

**NATIONAL HEALTH SERVICE CORPS EDUCATIONAL PROGRAM
FOR CLINICAL AND COMMUNITY ISSUES IN PRIMARY CARE**

SELECTING A COMMUNITY-RESPONSIVE RESIDENCY PROGRAM

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Society must place special emphasis on training practitioners who will respond to the deteriorating health status of Americans and the increasing number of individuals encountering problems accessing primary care.

Many primary care physicians who practice in communities with a shortage of health care providers emerge from training without the benefit of exposure to community-oriented role models. Similarly, many of these practitioners lacked training experiences in practices located in and managed by underserved communities. Instead, their training typically was based in clinics run by residency programs and hospitals that had an academic influence.

Although primary care residencies are not required to emphasize community-oriented training, more and more residency programs are providing these training experiences. As a potential physician working in a medically underserved area, you face the challenge of identifying a program that will give you the skills you need to practice in a community with culturally diverse populations.

The purpose of this guidebook is to help you:

- 1. Understand the characteristics of primary care residency programs where the majority of training takes place in a community site**
- 2. Evaluate those programs**
- 3. Select one that meets your personal and professional needs**

SECTION 1

Common Questions and Answers

What is community-responsive medicine?

Community-responsive medicine is health care provided to individuals and families in the context of their cultural and community environment. It requires caregivers to understand and address the major health problems of the community they serve in collaboration with the community's residents, empowered to enhance their own health. Its goal is to improve the health of the community.

The community-responsive practitioner and the community members use community-oriented primary care (COPC) skills that focus on:

- **Defining the target community**
- **Identifying the community's health problems**
- **Locating appropriate resources and modifying the health care program to treat the problems**
- **Monitoring the effectiveness of the health program modifications**

What is a community-responsive residency program?

Community-responsive primary care residencies train future physicians to understand the social aspects of health care and the team concept of health care delivery. They give residents a balance of hospital and community-based training, with greater emphasis on the community. In these programs, your "patients" are both the individual and the community.

These programs frequently involve health centers based in communities and funded by federal, state, or local sources. Health centers use interdisciplinary teams to provide comprehensive primary and preventive health services to disenfranchised populations. They usually are located in areas where a substantial portion of the population confronts barriers in accessing primary health care. These barriers may be financial, geographic, cultural, and/or linguistic.

Community-responsive residency programs offer varying amounts of training in the community. In the more intensive community-responsive residencies, your longitudinal, continuity of care training will not take place in the residency or hospital-sponsored clinic. Your continuity training will be in the community site where you follow a panel of patients for two or three years of your residency training.

In other programs, you may spend block periods in community sites, but the majority of your training will be in residency-sponsored clinics. This booklet emphasizes longitudinal training opportunities in community-responsive residencies.

Why train in a community site?

Community-responsive education in underserved areas offers educational experiences not generally available in teaching hospitals. Because you typically are exposed to a diverse patient population, you obtain broad clinical experience while learning to diagnose and treat community problems as an integral part of your educational experience. This is an ideal way to gain the clinical skills you need to provide high-quality, community-responsive health care independently and confidently.

Community-based training programs also offer the chance to provide needed services to an underserved population. Here are some other reasons to choose a community-responsive residency:

- To train in an institution whose overriding mission is to improve the health of the community through the delivery of primary and preventive care
- To work with supportive role models who coordinate clinical practice with a community orientation
- To obtain training in health promotion/disease prevention and in managed care settings
- To learn how to integrate health policy and public health into patient care activities to improve health outcomes
- To develop sensitivity and competency in interacting with patients, their families, and communities of different cultural backgrounds
- To acquire skills in community relations, group leadership, and COPC
- To study various diagnostic, preventive, treatment, and rehabilitation styles through observation, research, and implementation of community projects
- To work with an interdisciplinary team of health care professionals, which might include nurses, nurse practitioners, certified nurse-midwives, physician assistants, health educators, laboratory and radiology technicians, social workers, mental health workers, nutritionists, and/or other health professionals

SECTION II

Considerations for Selecting a Program

Careful planning will help you determine which programs provide the leadership development opportunities, cross-cultural competencies, clinical and prevention expertise, and communication skills you may need to feel comfortable working with underserved populations.

By carefully considering your options, you can identify and seek the characteristics you desire through your interview and application process. The key is to choose your priorities and develop a list of criteria against which you can measure different programs.

You may wish to use the following questions in your research and interviews to help you assess the programs that interest you.

Commitment to Primary Care and Underserved Communities

What is the mission of the teaching institution? How central to this mission is training primary health care professionals to practice in underserved areas?

