

PROJECT ABSTRACT

Project Title: Expansion of Family Medicine Residency Program at UAMS AHEC-Pine Bluff
Applicant Organization Name: University of Arkansas for Medical Sciences, AHEC-Pine Bluff
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In order to increase the number of family physicians practicing in underserved rural areas in Arkansas, the Family Medicine Residency Program at AHEC – Pine Bluff will expand the number of family medicine residents in its program from a baseline of 10-10-10 per year to 12-12-12. We base our workplan on recruiting two additional residents every year, which will gradually increase the total number of residents in the program by 6, once we reach steady state in 2013.

Needs assessments conducted nationally in the state of Arkansas and locally within the AHEC – Pine Bluff region reveal a striking need for more family physicians over the next 15 years due to the increase in the population in Arkansas, increase in the population over 65, increase in the prevalence of chronic illness by 42% over the next 15 years, and health insurance reform. Despite the success of UAMS' AHEC Program and AHEC – Pine Bluff's record of placing family physicians in rural parts of the state, 46 of Arkansas' 75 counties remain Health Professions Shortage Areas, and it is still difficult to recruit family doctors to rural Arkansas.

AHEC – Pine Bluff's Family Medicine Residency Training Program has sufficient resident applicants, faculty and space to be able to accommodate an increase of 2 residents per year. As part of this grant request we will assess our curriculum thoroughly in the first year to ensure that these additional residents will be integrated into our training program. Since we are a community-based program, we already have over 6 months of training that occurs in the community during our program.

Additional residents will be evaluated based on our already established systems of evaluation which document resident performance after every rotation, twice a year in the Family Medicine Center, and on a day-to-day basis with preceptors and attending physicians. We will continue to document residents' experiences regarding quality of care, cultural competency, and linguistically appropriate care through assessment of two resident core competencies, interpersonal and communication skills and practice-based learning and improvement. In 2011, we will be instituting a chronic disease registry system which will allow us to monitor resident outcomes in patients with chronic illness, which we will provide to the residents on a twice-yearly basis, further documenting their quality of care. Videotape review of residents' performance twice a year will provide immediate feedback by our behavioral scientist and document their ability to provide cultural competency and linguistically appropriate care.

We believe we will be able to sustain this expansion after this grant ends, through additional residents generated clinical income, expected increases in indirect Medicare graduate medical education funding, and additional state funding.

PROJECT ABSTRACT

Project Title: Expansion of Family Medicine Residency Program at UAMS AHEC-Northeast.
Applicant Organization Name: University of Arkansas for Medical Sciences (UAMS), Area Health Education Center (AHEC) Northeast Family Medicine Residency Program
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In order to increase the number of family physicians practicing in underserved rural areas in Arkansas, the Family Medicine Residency Program at AHEC – Northeast will expand the number of family medicine residents in its program from a baseline of 6-6-6 per year to 8-8-8. We have based our work plan on recruiting 2 additional residents every year, which will gradually increase the total number of residents in the program by 6 per year, once we reach steady state in 2013.

Needs assessments conducted nationally in the state of Arkansas and locally within the AHEC – Northeast region reveal a striking need for more family physicians over the next 15 years due to the increase in the population in Arkansas, increase in the population over 65, increase in the prevalence of chronic illness by 42% over the next 15 years, and health insurance reform. Despite the success of UAMS' AHEC Program and AHEC – Northeast's record of placing family physicians in rural parts of the state, 46 of Arkansas' 75 counties remain Health Professions Shortage Areas, and it is still difficult to recruit family doctors to rural Arkansas. AHEC – Northeast's Family Medicine Residency Training Program has sufficient resident applicants, faculty and space to be able to accommodate an increase of two residents per year. As part of this grant request we will assess our curriculum thoroughly in the first year to ensure that these additional residents will be integrated into our training program. Since ours is a community-based program, community and rural clinic rotations are an integral part of clinical assignments, so that each resident graduates with well over 6 months of training in the community during our program.

