Community Engaged Health Professions Education and Training

Ohio Rural Health Conference
August 26, Columbus, OH
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Participants will be able to:

- Describe the history of community engaged approaches to health professions education
- Articulate the principles of this approach
- Define “community:” A community served and a community of practice
- Apply these principles in designing training programs in their respective profession and in their rural community
Think-Pair-Share

- What has been your experience in health professions education and training? In what ways has it been “community engaged?”
- What difference does it make? Why might it matter?
Outline

- Definitions and principles
- Case Example: The RTT Collaborative
- Case Example: New Straitsville
- Case Example: Franklinton
- Questions and open discussion
Community Engaged Medical Education (CEME)\(^1\)

- Community-oriented – a body of knowledge to be taught about practicing in communities (about)
- Community-based – a place for medical education (in)
- Community-engaged – a way to address a specific community’s needs, for the mutual benefit of community and academia (with)

\(^1\text{Strasser et al, 2015}\)
Defining the community

- Community served
- Community as place
- Community of practice (Lave & Wenger)
  - Mutual engagement around a shared vision
  - Joint enterprise (praxis)
  - Shared repertoire of common resources
- Other, e.g. a virtual community
- Not, “there’s us” and then, “there’s the community” (everyone that is not us)
Basic principles

“The CEME (Community Engaged Medical Education) concept stresses the importance of interdependent and reciprocally beneficial partnerships between medical schools and the communities they serve.”

Roger Strasser

\[^{1}\text{Strasser et al, 2015}\]
Basic principles

- Join the community - establish a relationship
- Begin with the community’s assets and build from there
- Set a vision and an enterprise or task
- Collaborate for mutual benefit
The RTT Collaborative
in rural health professions education and training
Growing our own...together

A rural health professions education network and a cooperative extension service
“a community of practice”

http://www.rttcollaborative.net
The RTT Collaborative

- Rural medical school track or residency program
- Participating program

The RTT Collaborative 2016
...an organic approach
An Organic Approach

- Starts with a rural place and its assets
- Uses various models, options for program design, modified rather than imposed upon the local context (organic medical education)
- Follows a developmental process that is community engaged, i.e. Community Engaged Residency Education in Rural Places (CERE-R)
A Global Context

A Distributed Peer Network of Rural Medical Educators

A Regional Academic Partner, Health System, and Participating Hospitals

A FM Practice

A Rural Community

Community Engaged Residency Education
Rural Residency Capacity and Sustainability Assessment

- Define the community
- Engage the community
- Determine assets & capacity
- Design for accreditation
- Build for sustainability
- All at the same time!

CERE-R  http://tinyurl.com/engagedresidency
Perry County
New Straitsville, Ohio
Access to Health Care in Perry County

- 13 physicians in the county
- 8 of whom are primary care physicians.
- Doctor-to-patient ratio is 1: 4,507.
- 7 of the 10 physicians not accepting new patients
- 3 physicians accepting new patients are located in northern half of county
- No providers with hours on weekends.
- No providers offer after-hours service or appointments after 5:30pm.
Community Assets

- Access to Care Workgroup
- Delyn building – owned by village
- Local residents
Delyn Workgroup
The Delyn Building
Our Process

- **Building partnerships (“showing up!””)**
  - Partnering with existing community group
  - Attending monthly partner meetings to understand local context and priorities
    - Two medical students (OMSIII) have taken on leadership roles
  - Developing and submitting joint HRSA Network Planning Grant
Our Process

- **Developing community awareness**
  - Health Fair

- **Understanding community priorities**
  - Survey
  - One-on-one interviews with community members
  - Focus groups (with adults, adolescents, and seniors)
“There is no place in the county to deliver a baby”

“We drive at least 50 minutes to get my children to even a well-child visit….I have to schedule a half or whole day off work.”
Student Research

Health Service Priorities

- Urgent care
- After hours care
- Women's health
- Elder care
- Arthritis
- Health screenings
- Heart disease
- Respiratory care
- Substance Abuse
- Cancer care
- Dental care
- Vision
- Ob/gyn
- Vaccines
- Patient education
- Smoking
- Wellness care
- Mental Health

Legend:
- First Choice
- Second Choice
- Third Choice
Franklinton, Columbus, Ohio
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.

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