

# Curriculum Design for Small Programs

Program Directors Workshop #27  
March 23, 2018



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FAMILY PHYSICIANS

## Introductions

- **Randall Longenecker MD**
  - Executive Director, The RTT Collaborative
  - Previous PD for a integrated RTT in Ohio
  - Professor of Family Medicine and Assistant Dean Rural and Underserved Programs, Ohio University Heritage College of Osteopathic Medicine
- **David Schmitz MD**
  - Professor and Chair of Family and Community Medicine, University of North Dakota School of Medicine and Health Sciences
  - Previous PD for two RTTs in Idaho



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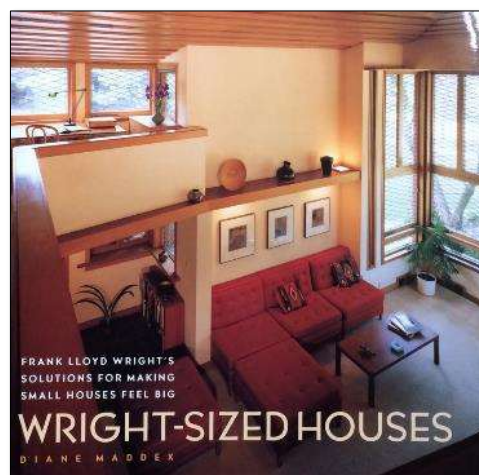
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## Workshop participants will:

- Articulate the challenges of designing curricula for small and rural programs
- Describe at least 3 strategies for meeting these challenges
- Commit to implementing one of these strategies in their own program

## Adopting an Organic Approach



# Challenges

- What makes curricular design for a small program challenging?

# Challenges and Opportunities

- What makes curricular design for a small program challenging?
- What opportunities do these challenges present?

## Challenge

- Inexperience

## Opportunity

- Learning together; teaching each other – ever the mind of a novice
- Active experimentation

## Challenge

- Low volume of cases

## Opportunity

- Longitudinal curricula
- Expanded scope of rotation
- Rolling jeopardy and home call (“capture the learning”)

## Challenge

- Few faculty

## Opportunity

- Expanded scope of practice
- Continuity of relationship

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## Challenge

- Small number of learners

## Opportunity

- Interprofessional education
- Individualized education (apprenticeship)
- Field trips

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## Challenge

- Distance

## Opportunity

- Autonomy of learner
- Non-traditional preceptors
- Telemedicine and tele-education
- Travel

## Place-based education

- Starts with a small place and it's assets
- Uses various models or options for program design, modified rather than imposed upon the local context (organic medical education)
- Builds upon that context in promoting relevant domains of competence and professional identity

## Domains of Competence for Rural Practice

- Adaptability
- Agency and Courage
- Collaboration and Community Responsiveness
- Comprehensiveness
- Integrity
- Abundance in the Face of Scarcity and Limits
- Reflective practice
- Resilience

Competence Revisited 2018; <https://journals.stfm.org/familymedicine/2018/january/longenecker-2017-0030/>

## Comprehensiveness: Case example

In a small isolated rural community, a single physician continues at age 60 to provide care for children and adults in the community, elderly patients in assisted living, and maternity patients. He offers office-based surgical care and hospice services, even though many urban peers his age have restricted their practice over time. In fact he continues to expand his scope when needed, e.g. to include administrative duties and public health.

