

FACULTY DEVELOPMENT TRACK (PGY 1, 2, 3)

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DESCRIPTION OF EDUCATIONAL EXPERIENCE

This track is tailored for residents who are interested in becoming academic family physicians. It will include components of teaching, education, research and administration. In addition, it will develop leadership skills, emphasize time management, introduce you to the organization of medical schools and hospitals and their funding mechanisms.

EDUCATIONAL GOAL

To meet the growing demand for skilled clinician-educators, we offer training that will prepare you for a future of clinical teaching, curriculum development and leadership.

LEARNING OBJECTIVES

PATIENT CARE

Goal

Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The resident is expected to:

Competencies

- Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions

Educational Goals and Learning Objectives

- Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients
- Demonstrates awareness of recommendations for health maintenance and screening guidelines developed by various organizations
- Reconciles recommendations for health maintenance and screening guidelines developed by various organizations

Objectives

- Develops an understanding of what multidisciplinary services are useful and available to patients in this geographical area
- Evaluates and treats patients with common disorders
- Coordinates the arrangement of discharge and follow up care for patients who have been hospitalized
- Incorporates the prevention and health promotion into all areas of patient care
- Perform a complete and accurate patient-centered initial history and physical exam
- Develop and carry out patient management plans
- Provide health care services aimed at preventing health problems or maintaining health
- Works with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Goal

Residents must demonstrate knowledge of established and evolving biomedical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident is expected to:

Competencies

- Demonstrates capacity to assess and act on personal learning needs
- Demonstrates life-long learning

Objectives

- Demonstrate knowledge in Population-based care on the IN-Training Exam (ITE) by scoring >60th percentile
- Apply decision making skills while caring for patient in the outpatient and inpatient setting

PRACTICE-BASED LEARNING AND IMPROVEMENT

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. The resident is expected to develop skills and habits and be able to:

Competencies

- Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning
- Categorizes the design of a research study
- Evaluates evidence-based point-of-care resources
- Independently teaches and assesses evidence-based medicine and information mastery techniques
- Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement
- Demonstrates use of system or process for keeping up with relevant changes in medicine

Objectives

- Asks for feedback and uses feedback to improve learning
- Uses evidence based guidelines to practice patient care
- Identify individual and system based limitations in patient care and propose solutions for improvement

SYSTEMS-BASED PRACTICE

Goal

Residents must demonstrate an awareness and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. The resident is expected to:

Competencies

- Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors
- Role models active involvement in community education and policy change to improve the health of patients and communities
- Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care

Objectives

- Recognize medical errors and their potential causes in order to prevent errors
- Develop plans to improve patient safety and patient care
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

PROFESSIONALISM

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. The resident is expected to demonstrate:

Competencies

- Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team
- Engages in self-initiated pursuit of excellence
- Knows institutional and governmental regulations for the practice of medicine
- Helps implement organizational policies to sustain medicine as a profession
- Exhibits self-awareness, self-management, social awareness, and relationship management
- Actively seeks feedback and provides constructive feedback to others

Objectives

- Presents himself/herself in a respectful and professional manner
- Completes responsibilities related to patient care
- Completes clinical and administrative tasks promptly
- Negotiates professionally within an interdisciplinary team to provide quality patient care
- Recognizes the impact of culture on health in patients
- Incorporates patients' beliefs and values into patient care plans
- Partners with patients to meet their health care needs

INTERPERSONAL AND COMMUNICATION SKILLS

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. The resident is expected to:

Competencies

- Role models effective, continuous, personal relationships that optimize the well-being of the patient and family
- Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback
- Stays current with technology and adapts systems to improve communication with patients, other providers, and systems

Objectives

- Use open ended questions

Educational Goals and Learning Objectives

- Demonstrate empathy
- Offer information in a neutral, nonjudgmental manner
- Builds rapport with a growing panel of continuity patients and families
- Maintains a commitment to patient-centered care by demonstrating respect of patient health care goals
- Interact collaboratively with the medical team demonstrating respect evidenced by listening attentively, and sharing information
- Complete medical records within 24 hours of the encounter that reflect the depth of the service provided
- Identify the characteristics of effective presentations
- Design and deliver dynamic presentations
- Identify the principles of giving and receiving effective feedback
- Apply techniques for giving feedback to learners

TEACHING METHODS

The primary venues for this content and these competencies include:

