
PRIMARY CARE SCHOLARS CERTIFICATE OF DISTINCTION

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Vision

Training future leaders in primary care.

Goals

- Develop leaders who intend to pursue a career in primary care medicine.
- Contribute to a college of medicine culture that supports primary care.
- Increase the number of the University of Arizona College of Medicine -Phoenix (COM-P) graduates practicing primary care.
- Prepare medical students for the rewards, challenges, and unique characteristics of primary care practice.
- Expand and develop collaborative relationships with community primary care physicians and faculty.

Background

Despite a historical lack of financial support and recognition, primary care remains the critical focal point of any health care system. As originally defined by the Institute of Medicine, primary care physicians consist of physicians who provide continuous, comprehensive, coordinated care in addition to serving as the first point of contact for most health care needs.¹ Research shows that health systems undergirded by primary health care principles achieve better health and greater equity in health than systems with a specialty care orientation.²

The pipeline for generalist physicians in the US healthcare system is in serious jeopardy. At a time when a robust primary care network is vitally important for the delivery of high value population level care, there is a growing shortage of family physicians and general ambulatory internists. Approximately 8,000 primary care physicians enter the US healthcare workforce each year, but 8,500 retire annually.³ Within less than a decade, it is predicted that the shortage of primary care physicians in the US will reach between 12,500 to 31,100.⁴ This shortage is particularly severe in Arizona, which ranks in the bottom 10% of states in terms of primary care access.⁵ There are multiple factors contributing to this phenomenon, including the salary differential between generalist and subspecialty physicians, the rising debt incurred from medical school tuition, burnout of overworked providers, and a culture in most medical schools that champions specialist over generalist careers.

Substantive steps need to be taken to address the looming crisis in the supply of primary care physicians. Often students begin medical school planning and are strongly considering a career in primary care but are later dissuaded due to negative feedback from faculty and the generalist-specialist income gap. Therefore, financial support to offset medical school debt is an important

way to help medical students planning generalist careers remain on that pathway.⁶ As the system of care moves toward value-based reimbursement, the need for population health management through a strong primary care infrastructure becomes critical to both financial and health outcomes. Healthcare systems that invest in the primary care pipeline will enjoy a competitive advantage in a delivery system that is increasingly dependent on coordinated, efficient, evidence-based, patient-centered primary care to manage populations of patients over time.⁷

In response to the need for more primary care physicians, COM-P is now offering a Primary Care Scholarship (PCS) covering tuition fees for students committed to primary care practice. Additionally, a loan repayment program is being pursued with Banner Health to help mitigate the financial barriers for COM-P students considering primary care careers. In return for substantial financial support, recipients would commit to employment as primary care physicians within the Banner Health provider network after completion of residency training. The program name honors the legacy of Dr. Robert A. Price, a nationally recognized and distinguished pioneer in the field of family medicine who served as the former director of the family medicine residency at Banner University Medical Center Phoenix (previously known as Good Samaritan Hospital) from 1971-1991. Additional loan forgiveness or scholarship programs will be sought to provide financial support for students choosing primary care careers.

Primary Care Scholars Program

The PCS COD is a mentoring and scholarship program. The program seeks students who demonstrate a strong commitment to primary care. Students admitted to the PCS COD are offered a 4-year enriched curriculum that focuses on the acquisition of knowledge pertaining to primary care practice, health policy, public and population health, and the development of leadership and scholarship skills. Students will participate in unique educational experiences and longitudinal clinical opportunities during the 4-year program to prepare them to be leaders in the field of primary care. Students will receive extensive financial aid counseling regarding the various federal and state primary care loan repayment and scholarship programs currently available. In addition to the supplemental medical preparation and potential for financial support, completion of the PCS program leads to a Primary Care Scholars Certificate of Distinction.