[Competence in a Rural Context - Case Examples](#); STFM Resource Library

# Place-based education

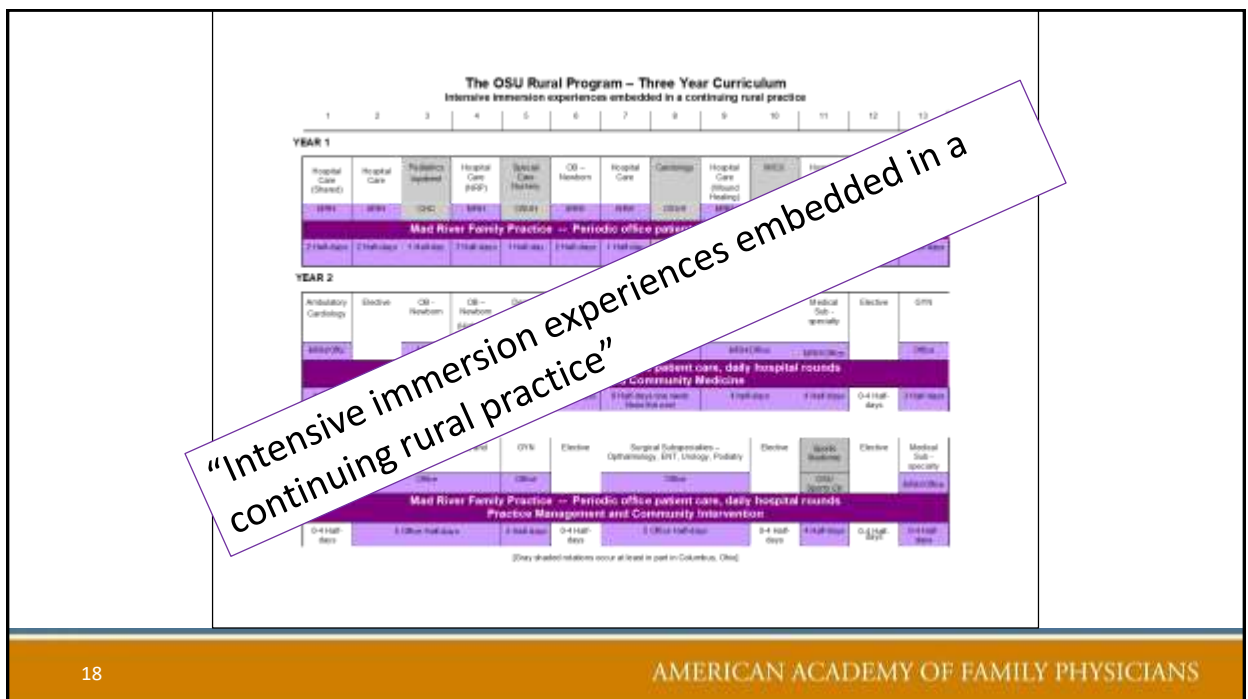
- In design follows a process that is community engaged, i.e. Community Engaged Medical Education (CEME)

[CERE-R](#): CE-Residency-E for Rural Places

- The intention is not to circumvent the rules of accreditation, but to know them so well that you will be able to creatively adapt them to a small or rural context

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The OSU Rural Program – Three Year Curriculum Intensive immersion experiences embedded in a continuing rural practice												
1	2	3	4	5	6	7	8	9	10	11	12	13
<b>YEAR 1</b>												
Hospital Care (Shared)	Hospital Care	Physician Assistant	Hospital Care (P&P)	Special Care (P&P)	OB – Random	Hospital Care	Emergency	Hospital Care (Round/Teaching)	IMCJ	Hospital Care (P&P)	Radiology	Scholarly Activity (Shared)
11Wk days	11Wk days	12Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days
<b>Mad River Family Practice – Periodic office patient care, daily hospital rounds</b>												
21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days
<b>YEAR 2</b>												
Ambulatory Cardiology	Elective	OB – Random	OB – Random (High Risk Immersion)	Dermatology	Podiatry (Subspecialty)	ICU – Intensive		Orthopedics	Medical Sub-specialty	Elective	IMCJ	
11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days
<b>Mad River Family Practice – Periodic office patient care, daily hospital rounds</b>												
21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days
<b>YEAR 3</b>												
Elective	Gynecology, Physical Medicine, and Psychiatry		OBG	Elective	Surgical Subspecialties – Ophthalmology, ENT, Urology, Podiatry		Elective	Medical Sub-specialty	Elective	Medical Sub-specialty		
11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days	11Wk days
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21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days	21Wk days
(Only shaded rotations occur at least in part in Columbus, Ohio)												

## Three Strategies

- Emergent curricula
- Longitudinal design
- An online option: Rural PREP Grand Rounds

