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Recommended Curriculum Guidelines for Family Medicine Residents

Leadership

This document is endorsed by the American Academy of Family Physicians (AAFP).

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program.

Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Preamble

It is crucial to the future of the U.S. health care system that family physicians take a leadership role in advanced primary care practices and evolving health care systems. The Residency Review Committee for Family Medicine (RRC-FM) has identified training in these vital roles as core program requirements. These requirements address the need for physicians to lead effectively in their practices, hospitals, professional organizations, and communities to advocate for the public's health. Leadership is not an inherent quality achieved through longevity in a career. It is a complex set of skills whose effective implementation demands learning and practice, as well as a commitment to fundamental social principles, including greater ethics and vision. In the context of family medicine, core leadership values may include a commitment to social change and health equity,

principled advocacy for those with less access to leadership, and ongoing dedicated attention to collaboration, power, privilege, and bias. Residencies must be prepared to help resident physicians develop such guiding visions as well as implementation skills.

Indeed, as resident physicians progress in their training and career, they are called upon to lead in numerous settings. Leading effectively is equally important to the medical skills residents learn during residency. Yet historically, little attention has been given to the specific development of leadership skills for resident physicians. This curriculum guideline is designed to provide a structural framework to assist residency program faculty in addressing the essential elements of leadership longitudinally throughout family medicine residency training.

Patient Care

At the completion of residency, a family medicine resident should be able to:

- Utilize the leadership and knowledge competencies described below in direct patient care and alongside family members, when appropriate, to guide their patients to better health.

- Synthesize patient and care team input with their medical knowledge to develop a patient-centered care plan.

- Work collaboratively and supportively with all health care team members and recognize other team members' expertise. For example, consult social workers for assistance with addressing systemic barriers to health care, consult pharmacists to address polypharmacy in elderly patients, and consult dietitians for assistance with managing nutrient needs.

- Encourage, educate, and empower their patients to take part in the above process in an active manner that augments their agency and equal status in the relationship.

- Foster the advocacy of self in their patients to work alongside care team workforces and health sector organizations to advance just health outcomes for their communities.

Medical Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of the following:

1. Definition of leadership
    a. Define leadership - Articulate one’s purpose as a leader
2. The importance of formal and informal leadership roles in teams and organizations and the many venues of influence, including but not limited to:
    a. Clinical teams
        i. Health systems

ii. Alternative practice models
iii. Insurance plans
iv. Government agencies
b. Medical staff
c. Academic settings
d. Professional organizations
e. Community settings
i. Politics - Appreciation of the difference between leadership and management, and the attributes appropriate for each role

3. Concepts of power and social change
a. An internalized and practical understanding of the origins and current state of power disparities in the United States and globally, including between different populations and along lines of sociocultural identity, intersectionality, and difference, including race, socio-economic class, sex, gender, sexuality, disability, religion, immigration status, education status, settler colonialism, and more
b. An assessment of one's personal sociocultural identity and positionality as related to power, privilege, domination, and oppression

4. Personal leadership (Leading self)
a. Self-assessment and reflection to inform personal leadership styles, including the use of tools such as the Meyers-Briggs Type Indicator, StrengthsFinder, Enneagram, and the Kouzes-Posner Leadership Practice Inventory
b. Personal leadership competencies
i. Integrity
i. Self-care
ii. Personal vision and mission statement
c. Emotional intelligence
i. Self-awareness/management/mindfulness
ii. Awareness of moral injury
iii. Maintaining physical health
d. Time management
i. Managing transitions
ii. Maslach Burnout Inventory
1) Emotional exhaustion
2) Depersonalization
3) Personal accomplishment

5. Team leadership (Leading clinical teams)
a. Understanding personal leadership style and its impact on team building
b. Defining team identity
c. Recognizing Tuckman's life cycle of a team (Forming, Storming, Norming, Performing, and Adjourning)
d. Creating a culture of team safety and security
e. Setting Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals
f. Motivation and affirmation across the organizational hierarchy
g. Establishing regular evaluation and assessment
h. Establishing communication norms
i. Centering diversity and equity in professional relationships and group dynamics
j. Addressing bias, discrimination, and prejudice by and within teams, from or

