



# Competencies for Rural and Underserved Practice

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# Disclosures

Dr. Wendling is Medical Director for the National Family Medicine Board Review Course, and is paid for that position.



# Objectives

- **Enumerate the competencies for rural and underserved practice** elaborated by a national group and international audience of rural medical educators.
- **Teach toward competence in these domains**, in preparing students for practice in underserved settings, rural and urban.
- **Contribute new curricular strategies** to their home institutions and also contribute additional domains to a developing rural and underserved competency-based curriculum developed by family medicine educators.



# Competence

- An internal sense of agency (capability), grounded in reality, and externally validated by others
- “Knowing and practicing within my limits”
- “The array of abilities [KSA - knowledge, skills, and attitudes] across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training.

Competence is multi-dimensional and dynamic. It changes with time, experience, and setting.”\*

\*Frank et al. *Medical Teacher*, 2010



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# Competency

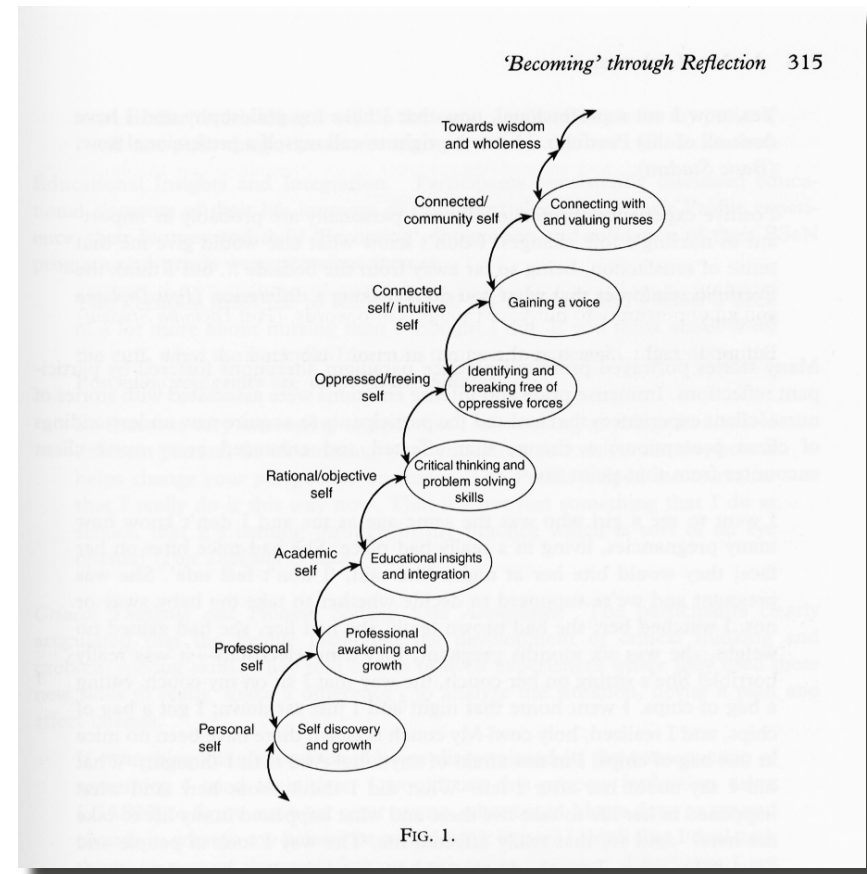
- Unconsciously incompetent
- Consciously incompetent
- Consciously competent
- Unconsciously competent





# Competency Cycle

- Unconsciously incompetent
- Consciously incompetent
- Consciously competent
- Unconsciously competent



Maich et al, Reflective Practice, 2000



# Competency Based Education

- **Framework:** “An organized and structured representation of a set of interrelated and purposeful competencies.”\*
- **Domains:** Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession.\*\*
- **List:** The delineation of the specific competencies within a competency framework.\*\*

\*Frank et al, *Medical Teacher*, 2010

\*\*Englander et al, *Academic Medicine* 2013





# Competency **Focused** Education

- Framework: “An organized and structured representation of a set of interrelated and purposeful competencies.”\*
- Domains: Broad distinguishable areas of competence that in the aggregate constitute a general descriptive framework for a profession.\*\*
- **Holistic descriptors** (the whole is greater than the sum of its parts; may appear different from various perspectives and in different contexts)



# Competencies for Rural Practice

- What competencies or capabilities are important to sustained success in rural and underserved practice?
- What makes a good doctor?
- How would you know when you saw one in action?