# Emergent Curricula

- Self-organizing! (What's that?)
- Experiential education: The "curriculum walks through the door"
- Examples:
  - BlackBoard with students in Australia
  - Clinical Jazz
- Documentation: Using evaluation, competency mapping, and learner reflections



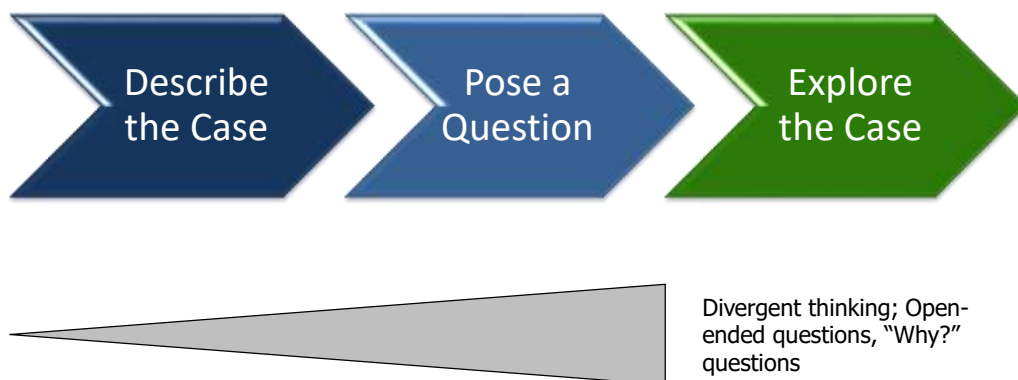
## Minimal structure

- Jotter draws a case in context and tells the story
- The group then explores the case and clarifies the question,
- reframes the question into a useful one,
- interacts around it, and in the end
- comes up with an actionable clinical pearl, specific to the jotter's question, and then, generalizable to practice

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## Opening



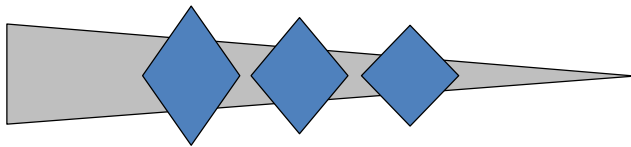
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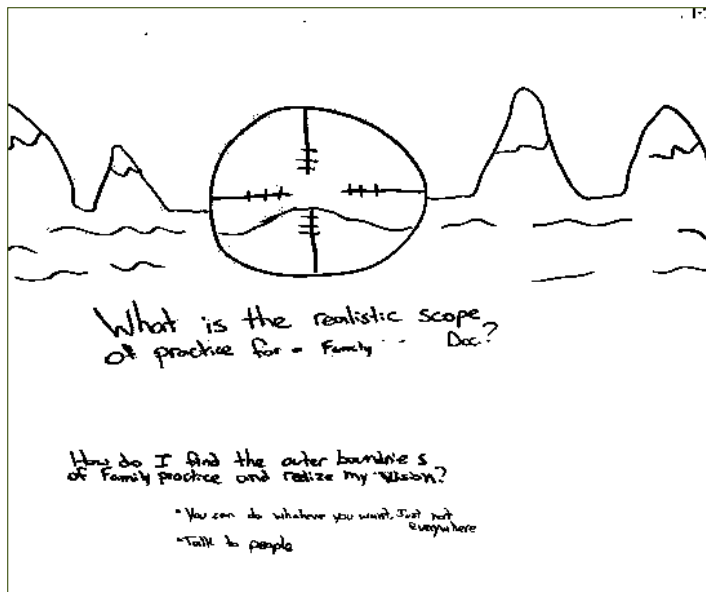
# Closing



"The Action Turn"



