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**2017**

# **Residency Education Symposium**

Program Directors Workshop (PDW)  
and Residency Program Solutions (RPS)



**Information. Solutions. Inspiration.**



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

# Schedule At-A-Glance

PDW and RPS: March 24-28 | PDW: March 24-26 | RPS: March 25-28

FRI 3/24	SAT 3/25	SUN 3/26	MON 3/27	TUES 3/28
PDW 7:00 a.m.-12:00 p.m. Special Programming for Admins (extra fee)	PDW 7:00 a.m.-12:00 p.m. Special Programming for Admins and Nurses (cont.)	SHARED PROGRAMMING* 7:00 a.m.-12:30 p.m. - RC - FM - ABFM	RPS 7:00 a.m.-12:00 p.m.	RPS 7:00-11:00 a.m.
PDW 1:30-5:30 p.m. Special Programming for Admins (cont.) and Nurses (extra fee)	SHARED PROGRAMMING* 1:30-4:30 p.m. - Panel Discussion - Legislative Update	SHARED PROGRAMMING* 2:00-3:30 p.m. - Innovation Showcase	RPS 1:30-4:00 p.m.	LUNCH

*\*Shared programming included in all PDW and RPS registrations.*

## Accreditation:

Approved for 22 AAFP Prescribed credits.

The American Nurses Credentialing Center (ANCC) accepts AAFP CME toward its member continuing education requirements.

ACOFFP has been approved by the AOA Administrative Committee of the CME for 22 AOA Category 1-A CME credits for the “2017 AAFP Program Directors Workshop (PDW) and Residency Program Solutions (RPS) Residency Education Symposium.” The ACOFP is a co-sponsor of the CME credit for osteopathic physicians.

# Welcome to the AAFP Program Directors Workshop (PDW) and Residency Program Solutions (RPS)

## Residency Education Symposium

While you're here, you and your team will have the opportunity to:

- Attend sessions specifically tailored to your individual needs.
- Share solutions with other residency program professionals.
- Gain the tools you need and get inspired to improve your program.



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# General Information

## App

Download the PDW and RPS Residency Education Symposium app to manage your education and networking in one location. Visit [www.aafp.org/pdw-rps/app](http://www.aafp.org/pdw-rps/app) to learn more.

**Join the conversation on Twitter:**  
**#aafpPDW and #aafpRPS.**

## Wi-Fi

Free WiFi is in your sleeping room and all meeting rooms. Select the **AAFP network**, open your internet browser, and enter access code **pdw-rps**.

## Evaluations

Please complete a workshop evaluation for each session you attend and the general evaluation at the end of the meeting. Visit the app or [www.aafp.org/pdw-rps](http://www.aafp.org/pdw-rps) for access.

## Mother's Lounge

Come to the registration desk for access to this room.

## CME/CNE

This Live activity, PDW and RPS Residency Education Symposium, with a beginning date of 03/24/2017, has been reviewed and is acceptable for up to 22.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The AAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Academy of Family Physicians designates this Live activity for a maximum of 22.0 AMA PRA Category 1 credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACOFP has been approved by the AOA Administrative Committee of the CCME for 22 AOA Category 1-A CME credits for the "2017 AAFP Program Directors Workshop (PDW) and Residency Program Solutions (RPS) Residency Education Symposium." The ACOFP is a co-sponsor of the CME credit for osteopathic physicians.

The American Nurses Credentialing Center (ANCC) accepts AAFP CME toward its member continuing education requirements.

## Claiming CME/CNE Credit

Visit [www.aafp.org/pdw-rps/cme](http://www.aafp.org/pdw-rps/cme) to **report credit and download a certificate of participation.**

Osteopathic physicians wanting to obtain AOA Category 1-A credit must complete an online evaluation for each session attended. An AOA number and name must be provided on each session evaluation. This will be the only mechanism for reporting CME credit hours to the American Osteopathic Association.

## AAFP Disclosure

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts or interest and, if identified, conflicts are resolved prior to confirmation of participation. Only those participants who had no conflict of interest or who agreed to an identified resolution process prior to their participation were involved in this CME activity.

The following individual in a position to control content for this activity has disclosed the following relevant financial relationship:

- Dr. Wanda Filer disclosed a relationship with Teva stock

All other individuals in a position to control the content for this activity have indicated they have no relevant financial relationships to disclose.

## **Crown Center Certificate/Food Trucks**

Use the \$10 certificate for lunch on your own or shopping in Crown Center.

Food trucks will be outside the hotel during lunch on Friday, Saturday, and Monday.

## **Future Meeting Dates**

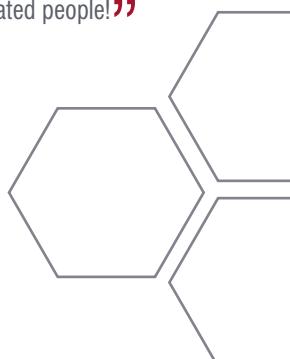
- 2017 Chief Resident Leadership Development Program: May 18-22, 2017  
Kansas City, MO
- 2017 National Conference for Family Medicine Residents and Students:  
July 27-29, 2017  
Kansas City, MO
- 2018 PDW and RPS Residency Education Symposium: March 23-27, 2018  
Kansas City, MO  
(call for proposals will be open June through July 2017)

## **Map**

Please refer to the back of this program or go to the mobile app.

**“**This is an **AMAZING** conference—a highlight of my year. I get great ideas, validation that we are not the only ones with certain challenges, and I get energized from bright, dedicated people!**”**

—Lee Radosh, MD, FAAFP, Program Director



# 2017 Planning Committee

## Planning Committee Chair

Stanley Kozakowski, MD, FAAFP  
Director, Medical Education Division, AAFP  
Leawood, KS

## AAFP Commission on Education

W. Fred Miser, MD, MA, FAAFP  
Program Director  
The Ohio State University  
Columbus, OH

## American Board of Family Medicine (ABFM)

Samuel Jones, MD  
Program Director  
VCU Fairfax Family Medicine Residency  
Program  
Fairfax, VA

## American College of Osteopathic Family Physicians (ACOFP)

David Skillinge, DO, FAAFP, FACOFP  
Director of Medical Education and DIO, President,  
Hunterdon Medical Group  
Hunterdon Healthcare  
Flemington, NJ

## Association of Departments of Family Medicine (ADFM)

Allan Wilke, MD, MA  
Program Director and Professor  
Western Michigan University School of Medicine  
Kalamazoo, MI

## Association of Family Medicine Administration (AFMA)

Cheryl Haynes, BA  
Residency Administrator  
Duke/Southern Regional AHEC  
Fayetteville, NC

## Association of Family Medicine Residency Directors (AFMRD)

James Jarvis, MD, FAAFP  
Program Director  
Eastern Maine Medical Center  
Bangor, ME

## Family Medicine Residency Nurses Association (FMRNA)

Marcia Snook, RN, BSN  
Practice Manager  
Family Medicine Center Poudre Valley Hospital  
Ft. Collins, CO

## North American Primary Care Research Group (NAPCRG)

Sarah Gebauer, MD  
Academic Family Medicine Fellow  
Saint Louis University School of Medicine  
Family and Community Medicine  
Saint Louis, MO

## Residency Program Solutions (RPS) Panel of Consultants

Eric Skye, MD, FAAFP  
Associate Professor  
University of Michigan Department of Family Medicine Residency  
Ann Arbor, MI

## Society of Teachers of Family Medicine (STFM)

Marcy Lake, DO  
Associate Program Director  
Oregon Health Science University / Kaiser Permanente Northwest  
Portland, OR

# Posters

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## Displayed on Friday, Monday, and Tuesday

Location: Terrace

## Displayed on Saturday and Sunday

Location: Exhibit Hall A

## Staffed Posters on Sunday, March 26, 12:30 – 2:00 p.m.

Location: Exhibit Hall A

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### **1 – Teaching a Theme-Based Advocacy and Leadership Curriculum to Family Medicine Residents**

#### Objectives

- Focus efforts on teaching advocacy to family medicine residents, starting with important health care issues in your community.
- Assemble a collection of experiences designed to increase and expand resident comfort and skill with advocacy engagement.
- Examine how a structured curriculum in advocacy and leadership fits into the training mission of your program.

*Primary Author: Ivan A. Gomez, MS, MD*

### **2 – Using a Structured Interview for Family Medicine Resident Applicants to Obtain Professionalism Data**

#### Objectives

- Recognize the need for a structured interview template.
- Implement a structured interview.
- Improve the way in which family medicine residencies choose applicants.

*Primary Author: Sheryl Beard, MD*

### **3 – Effect of PGY Training Year on Perceived Readiness to Perform Entrustable Professional Activities**

#### Objectives

- Understand how resident comfort with performance of entrustable professional activities (EPAs) increases with PGY year.
- Know which EPAs are associated with different levels of resident performance comfort.
- Understand the need for further research into how residency curricula prepare residents for performance of EPAs.

*Primary Author: William J. Murdoch, MD, FAAFP, RFPHM*

### **4 – Assessing Resident Fit Across Specialties: Implications for Resident Professional Development and Performance**

#### Objectives

- Know the behavioral tendencies and work values that family medicine subject matter experts believe are required for effective resident performance (i.e., the preferred profile).
- Understand differences in preferred profiles between non-surgical (i.e., family medicine) and surgical (i.e., orthopaedic surgery) specialties.
- Recognize how gaps between preferred profiles and residents' actual tendencies and values can be used to identify areas in which further professional development or mentoring may be warranted.

*Primary Author: Robert Pallay, MD, FAAFP*

# Posters, continued

## 5 – QI and CDI and PSI, Oh My!

### Teaching Inpatient Health Systems Management on a Budget

#### Objectives

- Implement an educational framework for teaching inpatient health systems management (HSM) principles of quality, safety, and infection prevention.
- Incorporate inpatient HSM principles of utilization review, clinical documentation improvement, and care management by partnering with inpatient-based personnel.
- Utilize these experiences to help assess a resident's progress for Milestones SBP-2, PBLI-3, and PROF-1.

*Primary Author: Jared Ellis, MD*

## 6 – Designing a “Flex” Month to Improve Procedures and Pediatric Training in a Family Medicine Residency

#### Objectives

- Identify specific steps to transform a standard month-long pediatrics block into a longitudinal learning experience,
- Discuss specific strategies to include more training in procedures in a residency program.
- Identify potential problems and find solutions to adapt this educational intervention at their own program.

*Primary Author: Diane Jarrett*

## 7 – Integration of a Focused Sleep Medicine Training Module Into the Curriculum of a Family Medicine Residency: Does It Improve Sleep Medicine Knowledge?

#### Objectives

- Understand the magnitude of sleep disorders seen in primary care and the urgent need to equip primary care physicians with the necessary skills to diagnose these disorders.

- Understand the essential components of the proposed focused sleep medicine training module.

- Understand the impact of integration of a focused sleep medicine training module on sleep medicine knowledge among family medicine trainees.

*Primary Author: Medhat S. Kalliny, MD, PhD, FAACFP*

## 8 – Implementation of the I-PASS Handoff Tool in an Academic Family Medicine Residency

#### Objectives

- Understand the data behind safe handoffs and transitions of care.
- List each element of the I-PASS handoff mnemonic.
- Understand one academic institution's success and challenges with implementing the I-PASS handoff tool.

*Primary Author: Laura W. McCray, MD MSCE*

## 9 – Hands On! Musculoskeletal Curriculum

#### Objectives

- Identify way(s) to incorporate continued practice of musculoskeletal exam skills within a didactic structure.
- Identify way(s) to use active learning to teach musculoskeletal exam skills.
- Identify way(s) to continually supervise resident competency in musculoskeletal exam skills.

*Primary Author: Velyn Wu, MD*

## 10 – Interprofessional Education Through a Global Health Experience

#### Objectives

- Identify opportunities outside the clinic for interprofessional education and experience.
- Outline a process for exposure to global health in residency.

- Understand the value of an international interprofessional education (IPE) experience based on the outcomes measured in our learners.

*Primary Author: Darin Bell, MD*

## **11 – Global Health Service Project: An Invaluable Experience**

### Objectives

- Understand the impact of reciprocal partnership with an international non-governmental organization (NGO) for the success of a global health project.
- Understand that the involvement of premedical and medical students in global health projects gives a head start to a lifelong commitment.
- Recognize the value of teamwork in navigating through cultural and linguistic barriers to achieve success with a global health service project.

*Primary Author: Jayashree Paknikar, MD, FAAFP*

## **12 – Primary Care Pipeline Advocacy (PCP-Advocacy): A Curriculum Promoting Primary Care Through Education, Outreach, and Teamwork**

### Objectives

- Promote primary care advocacy through a curricular process of education, outreach, and teamwork.
- Foster participant interest in primary care through participation in a lecture-/activity-based elective that advances all professional competencies.
- Measure learner participation and competency development, as well as the impact activities have on the community.

*Primary Author: Eric Warwick, MD*

## **13 – Program Director Perspectives of Program Coordinator Involvement in the Association of Family Medicine Administration Organization**

### Objectives

- Explain what is the mission of Association of Family Medicine Administration.
- Describe how the Association of Family Medicine Administration provides support to coordinators/administrators.
- Discuss the financial costs/committee involvement when one becomes a member of the Association of Family Medicine Administration.

*Primary Author: Erika L. Robinson, BS*

## **14 – Matching Integrated Behavioral Health with Stages of Change Through Point-of-Care Warm Handoffs**

### Objectives

- Educate and show how to implement the Stages of Change Model and how stages impact patient progress.
- Educate and teach how to assess readiness to change during warm handoffs.
- Demonstrate that offering levels of service that match readiness to change can reduce the bottleneck of patients waiting to receive more intensive behavioral health services.

*Primary Author: Darlene A. Breazeal, MS Psychology*

## **15 – Circumcision: Culture vs. Guidelines**

### Objectives

- Understand what factors influence attitudes and beliefs of parents from different ethnic backgrounds when they are making a decision regarding circumcision of a newborn son.
- Understand how well-informed patients are regarding the risks and benefits of circumcision.
- Determine whether culture—rather than guidelines—plays a large role in the decision-making process regarding circumcision.

*Primary Author: Irina Erlikh, MD*

# Posters, continued

## 16 – Targeting the Triple Aim: Transition of Care RNs in an Acute Care Setting

### Objectives

- Identify how implementing a transition of care program with BSN nurses in the acute care setting improves patient satisfaction and patient outcomes, and decreases health care costs in a residency training program.
- Identify methods used during the transitional period from hospital to home that have been shown to successfully decrease readmission rates in a family medicine residency program.
- Understand how collaboration between BSN nurses and resident physicians can have a positive impact on both high-risk patients and resident physicians' knowledge and outcomes.

*Primary Author: Andrea Hooley, BSN*

## 17 – Development of a Novel Hybrid Curriculum in Community and Population Health: A Competencies Approach

### Objectives

- Describe the use of milestones in the core competencies of family medicine population health.
- Understand the role of both didactic and experiential learning components in achieving milestones in community health.
- Identify the key resources needed to develop a hybrid curriculum in community health.

*Primary Author: Thomas O. Kim, MD, MPH*

## 18 – Building Strong and Meaningful Family Medicine Clinic Care Teams

### Objectives

- Appreciate the importance of establishing strong teams in the residency clinic.
- Learn about a curriculum to educate residents about ambulatory care within a team structure.
- Understand the relationship between team-building and resident, staff, and faculty wellness.

*Primary Author: Christina Zaro, MD*

## 19 – Preventing Resident Burnout by Building a Wellness Toolbox: A Longitudinal Wellness Curriculum

### Objectives

- Know the Accreditation Council for Graduate Medical Education (ACGME) training requirements in family medicine for wellness and resiliency curriculum.
- Identify the three components of physician burnout.
- Name at least three wellness activities that can be incorporated on the fly during busy resident workdays to promote resident wellness and prevent burnout.

*Primary Author: Anne Morris, MD*

## 20 – Resident-Led Wellness Curriculum

### Objectives

- Understand the Maslach Burnout Inventory (MBI) as a standardized measure for burnout and wellness.
- Appreciate how a resident's wellness changes throughout residency from year to year.
- Gain ideas on various wellness interventions.

*Primary Author: John K. Su, MD, MPH*

## 21 – An Ideal Electronic Medical Record (EMR) System in the Family Medicine Setting

### Objectives

- Incorporate the ideas/opinions of various hospital/clinic staff in choosing an ideal EMR system for their practice.
- Understand methods to easily address preventive measures using an EMR system and keep each patient's information in a coherent package.
- Perceive ideas from physicians and ancillary staff about meaningful, efficient, time-preserving methods for providing quality patient care through an ideal EMR.

*Primary Author: Sherly Abraham, MD*

# Exhibitors

## Exhibit Hours:

**Saturday, March 25, 12:00 – 4:30 p.m.**

**Sunday, March 26, 7:00 a.m. – 3:30 p.m.**

Room: Exhibit Hall A

### **1 – HCA**

HCA owns and operates over 160 healthcare facilities in 20 states with opportunities coast-to-coast. HCA was one of the nation's first hospital companies. We are committed to the care and improvement of human life. We strive to deliver quality healthcare, meeting the needs of the communities we serve.

Website: [www.practicewithus.com](http://www.practicewithus.com)

Contact: Randall Mitchell,  
randall.mitchell@hcahealthcare.com

### **2 – Family Medicine Residency Nurses Association (FMRNA)**

Stop by the FMRNA booth to explore what our organization has to offer you as a nursing professional. Visit with nursing leaders in residency programs across the nation to identify resources for issues common to residency practices. Discuss benefits of membership and explore the promotional items available for purchase.

Website: [www.fmrna.org](http://www.fmrna.org)

Contact: Katy Jaksa, [fmrna@aafp.org](mailto:fmrna@aafp.org)

### **3 – American College of Osteopathic Family Physicians (ACOFP)**

ACOFP provides Family Medicine programs resources to achieve Osteopathic Recognition Status – Text Book, OMT Video and sample curriculum.

Website: [www.acofp.org](http://www.acofp.org)

Contact: Bina Mehta, [binam@acofp.org](mailto:binam@acofp.org)

### **4 – Association of Family Medicine Residency Directors (AFMRD)**

The Association of Family Medicine Directors (AFMRD) provides unique opportunities for program directors to communicate with and learn from a vibrant, experienced community of peers and provides a wealth of resources to inspire and empower program directors to achieve excellence in family medicine residency training.

Website: [www.afmrdr.org](http://www.afmrdr.org)

Contact: Vickie Greenwood,  
[vgreenwood@aafp.org](mailto:vgreenwood@aafp.org)

### **5 – American Association for Primary Care Endoscopy (AAPCE)**

The American Association for Primary Care Endoscopy (AAPCE) provides a forum that fosters a collegial relationship among dedicated, competent primary care endoscopists as they seek to improve their individual expertise and raise the general level of primary care physician endoscopy practice.

Website: [www.aapce.org](http://www.aapce.org)

Contact: Sam Pener, [spener@aafp.org](mailto:spener@aafp.org)

### **6 – AAFP Foundation**

Visit the AAFP Foundation booth. Staff will be available to share information about our programs including: Family Medicine Cares USA, Family Medicine Cares International, Family Medicine Cares Resident Service Award, Family Medicine Leads and others. Come learn how these programs could benefit your residents and residency.

Website: [www.aafpfoundation.org](http://www.aafpfoundation.org)

Contact: Erika Perkins, [foundation@aafp.org](mailto:foundation@aafp.org)

# Exhibitors, continued

## 7 – Residency Program Solutions (RPS)

If you want a fresh look at how your program is doing or want to address potential issues you may face, RPS is the go-to service to help you keep pace with changes in the GME environment and position your program for excellence. Stop by our booth to learn more.

Website: [www.aafp.org/rps](http://www.aafp.org/rps)

Contact: Andy Jenkins, [rps@aafp.org](mailto:rps@aafp.org)

## 8 – Residency Program Solutions (RPS)

### - Single Accreditation Information

Learn how RPS can assist your program with navigating the Single GME Accreditation System. RPS has been consulting with ACGME-accredited programs for more than 40 years in areas ranging from GME funding to faculty and student recruitment, as well as a variety of accreditation-related issues.

Website: [www.aafp.org/rps](http://www.aafp.org/rps)

Contact: Andy Jenkins, [rps@aafp.org](mailto:rps@aafp.org)

## 9 – Practice Advancement Division

Visit the Practice Advancement Division booth and learn how you can spend more quality time with your patients, while increasing the bottom line of your practice. Meet subject matter experts and get your questions answered on practice improvement and physician payment, including MACRA.