- Longitudinal clinical sessions throughout the PGY 1, 2, 3 years
- Didactic sessions on population-based topics
- Journal Club in PGY-2 (in addition to PGY-3)
- Teach/co-teach one of the medical school courses
- Dedicated sessions working with 3rd year clerkship students
- Dedicated sessions working with 4th year AI students
- Present ACR in PGY-2 (in addition to PGY-3)
- Lead two power-hour sessions (one in the 2nd year and one in the 3rd year)
- Lead morning report on inpatient service once a month
- Present twice at a faculty meeting (one in the 2nd year and one in the 3rd year)
- Submit at least one presentation for the STFM Annual Spring Conference (one in the 2nd year and one in the 3rd year)
- Submit a narrative essay, brief report, or letter to the editor to a FM journal
- Four video review sessions (two in the 2nd year and two in the 3rd year)
- Attend medical directors meetings at PCP (4th Monday of the month from 8-9)
- Attend complex patient meeting at Island East (3rd Tuesday of the month from 12-1)
- Attend the curriculum meeting
- Quarterly mentorship meetings with the faculty development track director

EVALUATION METHODS (RESIDENTS)

The resident will be evaluated by the primary faculty based on the standard six levels of competency. The attending faculty will observe the resident's skill and competence directly in the patient care context and in the

Educational Goals and Learning Objectives

learning environment as the source of information for faculty evaluation. An evaluation form is completed at the end of the rotation by each of the supervising faculty. Other methods include, but are not limited to:

- Global clinical performance rating
- Direct observation of patient encounters
- Performance on cognitive test (in-training exam)
- Didactic presentations
- Video reviews

EVALUATION METHODS (PROGRAM)

Assessment methods used to evaluate the program will include:

- Evaluation of Rotation form
- Information feedback sessions, such as resident meetings, resident representation on curriculum committee, and annual retreat
- Track acceptance rates into faculty development fellowships after graduation
- Track acceptance rates into faculty positions after graduation

LEVEL OF SUPERVISION

Residents are under continuous direct supervision of the clinic director, clinic faculty, and hospital faculty.

RESOURCES

Recommended Readings

Faculty Development Fellowships

<https://nf.aafp.org/Directories/Fellowship/Results>

Faculty Development Delivered

<http://www.stfm.org/Conferences/FacultyDevelopmentDelivered>

Resources for New Faculty

<http://www.stfm.org/Resources/ResourcesforNewFaculty>

Faculty for Tomorrow Resident Scholarship

<http://www.stfm.org/CareerDevelopment/Awards/FacultyforTomorrowResScholarship>

AAFP Resident as Teacher Curriculum

https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint_290B_Postgraduate.pdf

Suggested References

- Xierali IM, Nivet MA, Gaglioti AH, Liaw WR, Bazemore AW. Increasing family medicine faculty diversity still lags population trends. *J Am Board Fam Med.* 2017;30(1):100-103.
- Accreditation Council for Graduate Medical Education. Program Requirements for Graduate Medical Education in Family Medicine, 2016.
http://www.acgme.org/portals/0/pfassets/programrequirements/120_family_medicine_2016.pdf.
- DeHaven MJ, Wilson GR, O'Connor-Kettlestrings P. Creating a research culture: what we can learn from residencies that are successful in research. *Fam Med.* 1998;30(7):501-507.
- Alexander HLG. The long-term retention and attrition U.S. medical school faculty. *AAMC Analysis in Brief.* 2008;8(4):1-2.
- Ries A, Wingard D, Morgan C, Farrell E, Letter S, Reznik V. Retention of junior faculty in academic medicine at the University of California, San Diego. *Acad Med.* 2009;84(1):37-41.
- Ries A, Wingard D, Gamst A, Larsen C, Farrell E, Reznik V. Measuring faculty retention and success in academic medicine. *Acad Med.* 2012;87(8):1046-1051.
- Simpson D, Marcdante K, Morzinski J, et al. Fifteen years of aligning faculty development with primary care clinician-educator roles and academic advancement at the Medical College of Wisconsin. *Acad Med.* 2006;81(11):945-953.
- Robins L, Ambrozy D, Pinsky LE. Promoting academic excellence through leadership development at the University of Washington: the Teaching Scholars Program. *Acad Med.* 2006;81(11):979-983.
- Lown BA, Newman LR, Hatem CJ. The personal and professional impact of a fellowship in medical education. *Acad Med.* 2009;84(8):1089-1097.
- Frohna AZ, Hamstra SJ, Mullan PB, Gruppen LD. Teaching medical education principles and methods to faculty using an active learning approach: the University of Michigan Medical Education Scholars Program. *Acad Med.* 2006;81(11):975-978.
- Hatem CJ, Lown BA, Newman LR. Strategies for creating a faculty fellowship in medical education: report of a 10-year experience. *Acad Med.* 2009;84(8):1098-1103.
- Woods SE. A qualitative assessment of one cohort from the University of North Carolina Family Medicine Faculty Development Fellowship. *Fam Med.* 2002;34(2):126-131.
- Newman LR, Pelletier SR, Lown BA. Measuring the Impact of Longitudinal Faculty Development: A Study of Academic Achievement. *Acad Med.* 2016;91(12):1676-1683.