Convergent thinking; "What if" and "How" questions; Solution statements



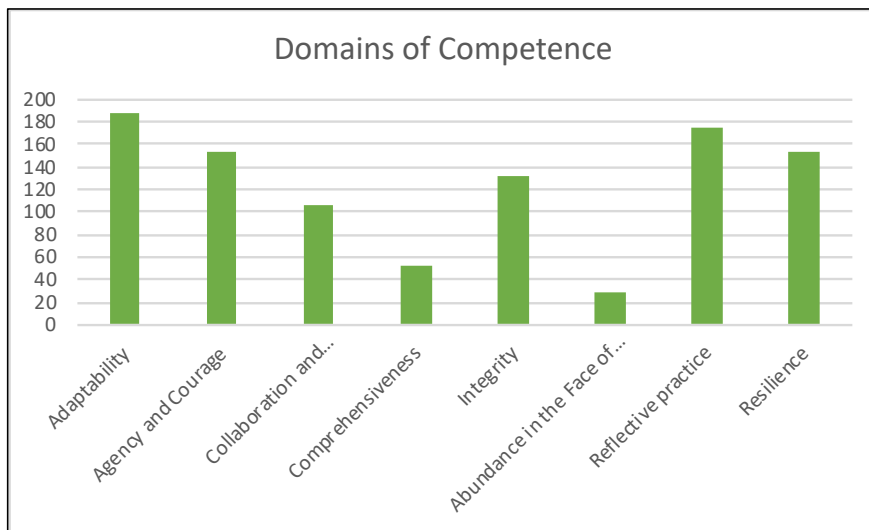
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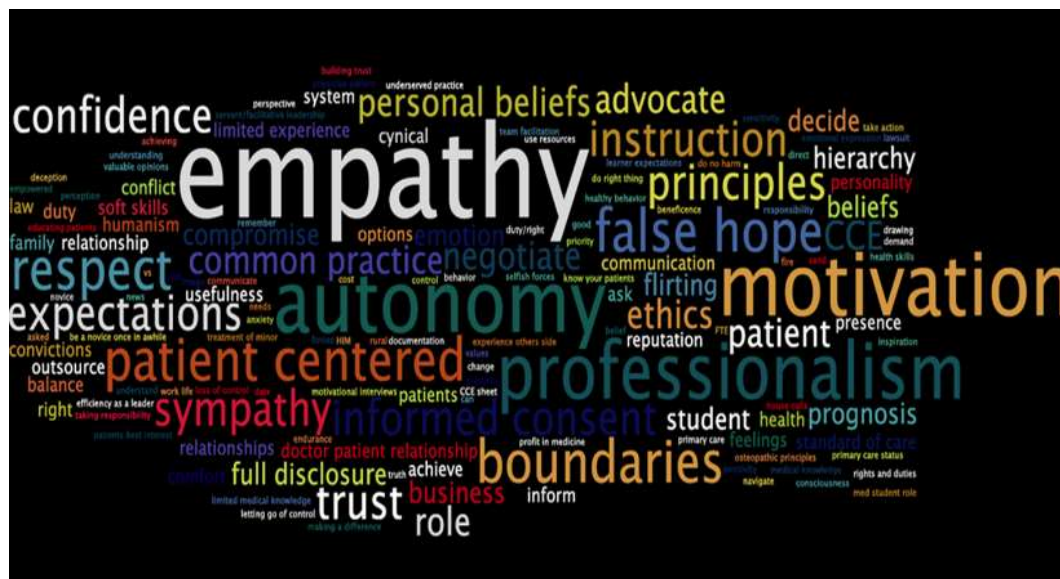
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## Key Words and Phrases



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# Longitudinal Design

- In low-volume settings, longitudinal strategies can result in higher case numbers than rotational strategies in larger, higher volume environments
- More consistent with learning science (periodicity, interleaving, and validation)
- Accommodates volunteer preceptors

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[Resident - Month Year]  
Hospital Care  
Duty hours begin at 0630  
Revised 11-9-2010