Website: [www.aafp.org/practice-management.html](http://www.aafp.org/practice-management.html)

Contact: Tracey Allen-Ehrhart, [tallen@aafp.org](mailto:tallen@aafp.org)

## 10 – US Army Health Care

Army Medicine is the Nation's premier expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow. We are a system for health where military and civilian teammates working throughout that continuum take pride in their role ensuring robust physical and behavioral health of their fellow Warfighters in challenging mission environments.

Contact: Amanda Joy Glasscock, [amanda.j.glasscock3.mil@mail.mil](mailto:amanda.j.glasscock3.mil@mail.mil)

## 11 – Residency Partner

ResidencyPartner.com™ is web-based software application designed to assist with the Accreditation Council for Graduate Medical Education (ACGME) requirements for graduate medical training programs. It helps residency and fellowship programs monitor the educational activities of program directors, physician faculty members, coordinators, fellows, residents and students. Established in 1996, Residency Partner marked its 20th anniversary managing procedure logging, rotation schedules, evaluations, exams and duty hours. Whether a single or multi-program institution, Residency Partner is dedicated to save you time, resources and increase your efficiency.

Website: [www.residencypartner.com](http://www.residencypartner.com)

Contact: Paul Smith, [paul.smith@residencypartner.com](mailto:paul.smith@residencypartner.com)

## 12 – Advanced Life Support in Obstetrics (ALSO)

ALSO is a multidisciplinary, evidence-based, hands-on training program focusing on the practical management of obstetric emergencies and designed for all maternity care providers. Program focus includes clinical content, patient safety, communication, and teamwork to improve outcomes and response time of obstetrical emergencies. BLSO courses focus on the basic understanding of normal delivery and advanced emergency situations appropriate for medical/nursing students and non-physician emergency personnel.

Website: [www.aafp.org/also](http://www.aafp.org/also)

Contact: Ruth Fleming or Carla Cherry, [also@aafp.org](mailto:also@aafp.org)

## 13 – CME Sales

The AAFP offers numerous discounts on CME resources useful to residency programs.

Website: [www.aafp.org/cme](http://www.aafp.org/cme)

Contact: Lauren Winchester, [aafp@aafp.org](mailto:aafp@aafp.org)

## **14 – Society of Teachers of Family Medicine (STFM)**

The Society of Teachers of Family Medicine has all of the accreditation and professional development resources you need to smoothly run your residency program.

Website: [www.stfm.org](http://www.stfm.org)

Contact: Sarah Eggers, [seggers@stfm.org](mailto:seggers@stfm.org)

## **15 – Family Physicians Inquiries Network (FPIN)**

FPIN is a community of inclusion that is committed to engaging residency programs who wish to join us in revolutionizing primary care by translating research into practice. As the community grows, so does our potential to impact the family medicine workforce, residency education, and the dissemination of answers to important clinical questions.

Website: [www.fpin.org](http://www.fpin.org)

Contact: LuShawna Romeo, [lushawna@fpin.org](mailto:lushawna@fpin.org)

## **16 – HealthLandscape**

HealthLandscape is an innovation of the AAFP, focusing on GIS and Health. We maintain an extensive library of health-related data, and create web-based data visualization tools. Our staff conducts research on social determinants of health, health informatics, and health policy. Visit our booth to learn how HealthLandscape can provide practical tools for improving residency education.

Website: [www.healthlandscape.org](http://www.healthlandscape.org)

Contact: Mark Carrozza, [info@healthlandscape.org](mailto:info@healthlandscape.org)

## **17 – AAFP Medical Education - Resident and Student Activities**

Find out how the AAFP can help you grow student interest in family medicine and support your residents. The AAFP Medical Education Division's resources and initiatives include the National Conference of Family Medicine Residents and Medical Students, the Chief Resident Leadership Development Program, the national Family Medicine Interest Group Network, free promotional and educational resources for faculty, residents, and students; data and information on the specialty and specialty choice, and national resident and student leadership opportunities.

Website: [www.aafp.org/med-ed](http://www.aafp.org/med-ed)

Contact: Mary Harwerth, [mharwerth@aafp.org](mailto:mharwerth@aafp.org)

## **18 – AAFP Center for Global Health Initiatives**

AAFP Center for Global Health Initiatives (CGHI) facilitates the global development of family medicine through the support of AAFP members and FM constituencies in the U.S. and other countries. The AAFP CGHI develops and sustains online global health resources, engages social media outlets and provides networking and education opportunities via the AAFP Global Health Workshop and other activities.

Website: [www.aafp.org/intl](http://www.aafp.org/intl)

Contact: Alex Ivanov, MBA, [aivanov@aafp.org](mailto:aivanov@aafp.org)

# Exhibitors, continued

## 19 – Association of Family Medicine

### Administration (AFMA)

The AFMA is dedicated to the professional growth and development of administrators and coordinators. Stop by to learn about membership, educational opportunities, TAGME certification, networking, mentoring and additional benefits. New merchandise items will also be featured.

Website: [www.afmaonline.org](http://www.afmaonline.org)

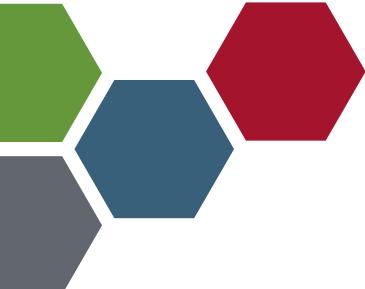
Contact: Cristin Estes, [cestes@aafp.org](mailto:cestes@aafp.org)

## 20 – DynaMed Plus/EBSCO Health

DynaMed Plus® is the next-generation clinical information resource that optimizes speed to get answers for the busy clinician. Evidence-based content is written by a world-class team of physicians who synthesize the evidence and provide objective analysis to help clinicians in their daily practice.

Website: [www.ebsco.com](http://www.ebsco.com)

Contact: Luiza Lopes, [llopes@ebsco.com](mailto:llopes@ebsco.com)



# pdw

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# Events

## Friday

	Exhibit Hall B	New York	Chicago A	Chicago B
7:00-8:00 a.m.	PDW Breakfast			
	PDW Plenary Nicholas J. Pisacano, MD, Memorial Lecture			
8:00-9:00 a.m.	ACGME Focus on Physician Well-Being: Deepening Our Commitment to Faculty, Residents, and Patients <i>Timothy Brigham, MDiv, PhD</i>			
9:00-9:30 a.m.	BREAK			
9:30-10:30 a.m.		1 - Social Accountability of Family Medicine Residency Programs <i>Residency Programs</i>	2 - Developing a Culture of Professionalism: Teaching, Managing, and Recognition of Professional Behavior in Residency <i>Curriculum</i>	3 - Longitudes and Latitudes: An Educational Map That Fits Tight Schedules <i>Curriculum</i>
10:30-11:00 a.m.	REFRESHMENT BREAK - Terrace, Ballroom Foyer			
11:00 a.m.-12:00 p.m.		9 - Toward a Culture of Physician Well-Being <i>Resilience and Well-Being</i>	10 - What Do I Do With This DO? Practical Tools for the MD Preceptor <i>Working With Residents</i>	11 - Longitudinal Behavioral Medicine and Community Medicine Rotations in a Community-Based Residency <i>Curriculum</i>
12:00-1:30 p.m.	LUNCH ON YOUR OWN			
1:30-2:30 p.m.		17 - Pain Management and Opioid Use Curriculum: How to Build a Useful and Financially Sustainable Program <i>Curriculum</i>	18 - Developing Faculty Educators: Using the STFM Residency Faculty Fundamentals Certificate Program to Empower Your Faculty <i>Professional Development</i>	19 - First Night On Call: Using Simulation to Assess Resident Hospital Care Management and Supervision Skills <i>Curriculum</i>
2:30-3:00 p.m.	REFRESHMENT BREAK - Terrace, Ballroom Foyer			
3:00-4:00 p.m.		25 - NIPDD Fellow Outstanding Academic Project Showcase <i>Residency Programs</i>	26 - All in the Family: Expanding Strategies to Promote Resident Resilience <i>Resilience and Well-Being</i>	27 - Resilience and Self-Awareness: Building the Muscle for Effective Leadership in Residency Education <i>Leadership Development</i>
4:00-4:30 p.m.	BREAK			
4:30-5:30 pm.		33 - Find and Hire New Faculty <i>Leadership Development</i>	34 - Guidance for Residency Program Use of ABFM Performance Improvement Activities, ResPIP, and Other Alternatives <i>Performance Improvement Requirement Tools</i>	35 - Developing Faculty to Provide Targeted Subcompetency-Based Formative Feedback <i>Assessment</i>

**Key:** Workshop number and title

*Workshop Topic*

Chicago C	Chouteau	Empire A	Empire B	Empire C
<b>BREAK</b>				
4 - Osteopathic Recognition - Presenting Something New and Something Old: Value and Strategies for All to Consider <i>Curriculum</i>	5 - Moving Toward National Standards for Maternity Care Training and Competency Assessment <i>Regulatory Issues and Resources</i>	6 - Growing Your Own Faculty <i>Residency Programs</i>	7 - VA VA-Voom: 0 to 60 in One Workshop <i>Finance</i>	8 - Encouraging Curiosity: The Value to Residents and Faculty <i>Working With Residents</i>
<b>REFRESHMENT BREAK - Terrace, Ballroom Foyer</b>				
12 - Meeting PBLI Milestone Teaching Requirements in a Way That Isn't Dreadfully Boring <i>Curriculum</i>	13 - Making Entrustable Professional Activities Work for You <i>Assessment</i>	14 - Incorporating a Psychology Fellowship to Enhance Resident Training and Improve Patient Care <i>IPE / IPP</i>	15 - Handing Off <i>Curriculum</i>	16 - This Should Be Easy: Starting a New Family Medicine Program <i>Residency Programs</i>
<b>LUNCH ON YOUR OWN</b>				
20 - Should our Family Medicine Practice be a Federally Qualified Health Center (FQHC)? The Pros, Cons, and How-To <i>Finance</i>	21 - Accreditation Navigation: Helping AOA and ACGME Programs Understand the Single Accreditation System <i>Regulatory Issues and Resources</i>	22 - REAL Solutions: Resident Engagement and Leadership <i>Leadership Development</i>	23 - Developing a Culture of Professionalism: Teaching, Managing, and Recognition of Professional Behavior in Residency <i>Curriculum</i>	24 - Increase Feedback to Residents: How a Simple Intervention Doubled Resident Feedback <i>Assessment</i>
<b>REFRESHMENT BREAK - Terrace, Ballroom Foyer</b>				
28 - Osteopathic Recognition - Presenting Something New and Something Old: Value and Strategies for All to Consider <i>Curriculum</i>	29 - CLER: Learnings and Opportunities for Program Excellence <i>Regulatory Issues and Resources</i>	30 - The Sub-Attending Curriculum <i>Curriculum</i>	31 - Teaching the Art of Medicine: Integrating Behavioral Science, Mental Health, and Professional Development Into Residency Education <i>Curriculum</i>	32 - Using PCATs to Evaluate Resident Procedures <i>Assessment</i>
<b>BREAK</b>				
36 - The Four-Year Residency In Family Medicine: A Conversation With the Nation's Fully Developed Programs <i>Curriculum</i>	37 - Ways to Increase Faculty Scholarly Activity Single Accreditation	38 - Using a New Smartphone App to Document Milestones and Augment Resident Evaluation <i>Working With Residents</i>	39 - Promoting Scholarship That is Community Engaged <i>Curriculum</i>	40 - Seeking a Culture of Inquiry: The FPIN Approach to Scholarly Activity <i>Curriculum</i>

# PDW Plenary

**Friday, March 24**

**8:00 – 9:00 a.m.**

**Room: Exhibit Hall B**



***Nicholas J. Pisacano, MD, Memorial Lecture***

**ACGME Focus on Physician Well-Being: Deepening our Commitment to Faculty, Residents, and Patients**

*Timothy P. Brigham, MDiv, PhD*

## Objectives

- Explore the complex issues surrounding resident and practicing physician wellness.
- Reflect on current trends affecting resident and practicing physician wellness and stressors leading to burnout and suicide.
- Understand work being done at a national level through the ACGME's efforts to address the need for prevention and counseling programming, support systems, and solutions.

## About Timothy P Brigham, MDiv, PhD

Timothy P. Brigham, MDiv, PhD, is the Chief of Staff and Senior Vice President, Department of Education at the ACGME. Dr. Brigham's responsibilities, as head of the Department of Education, include the ACGME's Annual Educational Conference, the Milestone Outcome Project, and the development of new educational programs for the ACGME.

Prior to joining the ACGME in 2008, Dr. Brigham served since 1989 in several capacities at Jefferson Medical College, including associate dean for graduate medical education and continuing medical education and, most recently, as senior associate dean for organizational development and chief of staff and associate professor of medicine. Dr. Brigham has been involved in physician faculty development, resident education and chief resident and program director development. He is widely sought after as a teacher, speaker, group facilitator, and consultant in a variety of areas including resident stress and well being; chief resident, program director and chair person leadership development; medical student, resident and faculty teaching development; and group and team organizational development.

Dr. Brigham holds a PhD in psychological studies in education from Temple University, a master's degree in counseling and human relations from Villanova University, and a master's of divinity from Palmer Theological Seminary.

## ***About the Nicholas J. Pisacano, MD, Memorial Lecture***

The purpose of the Nicholas J. Pisacano Lectureship is to provide opportunities for outstanding scholars to address pertinent and interesting issues of concern to the family physicians and populations served by family physicians. This lectureship is sponsored by the ABFM.

Dr. Nicholas Pisacano was Founder and director of the ABFP. He believed that the welfare of the patient was of utmost importance and that physicians should be broadly educated. He did not accept mediocrity; instead he believed strongly in striving for excellence.

# PDW Workshops

**Friday, March 24**  
**9:30 – 10:30 a.m.**

## 1 – Social Accountability of Family Medicine Residency Programs

Viviana S. Martinez-Bianchi, MD, FAAFP

### Objectives

- Describe measures of social accountability of residency programs.
- Craft benchmarks to assess progress toward social accountability within the context of their own institution.
- Identify steps to improve curriculum to meet metrics of social accountability.

### Residency Issue Addressed

- The social impact of a residency program, and its ability to impact population health

**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** New York

## 2 – Developing a Culture of Professionalism: Teaching, Managing, and Recognition of Professional Behavior in Residency

Michael R. King, MD, MPH, FAAFP

### Objectives

- Learn approaches to teach professionalism and create a platform for residents to self-regulate professionalism among their peers.
- Utilize a strengths-based recognition process to promote professionalism within a resident cohort.
- Evaluate resident perceptions of professionalism.

### Residency Issue Addressed

- Defining and managing professional behavior in a residency program

**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago A

**Repeat:** 23

## 3 – Longitudes and Latitudes: An Educational Map That Fits Tight Schedules

Jennifer A. Kelley, MD; Anne K. Sly, MD

### Objectives

- Visualize a longitudinal curriculum and how it can fit into busy residents' schedules while satisfying Accreditation Council for Graduate Medical Education (ACGME) requirements at the same time.
- Understand the process for creating an online, clinically interactive curriculum and how this can be applied to office, inpatient, and obstetric educational rotations and curricula.
- Identify topics pertinent to training residents at their institutions and incorporate these into an active teaching tool.

### Residency Issue Addressed

- Longitudinal curriculum method to assure R1 residents obtain foundational office medical knowledge, and the applicability of the curriculum to other services

**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago B

# PDW Workshops, continued

## 4 – Osteopathic Recognition – Presenting Something New and Something Old: Value and Strategies for All to Consider

*Richard J. LaBaere II, DO, MPH;*

*Amanda S. Wright, DO*

### Objectives

- Describe what Osteopathic Recognition is and what value it can bring to a program.
- Outline curricular requirements, as well as potential strategies and resources associated with implementation of Osteopathic Recognition.
- Discuss the application process and consider potential next steps.

### Residency Issue Addressed

- Exploration of what ACGME Osteopathic Recognition is, why it may bring value to a program and practice, how the requirements can be met, and what types of resources are available, as well as a brief review of the application process

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago C

*Repeat: 28*

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## 5 – Moving Toward National Standards for Maternity Care Training and Competency Assessment

*Stephanie E. Rosener, MD;*

*Wendy B. Barr, MD, MPH, MSCE*

### Objectives

- Describe how the tiered maternity care practice guidelines can guide curricular development, clarify trainee expectations, and assist programs with meeting the Accreditation Council for Graduate Medical Education (ACGME) maternity care requirements.

- List the benefits of standardized procedural competency assessment and describe the tools developed to assess maternity care skills.
- Summarize how the tiered maternity care guidelines can help program directors make strategic decisions about curricula and align training goals with available resources.

### Residency Issue Addressed

- Strategies for meeting ACGME requirements; assessment of procedural competency; curriculum planning

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**Topic:** Regulatory Issues and Resources

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chouteau

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## 6 – Growing Your Own Faculty

*Gregory H. Blake, MD, MPH;*

*Garland A. Wilson, MD;*

*Justin M. Jenkins, DO, MBA*

### Objectives

- Implement a residency program needs assessment to identify faculty skill sets required to meet the educational needs of the residency program.
- Outline techniques for nurturing senior-level residents' unique skills and professional interests.
- Develop a curriculum foundation and mentorship program that advances new faculty members' skills in teaching, scholarly activity, and patient care.

### Residency Issue Addressed

- Recruiting new faculty and maintaining personal and professional fulfillment through career development

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**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Empire A

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## 7 – VA VA-Voom: 0 to 60 in One Workshop

*Edward T. Bope, BS, MD; Kathleen Klink, BA, MD*

### Objectives

- Better understand the clinical opportunities for graduate medical education (GME) at the U.S. Department of Veterans Affairs (VA).
- Understand how the Veterans Access, Choice, and Accountability Act of 2014 (VACA) can create funding for a residency.
- Identify a way to collaborate on GME with the VA.

### Residency Issue Addressed

- Financing GME positions with outside rotations and a new federal resource

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**Topic:** Finance

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator

**Room:** Empire B

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## 8 – Encouraging Curiosity: The Value to Residents and Faculty

*Abbie D. Jacobs, MD; Harini Kumar, MD;  
Deborah Taylor, PhD*

### Objectives

- Identify barriers to advocating for curiosity in resident education and implement strategies to overcome them.
- Utilize the 5W1H (Who, What, When, Where, Why, and How) questioning approach to patient care as a curiosity skill-building tool for the medical learner.
- Apply “curiosity-focused” strategies to delivering feedback, setting learning goals, and working with learners who lack curiosity.

### Residency Issue Addressed

- Issues surrounding teaching and advising; facilitation of life-long learning; and resident well-being

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**Topic:** Working with Residents

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Empire C

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## Friday, March 24

**11:00 a.m. – 12:00 p.m.**

## 9 – Toward a Culture of Physician Well-Being

*Steven R. Brown, MD, FAAFP;*

*Christine Kathryn Jacobs, MD;*

*Sonja N. Van Hala, MD, MPH, FAAFP;*

*Kerry G. Watrin, MD*

### Objectives

- Describe the importance of a culture of physician well-being and resilience for satisfying lifelong practice.
- Discuss effective curricula for physician well-being that have been implemented in family medicine residencies.
- Share ideas for residency structural changes or curricula that can support a culture of well-being.

### Residency Issue Addressed

- The importance of building a culture of well-being for satisfying lifelong practice

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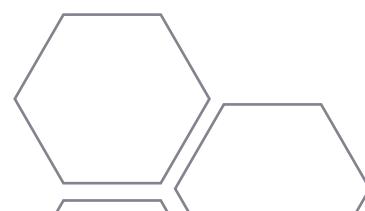
**Topic:** Resilience and Well-Being

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** New York

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# PDW Workshops, continued

## 10 – What Do I Do With This DO?

### Practical Tools for the MD Preceptor

*Lawrence LeBeau, DO;*

*Eleni S. O'Donovan, MD, SM*

#### Objectives

- Describe the main tenets of osteopathic medicine.
- Use a simple tool to support DO residents in performing osteopathic diagnosis and treatment.
- Recognize the ways their programs already espouse and teach osteopathic principles and practice.

