

# Exploring Non-Physician Roles in Competency-Based Resident Education

*AAFP Program Directors Workshop*

*Friday, April 1, 2016*

*3:00 – 4:00 PM*

## **Presenters**

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## **Contact**

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## **Supplemental Materials**

1. Milestones Map – Family Medicine Residency of Western Montana
2. Examples of Resident Self-Directed Learning Statements – Group Health Family Medicine Residency
3. Faculty Development Topics and Materials – Union Hospital Family Medicine Residency

**Milestones Table – Rotations where best demonstrated and assessed**

Rotation	Continuity Clinic (Shift Cards)	Adult Medicine	OB	Pediatric Amb/Inpatient/ED	GYN	Com Med	Jr/Sr (AM)	Res Peer	Other
PC1	√	√	√	√	√		√		
PC2	√								
PC3	√				√	√			
PC4	√								
PC5	√	√	√	√	√		√		
MK1									SAMS, ITE
MK2	√	√	√	√	√		√		
Prof1								√	Prof Retreat/Values
Prof2	√	√	√	√	√		√	√	
Prof3	√					√			
Prof4								√	Self-Assess/Faculty Advisor
SBP1	√	√					√		
SBP2	√								FMC Month
SBP3						√			Faculty Advisor FMC Month
SBP4	√					√			
PBLI1	√	√							
PBLI2									Faculty Advisor/SAM
PBLI3						√			Faculty Team Leader
C1	√							√	
C2	√					√		√	
C3	√	√		√		√	√	√	
C4		√		√			√	√	

CCC: All Core Faculty including Behavioral Health, Pharmacy, and Program Manager

## Sample R1 Self-Directed Learning Statement – Fall, 2015

### Overall

- Feeling good in this role, think I could be a good doctor someday.
- Enjoy the role of intern and all the responsibilities and privileges, getting to know my patients in that context feels so much more rewarding than as a med student.
- Feel like I made the right specialty choice and the right residency choice.
- Mixed about clinic - often frantic, usually feels like I'm doing a bad job, usually behind.
- Dread inpatient medicine - days are long, workflow does not make sense in my mind.
- Enjoy OB - variable pace, good teaching, fun skills and bustling work environment.
- Career - getting emails/postcards with job offers, wondering what I could/should be doing to support career options in 2018
- Having a hard time balancing being thorough with being efficient, still erring on the "too much" side of everything: too much writing in my notes, too much time gabbing with patients, too much overthinking problems in medicine & secure messages.
- Have been surprised how small the residency feels and wanting more formal teaching
- Surprised how lonely I feel often in my daily work, especially on OB.
- Having trouble feeling invested in the community trimester experiences.

### Clinic

- not sticking to road-mapping much of the time; first thing to disappear when I'm running late
- best at road-mapping with new patients
- worst with well visits or return patients with multiple complaints
- frazzled by paperwork, in-basket
- feel like I should be able to figure something out by myself so delay asking for help, thinking I'll make time to research it later in the day but often run out of time.
- so worried I'm going to do the wrong thing that I don't do anything sometimes
- not preparing well - often preceptor knows more than me about patient (last A1C etc)

- enjoying procedures
- not doing much in-the-moment research; relying a lot on preceptors
- uncomfortable asking MA/RNs to do things and also embarrassed how much they do for me
- Need feedback from MAs/RNs
- Not doing any PCR MCR; look at the numbers on my dashboard and ignore except in Weds sessions

#### Hospital

- enjoy working with specialists
- enjoy working with nurses
- Do not like the mini rounds at 7:30am, then also rounding at 10:30am
- Would like to improve the sign-out process
- Really miss morning report, radiology rounds, teaching med students
- Would like more formal teaching

#### Professionalism

- Have had some bizarre and embarrassing miscommunications with attendings/preceptors, I think due to feeling tired and frazzled and thinking that I understood the plan when I really didn't.
- Still feeling uncomfortable about MA/LPN/RN roles

#### Outside Activities

- Only intern at the "Create" abortion training meeting
- Not doing much else
- Doing well not taking on too much (saying no to HIV training)
- Not making time for volunteering
- Want to do suboxone training

#### Goals

### Professionalism and Efficiency

- Prepare for the clinic day methodically and efficiently
- Well-visit efficiency: use smart sets and agenda setting smoothly
- Always clarify with preceptor/attending about plan
- Make notes shorter

### Medical Knowledge

- Carefully read all of the EKGs & CXRs I order in clinic and inpatient
- Antidepressants - become facile about first line choices, indications, side effects
- Electrolyte repletion on inpatient - get it down
- Complete suboxone training (can I do this as a first year?)

### Practice-Based Learning

- Take time to look up info about medical question/patient before precepting
- Formulate specific feedback questions for MA/LPN/RNs
- Ask other residents/faculty how they make time for PCR/MCR

### Sample R3 Self-Directed Learning Statement – Fall 2015

I wish I were able to take more advantage of our excellent training during my first half of residency. If I could do it again, I would try harder to learn. For the first half, I felt like I was simply trying to survive. Because of this, I want to spend my last 6 months of residency trying to learn as much as I can. This is why I chose to rotate through CIM, to see more difficult cases. I hope to (finally) attend an all-day CME that GH offers. Unfortunately, scheduling issues have prevented me from going in the past.

Evaluating myself has always been difficult... I believe I am meeting expectations for my level of training. I want to focus more on being thorough and on expanding my knowledge base. I have been trying to ask for more feedback and making it a point to ask for help more often, even when I am just a bit unsure.

Also, during my intern year, faculty review concluded that I was too social. It wasn't specific enough for me to know how to improve or what exactly was the point of contention. Honestly, I have been unable to stop thinking about this. Ever. Do people still feel this way? Apparently, it was put to some good use by making me one of the Recruitment/Didactics chief. But please let me know if I am too difficult to work with or that people would anticipate problems in my future career due to this.

I have really been enjoying going to clinic leadership meetings with \_\_\_\_\_. I find it interesting the challenges the clinics face and how we are approaching solutions. I like being involved, but haven't been able to extrapolate how to fit that into my future career (especially starting out as a fresh resident). I'm planning on asking \_\_\_\_\_ that at some point.

Specific goals:

- Ask for more feedback to help recognize my knowledge gaps.
- Prepare for specialty electives with a list of educational questions, to maximize learning.
- Continue to attend leadership meetings with Grant to help figure out how involved I want to be in the future in clinic leadership.
- Get as many procedures as possible, because ideally I would be proficient in as many office procedures as I can.
- Effectively manage the extra coverage I'm helping with over the next several weeks.
- Go to CMEs, especially ones for Pediatrics and Difficult Cases in Primary Care.
- Try to be less of a pushover... with patients and with colleagues. I have a hard time saying no and feeling like I am disappointing people. Because of this, I am not very good at protecting my own time/sanity. See goal #5.

- Be less afraid of consulting specialists. I get scared and anxious every time before call them.