A Practical Guide to Developing Areas of Concentration

Experience at a Community Based Residency

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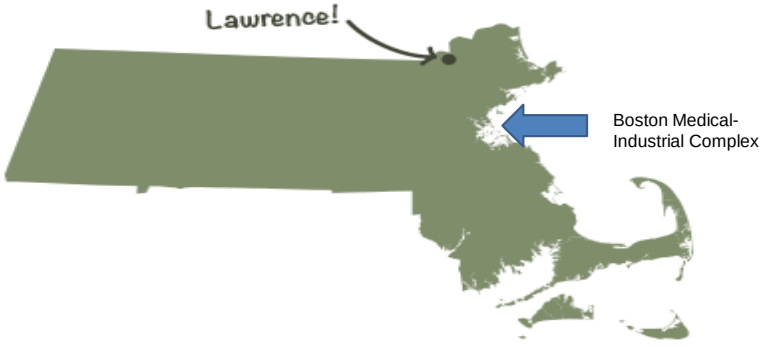
Acknowledgement

Thanks to Robert Luby, MD

Learning Objectives-
By the end of this session you will be able to….

- Assess and actuate the resources necessary to establish AOC's.
- Employ an institutionally-coordinated process to develop AOC curricula.
- Ensure uniformly high educational value of AOCs, use them to meet ACGME requirements, and accomplish other program goals- eg resident scholarly activity, resident teaching skills, and facilitating quality improvement projects.

Lawrence Family Medicine Residency
Lawrence, MA



Lawrence Family Medicine Residency
(Teaching Health Center)

What are AOC's?

Areas of Concentration (AOCs) are an identified educational method of customizing and enhancing resident education and encouraging the natural development of resident interest and expertise in a focused area, while maintaining a strong commitment to comprehensive generalism in family medicine.

"One Giant Leap for Family Medicine: Preparing the 21st Century Physician to Practice Patient-Centered High-Performance Family Medicine"

Pugno P *JABFM 2010.S1.p 23-27*


One Giant Leap for Family Medicine: Preparing the 21st-Century Physician to Practice Patient-Centered, High-Performance Family Medicine

"**As a result of (internal and external) factors, drivers, and trends, it is my belief that the postgraduate education of family physicians must change.** That change must be built on 3 key elements 1) a 4 year residency training period 2) a longitudinal educational experience in continuity of care with a patient population based in a community practice setting; and 3) **the capacity for trainees to customize their residency experiences by selecting a value added component to their training**….. Up to 25% of today's family medicine residency graduates are already seeking additional training in the form of fellowships and other academic programs."

2007 AFMRD Guidelines for Individual AOCs

"Individual Areas of Concentration (AOC) provide a common framework around which residents, program directors and faculty may design additional training that is above and beyond the core training in family medicine… An AOC is a program designed for an *individual* resident, and should not be confused with a "Focused Program" or track as described in the *RAP Criteria for Excellence* *(RAP Criteria for Excellence, 6th edition p. 18)* "

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(after road-testing, yes and no…)

LFMR Area of Concentration Development

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AOCs in a 3 Year Residency

- "Create Your Own" Model to allow for maximum resident options.
  - Large menu of potential options from faculty/resident interest
  - Required residents to actively engage in planning and implementing AOC
- AOC Outline
  - 10 weeks of experience, plus an optional longitudinal experience
  - Identify and have approved goals and objectives with measured competency based outcomes where the resident will gain an additional skill level
  - Related Scholarly Activity or QI project

AOCs in a 3 Year Residency

- Advantages
  - Motivated and organized residents gain added measurable skills
    - Lactation (IBCLC) Certification
    - Progression toward HIV Specialist certification
- Disadvantages
  - Difficult to monitor and administer (no clear standards
  - Most residents lack time and organization to set up own meaningful experiences while also doing residency
    - Most residents did not achieve stated goals

AOCs in a 4 Year Residency

- Moved to more standardized AOCs
  - Faculty developed
  - Limited selection
  - No “design your own”
- Standardized AOCs with flexibility built within each to allow for individualized educational experience

Areas of Concentration in a 4 Year Residency

- Goal- to allow “intentional diversification” (P4 concept)
- Occurs in R3 and R4 year
- Residents choose by mid-year R2
- 20 weeks of block experience
- Longitudinal experiences
- Leadership/Community experiences
- Scholarly Activity/Quality Improvement