Admission

- All students accepted to COM-P with an interest in developing leadership skills in primary care are eligible to apply.
- Applicants must apply for the PCS COD by the first Friday in August of their first academic year at the College.
- Interested students are encouraged to meet with the PCS COD director to discuss their scholarly project or alternative project prior to applying.
- Upon receipt and review of an application, a personal interview may be requested at the discretion of the PCS COD director.
- Candidates can request to meet with the PCS COD director and current students to learn more about the program.
- Final selections and notification of acceptance in the program will be completed by the third Friday in August.
- By individual agreement with the director, late admission to the COD may be granted pending the student's ability to meet COD requirements and availability of mentors.

Requirements for completion of the PCS COD

- PCS students match with a primary care faculty mentor. Faculty mentors discuss concerns, answer questions, and encourage eventual primary care practice. Mentor-PCS student meetings are required to take place at least bi-annually. Formative review of the students will occur yearly to assess student progress in the PCS COD.
- Multiple primary care seminars are presented across a two-year cycle. Students will attend a minimum of 10 seminars over the course of four (4) years.
- Students will complete a scholarly project with a focus relevant to primary care or may complete an alternative project with an emphasis on primary care upon approval of the COD director. See description of alternative project below in the 'Requirements for Completion' section.
- PCS students will participate in the Patient-Centered Care Curriculum (PC3) in lieu of the Community Clinical Experience (CCE) Course.
- Students are required to complete the Information Mastery Online Evidence-based Medicine Course by the end of year 4. They will be encouraged to complete most of this course during the six-week Personalized Active Learning (PAL) block at the end of Year 1. As part of the Information Mastery Course, students must attend all active learning classroom sessions scheduled at the end of the PAL block.
- Second year students will participate, along with the primary care student interest groups, in the planning and implementation of activities during the Primary Care Week, a week-long program of lectures, panels, films, or other activities that focus on issues relating to primary care, including the Annual Primary Care Advocacy Town Hall. These sessions are open to the entire student body and faculty at COM-P, as well as other interested persons.
- Students will participate in primary care and public health advocacy through participation in Primary Care Week, Doctor of the Day, establishment of a Primary Care Progress (PCP) chapter at the COM-P or other forms of advocacy discussed with COD mentors. Students must participate in at least 10 hours of advocacy over the course of four (4) years.
- Students must complete a primary care, leadership, or advocacy 4-week elective during their 4th year. Students may choose from available COM-P electives or may identify away opportunities in conjunction with the COD director and electives team.
- Students must otherwise adhere to all requirements as set forth in the Certificate of Distinction Policy (<https://phoenixmed.arizona.edu/policy/certificate-distinction-policy>).

Alternative Project

As approved by the COD director, students may consider completion of the following:

1. A primary care quality improvement project.
2. A primary care community needs assessment (in the community in which the student has been placed during their PC3 course).
3. A systematic review submitted for publication.
4. An approved primary care service-learning project, completion of the project, and submission of a statement of outcomes related to the project.
5. Writing a grant application and providing oversight for fund utilization.
6. Serving on a primary care specialty, association, or organization board of directors
7. Applying for a primary care national student leadership position and serving in that function for a minimum of two years.

PCS Curriculum

For students committed to pursuing careers in primary care medicine, the PCS COD offers an enriched curriculum that parallels the regular medical curriculum at COM-P. Five themes comprise the core of the PCS experience for students. These themes are scholarship, health policy and population health, leadership, information mastery, and clinical practice.

1. **Scholarship:** Every student at COM-P designs and successfully completes a scholarly project (SP) or alternative project. PCS students will work closely with their mentors and the Scholarly Project Course unit throughout the four years of their primary care scholarly project. During their fourth year, the students submit a final poster and thesis summarizing their primary care SP. Each student will present the poster at the annual Student Research Symposium. The PCS students also provide an oral slide presentation to the PCS faculty. Students will be encouraged to submit projects for presentation at national meetings such as the Society of Teachers of Family Medicine annual conference.
2. **Health policy and population health:** Students will attend talks by public health and population health specialists on topics related to health care policy and the impact of these policies on patient care. Students also learn ways physicians may engage in advocacy and may pursue specific public health issues of interest to them including health services and health outcomes research projects. Those students interested in public health and policy may delve more deeply into these issues by pursuing a master's degree in public health.
3. **Leadership:** PCS students are expected to assume a leadership role in their future endeavors, whether as a community practitioner or in the realm of research and academic medicine. Leadership preparation starts early in the program when students help plan and coordinate the annual Primary Care Week activities. Additionally, students can participate in the establishment of a new chapter of Primary Care Progress, a nationally recognized network that is committed to strengthening the community of people at the heart of primary care through leadership development, advocacy, and community at medical schools nationwide.⁸

Fourth year students further develop these skills by taking a primary care leadership and advocacy elective.