#### Residency Issue Addressed

- Non-DO preceptors precepting DO residents

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**Topic:** Working with Residents

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago A

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## 11 – Longitudinal Behavioral Medicine and Community Medicine Rotations in a Community-Based Residency

*Michael J. Watson, MD, MA*

#### Objectives

- Identify three Accreditation Council for Graduate Medical Education (ACGME) Program Requirements addressed by employing longitudinal behavioral medicine and community medicine experiences.
- Explain three benefits for residents involved in longitudinal behavioral medicine and community medicine experiences.
- Identify three community-based resources near attendees' training programs that may be used to expand behavioral medicine and community medicine training.

#### Residency Issue Addressed

- Expansion of behavioral medicine and community medicine curricula

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago B

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## 12 – Meeting PBLI Milestone Teaching Requirements in a Way That Isn't Dreadfully Boring

*Allen F. Shaughnessy, PharmD, MMedEd;*

*David C. Slawson, MD*

#### Objectives

- Explain why evidence-based medicine is a "basic science" and information management is a "clinical science."
- List the information management skills needed in contemporary practice.
- Implement a curriculum that develops lifelong learning and clinical decision-making skills needed for contemporary practice.

#### Residency Issue Addressed

- The need to teach and document competency as described in the PBLI milestone; the need to prepare residents for upcoming changes in the American Board of Family Medicine (ABFM) board certification and maintenance of certification processes

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago C

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## 13 – Making Entrustable Professional Activities Work for You

*Roger Garvin, MD, FAAFP;*

*Joyce Hollander-Rodriguez;*

*Douglas Boss, MD, FAAFP*

#### Objectives

- Understand Entrustable Professional Activities (EPAs) in the context of competency-based medical education.
- Incorporate EPAs as part of the evaluation system for family medicine residents.
- Utilize EPAs and related mapping documents to facilitate remediation for residents.

**Residency Issue Addressed**

- Streamlining the process of competency-based medical education

**Topic:** Assessment**Primary Audience:** Program Director / APD**Other Audiences:** Admin / Coordinator**Room:** Chouteau**Repeat:** 44**14 – Incorporating a Psychology Fellowship to Enhance Resident Training and Improve Patient Care***Wendy S. Biggs, MD; Wendi Born, PhD;**Krithika Malhotra, PhD***Objectives**

- Evaluate the costs, benefits, and supervision requirements of incorporating a postdoctoral psychology fellow into a family medicine residency.
- Demonstrate program advantages of training behavioral health providers with residents.
- Discuss solutions from programs and residency leaders to behavioral health curricular challenges and innovations.

**Residency Issue Addressed**

- Resources needed to make Interprofessional Practice successful, residency finance

**Topic:** Interprofessional Education (IPE) / Interprofessional Practice (IPP)**Primary Audience:** Program Director / APD**Other Audiences:** Faculty**Room:** Empire A**15 – Handing Off Handoffs***Erin M. Kavanaugh, MD; Jamie Rapacciuolo, DO;**Lindsay A. Ashkenase, MD;**Seema B. Dattani, MD***Objectives**

- Understand the untapped potential of engaging residents in curriculum redesign.
- Eliminate handoffs in the inpatient setting for your program, decrease miscommunication, and increase leadership stability on care teams.
- Improve patient safety and decrease near misses/potential for near misses.

**Residency Issue Addressed**

- Handoffs, communication, patient safety, fatigue mitigation

**Topic:** Curriculum**Primary Audience:** Program Director / APD**Other Audiences:** Faculty, Admin / Coordinator**Room:** Empire B**16 – This Should Be Easy: Starting a New Family Medicine Program***Thomas Macabobby, MD, FFAFP;**Angelina Rodriguez, MD***Objectives**

- Prepare a timeline for a new program that allows for unforeseen circumstances.
- Have a plan in place to appropriately and efficiently take necessary next steps in the event of initial accreditation being withheld or delayed.
- Prioritize and rapidly take steps to successfully match a class during a condensed recruiting season.

**Residency Issue Addressed**

- Regulatory issues and resources

**Topic:** Residency Programs**Primary Audience:** Program Director / APD**Other Audiences:** Faculty, Admin / Coordinator**Room:** Empire C

# PDW Workshops, continued

**Friday, March 24**

**1:30 – 2:30 p.m.**

## **17 – Pain Management and Opioid Use Curriculum: How to Build a Useful and Financially Sustainable Program**

*James W. Jarvis, MD*

Objectives

- Begin a curriculum (either longitudinal or rotational) in the management of pain.
- Create a financially sound medication assistance program.
- Feel prepared to train residents to appropriately manage pain while avoiding overprescribing of opioids.

Residency Issue Addressed

- The ever-growing concern of the public that providers have contributed to the opioid epidemic due to either lack of understanding or lack of experience with pain management

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** New York

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## **18 – Developing Faculty Educators: Using the STFM Residency Faculty Fundamentals Certificate Program to Empower Your Faculty**

*Timothy P. Graham, MD; Emily Walters;*

*David Lick, MD*

Objectives

- Endorse the importance of faculty development to provide the proper tools to ensure success as an educator.
- Describe an approach to faculty development that utilizes a framework that identifies and emphasizes the fundamental skills that all faculty educators should possess.

- Discuss resources for faculty development that include distance learning to ensure that all faculty can have access to educational opportunities.

Residency Issue Addressed

- The need for faculty development in the fundamental skills required of all graduate medical educators

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**Topic:** Professional Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago A

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## **19 – First Night On Call: Using Simulation to Assess Resident Hospital Care Management and Supervision Skills**

*Dorothy A. Dschida, MD, MA*

Objectives

- Describe a simulation approach for evaluating senior resident readiness for managing critical inpatient care, attaining indirect supervision, and supervising junior residents.
- Evaluate resident clinical performance on key milestone-based behaviors for promotion.
- Brainstorm other approaches to evaluation of clinical supervision.

Residency Issues Addressed

- Assessing resident clinical management and appropriate notification of attending during inpatient emergencies
- Connecting resident assessment to milestone level for promotion within residency
- Using simulation for structured milestone assessment

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Chicago B

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## **20 – Should our Family Medicine Practice be a Federally Qualified Health Center (FQHC)? The Pros, Cons, and How-To**

*Steven D. Crane, MD*

### Objectives

- Understand the requirements and opportunities of FQHC and rural health clinic (RHC) designations.
- Gain practical experience in weighing the pros and cons of such arrangements in the context of residency education.
- For programs in which such an arrangement could be a net positive, develop a broad strategic vision and practical next steps for exploring this for their program.

### Residency Issue Addressed

- Financial viability of residency programs

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**Topic:** Finance

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Chicago C

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## **21 – Accreditation Navigation: Helping AOA and ACGME Programs Understand the Single Accreditation System**

*Judith Pauwels, MD; Zach Waterson, DO, FAAFP; William Gillanders, MD*

### Objectives

- Describe the single accreditation system process for sponsoring institutions and programs, and identify resources to help programs navigate this transition.
- Share and discuss opportunities for program improvement and institutional integration based on Clinical Learning Environment Review (CLER) goals.
- Discuss common questions related to program accreditation in family medicine, and share challenges and successes in developing their current program transition planning.

### Residency Issue Addressed

- AOA-only transition to ACGME accreditation

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**Topic:** Regulatory Issues and Resources

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Chouteau

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## **22 – REAL Solutions: Resident Engagement and Leadership**

*Kristian E. Sanchack, MD, MHA, FAAFP;*

*Dustin K. Smith, DO, FAAFP*

### Objectives

- Create an environment for the residents to both raise and directly address the problems they have throughout the year.
- Assign residents to high-level patient safety review processes.
- Assign residents to high-level quality improvement actions for the organization.

### Residency Issue Addressed

- Resident engagement in leadership and quality improvement

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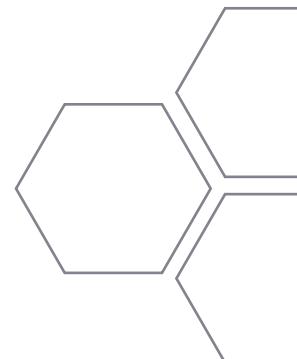
**Topic:** Leadership Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire A

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# PDW Workshops, continued

## 23 – Developing a Culture of Professionalism: Teaching, Managing, and Recognition of Professional Behavior in Residency

*Michael R. King, MD, MPH, FAAPP*

### Objectives

- Learn approaches to teach professionalism and create a platform for residents to self-regulate professionalism among their peers.
- Utilize a strengths-based recognition process to promote professionalism within a resident cohort.
- Evaluate resident perceptions of professionalism.

### Residency Issue Addressed

- Defining and managing professional behavior in a residency program

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire B

**Repeat:** 2

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## 24 – Increase Feedback to Residents: How a Simple Intervention Doubled Resident Feedback

*Brandy Deffenbacher, MD*

### Objectives

- Describe an intervention used to increase documentation of precepting feedback.
- Describe an intervention used to improve knowledge and correct use of milestones.
- Identify one idea from the presentation or group discussions that helps to address an area of concern in their programs.

### Residency Issue Addressed

- Increasing and improving quality feedback and ability to understand and operationalize the Milestones

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**Topic:** Assessment

**Primary Audience:** Faculty

**Other Audiences:** Admin / Coordinator, Program Director / APD

**Room:** Empire C

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## Friday, March 24

### 3:00 – 4:00 p.m.

## 25 – NIPDD Fellow Outstanding Academic Project Showcase

*Clark Denniston, MD; Barbara H. Miller, MD;*

*Jason McElvea, DO; Rae Adams, MD;*

*Vicki L. Jacobsen, MD*

### Objectives

- Identify appropriate topics for scholarly work by faculty and/or residents.
- Identify new approaches to scholarly work in a residency setting.
- Gain knowledge from outstanding academic projects that may be applied in their own residency program.

### Residency Issue Addressed

- Program requirements for scholarly activity

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**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** New York

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## 26 – All in the Family: Expanding Strategies to Promote Resident Resilience

*Nikole J. Cronk, PhD; Erika Ringdahl, MD*

### Objectives

- Explain the importance of viewing resident resilience as a function of both family and residency factors.
- Identify at least one way to incorporate resident families into the residency program.
- Describe the benefits of supporting the significant others of residents to enhance resident well-being.

**Residency Issue Addressed**

- Incorporating significant others and family members into resilience efforts targeting residents

**Topic:** Resilience and Well-Being**Primary Audience:** Faculty**Other Audiences:** Program Director / APD, Admin / Coordinator**Room:** Chicago A**27 – Resilience and Self-Awareness: Building the Muscle for Effective Leadership in Residency Education***Vincent E. Green, MD***Objectives**

- Identify tools that will help individuals recognize and manage their emotions.
- Better recognize potential burnout in themselves and coworkers.
- Use self-awareness, self-management, and social awareness to develop empathetic leadership that enhances teamwork.

**Residency Issue Addressed**

- Improving teamwork; improving leadership effectiveness

**Topic:** Leadership Development**Primary Audience:** Program Director / APD**Other Audiences:** Faculty**Room:** Chicago B**28 – Osteopathic Recognition – Presenting Something New and Something Old: Value and Strategies for All to Consider***Richard J. LaBaere II, DO, MPH;**Amanda S. Wright, DO***Objectives**

- Describe what Osteopathic Recognition is and what value it can bring to a program.

- Outline curricular requirements, as well as potential strategies and resources associated with implementation of Osteopathic Recognition.

- Discuss the application process and consider potential next steps.

**Residency Issue Addressed**

- Exploration of what ACGME Osteopathic Recognition is, why it may bring value to a program and practice, how the requirements can be met, and what types of resources are available, as well as a brief review of the application process

**Topic:** Curriculum**Primary Audience:** Program Director / APD**Other Audiences:** Faculty, Admin / Coordinator**Room:** Chicago C**Repeat:** 4**29 – CLER: Learnings and Opportunities for Program Excellence***Judith Pauwels, MD; Walter Mills, MD***Objectives**

- Identify the early learnings from the first round of Clinical Learning Environment Review (CLER) visits.
- Share and discuss opportunities for program improvement and institutional integration based on CLER goals.
- Identify steps for strategies to develop these ideas “at home.”

**Residency Issue Addressed**

- CLER methodology and implementation

**Topic:** Regulatory Issues and Resources**Primary Audience:** Program Director / APD**Other Audiences:** Faculty**Room:** Chouteau

# PDW Workshops, continued

## 30 – The Sub-Attending Curriculum

Amy Seery, MD; Danae Doubek-Goerl, MD

### Objectives

- Develop a new rounding model that promotes more autonomy and self-directed learning among senior residents.
- Implement a new feedback process that keeps all team members accountable for patient care decisions.
- Integrate self-directed learning into active patient care duties.

### Residency Issue Addressed

- Adult learning; assessment of interns; evaluation and feedback; development of new skills; mentoring of medical students

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Empire A

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## 31 – Teaching the Art of Medicine: Integrating Behavioral Science, Mental Health, and Professional Development Into Residency Education

Justin D. Parker, MD; Bobby Leebold, LCSW

### Objectives

- Create a longitudinal behavioral science curriculum that teaches the art of medicine as much as the science of medicine.
- Integrate behavioral science training into multiple facets of resident education and clinical training.
- Utilize the behavioral science curriculum to meet the behavioral science standards present in the milestone evaluations.

### Residency Issue Addressed

- Improving and further integrating professional development and behavioral science education into family medicine residency training curricula

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Empire B

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## 32 – Using PCATs to Evaluate Resident Procedures

Kate Thoma, MD, MME; Jason Wilbur, MD

### Objectives

- Become familiar with the Procedure Competency Assessment Tools (PCATs) that are available for use and understand the value of using standardized instruments.
- Utilize and apply PCATs to evaluate procedures.
- Discuss and propose best practices for summative evaluations of residents regarding procedural competencies.

Residency Issue Addressed

- How to evaluate resident procedural competency

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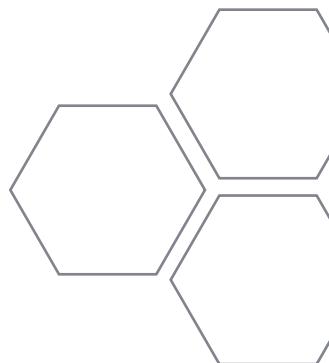
**Topic:** Assessment

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Empire C

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## **Friday, March 24**

### **4:30 – 5:30 p.m.**

#### **33 – Find and Hire New Faculty**

*Karen B. Mitchell, MD;*

*Donald "Raj" Woolever, MD;*

##### **Objectives**

- Identify potential sources to find new faculty members, including new residency graduates.
- Strongly advocate for new faculty members in the hiring and contracting stages.
- Outline the basics of a plan to support new faculty members in their new role, from developing faculty skills to creating a supportive environment.

##### **Residency Issue Addressed**

- Finding, hiring, and supporting new faculty members

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**Topic:** Leadership Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** New York

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#### **34 – Guidance for Residency Program Use of ABFM Performance Improvement Activities, ResPIP, and Other Alternatives**

*Michael D. Hagen, MD; Nichole Lainhart, BA*

##### **Objectives**

- Understand the tools and functionality provided in the new American Board of Family Medicine (ABFM) performance improvement (PI) platform, Residency Performance Improvement Program (ResPIP), and other alternatives for supporting residency quality improvement.
- Access and utilize the revised PI platform and other options for meeting residents' performance improvement requirements.

- Use the ABFM PI platform to accomplish multiple reporting requirements (Physician Quality Reporting System [PQRS], Maintenance of Certification [MOC], etc.).

##### **Residency Issue Addressed**

- Performance improvement activity development and conduct

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**Topic:** Other - Performance Improvement Requirement Tools

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago A

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#### **35 – Developing Faculty to Provide Targeted Subcompetency-Based Formative Feedback**

*Timothy P. Graham, MD; Chad M. Braun, MD*

##### **Objectives**

- Discuss the role of direct observation and formative feedback in resident assessment against the Accreditation Council for Graduate Medical Education (ACGME) Family Medicine Milestones.
- Discuss obstacles to providing consistent formative feedback to residents.
- Discuss how the results of the observations performed and the feedback provided can be utilized to determine resident progression relative to the ACGME milestones and can foster meaningful conversations with learners.

##### **Residency Issue Addressed**

- Resident assessment relative to the milestones and provision of formative feedback

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**Topic:** Assessment

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago B

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# PDW Workshops, continued

## 36 – The Four-Year Residency In Family Medicine: A Conversation With the Nation's Fully Developed Programs

*Alan Douglass, MD, FAAFP; Daniel Casey, MD; Roger Garvin, MD, FAAFP; Wendy B. Barr, MD, MPH, MSCE*

### Objectives

- Recognize the potential benefits of extended curricula and the integration of individualized educational experiences into residency training.
- Identify the potential challenges inherent in the transition to extended length of training.
- List speaker recommendations for maximizing success in curricular transitions.

### Residency Issue Addressed

- Length of training, individualized curricula, and curricular transitions

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago C

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## 37 – Ways to Increase Faculty Scholarly Activity

*Jackie Weaver-Agostoni, DO, MPH, FACOFP; Lori Stiefel, MD*

### Objectives

- Name current Accreditation Council for Graduate Medical Education (ACGME) faculty scholarly activity requirements, including specific requirements for Osteopathic Recognition.
- Identify potential barriers to creating an environment of scholarly activity and suggest ways to overcome those barriers.
- Identify potential scholarly activity in their own programs.

### Residency Issue Addressed

- ACGME requirements and faculty development

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**Topic:** Single Accreditation

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chouteau

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## 38 – Using a New Smartphone App to Document Milestones and Augment Resident Evaluation

*Roger Musa, MD; Keith Werstler, MD*

### Objectives

- Identify a new app to help programs more efficiently and effectively document resident milestones and subcompetency levels, as mandated by the Accreditation Council for Graduate Medical Education (ACGME).
- Allow the Clinical Competency Committee (CCC) to focus less on collating evaluation data and more on increasing resident quality, standardizing expectations, and reducing variability in performance assessment.
- Use the app as a powerful educational tool to encourage growth of all residents from remediation to aspiration.

### Residency Issue Addressed

- Need for new electronic, mobile-based evaluation tools that are milestone-based and easy-to-use, and provide residents with real-time data and report cards that track progress

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**Topic:** Working with Residents

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator

**Room:** Empire A

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## 39 – Promoting Scholarship That is Community Engaged

*Randall Longenecker, MD; David Schmitz, MD*

### Objectives

- Describe a variety of methods in community-engaged research (CEnR).
- Articulate the principles of community-based participatory research (CBPR).
- Identify opportunities for CEnR in their residency programs.

### Residency Issue Addressed

- The challenge of promoting and sustaining meaningful scholarly activity among residents and faculty that is relevant to community practice

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin /

Coordinator, Nurse

**Room:** Empire B

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## 40 – Seeking a Culture of Inquiry: The FPIN Approach to Scholarly Activity

*Corey Lyon, DO*

### Objectives

- Build stronger critical appraisal skills through the use of the Priority Updates from the Research Literature (PURLs) Journal Club.
- Develop a structured plan for meeting scholarly activity requirements for both faculty and residents.
- Expand the culture of inquiry at their program by learning to answer clinical questions and potentially get them published through the Family Physicians Inquiries Network (FPIN).

