Are Your Residents Trained To Be A Community Responsive Physician? It Takes A CHAMP Approach

Kjersti Knox, MD, Willhelm Lehmann, MD, Joseph Vogelgesang, DO, Deborah Simpson, PhD

Family Medicine Residency Program at Aurora Health Care - Milwaukee, Wisconsin

Need for Innovation

Expanding Need for SDH and Health Equity Education

- **Social determinants of health (SDH) and health equity** have a greater influence on health than a person's genetic code
- **Residents must learn to identify AND address inequalities** in our communities and within health and institutional policies
- Training in this area requires a **continuum approach** to learning with deliberate spaced practice and interweaving to be effective

Inherent Challenges

- Residency (and faculty) **time** for longitudinal curriculum is limited
- Requires flexible/agile approach to take advantage of varied opportunities **Longitudinal** experiences are rarely described

Project Aim

To design, implement and evaluate a longitudinal residency curriculum to prepare community responsive physicians competent to address the social determinants of health and health equity

Methods – Approach

Community Health Advocacy and Managing populations (CHAMP) Curriculum – A Longitudinal Approach

Structure

- Orientation in year one integrates a focus on core principles of community health and SDH
- Community health block rotation in year emphasizes experiential learning with community partners
- Population health management block rotation in year two emphasizes clinic based population management
- Lead for Health longitudinal engagement elective track in community and population health spans years two and three

Content

- Advocacy is incorporated in all elements of CHAMP
- The longitudinal curriculum incorporates community partnerships, population analysis, and specialty clinical experiences
- CHAMP emphasizes identification of SDH and their downstream effects on health, and teaches residents to engage community members, leverage population health data, and build and lead interdisciplinary teams to address health disparities consistent with ACGME milestones

CHAMP Longitudinal Curriculum Overview by Training Year*

Core Concepts, Selected Methods → / Longitudinal Curriculum Structure and Components ↓	Training Year			Curriculum Concepts					Methods	
	Year 1	Year 2	Year 3	Community Health	Population Management Team	Building & Leadership	Advocacy	SDH[a] & Health Disparities	Mentorship	Project Sharing
Resident Orientation: Principles Community Health • Core Principles of SDH[a] • Asset Based Community Development *"Windshield Survey"* • Eco-Mapping	**10 hrs**			X	X	X	X	X	X	X
CHAMP 1: Community Health • Partner Organization Visits • Clinic: continuity, group visits, refugee clinic • Advocacy Project 1: Policy change or community education - employing narrative • Integrative Medicine in Residency Modules	**1 mo**			X		X	X	X	X	X
CHAMP 2: Managing Populations • Population Management • Clinic: continuity, group visits, refugee clinic • Advocacy Project 2: Clinical practice change -employing mini PDSA[b] cycle • Nursing Home and Home Visits		**1 mo**			X	X	X	X	X	X
Longitudinal Elective: Lead for Health • Project Development and Implementation: Partner with clinic or community organization to address population/public health need • Specialized Continuity Clinic Experience: Free Clinic; FQHC[c]; IHS[d]; Integrative Medicine		**48 hrs**	**80 hrs**	X	X	X	X	X	X	X

[a.] Social Determinants of Health; [b.] Plan, Do, Study, Act; [c.] Federally Qualified Health Center; [d.] Indian Health Services

Evaluation Results x Source

- **Reaction: Block Rotation Evaluations**
  - Rotation Expectations = 4.4 (1=Not Discussed/Unclear to 5=Clear what I should learn)
  - Skills Development = 3.8 (1=No practice opportunities to 5 = Many opportunities)
- **Learning: ACGME SBP Milestone #3** *(Advocates for individual & community health)*
  - Demonstrated progressive improvement within and between trainee levels
  - 2016-17: PGY1s = 3.7 / PGY2s= 5.3
- **Structured Group and Community Partner Debriefs by Kirkpatrick Level***

Data Sources → / Kirkpatrick Levels and Categories ↓	Overall = % of data sources by category	Data Sources							
		Year 1 Residents	Year 2 Residents	L4H[a] Elective	Written Evaluations	Faculty	Program Leaders	Partners	Program Coordinator
Reaction - Satisfaction									
1. Clarity of Expectations/Roles	**100%**								
o Clarity of project requirements, expectations, scope, timing		x	x	x	x	x	x	x	x
o Clarity of mentor role, responsibilities						x	x		
2. Relationship and Partnerships	**100%**								
o Value partnership - organization and trainee interactions/experiences		x	x	x	x			x	x
o Value an established relationship - between residents & partner orgs				x				x	
o Value opportunity to hear or experience patient stories		x		x				x	
o Desire increased time together - residents and partner organizations		x		x	x			x	
o Value faculty mentorship relationship			x	x		x	x		
3. Advocacy Project	**68%**								
o Value advocacy and PDSA[b] projects				x	x	x	x		
o Challenge of focusing advocacy projects			x	x		x	x		
o Desire advocacy project accessibility/improved dissemination			x	x		x	x		
4. Identity	**50%**								
o Provides program identity		x	x				x		x
o Improve external communication of identity - ↑ resident recruitment		x	x				x		x
Learning									
1. What is Learned	**13%**								
o Residents learn health equity and SDH[c]								x	
o Residents learn complexity without becoming overwhelmed								x	
2. Strategies to Increase Learning	**13%**								
o Desire feedback on ROI[d] from residents								x	
o Desire setting to help residents reflect/process experience								x	
Application to Practice/Behavior									
1. Prepare for future of health care	**13%**							x	
2. Integrate partner organizations and/or population management resources in care	**87%**	x	x	x	x	x	x		
Outcomes/Results									
1. Find meaning and purpose	**38%**			x				x	x
2. Add value to partner organizations	**25%**			x				x	
3. Inspire continued partnership	**25%**			x				x	

[a.] Lead For Health; [b.] Plan, Do, Study, Act; [c.] Social Determinants of Health; [d.] Return On Investment

Conclusions & Next Steps

Strengths

- Community partners, residents, faculty, and residency leadership were all satisfied with curriculum, particularly regarding relationship building and mentorship
- Competency milestone ratings improved within each year of training.
- Community partners reported key impacts both individual and for their organization.
- Faculty and Community Partners consistently reported (re)finding and rekindling their meaning and purpose through teaching residents in this area

Areas for Improvement

- The CHAMP curriculum while perceived by program leadership as central to the residency's identity, that identity was not reflected in learner responses

Feasibility ROI

- Shift to population/value based health care can serve as a key driver for curriculum implementation.

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