

September 15, 1998

**From: Barbara Doty M.D.
Member: Rural Health Committee AAFP
Alt. Delegate, AAFP Congress of Delegates Alaska Chapter AAFP**

**Re: Proposed Document Revision and/or Development
Core Curriculum Guidelines: Rural Practice Training for Family Physicians**

The following resolution is being proposed to identify the need to specifically define and promote curriculum development and core competencies for training of family physicians for rural practice.

Rationale:

- Currently, the AAFP in conjunction with the STFM has developed a document entitled: Special Considerations in the Preparation of Family Physicians for Rural Practice which outlines specific experience, clinical skills, management skills and organizational skills identified by practicing rural family physicians and residency faculty as crucial for successful training for rural or frontier practice. This document, however, speaks specifically to individuals in training and their selection of electives that would most likely facilitate their preparation for practice in rural settings, and does not present a set of core competencies that could be utilized by training programs with a commitment and mission to train family physicians for rural practice.
- Other curricular areas such as Health Prevention, Nutrition, and Occupational Health have been specifically organized into Core Guidelines to assist programs, medical students, and residents in identifying appropriate areas of competency to be expected in family physician training in these areas.
- Family Practice is the specialty most likely to be found in rural communities and the only specialty that is geographically distributed in the same proportions as the general populations. In many remote and frontier communities with limited access to care, family physicians are the only medical resource.
- Family Medicine as a discipline promotes itself as the only residency-training curriculum that addresses the needs and requirements for successful rural practice. The document "Special Considerations in the Preparation of Family Physicians for Rural Practice" states specifically that family practice residency training ensures the requisite skills, background, and experience required for graduates to be competent in caring for all age groups, both genders, and for the majority of complaints relative to every organ system.
- Rural Practice training objectives are not currently governed by a cohesive set of core curricular guidelines, but rather are accomplished in Family Practice Residency Training Programs in a variety of ways, including:
 - *expanded curriculum* designed specifically to address rural training needs
 - *rural rotations* required as part of the regular core curriculum
 - *rural training track* programs with 2nd and 3rd year curriculum offered in a

- rural setting remote to the parent training program
 - *electives* designed to advance skills identified as important to future rural and frontier practice
 - use of *community preceptors* in family practice centers with specific rural experience
 - *rural fellowships* and mini-fellowships
- Success in residency programs preparing of family physicians for rural practice is not measured against a standard set of core curricular components deemed critical for for rural practice training, but rather through a variety of other ways including:
 1. Process Measurements
 - The training program has required curricular elements critical for successful rural practice
 - The training program has a stated mission/mandate to train for rural
 - The training program recruits faculty members and community preceptors with specific experience in rural practice
 2. Outcomes Measurements
 - Graduates feel prepared to practice in a rural setting upon residency completion
 - Graduates select practice sites in communities of <25,000 (rural) <5,000 (remote) or of areas with population density < 6 persons per square mile (frontier)
 - Graduates are able to organizationally and financially succeed in their practice setting
 - Graduates stay in practice at above sites for > 2 years (physician retention)
 3. Graduate Preparation Measurements
 - Graduates feel prepared to practice in their setting (follow-up graduate surveys)
 - Graduate employers express satisfaction in the competency and performance of their recruits (employer surveys)
 - Consumers in rural/remote areas are pleased with the knowledge, competency and skills of their family physicians (consumer satisfaction surveys)
- Guidelines in the form of Core Curricular Elements have never been formally developed or put out by the AAFP. These concepts have only been put out in the form of Special Considerations, which speaks to elective selection and personal training objectives and not to guidelines specific to training programs training for rural. These areas include:
 - I. Hands-On Rural Training
 - II. Expanded Clinical Experience
 - III. Rural-specific topics
 - Obstetrics and Gynecology
 - Trauma and Emergency Care
 - Critical Care
 - Surgery and Procedural Skills
 - Occupational Health
 - Orthopedics and Sports Medicine
 - Behavioral Health and Psychiatry
 - IV. Practice Management
 - V. Community-Oriented Primary Care

Therefore, Be it Resolved that Core Curricular Guidelines be developed by the AAFP for Rural Practice Training

The following is a draft of an expanded list of Core Curricular Guidelines to be considered in the development of a Core Competency for preparation for training for Rural Practice:

I. Hands-on Rural Training

1. At least a two-month *rotation in a rural family practice setting*. If possible, ongoing exposure to a rural community or communities throughout training is ideal.
2. *Small rural hospitals* experience, including the operations, medical staff structure, resource availability, and funding/reimbursement issues of hospitals in rural settings
3. An ongoing, integrated curriculum that provides exposure to *rural health delivery issues* such as provider and consultant availability, health care access, transportation issues, resource availability, tertiary care support, team-based approach to health care delivery
4. *Behavioral and cognitive skills training* in lifestyle issues surrounding rural living for self, partner, and family
5. Exposure and discussion of the unique *social issues of rural practice*, including strategies for successful management of issues of community integration, rural lifestyle, after hours patient responsibilities, call, interpersonal relationships with colleagues, emergency department coverage, communication resource utilization, community leadership, privacy, confidentiality, personal health, and maintaining a healthy balance between practice, personal, and family demands
6. Experiences that foster self-confidence and skills necessary to function effectively in a *setting with limited resources and staff*
7. Experience participating as *team member in the delivery of health care* to a community by utilization of resources such as public health departments, mental health networks, chambers of commerce, offices of rural health, and primary care networks