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>						
6:30 AM Hospital Rds. Mon-Sat.*		MRH	MRH	MRH	MRH	MRH
AM						
Noon		Teaching Rds	Peds Teaching Rds	Residency Conf.	Clinical Jazz	
PM			Emerg. Med.** 6 hours	MRFP	1:30-2:30 CL Time	
<b>Week 2</b>						
6:30 AM Hospital Rds. Mon-Sat.*		MRH	MRH			
AM						
Noon		Teaching Rds				
PM						
<b>Week 3</b>						
6:30 AM Hospital Rds. Mon-Sat.*					MRH	MRH
AM					MRFP	
Noon					Clinical Jazz	MedNet
PM					1:30-2:30 CL Time	
<b>Week 4</b>						
6:30 AM Hospital Rds. Mon-Sat.*		MRH	MRH	MRH	MRH	MRH
AM						
Noon		Teaching Rds	OB Teaching Rds	Practice Management		
PM			Emerg. Med.** 6 hours	MRFP	1:30-2:30 CL Time	Prac Mtg

\*Duty hours, even the scheduled day, is somewhat flexible; encouraged to go home by 8:30 PM, must be off duty by 10:30 PM

Hospital Care X 5 months in PGY1: 2 half-days of FMP, EM 6-10 hours/week, across all departments ("the hospital is my learning lab")

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## Online Options

- Tele-education married to telemedicine (e.g. ECHO, learner supervision by remote specialists)
- Rural PREP Grand Rounds, Professional Development webinars, and Microresearch

## Rural PREP Grand Rounds

- A service of Rural PREP
- A presenter suggests and develops a topic with the assistance of a design team
- Exact time set and participating teams recruited
- Pre-session preparation
- In session review

## Rural PREP Grand Rounds

- 12 minute presentation
- In session activity
- General discussion/shared learning
- 8 times yearly (One hour on the 4<sup>th</sup> Thursday, monthly August – November; January – April)

Submit an idea @ <https://ruralprep.org/research-scholarship/rural-prep-grand-rounds/>

## Rural PREP Grand Rounds

- Definitions of Rural
- Rural WONCA – International connections
- Re-opening a hospital maternity unit
- The rural nurse practitioner
- Adverse childhood experiences (Rural version)
- Diabetes in pregnancy

## Translation into practice

- How might these principles apply in your setting?
- What strategies have worked for you?
- How might you use the domains of competence for rural practice?

## Three Strategies and More

- Emergent curricula
- Longitudinal design
- Online options
- Others?

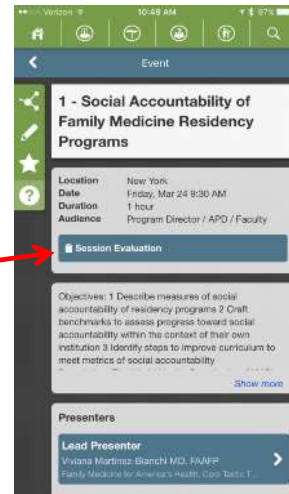
# Questions?

## References

- Longenecker R. "Curricular Design: A Place-Based Strategy for Rural Medical Education," in Bell E; Zimmitat C; Merritt J Eds. Rural Medical Education: Practical Strategies, New York: Nova Science, 2011.
- Strasser R; Worley P; Cristobal F; Marsh DC; Berry S; Strasser S; Ellaway R. "Putting Communities in the Driver's Seat: The Realities of Community-Engaged Medical Education," *Academic Medicine* 2015 Nov;90(11):1466-70.
- Longenecker R, Wendling A, Hollander-Rodriguez J, Bowling J, Schmitz D. Competence Revisited in a Rural Context, *Fam Med*, January 2018; 49(10):28-35.
- Casapulla S; Longenecker R; Beverly E. The Value of Clinical Jazz: Teaching Critical Reflection On, In, and Toward Practice, *Fam Med* 2016;48(5):377-80.  
<http://www.stfm.org/FamilyMedicine/Vol48Issue5/Casapulla377>

Please  
complete the  
session evaluation.

Thank you.



## References

- Rural PREP (Collaborative for Rural Primary care Research, Education, and Practice)  
<https://ruralprep.org>
- The RTT Collaborative  
<https://rttcollaborative.net>
- Community Engaged Residency Education for Rural Places (CERE-R)  
<http://rttcollaborative.net/wp-content/uploads/2015/11/CERE-R-11-6-2015.pdf>



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