Full scope Family Medicine training has never been as vibrant or as diverse as it is today in Chapel Hill. The UNC Department of Family Medicine’s residency training program is using a broad spectrum of training locations and continuity experiences to develop family physicians who are adaptable and skilled for most any practice environment. With an expanded emphasis on rural underserved care, maternal and child health, and increased flexibility with residents’ elective training, the program is stronger than ever.

**Broad Spectrum of Training Environments**

The UNC Family Medicine Residency is a 10-10-10 program, with two residents from each class serving in a new underserved track. UNC offers resident physicians a training opportunity that blends experiences within a busy academic medical center, a large community hospital, several community clinics, and a rural health center catering to the underserved. Residents get exposure to a diverse mix of patients that represent different ethnic and socioeconomic backgrounds and present with a wide range of health issues. It all makes for a training experience where UNC residents must learn to adapt to their environment and to the needs of the individual patient.

“We want our graduates to be as adaptable as possible,” noted Dr. Cristen Page, Residency Program Director. “It’s all so that they can go into their communities and fill the need. That requires a full-scope emphasis in inpatient, outpatient, maternal child health and procedures.”

UNC’s residents get a majority of their inpatient training on the Family Medicine Inpatient Service run by the department at UNC Hospital, the school’s flagship state-of-the-art tertiary care center. They also get exposure to a large community hospital in Raleigh (WakeMed), and even a tiny rural hospital in Chatham County.

For continuity training and outpatient care, UNC residents provide patient care in the department’s Family Medicine Center, a Level III Patient-Centered Medical Home that serves approximately 55,000 patients annually. They also have a number of special outpatient rotations, including a rural rotation at Chatham Hospital (where Family Physicians staff the Emergency Department and Inpatient Service), procedural rotations, and another four months of in- and out-of-town electives to develop individual skills. Outpatient services at the Family Medicine Center are structured around four clinical teams to which residents are individually assigned. Residents play an integral role in helping to direct their care teams as they access a full complement of resources on the patient’s behalf. These include lab and x-ray services, nutritionist support, social workers, care managers and pharmacy. Third year residents develop outpatient leaderships skills, working closely with a faculty member as Clinical Team Leaders. Other support services such as financial counseling, nicotine dependence programming, acupuncture, and even physical therapy are also available to promote comprehensiveness and improve outcomes.

**Expanding Rural Care Training**

In October of last year, UNC formally announced the expansion of its program with a new rural underserved track. Although UNC has had a long history of training residents in rural and underserved care, its new track is allowing it to focus more resources on a critical area of need for North Carolina and attract more interest in its program.

“Our new track at Prospect Hill really demonstrates our program’s and our department’s commitment to vulnerable populations,” commented Dr. Page. “For students who want to work with a mainly Spanish-speaking population in a rural and community health center setting, it’s a fantastic option. We’ve had a tremendous amount of interest.”

All UNC Family Medicine residents receive training in rural/underserved care through their inpatient and continuity experiences. Going forward, two residents from each class will be selected for the new track. Both will complete a majority of their continuity training at the Prospect...”

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Hill Community Health Center, an FQHC located about 30-minutes from Chapel Hill. Prospect Hill operates in a newly-renovated 4,000-square-foot facility and serves a largely Latino and Spanish-speaking population. Residents get to experience working in a clinically-demanding and multidisciplinary rural setting that's also home to many regional community health programs. Prospect Hill is also an important regional site for prenatal care for underserved and minority patients.

**Living The PCMH Model**

Like most Family Medicine residencies today, training residents to embrace the Patient-Centered Medical Home model is a major focus of the program. For UNC, PCMH is embedded within every aspect of its curriculum, so residents get longitudinal exposure as they progress.

“Our philosophy for teaching PCMH is to focus on clinical innovation and have residents really live PCMH. Our residents learn a tremendous amount about the pillars of PCMH by living it and doing it every day,” explained Dr. Page.

A significant part of UNC’s PCMH effort is the program’s heavy emphasis on tracking its patients’ experience with physician/patient continuity. Because the patient-physician relationship is so vital in PCMH, the program closely measures the percentages of patients who see their personal physician at the time of their visit. “We put a lot of emphasis on the personal relationships because that’s how a resident learns and grows as a physician,” noted Dr. Page. UNC averages in the 70% range, an excellent percentage when compared to other programs nationwide that track the metric.

Another hallmark of patient-centeredness is team-based clinical care. Team care is so embedded and ever present within the program’s clinical operations, it’s almost invisible. In the inpatient setting, residents conduct multi-disciplinary rounds each day that bring them together with other subspecialist physicians and allied health staff. During their outpatient experiences, they also routinely interact with ancillary providers such as care managers, outpatient pharmacists, social workers and the clinical nursing staff. The ‘team approach’ is learned by doing and continual repetition, according to Dr. Page.

Quality improvement is another key aspect of PCMH and UNC approaches this by getting residents involved. For instance, 2nd- and 3rd-year residents each complete a 6-week rotation where they investigate and work to uncover the reasons behind an identified trouble area. As an active participant, they become familiar with the language and processes around quality improvement. During the 3rd year, the entire graduating class works together to complete a QI project. These projects have helped UNC achieve dramatic improvements in patient care, including registry implementation, systems for screening patients with chronic disease for depression, and improvements in diabetes care.

“These QI projects allow the residents to integrate improvements right into our systems and clinic processes, so they’re sustained after they graduate. Their projects have helped us achieve PCMH recognition and have improved the care of our patients. For the past three years our residents have been invited to STFM to present their work nationally, which helps them join the national dialogue and learn from other programs as well.”

**Fostering Adaptability**

Adaptability is perhaps the most important clinical trait for a family physician. To foster and ignite this requires extensive ongoing education, but also the freedom for a physician to pursue their own areas of interest. UNC devotes weekly structured learning time using small group and seminar style techniques of teaching that cover topics ranging from cardiovascular health to preventive care.

It also offers residents the option to utilize a portion of their electives to develop an ‘area of concentration’ (AOC) tailored to their interests. UNC offers AOCs in healthcare leadership, sports medicine, geriatrics, care of the underserved, and procedures. Additional AOCs are available to residents depending on interest, and can be developed to help residents pursue almost any clinical or teaching passion.

UNC graduates today are working in a wide range of practice environments, from traditional outpatient community practices to working with the underserved, or to those who pursue additional fellowships and go on to academic careers. Dr. Page did note that 40% of UNC graduates in the last couple of years do obstetrics, with a much higher percentage providing prenatal care. But it all cases, graduates are well-prepared.

“Our primary emphasis is on creating excellent, full-scope family doctors who are prepared to meet the needs of their communities and provide leadership in health care reform. Continuing to train our residents in a wide variety of settings and including the child and maternal health piece, is vital to helping residents be as good as they can be, wherever they ultimately practice.”

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**Hendersonville FM Residency Partnering to Create Teaching Health Center**

The MAHEC Hendersonville Family Medicine Residency program will be expanding its program through a new consortium consisting of MAHEC, Blue Ridge Community Health Services and Pardee Hospital. The collaboration will create western North Carolina’s first teaching health center and enable the program to expand by one training slot through 2016.

The program’s expansion is being made possible through grant dollars available to MAHEC by the Accountable Care Act’s “Teaching Health Center” program. Coinciding with the expansion, the program is also shifting its longitudinal ambulatory training to two clinical sites operated by Blue Ridge, a federally qualified health center, thus establishing the first teaching health center in the region.