4. **Information mastery:** Future primary care clinicians stationed on the front lines of healthcare management must recognize the power obtained from the appropriate management of information.⁹ Information mastery is the application of the principles of evidence-based medicine concepts and techniques to the day-to-day practice of medical care. It allows future physicians to maximize the value of their services by paying close attention to the costs, benefits, and harms of their interventions as they relate to the patient, family, and the entire community.¹⁰ The program pursues a core mission to change the way people think about health, how they deliver health care and ultimately care for themselves. PCS students will complete the information mastery curriculum by the end of the program. Students will have many opportunities to apply and teach the principles of information mastery over the course of their 4-year medical education at COM-P.
5. **Clinical Practice:** The PCS program is designed to prepare the next generation of primary care physicians to meet the rising health needs of local and global communities. The program will provide a longitudinal experience in primary care called Patient Centered Care

Curriculum (PC3), in lieu of CCE, by pairing each PCS student with a primary care physician mentor for their Longitudinal Clinical Experience Course, a component of the curriculum spanning all four (4) years of medical school. Through various preceptorship and shadowing experiences with an interprofessional team, students will have multiple opportunities to observe and work with primary care clinicians. Through these experiences, students will learn core principles of patient-centered care, population health management, continuity, health care disparities, team-based care, health policy, and quality improvement. Students will participate in a quality improvement project at their clinical sites.

FOCUS AREAS

CERTIFICATE OF DISTINCTION IN PRIMARY CARE SCHOLARS

All PCS students are offered a 4-year enriched curriculum in primary care as well as mentorship and leadership training in primary care. Once enrolled into the program, the PCS director will meet with each student to explore areas of interest and match each student with a COD mentor and preceptor. Focus areas within the PCS COD offer select students an opportunity to develop additional skills within an area of interest, namely refugee and migrant health, sports medicine, rural health as well as advanced leadership and advocacy in primary care. These focus areas will be offered based on student interest and faculty preceptor and mentor availability each year. Final determination will be made by the end of September of the first AY, prior to the start of the Patient-Centered Care Curriculum Course.

- 1. Refugee and migrant health:** Global conflicts and natural disasters have contributed to the growth of refugee populations around the world and in the local community. Arizona has seen a growing number of refugees and asylum seekers in recent years. Refugees are at higher risk for several medical and mental health conditions and face many barriers to health care. PCS students interested in the refugee and migrant health program will complete their PC3 experience at the Wesley Refugee Clinic and work alongside an interprofessional team of primary care faculty preceptors, staff, refugee patient navigators, case managers, and volunteers, supporting the unique health needs of the local refugee population. They will be offered the opportunity to collaborate with the four local refugee resettlement agencies and numerous community partners to improve the health of the refugee population in Phoenix. These students will have the opportunity to participate in refugee patient care and learn from experienced faculty and interprofessional teams about appropriate medical care for issues unique to international and refugee populations, including many social and behavioral health challenges.

Requirements:

- Complete the Wesley Refugee Orientation at the beginning of PC3.
 - Complete the Introduction to Refugee and Migrant Health Course offered by the University of Minnesota by April 1st of year 4 (7-hour free online course).
 - Actively participate in the care of at least five (5) refugee patients longitudinally at the Wesley Refugee Clinic as part of the PC3 refugee team.
 - Complete a refugee health quality improvement, health promotion or scholarly project.
- 2. Sports Medicine:** The primary care sports medicine focus area will provide students with a basic introduction to the diagnosis and management of sports medicine injuries and conditions in a primary care, nonsurgical clinical setting, and an opportunity to participate in the medical coverage of various athletic events and assistance with pre-participation physical exams. Throughout the 4-year program, these students will work alongside primary care sports medicine faculty gaining broad exposure to sports medicine including injury prevention strategies, injury evaluation and diagnosis, restoration of function through rehabilitation and other nonsurgical means, and the role of a team physician. Game coverage, event coverage, and sports physicals are the classic triad of sports medicine experiences and emphasized in the program. Students enrolled in the primary care sports medicine area of focus should demonstrate experience and involvement in these three (3) areas.

