AAFP PDW and RPS Residency Education Symposium
April 5 – 9, 2019 | Kansas City, Missouri
Call for Proposals Topic List

Because CME credit will be available for the conference, presentations must address needs-based topic areas (orange column), be supported by evidence, and support professional practice changes by attendees.

Learning objectives:
At the end of the PDW and RPS Residency Education Symposium, learners will be able to:
1. Maintain compliance with program and institutional requirements.
2. Utilize resources from other programs in order to improve the quality of their program based on best practices.
3. Utilize resources from other programs in order to implement change based on best practices.

To assist in content selection and placement, the planning committee will pay close attention to the **Topic, Audience(s), Interactive Methods, and Recommended Practice Changes** selected on the proposal form to ensure impactful content and placement. Preference is given to solution-focused presentations that will improve work and personal satisfaction in residency for faculty, residents and other staff.

__Most__ of the time, workshops are placed at PDW or RPS based on the following:

PDW Workshops
Designed to address specific issues faced by:
- Program Directors.
- Associate Program Directors.
- Other program leadership.

On issues like:
- Administration and Finance of the residency program
- Accreditation Requirements

RPS Workshops
Designed to address issues faced by:
- Administrators and Coordinators.
- Nurses.
- Faculty.
- The whole residency team.

On issues like:
- Curricular Challenges and Innovations
- Resident Mentoring
- Accreditation Compliance

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
1	**Assessment**	- An overview of various assessment modalities - Assessment of Struggling Resident (targeted evaluations, modified curriculum, etc.) - Competency - EPAs - Evaluation and Feedback - Milestones - Other	

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
2	**Advocacy**	• Advocacy Education (How to do Advocacy Work) • Advocacy for Resources Needed by the Program • Community Involvement • Educational Reform • Examples, Opportunities, Experiences, Tactics, How to Measure • Health Care and Payment Reform • Health Disparities • Local, Regional, and/or National Advocacy Efforts • Resources for Advocacy • Teaching Global Health • Other	Family medicine educators and supporting staff have historically focused on advocacy. These same educators and staff need to develop skills related to advocating for their patients, the specialty of family medicine, and for healthcare reform.[7]
3	**Curriculum**	• Adapt Best Evidence Educational Strategies to The Local Environment Clinical Teaching and Precepting • Adult Learning Principles, Applying • Curricular Challenges • Curricular Innovations • Curriculum Development • Defining Professionalism • Development of Longitudinal Curriculum • Family Medicine Practice Teaching Strategies • How to Perform a Needs Assessment • Innovative Teaching Methods • Interdisciplinary Training • Osteopathic Recognition: Teaching Osteopathic Principles (OMT, Philosophy, etc.) to Both DOs and MDs • Palliative Care • Rural Training • Scholarly Activity • Teaching and Living Resiliency • Teaching Cultural Competency • Teaching Fatigue Awareness and Mitigation • Teaching Information Mastery • Teaching Procedures in Real Time • Teaching Transition of Care • Other	Changes in the accreditation environment and the evolving scope of family medicine require new skills developing curriculum and interdisciplinary training.[2]
4	**Finance**	• Administration and Finance of the Residency Program • Budget Development • Clinical Staffing Models • Developing Programs • Financial Acumen • Finance Reform • Financial Sustainability • GME Funding • Grant Writing / Fundraising • Other	Replacing RN's with MA's might help the financial side of the residency but shifts more work on the resident and faculty provider. RN's nurse visits and triage can improve patient care and allow providers to see more patients in their daily schedule.

