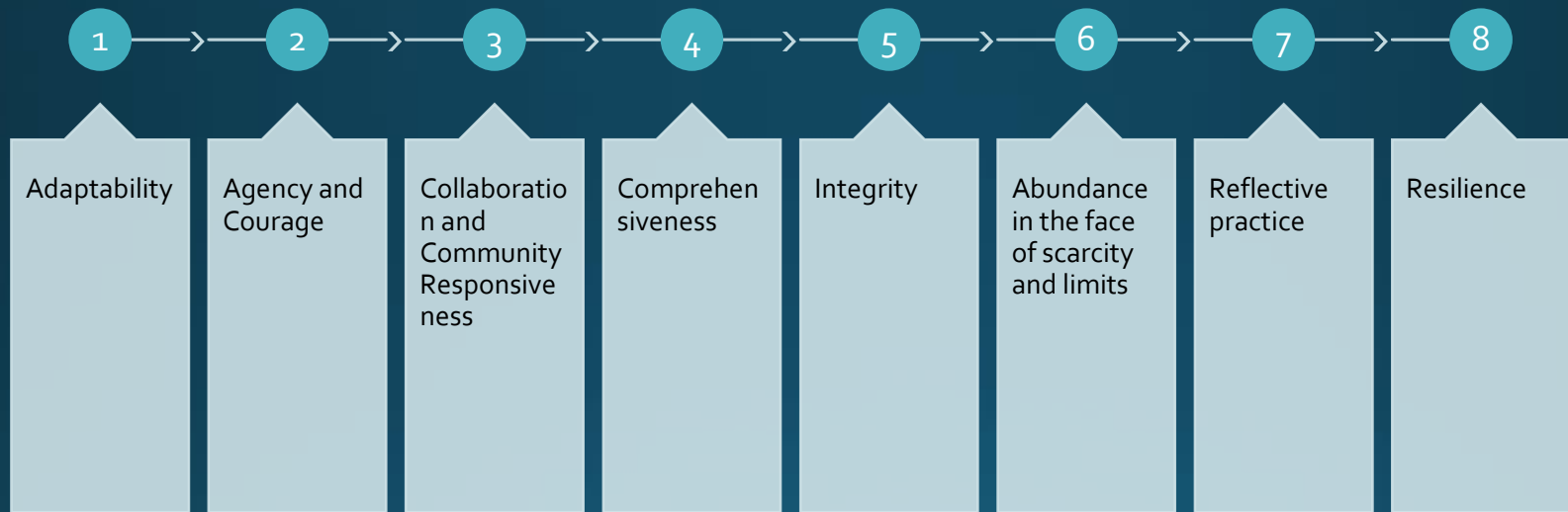
- Hypothesis: Improving access to Spanish Speaking interpreters during medical visits will improve utilization of medical care and health outcomes for Spanish-speaking people living in Henderson County
- Action Plan:
 - Cultural competency training for Healthcare providers.
 - Collaborate with Pardee Hospital to increase access to Spanish Speaking interpreters for patients seen in the ED, Hospital, L&D.

Community
Project
Example

C. difficile Prevention at
Pardee Hospital

Collaboration with hospital CMO and Infection Prevention Team to install handwashing stations outside patient rooms to reduce risk of hospital-acquired transmission and reduce hospital costs

Competencies in a Rural Context*



**Longenecker RL, et al. Competence Revisited in a Rural Context. Family Medicine; 50 (1): 28-36 DOI: 10.22454/FamMed.2018.712527*

Community Project Survey

- Survey Monkey link to email sent to 53 graduates 1999-2018
- Anonymous responses went to principal investigator*
- Survey included questions about:
 - Rural competency domains
 - Career outcomes: decisions to practice or continue practicing in rural settings
 - Postgraduate participation in community health activities

*Sarah B. Thach, MPH
Co-Director, UNC Asheville – UNC Gillings
Master of Public Health Program