Requirements:

- Participation in a sports medicine quality improvement, scholarly research, or project approved by the COD sports medicine faculty mentor or a 4th year elective in sports medicine.
 - Participation in at least three (3) sports medicine events or game coverage from the list of opportunities below, and one (1) preparticipation exam event (sports physical):
 - High school football game coverage – via the Banner Family Medicine residency, Banner Sports Medicine fellowship, and other community physicians.
 - Event coverage – Ironman Triathlon, Pat’s Run, PF Chang’s Marathon – through the Banner Sports Medicine fellowship.
 - Multiple educational sessions throughout the year via the Sports Medicine Interest Group – Held on weeknights at the COM-P – Topics include ‘Friday Night Lights’ orientation to football game coverage, Mass Participation event coverage, PPE training, POCUS and Sports Medicine.
3. **Rural Health:** The Rural Health focus area within the PCS COD recognizes students who demonstrate strong commitment to future primary care rural medical practice. In addition to completing all the PCS COD requirements, students in the rural health focus area complete additional rural health program requirements. A four-week rural Personalized Active Learning (PAL) block placement at the end of Year 1 provides students early rural clinical experience at the site to which they will ideally return for Year 3 Longitudinal Integrated Clerkship (LIC). Site placements are determined by RHPP staff and are based on student ranked preferences and availability. Upon completion of the rural LIC experience, the COD student will submit a required four-page single-spaced reflection paper based on question prompts meant to facilitate a consolidation and integration of rural rotation experiences.

Requirements:

1. Rural PAL Block Curriculum (4 weeks)
2. Rural or Primary Care SP or a rural alternative activity*
3. Rural LIC Participation
4. Reflection Paper (four-page single-spaced reflection paper due at the end of Year 3).

*Alternative rural activities preapproved by the RHPP Director:

1. QI project based in a rural clinical practice: Poster summarizing project aims and outcomes to be submitted to AzaHEC Annual Spring Interprofessional Conference or similar
2. A rural-related case study submitted for publication
3. A rural community needs assessment (in the primary community in which a student has been placed). Poster summarizing project aims and outcomes to be submitted to AzaHEC Annual Spring Interprofessional Conference or similar
4. An approved service-learning project within the rural placement community, completion of the project, and submission of a statement of outcomes related to the project. Poster summarizing project aims and outcomes to be submitted to AzaHEC Annual Spring Interprofessional Conference or similar
5. AHEC Scholars Program participation.

- 4. Advanced Leadership and Advocacy:** PCS students are expected to assume a leadership role in their future endeavors, whether as a community practitioner or in the realm of research and academic medicine. Leadership preparation starts early in the program when students help plan and coordinate the annual Primary Care Week activities and lead the Annual Primary Care Advocacy Town Hall. All PCS students are required to complete a total of 10 hours of primary care and public health advocacy. Students who are interested in additional leadership skills development will be offered training and the opportunity to lead a chapter of PCP, a nationally recognized network that is committed to strengthening the community of people at the heart of primary care through leadership development, advocacy, and community at medical schools nationwide.⁸ Fourth year students will further develop these skills by taking a primary care leadership and advocacy elective.

Requirements:

- Participate in the PCP summit and relational leadership training.
- Serve as a PCP team leader.
- Participate in PCP team coaching meetings.
- Assume a student leadership role such as an interest group leader, serve on a primary care specialty association or organization board of directors, COM-P committee or other leadership roles approved by the COD director.
- Complete a 4th year leadership and advocacy elective.

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