



Community Medicine Training Syllabus

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Introduction

Communities & Physicians Together (CPT) is a three-year training program for resident physicians in pediatrics, family practice and internal medicine at the University of California, Davis. CPT's mission is to "give all individuals a healthy present and future by teaching physicians, both in training and in practice, how to make a difference through active community partnerships."

The training program relies heavily on strong, reciprocal partnerships formed with accomplished community partners who serve as "CPT faculty," and is designed to be completed during one "block" or "rotation" in each year of residency. CPT's theoretical framework is based on the Asset Based Community Development (ABCD) approach to grassroots organizing, placing special emphasis on the positive gifts in a community rather than using traditional needs-based models.

Residents are expected to arrive promptly, participate fully and interact professionally and enthusiastically with all community members, at all times.

Year One

Purpose:

Introduce interns to their partner communities; provide opportunities for immersion into the daily life and culture of the partner community; begin building relationships with CPT Faculty/community partners; gain a basic understanding of Asset-Based Community Development, Social Determinants of Health, the Chronic Care Model, and the Patient-Centered Medical Home Model.

Objectives:

Following their first year rotation in their partner communities, residents will be able to:

1. Describe the Asset-Based Community Development approach and understand the difference between Individual, Associational and Institutional assets
2. Describe the Chronic Care Management and Patient-Centered Medical Home models and discuss how they relate to their partner community
3. Recognize the physical boundaries of their partner community
4. Identify a wide variety of assets in their partner community

5. Identify locally-defined health and wellness concerns, as recognized by community members

Requirements:

1. Assigned reading materials
 - Chapter One in: Brendenuehl, MPA, Marlane, Elizabeth Sterba, MS and Richard Pan, MD, MPH. 2007. *Communities & Physicians Together Resident Project Workbook*. UC Davis: Sacramento, CA.
2. Suggested reading materials
 - Kretzmann, John P. and John L. McKnight. 1997. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. ACTA Publications: Chicago, IL.
 - McKnight, John L. and Carol A. Pandak. 1999. *New Community Tools for Improving Child Health: A Pediatrician's Guide to Local Associations*. American Academy of Pediatrics: Elk Grove Village, IL.
3. Assigned activities
 - Community Asset Map (in the *Resident Project Workbook*)
 - Windshield Survey (in the *Resident Project Workbook*)
 - Concept Mapping (in the *Resident Project Workbook*)
 - Day in the Life activity
 - Attend and participate in community meetings & events as assigned by CPT Faculty
 - Attend Multidisciplinary Team Meetings (MDT's) and homevisits as assigned by CPT Faculty
 - Daily Journaling (in the *Resident Project Workbook*)

Years Two and Three

Purpose:

Utilize community connections and local assets in the creation and implementation of a project; where the project is not the *goal*, rather it serves as an illustration of the resident's knowledge of the partner community, and ability to form meaningful partnerships within it.

Objectives:

Following their second- and/or third-year rotation in their partner communities, residents will be able to:

1. Make connections in their partner community
2. Use the Logic Model to plan projects and interventions
3. Inventory and mobilize local assets as part of their community project
4. Evaluate their project and reflect on lessons learned

Requirements:

1. Assigned reading materials
 - Chapters Two and Three in: Brendenuehl, MPA, Marlane, Elizabeth Sterba, MS and Richard Pan, MD, MPH. 2007. *Communities & Physicians Together Resident Project*

Workbook. UC Davis: Sacramento, CA.

2. Suggested reading materials

- Turner, Nicol, John L. McKnight and John P. Kretzmann. 1999. *A Guide to Mapping and Mobilizing the Associations in Local Neighborhoods*. ACTA Publications: Chicago, IL.
- Kretzmann, John. P., John L. McKnight and Deborah Puntenney. 1996. *A Guide to Mapping and Mobilizing the Economic Capacities of Local Residents*. ACTA Publications: Chicago, IL

3. Assigned activities

- Project Planning activities (Pages 34-37 in the *Resident Project Workbook*)
- Logic Modeling activity (Pages 38-41 in the *Resident Project Workbook*)
- Identifying Partners activity (Pages 42-43 in the *Resident Project Workbook*)
- Evaluation planning activities (Pages 44-45 in the *Resident Project Workbook*)
- All discussion and reflection activities in the *Resident Project Workbook*)
- Daily Journaling (in the *Resident Project Workbook*)

Additional Reading & Resources

- Kawachi, I., B.P. Kennedy and R. Glass. 1999. "Social capital and self-rated health: a contextual analysis." *American Journal of Public Health: 89(8)*, 1187-1193.
- Kulkarni, J.D., Manjusha. 2006. *The Guide to Medi-Cal Programs: A Description of Medi-Cal Programs, Aid Codes and Eligibility Groups, Third Edition*. California HealthCare Foundation: California.
- Pan, Richard J., Diane Littlefield, Sara G. Valladolid, Peggy Tapping and Daniel C. West. 2005. "Building Healthier Communities for Children and Families: Applying Asset-Based Community Development to Community Pediatrics." *Pediatrics: 115(4)*, 1185-1187.
- Paterniti, PhD, Debora A., Richard Pan, MD, MPH, Ligaya F. Smith, Nora M. Horan and Daniel C. West, MD. 2006. "From Physician-Centered to Community-Oriented Perspectives on Health Care: Assessing the Efficacy of Community-Based Training." *Academic Medicine: 81(4)*, 347-353.

Evaluation

Residents' evaluation will be completed by their CPT Faculty member, with specific attention to: professionalism, knowledge and cultural sensitivity. Trainees will be expected to maintain frequent and open communication with community faculty and community members; take an open-minded, assets-focused approach to learning about their partner community, its members and resources; and arrive at all scheduled meetings and events promptly. Given the reciprocal nature of the CPT program, residents will be asked to evaluate their experience as well, based on these same criteria.