# The University of Washington Alaska Track: A Unique Block Approach to Training Primary Care Pediatricians

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## Background
Since its inception, the UWSOM has been committed to training primary care physicians, however, there remains a shortage of primary care physicians in the rural areas of the Pacific Northwest. The five-state region of Washington, Wyoming, Alaska, Montana and Idaho has many of the lowest number of GME positions-to-population ratios and the lowest pediatrician-to-child ratios in the country.

## Goal(s) of the Curriculum
1. To enhance the learning environment for residents with an interest in primary care.
2. To increase the number of primary care pediatricians serving rural and underserved populations in the WWAMI region.

## Program Objectives
1. To provide extended primary care experience.
2. To provide expanded experience in resource-limited and rural locations.
3. To expose residents to Alaska Native/American Indian cultures, families and systems.
4. To expose residents to primary care settings serving culturally diverse families.

## Resident/Fellow Learning Objectives
1. Understand, apply and analyze the competencies of general pediatric primary care within different practice settings in Alaska.
2. Understand, apply and analyze the role of pediatric consultant, visiting families in remote and underserved communities that refer to their community practices.
3. Understand, apply and analyze the role of a primary care pediatrician in the community at large.

## Educational Strategies/Activities
1. 12 monthly primary care rotations in Alaska in a private clinic setting and in a practice within the Alaska Native Healthcare system.
2. Continuity in the same 2 sites during each Alaska rotation in order to form relationships with families, the practice group and community.
3. Involvement in quality improvement and advocacy projects within the practices and their local community.

## Learner Assessment
1. Rotation evaluations by faculty. The Alaska Track residents’ performance has been equivalent to their categorical colleagues, as measured by overall faculty evaluation. (See Table 1)
2. ITE results. The performances of Alaska Track and categorical residents on the ITE are indistinguishable. (See Table 1)
3. Direct observation. Faculty are able to observe residents daily in the clinical setting for 8 weeks in each of their 3 years of residency. Faculty also observe residents in the learning environment, including didactic case and project reviews within the residency, later expanding to multispecialty groups and finally to grand rounds.

## Program Evaluation
How is the experience/rotation assessed for success? Results?
Our first class will not graduate until June 2015, so our primary goal of increased likelihood of primary care practice serving rural and underserved populations is yet to be determined. By report, all 4 of our first class of residents are actively pursuing positions in primary care with underserved populations.

## Implementation
Collaborators? Resources? Skills? Faculty Development? Barriers? This multi-year project took collaboration between the four host sites, local stakeholders, and the UWSOM Department of Pediatrics. Implementation required extensive planning for financial resources, logistical support and faculty recruitment and development.

## Lessons Learned
1. An extended, in-depth community/university primary care training partnership is possible and brings the best of both worlds to residency training.
2. Successful implementation requires flexibility of residents and faculty and the ability to quickly modify schedules and experiences to meet the needs of individual learners.

Modified from Niebuhr & D’Alessandro. Planning for Online Teaching-Learning Activities. Workshop at PAS Vancouver, 2010
Table 1

Resident Characteristics: Alaska Track vs Categorical Program

<table>
<thead>
<tr>
<th>Medical School Performance</th>
<th>Alaska Track (n=12)</th>
<th>Categorical (n=96)</th>
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<tbody>
<tr>
<td>Step 1 Average</td>
<td>226</td>
<td>233</td>
</tr>
<tr>
<td>Step 2 Average</td>
<td>248</td>
<td>248</td>
</tr>
<tr>
<td>AOA Honor Society</td>
<td>33%</td>
<td>30%</td>
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<tr>
<td>Additional Graduate Degree</td>
<td>58%</td>
<td>27%</td>
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<table>
<thead>
<tr>
<th>Residency Performance</th>
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<tbody>
<tr>
<td>Faculty Evaluation (5 point scale)*</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>In-Training Exam Scores</td>
<td>174</td>
<td>167</td>
</tr>
</tbody>
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*weighted average of global assessment scores all rotations

Some of our unique Learning Activities:
Nome, AK: regional consult clinic
Kodiak, AK: regional consult clinic
Bethel, AK: subspecialty consult clinic
Yukon Kuskokwim villages: subregional clinic

Some examples of QI/advocacy projects:
Cavity Free by Three – implementation in clinic and poster presentation at AAP NCE 2014
Reach Out and Read
YKHC School Based Health Clinic
Healthy Homes Study: Impacting Indoor Air Quality for Health
Poster Presentation: Pneumonia Hospitalizations among American Indian and Alaska Native Children after a Decade of Pneumococcal Vaccine