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
5	**Interprofessional Education (IPE) / Interprofessional Practice (IPP)**	• Interdisciplinary Training • Interprofessional Education Beyond Co-Location of Learners • Resources Needed to Make IPE Successful • Other	Over the past half century, there have been ebbs and flows of interest in linking what is now called interprofessional education (IPE) with interprofessional collaboration and team-based care. Whereas considerable research has focused on student learning, only recently have researchers begun to look beyond the classroom and beyond learning outcomes for the impact of IPE on such issues as patient safety, patient and provider satisfaction, quality of care, health promotion, population health, and the cost of care. [10]
6	**Leadership Development**	• Change Management • Clinic / Program Partnership • Create and Sustain a Vision that Engages Stakeholders • Creating Business Plans for Residency Activities • Designing a Faculty Development Process • Developing Women as Leaders • Development of Individual Faculty Growth Plan • Evaluation of Faculty Members • Leadership of Underrepresented Minorities • Living and Communicating Your Program Mission and Core Values • Managing Other Professionals • Mentoring • Nursing Leadership • Professional Transitions • Recruitment and Retention (Staff, Faculty, Residents) • Self-care/ Work-Life Balance, Stress Management • Strategic Planning • Transition Planning • Other	Residency staffs face many challenges with the ACGME New Accreditation System, new models of care delivery (PCMH), and GME funding. There is a need for leadership training, change management education, strategic planning, and optimal use of human and other resources.[3, 11] Given the demographics of our specialty and the historic and real barriers that many women face in the work place, this remains a need. [16]
7	**Patient Issues and Resources**	• Addressing Social Determinants of Health • Adult Learning Principles, Applying • Care Management / Chronic Disease Management • Creating Patient Advisory Panels • Food Insecurity • Patient Engagement • Patient Safety • Patient-centered Medical Home (PCMH) • Population Health • Population Management • Satisfaction (How to Measure, What to Measure, How to "Move the Dial") • Other	Patients-centered care has changed the nature of care in family medicine centers. Residency staff need to develop new and more effective resources to adapt to the new models of care.

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
8	**Practice of the Future**	• Adapt Best Evidence Educational Strategies to The Local Environment Access and Continuity • Advanced Care Models • Behavioral Health • Community Health Engagement • Coordination of Care across the Medical Neighborhood • Data Management • Group Visits • Lean • Linking evidence to improvement Rapid Cycle PDSA • MACRA • Patient and Caregiver Engagement • PCMH Clinical Staffing Models • Planned Care for Chronic Conditions and Preventive Care • Risk-stratified Care Management • Shared Decision Making • Six Sigma • Teaching in the Advance Primary Care Model Practice • Teaming • Understanding Single Accreditation System and Implications • Value-based Care • Other	The PCMH is considered one step in the evolution of primary care delivery. The Center for Medicare and Medicaid Innovation has an aim to identify, validate and disseminate information about new care models. Better performance measured in terms of improving system quality, safety, and value (cost).[9] Better patient outcomes measured in terms of health status, patient experiences, and actual reductions in the burden of illness. Better professional development for professionals and staff measured in terms of job satisfaction, competence, pride, joy and mastery of their work.[14,15] PCMH outlines recommended staffing models that allows residencies to provide more POC services and improved chronic disease management.
9	**Professional Development**	• Care Coordination • Care Management • Career Planning • Cultural Competency for Faculty • Evaluation and Feedback • Generational Differences • Health Coaching • Nursing Development and Clinical Staff Competencies • Organizational and Time Management Skills • Project Management Skills • Promoting Workforce Diversity • QI to Research: How to do Scholarly Activity as Defined by RC-FM • Resources for Admins & Coords (Calendars, Checklists, etc.) • Resources for Faculty • Resources for PDs and APDs • Scholarly Activity • TAGME • Understanding and Recognizing Implicit Bias • Other	