# Competencies for Rural Practice

- **Adaptability**—how to shape one's skill set to the needs of the rural community
- **Improvisation**—how to deliver quality care within the resources and skills you have available in the moment
- **Life-long learning**—how to continually acquire additional knowledge and skills as needed
- **Collaboration**—how to get help from others and work together
- **Endurance**—how to sustain oneself in rural practice

Longenecker, AAFP and NRHA, Graduate Medical Education for Rural Practice, 2008



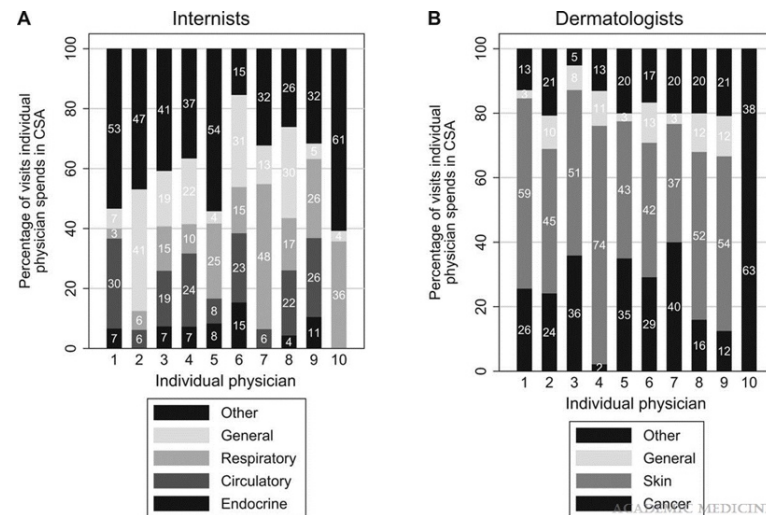
# Competencies for Rural Practice

- **Adaptability**
- **Living with scarcity and limits**
- **Resilience**
- **Integrity**
- **Reflective practice**
- **Collaboration**



# Adaptability

- Demonstrates improvisation and creativity
- Adapts scope of practice to community needs (plasticity)



Holmes et al, *Academic Medicine* 2013



# Living with scarcity and limits

- Knows the limits of his/her own competence (recognizing the edge)
- Knows "when to look it up" when faced with the limits of one's own knowledge
- Knows the limits of local resources & making timely referrals





# Resilience

- Demonstrates endurance; Restorative capacity - the ability to overcome hardship
- Sustains him/herself in practice & enlists the support of others
- Demonstrates boundary-setting and margin; the ability to set limits, to set aside time for self-care and renewal
- Bends without breaking
- Builds or joins a resilient community



# Integrity

- Demonstrates authenticity
- Adapts to the transparency & accountability of "living in a glass house"
- Negotiates dual relationships with integrity
- Behaves in a way that is true to self and others



# Reflective Practice

- Demonstrates critical reflection-in, on, and toward-action
- Protects time for reflection-on-action and engages in scholarly activity
- Exhibits awareness of self in relation to others and of their perspectives (other perspective-taking)
- Reframes problems and creates “useful” ones, putting knowledge into action



# Reflective Practice

- Reflects-in-action, attending to surprise, to “the things that do not fit,” and improvising in the moment, in the clinical situation
- Keeps the whole in mind, even while focusing on the details



# Collaboration

- Demonstrates community responsiveness
- Exhibits grace, and respect for individuals and tradition
- Effectively advocates for others
- Accepts multiple leadership roles
- Builds effective networks and teams across time and place



# University of North Texas Health Science Center TCOM





# Rural Osteopathic Medical Education of Texas (ROME<sub>Tx</sub>)

- Teaching Toward Competence in Professionalism
  - Begins with pre-matriculation objectives
  - Exists as thread throughout years 1-4



# Adaptability

- Discuss the nature of the rural practice they observe before orientation
- Years 1 & 2
  - Recognize one's own cultural biases and values and relate these to the practice of culturally competent medicine in a rural community
  - Discuss rural cultural barriers related to access to healthcare
  - Describe those measures necessary for emergency preparedness and response in a rural community