### Residency Issue Addressed

- Scholarly activity and curriculum challenges

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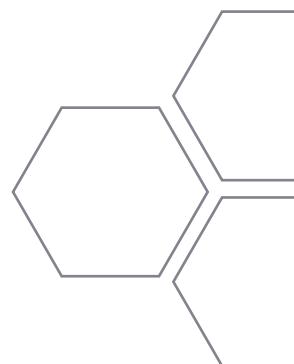
**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire C

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# Events

## Saturday

	Exhibit Hall B	New York	Chicago A	Chicago B
7:00-8:00 a.m.	PDW Breakfast Discussion Tables			
8:00-8:30 a.m.	BREAK			
8:30-9:30 a.m.		41 - An Experiential Introduction to Osteopathic Principles, Practice, and Manipulative Treatment <i>Curriculum</i>	42 - Program Quality, Evaluation, and Improvement: What Have We Learned From Five Years of National Data? <i>Residency Programs</i>	43 - STFM Faculty for Tomorrow Task Force: Residents as Educators Curriculum
9:30-10:00 a.m.	REFRESHMENT BREAK - Exhibit Hall B			
10:00 a.m.-12:00 p.m.	AFMRD Annual Meeting			
12:00-1:30 p.m.	LUNCH ON YOUR OWN			
1:30-3:00 p.m.	The Opioid Crisis: Opportunities for Better Education and Safer Care <i>Filer, Munzing, Fahrenwald, Franklin, Wu, Kozakowsk</i>			
3:00-3:30 p.m.	REFRESHMENT BREAK - Exhibit Hall A			
3:30-4:30 p.m.	A New Administration and Congress: A Look Back at the First 60 Days and Forward to the Future <i>Wittenberg, Martin</i>			

“ The conference **always** is a great experience. Having an opportunity for networking with peers, dedicated time with the ABFM and RC-FM, and high-quality presentations all in a single location is invaluable. ”

– Michael Watson, MD, Program Director

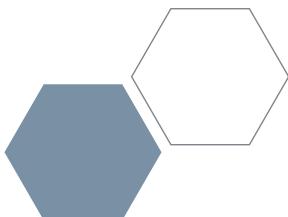


**Key:** Workshop number and title  
 Workshop Topic

Chicago C	Chouteau	Empire A	Empire B	Empire C
BREAK				
44 - Making Entrustable Professional Activities Work for You <i>Assessment</i>	45 - Demonstrating the True Value of Your Residency Program <i>Finance</i>	46 - Many Hands Make Light Work: Maximizing the Efficiency of the CCC <i>Working With Residents</i>	47 - Teaching Efficiency and Effective Communication While Using the Electronic Medical Record With the ATTEND Mneumonic <i>Technology</i>	48 - Optimizing the Family Medicine Residency Curriculum Resource for Resident Education <i>Curriculum</i>
REFRESHMENT BREAK - Exhibit Hall B				
LUNCH ON YOUR OWN				
REFRESHMENT BREAK - Exhibit Hall A				

## Exhibit Hours

12:00 – 4:30 p.m.



# PDW Breakfast Discussion Tables

**Saturday, March 25**

**7:00 – 8:00 a.m.**

Room: Exhibit Hall B

## **1 – Breastfeeding Support for Resident Physicians**

*Host: Anne Montgomery, MD, MBA, Program Director*

## **2 – Changes to Administration of Advanced Life Support in Obstetrics (ALSO)**

*Host: David Gregory, MD, Program Director*

## **3 – Coping With Burnout**

*Host: Tina Krajacic, AA/Certificate, Program Coordinator*

## **4 – Essential Elements of Successful Global Health Tracks/Electives**

*Host: Mark Huntington, MD, PhD, Director*

## **5 – Establishing a Continuity Track with an FQHC**

*Host: Lindsay Ashkenase, MD, Assistant Program Director*

## **6 – Expanding Horizons: Inclusion of Global Health Education in Family Medicine Residency Curriculum**

*Host: Jayashree Paknikar, MD, FAAFP, Tenured, Core Faculty*

## **7 – From Selection to Termination: Lessons Learned by a New Program Director**

*Hosts: Parastou Farhadian, MD, Program Director; Barbara Ackerman, PhD, Behavior Science Educator*

## **8 – From the Red to the Black in the FQHC World**

*Host: Steve McDonald, MD, Program Director*

## **9 – Getting the Most from the PD Toolbox**

*Host: W. Fred Miser, MD, MA, Residency Director*

## **10 – Innovative Way to Gather Point-of-Interaction Feedback on Learners**

*Host: Matthew Snyder, DO, Military PD*

## **11 – Interprofessional ACLS Simulation Retraining to Promote Residents' Confidence**

*Host: Jared Ellis, MD, Associate Residency Director*

## **12 – Messing With the Milestones**

*Host: Erin Kavanaugh, MD, Program Director*

## **13 – New Residency Program Development**

*Host: Deborah Egger, Program Coordinator*

## **14 – Orientation Book Club**

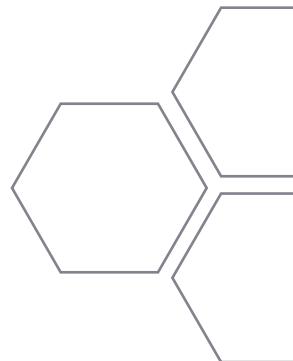
*Host: Marjorie Guthrie, MD, Program Director*

## **15 – Pearls and Pitfalls of Starting a Residency**

*Host: Christine Jacobs, MD, Program Director*

## **16 – Program Directors as Change Leaders: Assess Your Skills; Add to Your Toolbox**

*Host: Deborah Taylor, PhD, Behavioral Science Faculty*



**17 – Resident Transfers: Adjusting to a Single Accreditation System**

*Host: Jessica Manyan, DO, Program Director*

**18 – Residents Wellness**

*Host: Romeo Castillo, MD, Program Director*

**19 – Teaching Resident Medical Licensure Professionalism and Responsibility**

*Host: Douglas Harley, DO, Associate Program Director*

**20 – Test-Taking Skills**

*Host: Elliot Davidson, MD, Program Director*

**21 – Using Behavioral Interviewing to Maximize Resident Selection**

*Hosts: Dennis Butler, PhD, Associate Program Director; Camille Garrison, MD, Program Director*

**22 – Well-Being and the Family Physician Ecosystem**

*Host: Clif Knight, MD, Senior Vice President for Education*

**23 – What's on Your Mind? AFMRD is Listening.**

*Host: James Jarvis, MD, Program Director*

# PDW Workshops

**Saturday, March 25**

**8:30 – 9:30 a.m.**

## 41 – An Experiential Introduction to Osteopathic Principles, Practice, and Manipulative Treatment

*Lawrence LeBeau, DO; Deborah Heath, DO;  
Richard J. LaBaere II, DO, MPH*

### Objectives

- Discuss the four tenets of osteopathic medicine.
- Describe the goals and rationale for osteopathic manipulative treatment (OMT) procedures for a clinical case (example: pneumonia).
- Perform the appropriate OMT procedures for the clinical case.

Residency Issue Addressed

- Interprofessional education

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** New York

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## 42 – Program Quality, Evaluation, and Improvement: What Have We Learned From Five Years of National Data?

*Grant S. Hoekzema, MD, FAAFP;  
Lisa Maxwell, MD*

### Objectives

- Be familiar with the Association of Family Medicine Residency Directors (AFMRD) Residency Performance Index (RPI) tool and its use in the Annual Program Evaluation (APE) process.
- Discuss how national data from the RPI tool may be used by family medicine residencies in program improvement efforts.
- Provide feedback on how the RPI tool can be improved to best meet the needs of family medicine programs.

Residency Issue Addressed

- Annual Program Evaluation and role of Program Evaluation Committee

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**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Chicago A

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## 43 – STFM Faculty for Tomorrow

### Task Force: Residents as Educators

#### Curriculum

*Meaghan P. Ruddy, MA, PhD;  
Sonya Shipley, MD*

### Objectives

- Describe the need for and the components of the Society of Teachers of Family Medicine (STFM) Faculty for Tomorrow Task Force Residents as Educators Curriculum.
- Explain the value of explicit and intentional residents-as-educators curricula for generating interest in academic family medicine.
- Analyze the feasibility of using the proposed curriculum in their program.

Residency Issue Addressed

- Residents as educators

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago B

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## 44 – Making Entrustable Professional Activities Work for You

Roger Garvin, MD, FAAFP; Joyce Hollander-Rodriguez; Douglas Boss, MD, FAAFP

### Objectives

- Understand Entrustable Professional Activities (EPAs) in the context of competency-based medical education.
- Incorporate EPAs as part of the evaluation system for family medicine residents.
- Utilize EPAs and related mapping documents to facilitate remediation for residents.

### Residency Issue Addressed

- Streamlining the process of competency-based medical education

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**Topic:** Assessment

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator

**Room:** Chicago C

*Repeat: 13*

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## 45 – Demonstrating the True Value of Your Residency Program

Alan Douglass, MD, FAAFP;  
Donald "Raj" Woolever, MD; Shantie Harkisoon, MD

### Objectives

- Recognize the vital importance of demonstrating program value to others.
- List the steps necessary to define the program's financial margin.
- List common sources of downstream revenue and non-monetary contributions to institutions and communities.

### Residency Issue Addressed

- Demonstration of the true value of a residency program to institutions and communities in both financial and non-financial terms

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**Topic:** Finance

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Choteau

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## 46 – Many Hands Make Light Work: Maximizing the Efficiency of the CCC

Nikole J. Cronk, PhD; Erika Ringdahl, MD

### Objectives

- Identify strategies to maximize Clinical Competency Committee (CCC) meeting time, reducing the amount of time spent per resident.
- Explain the value of designing evaluations to inform the semi-annual report.
- Describe ways in which their semi-annual review process can become more efficient.

### Residency Issue Addressed

- Maximizing the efficiency of the Clinical Competency Committee

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**Topic:** Working with Residents

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Empire A

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## 47 – Teaching Efficiency and Effective Communication While Using the Electronic Medical Record With the ATTEND Mnemonic

Kelly S. Skelly, MD; Wendy Shen, MD, PhD;  
Jason Wilbur, MD

### Objectives

- Understand the need for teaching efficiency in the electronic medical record (EMR) while focusing on the communication skills needed for optimal patient encounters.
- Utilize one scripted approach to the EMR with the ATTEND mnemonic and proven efficiency/communication strategies.
- Evaluate provider satisfaction before and after participating in workshops that address these issues.

### Residency Issue Addressed

- Communication within the electronic medical record

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**Topic:** Technology

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Empire B

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# PDW Workshops, continued

## 48 – Optimizing the Family Medicine Residency Curriculum Resource for Resident Education

Timothy P. Graham, MD;

Douglas M. Maurer, DO, MPH;

Michael Tuggy, MD

### Objectives

- Describe the content provided by the Family Medicine Residency Curriculum Resource (RCR).
- Discuss models for integrating RCR content into the overall curriculum in a family medicine residency program.
- Describe models of faculty development around the use of RCR content.

### Residency Issue Addressed

- Integration of the Family Medicine Residency Curriculum Resource into family medicine residency programs

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Empire C

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## Association of Family Medicine Residency Directors (AFMRD) Annual Meeting

**Saturday, March 25**

**10:00 a.m. – 12:00 a.m.**

**Room:** Exhibit Hall B

Attend the AFMRD Annual Business Meeting to congratulate award recipients, elect new Board members, and hear about initiatives of importance to AFMRD members and the family medicine community.

In order for any vote to be held during the AFMRD Business Meeting, we must have a quorum of AFMRD program director members. Plan to be there – or send a proxy.

Make sure your membership is active before the meeting. And get to know this year's AFMRD board nominees at [afmrd.org](http://afmrd.org).

# shared programming

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# Shared Programming

**Saturday, March 25**

**1:30 – 3:00 p.m.**

**Room: Exhibit Hall B**

## **The Opioid Crisis: Opportunities for Better Education and Safer Care**



*Wanda Filer, MD, MBA, FAAFP*  
AAFP Board Chair



*Timothy Munzing, MD*  
Residency Program Director  
Kaiser Permanente Southern California -  
Orange County



*Roxanne Fahrenwald, MD*  
DIO, Faculty, RPS Consultant  
Montana Family Medicine Residency



*Rachel Franklin, MD*  
Professor and Medical Director  
University of Oklahoma Family Medicine  
Residency



*Ming Wu, MD*  
Resident Physician, PGY-3  
University of Oklahoma Family Medicine  
Residency



*Moderated by*  
*Stan Kozakowski, MD, FAAFP*  
Director, Medical Education  
American Academy of Family Physicians

### **Description**

Family physicians have been blamed by some for the growing opioid epidemic that has grabbed the attention of regulators, legislators, and the media. A 1999–2002 National Health and Nutrition Examination Survey showed that nearly 1 in 7 adults have widespread or localized pain lasting greater than three months. An estimated 1 in 5 patients presenting to physician offices

with non-cancer pain symptoms receive an opioid prescription. These medications are highly addictive and when misused or used in combination with other medications can lead to tragic consequences. Under treatment of pain is equally problematic for our patients. Given the challenges in the appropriate and safe prescribing of opioid medications, it is incumbent upon our programs to transform systems of education and clinical care and train our residents to effectively and compassionately manage patients with pain and avoid legal entanglement for inappropriate prescribing of opiates and other controlled substances. This special session will focus on the extent of the opioid impact from a national perspective; recognize the potential perils for prescribing family physicians; and showcase systems-based approaches to family medicine education in opioid management and optimal care delivery for patients needing and requesting these medications.

### **Objectives**

- Describe the current politics impacting the opioid crisis and the efforts of the family medicine community to take a leadership role in solving a “widespread epidemic” of opioid addiction.
- Outline two strategies that family physicians can use to mitigate the risk of adverse legal action for opioid prescribing.
- Propose at least two systems-based infrastructure changes within the family medicine practice that would improve the safe and effective management of opioid prescribing within the next year.

## **Saturday, March 25**

**3:30 – 4:30 p.m.**

**Room: Exhibit Hall B**

### **A New Administration and Congress: A Look Back at the First 60 Days and Forward to the Future**



*Hope R. Wittenberg, MA*

Director, Government Relations  
Council of Academic Family Medicine  
(CAFM)



*Shawn Martin*

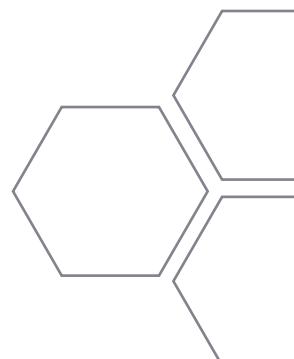
Senior Vice President, Advocacy,  
Practice Advancement and Policy  
American Academy of Family Physicians

#### **Description**

The new Administration and the 115th Congress bring new challenges and opportunities for family medicine concerns. This session will provide an overview of the political climate, impact of executive orders that have been released, and generally how AAFP and CAFM government relations staff see major legislation and administrative action playing out this year. In addition, issues specific to academic family medicine such as primary care workforce legislation, including GME reform, will be addressed. The session will describe the status of our key legislative issues and ways in which residency program directors, faculty, and staff can have influence over the legislative process to help bring about legislative success on our key workforce issues.

#### **Objectives**

- Know the possible threats and opportunities affecting primary care.
- Understand the evolving status of federal rules and legislation affecting graduate medical education (GME) and other primary care training issues.
- Understand how the learner can obtain the skills needed to advocate for key family medicine legislative issues.



# Events

## Sunday

	Exhibit Hall B	Benton
7:00-8:00 a.m.	PDW and RPS Breakfast	
8:00-10:00 a.m.	ACGME Review Committee - Family Medicine Discussion Forum <i>Potts, Lieh-Lai, Anthony, Casey</i>	
10:00-10:30 a.m.	REFRESHMENT BREAK - Exhibit Hall A	
10:30 a.m.-12:30 p.m.	American Board of Family Medicine Discussion Forum <i>Puffer, O'Neill, Quan</i>	
12:30-2:00 p.m.	LUNCHEPTION - Exhibit Hall A	
2:00-3:30 p.m.	Innovation Showcase	
3:30 p.m.	PDW CONCLUDES	
4:00-6:00 p.m.	AFMA Annual Business Meeting	FMRNA Annual Business Meeting

“ This is always an **outstanding meeting**—great topics (pertinent to what I am dealing with in practice and with my residents), excellent accommodations, and well-prepared speakers. I welcome the opportunity to meet and interact with other program directors and leaders in family medicine. ”

—Kelly Hill, MD, Program Director

## Exhibit Hours

7:00 a.m. — 3:30 p.m.

# Shared Programming

**Sunday, March 26**

**8:00 – 10:00 a.m.**

**Room: Exhibit Hall B**

## ACGME Review Committee - Family Medicine Discussion Forum



**Stacy Potts, MD, MEd**  
 Program Director, University of Massachusetts Worcester Family Medicine Residency  
 Chair, Review Committee for Family Medicine (RC-FM)



**Eileen Anthony, MJ**  
 Executive Director, Review Committee for Family Medicine Accreditation Council for Graduate Medical Education



**Baretta Casey, MD, MPH, FAAFP**  
 Regional Vice President, Clinical Learning Environment Review (CLER) Site Visit Program, Small Institutions Accreditation Council for Graduate Medical Education



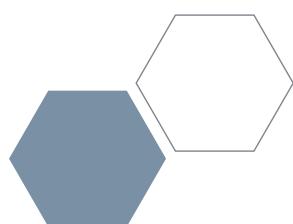
**Mary Lieh-Lai, MD**  
 Senior Vice President, Medical Accreditation Accreditation Council for Graduate Medical Education

### Description

The Accreditation Council for Graduate Medical Education's (ACGME's) mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. The Review Committee for Family Medicine works to review and accredit those programs that are in substantial compliance with the defined family medicine program requirements. In this presentation, the ACGME Review Committee for Family Medicine will provide an update on the ongoing accreditation process, including the Next Accreditation System, CLER visits, and the Single Accreditation System. The workshop will review core program requirements, common citations, and areas for improvement. It will encourage participant input and questions.

### Objectives

- Review core program requirements, common citations, and areas for improvement.
- Review the Next Accreditation System, the Single Accreditation System, and Milestones.
- Review institutional accreditation and Clinical Learning Environment Review (CLER) visits.



# Shared Programming, continued

**Sunday, March 26**

**10:30 a.m. – 12:30 p.m.**

Room: Exhibit Hall B

## American Board of Family Medicine Discussion Forum



*James C. Puffer, MD*

President and Chief Executive Officer  
American Board of Family Medicine



*Thomas R. O'Neill, PhD*

VP of Psychometric Services  
American Board of Family Medicine



*Martin A. Quan, MD*

Senior Advisor to the President  
American Board of Family Medicine

### Description

The session will provide attendees with a review of several topics and an opportunity for discussion. Topics will include the certification process, ABFM eligibility requirements, ABFM professionalism policies, and the interpretation of ITE scores.

### Objectives

- Be able to articulate the ABFM certification eligibility requirements.
- Be able to use In-Training Examination (ITE) results as a predictor of future certification examination results and explain why that is important to residents.
- Be able to describe the key components of the ABFM's policies related to professionalism and articulate the process through which they are handled.

**Sunday, March 26**

**12:30 – 2:00 p.m.**

Room: Exhibit Hall A

## Luncheception

Eat and visit with exhibitors and poster authors during the “Luncheception.”

**Sunday, March 26**

**2:00 – 3:30 p.m.**

Room: Exhibit Hall B

## Innovation Showcase



*Moderated by Gerald “Jay” Fetter, MSA*

Operations Manager, Division of Medical Education

American Academy of Family Physicians

### Description

Attend the Innovation Showcase to learn about 10 cutting-edge innovations tested by your colleagues at other family medicine residencies. Time will be allowed for questions and answers.

### Objectives

- Recognize how ideas from other family medicine residency programs can impact the quality of residency education.
- Describe implementation methods used by innovative residency programs.
- Identify resources within the community to help overcome barriers to innovation.

## Growing Your Own: Recruitment and Retention



*Tammy Bannister, MD*  
Program Director  
Marshall Family Medicine

### What Was Done:

In response to the physician shortage in West Virginia, we developed an innovative “pipeline” initiative, beginning with high school students and extending to retention of family physicians in residency and into practice in rural and underserved communities in West Virginia.

## Community Scavenger Hunt: Fun Team Building While Walking in Our Patient’s Shoes



*Wendy B. Barr, MD, MPH, MSCE*  
Residency Director  
Lawrence Family Medicine Residency /  
Greater Lawrence Family Health Center

### What Was Done:

The Lawrence Family Medicine Residency conducts an afternoon retreat each July to introduce the intern class to our community of Lawrence, MA. The retreat teams up the interns with their advisor and their medical assistant and/or nurse and has them follow a patient scenario as a scavenger hunt to find specific information out in the community. The objectives of the retreat are to allow all members of the team to learn more about the resources and challenges in the Lawrence community from our patients’ perspective, and to build communication and teamwork skills within their patient-centered medical home (PCMH) teamlet.

## Using a Structured Interview for Family Medicine Resident Applicants to Obtain Professionalism Data



*Sheryl Beard, MD*  
Associate Program Director  
Via Christi Family Medicine Residency

### What Was Done:

During interview season, every applicant was introduced to a standardized clinical scenario. The scenario contained details that are usually challenging to one’s professional conduct in normal clinical practice (e.g., a patient who always shows up late). After the case presentation, the applicants were asked follow-up questions to assess their reactions to the scenario. Participating faculty were trained how to rate applicants.

