

Community Based Training: Building Bridges between Organizations, Communities and States

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Objectives

- To identify basic principles for a successful model of primary care training and practice that address current primary care workforce challenges
- To define how principles can be helpful in building other promising future strategies

Principle 1: Mission

- ***Do health professions education institutions see themselves as part of the community?***
 - What commitment does an institution have? How is that articulated in mission statements? Does perception match history?
 - How do you identify the champions: are they “idiosyncrasies or illustrations?”
 - Since all institutions differ and change over time, what forces have influenced change?

Example

Mission Statements at ETSU

- *“To be the **best regional university** in the country”*
- Emphasize rural mission:
 - *“The primary mission of the Quillen College of Medicine is to educate future physicians, especially those with an interest in **primary care, to practice in underserved rural communities...**”*
- Expressed accountability to region:
 - *“... pursue **community partnerships** that will both **enhance its institutional effectiveness** and **serve Northeast Tennessee and the Southern Appalachian region.**”*

Principle 2: Interests

- ***Why should organizations, communities, and states work together?***
 - Define interests by asking “why?” (Fisher and Ury, Getting to Yes, 1981)
 - All politics is local – so are mission decisions, curricula and programs
 - Moving away from zero-sum investment mentality

Example:

Formation of The Rural Partnership

- Tennessee rural interests
 - Improve recruitment of graduates to reduce vacancies
 - Clarify recruitment process with schools
- TennCare
 - Assure physician panels in rural communities
 - Improve accountability and use of GME Residency Stipend program
- Tennessee medical schools
 - Desire to be seen as responsive and recognized for their rural and underserved efforts
 - More statewide comprehensive effort to improve educational opportunities

Principle 3: Relationships

- ***What are the real relationships between communities, organizations and institutions?***
 - Relationships are multifaceted and change over time
 - Use Himmelman’s “Stages of Working Together” to assess depth of relationships.
 - **Networking:**
Exchange information for mutual benefit
 - **Coordinating:** above +
... alter activities for a common purpose
 - **Cooperating:** above +
... share resources for a common purpose
 - **Collaborating:** above +
... enhance each other’s capacity for a common purpose

Example

ETSU Continuum of Relationships

- Missions statements ... *in regional context*
- Faculty with a mission ... *with NHSC alumni*
- Admissions ... *committee with community members*
- Curricular offerings... *community-based courses*
- Research ... *that address community identified issues*
- Longitudinal partnerships with ...
 - *Community preceptors and alumni*
 - *Total communities, not single organizations*

Principle 4: Dual Benefits

- ***Can bridges be built that provide benefits for all partners?***
 - Develop programs through partnerships to assure mutual gain
 - Appreciate all contributions
 - Allow for multiple and varied benefits
 - Use framework for variety of projects and people
 - One planning and evaluation model:
The Give-Get Grid

Example

ETSU Give-Get Model (1992)

University gave:

- New curriculum
- Student time in community
- Faculty expertise
- New health service site

University got:

- Rural training location
- Expanded service area
- National rural reputation
- Recruit new faculty/students

Community gave:

- Permission, time and energy
- Use of practice and services
- Buildings, homes
- Teaching "Small Town 101"

