Curriculum Design for Small Programs

Program Directors Workshop #27
March 23, 2018

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
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?
<table>
<thead>
<tr>
<th>Challenge</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>• Inexperience</td>
<td>• Learning together; teaching each other – ever the mind of a novice</td>
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<td></td>
<td>• Active experimentation</td>
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<td>• Low volume of cases</td>
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<td>• Longitudinal curricula</td>
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<td>• Expanded scope of rotation</td>
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<td>• Rolling jeopardy and home call (“capture the learning”)</td>
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<tr>
<td>Challenge</td>
<td>Opportunity</td>
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<tr>
<td>Few faculty</td>
<td>Expanded scope of practice</td>
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<td>Continuity of relationship</td>
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<td>Small number of learners</td>
<td>Interprofessional education</td>
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<td></td>
<td>Individualized education</td>
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<td>(apprenticeship)</td>
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<td>Field trips</td>
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<tr>
<td>Challenge</td>
<td>Opportunity</td>
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<tr>
<td>• Distance</td>
<td>• Autonomy of learner</td>
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<td>• Non-traditional preceptors</td>
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<td>• Telemedicine and tele-education</td>
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<td>• Travel</td>
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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


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

“Intensive immersion experiences embedded in a continuing rural practice”
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

Opening

- Describe the Case
- Pose a Question
- Explore the Case

Divergent thinking; Open-ended questions, “Why?” questions
Closing

Reframe the Question → Answer the question → Arrive at Clinical Pearl

“The Action Turn”

Convergent thinking; “What if” and “How” questions; Solution statements

What is the realistic scope of practice for a family doc?

How do I find the outer boundaries of family practice and realize my vision?

*You can do whatever you want, but not everywhere*

*take to people*
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Key Words and Phrases

- specialty choice
- watch what you say
- image
- reputation
- primary care
- professional identity
- respect
- primary care status
- choose words wisely
- motivational interviews
- perspective
- perception
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
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 4th 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

- 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.
Please complete the session evaluation.

Thank you.

References

- Rural PREP (Collaborative for Rural Primary care Research, Education, and Practice)
  [https://ruralprep.org](https://ruralprep.org)

- The RTT Collaborative
  [https://rttcollaborative.net](https://rttcollaborative.net)

- Community Engaged Residency Education for Rural Places (CERE-R)