## A Novel Approach to Interprofessional Education Through a Global Health Experience



*Darin Bell, MD*  
Associate Director for Rural Curriculum  
Family Medicine Residency of Western Montana

### What Was Done:

We took a group of residents, students, and faculty from family medicine, physical therapy, pharmacy, and psychology on a three-week rotational experience at a tertiary referral hospital in Gondar, Ethiopia. The goal was to provide an immersive interprofessional educational experience with learners from different health care disciplines, as well as to provide a global health experience. The learners spent time in their respective departments and had a series of structured meetings, debriefings, and group activities before, during, and at the end of the rotation. Surveys were completed both before and after the experience to gauge participants’ familiarity with global health care and their readiness for interprofessional collaborative practice.

# Shared Programming, continued

## Increasing Resident Engagement in Didactics Through Innovative Games: Why Should We Play to Learn?



Lauren R. Biehle, PharmD

Clinical Assistant Professor of Pharmacy Practice; Clinical Faculty-Rose Family Medicine Residency

### What Was Done:

When successfully implemented, competition and games among residents and other professional trainees can be engaging and effective forms of active learning. Our learners are self directed and internally motivated; they prefer active involvement, need to build on previous experiences, and learn in problem-centered way. Game-based learning engages them in these areas and across the cognitive, affective, and kinesthetic domains. Specific games that I have utilized in the interprofessional setting include: Oral Anticoagulant Family Feud, Obesity Management Catchphrase, and Benzo Jeopardy. Types of learners include: medical residents, medical students, students in pharmacy, faculty physician assistants, faculty physicians, and faculty pharmacists. Engagement of learners across professional fields of study and learning levels can be augmented by the use of innovative games.

## OB Group Visits: Increasing Education, Efficiency, Satisfaction, and Revenue



Beth A. Damitz, MD

Associate Professor, Director of Maternity Care  
Medical College of Wisconsin -  
Department of Family and Community Medicine, All Saints Family Medicine Residency Program

### What Was Done:

We designed a program to deliver obstetrical (OB) education in an informal group setting to the pregnant patients of our continuity clinic. Our program wanted to find a way to improve the OB birth outcomes for the high-risk patients our clinic serves. Our community has an increased risk of low birth weight infants, preterm infants, and infant mortality. We felt that one way to try to make a positive impact for the health of our pregnant patients and their babies would be to increase patient education. With our limited resources and our clinic demographics, a Centering Pregnancy program wouldn't work; therefore, we developed our own OB group visit educational program.

## Medication Safety: Changing “Dull and Boring” to Dynamic and Rewarding



Heidi Harris, MD

Associate Program Director  
St. Vincent Family Medicine Residency Program

### What Was Done:

We implemented a comprehensive medication safety process that seeks to educate about, affirm, reward, and perpetuate safe medication prescribing practices. To accomplish this, we surveyed ambulatory care medication safety culture within the clinic; implemented medication safety resident training workshops; and initiated a reward system for educational interventions and medication event reporting. In addition, we utilized the clinical pharmacy

team to provide clinic-based interactions that reinforced and educated about practical ways to increase safe prescribing. This has resulted in statistically significant improvements in the medication safety culture, as well as consistently increasing medication safety reports, awareness, and resident engagement.

## No to No-Shows: Implementing the Open-Access Model of Scheduling in an FMC



*Kevin E. Johnson, MD*

Program Director

Gwinnett Medical Center Family Medicine Residency

### What Was Done:

The Family Medicine Residency at Gwinnett Medical Center is a community-based program established in 2014 to meet the primary care needs of the residents of Gwinnett County and the northeastern part of the greater Atlanta metro. Since the inception of the program, we have been challenged with an approximately 50% clinic no-show rate. In June 2016, we were able to reorganize the scheduling system to implement an open-access method by collaborating with the information technology (IT) department to modify our electronic health record (EHR) scheduling grid to accommodate visit types and times specific to each resident class.

## Incorporating Clinic Morning Report in a Busy Family Medicine Residency Clinic Practice



*Hanh T. Nguyen, MD*

Assistant Residency Program Director  
University of California Irvine Family Medicine

### What Was Done:

We instituted a clinic morning report on Wednesday mornings before clinic starts. Our residency continuity clinic is located in a busy federally qualified health center

(FQHC) that serves as the primary safety net clinic for underserved patients in Orange County, California. Our goal was to encourage scholarly collaboration among residents and faculty, and to provide an interactive forum for learning. Similar to traditional morning reports held in hospital settings, the clinic morning report involves the discussion of a particular patient case, working through differential diagnoses and thought processes in an interactive format. A resident leads it on the white board, and residents/faculty in the audience participate.

## Development of a Program to Address Food Insecurity at an FQHC



*Javier A. Zayas-Bazan, MD*

Associate Director

HonorHealth Scottsdale Osborn Family Medicine Residency Program

### What Was Done:

The U.S. Department of Agriculture (USDA) defines food insecurity as a state in which “access to adequate food is limited by a lack of money and other resources” at times during the year. It affects approximately 17 million households in the United States, including more than 617,000 residents in Maricopa County, Arizona. This number of food insecure individuals ranks sixth in the nation. We reviewed our Community Health Needs Assessment and determined that food insecurity is a significant health disparity in our surrounding community. We partnered with a non-profit community program to identify and assist patients with food insecurity at a federally qualified health center (FQHC).

## **Association of Family Medicine Administration (AFMA) Annual Business Meeting**

### **Sunday, March 26**

**4:00 – 6:00 p.m.**

**Room: Exhibit Hall B**

You are invited to join AFMA at their Annual Business Meeting. During this meeting, board members and committee members will be recognized for their valuable contributions throughout the year and Nominees for the Board of Directors will be presented to the membership for election. This is an additional opportunity to network with other coordinators/administrators.



You will also experience the Jane S. Allison Lectureship “Burned Out? Tools for Promoting Wellness for Program Administrators” presented by Laura McCray, MD, MSCE.

## **Family Medicine Residency Nurses Association (FMRNA) Annual Business Meeting**

### **Sunday, March 26**

**4:00 – 6:00 p.m.**

**Room: Benton**

Attend the FMRNA annual business meeting and discuss current activities, plan future projects, and elect open board positions. We welcome FMRNA members and non-members who are nurses and medical assistants working in family medicine residency settings to attend. It's a great time to learn what FMRNA has to offer your profession and office practice. During the meeting we will review committee reports, organizational standards, elect new officers and discuss topics pertinent to nursing and management in a residency. We value your input and look forward to your attendance.

**“There have been many recent changes in health care; this conference provided helpful information to make productive changes.”**

—Vonda Mayfield, RN, CDE, Residency Nurse

# rps

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# Events

## Monday

	Exhibit Hall B	Atlanta	Chicago A	Chicago B
7:00-8:00 a.m.	RPS Breakfast Discussion Tables			
8:00-9:00 a.m.	RPS Plenary Thomas L. Stern, MD, Lecture Making Extraordinary Ordinary - How to Inspire the Next Generation of Family Physicians Samuel "Le" Church, MD			
9:00-9:30 a.m.	BREAK			
9:30-10:30 a.m.		49 - Osteopathic Recognition: Tips to Getting Your Program Started <a href="#">Curriculum</a>	50 - A Longitudinal Curriculum for Teaching Professionalism and Ethics Through Storytelling <a href="#">Curriculum</a>	51 - Thriving in Uncertainty: Innovative Approach to Teaching Skills for Outpatient Family Medicine <a href="#">Curriculum</a>
10:30-11:00 a.m.	REFRESHMENT BREAK - Terrace, Ballroom Foyer			
11:00 a.m.-12:00 p.m.		57 - Medicare GME Payments: Background and Basics <a href="#">Finance</a>	58 - Innovative Teaching Strategies in Quality Improvement and Patient Safety: The Halifax Health Model <a href="#">Curriculum</a>	59 - Class Schedules and AARP Invitations Can Coexist! Take Charge of Your Career at Any Age <a href="#">Professional Development</a>
12:00-1:30 p.m.	LUNCH ON YOUR OWN			
1:30-2:30 p.m.		65 - Enhancing Chronic Pain Management by Resident Physicians Through a Standardized Curriculum and Clinic Workflows <a href="#">Curriculum</a>	66 - All in the Family but What is Your Role? <a href="#">Residency Administration</a>	67 - Risky Business: Risk Communication <a href="#">Professional Development</a>
2:30-3:00 p.m.	REFRESHMENT BREAK - Terrace, Ballroom Foyer			
3:00-4:00 p.m.		73 - Teaching Transitions of Care: Finding New Solutions to an Old Problem <a href="#">Curriculum</a>	74 - A Longitudinal Curriculum for Teaching Professionalism and Ethics Through Storytelling <a href="#">Curriculum</a>	75 - Making Adult Learning Theory Come Alive! <a href="#">Curriculum</a>

**“**It is the premiere conference for residency directors, and those charged with assuring the production of quality physicians in each of our residencies nationwide.**”**

—Kent Alan Lee, MA, MD, FAAFP, Associate Program Director

**Key:** Workshop number and title

*Workshop Topic*

Chicago C	Chouteau	Empire A	Empire B	Empire C
<b>BREAK</b>				
52 - Initial Assessment of the Six ACGME Core Competencies Upon Entry Into a Family Medicine Residency Program <i>Assessment</i>	53 - Pearls and Pitfalls in Residency Leadership: A Panel Discussion <i>Leadership Development</i>	54 - Workplace Transformation: Making Changes to Improve Team Communication, Education, and Patient Care <i>Practice of the Future</i>	55 - Y Connect? Using Technology for Program Communications <i>Working With Residents</i>	56 - Physician Advocacy: What Is It and How Do We Train For It? <i>Advocacy</i>
<b>REFRESHMENT BREAK - Terrace, Ballroom Foyer</b>				
60 - Use of Satellite Clinics to Increase Obstetrical Numbers in Family Medicine Residency Training <i>Residency Programs</i>	61 - PEC+YOU=APE: Formula for Effective and Meaningful Program Improvement <i>Assessment</i>	62 - Trauma-Based Care: Why Every Program Needs a Curriculum on Adverse Childhood Experiences (ACEs) <i>Curriculum</i>	63 - Information Mastery: Keeping Clinically Current and How to Perform Critical Appraisal in Everyday Practice <i>Curriculum</i>	64 - Addressing the Social Determinants of Health: Screen and Intervene in Childhood Food Insecurity <i>Patient Issues and Resources</i>
<b>LUNCH ON YOUR OWN</b>				
68 - Incorporating MACRA Into Winning Faculty Development Efforts <i>Practice of the Future</i>	69 - Advocacy Perspectives of the GME Initiative: State-Level Strategies to Enhance Residency Program Funding <i>Advocacy</i>	70 - Joint Commission Update for Ambulatory Clinics <i>Regulatory Issues and Resources</i>	71 - Resident Well-Being: Thriving, Not Just Surviving <i>Resilience and Well-Being</i>	72 - You Reap What You Sow: Tips and Tricks to Enhance Residency Recruitment <i>Residency Programs</i>
<b>REFRESHMENT BREAK - Terrace, Ballroom Foyer</b>				
76 - The Need to Feed(back) <i>Residency Programs</i>	77 - Using M3App® for Resident Peer Documentation of Milestones and Faculty Feedback (F3App®) <i>Assessment</i>	78 - Planting Seeds: Maximizing the Family Medicine Student Experience <i>Residency Programs</i>	79 - Medicare and Medicaid GME Funding: Status Update and Hot Issues <i>Finance</i>	80 - How to Incorporate Resident Burnout Prevention Into the Residency Curriculum <i>Leadership Development</i>

“ Every workshop I attended was **inspirational and useful**. The chance to connect with other faculty was very helpful.”

—Lindsay Sherrard, MD, Faculty

# RPS Breakfast Discussion Tables

**Monday, March 27**

**7:00 – 8:00 a.m.**

Room: Exhibit Hall B

## **1 – AFMA Mentoring Partnership**

*Host: Cheryl Haynes, BA C-TAGME, Residency Manager*

## **2 – Assessing Community Needs and Driving Change, Pain Management and Addiction**

*Host: Brian Smith, MD, Medical Director*

## **3 – Breastfeeding Support for Resident Physicians**

*Host: Anne Montgomery, MD, MBA, Program Director*

## **4 – Changes to Administration of Advanced Life Support in Obstetrics (ALSO)**

*Host: David Gregory, MD, Program Director*

## **5 – Coping With Burnout**

*Host: Tina Krajacic, AA, Program Coordinator*

## **6 – Developing Best Practices for Residency Coordinator Resiliency**

*Host: Fatima Salas, BA, MHA, Residency Coordinator;  
Susan Chadeayne-Ugalde, BA*

## **7 – Engaging Residents in a Quality and Safety Curriculum and Experience**

*Host: Roxanne Fahrenwald, MD, DIO*

## **8 – Essential Elements of Successful Global Health Tracks/Electives**

*Host: Mark Huntington, MD, PhD, Director*

## **9 – Expanding Horizons: Inclusion of Global Health Education in Family Medicine Residency Curriculum**

*Host: Jayashree Paknikar, MD, FAAFP, Tenured, Core Faculty*

## **10 – How Program Directors Can Expand the Vision and Role of Program Coordinators in Today's ACGME**

*Host: Sarah Cole, DO, Program Director*

## **11 – New Residency Program Development**

*Host: Deborah Egger, Program Coordinator*

## **12 – Practice Management Education: Filling the Gaps**

*Host: Leigh Ann Backer, Executive Editor, Family Practice Management*

## **13 – Resident Transfers: Adjusting to a Single Accreditation System**

*Host: Jessica Manyan, DO, Program Director*

## **14 – Using Behavioral Interviewing to Maximize Resident Selection**

*Hosts: Dennis Butler, PhD, Associate Program Director;  
Camille Garrison, MD, Program Director*

## **15 – Well-Being and the Family Physician Ecosystem**

*Host: Clif Knight, MD, Senior Vice President for Education*

# RPS Plenary

**Monday, March 27**

**8:00 – 9:00 a.m.**

**Room: Exhibit Hall B**



**Thomas L. Stern, MD, Memorial Lecture**

**Making Extraordinary Ordinary - How to Inspire the Next Generation of Family Physicians**

*Samuel "Le" Church, MD, MPH, FAAFP*

## Description

Medical precepting is the art and science of conveying medical knowledge through example and experience. You are likely an effective preceptor. But what does that mean? Are you effectively driving students away from family medicine? Are you inspiring them to be independent learners and teachers? Are you drowning in debt and stressed about RVU's or are you gaining more understanding of medical economics and modern correct coding while embracing new roles as a leader of the medical home? Are ready to "unplug" at 5:00 p.m., or do you bring a student or resident with you to see what life is really like after work? Are you on fire or burning out? There are strategies you can develop in your life and practice that can lead to ultimate professional fulfillment. It's time to get in the game! You are a physician leader and teacher. Qualities of selflessness, boldness, and continued learning, which make you a better doctor, also lead to developing the impassioned preceptor within you. If this can be pulled off in a small rural town with limited resources, you can do it too—wherever you are!

## Objectives

- Learn to select and refine preceptor qualities that inspire students to choose family medicine.
- Develop strategies to be a fulfilled physician, teacher, and mentor.
- Recognize, embrace, and market family physician worth.

## About Samuel "Le" Church, MD, MPH, FAAFP

Le Church is a solo rural family physician in Hiawassee, GA. Practicing since 2002, he is motivationally fed by his steady stream of medical students in conjunction with involvement in his community. In a small town where a patient is seen on every grocery store aisle, he has embraced his identity as a family doctor—all of the time. In 2013 as part of work toward Level 3 PCMH, Dr. Church became keenly interested in chronic care management (CCM). Since then he has assisted numerous offices in starting CCM programs and sharing optimal medical coding strategies with colleagues. He currently serves the AAFP on the Finance and Insurance Commission and as Alternate Advisor to the AMA CPT Editorial Panel. He also serves the Georgia Academy of Family Physicians on the Legislative Committee and as Vice-Speaker for their COD.

## About the Thomas L. Stern, MD, Memorial Lecture

The Thomas L. Stern, MD, Lectureship was created to support opportunities that enhance the quality of family medicine education. This lectureship is sponsored by the AAFP Foundation. Dr. Tom Stern was one of the founding fathers of the specialty of family medicine who went on to dedicate more than 50 years to enhancing the quality in family medicine residency education. He was a program director, technical advisor to the Marcus Welby show on ABC, and established the AAFP Residency Program Solutions service.

# RPS Workshops

**Monday, March 27**

**9:30 – 10:30 a.m.**

## **49 – Osteopathic Recognition: Tips to Getting Your Program Started**

*Shirin E. Clark, DO*

### Objectives

- Identify what is needed in their program to apply for osteopathic recognition.
- Modify the provided basic curriculum to meet their own program's needs.
- Integrate the use of osteopathic principles and practice/osteopathic manipulative treatment (OPP/OMT) DVDs into their family medicine educational framework.

Residency Issue Addressed

- Osteopathic recognition that teaches to all competencies

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Atlanta

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## **50 – A Longitudinal Curriculum for Teaching Professionalism and Ethics Through Storytelling**

*Richard D. Feldman, MD;*

*Jacqueline A. Maxwell, PsyD*

### Objectives

- Have the ability to implement this curriculum into their residency programs, tailoring the curriculum to meet the specific culture and needs of the program.
- Explain the power of teaching professionalism by example from the words and actions of family medicine's founding fathers.
- Describe, by use of the study guide, a strategy for a facilitator to guide the discussion for learners including residents, faculty, medical students, nurses, and support staff.

Residency Issue Addressed

- Teaching professionalism through storytelling and group discussion; group dynamics

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Nurse

**Room:** Chicago A

**Repeat:** 74

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## **51 – Thriving in Uncertainty: Innovative Approach to Teaching Skills for Outpatient Family Medicine**

*Bethany Picker, MD; Donald "Raj" Woolever, MD*

### Objectives

- Examine potential gaps between the scope of practice of recent graduates and curricular emphasis in training.
- Review residents' tolerance for clinical ambiguity and how curricula address that concern.
- Consider models for using small-group teaching to address topics better served by more innovative teaching methodologies.

Residency Issue Addressed

- Curricular innovation to increase joy of outpatient family medicine and increase tolerance for clinical uncertainty

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Chicago B

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## 52 – Initial Assessment of the Six ACGME Core Competencies Upon Entry Into a Family Medicine Residency Program

*W. Fred Miser, MD, MA; John McConaghy, MD*

### Objectives

- Identify the six core Accreditation Council for Graduate Medical Education (ACGME) competencies and list how they can initially be evaluated.
- Assess and discuss an evaluation system that uses a variety of tools.
- Share personal insights on experiences that others may use to evaluate their first-year residents.

### Residency Issue Addressed

- Initial assessment that allows for a coherent personalized learning plan while also identifying areas that need immediate attention

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**Topic:** Assessment

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago C

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## 53 – Pearls and Pitfalls in Residency Leadership: A Panel Discussion

*Eugene Orientale, MD;*

*Alan Douglass, MD, FAAFP;*

*Joseph Connelly, MD*

### Objectives

- Anticipate challenges common to residency program leadership, and reframe them as opportunities for personal and professional growth.
- Understand the issue of “projection” (by both residents and faculty) and its formidable impact on effective leadership.
- Approach residency leadership with a renewed sense of purpose, mission, and vision.

### Residency Issue Addressed

- Leadership development; working successfully with residents and faculty

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**Topic:** Leadership Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator

**Room:** Chouteau

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## 54 – Workplace Transformation: Making Changes to Improve Team Communication, Education, and Patient Care

*Kathleen R. Morin, AD, RN*

### Objectives

- List and discuss the current trends in workplace structure and transformation in primary care practices.
- Implement physical changes that will allow providers and staff to sit together during clinic time.
- Implement team processes that will improve communication, patient care, and residency education.

### Residency Issue Addressed

- Poor team communication which results in inefficient and delayed care of the patient

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**Topic:** Practice of the Future

**Primary Audience:** Nurse

**Other Audiences:** Admin / Coordinator, Program Director / APD, Faculty

**Room:** Empire A

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# RPS Workshops, continued

## 55 – Y Connect? Using Technology for Program Communications

Bobbi J. Kruse, AA; Trena J. Myers, MBA

### Objectives

- Gain a better understanding of communication preferences of Generation Y/Millennials.
- Understand how to balance communication methods effectively to reach audiences of all generations.
- Identify one communication tool to use within the residency program to improve communications.

