

The Besrouer Centre for Global Family Medicine
Dr. Patrick Chege Memorial Research Award Poster Presentation

**Enhanced Skills in Care of Underserved Populations:
A program evaluation (work in-progress)**

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Context: In July of 2017 Memorial University of Newfoundland launched an enhanced skills program in Care of Underserved Populations (CUP) for family medicine graduates/practitioners. This 12-month program takes an inclusive approach to health equity and social accountability by including core rotations in Inner City Health, Indigenous Health, and International Health. The Program was thus designed with a focus on sustainability and capacity building by engaging residents, transdisciplinary partners, and community in education and scholarship, as well as clinical service.

Objective: To evaluate whether the CUP program has been implemented as planned and is successfully meeting the intended outcomes.

Design: A logic model has been designed to guide the evaluation. Mixed methods with qualitative and quantitative components, including online surveys (administered using Qualtrics) and semi-structured interviews of participants (above), as well as document review (e.g., logs of cases seen; academic work submitted by residents in the program; etc.).

Participants: Graduates from the Program; faculty who work in or are familiar with the Program; administrative staff who support the Program; and community partners involved in the Program.

Outcome Measures: Indicators mapped to the logic model and evaluation questions, including themes from qualitative data sources (i.e., interview transcripts and survey comments) and trends noted in quantitative data sources (i.e., survey questions and administrative documents) to determine whether short-term and long-term outcomes are being achieved. Short-term outcomes include: increased resident competency in social and clinical medicine; improved quality of care for underserved populations; increased capacity for medical education and continuing professional development; increased advocacy for policy changes that benefit underserved populations. Long-term outcomes include: increased number of family doctors including Care of Underserved Populations in their practice; more equitable healthcare system; diverse partnerships for broad-scope advocacy.

Result: preliminary results from select data sources (e.g., residents/graduates from the program) are expected by time of presentation.

Conclusions: Anecdotal feedback suggests the CUP Program is an innovative training program which equips family medicine graduates for a socially accountable practice and offers a great opportunity for short- and long-term mentorship in this field of work. Evidence for this awaits the results of this program evaluation.