

Development and Implementation of a Community Advisory Council for Graduate Medical Education in a Family Medicine Residency Program

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Setting and Problem

The RUSH-Esperanza Family Medicine Residency Program is a Teaching Health Center Graduate Medical Education collaboration between Rush University Medical Center and Esperanza Health Centers (a Federally Qualified Health Center [FQHC]) on the southwest side of Chicago. The mission of the residency program focuses on training family physicians who will care for historically oppressed communities, dismantle health disparities, and transform the health care system. The RUSH-Esperanza program welcomed its first class in 2022.

During the planning process, we recognized the importance of centering patients and community members in residency development and implementation. Patient voices are not well integrated into residency training,¹ and community partnerships have not traditionally been equal within medical education or advantageous to the community.² RUSH-Esperanza seeks to be a community-directed residency program.

Intervention

Community Advisory Council (CAC): Esperanza's community engagement team worked with patients and community partners to form the CAC specifically for medical education. The residency program and the CAC work in partnership to set goals and create community-directed processes in areas CAC identifies as being important to the community.

The program director is accountable for implementing recommendations from the CAC (TABLE).

CAC Integration Into Core Graduate Medical Education (GME) Processes—An Example: More than 90% of patients at Esperanza identify as Latino/a/x. During early meetings of the CAC, community members identified a community preference to have physicians

who speak their language, come from or understand their culture, and have the motivation to work with vulnerable communities. The CAC also identified the need for physicians with strong communication and interpersonal skills. To ensure these needs were addressed and to align with the program value of centering community members, program leaders and CAC members designed a residency interview process that included a community member panel interview with applicants.

The CAC conducted group interviews with every residency candidate, focused on evaluating cultural competence and interpersonal skills. In addition, the interview day included interviews with the program director, at least one faculty member, and one resident, as well as a program overview session and a session with the academic department chair and chief medical officer of the FQHC. The day was structured so that applicants rotated through the CAC interview alongside interviews with other members of the team. Applicants were aware they would have a community member interview, but they did not receive planning or preparation information for the community interview.

CAC members provided feedback to the program director about each candidate after completing the interview on the applicant's interpersonal and communication skills and cultural humility, as well as their overall impression of the interview. The CAC also provided input on the applicant rank list. The program director retained responsibility for creating and submitting the final rank list.

Outcomes to Date

Recruitment Process: The CAC interviewed 115 applicants during the 2022-2023 academic year. Following the Match, the CAC recommended making changes to the interview process, including creating a composite candidate evaluation form to replace the individual forms each panel member had used. The CAC also

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TABLE

Community Advisory Council for a Family Medicine Residency Program

Mission/aims	▪ Guide the training of family medicine physicians to care for patients from historically oppressed communities who are more severely impacted by health inequities, providing knowledge, skills, and attitudes to recognize social and political determinants of health
Makeup/composition	▪ 8 to 10 members ▪ Patients of the health center and/or individuals from community organizations representing key constituencies or stakeholders in the community ▪ Diversity of ages and backgrounds (ie, youth organizers, religious leaders, business professionals) ▪ 3-year term with goal of one-third of council turning over annually
Leadership and governance	▪ Members viewed as leaders in the program ▪ Chaired by a community member ▪ Agenda set by the community
Scope of work within residency	▪ Assist in community needs assessments to help develop curricula goals, both clinical and non-clinical ▪ Educate program and residents on social determinants of health ▪ Participate in program assessment around program effectiveness and needed improvement in community-facing areas ▪ Connect to community organizations that may provide important resources to residents' patients ▪ Raise awareness for and encourage program participation in events or scholarship that promote community engagement ▪ Assist with recruitment of physicians that best meet community needs
Ask to members	▪ Time (quarterly 1-hour meetings, biannual retreat, recruitment activities, other meetings as needed, email responses) ▪ Familiarity or knowledge of the health center's services and community required
Cost to program	▪ Honorarium provided for participation (approximately \$600 for annual participation with additional honorarium for recruitment)

recommended implementing anchors for candidate ranking metrics. These recommendations were implemented for the 2023-2024 academic year.

CAC: Although community advisory partnerships are often seen in clinical practices, their implementation specifically for GME appears novel. The CAC is a vital part of the RUSH-Esperanza program and can serve as a model for programs in any clinical specialty that want to reduce barriers to care or center patients and communities in their training.

References

1. Lehmann C, Liao W. The patient voice: participation and engagement in family medicine practice and residency education. *Fam Med*. 2021;53(7):578-579. doi:10.22454/FamMed.2021.327569
2. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services. *Graduate Medical Education Outcomes and Metrics: Proceedings of a Workshop*. National Academies Press (US); 2018.



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