### Residency Issue Addressed

- Interpersonal and professional communication; information dissemination

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**Topic:** Working with Residents

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD, Faculty, Nurse

**Room:** Empire B

**Repeat:** 83

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## 56 – Physician Advocacy: What Is It and How Do We Train For It?

Anastasia Coutinho, MD, MHS,

Christina M. Kelly, MD; Jeff Haney, MD

### Objectives

- Differentiate between a health care agent and a health care advocate.
- Differentiate skills and training needed for advocacy at local, state, and federal levels.
- Generate ideas for health care advocacy and health policy for their own residency curricula.

### Residency Issue Addressed

- Whether and how to incorporate advocacy training and interactive experiences into graduate medical education

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**Topic:** Advocacy

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty

**Room:** Empire C

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## Monday, March 27

11:00 a.m. – 12:00 p.m.

## 57 – Medicare GME Payments: Background and Basics

Louis A. Sanner, MD, MSPH

### Objectives

- Understand the purposes and processes involved in Medicare graduate medical education (GME) payments to hospitals, and thus to residency programs.
- Determine how much money any hospital in the United States has received in Medicare GME payments each year and how to estimate payments for new teaching hospitals.
- Avoid common pitfalls in making Medicare GME claims, and pursue strategies to maximize payments and avoid adverse Medicare audit judgements.

### Residency Issue Addressed

- Residency funding

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**Topic:** Finance

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Atlanta

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## 58 – Innovative Teaching Strategies in Quality Improvement and Patient Safety: The Halifax Health Model

Rhonda Verzal, MD; Ed Prevatte, MD

### Objectives

- Understand the process of creating and integrating an educational framework for residents on quality improvement (QI) processes, as well as the application of this knowledge in the clinical setting.
- Evaluate common obstacles and successful tactics in the process of creating a culture of safety within a family medicine residency, including the integration of residents into hospital-based quality initiatives.
- Become familiar with innovative tools to teach basic QI and patient safety concepts as part of a residency curriculum.

### Residency Issue Addressed

- Discussion of the development and implementation of a QI and patient safety curriculum that introduces innovative teaching techniques for basic quality concepts at a family medicine program

**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator

**Room:** Chicago A

## 59 – Class Schedules and AARP Invitations Can Coexist! Take Charge of Your Career at Any Age

Barbara A. Flory, AS, BS, C-TAGME

### Objectives

- Identify people within the learner's own institution who are willing and able to serve as personal advocates for the learner's career advancement.
- Learn what career advancement options are available, and determine whether they are feasible for the learner and aligned with the learner's long-term goals.

- Understand the basics of the commitment required to take advantage of opportunities, and how to balance life's responsibilities after a plan is put into action.

### Residency Issue Addressed

- The program manager/coordinator's ongoing struggle to attain institutional status recognition proportional to his/her responsibility level, and to balance program management with personal development

**Topic:** Professional Development

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Nurse, Program Director / APD, Faculty

**Room:** Chicago B

## 60 – Use of Satellite Clinics to Increase Obstetrical Numbers in Family Medicine Residency Training

Ashley Hildebrand, MD

### Objectives

- Assess antenatal and delivery numbers for trends in the obstetrical (OB) population.
- List grassroots methods for increasing OB population and their access to care.
- Determine if use of satellite clinics would help to increase their OB population.

### Residency Issue Addressed

- Decreasing obstetrical numbers, which potentially affect competency in this core area

**Topic:** Residency programs

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Chicago C

# RPS Workshops, continued

## 61 – PEC+YOU=APE: Formula for Effective and Meaningful Program Improvement

Sandi Miller, C-TAGME

### Objectives

- Set a timeline for their Program Evaluation Committees and Annual Program Evaluation completion.
- Identify the documents needed for summative evaluation.
- Optimize the benefit of Annual Program Evaluation to make formative changes to their programs and to be prepared for a self-study.

### Residency Issue Addressed

- Completion of an Annual Program Evaluation in a way that summatively depicts a program and formatively identifies area for improvement

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**Topic:** Assessment

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD

**Room:** Chouteau

**Repeat:** 90

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## 62 – Trauma-Based Care: Why Every Program Needs a Curriculum on Adverse Childhood Experiences (ACEs)

Steven D. Crane, MD

### Objectives

- Recognize the relationship between ACEs and future adverse health outcomes.
- Identify community and individual patient interventions that may decrease the impact of ACEs.
- Have the tools to develop a curriculum for ACEs for residents in their programs.

### Residency Issue Addressed

- Improving care for patients with complex needs

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Nurse, Program Director / APD

**Room:** Empire A

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## 63 – Information Mastery: Keeping Clinically Current and How to Perform Critical Appraisal in Everyday Practice

Douglas M. Maurer, DO, MPH; Jeffrey H. Burkett, MD

### Objectives

- Discuss and utilize the best literature scavengers to remain clinically current.
- Critically appraise the literature by learning to review a randomized controlled trial (RCT) in ten minutes.
- Discuss and review examples of information mastery curricula and how to incorporate them into their residency programs.

### Residency Issue Addressed

- Accreditation Council for Graduate Medical Education (ACGME) requirement to teach critical appraisal/information mastery skills to residents and improve faculty skills

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Nurse, Admin / Coordinator

**Room:** Empire B

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## 64 – Addressing the Social Determinants of Health: Screen and Intervene in Childhood Food Insecurity

Charlotte A. Navarre, RN-BC; Jill K. Christensen, MD, MPH

### Objectives

- Utilize a targeted, brief tool to initiate the process of screening for social determinants of health in the clinic setting.
- Identify two ways to partner with community agencies to connect patients to needed resources.
- Leverage relationships with the health system and/or sponsoring institution to access funding and resources.

## Residency Issue Addressed

- Residents must develop competence in assessing barriers patients face when attempting to follow recommendations and to utilize the medical home care team and community resources effectively.

**Topic:** Patient Issues and Resources

**Primary Audience:** Faculty

**Other Audiences:** Nurse

**Room:** Empire C

## Monday, March 27

1:30 – 2:30 p.m.

### 65 – Enhancing Chronic Pain Management by Resident Physicians Through a Standardized Curriculum and Clinic Workflows

*Rachel M. Franklin, MD*

#### Objectives

- Create a standardized curriculum in chronic pain management for family medicine residents.
- Develop standardized clinic processes and policies to support supervised resident practice in chronic pain management.
- Discuss inherent pitfalls and politics of addressing faculty practice within a resident clinic.

#### Residency Issue Addressed

- Standardized curriculum; chronic pain management in primary care; clinical process improvement

**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Atlanta

## 66 – All in the Family, but What is Your Role?

*Wanda Shanholtz, AA; Tina L. Krajacic, AA; Erika L. Robinson, BS*

#### Objectives

- Administrators/coordinators should be able to identify job duties performed (e.g., WebADS, GME Track).
- Program directors should be able to review the list of job duties identified by administrators/coordinators.
- Program directors and administrators/coordinators should work together to identify any changes that could/should be implemented.

#### Residency Issue Addressed

- Administrator/coordinator job duties

**Topic:** Other - Residency Administration

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD

**Room:** Chicago A

## 67 – Risky Business: Risk Communication

*Laurel A. Neff, DO; Heather O'Mara, DO*

#### Objectives

- Determine what to release, when to release it, how to release it, where to release it, who to release it to, and why to release it in order to be first, be right, and be credible, and to express empathy, promote action, and show respect.
- Develop a comprehensive list of stakeholder groups and list their potential issues.
- Create three key messages in a simulated case scenario that look to educate/inform, raise awareness, or change behaviors.

#### Residency Issue Addressed

- Communication

**Topic:** Professional Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator, Nurse

**Room:** Chicago B

# RPS Workshops, continued

## 68 – Incorporating MACRA Into Winning Faculty Development Efforts

*Gerald "Jay" T. Fetter, MSHA; Amy Mullins, MD*

### Objectives

- Describe the current understanding of the two Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) payment tracks.
- Reconcile the current state of training practice(s) with the key components necessary to qualify for payment in the anticipated Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) tracks.
- Use concepts from clinical microsystem design and Comprehensive Primary Care to initiate a period of focused faculty development and staff training that support planned care, population management, and deep engagement of patients in the design of care.

### Residency Issue Addressed

- Medicare payment and practice transformation

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**Topic:** Practice of the Future

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Nurse, Admin / Coordinator

**Room:** Chicago C

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### Residency Issue Addressed

- Advocacy and financing of residency programs

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**Topic:** Advocacy

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Chouteau

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## 70 – Joint Commission Update for Ambulatory Clinics

*Mary Beth McLellan, RN, BSN*

### Objectives

- Understand the 2016 revisions to Joint Commission standards, as well as the 2016 National Patient Safety Goals.
- Participate in discussion of best practices in meeting several of the new or revised standards, and review the top 10 fallouts from previous Joint Commission surveys.
- Review tools to assist in keeping staff prepared for a Joint Commission survey.

### Residency Issue Addressed

- Meeting the regulatory standards of the Joint Commission

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**Topic:** Regulatory Issues and Resources

**Primary Audience:** Nurse

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire A

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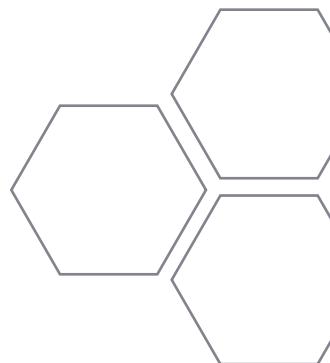
## 69 – Advocacy Perspectives of the GME Initiative: State-Level Strategies to Enhance Residency Program Funding

*Ardis Davis, MSW; Mannat Singh, MPA;*

*Kenton I. Voorhees, MD, FAAFP*

### Objectives

- Identify targeted resources to assess options for state-level residency funding strategies.
- Describe an advocacy process for their states to achieve enhanced/supplemental funding, including identifying other stakeholders within their states.
- Discuss other states' efforts to supplement residency funding with state-level strategies.



## 71 – Resident Well-Being: Thriving, Not Just Surviving

*Michelle Gorsch, MA; Jenny White*

### Objectives

- Develop an inventory of current and potential resources within their programs.
- Design their own program interventions and well-being/resiliency plan.
- Identify ways to evaluate current resident well-being.

### Residency Issue Addressed

- How to mitigate burnout and bolster resilience in residents

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**Topic:** Resilience and Well-Being

**Primary Audience:** Admin / Coordinator

**Other Audiences:** None

**Room:** Empire B

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## 72 – You Reap What You Sow: Tips and Tricks to Enhance Residency Recruitment

*Laura M. Lamb, BAS*

### Objectives

- Involve residents in the recruitment process, from the applicant interview to the rank process.
- Provide faculty and residents with essential tools to ensure a successful season (e.g., handouts specific to dining guidelines, suggested interview questions, interview scoring guidelines).
- Develop an objective evaluation tracker that includes United States Medical Licensing Examination (USMLE) scores, interview score, rotation failures, etc.

### Residency Issue Addressed

- Organization and communication tactics for a successful recruitment season

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**Topic:** Residency Programs

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Faculty

**Room:** Empire C

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## Monday, March 27

**3:00 – 4:00 p.m.**

## 73 – Teaching Transitions of Care: Finding New Solutions to an Old Problem

*Darlene E. Moyer, MD; Cynthia L. Kegowicz, MD; Jennifer Rosas, MD*

### Objectives

- Identify areas of improvement within their own institutions regarding patient transitions of care in both inpatient and outpatient settings.
- Describe one intervention that could be implemented at their own institutions to comply with the Accreditation Council for Graduate Medical Education (ACGME) transitions of care requirements.
- Make curricular and practice changes within their programs to improve patient safety and resident education pertaining to transitions of care.

### Residency Issue Addressed

- Patient transitions of care in inpatient and outpatient settings

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**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Nurse

**Room:** Atlanta

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# RPS Workshops, continued

## 74 – A Longitudinal Curriculum for Teaching Professionalism and Ethics Through Storytelling

*Richard D. Feldman, MD;  
Jacqueline A. Maxwell, PsyD*

### Objectives

- Have the ability to implement this curriculum into their residency programs, tailoring the curriculum to meet the specific culture and needs of the program.
- Explain the power of teaching professionalism by example from the words and actions of family medicine's founding fathers.
- Describe, by use of the study guide, a strategy for a facilitator to guide the discussion for learners including residents, faculty, medical students, nurses, and support staff.

### Residency Issue Addressed

- Teaching professionalism through storytelling and group discussion; group dynamics

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Nurse

**Room:** Chicago A

*Repeat: 50*

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## 75 – Making Adult Learning Theory Come Alive!

*Douglas M. Maurer, DO, MPH; Michael I. Arnold, DO*

### Objectives

- Characterize the adult learner and review classic adult learning theories.
- Compare and contrast three modern adult learning theoretical frameworks.
- Apply a specific model to the design of a learning event.

### Residency Issue Addressed

- Faculty scholarly activity; the need for faculty to meet Accreditation Council for Graduate Medical Education (ACGME) requirements; improved quality of teaching

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator, Nurse

**Room:** Chicago B

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## 76 – The Need to Feed(back)

*Jeffrey H. Burket, MD*

### Objectives

- Comfortably and effectively give learners feedback in a variety of clinical settings.
- Communicate to learners the expectations and examples of effective feedback.
- Create a psychologically safe culture in which feedback is sought and embraced.

### Residency Issue Addressed

- The importance of effective communication and feedback in the context of residency learning

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**Topic:** Residency Programs

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Nurse, Admin / Coordinator

**Room:** Chicago C

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## 77 – Using M3App<sup>®</sup> for Resident Peer Documentation of Milestones and Faculty Feedback (F3App<sup>®</sup>)

*Cristen P. Page, MD, MPH; Pam Vnenchak, MD; Alec DeCastro, MD*

### Objectives

- Describe a point-of-care mobile application tool for evaluating peers in milestones and providing feedback to faculty.
- List the strengths and challenges of this type of evaluation tool for resident education and faculty development.
- Discuss how such a tool is being incorporated into different residency and peer evaluation systems.

## Residency Issue Addressed

- Facilitating evaluation of residents' performance in the outcomes-based specialty milestones and developing faculty through the use of technology

**Topic:** Assessment

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chouteau

## 78 – Planting Seeds: Maximizing the Family Medicine Student Experience

*Trena J. Myers, MBA; Susan J. Allen, BA, BSN*

### Objectives

- Think of ways to utilize medical students in their practices.
- Reach out to the community.
- Visualize how medical students can be utilized in a clinic.

## Residency Issue Addressed

- Utilization of medical students in a practice

**Topic:** Residency Programs

**Primary Audience:** Faculty

**Other Audiences:** Nurse, Program Director / APD, Admin / Coordinator

**Room:** Empire A

## 79 – Medicare and Medicaid GME Funding: Status Update and Hot Issues

*Louis A. Sanner, MD, MSPH;*

*Kenton I. Voorhees, MD, FAAFP*

### Objectives

- Understand the nuances of current rules for obtaining Medicare graduate medical education (GME) funding, maximizing claims, and avoiding denials, including the impact of current rules on funding new residency programs, program expansions, new teaching hospitals, and rural programs.

- Understand the possibilities for obtaining GME funding outside the traditional Medicare system (Medicaid GME, teaching health center [THC]).

- Consider ways to work with (and around) the current rules to accomplish your growth/change mission and consider ways to advocate for change.

## Residency Issue Addressed

- Residency leadership's ability to secure funding for ongoing maintenance and/or expansion of the residency program

**Topic:** Finance

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Empire B

## 80 – How to Incorporate Resident Burnout Prevention Into the Residency Curriculum

*Kristina Dakis, MD; Christina M. Kelly, MD; Garrett Meyers, MD; Joseph B. Brodine, BSN, MSN/MPH*

### Objectives

- Determine what residency programs can do to promote wellness and prevent resident burnout.
- Implement changes in a resident's experience at their residency program based on the data reviewed during this session.
- Influence future research on resident burnout prevention.

## Residency Issue Addressed

- Self-care, work-life balance, and burnout prevention

**Topic:** Leadership Development

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire C

# Events

## Tuesday

	Exhibit Hall B	Atlanta	Chicago A	Chicago B
7:00-8:00 a.m.	RPS Breakfast			
8:00-8:30 a.m.	BREAK			
8:30-9:30 a.m.		81 - Implementing Meaningful Quality Improvement Projects in Residency Programs <i>Curriculum</i>	82 - Improving the Doctor-Patient Relationship <i>Working With Residents</i>	83 - Y Connect? Using Technology for Program Communications <i>Working With Residents</i>
9:30-10:00 a.m.	REFRESHMENT BREAK - Terrace, Ballroom Foyer			
10:00-11:00 a.m.		89 - Transitional Care Management Rotation on the Inpatient Family Medicine Service <i>Curriculum</i>	90 - PEC+YOU=APE: Formula for Effective and Meaningful Program Improvement <i>Assessment</i>	91 - Building a Talent Pipeline: Finding Tomorrow's Health Care Workforce <i>Leadership Development</i>

“ I enjoyed hearing about the successful innovations other programs have. The sessions were **interactive** and presenters were willing to share their resources.”

—Erin Kiesel, DO, Associate Program Director

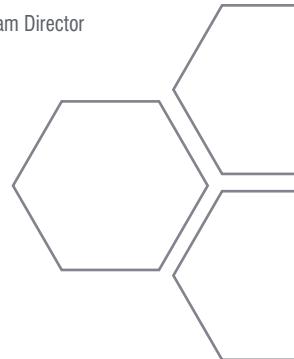


**Key:** Workshop number and title  
 Workshop Topic

Chicago C	Chouteau	Empire A	Empire B	Empire C
BREAK				
84 - Women in the Workplace: How to Mentor Female Leaders <i>Leadership Development</i>	85 - The Death Spiral: Managing Change Fatigue, Burnout, and Faculty Well-Being <i>Resilience and Well-Being</i>	86 - Remodeling Family Medicine Centers to Meet Team-Based Care <i>Residency Programs</i>	87 - Where Do They Go? The Importance of Post-Match Analysis <i>Assessment</i>	88 - Student Choice of Family Medicine: What Do Fourth-Year Medical Students Say About It? <i>Residency Programs</i>
REFRESHMENT BREAK - Terrace, Ballroom Foyer				
92 - The Approach to the Resident in Difficulty: Prevention, Early Recognition, and Early Intervention <i>Working With Residents</i>	93 - We Need Help! Integrating a Care Manager Into Your Practice <i>Practice of the Future</i>	94 - Seeking a Culture of Inquiry: The FPIN Approach to Scholarly Activity <i>Curriculum</i>	95 - Improving the Hospital Discharge Process: Optimizing Medication Reconciliation and Hospital Follow-Up <i>Patient Issues and Resources</i>	96 - Human Trafficking: You Already Are Seeing These Patients...But Do You Know It? <i>Curriculum</i>

“ This is by far my favorite conference to attend. It gives me a chance to meet some **great people**, hear very pertinent information, and see some **very cool, innovative ideas** being utilized in other programs. ”

—Stacy O'Dowd, MD, FAAFP, Program Director



# RPS Workshops

**Tuesday, March 28**

**8:30 – 9:30 a.m.**

## **81 – Implementing Meaningful Quality Improvement Projects in Residency Programs**

*Kavitha K. Arabindoo, MD, FAAFP, MPH; Stephen C. Salanski, MD; Genna M.C. Siemons, MD*

### Objectives

- Recognize techniques to identify and involve key stakeholders to ensure cooperation and completion on quality improvement (QI) projects.
- Identify benefits of process vs. outcome measures on short-term QI projects.
- Compile resources available to assist with QI project development and implementation.

### Residency Issue Addressed

- Performing meaningful QI projects, which is a scholarly activity requirement for residents

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Atlanta

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## **82 – Improving the Doctor-Patient Relationship**

*Michael A. Greene, MD; Naureen Rafiq, MBBS*

### Objectives

- Get a step-by-step introduction to physician-patient relationship training by year of residency.
- Recognize that the long-term physician-patient relationship takes different skill than a short-term, urgent care-type relationship.
- Improve tools for feedback to residents.

### Residency Issue Addressed

- Long-term physician-patient relationship

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**Topic:** Working with Residents

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD

**Room:** Chicago A

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## **83 – Y Connect? Using Technology for Program Communications**

*Bobbi J. Kruse, AA; Trena J. Myers, MBA*

### Objectives

- Gain a better understanding of communication preferences of Generation Y/Millennials.
- Understand how to balance communication methods effectively to reach audiences of all generations.
- Identify one communication tool to use within the residency program to improve communications.