Survey Results

53% (28/53) responded

93% currently in rural practice or used to be

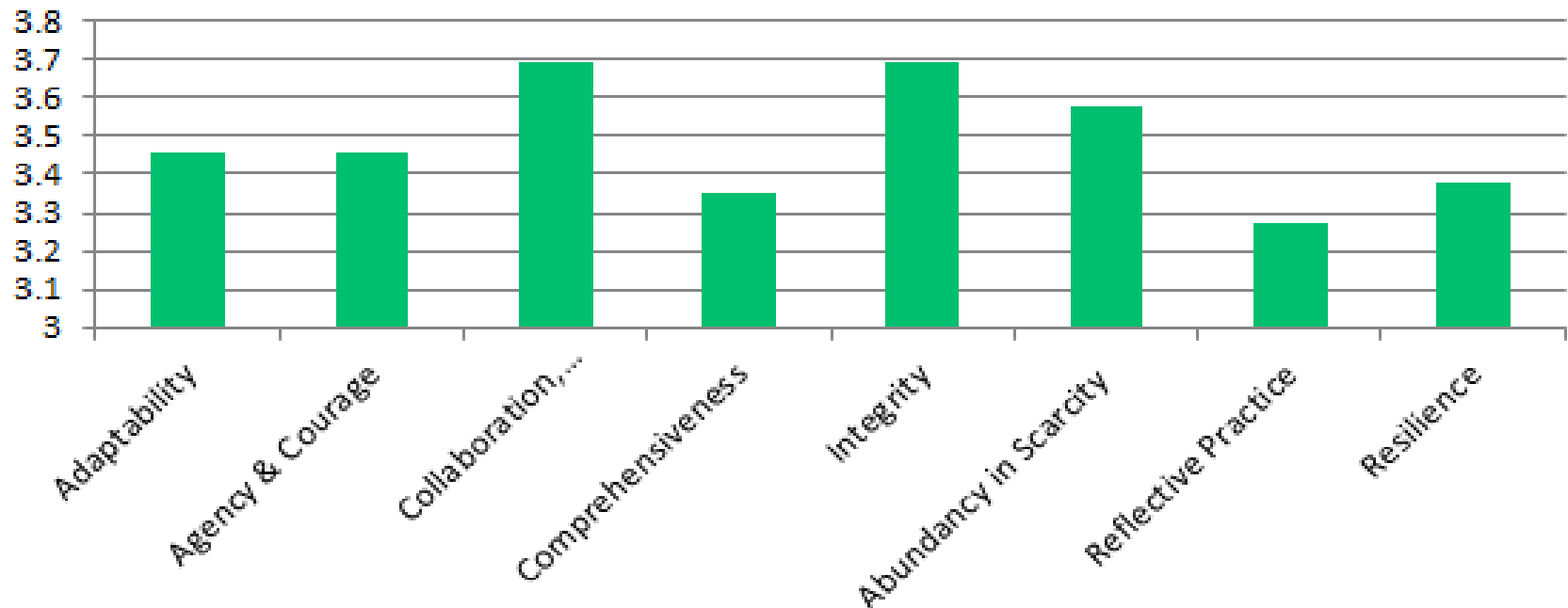
93% expect to be in rural practice in 3 years

64% worked on community health postgraduation

57% chose a job because community health was a job expectation

70% said Community Project encouraged or reinforced interest in community health

Please rate the extent to which working on your community project helped you to develop the following rural competencies (weighted averages, 1= not at all, 5= to a very large extent)



Rural Competencies Outcomes

Comments:

"The need for community building and helping others is greater in a rural area. There are so many ways that rural people are disconnected from health education and literacy that any way in which health providers can engage with local people outside of the clinic serves to bolster our efforts to improve the lives of individuals and the whole community."

"The community project helped me realize the strong impact physicians can have in a small or rural community."

"The project influenced my decision to pursue public health as part of my career."

"Brings joy to my practice and gives me the ability to feel more energy and happiness with my job."

"Identifying an unmet need in the community and spearheading the effort to meet that need, bringing the right folks together to make it happen..."

Project Experience → Rural Competency

Adaptability

- Adapting to constraints
- Change based on available resources

Agency and Courage

- Project idea is internally driven
- Persistence in the face of barriers

Collaboration and Community Responsiveness

- Collaboration with community partner is a required and essential element of the project

Project Experience → Rural Competency

Comprehensiveness

- Addressing health needs in the context of the community in which people live and work not just the individual's health behaviors.

Integrity

- Held accountable for project presentations both 2nd and 3rd year in front of faculty and peers.

Abundance in the Face of Scarcity and Limits

- Find resources within our rural community
- Limited funding for project work
- Use MAHEC librarian and research dept.

Project Experience → Rural Competency

Reflective Practice

- Presenting “lessons learned”
- Passing the torch to keep project alive
- Writing up the project

Resilience

- Learn to join the work of others
- Learn to share control and be a participant
- Modify project based on feedback
- Learn to accept and seek mentoring

Competency Based ABFM Board Eligibility*

- Beginning June 2024, the ABFM requires program directors to attest that graduating residents possess core competency outcomes, as follows:
- 2024 “Model professionalism and be trustworthy for patients, peers and communities.”
- 2025 “Model lifelong learning and engage in self-reflection.”
- 2026 “Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve.”

- *Implementing Competency Based ABFM Board Eligibility W Newton, M Magill, W Barr et al. The Journal of the American Board of Family Medicine August 2023, 36 (4) 703-707; DOI: <https://doi.org/10.3122/jabfm.2023.230201R0>

Rural Career Resilience



Support fulfillment of the calling to serve



Align expectations of patient and community engagement



Build communities of solution that include health care professionals in community-based health improvement activities



Reduce isolation through engagement in the community.

“Defragmenting and improving the value of health care both require a *system* that fosters non-medical determinants of health. Here, individualized, whole patient-centered and community-based integrated, multi-professional based efforts can succeed where individualistic, specialty and medical care centered systems have failed.”

AAFP working paper on Communities of Solution: Partnership for Population Health

Discussion:

Does the Community Project experience prepare graduates to address health change in the current climate?

a. Social Justice/Reform

b. Reducing Health Disparities

c. Participating in Public Health Community Transformation Teams