- How does the mission of the community training site address both teaching and provision of health services?
- How long have the community training site and residency program been linked?
- Does the sponsoring residency program provide the balance you prefer of training in community-based and hospital settings?
- Where do the majority of residency graduates work—in health centers, in community-based primary care, with underserved populations, in health policy, in community-oriented academic medicine?

Program Structure

- In which community sites do residents train?
- Do all residents have the opportunity to spend time at a community training site? Is this time required or elective?
- Is the community training experience a separate track?
- Does the program orient students to several community practices through site visits and/or one-month block assignments before residents are matched to sites for longitudinal continuity-of-care experience?
- If the community training experience is a separate track:
 - Who decides which residents participate in the community-based track?
 - How are residents matched to a specific community training site?
 - Is there competition for a limited number of openings?

- Can residents choose whether to train in a community site, which site they train in, or where they are assigned?
- Can residents be admitted directly into the community-based training program upon admission to the residency? Does the community practice have its own National Resident Matching Program number?
- Is the community-based experience longitudinal or a block rotation?
- If the experience is longitudinal:
 - How much time is spent at the community site each year, each month, each week?
 - Is an increasing amount of time spent at the community site as residents progress through the residency?
 - Are residents assigned a panel of patients to follow for continuity-of-care throughout training?

Description of Community Training Sites

- What is the distance between the community training facility and the residency?
- Does the community site provide sufficient space, resources, and support staff to accommodate training?
- What medical and ancillary services are available at the community training site, and what services are available through referral?
- What other disciplines work at the community site? How are they involved in teaching? What are the opportunities for interdisciplinary training?
- Is there stability among the providers at the community training site?
- Is the community site staff involved in community activities after work hours?

Population of the Community Training Site

- What are the patient characteristics?
 - Age
 - Gender
 - Disease/condition mix
 - Ethnicity
 - Culture
 - Socioeconomic class
 - Language
 - Mix of walk-in/continuity-of-care appointments
- How comfortable are you with these community characteristics?
- Are the patients and community members comfortable participating in a teaching program?
- What opportunities exist for primary care, community-based research, or scholarly projects?

Content of Curriculum

- How are residents oriented by the community training site and/or the residency program to:
 - Other community resources
 - Sociocultural issues affecting the health of the community
 - Cross-cultural aspects of health care delivery
 - Demographics and history of the community
 - Language
- Are language skills helpful or essential? If you do not have the necessary skills, is the program able to provide training? Are trained interpreters available?
- What additional training is available or stressed through the residency (as appropriate to the specialty)?
 - Specific procedures
 - Pediatrics
 - Office gynecology and obstetrics (including high-risk obstetrics)
 - Geriatrics
 - Correctional medicine
 - Health care for the homeless
 - HIV-related diseases
 - Substance abuse
 - Epidemiology and biostatistics
 - COPC research
 - Occupational medicine
 - Behavioral aspects of health care
 - Health promotion and disease prevention (including risk assessment and behavior modification)
 - Medical ethics
 - Health policy and health economics
- Is time reserved for you to learn these skills? Who precepts for them?
- How are residents oriented to clinic systems?
 - Forms
 - Referral sources
 - Procedures and protocols
 - Staffing
 - Reading and recording in patient charts
 - Billing procedures and use of sliding fee scale
 - Cost of tests, procedures, and prescriptions
 - Peer chart review
 - Quality assurance
 - Case management to learn evaluation techniques
- How streamlined is the paperwork for residents?
- Are residents exposed to the following elements of practice management?
 - Personnel
 - Reporting requirements
 - Roles of various health professionals and staff in team approach
 - Communication skills
 - History and development of the community site

- Community's involvement and physician role in programming at the practice
- Funding
- Attendance at board and staff meetings
- Meeting with primary care associations, federal or state offices, or other funding sources
- How are residents matched with community-based faculty?
- What is the expectation for resident productivity in seeing patients at the community training site? How do current residents feel about this expectation?
- What research and community service opportunities or requirements are available?
 - Do they interest you?
 - How much time is allowed for community-oriented service or research projects in the curriculum?
 - What kind of contact do residents have with community agencies and organizations?
- Are conferences offered and conveniently scheduled to meet residents' educational interests, especially those training in the community site? Do residents take advantage of these conferences?

Teaching Methodology

- How many providers are directly involved in teaching at the community site? Are there enough preceptors? How many residents are supervised by a preceptor simultaneously?
- Does the preceptor carry a patient load while precepting? If so, how large?
- How do residents receive feedback?
 - Are they autonomous?
 - Are they videotaped?
 - Do they receive consultation from the preceptor as needed or with each patient visit?
 - Does the preceptor see every patient that the resident sees?
 - Do the teaching method and amount of supervision vary with the resident's level of training?
 - How are charts selected for review? Are they reviewed after each patient, at the end of each day, or at another regularly scheduled time? Are they randomly selected or specifically chosen?
- Do the residents evaluate the program? How much weight is given to resident evaluations?
- Are senior residents involved in supervising junior residents? Is training provided to residents on how to teach? Do residents teach medical students?