# Adaptability

- Years 1 & 2
  - Comprehend the context in which rural medicine is practiced in rural America
- Years 3 & 4 – FM Continuity Site
  - Describe three or four key lifestyle elements important in a rural community. (Lifestyle)
  - Discuss rural cultural barriers to access to healthcare.
  - Identify issues and risks associated with professional isolation. (Lifestyle)



# Adaptability

- Years 3 & 4 – FM Continuity Site
  - Discuss issues that a rural physician must deal with that relate to time management of professional and personal responsibilities
  - Recognize one's own cultural biases and values and relate these to the practice of culturally competent medicine in a rural community



# Collaboration

- Years 3 & 4 – FM Continuity Site
  - Identify the roles of the different members of the physician's office staff.
  - Identify the role EMS units play in rural health care.
  - Identify actions health professionals may take to change the social conditions that create vulnerability and produce health disparities.
  - How has the Affordable Care Act impacted your preceptor's practice?



# Michigan State University

## Rural Community Health Program

Rural training program

- Preclinical training: Metropolitan campuses
- Clinical training: Rural campus/Rural educational site
- Curriculum is portfolio-based; emphasizes leadership, public health, rural comprehensive care, community integration, and procedures.





# Living with Scarcity & Limits

## Preclinical Curriculum Examples:

- Lecture series with rural physicians
- Loan repayment/scholarship information, payment models
- Rural physician shadowing requirements

## Clinical Curriculum Examples:

- Clinical placement in rural underserved areas
- Focused small group discussions
- Public Health Curriculum
- Community Integration Curriculum
- Rural Poverty simulation



# Integrity

## Preclinical Curriculum Examples:

- Accountability – Requirement is participation, essays if 2<sup>nd</sup> absence

## Clinical Curriculum Examples:

- Professionalism discussions begin early in clinical placements; evaluated on professionalism during every clerkship
- Focused discussion groups – Dual relationships, boundaries (with preceptor interview examples)
- Continued exposure to single rural community over two years helps students understand importance of building and maintaining reputations



# Ohio University



# Resilience

- Clinical Jazz – Learning from hard experience and building a “community of resilience”
  - 90-minute, monthly meeting
  - 2 facilitators, 5-7 students – same group throughout the year, and intentionally diverse
  - Process/structure is same each time, but “topic” is participant-driven

**Notes from Clinical Jazz**

<http://www.fmdrl.org/index.cfm?event=c.accessResource&rid=5025>



# Reflective Practice

- The “seventh competency” in the OSU Rural Program (in addition to the 6 ACGME general competencies)
- Residents used portfolio exhibits to demonstrate their competence in this domain
- Residents used “Peer Notes” to catch a peer doing something well, exhibiting their competence in this domain
- Like the other competencies, RP was mapped to Clinical Jazz, a longitudinal critical reflection group



# Current Project Information

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Human Medicine  
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# Methods and Response

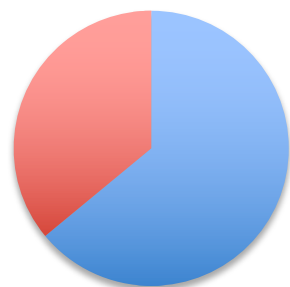
## Initial Development Phase ► Survey Phase:

- Survey goals – Competencies reasonable? Inclusive?
- Distributed widely, with an invitation for rural medical educators to complete – STFM Group on Rural Health, RTT Collaborative, NRHA Rural Medical Educators, AAFP Rural Group, Dr-ED listserve, snowball sampling, post-presentations
- Response Rate – 160 surveys opened; 154 started. Of those, 135 (88%) completed at least 70% of survey questions.