### Residency Issue Addressed

- Interpersonal and professional communication; information dissemination

---

**Topic:** Working with Residents

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD, Faculty, Nurse

**Room:** Chicago B

**Repeat:** 55

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## **84 – Women in the Workplace: How to Mentor Female Leaders**

*Laurel A. Neff, DO*

### Objectives

- Consider skills, knowledge, and attitudes necessary for success in the medical profession, and determine ways to incorporate these into a mentorship program.
- Discuss micro-inequities in the workplace and how to counterbalance those with proactive advising, mentoring, and sponsoring.
- Create a goal to improve women's skills, create opportunities, value feminine leadership skills, contemplate sponsorship, and revise work culture.

### Residency Issue Addressed

- Mentorship

---

**Topic:** Leadership Development

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator, Nurse

**Room:** Chicago C

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## **85 – The Death Spiral: Managing Change Fatigue, Burnout, and Faculty Well-Being**

*William J. Geiger, MD, FAAFP; Walter Mills, MD; Stan Kozakowski, MD, FAAFP*

### Objectives

- Identify symptoms of burnout in residency faculty and staff.
- List strategies to personally avoid burnout and develop healthy career management habits.
- Develop institutional cultural supports to manage change, build resiliency, and avoid burnout among faculty.

### Residency Issue Addressed

- Managing change fatigue and burnout in residency faculty

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**Topic:** Resilience and Well-Being

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator, Nurse

**Room:** Chouteau

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## **86 – Remodeling Family Medicine Centers to Meet Team-Based Care**

*Michael I. Arnold, DO*

### Objectives

- Review source of evidence showing the challenge of meeting the preventive medicine standards of current health care legislation.
- Recognize the benefits of team-based care to help providers meet preventive medicine standards.
- Understand at least two different facility models of team-based care and utilize in simulation at least one model of team-based care that potentially improves efficiency.

### Residency Issue Addressed

- Remodeling family medicine centers to meet team-based care

---

**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Admin / Coordinator, Faculty

**Room:** Empire A

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## **87 – Where Do They Go? The Importance of Post-Match Analysis**

*Kathryn Whitley*

### Objectives

- Understand the importance of using a post-Match survey as a tool to evaluate their programs.
- Evaluate interview season structure based on feedback from the post-Match survey, as well as the National Resident Matching Program (NRMP) report “Match Results by Ranked Applicant.”
- Identify aspects of recruitment strategies that are working well and aspects that could use improvement.

### Residency Issue Addressed

- Recruitment

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**Topic:** Assessment

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD, Faculty

**Room:** Empire B

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## **88 – Student Choice of Family Medicine: What Do Fourth-Year Medical Students Say About It?**

*Christina M. Kelly, MD; Ashley Bentley, MBA*

### Objectives

- Determine what residency programs can do to increase medical students' choice of family medicine.
- Implement changes in a medical student's rotation experience at residency programs based on the survey data reviewed during the session.
- Influence future research on student choice of family medicine.

### Residency Issue Addressed

- Medical students

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**Topic:** Residency Programs

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire C

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# RPS Workshops, continued

## Tuesday, March 28

10:00 – 11:00 a.m.

### 89 – Transitional Care Management Rotation on the Inpatient Family Medicine Service

*Karen Weaver, MD; Nicholus Yee, MD;  
Dawn Barker*

#### Objectives

- Foster residents' reporting of medical errors and understand how to enhance patient safety and prevent errors.
- Engage residents in effective and safe transitions of care to improve outcomes.
- Enlist the appropriate care team to provide accountable, team-based, coordinated care centered on the individual patient.

#### Residency Issue Addressed

- Teaching systems-based practice/transitions of care and patient safety

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**Topic:** Curriculum

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Admin / Coordinator

**Room:** Atlanta

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### 90 – PEC+YOU=APE: Formula for Effective and Meaningful Program Improvement

*Sandi Miller, C-TAGME*

#### Objectives

- Set a timeline for their Program Evaluation Committees and Annual Program Evaluation completion.
- Identify the documents needed for summative evaluation.
- Optimize the benefit of Annual Program Evaluation to make formative changes to their programs and to be prepared for a self-study.

#### Residency Issue Addressed

- Completion of an Annual Program Evaluation in a way that summatively depicts a program and formatively identifies area for improvement

---

**Topic:** Assessment

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD

**Room:** Chicago A

**Repeat:** 61

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### 91 – Building a Talent Pipeline: Finding Tomorrow's Health Care Workforce

*Trena J. Myers, MBA; Erika L. Robinson, BS*

#### Objectives

- Think strategically about ways to recruit outside of traditional options.
- Share working recruitment efforts outside of traditional options.
- Manage their residency programs more efficiently through the use of the recruitment techniques offered.

#### Residency Issue Addressed

- Recruitment tools

---

**Topic:** Leadership Development

**Primary Audience:** Admin / Coordinator

**Other Audiences:** Program Director / APD, Nurse

**Room:** Chicago B

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## **92 – The Approach to the Resident in Difficulty: Prevention, Early Recognition, and Early Intervention**

*W. Fred Miser, MD, MA; John McConaghy, MD*

### Objectives

- Identify the major problems with which residents experience difficulty.
- Establish a system that allows for early detection and intervention for the more common problems residents experience.
- Share personal insights on experiences that others may use to evaluate and intervene with residents experiencing difficulty.

### Residency Issue Addressed

- Every residency program experiences residents who have difficulty in various areas of the Accreditation Council for Graduate Medical Education (ACGME) core competencies. Having a well-established system in place eases the burden of dealing with these residents.

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**Topic:** Working with Residents

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Chicago C

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## **93 – We Need Help! Integrating a Care Manager Into Your Practice**

*Scott F. Ross, MD*

### Objectives

- Be prepared to discuss with administration the financial and educational benefits of adding a nurse care manager to your residency practice.
- Develop effective workflows for a nurse care manager within your residency practice.
- Incorporate a nurse care manager into the education of residents.

### Residency Issue Addressed

- Planned care for chronic conditions

---

**Topic:** Practice of the Future

**Primary Audience:** Faculty

**Other Audiences:** Program Director / APD, Nurse

**Room:** Chouteau

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## **94 – Seeking a Culture of Inquiry: The FPIN Approach to Scholarly Activity**

*Corey Lyon, DO*

### Objectives

- Build stronger critical appraisal skills through the use of the Priority Updates from the Research Literature (PURLs) Journal Club.
- Develop a structured plan for meeting scholarly activity requirements for both faculty and residents.
- Expand the culture of inquiry at their programs by learning to answer clinical questions and potentially get them published through the Family Physicians Inquiries Network (FPIN).

### Residency Issue Addressed

- Scholarly activity and curriculum challenges

---

**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Admin / Coordinator

**Room:** Empire A

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# RPS Workshops, continued

## 95 – Improving the Hospital Discharge Process: Optimizing Medication Reconciliation and Hospital Follow-Up

*John F. Kreckman, MD, CPE; Sandy Chiang, MD; Waiz A. Wasey, MD*

### Objectives

- Identify the primary causes of errors in the medication reconciliation process and evaluate their own processes for similar problems.
- Review and analyze SIUCFM process improvement measures and consider the application of these measures to their own reconciliation processes.
- Discuss additional problems encountered and measures taken by other programs to improve their reconciliation accuracy.

### Residency Issue Addressed

- The benefit of applying Six Sigma methodology to process improvement, as well as methods to approach the complexity of coordinating medication information contained in non-interfacing electronic health record (EHR) platforms

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**Topic:** Patient Issues and Resources

**Primary Audience:** Faculty

**Other Audiences:** Admin / Coordinator, Nurse

**Room:** Empire B

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**“**I felt like everything and everyone I came in contact with was valuable to me.**”**  
—Sandra Rouse, Program Coordinator

## 96 – Human Trafficking: You Already Are Seeing These Patients...But Do You Know It?

*Ronald Chambers, MD, FAAFP; Glenn R. Gookin, MD, PhD; Karina S. Gookin, MD, MS*

### Objectives

- Understand the scope of human trafficking nationally and identify where it occurs within their own communities.
- Recognize the warning signs that a patient is a human trafficking victim and know how to access appropriate resources.
- Understand and apply victim- and trauma-centered patient care when treating a human trafficking victim.

### Residency Issue Addressed

- The lack of training on human trafficking among health care providers can be addressed by encouraging and enabling the education of family medicine residents.

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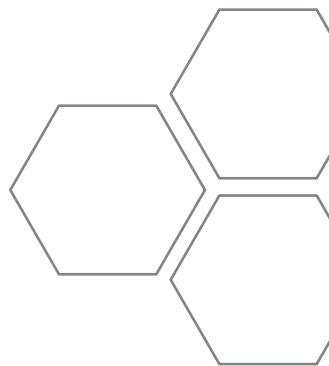
**Topic:** Curriculum

**Primary Audience:** Program Director / APD

**Other Audiences:** Faculty, Nurse

**Room:** Empire C

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# Presenters

Abraham, Sherly, MD

Program Director

Department of Family Medicine, The Brooklyn Hospital Center, Brooklyn, New York

Adams, Rae, MD

Program Director

Texas A&M Family Medicine Residency, Texas A&M Health Science Center, Bryan, Texas

Allen, Susan J., BA, BSN

Clinical Nurse Manager

Family Medicine Residency, Gwinnett Medical Center, Lawrenceville, Georgia

Anthony, Eileen, MJ

Executive Director, Review Committee for Family Medicine Accreditation Council for Graduate Medical Education, Chicago, Illinois

Arabindoo, Kavitha K., MD, FAAFP, MPH

Faculty Physician

Research Family Medicine Residency Program, Kansas City, Missouri

Arnold, Michael I., DO

Faculty Development Fellow

Madigan AMC Faculty Development Fellowship, Joint Base Lewis-McChord, Washington

Ashkenase, Lindsay A., MD

Assistant Program Director

Christiana Care Health System, Wilmington, Delaware

Bannister, Tammy, MD

Program Director

Marshall Family Medicine, Huntington, West Virginia

Barker, Dawn

Residency Program Coordinator

Oakwood Annapolis Family Medicine Residency Program, Wayne, Michigan

Barr, Wendy B., MD, MPH, MSCE

Program Director

Lawrence Family Medicine Residency / Greater Lawrence Family Health Center, Lawrence, Massachusetts

Beard, Sheryl, MD

Associate Program Director

Via Christi Family Medicine Residency, Wichita, Kansas

Bell, Darin, MD

Associate Director for Rural Curriculum

Family Medicine Residency of Western Montana, Missoula, Montana

Bentley, Ashley, MBA

Student Interest Strategist for the American Academy of Family Physicians

American Academy of Family Physicians, Leawood, Kansas

Biehle, Lauren R., PharmD

Clinical Assistant Professor of Pharmacy Practice; Clinical Faculty-Rose Family Medicine Residency, Denver, Colorado

Biggs, Wendy S., MD

Program Director

University of Kansas Family Medicine Residency, Kansas City, Kansas

Blake, Gregory H., MD, MPH

Department Chairman

University of Tennessee- Knoxville, Knoxville, Tennessee

Bope, Edward T., BS, MD

OAA GME Affiliations Officer

Office of Academic Affiliations, The Veterans Health Administration, Washington DC, District Of Columbia

Born, Wendi, PhD

Clinical Psychologist

University of Kansas Family Medicine Residency, Kansas City, Kansas

Boss, Douglas, MD, FAAFP

Associate Director

New Hanover Regional Medical Center Family Medicine Residency, Wilmington, North Carolina

Braun, Chad M., MD

Director of Medical Education/DIO

Mount Carmel Family Medicine, Westerville, Ohio

Breazeal, Darlene A., MS Psychology

Behaviorist, LMFT

Cascades East Family Medicine, Klamath Falls, Oregon

Brigham, Timothy P., MDiv, PhD

Chief of Staff and Senior Vice-President, Department of Education

Accreditation Council for Graduate Medical Education, Chicago, Illinois

Brodine, Joseph B., BSN, MSN/MPH

4th Year Medical Student

Georgetown University School of Medicine, Washington, District of Columbia

Brown, Steven R., MD, FAAFP

Program Director

University of Arizona College of Medicine - Phoenix, Phoenix, Arizona

Burket, Jeffrey H., MD

Faculty Development Fellow

Madigan Family Medicine Residency; Madigan Faculty Development Fellowship; Madigan Army Medical Center, Tacoma, Washington

Casey, Baretta R., MD, MPH, FAAFP

Regional Vice President, CLER SPSI, ACGME

Accreditation Council for Graduate Medical Education, Chicago, Illinois

# Presenters, continued

Casey, Daniel, MD

Program Director

John Peter Smith Family Medicine Residency Program,  
Fort Worth, Texas

Chambers, Ronald, MD, FAAFP

Residency Program Director

Methodist Family Medicine Residency Program,  
Sacramento, California

Chiang, Sandy, MD

Resident Physician

Southern Illinois School of Medicine  
Center for Family Medicine - Springfield, Springfield, Illinois

Christensen, Jill K., MD, MPH

Faculty Family Physician

Providence Oregon Family Medicine Residency Program,  
Milwaukie, Oregon

Church, Samuel "Le", MD MPH, FAAFP

Vice Speaker, Georgia Academy of Family Physicians,  
Practicing Family Physician

Private Practice, Hiawassee, Georgia

Clark, Shirin E., DO

Osteopathic Program Director and Associate Clinical  
Professor

Sparrow/MSU Family Medicine Residency Program,  
Lansing, Michigan

Connelly, Joseph, MD

Program Director

Stamford Family Medicine, Stamford, Connecticut

Coutinho, Anastasia, MD, MHS

PGY-2 Resident

Santa Rosa Family Medicine Residency Program,  
Santa Rosa, California

Crane, Steven D., MD

Chief Innovation Officer

MAHEC Family Medicine Residency Program,  
Asheville, North Carolina

Cronk, Nikole J., PhD

Associate Teaching Professor

Family & Community Medicine Residency/University  
of Missouri, Columbia, Missouri

Dakis, Kristina, MD

PGY-2

University of Illinois at Chicago Family Medicine Residency,  
Chicago, Illinois

Damitz, Beth A., MD

Associate Professor, Director of Maternity Care

Medical College of Wisconsin - Department of Family and  
Community Medicine, All Saints Family Medicine  
Residency Program, Milwaukee, Wisconsin

Dattani, Seema B., MD

Assistant Program Director

Christiana Care Health System, Wilmington, Delaware

Davis, Ardis, MSW

Chair, GMEI State Initiatives Workgroup, Assistant Director

University of Washington Family Medicine Residency  
Network, Seattle, Washington

DeCastro, Alec, MD

Program Director

Medical University of South Carolina, Charleston,  
South Carolina

Deffenbacher, Brandy, MD

Assistant Professor

University of Colorado Family Medicine Residency,  
Denver, Colorado

Denniston, Clark, MD

Chair, NIPDD Academic Council

University of North Carolina, Chapel Hill, North Carolina

Doubek-Goerl, Danae, MD

Faculty

Via Christi Family Medicine Residency, Wichita, Kansas

Douglass, Alan, MD, FAAFP

Residency Director and DIO

Middlesex Hospital Family Medicine Residency Program,  
Middletown, Connecticut

Dschida, Dorothy A., MD, MA

Associate Program Director

McGaw Medical Center of Northwestern University  
Program, Chicago, Illinois

Ellis, Jared, MD

Associate Residency Director

University of Alabama - Tuscaloosa Family Medicine  
Residency Program, Tuscaloosa, Alabama

Erlikh, Irina, MD

Associate Program Director

The Brooklyn Hospital Center, Brooklyn, New York

Fahrenwald, Roxanne, MD

DIO, Faculty

Montana Family Medicine Residency, Billings, Montana

Feldman, Richard D., MD

Program Director

Franciscan St. Francis Family Medicine Residency Program,  
Indianapolis, Indiana

Fetter, Gerald "Jay" T., MSHA

Medical Education Operations Manager

American Academy of Family Physician, Leawood, Kansas

Filer, Wanda D., MD, MBA, FAAFP

AAFP Board Chair

Flory, Barbara A., AS, BS, C-TAGME  
Manager, Residency Program  
Family & Community Medicine Family Medicine Residency  
Lancaster General Hospital, Lancaster, Pennsylvania

Franklin, Rachel M., MD  
Professor and Medical Director  
University of Oklahoma Family Medicine Residency,  
Oklahoma City, Oklahoma

Garvin, Roger, MD, FAAFP  
Program Director, RPS Consultant, Chair AFMRD EPA  
Task Force  
Oregon Health and Science University, Portland, Oregon

Geiger, William J., MD, FAAFP  
Senior Associate Program Director  
Grant Family Medicine Residency, Columbus, Ohio

Gillanders, William, MD  
RPS Consultant

Gomez, Ivan A., MS, MD  
Program Director  
UCSF Fresno Family and Community Medicine Residency  
Program, Fresno, California

Gookin, Karina S., MD, MS  
Physician  
Methodist Family Medicine Residency Program,  
Sacramento, California

Gookin, Glenn R., MD, PhD  
Physician  
Methodist Family Medicine Residency Program,  
Sacramento, California

Graham, Timothy P., MD  
Director of Curriculum and Research  
Mount Carmel Family Medicine, Westerville, Ohio

Green, Vincent E., MD  
Program Director  
Greenville Health System-University of South Carolina  
Family Medicine Residency, Greenville, South Carolina

Greene, Michael A., MD  
Medical Director  
Creighton University, Creighton Family Medicine Residency,  
Bellevue, Nebraska

Grosch, Michelle, MA  
Director of Educational Services  
University of Wisconsin Department of Family Medicine and  
Community Health - Madison Residency Program,  
Madison, Wisconsin

Hagen, Michael D., MD  
Senior Vice President, American Board of Family Medicine  
American Board of Family Medicine, Lexington, Kentucky

Haney, Jeff, MD  
Program Director  
Santa Rosa Family Medicine Residency Program,  
Santa Rosa, California

Harkissoon, Shantie, MD  
Program Director  
NYMC Phelps Family Medicine Residency Program,  
Sleepy Hollow, New York

Harris, Heidi, MD  
Associate Program Director  
St. Vincent Family Medicine Residency Program,  
Indianapolis, Indiana

Heath, Deborah, DO  
Professor, Osteopathic Manipulative Medicine  
AT Still University School of Osteopathic Medicine  
in Arizona, Mesa, Arizona

Hildebrand, Ashley, MD  
OB Activity Director, In His Image FMR  
In His Image Family Medicine Residency, Tulsa, Oklahoma

Hoekzema, Grant S., MD, FAAFP  
Chairman and Sr. Associate Program Director  
Mercy Family Medicine Residency - St. Louis, Department  
of Family Medicine, Mercy Hospital - St. Louis, St. Louis,  
Missouri

Hollander-Rodriguez, Joyce  
Residency Program Director  
Oregon Health and Science University, Portland, Oregon

Hooley, Andrea, BSN  
Transition of Care RN  
Family Medicine Residency Program, Poudre Valley  
Hospital, Fort Collins, Colorado

Hope, Gina Dale, MD  
Faculty Attending (DR.)  
Tallahassee Memorial Family Medicine Residency Program,  
Tallahassee, Florida

Jacobs, Abbie D., MD  
Program Director  
New York Medical College Family Medicine Residency at  
Hoboken University Medical Center, Hoboken, New Jersey

Jacobs, Christine Kathryn, MD  
Program Director  
Saint Louis University, St. Louis, Missouri

Jacobsen, Vicki L., MD  
Assistant Program Director, Associate Professor  
Mayo Clinic College of Medicine, Rochester, Minnesota

Jarrett, Diane  
Director of Education, Assistant Residency Director  
Little Rock Family Medicine Residency Program, University  
of Arkansas for Medical Sciences, Little Rock, Arkansas

# Presenters, continued

Jarvis, James W., MD

AFMRD President, Program Director

Eastern Maine Medical Center Family Medicine Residency Program, Bangor, Maine

Jenkins, Justin M., DO, MBA

Assistant Professor

University of Tennessee-Knoxville, Knoxville, Tennessee

Johnson, Kevin E., MD

Program Director

Gwinnett Medical Center Family Medicine Residency Program, Lawrenceville, Georgia

Kalliny, Medhat S., MD, PhD, FAAFP

Program Director

Family Medicine Residency Program - Meharry Medical College, Nashville, Tennessee

Kavanaugh, Erin M., MD

Program Director, Family Medicine Residency Program; Co-Program Director, Emergency Medicine/Family Medicine Residency Program

Christiania Care Health System Department of Family and Community Medicine Family Medicine Residency Program, Wilmington, Delaware

Kegowicz, Cynthia L., MD

Program Director

HonorHealth Scottsdale Osborn Medical Center - Family Medicine Residency, Scottsdale, Arizona

Kelley, Jennifer A., MD

Faculty Physician

Research Family Medicine Residency Program, Kansas City, Missouri

Kelly, Christina M., MD

Family Medicine for America's Health Workforce Core Team Leader, Faculty

Memorial Family Medicine Residency Program, Savannah, Georgia

Kim, Thomas O., MD, MPH

Assistant Professor of Family and Community Medicine Baylor College of Medicine, Houston, Texas

King, Michael R., MD, MPH, FAAFP

Program Director

Oak Hill Hospital, Graduate Medical Education, Family Medicine Program, Brooksville, Florida

Klink, Kathleen, BA, MD

OAA Director of Medical and Dental Education

Office of Academic Affiliations, The Veterans Health Administration, Washington DC, District Of Columbia

Kozakowski, Stanley, MD, FAAFP

Director, Medical Education Division American Academy of Family Physicians

American Academy of Family Physicians, Leawood, Kansas

Krajacic, Tina L., AA

Program Coordinator

Shenandoah Valley Family Practice Residency, Front Royal, Virginia

Kreckman, John F., MD, CPE

Director of Hospital Services SIU CFM

Southern Illinois School of Medicine Center for Family Medicine - Springfield, Springfield, Illinois

Kruse, Bobbi J., AA

Program Administrator

University of Minnesota Medical Center Family Medicine Program, Minneapolis, Minnesota

Kumar, Harini, MD

Associate Program Director

New York Medical College Family Medicine Residency at Hoboken University Medical Center, Hoboken, New Jersey

LaBaere II, Richard J., DO, MPH

Assoc. Dean Postgraduate Training, OPTI Academic Officer, DIO

AT Still University Kirksville College of Osteopathic Medicine, Kirksville, Missouri

Lainhart, Nichole, BA

Program Manager, Alternative Activities

American Board of Family Medicine, Lexington, Kentucky

Lamb, Laura M., BAS

Program Coordinator

Halifax Health Family Medicine Residency Program, Daytona Beach, Florida

LeBeau, Lawrence, DO

Program Director

Wright Center for Graduate Medical Education National Family Medicine Residency, Scranton, Pennsylvania

Leebold, Bobby, LCSW

Behavioral Scientist

Southern Illinois University School of Medicine - Decatur Family and Community Medicine Residency Program, Decatur, Illinois

Lick, David, MD

Program Director

Beaumont Health Family Medicine Residency, Troy, Michigan

Lieh-Lai, Mary, MD

Senior Vice President, Medical Accreditation, ACGME Accreditation Council for Graduate Medical Education, Chicago, Illinois

Longenecker, Randall, MD

Executive Director, The RTT Collaborative

Ohio University Heritage College of Osteopathic Medicine, Athens, Ohio

**Lyon, Corey, DO**  
Associate Program Director  
University of Colorado Family Medicine Residency Program, Denver, Colorado

**Macabobby, Thomas, MD, FAAFP**  
Program Director, St. Elizabeth Boardman Family Medicine Residency  
St. Elizabeth Boardman Family Medicine Residency, Boardman, Ohio

**Malhotra, Krithika, PhD**  
Post-doctoral fellow, psychology  
University of Kansas Family Medicine Residency, Kansas City, Kansas

**Shawn Martin**  
Senior Vice President, Advocacy, Practice Advancement and Policy  
American Academy of Family Physicians Washington, District of Columbia

**Martinez-Bianchi, Viviana S., MD, FAAFP**  
Program Director, Team Leader Health Disparities Team, Family Medicine for America's Health  
Family Medicine for America's Health, Core Tactic Team Leader: Health Disparities Team. Duke Residency Program Director, Durham, North Carolina

**Maurer, Douglas M., DO, MPH**  
Program Director, Faculty Development Fellowship  
Madigan Family Medicine Residency, Madigan Faculty Development Fellowship, Madigan Army Medical Center, Tacoma, Washington

**Maxwell, Jacqueline A., PsyD**  
Assistant Director  
Franciscan St. Francis Family Medicine Residency Program, Indianapolis, Indiana

**Maxwell, Lisa, MD**  
Associate Chief Learning Officer, DIO  
Christiania Care Health System, Newark, Delaware

**McConaghay, John, MD**  
Associate Residency Director  
The Ohio State University Family Medicine Residency Program, Columbus, Ohio

**McCray, Laura W., MD MSCE**  
Program Director, University of Vermont Family Medicine Residency  
University of Vermont Family Medicine Residency, Burlington, Vermont

**McElyea, Jason, DO**  
Program Director, Director of Medical Education  
McAlester Region Health Center, McAlester, Oklahoma

**McLellan, Mary Beth, RN, BSN**  
Manager of Clinical Operations  
Rapid City Regional Hospital Family Medicine Residency Program, Rapid City, South Dakota

**Meyers, Garrett, MD**  
Associate Program Director  
Darnall Army Medical Center, Fort Hood, Texas

**Miller, Barbara H. MD**  
Residency Program Director  
Tulsa Medical Education Foundation/OU School of Community Medicine, Tulsa, Oklahoma

**Miller, Sandi, C-TAGME**  
Program Manager  
Dublin Methodist Family Medicine Residency Program, Dublin, Ohio

**Mills, Walter, MD**  
Associate Program Director, Clinical Professor  
Natividad Family Medicine Residency, University of California, San Francisco, Salinas, California

**Miser, W. Fred, MD, MA**  
Program Director, Professor  
The Ohio State University Family Medicine Residency Program, Columbus, Ohio

**Mitchell, Karen B., MD**  
Program Director, Providence Family Medicine Residency  
Providence Family Medicine Residency, Providence-Prov Park/MSU-CHM, Southfield, Michigan

**Morin, Kathleen R., AD, RN**  
RN/Clinical Coordinator  
Central Maine Medical Center Family Medicine Residency Program, Lewiston, Maine

**Morris, Anne, MD**  
Associate Program Director, University of Vermont Family Medicine Residency  
University of Vermont, Burlington, Vermont

**Moyer, Darlene E., MD**  
Associate Program Director  
HonorHealth Scottsdale Osborn Medical Center - Family Medicine Residency, Scottsdale, Arizona

**Mullins, Amy, MD**  
AAFP Medical Director of Quality Improvement  
American Academy of Family Physician, Leawood, Kansas

**Munzing, Timothy A., MD**  
Residency Program Director  
Kaiser Permanente Southern California - Orange County, Santa Ana, California

**Murdoch, William J., MD, FAAFP, RFPHM**  
Associate Residency Director  
ProMedica Monroe Family Medicine Residency, Monroe, Michigan

**Musa, Roger, MD**  
Program Director  
Aultman Family Medicine Residency Program / Aultman Hospital, Canton, Ohio

# Presenters, continued

Myers, Trena J., MBA

Family Medicine Residency Coordinator

Family Medicine Residency, Gwinnett Medical Center,  
Lawrenceville, Georgia

Navarre, Charlotte A., RN-BC

Faculty Nurse Clinician

Providence Oregon Family Medicine Residency Program,  
Milwaukie, Oregon

Neff, Laurel A., DO

Faculty Development Fellow

Madigan Army Medical Center, Faculty Development  
Fellowship, Tacoma, Washington

Nguyen, Hanh T., MD

Assistant Residency Program Director

University of California Irvine Family Medicine,  
Orange, California

O'Donovan, Eleni S., MD, SM

Associate Program Director

National Family Medicine Residency Program, The Wright  
Center for Graduate Medical Education,  
Scranton, Pennsylvania

O'Mara, Heather, DO

Faculty Development Fellow

Madigan Army Medical Center, Faculty Development  
Fellowship, Tacoma, Washington

O'Neill, Thomas R., PhD

Vice President of Psychometric Services

American Board of Family Medicine, Lexington, Kentucky

Oriantale, Eugene, MD

Program Director, Professor in Family Medicine

UCONN/ St. Francis Family Medicine, Hartford, Connecticut

Page, Cristen P., MD, MPH

Interim Chair and Residency Director

University of North Carolina Family Medicine Residency  
Program, Chapel Hill, North Carolina

Paknikar, Jayashree, MD, FAAFP

Core Faculty, Family Medicine

Creighton University Family Medicine Residency,  
Omaha, Nebraska

Pallay, Robert, MD, FAAFP

Program Director

Memorial Family Medicine Residency, Savannah, Georgia

Parker, Justin D., MD

Assistant Director

Southern Illinois University School of Medicine - Decatur  
Family and Community Medicine Residency Program,  
Decatur, Illinois

Pauwels, Judith, MD

Professor

University of Washington Department of Family Medicine,  
Seattle, Washington

Picker, Bethany, MD

Academic Director

Central Maine Medical Center Family Medicine Residency,  
Lewiston, Maine

Potts, Stacy E., MD, MEd

Chair ACGME Review Committee Family Medicine

University of Massachusetts Worcester Family Medicine  
Residency, Worcester, Massachusetts

Prevatte, Ed, MD

Program Director

Halifax Health Family Medicine Residency Program,  
Daytona Beach, Florida

Puffer, James C., MD

President and Chief Executive Officer

American Board of Family Medicine, Lexington, Kentucky

Quan, Martin A., MD

Senior Advisor to the President

American Board of Family Medicine, Lexington, Kentucky

Rafiq, Naureen, MBBS

Core faculty

Creighton University, Omaha, Nebraska

Rapacciulo, Jamie, DO

Osteopathic Program Director

Christiana Care Health System, Wilmington, Delaware

Ringdahl, Erika, MD

Professor, Program Director

Family & Community Medicine Residency, University of  
Missouri, Columbia, Missouri

Robinson, Erika L., BS

Project Manager

Houston Methodist Hospital, Houston, Texas

Rodriguez, Angelina, MD

Associate Program Director

St. Elizabeth Boardman Family Medicine Residency,  
Boardman, Ohio

Rosas, Jennifer, MD

Associate Program Director

HonorHealth Scottsdale Osborn Medical Center - Family  
Medicine Residency, Scottsdale, Arizona

Rosener, Stephanie E., MD

Associate Program Director

Middlesex Hospital Family Medicine Residency Program,  
Middletown, Connecticut

Ross, Scott F., MD

Residency Faculty

Midland Family Medicine Residency Program,  
Midland, Michigan

Ruddy, Meaghan P., MA, PhD Director of Transformative Education/ STFM Taskforce Member Family Medicine/ The Wright Center for GME, Scranton, Pennsylvania	Slawson, David C., MD Professor of Family Medicine; Vice-Chair University of Virginia, Charlottesville, Virginia
Salanski, Stephen C., MD Program Director Research Family Medicine Residency, Kansas City, Missouri	Sly, Anne K., MD Associate Program Director Research Family Medicine Residency Program, Kansas City, Missouri
Sanchack, Kristian E., MD, MHA, FAAFP Program Director Naval Hospital Jacksonville Family Medicine Residency, Jacksonville, Florida	Smith, Dustin K., DO, FAAFP Assistant Program Director Naval Hospital Jacksonville Family Medicine Residency, Jacksonville, Florida
Sanner, Louis A., MD, MSPH Associate Professor Madison Family Medicine Residency Program, University of Wisconsin, Madison, Wisconsin	Stiefel, Lori, MD Associate Director, Family Medicine Residency UPMC Shadyside Family Medicine Residency, Pittsburgh, Pennsylvania
Schmitz, David, MD Rural Programs Director Family Medicine Residency of Idaho, Boise, Idaho	Su, John K., MD, MPH Program Director Kaiser Permanente Los Angeles Family Medicine Residency Program, Los Angeles, California
Seery, Amy, MD Faculty, Via Christi Family Medicine Residency Via Christi Family Medicine Residency, Wichita, Kansas	Taylor, Deborah, PhD Behavioral Science Faculty Central Maine Medical Center FMR, Lewiston, Maine
Shanholtz, Wanda, AA Associate Residency Coordinator Shenandoah Valley Family Practice Residency, Front Royal, Virginia	Thoma, Kate, MD, MME Program Director, Associate Professor University of Iowa Family Medicine Residency Program, Iowa City, Iowa
Shaughnessy, Allen F., PharmD, MMedEd Professor of Family Medicine, Director of Faculty Development Tufts University Family Medicine Residency at Cambridge Health Alliance, Malden, Massachusetts	Tuggy, Michael, MD Vice Chair Family Medicine for America's Health Private Practice, Winthrop, Washington
Shen, Wendy, MD, PhD Associate Professor University of Iowa, Iowa City, Iowa	Van Hala, Sonja N., MD, MPH, FAAFP Residency Program Director University of Utah Family Medicine Residency Program, Salt Lake City, Utah
Shipley, Sonya, MD Asst. Professor, Dept of Family Medicine University of Mississippi Medical Center, Jackson, Mississippi	Verzal, Rhonda, MD Inpatient Medicine and Quality Coordinator Halifax Health Family Medicine Residency Program, Daytona Beach, Florida
Siemons, Genna M.C., MD Chief Resident Research Family Medicine Residency Program, Kansas City, Missouri	Vnenchak, Pam, MD Chair, Department of Family and Community Medicine Lancaster Gen Health Lancaster General Health, Lancaster, Pennsylvania
Singh, Mannat, MPA Program Coordinator, GME Initiative Colorado Institute for Family Medicine, Denver, Colorado	Voorhees, Kenton I., MD, FAAFP Vice Chair for Education, Department of Family Medicine University of Colorado School of Medicine, Aurora, Colorado
Skelly, Kelly S., MD Associate Professor University of Iowa, Iowa City, Iowa	Walters, Emily Writer and Project Manager STFM Society of Teachers of Family Medicine, Leawood, Kansas

# Presenters, continued

Warwick, Eric, MD

Assistant Professor and Program Director  
Baylor College of Medicine, Houston, Texas

Wasey, Waiz A., MD

Resident Physician

Southern Illinois School of Medicine  
Center for Family Medicine - Springfield, Springfield, Illinois

Waterson, Zach, DO, FAAFP

Residency Director & DIO

Fort Wayne Medical Education Program,  
Fort Wayne, Indiana

Watrin, Kerry G., MD

Program Director

MultiCare Tacoma Family Medicine, Tacoma, Washington

Watson, Michael J., MD, MA

Program Director

Northwest Washington Family Medicine Residency,  
Bremerton, Washington

Weaver, Karen, MD

Program Director

Oakwood Annapolis Family Medicine Residency Program,  
Wayne, Michigan

Weaver-Agostoni, Jackie, DO, MPH, FACOFP

Program Director, Osteopathic Family Medicine Residency  
UPMC Shadyside Family Medicine Residency,  
Pittsburgh, Pennsylvania

Wershler, Keith, MD

Associate Program Director

Aultman Family Medicine Residency Program/Aultman  
Hospital, Canton, Ohio

White, Jenny

Education Coordinator

University of Wisconsin Department of Family Medicine and  
Community Health - Madison Residency Program,  
Madison, Wisconsin

Whitley, Kathryn

Residency & Fellowship Coordinator

Boston Medical Center Family Medicine Residency,  
Boston, Massachusetts

Wilbur, Jason, MD

Associate Professor, Residency Program Associate Director

University of Iowa Family Medicine Residency Program,  
Iowa City, Iowa

Wilson, Garland A., MD

Assistant Professor

University of Tennessee- Knoxville, Knoxville, Tennessee

Wittenberg, Hope R., MA

Director, Government Relations

Council of Academic Family Medicine (CAFAM), Washington,  
District of Columbia

Woolever, Donald "Raj", MD

Program Director

Central Maine Medical Center Family Medicine Residency,  
Lewiston, Maine

Wright, Amanda S., DO

Osteopathic Family Medicine Program Director

UnityPoint Health-Methodist and University of Illinois College  
of Medicine at Peoria, Peoria, Illinois

Wu, Ming, MD

Resident Physician PGY-3

University of Oklahoma Family Medicine Residency,  
Oklahoma City, Oklahoma

Wu, Velyn, MD

Assistant Director Sports Medicine

Lynchburg Family Medicine Residency Program,  
Lynchburg, Virginia

Yee, Nicholus, MD

Faculty

Oakwood Annapolis Family Medicine Residency Program,  
Wayne, Michigan

Zaro, Christina, MD

Faculty physician

Natividad Family Medicine Residency, Salinas, California

Zayas-Bazan, Javier A., MD

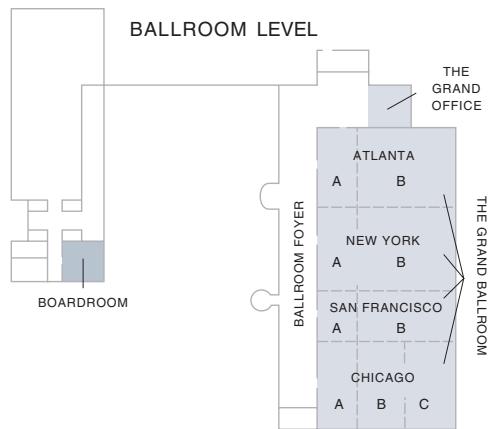
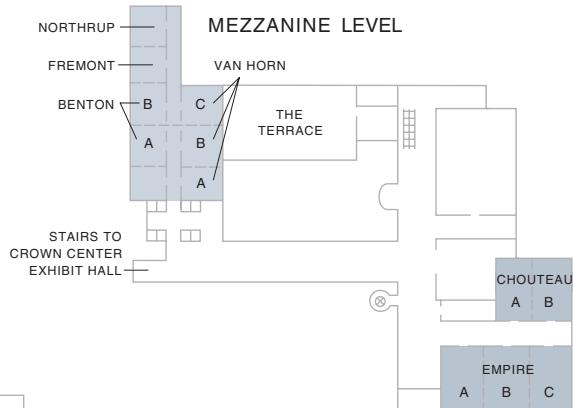
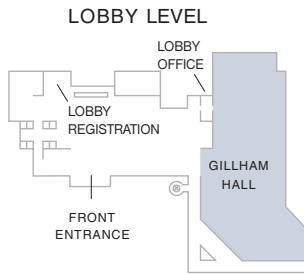
Associate Director

HonorHealth Scottsdale Osborn Family Medicine Residency  
Program, Scottsdale, Arizona

## NOTES

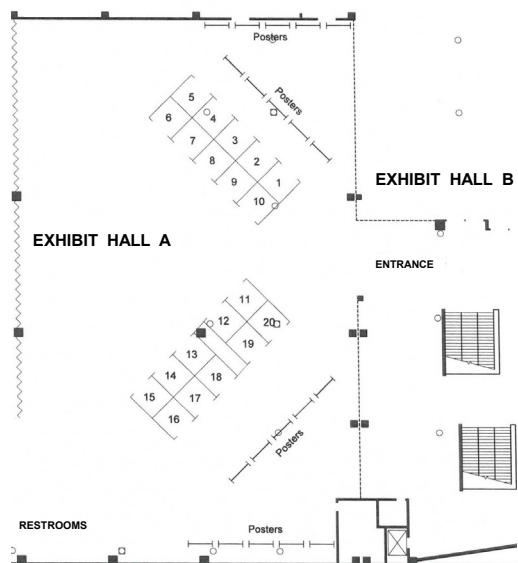
## NOTES

## NOTES



## EXHIBIT BOOTHS

1. HCA
2. Family Medicine Residency Nurses Association (FMRNA)
3. American College of Osteopathic Family Physicians (ACOFP)
4. Association of Family Medicine Residency Directors (AFMRD)
5. American Association for Primary Care Endoscopy (AAPCE)
6. AAFP Foundation
7. Residency Program Solutions (RPS)
8. Residency Program Solutions (RPS) - Single Accreditation Information
9. Practice Advancement Division
10. US Army Health Care
11. Residency Partner
12. Advanced Life Support in Obstetrics (ALSO)
13. CME Sales
14. Society of Teachers of Family Medicine (STFM)
15. Family Physicians Inquiries Network (FPIN)
16. HealthLandscape
17. AAFP Medical Education - Resident and Student Activities
18. AAFP Center for Global Health Initiatives
19. Association of Family Medicine Administration (AFMA)
20. DynaMed Plus / EBSCO Health



**Sheraton Kansas City Hotel at Crown Center**  
2345 McGee Street, Kansas City, MO 64108