Using the Residency Curriculum Resource to Redesign a Residency Didactic Curriculum

Miranda Huffman, MD, MEd
Assistant Professor

Todd Shaffer, MD, MBA
Professor

UMKC UNIVERSITY OF MISSOURI-KANSAS CITY
Family Medicine Residency Program
AMERICAN ACADEMY OF FAMILY PHYSICIANS

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 of 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.

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

Objectives

- At the completion of this workshop, learners will be able to:
  - Critically evaluate his/her institutional learning sessions to identify gaps and redundancies
  - Standardize learning sessions to a national curriculum
  - Improve resident preparation for In-training examinations and board certification by ensuring adequate coverage of the breadth of topics covered in family medicine

Poll Question

What is your role in your program?

A. Program director
B. Assistant/associate program director
C. Program coordinator
D. Residency faculty
E. Resident
F. Other

Poll Question

What is your familiarity with the Family Medicine Residency Curriculum Resource?

A. I have no idea what you're talking about.
B. Hey, I've heard of that!
C. I've accessed the website and reviewed some materials.
D. I'm actively using this resource in my residency program.
E. I helped draft the RCR.

RCR Background

- The RCR was first brought to the table in 2009 during a AFMRD strategic planning session.
- This became a focus of AFMRD to move forward with a shared plan developed by faculty all across the country in WIKI format.
- During planning sessions, STFM was brought on to the project in 2012 with their breadth of experience with the FMDRL.
- The two organizations put together a editorial board, narrowed the National curriculum topic list and went to work. 220 total topics categorized by PGY1 and PGY2/3

Free and Subscription RCR

- In 2014, the web site was launched with resources from several different organizations that allowed us to share their content (i.e. AAFP, American Family Physician)
- Subscriber portion was launched by PDW 2015
- 189 programs now have a paid subscription
- 102 topics completed with 77 more in development. Only 41 remain to be picked up

https://www.fammedrcr.com/

Institutional Background

- University of Missouri- Kansas City Family Medicine Residency- 1978
- 14-14-14 Program
- 13 block system
- Fellowships in Geriatrics, Surgical Obstetrics, and Sports Medicine.
- Located at Truman Medical Center – Lakewood
- Primary Care Community Safety Net Hospital in Kansas City, MO

Simultaneous Opportunities

- New faculty member managing didactic curriculum
- New committee oversight of curriculum
- Loss of staff support for managing didactic curriculum
- Decision to move to dedicated half day of education for residents
- Release of FM RCR

- “Never let a good crisis go to waste.” – Winston Churchill

Poll Question

Define “didactics”

A. Small group interactive lectures
B. Time focused on learning rather than direct patient care
C. Large group lectures
D. Any opportunity to explore a topic in more depth, regardless of the location or format

Didactic Education

- "A **didactic method** (Greek: διδάσκειν *didáskein*, "to teach") is a teaching method that follows a consistent scientific approach or educational style to engage the student's mind. The didactic method of instruction is often contrasted with dialectics and the Socratic method."
  - Reference: Wikipedia, accessed January 13, 2016
- ACGME:
  - Didactic = a kind of systematic instruction by means of planned learning experiences, such as conferences or grand rounds

What Didactics Means to Many People:

- Death by PowerPoint!
- Consideration to call these sessions "Learning Sessions"
  - Gets away from PowerPoints only
  - Moves to a facilitated group following a predetermined plan based on adult learning theories

RRC Requirements – Family Medicine

- The program must provide a regularly scheduled forum for residents to explore and analyze evidence pertinent to the practice of family medicine.

RRC Requirement – Internal Medicine

- The core curriculum must include a didactic program that is based upon the core knowledge content of internal medicine.
  - The didactic program may include lectures, web-based content, pod casts, etc. The program must afford each resident an opportunity to review all of the core curriculum topics.
  - Residents must have the opportunity to participate in morning report, grand rounds, journal club, and morbidity and mortality (or quality improvement) conferences, all of which must involve faculty.
  - The program must provide opportunities for residents to interact with other residents and faculty in educational sessions at a frequency sufficient for peer-peer and peer-faculty interaction.

