

Community Based Medical Education

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First Choice Community Health South Valley

Family and Community Medicine Residency

Community Involvement and Projects

Community Assets

- **Community-centered practice**
 - The SVHC is the product of community advocacy and directed by patient, provider, staff, and community member input
- **Community responsive**
 - residents participate in programs developed in response to community requests and needs (clinics for hepatitis C, suboxone, teens)
- **Diverse Patients**
 - patients reflect the overall socioeconomic, race, ethnicity and health needs of the community
- **Understanding the Community**
 - residents practice in the context of the community's languages, cultures, economic and social constructs

SVHC Assets

- **Real World Training**
 - the education and practice environment reflect the reality and challenge of providing care in medically underserved areas/populations.
- **Navigating Health Systems**
 - working the public (Medicaid, Children's Health Insurance Program – CHIP, State Coverage Insurance SCI, UNM Care) and private payor sources and levels of care (inpatient, outpatient and others) give residents a broad, practical and applied systems-based education
- **Resource and Cost Awareness**
 - residents learn to practice quality, evidence based, resource sensitive care in the framework of an individual's and community's socioeconomics
- **Multidisciplinary Training**
 - residents learning milieu includes physician assistants, family physicians, gynecologist, pediatricians, dentists & hygienists, behavioral health providers, psychiatrist, mindfulness/pain specialists, nurses, diabetes educator, medical assistants, subspecialists in Project ECHO, the Department of Health, and the Women, Infants & Children's – WIC Program.

- **Community Oriented Primary Care - COPC Model**
 - Community collaboration, needs assessment, development and intervention
- **Social determinants of health**
 - attention to non-medical influences on health: living environment, education, work conditions, debt relief, political empowerment
- **Partnership with UNM Office of Community Health**
- **Resource sharing**
 - community agencies and advocacy groups; health commons model

Future Challenges

- Health reform accentuates the needs for quality community oriented primary care providers, educators, and learners in team-based, coordinated, accountable and efficient delivery systems
- Community based education enhances rather than competes with hospitals and tertiary care centers for residents, students and faculty
- Community partnership assures that medical education continues with and for the community, not just in the community
- Community service/learning sites must "meaningfully use" electronic health records to improve health outcomes and prepare learners for future practice
- Community based education balances inpatient, tertiary care training with that in outpatient, community based settings and delivers on the social contract that in exchange for public support, academic institutions train the types of health professionals most needed, and that they practice where they are most needed.

Learners

- **High school**
 - pipeline project students
- **Undergraduate students**
 - BA/MD, Health Science Enrichment Program
- **Medical Assistant Students**
 - PIMA Medical Institute

- **Medical students**
 - Phase I continuity Clinic, Phase II family medicine clerkship, Sub-interns
- **Family Medicine Residents**
- **Psychiatry Residents**

Contact Information

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