Additional residents will be evaluated based on our already established systems of evaluation which document resident performance after every rotation, twice a year in the Family Medicine Center, and on a day-to-day basis with preceptors and attending physicians. We will continue to document residents' experiences regarding quality of care, cultural competency, and linguistically appropriate care through assessment of two resident core competencies, *interpersonal and communication skills and practice-based learning and improvement*. In 2011, AHEC Northeast will add to our existing diabetes registry by instituting a full chronic disease registry which will allow us to monitor resident outcomes providing twice-yearly reports to document quality of care. We believe we will be able to sustain this expansion after this grant ends, through additional residents generated clinical income, expected increases in indirect Medicare graduate medical education funding, and additional state funding.

PROJECT ABSTRACT

Project Title: UAMS AHEC NW Family Medicine Residency Expansion Project
Applicant Organization Name: University of Arkansas for Medical Sciences, Area
Health Education Center Northwest, Family Medicine Residency Program
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In order to increase the number of family physicians practicing in underserved rural areas in Arkansas, the Family Medicine Residency Program at AHEC NW will expand the number of family medicine residents in its program by one resident per year, from a baseline of 9-9-9 to 10-10-10. We have based our work plan on recruiting an additional resident every year, which will gradually increase the total number of residents in the program by 3, once we reach steady state in 2013.

Needs assessments conducted nationally in the state of Arkansas and locally within the AHEC NW region reveal a striking need for more family physicians over the next 15 years due to the increase in population in Arkansas, increase in the population over 65, increase in the prevalence of chronic illness by 42% over the next 15 years, and health insurance reform. Despite the success of UAMS' AHEC Program and AHEC NW's record of placing family physicians in rural parts of the state, 46 of Arkansas' 75 counties remain Health Professions Shortage Areas, and it is still difficult to recruit family doctors to rural Arkansas.

AHEC NW's Family Medicine Residency Training Program has sufficient resident applicants, faculty and space to be able to accommodate an increase of 1 resident per year. As part of this grant request we will assess our curriculum thoroughly in the first year to ensure that these additional residents will be integrated into our training program. Since we are a community-based program, we already have well over 6 months of training that occurs in the community during our program.

Additional residents will be evaluated based on our already established systems of evaluation which document resident performance after every rotation, twice a year in the Family Medicine Center, and on a day-to-day basis with preceptors and attending physicians. We will continue to document residents' experiences regarding quality of care, cultural competency, and linguistically appropriate care through assessment of two resident core competencies, interpersonal and communication skills and practice-based learning and improvement. In 2011, we will be instituting a chronic disease registry system which will allow us to monitor resident outcomes in patients with chronic illness, which we will provide to the residents on a twice-yearly basis, further documenting their quality of care. Videotape review of residents' performance twice a year will provide immediate feedback by our faculty and document their ability to provide cultural competency and linguistically appropriate care.

We believe we will be able to sustain this expansion after this grant ends, through additional resident generated clinical income, expected increases in indirect Medicare graduate medical education funding, and additional state funding.

PROJECT ABSTRACT

Project Title: Expansion of Family Medicine Residency Program at AHEC – Fort Smith.

Applicant Organization Name: UAMS AHEC – Fort Smith

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To increase the number of family physicians practicing in underserved rural areas in Arkansas, the Family Medicine Residency Program at AHEC – Fort Smith will expand the number of family medicine residents in its program from a baseline of 7-7-7 per year to 8-8-8. We base our work plan on recruiting 1 additional resident every year, which will gradually increase the total number of residents in the program by 3 once we reach steady state in 2013.

Needs assessments conducted nationally in the state of Arkansas and locally within the AHEC – Fort Smith region reveal a striking need for more family physicians over the next 15 years due to the increase in the population in Arkansas, increase in the population over 65, increase in the prevalence of chronic illness by 42% over the next 15 years, and health insurance reform. Despite the success of UAMS' AHEC Program and AHEC – Fort Smith's record of placing family physicians in rural parts of the state, 46 of Arkansas' 75 counties remain Health Professions Shortage Areas, and it is still difficult to recruit family doctors to rural Arkansas. AHEC – Fort Smith's Family Medicine Residency Training Program has sufficient resident applicants, faculty and space to be able to accommodate an increase of 1 resident per year. As part of this grant request we will assess our curriculum thoroughly in the first year to ensure that these additional residents will be integrated into our training program. Since we are a community-based program, we already have over 6 months of training that occurs in the community during our program.

Additional residents will be evaluated based on our already established systems of evaluation which document resident performance after every rotation, twice a year in the Family Medicine Center, and on a day-to-day basis with preceptors and attending physicians. We will continue to document residents' experiences regarding quality of care, cultural competency, and linguistically appropriate care through assessment of two resident core competencies, interpersonal and communication skills and practice-based learning and improvement. In 2011, we will be instituting a chronic disease registry system which will allow us to monitor resident outcomes in patients with chronic illness, which we will provide to the residents on a twice-yearly basis, further documenting their quality of care. Videotape review of residents' performance twice a year will provide immediate feedback by our behavioral scientist and document their ability to provide cultural competency and linguistically appropriate care.

We believe we will be able to sustain this expansion after this grant ends, through additional residents' generated clinical income, expected increases in indirect Medicare graduate medical education funding, and additional state funding.

PROJECT ABSTRACT

Project Title: Expansion of Family Medicine Residency at UAMS AHEC-South Arkansas.

Applicant Organization Name: University of Arkansas for Medical Sciences (UAMS),
Area Health Education Center (AHEC) South Arkansas

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In order to increase the number of family physicians practicing in underserved rural areas in Arkansas, the Family Medicine Residency Program at AHEC – South Arkansas will expand the number of family medicine residents in its program from a baseline of 5-5-5 per year to 6-6-6. Needs assessments conducted nationally, in the state of Arkansas, and locally within the AHEC – South Arkansas region reveal a striking need for more family physicians over the next 15 years due to the increase in the population in Arkansas, increase in the population over 65, increase in the prevalence of chronic illness by 42% over the next 15 years, and health insurance reform. Despite the success of UAMS' AHEC Program and AHEC – South Arkansas' record of placing family physicians in rural parts of the state, 46 of Arkansas' 75 counties remain Health Professions Shortage Areas, and it is still difficult to recruit family doctors to rural Arkansas.

AHEC-South Arkansas' Family Medicine Residency Training Program has sufficient resident applicants, faculty and space to be able to accommodate an increase of 1 resident per year. As part of this grant request we will assess our curriculum thoroughly in the first year to ensure that these additional residents will be integrated into our training program. Since we are a community-based program, we already have over 6 months of training that occurs in the community during our program.

We have based our workplan on recruiting an additional resident every year, which will gradually increase the total number of residents in the program by 3, once we reach steady state in 2013.

Additional residents will be evaluated based on our already established systems of evaluation which document resident performance after every rotation, twice a year in the Family Medicine Center, and on a day-to-day basis with preceptors and attending physicians. We will continue to document residents' experiences regarding quality of care, cultural competency, and linguistically appropriate care through assessment of two resident core competencies, interpersonal and communication skills and practice-based learning and improvement. In 2011, we will be instituting a chronic disease registry system which will allow us to monitor resident outcomes in patients with chronic illness, which we will provide to the residents on a twice-yearly basis, further documenting their quality of care. Videotape review of residents' performance twice a year will provide immediate feedback by our behavioral scientist and document their ability to provide cultural competency and linguistically appropriate care.

We believe we will be able to sustain this expansion after this grant ends, through additional residents generated clinical income, expected increases in indirect Medicare graduate medical education funding, and additional state funding.