RRC Requirement – Emergency Medicine

- Didactic experiences must include administrative seminars, journal review, presentations based on the defined curriculum, morbidity and mortality conferences, and research seminars
  - These didactic experiences should include joint Emergency Medicine conferences co-sponsored with other disciplines.
  - Educational methods should include problem-based learning, evidence-based learning, and computer-based instruction.
- The majority of didactic experiences must occur at the primary clinical site.
- There must be an average of at least five hours per week of planned didactic experiences developed by the program's faculty members.
  - Individualized interactive instruction must not exceed 20 percent of the planned didactic experiences.
  - All planned didactic experiences must be supervised by core physician faculty members.
  - Each core physician faculty member must attend, on average per year, at least 20 percent of planned didactic experiences.
  - Emergency medicine faculty members must present at least 50 percent of resident conferences.
  - Residents must actively participate, on average, in at least 70 percent of the planned didactic experiences offered.
  - All planned didactic experiences must have an evaluative component to measure resident participation and educational effectiveness.

Poll Question

What structure do you use for your didactic education?

A. Noon conference

B. Morning report

C. Dedicated half day

D. No structured didactics

E. A combination of several formats

Revising Our Didactic Curriculum

- Had been using noon conference format
- Sessions assigned to departments
  - Cardiology
  - Ophthalmology
  - Pediatrics
- Gaps
  - Many faculty interested in Women's Health – lots of this education!
  - Relied heavily on specialists to teach general adult medicine
  - No centralized oversight to ensure important topics were being covered
  - Low ITE scores on adult medicine topics

Previous Structure	Redesigned Structure
Noon conference didactics	Tuesday afternoon resident learning sessions with Thursday noon conference
Each day of the month managed by a different department	Centralized oversight by one faculty member 16 blocks managed by our faculty who coordinate specialists to speak
Content driven by availability and professional interests	Content driven by national curriculum recommendations (with some room for professional interests)
Review of evaluations by program director and chair	Review of evaluations by committee of faculty and residents

AMERICAN ACADEMY OF FAMILY PHYSICIANS

New Format

	12p	12:30p	1p	1:30p	2p	2:30p	3p	3:30p	4p
Week 1		PGY 3 Lecture		ER/OR OR Pharmacy		Behavioral Medicine		Core Medicine	
Week 2	Research Support Office Hours		PGY2 Lecture	Practice Management OR Ethics		Ambulatory Care		Geriatrics	
Week 3		Sports Medicine		Pediatrics		Inpatient Adult Medicine		PGY1 Lecture	Evidence Based Practice
Week 4	Making Ourselves Better Meeting		Women's Health		Patient Safety OR Community Medicine		Meeting with Program Director	Closed Resident Meeting	

Mon, Wed, Fri

- Rotates among our Areas of Concentration
- Women's Health, Geriatrics, Sports Medicine, Rural Medicine, Integrative Medicine, Health Informatics, Global Health, and Hospitalist Medicine

Thursday Noon Conference

- Rotates on block schedule
  - Week 1 – Chair's Conference
    - Outside speakers
    - Quality improvement
    - Practice management
  - Week 2 – Grand Rounds
    - Family medicine faculty
    - Areas of personal or professional interest
  - Week 3 – Morbidity and Mortality Conference
  - Week 4 – Department Meeting

Fridays

- Geriatric Board Review
- OB Didactics for fellows, residents on service, and available faculty