4 Year Block Curriculum

R1	Adult Medicine (10 wks)		AM NF (2 wks)	Maternity Care (6 wks)	MC/PD NF (4 wks)	Pediatrics (4 wks)	Surgery (2wks)	Outpatient Longitudinal (14 wks)			Spanish Elective (2wks)	Spanish/ Intro to FM (4 wks)	Vacation (4 wks)	
R2	Adult Medicine (4 wks)	ICU (4 wks)	AM NF (4 wks)	Maternity Care (4 wks)	MC/ PD NF (2 wks)	PD (2 wks)	Neo (2 wks)	Peds ED (2 wks)	ED (4 wks)	Outpatient Longitudinal (16 wks)			Elective (4 wks)	Vacation (4 wks)
R3	Adult Medicine (6 wks)		AM NF (2 wks)	MC (2 wks)	MC/PD NF (4 wks)	Pediatrics (4 wks)	ED (4 wks)	UMASS Sports Med (4 wks)	Outpatient Longitudinal (10 wks)		Longitudinal AOC (4wks)	AOC (4 wks)	Elective (4 wks)	Vacation (4 wks)
R4	Adult Medicine (4 wks)	FM NF (2 wks)	MC (2 wks)	MC/ PD NF (2 wks)	Peds ED (2 wks)	Clinic Chief/PCMC (6 wks)		Outpatient Longitudinal (20 wks)			Longitudinal AOC (4wks)	AOC (8 wks)	Elective (2 wks)	Vacation (4 wks)

Important details when developing Areas of Concentration

- Use program criteria for choosing which AOC's to develop.
- Define the degree of flexibility to be offered with regards to individualization of AOC's.
- Develop uniformity of curricula across AOC's to ensure equivalency of educational value.
- Develop curricula aligned with ACGME competencies and with measurable outcomes.
- Incorporate research, QI, community medicine, and scholarly activity into Area of Concentration curricula.
- Carefully attend to the logistics of scheduling block time and longitudinal time.
- Establish timelines and deadlines for the various AOC curricular components.
- Include opportunities for "resident-as-teacher", information mastery, and EHR enhancement as an expectation of AOC curricula.
- Implement a coordinated institutional approach to tracking resident progress and portfolio maintenance.

Residency Program Priorities Initial Selection of AOC's

Residency Program Priorities
Initial Selection of AOC's

- Resident interest
- Faculty expertise and interest
- Internal "resources"
- External "resources"
- Longitudinal vs. block scheduling
- Unmet or suboptimally met patient needs (Barriers to access, improving quality of care and patient experience)
- Value based payments- reducing specialty referrals?

Resident Priorities / Institution Reality
Defining the Degree of Individualization

- Allow **"combination"** AOC's?
- Allow **"design-your-own"** AOC's?
- Allow **"multiple"** AOC's?

LFMR Areas of Concentration

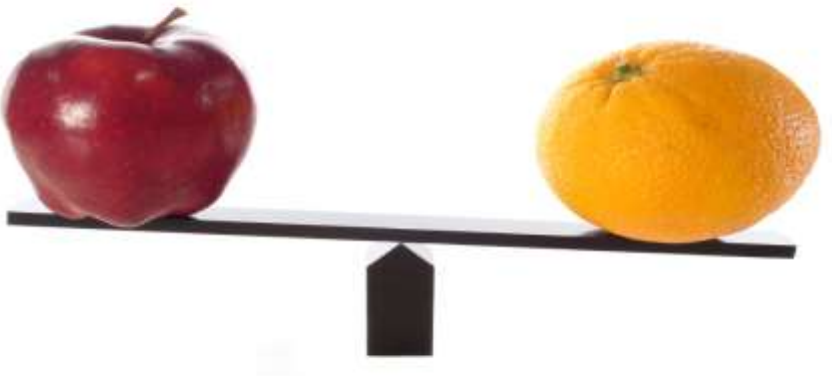
Currently Offered AOCs

- Global Health
- Advanced Surgical Maternity Care
- Integrative Medicine
- HIV
- Academic/Faculty Development
- Health Systems Leadership
- Sports Medicine
- Women's Health

AOCs in Development

- Behavioral Health
- Addiction Medicine / Pain Management
- Hospitalist

Program Priorities
Uniformity of Quality Across AOC's



Program Priorities
Equivalency of Educational Value

Uniformity of Curricula
Key Components of Templated Curricula

- Clear GOALS and OBJECTIVES
- Participation LIMITS
- AOC-Specific FOCUS?
- Defined CURRICULAR components (tied to objectives)
- BUDGET / CME / Conferences- $1000/resident over their entire residency