II. Expanded Clinical Experience

1. Occupational Health
 - Agricultural
 - Industrial
 - Environmental
 - Communicable Diseases
 - Mining
 - Workplace stressors
2. Women's Health
 - Obstetrical care including high risk, emergency care, and obstetric procedures such as ultrasonography, vacuum extraction, low outlet forceps, and in some settings cesarean section
 - Gynecologic care including preventive care, emergency care, and procedures such as D & C, colposcopy, cervical biopsy, endometrial biopsy and in some settings post partum tubal ligation
3. Pediatrics
 - Neonatal stabilization and transport

- Pediatric procedures including umbilical line placement, intubation, resuscitation, interosseus infusion, spinal tap, venipuncture, arterial puncture
4. **Trauma and Emergency Care**
 - Emergency cardiac care (management of acute MI, arrhythmias, cardiogenic shock, emergency transport)
 - Trauma management (initial assessment and stabilization, preparation for transfer, procedural skills including intubation, thoracocentesis, paracentesis, central line placement, chest tube placement, cricothyrotomy, pericardiocentesis)
 - Advanced interpretation of acute-condition radiographs (extremities, chest, spine, cervical neck, abdomen, etc.)
 - Complex laceration evaluation and repair
 - Psychiatric emergencies, including diagnosis, pharmacologic management, stabilization, transfer, and referral, and follow-up
 - Poison and toxic exposure management, including use of computerized reference materials and poison control centers
 - ACLS, ATLS, ALSO, PALS, and Neonatal Resuscitation certification
 5. **Critical Care**
 - Enhanced ICU/CCU experience, including management of unstable cardiac, trauma, and other critically ill patients, with an emphasis on the use of technology commonly available to rural hospitals
 - Stabilization and transport of critically ill patients
 - Follow-up and preventive cardiology procedures including treadmill
 6. **Surgery and Procedural Skills**
 - Surgical emergency evaluation and management
 - First surgical assisting and postoperative care skills
 - Consultation and collaborative management with local and outreach surgeons
 - Office procedural skills (vasectomy, endoscopy, flexible sigmoidoscopy, colonoscopy, fine needle aspiration and biopsy, joint aspiration, dermatologic procedures,
 - Enhanced surgical skills in some settings (emergency appendectomy, etc.)
 - Placement and management of catheters, venous and arterial lines
 - Anesthetic skills for conscious sedation, spinal anesthesia, emergency general anesthesia
 7. **Orthopedics and Sports Medicine**
 - Fracture management including closed reduction, splint application and advanced casting
 - Reduction of dislocations
 - Radiographic recognition of common and serious fractures
 - Consultation and collaborative management with local and outreach orthopedic surgeons
 - Soft tissue injury management
 - Enhanced sports medicine experience, including athletic training, team physician activities
 8. **Behavioral and Mental Health and Psychiatry**
 - Psychopharmacology
 - Domestic Violence
 - Palliative Care
 - Case management team approach to chronically mentally ill
 - Crisis intervention skills
 - Team approach to behavioral health

- **Short term psychotherapy and counseling skills**
- **Marital counseling**

9. Geriatrics and Older Adult Medicine

- Advanced Directives and living wills
- Home health, hospice, and case management of the older patient, including reimbursement systems, documentation of care, and team-based care
- Enhanced skilled nursing facility experience
- Prescription and utilization of Durable Medical Equipment and goods
- Considerations of elder care in a rural or remote setting context

III. Practice Management and Leadership Training

1. Professional and personal time management
2. Leadership and Adult lifelong learner skills
3. Organizational management skills
4. Delivery of medical care utilizing the team model, including development of collaborative and interactive relationships with nurse practitioners, physician assistants, nurse practitioners, social workers, physical therapists, home health nurses and hospice workers
5. Use of telemedicine, telehealth distance learning, video conference resources for communication, consultation, professional networking, and continuing education needs
6. Applications of computer systems and other information technologies pertinent to clinical practice and medical practice management, including office and hospital information management systems, remote access to the internet, use of websites and computer-based systems for medical library searches, and patient education databases.
7. Office human resource management and systems development
8. Small office systems development and management, including development of patient education materials, office policies and procedures, clinical care plans, quality assurance plans and strategic planning mechanisms
9. Familiarity with economic and political issues identified common to successfully practice medicine and manage a business in a small rural community setting
10. conflict resolution, and negotiation skills
11. Knowledge and experience with reimbursement systems, contracts,

IV. Community-Oriented Primary Care

- 1. Experiences that foster community-oriented delivery of health care and the role of family physicians in community public health, school health, community leadership, community development, and political action**
- 2. Public health education principles**
- 3. Public speaking and management of small group meeting skills**
- 4. Knowledge of issues of barriers to access to care, including financial, geographic, transportation, and cultural**
- 5. Curriculum in cross-cultural communication and competency**
- 6. Knowledge and skills in community sanitation systems and water quality assurance**
- 7. Exposure to the role of family physician as medical examiner**
- 8. The role of the family physician as medical director**
- 9. The role of the family physician in interaction with delivery of medical care at correctional facilities**