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
10	**Regulatory Issues and Resources**	• Accreditation Compliance • Accreditation Requirements • CLER Visits • Conversion AOA-only Accredited Programs to ACGME Accreditation • Changes in the WebADS and ACGME sites • Data Collection Options, Requirements, Retention, Methods of Managing Data • Developing Programs (Pearls and Pitfalls) • Duty Hours • Health care and payment reform (meaningful use, MACRA, etc.) • Institutional Requirements • Joint Commission • Length of Training • Match (Rules, Regulations, Pearls, and Pitfalls) • New Accreditation System (NAS) (APE, Self-Study, etc.) • Performance/Quality Improvement • Transitions of Care • Other	The ACGME New Accreditation System is a major change in the accreditation rules and requirements. Residency staff must learn entirely new systems of accreditation.[3]
11	**Residency Programs**	• Clinic as the Driver of Residency Education • Collaboration • Conversion of AOA-Only Accredited Programs to ACGME Accreditation • Developing New Programs • Developing Non-ACGME Fellowship Programs • Innovation in Residency Models / Experimentation (Fostering Innovation / Longitudinal Curriculum Models) • Institutional Issues • Medical Students • Morale • Patient Safety Resources • Performance / Quality Improvement (Improving the Program, PI/QI Projects that Help Meet Requirements for Patient Safety, Scholarly Activity, MOC) • Preceptor Relations • Program Expansions • Remodeling family medicine centers to meet team-based care • Residency Education in Environments with Unique Features that Demand Special Attention (AHC, Community Hospitals, Institutional Sponsorship by a Consortium, ACOs, CHCs, FQHCs and Look-Alikes) • RTT Development • Strategic Planning • Other	Residency team based care involves more than assigning staff and providers to a specific team. Renovation of Pods to allow the clinical and provider team to sit together, colocation, has proven to decrease provider and staff burnout, improve communication, increase efficiency in clinic flow and improve patient care and satisfaction. [1, 14]

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
12	**Residency Teams**	• Burnout Mitigation Strategies • Clinic / Program Partnership • Co-location of Teams • Morale • Patient-centered Medical Home (PCMH) • PD and Coordinator Relationships • Program Evaluation Committee (Structure, Responsibilities) • Qualifications and Responsibilities • Recognition of and Addressing Burnout within Residency Team • Resident Transfers • Team-based Patient Care • Working with Interprofessional Teams • Other	The evolution of the advanced care model (aka PCMH and team based healthcare delivery) has resulted in a need for advanced training for residency program nurses and other clinical staff.[4]
13	**Resilience and Well-Being**	• Addressing 360 Program / Clinic Well-being Burnout Mitigation Strategies • Mental Health/Substance Abuse Issues for Professionals • Recognition of and Addressing Burnout within Residency Team • Teaching and Living Resiliency • Use of RN's in Residency as a Tool to Help Reduce Physician Burnout • Wellness • Work/Life Integration Strategies • Other	Burnout is an all-too-common problem among physicians, but that doesn't mean the problem isn't reversible. There are solutions and wellness strategies to help improve physician satisfaction and resiliency. [12, 13]
14	**Single Accreditation**	• ACGME Requirements • Faculty Recruitment and Development • Financial Impact • Preparing for Site Visits • Resources • Timeline/Roadmap • Writing the Application (Institution and Program) • Other	
15	**Technology**	• Apps • Data Management • Documenting Resident Experiences • EHRs • Electronic Portfolio Resources for Residents • Registries • Smart Phones/Tablets • Social Media • Using Social Media for Your Residency • Video Technology • Websites • Other	Family medicine historically has been a low technology specialty. Understanding how to function optimally in advanced care models, as well as meeting the technologic needs of residency and practice stakeholders is driving a need for residency staff to understand technology and its uses.[6, 8]

	Topic Area	Examples *(to assist with selecting a Topic)*	Notes
16	**Working with Residents**	• Assessing Interns • Clinical Competency Committee • Competency Assessment • Credentialing and Licensing • Difficult Resident • ECFMG Visa • ERAS • Evaluation and Feedback • Med Student Rotations • Onboarding New Residents • Orientation and Initial Evaluation of Residents • Preparing Residents for Board Exams • QI to Research: How to do Scholarly Activity as Defined by RC-FM • Recruitment: How to Recruit the Residents You Really Want • Resident Recruitment (Recruitment Events, Interview Scheduling, Resident Transfers, Engaging the Entire Team) • Resident as Teacher Curriculum • Resident Mentoring • Resident Remediation • Resident Well Being • Scholarly Activity • Social Media as Recruitment Tool • Use of RN's in Applicant Interviews and Intern Orientation • Working with the Struggling Learner • Other	Family medicine education has evolved in many ways as a result of generational differences, accreditation changes, and a competency-education based emphasis. New tools and skills are necessary for working with residents.[5]
17	**Other**		

References for Needs-Based Literature

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