

Exploring Non-Physician Roles in Competency-Based Resident Education

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Overview

- Competency-based curriculum and evaluation in the Milestones era: more work with less time?
- Educational roles for non-physician (“professional”) staff: win-win?
- Sharing our enthusiasm: roles and case studies
- Questions and discussion

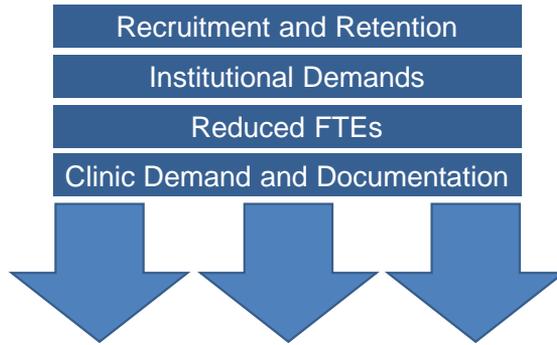
Poll Question

Is there a perceived lack of physician-faculty time at your program?

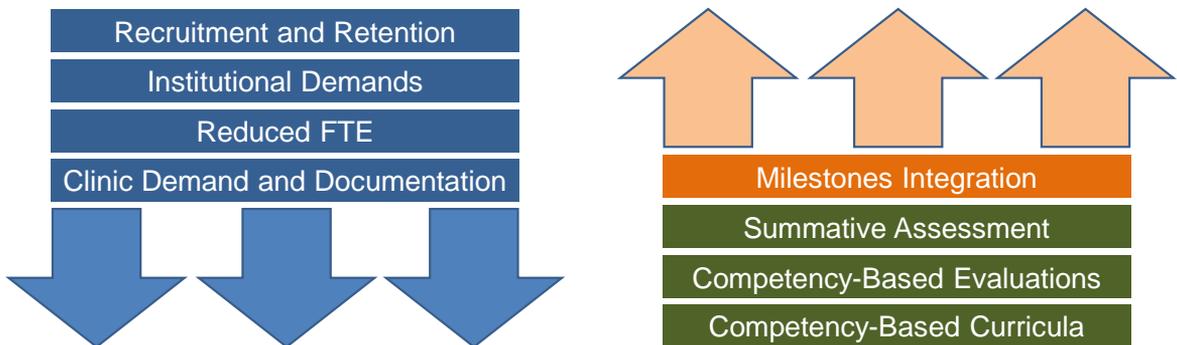
A. Yes

B. No

Available Physician-Faculty Time



Curricular Demand



An Opportunity for Professional Staff?

- New, education-focused roles vs...
- Collaboration with existing staff on expanding or evolving roles
- Existing roles, particularly work done by behavioral scientists

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An Opportunity for Professional Staff?



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Goal

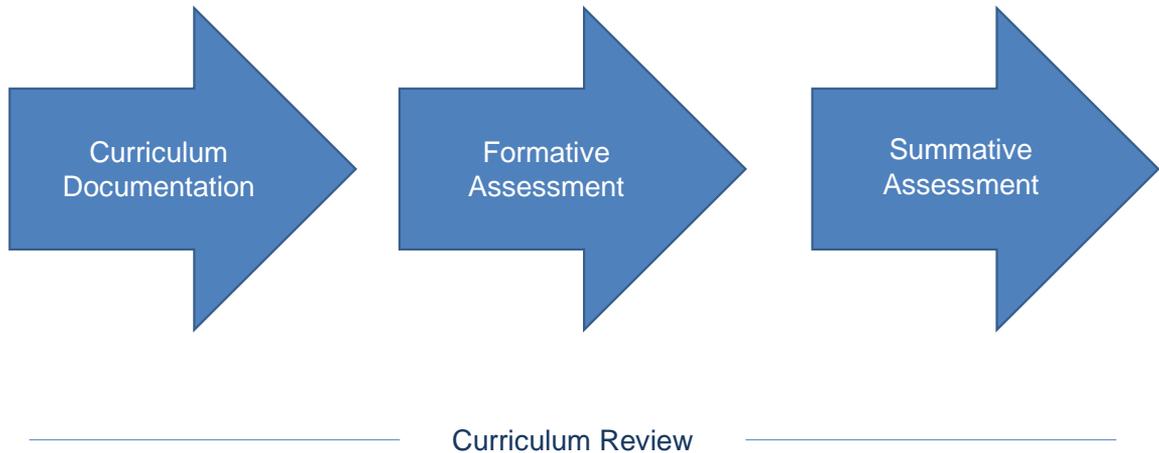
Our goal is to encourage programs to consider ways to involve professional staff more directly in the educational process. For programs who already involve professional staff in education, we hope that our case studies contain useful elements for reflection or adaptation.

