LONGITUDINAL CURRICULUMS

Community Health, Advocacy, and Managing Populations (CHAMP):

This unique, longitudinal curriculum is designed to develop and integrate skills and tools in community health, advocacy, and population management into clinical practice. The CHAMP curriculum has is composed of four parts: orientation, two focused block rotations (CHAMP 1 and 2) in the first and second years of residency, and the longitudinal elective Lead for Health, which spans the second and third years of residency. Our curriculum and evaluation were published in the Journal of Patient Centered Research and Reviews 2018 Specialty Issue on Health Disparities and Inequities.

CHAMP

CHAMP Orientation is a key element of our residents' Orientation block. Here we focus on the principles of community health, health equity, and advocacy and identify health strengths and challenges in our Milwaukee community.

CHAMP 1

CHAMP 1 offers each resident a firsthand experience collaborating with our community partners who provide patient-centered services in Milwaukee. This includes partnerships with Walker's Point Free Clinic, Salvation Army Homeless Shelter, and Milwaukee Public Health Department STD and TB clinics.

During this first-year rotation our residents also learn to employ narrative for advocacy and complete a community-based advocacy project (see below).

CHAMP 2

CHAMP 2 develops residents' skills integrating advocacy and managing populations into their careers as primary care physicians. This includes learning to utilize system resources to characterize a continuity clinic population and identify areas for focused engagement. During this second-year rotation our residents lead a clinic-based advocacy project (see above).

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Lead for Health

*Lead for Health* is designed for residents interested in completing a community medicine track and is the elective component of the CHAMP curriculum. Lead for Health is a formal elective for 2nd and 3rd year residents dedicated to increased community health and advocacy training and community engagement. This program trains residents to be physician leaders not just in their clinics but in the community at large, translating population and community needs into community and clinical practice change. Residents select, design, and implement community engagement projects throughout their second and third years of residency. Interested residents apply during the spring of their intern year and are encouraged to start discussions early with faculty and peers if interested.

Many Lead for Health projects incorporate TRIUMPH (Training in Urban Medicine and Public Health) students from the University of Wisconsin School of Medicine and Public Health and/or are run by faculty and resident graduates or leaders of the TRIUMPH program.

You can read more about TRIUMPH here: [https://www.med.wisc.edu/education/md-program/triumph/](https://www.med.wisc.edu/education/md-program/triumph/)

Prior Examples of *Lead for Health* Projects:

**Community Asset Mapping**
This project consists of identifying and sharing the community organizations, programs, and places that help keep our patients healthy. We have created a community asset map and directory as a place where providers and our patients can go to find resources that go beyond what we can offer in our clinic. Working with partners we have identified (and continue to search out) community assets. Some examples include:

- Parks, gyms, and sports leagues to help keep children and adults active.
- Farmers’ markets, food pantries, and stores with robust produce offerings to facilitate an adequate and healthy diet.
- AA meetings, support groups, and mental health providers to help with substance abuse.

**Group Diabetes Visits**
This project consists of a designing and implementing group diabetes visits within the resident clinics. Cohorts of 8-10 patients participate together in three visits scheduled at one-month intervals. The focus of each group visit is peer mentorship with physician guidance to help patients answer questions and understand diabetes. Topics include what is diabetes and what are the associated complications, medications, diet, and nutrition options. We track self-efficacy scales, HgbA1c, and BMI before, during, and after group visits to measure our progress. We are so excited to see our results as feedback from patients has been excellent. This project won the honorable mention award for posters at the 2015 Family Medicine FMX conference. The project was also presented in a round table discussion at Family Medicine Midwest Conference in 2015.

**Obesity High Five!**
This project strives to address the epidemic of obesity in a culturally competent and creative manner utilizing tools from integrative medicine. We created the *Obesity High Five!* curriculum and associated community engagement programming to address obesity by focusing on five fundamental areas: 1) Physical Activity, 2) Nutrition, 3) Stress, 4) Sleep, and 5) Pediatric Prevention. The curriculum provides a roadmap to guide clinical caregivers and patients in addressing obesity longitudinally by harnessing patients’ individual efficacy and motivation in these five core areas. This project expanded from a curriculum to group visits for weight loss and included a *Walk With Your Doc!* series.
Sustaining Family Physicians in Urban Underserved Settings
This project strives to understand what variables motivate and sustain family physicians working as primary care providers in high need urban settings in Milwaukee. The tremendous need for primary care physicians in underserved areas is well established. Communities in urban areas bear the burden of this need particularly acutely. Assessment of health outcomes and determinants in Wisconsin indicate a high-risk population concentrated in its most urban region – Milwaukee. The UW Population Health Institute’s assessment in 2013 demonstrated serious health disparities comparing Milwaukee to the rest of the state, finding that Milwaukee County ranked 71st of 72 counties in Wisconsin in both health outcomes and health determinants.* Given the challenges for primary care in Milwaukee, we interviewed several key family physicians in Milwaukee and used a qualitative analysis approach to learn from their energy, experience, and wisdom to implement successful practices into our programs. See our published work in Family Medicine http://www.stfm.org/FamilyMedicine/Vol48Issue10/Getzin809