On-Call and Hospital Responsibilities

- Do residents participate in the off-hours call schedule for the community training site? For how many patients are they responsible? Who else is on call with them? Who is available for back-up?
- Is the same inpatient hospital used by the community site and the residency? Is there provision for coordinating the resident's inpatient schedules with the community site and the residency program?

- Do the residents follow their own panel of patients from the community site in the hospital for continuity? Are patients discharged under the care of the resident? Does the resident participate in discharge planning?

Flexible and Supportive Environment

- How is community-based training integrated into the residency program in order to minimize conflicts in residents' schedules?
- Are there differences in the curricula, schedules, responsibilities, and stresses for residents training at the community practice and those training solely at the sponsoring institution?
- Do the residents and faculty based at the community site interact regularly with residents and faculty based at the sponsoring institution? Does the interaction between tracks promote *esprit de corps*?
- How does the program provide for the individual training needs of its residents?
 - Does it provide learning time, resources, electives, and preceptorships that will help residents obtain the skills they require?
 - Are there opportunities and time to take electives at other sites or participate in community activities?
- How accommodating and flexible are residency and community faculty in providing for the travel time and commitments of the resident for hospital and community training? How accommodating are they for residents to attend lectures, and what mechanisms are established to support the psychosocial needs of residents (such as support groups, conferences, and retreats)? Do residents have time off after being on-call to alleviate stress and sleep deprivation?
- What are some of the current concerns and troubling issues among residents? How is the program dealing with these issues?
- What opportunities exist for residents to participate in the continued development, planning, implementation, expansion, enhancement, and evaluation of the education program at the community training site?
- What are the expectations of current residents? How well do they feel their goals are being met?

SECTION III

The Selection Process

Choosing a residency is a highly personal choice—not only the program you choose but the manner in which you make your selection. Some students weigh complex selection criteria, while others go with their gut feeling.

To select a community-response residency that meets your needs, consider integrating these steps into your plan:

1. Establish your own set of criteria based on:
 - The type of training you want
 - Training atmosphere, schedules, and flexibility
 - Benefits
 - Your career goals
 - Location
 - Lifestyle you envision after residency

Also review the characteristics suggested in Section II.

2. To find out about residency programs:
 - Look at residency directories put out by specialty organizations
 - Read professional and student journals (e.g., *The New Physician* residency section)
 - Attend residency fairs at your school, nearby schools, or conferences
 - Examine brochures at your library or department
 - Seek references from faculty at your school, community practitioners whom you know, or recent graduates of your medical school

Consider all programs that interest you, whether or not you think you are a strong candidate. Begin developing a list. Measure programs against your criteria and rank them accordingly. Plan to interview the top ones (taking travel costs into consideration) if you are invited to do so. Consider the pros and cons of taking electives at programs you are particularly interested in to find out more about them and let them get to know you.

3. Use site visits and interviews to collect information not provided in the program literature. Prepare by listing your questions.

If possible, arrive a day before your interview to visit with residents on duty (more than one, at different levels of training). You can arrange these visits through the chief resident or the director of training.

During the interview, talk with residents training in community sites as well as other residents. Talk with the community-based physicians and staff. Go on rounds. Spend half a day in the community practice. Attend resident meetings, and get to know how the residents function as a group. Ask residents why they selected this program and if their expectations have been realized. Do not be afraid to ask tough questions, especially of the residents.

4. Find out who interviews and selects the residents. In most cases, selection is based on a student's demonstrated commitment to serving in similar communities and future practice interests. Some programs have noted that cultural or ethnic similarities of residency applicants and the target population are no guarantee of a successful match. Sensitivity, not similarity, is a must. Acquiring cultural competency skills is a must.

Prior experience in a community practice, community service project, and/or underserved community will demonstrate your interest and commitment. This experience might be in the form of a summer job, clerkship, or elective. If such opportunities do not present themselves, plan to visit or volunteer at a practice or health center in your community. Exposure to a community practitioner or role model may influence and reinforce your future career decisions.

A reference letter from a community preceptor will attest to your commitment, skills, and acclimation to primary care and/or underserved communities. Also obtain a reference from a faculty member at your school in the same department to which you are applying.

5. After your residency visits, summarize the strengths and weaknesses of the programs you are strongly considering and rank your final list. You may need to recontact or revisit one or two programs to refresh your memory and obtain additional information.

Did you identify any potential role models among the attendings or residents at the programs visited? In making your final decisions, keep in mind that you should like the entire residency program, not just the community-responsive training portion. Avoid making assumptions about programs, but do pay attention to your gut feelings.