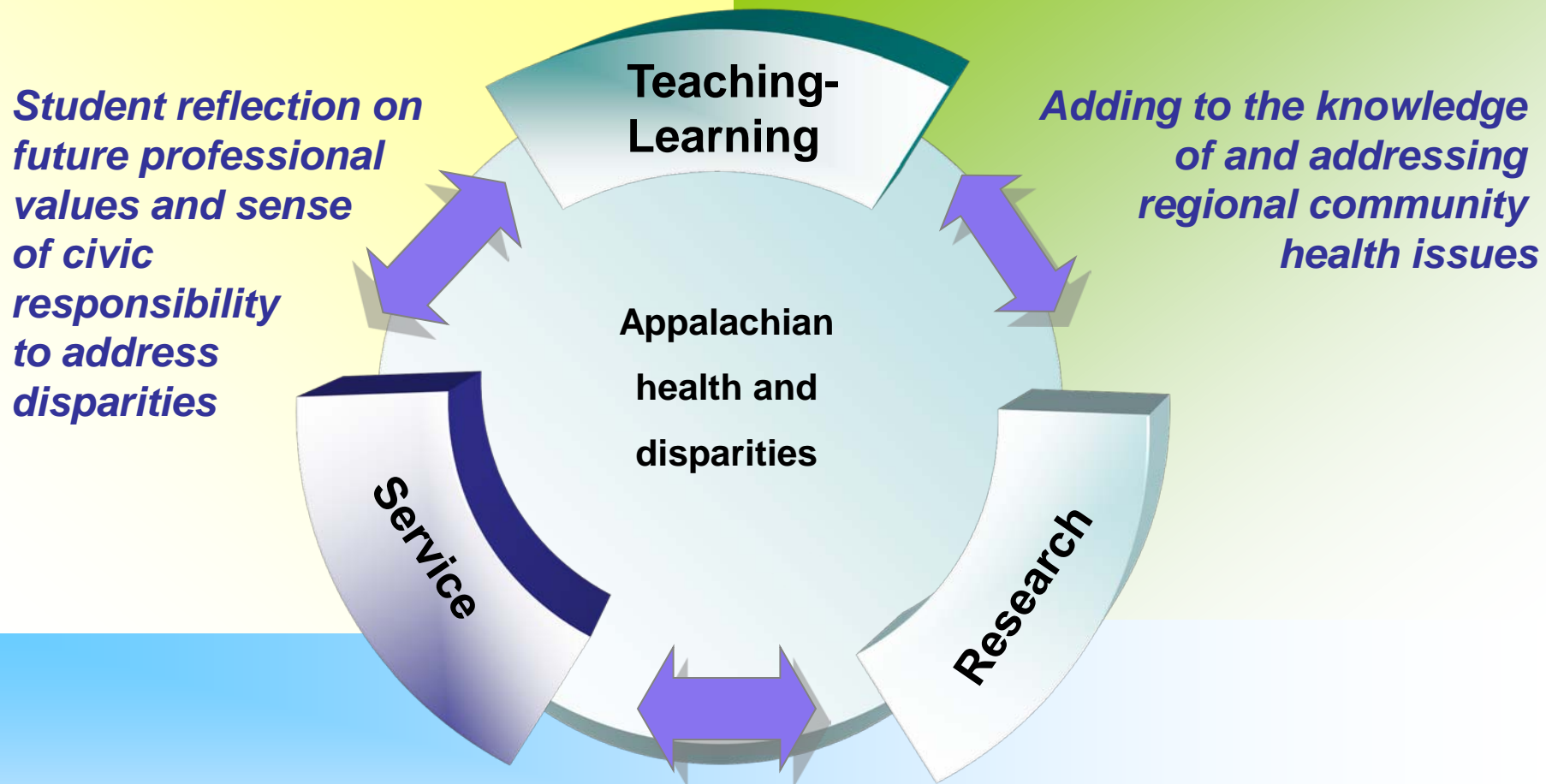
Community got:

- More doctors and nurses
- New preventive services
- Strengthen health system
- Their children in college

Principle 5: Context

- ***Why is community-based training important?***
 - Define what students learn better in a community settings
 - Disparities, population differences, cultural competency, and social justice issues
 - Access issues for the underserved or under-users
 - Interdisciplinary teams
 - Ability to see community as unit of practice for community prevention and interventions
 - Identify what communities and organizations need to learn about health professions education to negotiate partnerships that add value to education?

Building from a model: ETSU Approach to Rural Activities



Using the principles of community based participatory research to address community identified issues and opportunities

Recommendations

- Frame additional state support through required community-institution partnering
- Community-based training should negotiate learning objectives that add value to education
- The Workforce Imperative: It's not just numbers, it's the quality – an ability to improve health, not just delivery health care
- Promote an old idea: Social Responsibility by Foreman

Example

Dr. Spencer Foreman's Principles

- Identify underserved community for which AHC is willing to take some real responsibility
- Develop system of relationships
- Build a critical mass of faculty
- Stimulate student experiences in underserved communities
- Build a common body of knowledge about community's health with community for teaching, service and research

Adopted from: Foreman, Social Responsibility and the Academic Medical Center, Academic Medicine, 1994.

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