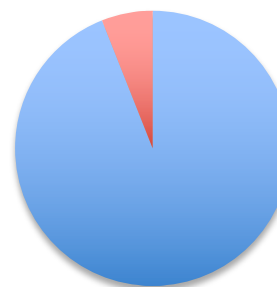
# Demographics

**Gender**



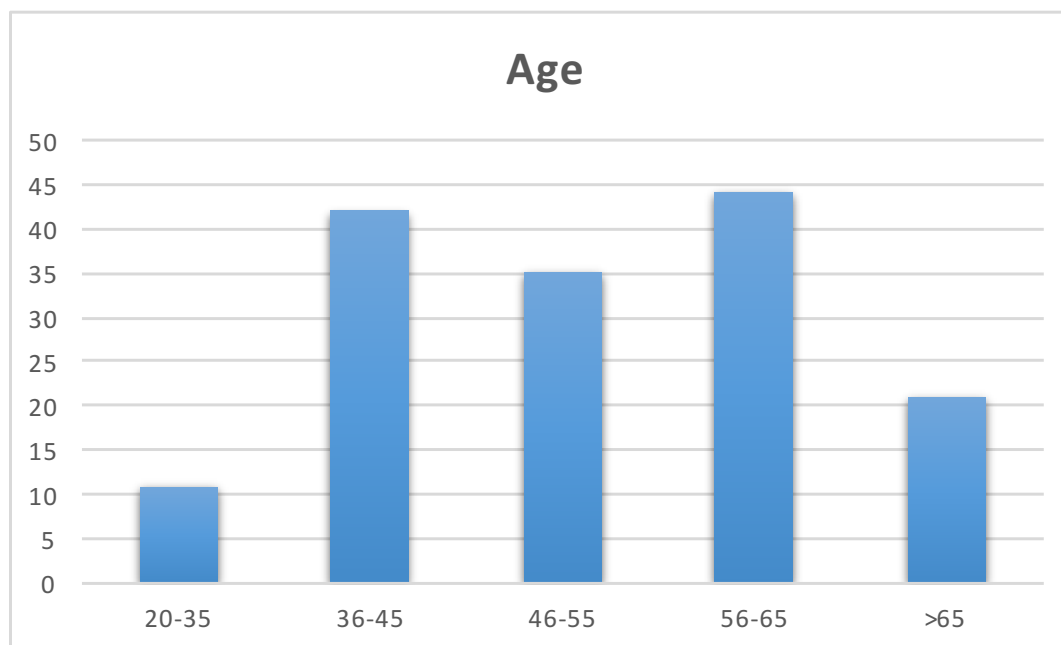
■ Male  
■ Female

**Ethnicity**



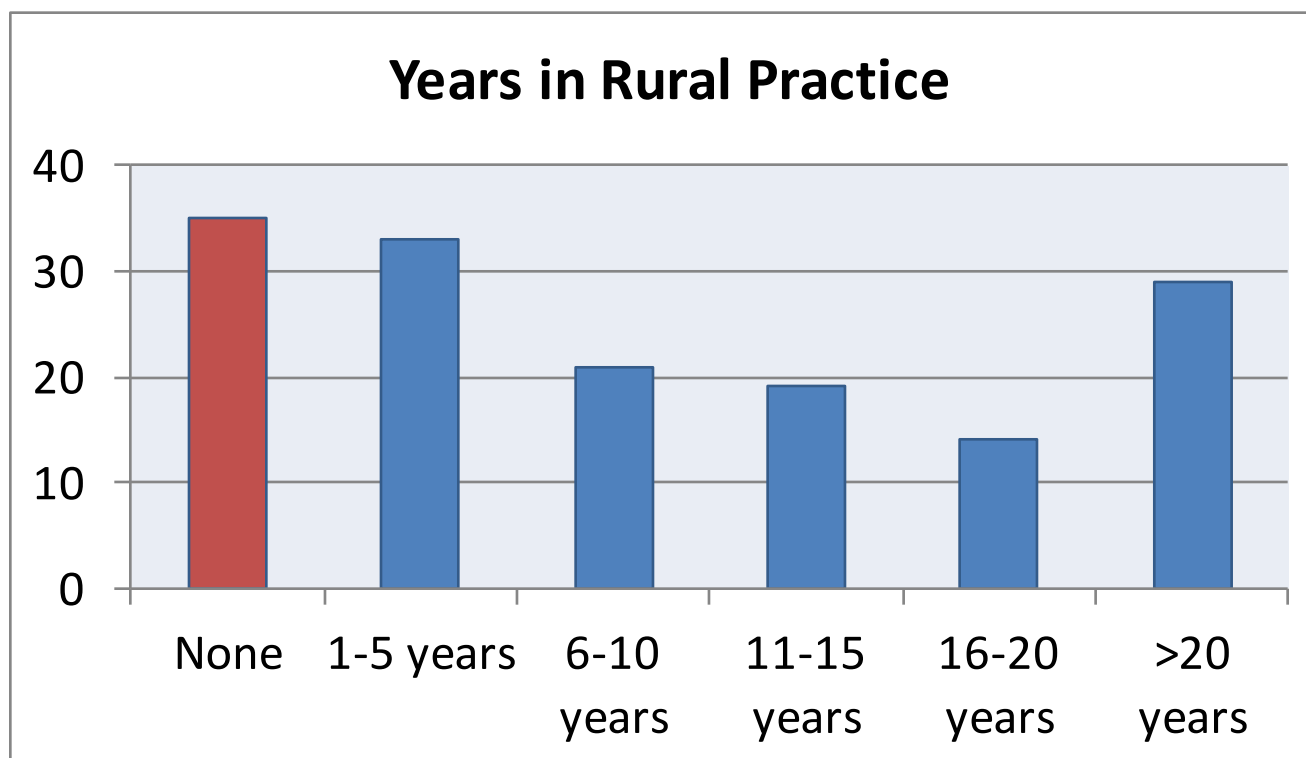
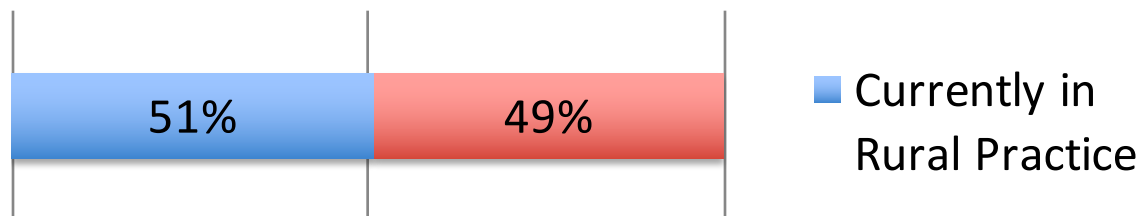
■ Caucasian  
■ All other

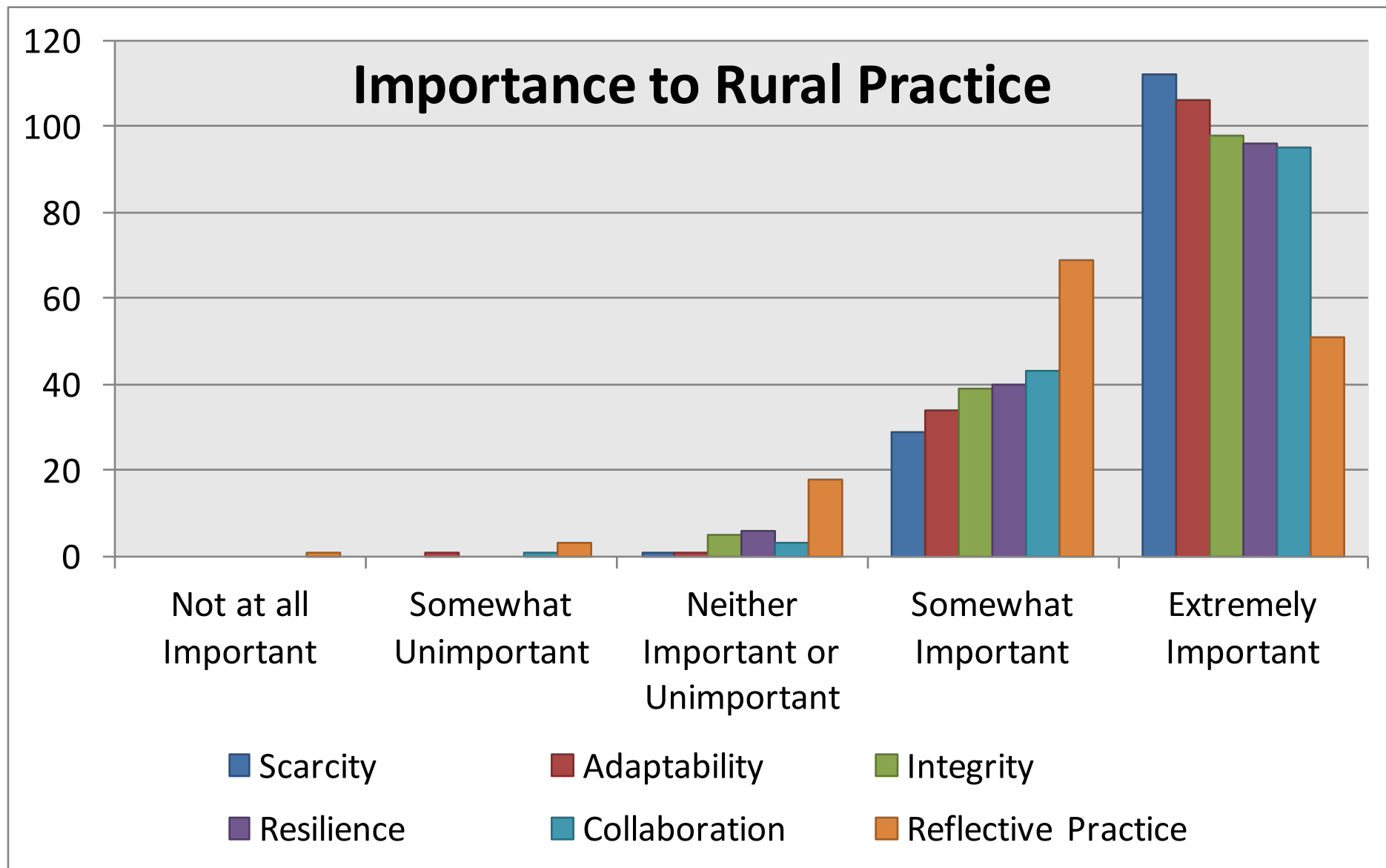
**Age**

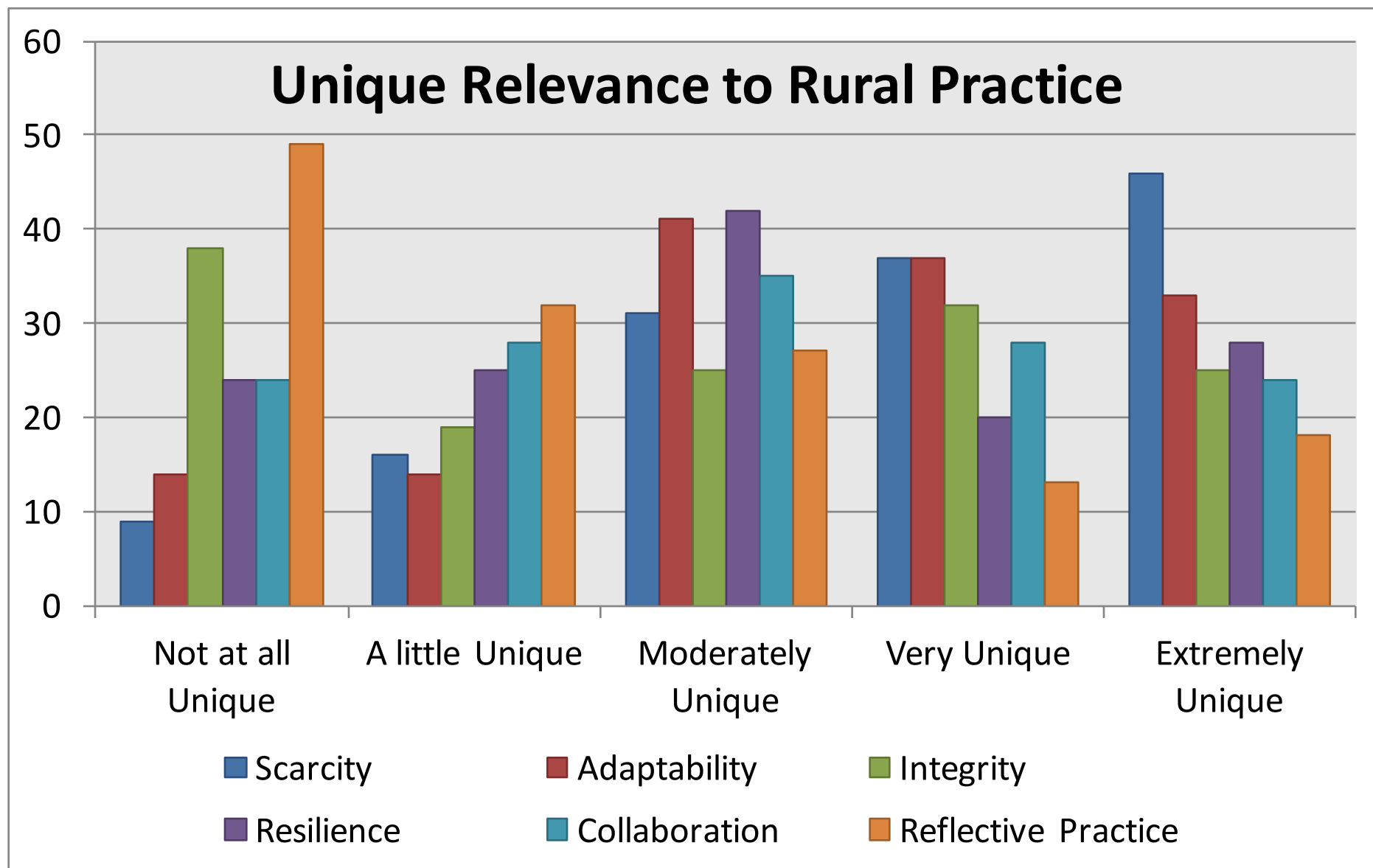




# Rural Practice









# Comparison between groups

- No significant differences in degree of importance of any of the competencies when compared by age, gender, current practice, or years in rural practice.
- No significant differences in degree of uniqueness, but trend toward those currently in rural practice rating competencies as less unique to rural.



# What is Missing?





# What is Missing?

- Comprehensiveness
- Community Engagement/Service
- Personal Balance and Family Tolerance
- Self-Efficacy – confidence/independence
  - “confidence in the ability to exert control over one's own motivation, behavior, and social environment”



# What is Missing?

- *Comprehensiveness*

## **Collaboration**

- *Community Engagement/Service*

## **Resilience**

- *Personal Balance and Family Tolerance*
- *Self-Efficacy – confidence/independence*



# What is Missing?

- *Comprehensiveness*

## **Collaboration**

- *Community Engagement/Service*
- *Interprofessionalism*

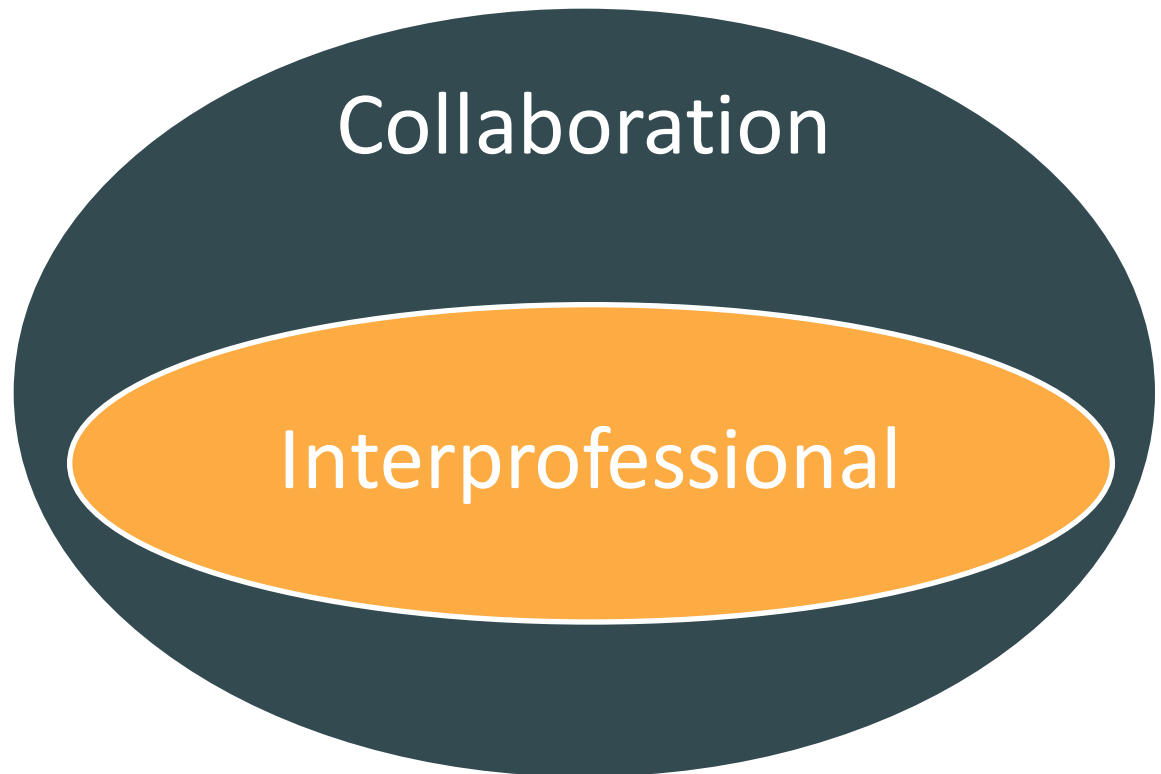
## **Resilience**

- *Personal Balance and Family Tolerance*
- *Self-Efficacy – confidence/independence*