Uniformity of Curricula
Key Components of Templated Curricula

- Resident as Teacher
- AOC AOC
- Quality Improvement Project
- Research/Scholarly Activity
- Community Medicine Component

"Area of Concentration
Ambassador of Consultation"

AOC AOC
INQUIRIES AND ANSWERS

- Example: HIV
- What are the parameters which justify transitioning an HIV patient from a q3 month to a q6 month lab draw for CD4 and viral load surveillance?

HIV

- While most HIV-infected patients on treatment should have VL and CD4 testing done every 3-4 months, the new NIH /DHHS May 2014 guidelines give those patients who have been well-controlled on treatment for at least 2 years a little more laxity with CD4 and VL testing (and our system a little cost-savings); the rationale for this is that more frequent testing is unlikely to alter clinical care in such patients:
- ***For patients who have been on ART for at least 2 years with consistent viral suppression (**viral load undetectable**):
- • CD4 count between 300 and 500 cells/mm3: CD4 count monitoring every 12 months **(BII)**.
- • CD4 count >500 cells/mm3: CD4 count monitoring is optional **(CIII)**.
- ***Similarly, as long as the CD4 counts consistently remain above 300, and VL is suppressed for more than 2 years, can space viral load testing to every 6 months **(AIII).**
- Where AIII – strong, expert opinion recommendation
- BII – moderate, nonrandomized trials
- CIII – optional recommendation, expert opinion

AOC AOC
INQUIRIES AND ANSWERS

- SPORTS MEDICINE (Example):

- Is there any evidence regarding the effectiveness of keyboard assistive devices for ameliorating the effects of carpal tunnel syndrome on keyboard users?

SPORTS MEDICINE

- There's lots of evidence on the importance of ergonomics for reducing work-place related MSK injuries, and the associated cost. However, according the CDC/NIOSH (Nat'l Institute for Occupational Safety and Health), there's inconclusive evidence for the efficacy of ergonomic keyboards, mice, and wrist supports.

  Recommendations are:
  1) set up your workstation ergonomically
  2) take frequent stretching breaks
  3) you may try ergonomic supports (keyboards, mice, wrist supports) empirically (but evidence of efficacy is inconclusive)

  Source
  -CDC/NIOSH publication 97-148, published December 1997, updated June 2014

  Disadvantages of this recommendation:
  - current objective data is limited
  -lots of industry sponsored studies supporting use of these devices and purporting efficacy

LFMR Resident Selection Experience Classes of 2014-2018 (Total/Current Residents)

- Sports Medicine – 1/1
- HIV – 6/5
- Advanced Surgical Maternity Care – 5/5
- Academic FM – 4/3
- Health Systems Leadership – 4/2
- Integrative Medicine – 3/1
- Global Health – 4/1
- Women's Health – 7/5

AOC Early Returns …

- HIV
- Sports Medicine
- Advanced Maternity Care (Surgical)
- Health Systems Leadership
- Women's Health

Take Home Points

- AOCs are to provide more depth in a focused area but do NOT decrease scope, actually increase scope for everyone including outside of their chosen AOC (HIV, sports med, etc).
- Desired by residents (and applicants).
- Residency/Faculty takes ownership for development and evaluation of additional competencies rather than residents.
- Discipline needed.
- Roll with the punches (Integrative Med this past year).
- Resident As Teacher/ scholarly activity/QI.
- A Rising Tide Lifts All Boats.

Some Background Reading on Areas of Concentration:

- Pugno PA "One Giant Leap for Family Medicine: Preparing the 21st-Century Physician to Practice Patient-Centered, High-Performance Family Medicine" *JABFM* March–April 2010 Vol. 23 Supplement. S23-27.
- Crownover B, Crawford PF. "Areas of Concentration Increase Scholarly Activity". *Family Medicine* 2008; 40(2):87-90.
- Nash LR and Robinson MD. "Areas of Concentration in Family Medicine Residencies". *Family Medicine* 2008. 40(9):614-615.
- AFMRD Guidelines for Individualized Areas of Concentration (2007).

More details on our AOCs- website

http://lawrencefmr.org/site/?page_id=1373

During the break…

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.

Thanks

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