

## ABSTRACT

**Purpose:** By year (Y) 5, we will establish an innovative, sustainable Rural Training Track (RTT) Family Medicine residency program with a focus on medically underserved Native American patients and communities with a first graduating cohort of two residents. **Goal:** The longitudinal goal of this new RTT will be to have 50% of graduates working in Native-serving institutions/communities upon entering practice. **Approach.** This project will be accomplished through a partnership between the Indian Health Service (IHS) Shiprock Service Unit (SRSU) on the Navajo reservation and the University of New Mexico (UNM) Family Medicine Residency Program in Albuquerque.

### Objectives.

1. Rural RTT in IHS. By Y1, month (M) 12, design a new, high quality, Accreditation Council for Graduate Medical Education (ACGME)-approved RTT rural track Family Medicine residency with the first year at UNM in Albuquerque and years two and three at an IHS facility.
2. Logistics for RTT in IHS. By Y2, M12, develop logistics for implementation of the new RTT residency program for first cohort of at least 2 residents per year, or a total of six residents.
3. Implement New Rural RTT Track in partnership with IHS. By Y5, M12, complete implementation of new RTT residency program.
4. Native American-Oriented Curriculum. By year 2, month 12, create a curriculum responsive to Native American culture and values in general and Navajo culture specifically, with special attention to social determinants of health to best prepare graduates for serving diverse and rural Native American communities.
5. Interprofessional Collaboration. By Y3, M12, link the implementation of the residency to concurrent, on-site, inter-professional partners including community health representatives (CHRs)/community health workers (CHWs), nursing, pharmacy, social work trainees and other allied health professionals.
6. Pipeline: By Y5, M12, develop a pipeline of students from or wishing to serve Native American communities, growing the number of appropriate candidates for this residency, with particular emphasis on Native American students and medical students with USPHS or IHS post-residency commitments.
7. Workforce Stability. By Y5, M12, recruit at least six primary care physicians at least 50% of whom will continue to continue to work in Native-serving institutions/communities upon entering practice, with two residents per class.
8. Financial Stability and Dissemination. By Y1, M12, engage state and university leaders to create a replicable, innovative and financially sustainable model of a rural Family Medicine Residency focused on service to Native American patients and communities in general and ultimate employment within the IHS and tribal communities in particular.
9. Evaluation. By Y5, M12, conduct a rigorous evaluation of the project activities and outcomes using a *Rapid Cycle Quality Improvement (RCQI)* approach.

**Clinical Priorities.** This project will address clinical priorities laid out in the RFP related to combating substance use disorders including the opioid crisis and strengthening mental health service access through resident clinical training and scholarship. **Funding Preference**

**Statement.** This project qualifies for High funding preference.