Objectives

At the end of our presentation and conversation, participants should be able to:

- Draw on specific examples of curricular work led by professional staff to encourage brainstorming or pilot projects at home;
- Utilize an expanded vocabulary for exploring the benefits and limitations of involving professional staff in curriculum development and management;
- Connect with others interested in fostering the educational role of professional staff.

Defining Curricular Work



Poll Question

Which item best describes the level of need for curricular work at your program?

1. Minimal – documentation is up to date, processes are reliable, feedback to residents is meaningful, Milestones assessment is manageable, periodic check-and-adjust are all that is needed
2. Moderate – key areas need work, including updating documentation and evaluations, providing feedback, or gathering evidence for Milestones
3. Substantial – the majority of key areas need work; broad areas of the curriculum need attention and revision to better inform the Milestones or improve resident assessment

Hard-to-Wrangle: Challenging Facets of Curriculum Management

- Creating and managing opportunities for structured observation.
- Helping residents and faculty develop a shared understanding of curricular initiatives.
- Developing standards for resident assessment.
- Encouraging involvement in curricular goals.
- Developing a “culture of feedback.”
- Fostering resident involvement in self-directed learning.
- Developing strategies for making evaluations and documentation meaningful and useful.
- Planning the curriculum review and implementing action items.
- Using data to paint meaningful pictures of resident progress.
- Managing communication about the curriculum between and among faculty and residents.
- Others?

Managing Logistics vs. Contributing to Education

Feeling meaningful in resident learning. *Something extra?*

Assigning and tracking evaluations *vs.* meeting with residents and faculty to gather and implement feedback on developing meaningful evaluations.

Recording the CCC’s Milestones assessments *vs.* managing communication with residents and faculty about how the Milestones integrate into the curriculum.

Scheduling daily assignments *vs.* collecting information on the value of different educational experiences and integrating it into program planning.

Poll Question

Does your program involve professional staff in curricular or educational work beyond managing logistics?

A. Yes

B. No

Challenges and Enthusiasm

- Professional staff can never have the same insight into residency training as physicians, but this should not exclude them from curricular work.
- Communication, professionalism, systems, data management, and humanism are all curricular areas that professional staff can facilitate, model, manage, or, in some cases, teach.
- Greater educational involvement (*something extra*) = greater professional satisfaction = greater program flexibility in meeting curricular needs.

Milestones Mapping

Program Requirement V.A.2.a) The faculty must evaluate resident performance in a timely manner during each rotation...

Program Requirement V.A.2.b) The program must provide objective assessment of competence... based on the specialty specific Milestones...



Milestones Mapping

1. A new 10-10-10 program in Missoula, MT with an RTT in Kalispell, MT.
2. A founding program manager with a unique dyad relationship with her PD.
3. A comprehensive map of how the curriculum addresses the Milestones, tailored feedback for residents and faculty, and interpretative services for residents.
4. Something extra: responsibility for making the Milestones meaningful to residents; responsibility for improving standardization around Milestones assessment and appropriate evidence for resident rankings.

A Formal Faculty Development Series

Program Requirement II.B11) There must be a structured program of faculty development that involves regularly scheduled faculty development activities designed to enhance the effectiveness of teaching...



A Formal Faculty Development Series

1. A 7-7-7 program in Terre Haute
2. A doctorally trained educator with a background in data management hired specifically to do curricular work.
3. Monthly faculty development sessions focused on important topics and collaborative learning.
4. Something extra: improving resident education by structuring and standardizing faculty attention to key issues.

Resident Self-Directed Learning

Program Requirement IV.A.5.c) Residents must demonstrate the ability to investigate and evaluate their care of patients... and to continuously improve patient care based on constant self-evaluation...



Resident Self-Directed Learning

1. A longitudinal 6-6-6 program with training sites in Seattle and Burien, WA.
2. An education and data manager hired to direct the curriculum.
3. The rejuvenation of self-directed learning through personal involvement and managed communication.
4. Something extra: a listening ear for residents' perceptions of their progress and facilitator of communication with faculty.

Wrap-Up and Discussion

1. More information on our roles or case studies?
2. Questions, concerns, or opinions about the overall message of the talk?
3. Specific thoughts on case studies?
4. Examples to share?

During the break...

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



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