Reach Out and Read Milwaukee!
This project is designed to create a culture of reading and early literacy in our residency clinics and patient population. We are using the basic structure of the Reach Out and Read* program, a nationally recognized early literacy program, and local community resources, like the tremendous Milwaukee Public Library system, ** to promote excitement around reading. The Reach Out and Read program prepares Milwaukee’s youngest children to succeed by partnering with clinicians to prescribe books and encourage family bonding through reading. These early foundational language skills help start children on a path of success in school as well as in life; research shows that, children served by Reach Out and Read score three to six months ahead of their non-Reach Out and Read peers on vocabulary tests. Both residency continuity clinics are Reach Out and Read certified and all residents are trained in the program.
* Learn more about Reach Out and Read here: http://www.reachoutandread.org/
** Learn more about the Milwaukee Public Library system here: http://www.mpl.org/

Integrative Medicine
Integrative Medicine (IM) is the thoughtful, evidenced-based combination of conventional medicine and holistic medicine to help people on their journey to health and wellness. The Aurora Family Medicine Residency offers 2 distinct integrative medicine learning opportunities.

Integrative Medicine in Residency Track (IMR)
This is a 2-year track in which residents complete the IMR (Integrative Medicine in Residency) 200-hour online curriculum through the University of Arizona, in addition to regular half days at the Aurora Wiselives Center for Wellbeing, an integrative primary care clinic. Within the track, residents will work closely with fellowship-trained integrative medicine faculty to build their skills and knowledge. They will additionally complete a scholarly activity focused on integrative medicine approaches, attend an integrative medicine conference, take part in a monthly didactic series, and participate in quarterly immersive experiential outings. This program is designed to prepare residents to incorporate integrative approaches into their daily primary care practice, and to serve as a launching point for any resident wishing to complete an integrative medicine fellowship or pursue an integrative practice.

To learn more, see http://integrativemedicine.arizona.edu/
The Integrative Medicine Elective

In this one-month optional rotation, residents work more closely with integrative medicine providers, including fellowship-trained physicians and nurse practitioners. Residents can spend time shadowing chiropractic, massage therapy, Reiki, acupuncture, Ayurveda, nutrition/health coaching and other integrative specialty services.

Aurora Integrative Medicine Resources

In addition, Aurora Health Care’s Department of Integrative Medicine offers several resources for learning, patient care, and self-care. Learn more about these resources at: http://www.aurorahealthcare.org/services/integrative-medicine

Osteopathic Manipulative Treatment Training (OMT)

Resident physicians in the Aurora Family Medicine Residency program receive outstanding training in Osteopathic Manipulative Treatment (OMT). The longitudinal curriculum involves hands on experience through multiple weekly OMT specialty clinics, monthly didactics and quarterly OMT conferences. This training is led by Dr. Mark Robinson, DO who serves as full-time faculty within the Aurora Family Medicine Residency, and Program Director of Osteopathic Education. In addition, Drs. Michelle Crane, Joseph Vogelgesang, Alexandra Spindler, and Stephanie Quirke are all full-time osteopathic faculty that allow us to provide OMT training in both the inpatient and outpatient setting as well as for pediatric and adult populations.

To participate in the Osteopathic Recognition track, residents must:

- Choose the Osteopathic Recognition track upon matching into the residency.
- Successfully complete 50 documented osteopathic manipulative treatment procedures upon graduation.
- Attend a minimum of three osteopathic manipulative treatment conferences per academic year.
- Successfully perform an osteopathic principles and practice-focused scholarly activity, or present at one statewide, regional, or national conference.
- Successfully complete an osteopathic principles and practice-related yearly written exam.
- Have a bi-annual review of performance with osteopathic faculty.
- Complete a minimum of two supervised osteopathic treatment sessions per year, evaluated by osteopathic faculty.
- Sit for the American Board of Osteopathic Family Practice Board Certification.