



CPT Community Faculty Guidelines
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General Guidelines

- All rotations should begin with a face-to-face meeting between yourself (the CPT Faculty member in your community) and your resident, and should include:
 - Look over syllabus (printed in their project workbook, it's the first page of each year's section) and discuss purpose, goals, activities and readings
 - Look over resident's schedule and set up specific, in-person check-in dates. Be explicit about meeting dates, times and locations. Connecting frequently throughout the rotation regardless of the residents' ability to work independently is important for the creation and maintenance of your relationship (especially since you won't see them often following the rotation).
- All rotations should end with a face-to-face "debrief" between yourself and your resident, and should include:
 - Review of their evaluation (you may choose to do so on E*value or you may print out the completed evaluation from E*value)
 - Discussion of residents' strengths & areas for improvement
 - Discussion of rotation's strengths & areas for improvement
 - Goals for the next rotation (if applicable)
 - Goals for in-between rotations (if applicable)

R1's (Also called "first-years" or "Interns")

- Introduce interns (residents in their first year of training) to your community through an assets-based lens. Point out local individual, associational and institutional assets. Tools to do so should include:
 - Windshield survey
 - Community asset map
 - Day-in-the-life exerciseAdditional/simultaneous orientation activities should include:
 - Walking and/or driving community tour
 - Attending community meetings and events
 - Researching local eateries, cafés and other gathering spots and doing observation
 - Interviewing key stakeholders or community members about their perspectives on health, community, etc.
 - Observing or participating in Multi-Disciplinary Team meetings
 - Accompanying professionals on a home-visit
 - Touring often-used community facilities
 - Collecting, reading & reporting on locally-published newspapers/newsletters/etc.
- This is a relationship-building time for you and your interns. Be sure to debrief each of the above activities as the interns complete them.
 - Ask them reflective questions such as "what did you think?", "What surprised you?", etc.

- Remember to use ABCD-terms with them, always talking about your community's individual, associational and institutional assets
- Discuss the Patient-Centered Medical Home and Chronic Care Management models with your interns and use examples from your community to illustrate
- Be sure to schedule a final debriefing session, where you discuss the rotation as a whole, ask what the intern liked most, what they felt they got the most benefit from, and how the rotation might be improved. This should be a very relaxed and candid meeting where you can also give feedback to the intern about where their strengths lied and what they might work on for the next rotation. Also encourage them to complete their rotation evaluation on E*value, as it helps us continually improve the rotation and their experience.

R2's & R3's

- Help the resident plan/implement/evaluate a Resident Advocacy Project by identifying and mobilizing local individual, associational and institutional assets. It is important to remember that the Project is not the goal; rather it is the means by which the resident illustrates his/her knowledge of the community and ability to connect, build partnerships!
- At the beginning (on the first or second day) of the rotation, the resident, CPT Faculty and CPT staff will meet to discuss the Resident Advocacy Project
 - Residents may choose to develop, implement and evaluate their own project, from scratch; they may choose to work with fellow residents in the same class on a new project; or they may choose to contribute to a piece of a larger, existing project developed by more senior residents
 - When beginning to plan the project, ask the resident to flip back in their Project Workbook and revisit some of the local assets they identified in their first year... how can they mobilize those assets in their project?
 - You as the faculty are not required to help with every project – if it makes more sense for the resident to partner with another local community group or a specific classroom at the local school, connect the resident and just check in on the partnership from time to time. When a resident chooses to work with another organization or entity for their project, you are still responsible for making sure the working relationship is positive and that the resident is meeting the goals of the rotation, but you are not required to be as intimately involved as you were in their first year.
- Residents may choose to work on pieces of their projects on their own, and not necessarily at your site (ie: computer work, etc). HOWEVER,
 - Residents should, when convenient for local partners, meet IN PERSON to discuss project plans, rather than via phone or email
 - Residents must check in with you IN PERSON to discuss project progress, review (and, if necessary, edit) their logic model, etc.
- Schedule a “wrap-up” session for the very end of the rotation to discuss the project (or progress made, for 2nd years), give feedback about challenges and successes, and touch base on any loose ends or next steps

Evaluations

- Following every rotation of each resident, an evaluation must be completed. This may be done by logging into the E*Value online system utilized by the UC Davis Medical Center
- Residents are also asked to evaluate the rotation/community faculty, and confidential, generalized reports on these evaluations will be provided to community faculty annually

Quarterly Collaborative Meetings

- CPT is made up of quite a few “moving parts,” and with so many different partners it is important to connect on a regular basis to share, troubleshoot and plan for the future. Quarterly Collaborative meetings are currently scheduled for the 3rd Thursday of each January, April, July and October, and all partners are expected to make their best effort at attending, so as to keep communication open and flowing!

Annual Symposium & Hand-in-Hand Awards

- Each year, CPT community partners, staff, residents and faculty get together to celebrate their partnerships and successes, with the Resident Advocacy Symposium. At the Symposium (usually held in mid-April), resident/community teams present their projects both through posters displayed during the hors d'oeuvres/networking session, and through spoken presentations during the formal program. Community partners may also choose to nominate local individuals, associations and/or institutions in their communities who have been particularly significant in resident community medicine training.
 - Nominations for the Hand-in-Hand Community Medicine Teaching Award are due one month before the event date and are typically distributed a few months before the event. There is no limit to the number of nominations a community partner may submit, but nominations MUST be completed by BOTH a CPT faculty AND a resident(s).