# Interprofessional and Collaborative Domains

- Ideally, all interprofessional teams would be collaborative
- Not all collaborations are interprofessional





# Comprehensiveness

- Maintains and expands as necessary a wide scope of practice
- Maintains infrequently used skills through retraining
- Enhances skills to be prepared for the unexpected and to meet community needs
- Also includes leadership ability, community health management, advocacy, administrative skills and business management



# Questions or Comments?



## For Discussion

- Are these same competency domains applicable to urban underserved populations? Global low-resource populations?
- What would need to be included in order to capture general skills necessary to care for both rural and underserved populations?
- How do these domains relate to those from ACGME (6), AAMC (8), AOA (14), CanMEDS?





# What is unique about rural?

- “There is a general sense that ... providers in rural areas need specific skills and competencies. However, how these differ from generic skills and competencies is often unclear.”\*
- Are there domains identified for rural practice that are not relevant for other underserved populations?

\*Ireland, Competencies and skills for remote and rural maternity care: a review of the literature, *J Adv Nurs*. 2007

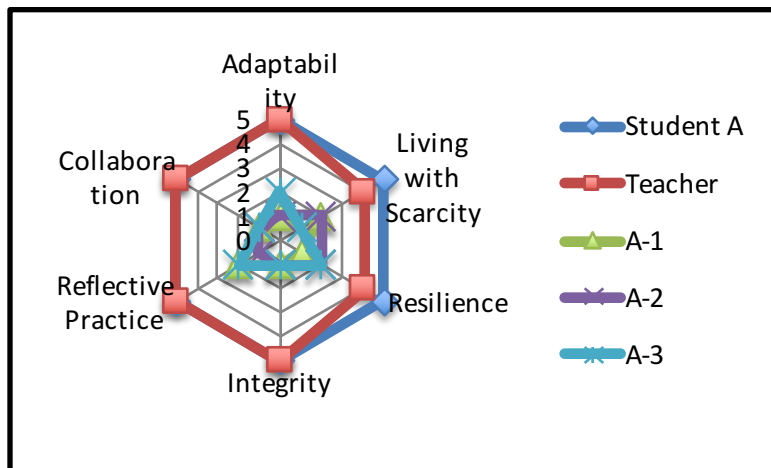


# Challenges to Measurement

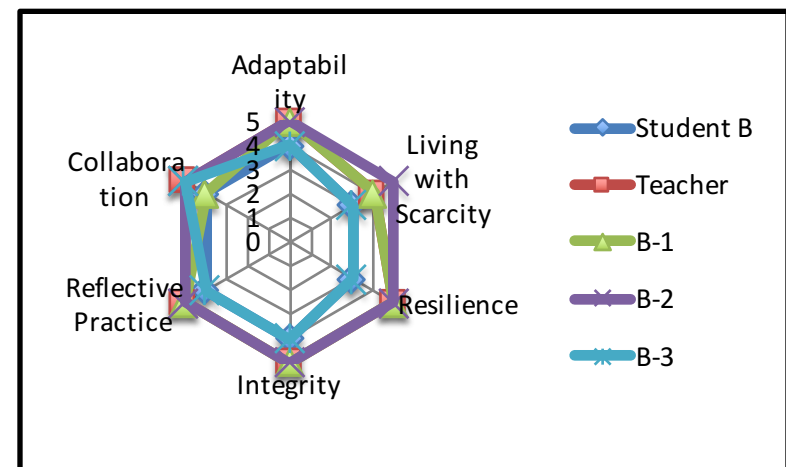
- Is it the context?
- Are our metrics valid and reproducible?
  - Self-Assessment
  - 360 Evaluations



# 360 Degree Evaluation



Humble Joe





# Challenges to Measurement

- Are we measuring the same or different competencies? Do these metrics actually discriminate and measure different characteristics?
- Do they predict success and retention in rural practice?



## Summary


*“Although the ‘competencies for rural practice’ may all be considered both important and relevant, perhaps it is in the rural context that they were most appreciated and more apparent in their absence.”*



# Summary

*Teaching toward the rural  
competencies: Competency focused  
education in a rural context*



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# Your Turn!

## Rural Competencies Survey

<http://tinyurl.com/RuralComp2016>

**International Participants – Please note your country in “Comments to researchers”**