Sections in Topic Index

- Adolescents
- Adult Medicine and Critical Care
- Allergy
- Behavioral Medicine
- Behavioral Science
- Cardiovascular Medicine
- Chronic Diseases
- Community Medicine
- Dermatology
- Emergency Medicine and Urgent Care
- End of Life Care
- Geriatrics
- Global Health
- HIV
- Management of Health Systems
- Maternity Care (Obstetrics)
- Medical Ethics
- Medical Informatics
- Men's Health
- Musculoskeletal and Sports Medicine
- Neurology
- Ophthalmology
- Pain Management
- Pediatrics
- PCMH
- Prevention
- Rheumatology
- Risk Management and Medical Liability
- Surgery
- Women's Health

Pediatrics Adolescents	Pediatrics
Chronic Diseases Prevention	Ambulatory Care
Maternity Care (Obstetrics) Women's Health	Women's Health
Adult Medicine and Critical Care	Inpatient Adult Care
Emergency Medicine and Urgent Care Surgery	ER/OR
Musculoskeletal and Sports Medicine	Sports Medicine
Geriatrics End of Life Care	Geriatrics
Community Medicine Global Health	Community Medicine
Neurology Cardiovascular Medicine Dermatology Allergy Ophthalmology Men's Health Pain Management Rheumatology HIV	Core Medicine Topics
Behavioral Science Behavioral Medicine	Behavioral Medicine
Management of Health Systems Medical Informatics Risk Management and Medical Liability Medical Ethics PCMH	Practice Management

How We Grouped Them

Core Medicine

Neurology
Cardiovascular Medicine
Dermatology
Allergy
Ophthalmology
Men's Health
Pain Management
Rheumatology
HIV

Core Medicine Topics

Practice Management

Management of Health Systems

Medical Informatics

Risk Management and Medical Liability

Medical Ethics

PCMH

Practice Management

Why Group?

- Easier scheduling for our program
- Each block has a faculty responsible for either delivering content or scheduling someone to deliver that information
- Spreads the workload out a bit

What's in a Block?

- Adjustments made based on our faculty experts
  - Pediatric behavioral topics moved into Behavioral Medicine
  - Some practice management topics moved into Ethics
  - Some pharmacy topics moved into Pharmacology
- Approximately 25 topics to be covered in 18 blocks or 12 topics covered in 9 blocks

Managing the Topic Index

1. Made Excel document with all items in Topic Index
2. Grouped into roughly equivalent sized blocks
3. Removed items that are covered elsewhere in our curriculum (e.g., sports medicine faculty cover arthritis in their clinics; ACLS occurs during orientation)
4. Added some items that are one of the top 100 ICD-9 diagnoses seen by family physicians (e.g., anemia, GERD, diarrhea)
5. Removed topics that were lower priority for our focus (e.g., Burden of Disease Globally) or we felt could be combined (e.g., Care of the Immigrant in Adolescent section combined with Immigrant Care in Community Medicine section)

From Didactics to Learning Sessions

- Continuing to work with faculty to increase interaction
- Use resources in RCR
  - Developed pre- and post-tests
  - Developed cases
  - Less time developing PowerPoint = more time for teaching!
- Faculty development on learning theories and educational strategies

Poll Question

How is your didactic education going?

A. Working well for faculty, staff, and residents
B. Working well for faculty and staff only
C. Working well for staff and residents only
D. Working well for faculty and residents only
E. Working well for faculty only
F. Working well for staff only
G. Working well for residents only
H. Doesn't work for anyone

How is it working for us?

- Positives:
  - Helpful to ensure that most important topics are being covered
  - Positive feedback from residents
  - Can give more direction to outside speakers
  - RCR provides some guidance of what to cover when assigned a broad topic
- Negatives:
  - Lots more work for faculty (until RCR is fully up and running)
  - Lots of confusion from everyone involved

Challenges

- Cost of closing clinics
- Coverage of inpatient services
- Off-site rotations
- Ensuring consistent quality of learning sessions
- Pre-call/Post-call residents absent

Future Plans

- Monitor ITE scores and adjust learning sessions as needed
- Assessment of learning sessions by faculty in addition to residents
- Encourage more resident preparation prior to attendance – flipped classroom
- Improved assessment of knowledge acquisition and retention

During the break…

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA