Workshop 34

Building an Effective Family Medicine Lecture Series in your Residency: Challenges and Solutions

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Dennis J. Butler, PhD,
Associate Program Director & Director of Behavioral Science
Columbia St. Mary's Family Medicine Program, Medical College of Wisconsin

Joseph Brocato, PhD,
Graduate Medical Education Director, University of Minnesota Family Medicine Residency Programs

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OBJECTIVES

- Identify the variety of strategies family medicine programs use to meet the ACGME requirements for family medicine didactic conferences
- Discuss the advantages and disadvantages of methods for providing required family medicine didactic sessions (block versus single sessions; traditional lecture formats, interactive teaching)
- Plan educationally valuable family medicine conferences and effectively address common threats to conference quality.

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Current ACGME Requirements for Family Medicine Didactics

"provide a regularly scheduled forum for residents to explore and analyze evidence pertinent to the practice of… family medicine" (IV.A.3)

***Core Requirement essential to every graduate medical educational program.**

AAFP Recommended Curriculum Guidelines

Scholarly Activity and Information Mastery

- **Structured didactic lectures, conferences, journal clubs, and workshops** must be included in the curriculum with an **emphasis on outcomes-oriented, evidence-based studies** that delineate common and chronic diseases affecting patients of all ages. (AAFP Reprint #280, 2011)
- Didactic sessions on research methodology should be incorporated

Looking Back
ACGME Requirements for Family Medicine Didactics 1996

Conferences must:

- be held at least twice per week,
- be conducted by persons knowledgeable in the topics,
- include residents as case presenters,
- be designed specifically for residents.
  - conferences designed for the medical staff did not meet the requirement

Looking Back
ACGME Requirements for Family Medicine Didactics 2007

Conferences

- should reflect the needs of the program and the residents;
- at least one faculty should attend each conference given by residents;
- residents must not be the majority of presenters.

Each program must have the following:

- an educational rationale for use of conferences in the program;
- a statement on how conferences are evaluated and the resultant data are used by the program;
- an explanation of resident involvement in conference design and presentations.

Looking Back
ACGME Requirements for Family Medicine Didactics 2007

- Didactic as well as clinical learning opportunities must be provided…, but the majority of time for any required experience should be clinical.
- Although lectures and workshops are helpful…, residency experiences should include direct practice experience to enable residents to learn how to implement principles learned in the didactic curriculum.

Remember when…?

Where are all the residents?

The Challenge of Teaching Today's Resident

The value of the traditional didactic formats has been questioned due to:

- changes in residents' learning styles
- how residents process information
- the ready availability of electronic resources for accessing medical knowledge

Scheduling group didactic sessions is increasingly difficult due to:

- work hour restrictions and service demands
- increased clinical demands on faculty
- Increased clinical demands on outside speakers.
  - 60% of family medicine residencies altered their conference formats in the past two years due to scheduling problems, a need to modify core content and to accommodate presenters

A Tale of Two Studies

Survey of all US family medicine residency programs about their didactic formats

- 1998 Hill, Butler, Guse
  - 279/331 family medicine programs (84%)
  - Published in Family Medicine 2000
- 2015 Brocato, Butler
  - 291/441 of family medicine programs (66%)

Then vs. Now
Time Commitment

- The number of days didactic conferences are offered has decreased from 3.2 to 2.8 (NS)
- **Hours per week for didactic conferences increased from 4.4 to 5.1 (<0001)**
- Length of lectures increased 6 minutes (NS)

Then vs. Now
Stand-Alone Conferences vs. Blocks

Its better to have lectures on one day (block):

- from an organizational standpoint (<.0001)
- from an educational value standpoint (0.0003)

Overall, arranging formal didactics has improved:

- Easy to reserve space (<.0001)
- Size of room is appropriate (<.0001)
- Rooms are comfortable (<.0001)

Then vs. Now
Presenters

Percentage of sessions given by	2015	2000	P-value
Physician, core faculty	40.4%	29.1	<.0001
Non-physician, core faculty	9.9	9.8	0.4845
Residents	19.4	14.0	<.0001
Physicians, non-core faculty	24.7	41.9	<.0001
Non-physician, non-core faculty	5.2	5.5	0.0919
	Faculty & residents now provide 70% of presentations	Faculty and residents provided 55% of presentations	

Then vs. Now
When are Conferences?

Time of Day	2015	2000	P VALUE
Morning or lunch hour	35.9%	69.1	<.0001
Half or full day	57.8	29.1	<.0001
Other	6.3	1.8	<.0001

Then vs. Now
Format Changes in Past Two Years

	2015	2000	P value
Percentage of Programs making Format Changes	58.5	42.5	0.0001

Then vs. Now
Attendance Expectations

	2015	2000	P value
Programs at which all residents are relieved of duties to attend didactics (%)	42.6	76.8	<.0001

Then vs. Now
Drugs and Docs

- The percentage of sponsored conferences (Pharmaceutical) dropped to 1% (<.0001)
- The absolute number of presentations by community-based family physicians decreased by half (NS)

Factors Influencing Topic Selection (2015)

1= Major influence; 2=Somewhat influential, 3=No influence

Factor	Mean Score	Rank
Resident feedback on topics	1.38	1
Faculty input	1.57	2
Faculty areas of expertise	1.63	3
New literature or studies	1.68	4
ITE or Board scores	1.72	5
Availability of speakers	1.76	6
ACGME Competencies	1.87	7
Family Medicine Milestones	2.05	8 tie
Local medical issues	2.05	8 tie
Chart audits, QI	2.09	10
Graduate input	2.14	11
Changes in practice, ACA	2.44	12
Pharmaceutical funding	2.95	13

Summary of Changes since 1998 Survey

- The number of hours devoted to conferences has increased but the number of days conferences are offered has decreased.
- The majority of programs (64%) are using extended block vs. stand-alone sessions.
- There is a significant shift in presenters. Family medicine faculty and residents now lead 70% of conferences.
- Pharmaceutical support has disappeared.
- 60% of programs changed conference formats in the past two years.
- Only 40% of programs now relieve all residents of duties to attend didactics.
- Duty hours and coverage are the most common reasons endorsed for changing conference formats.
- The ACGME Competencies and Milestones are only *somewhat influential* in selecting conference topics and relatively low compared to other factors.
- Topic selection is most strongly influenced by resident needs and faculty input

Threats to Family Medicine Didactics identified by Program Directors & Conference Coordinators

- 247 Respondents (85%)
- 41 reported no significant threats in the past 2 years (17%)
- 206 programs identified threats to their didactic program (83%)
  - 347 threats were listed

Categories of Threats

Resident Issues ➢**Duty hours** ➢**Coverage** ➢**Behavior**	**Faculty Issues** ➢**Manpower/availability** ➢**Competing demands** ➢**Interest**
Logistics ➢**Location** ➢**Funding**	**Content** ➢**Sub-specialty and specialized speakers**

Some Fundamental Guidance

- Traditional board review sessions are the format of choice for improving low ITE or Board performance
- Establish and maintain a core topic list
  - Match content proportionally to Board Exam or ITE content
  - Cover family medicine essentials
  - The weekly ambulatory topic
- Protect Didactic Conference time for DIDACTICS
- Keep attendance to identify low frequency attendees

Adjustments for Maintaining Conference Quality

- Faculty development for core faculty
- Protect prep time for core faculty
- Monitor balance of presenters, avoid over reliance on residents
- Consider collaborative faculty-resident presentations

Solutions

- Emphasize interactive and group learning activities when possible and appropriate
- Explore alternatives for accessing conference materials due to work hour restrictions

Content Emphasis

- QI reviews tie in with resident projects
- Patient safety
- SAMS Prep
- Guideline lectures
- Case based
- Interactive; group task sessions
- Concurrent On-line resource teaching

Structural Strategies

- Workshops, Theme Days, Blocks
  - Q monthly, bi-weekly
- Year specific sessions
- 15 minute talks (EKG)
- Reduce “lectures” to 45, 30 minutes
- EBM rapid fire (4 reviews in 60 minutes)

“They always say time changes things but you actually have to change things yourself.”

Andy Warhol

During the break…

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

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