against outside actors and fellow team members
   k. Use of common clinical transformation tools in health care (Lean/Six Sigma, National Committee for Quality Assurance [NCQA], Institute for Healthcare Improvement [IHI], and transformational leadership
6. Skill in staff/team development to amplify strengths and address areas for improvement based on personal assessments
   a. Problem-solving and decision-making
      i. Importance of delegation
      ii. Practice building consensus
      iii. Approaches in problem-solving (nominal technique, brainstorming, fishbone, 5 Whys, A9, Strengths, Weaknesses, Opportunities, Threats [SWOT], etc.)
      iv. Navigating ethical dilemmas
      v. Identify and actively ameliorate personal and team-member burnout
   b. Succession planning and organizational capacity-building
   c. Celebrating successes
7. Leading the community
   a. Recognizing the needs that family physicians can meet through community partnerships
      i. Performing needs assessment and prioritization
      ii. Finding and sustaining partnership relationships
      iii. Goal setting and methods determination
      iv. Delegation, accountability, and process monitoring
      v. Contingency planning, crisis management, and resolution of process conflict
      vi. Record keeping, outcomes evaluation, and reporting
   b. Utilize the role of a physician-leader to advocate for health equity within one's practice, the community, and the profession of medicine
   c. Consider membership in a health system, on a professional group committee, or within a medical organization and utilize this role to further health equity

Interpersonal Communication

In the appropriate setting, the family medicine resident should demonstrate the ability to independently perform or appropriately make use of the following:

1. Communication skills and techniques within all leadership roles
   a. Oral communication, including language concordance and code-switching when appropriate
   b. Active listening, closed-loop communication, and clarification
   c. Written or graphic-based communication
   d. Various learning and teaching styles, and when to utilize each
      i. Visual
      ii. Auditory
      iii. Kinesthetic
   e. Appreciative inquiry

2. Understand how to maintain accountability in leadership; establish pathways for open communication and feedback for communities, organizations, and teams impacted by leadership; and develop mechanisms to address intentional or unintentional harm

caused by leadership

3. Effective mediation and management of conflict among members of the health care team that is in the best interest of the patient and the members of the team and serves to enhance interprofessional relationships

4. Demonstrate successful and appropriate interaction with the media and use of social media platforms regarding health care, education, and business applications

5. Demonstrate understanding of the organization, facilitation, and decision-making procedures of professional, governmental, and community meetings, which may include basic parliamentary procedure, circle processes, consensus processes, restorative justice, elder-led practices, and other methodologies

6. Mechanisms for receiving and delivering 360-degree feedback to all team members

Systems-Based Practice

At the completion of residency, a family medicine resident should be able to:

- Coordinate ambulatory and inpatient care across health professions, employers, and governmental agencies

- Optimize treatment plans based on knowledge of available resources, including those within the health system, the community, and governmental agencies

- Elicit patients' collective needs and values to maximize opportunities to deliver preventive care and design disease management plans that consider each patient's social, cultural, and physical needs

- Demonstrate an awareness of, and responsiveness to, the larger context and systems of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care for each patient

- Demonstrate an understanding of medical staff and health system governance structure and operations (organizational chart, credentialing and privileging, disciplinary processes, grievance reporting procedures, oversight, and regulation)

- Demonstrate understanding of graduate medical education (GME) policies and accreditation requirements

Practice-Based Learning

At the completion of residency, a family medicine resident should be able to:

1. Appreciate and promote a multidisciplinary approach to individualized care, as well as recognize the contributions of all members of interprofessional teams in learning and providing care
   a. Appropriately analyze reports of individual and group practice productivity, financial

performance, patient satisfaction, and clinical quality, referral patterns, and continuity metrics

2. Lead care teams to consistently and appropriately optimize accountable, coordinated, quality, individualized patient care
3. Demonstrate the capacity to manage a project to improve the quality of care and service to their patient population
4. Management skills of a medical practice, including:
   a. Current billing and coding practices
   b. Budget design and management
   c. Assessment of staffing needs
   d. Assessment of the need for and impact of new technology
   e. Electronic health record (EHR) assessment, valuation, and implementation
   f. Patient satisfaction assessment
   g. Clinical quality measurement, including health equity measures
   g. Recruitment and interviewing of new staff
   h. Staff scheduling
   i. Team-based care and management
   j. Return on investment (ROI) for equipment and services

Professionalism

At the completion of residency, a family medicine resident should be able to:

- Demonstrate sensitivity to, and knowledge of, the emotional impact of disease processes and treatment options, as well as the individual- and community-level impacts of structural inequities in health care provision and health outcomes

- Incorporate and coordinate the implementation of medical recommendations from interdisciplinary team members involved in the management of injuries or illnesses

- Assume a leadership role in their practice, community, and the profession of medicine

- Recognize that leadership is a learned skill, and that experience enhances natural capabilities

- Acknowledge the importance of developing leadership opportunities for others

- Identification of mentors and/or role models for the purpose of ongoing leadership development and improvement

- Serve as a mentor or role model to others to “pay it forward”

- Professionally interact with the media as a representative of a medical society

- Professionally interact with the legislature through advocacy work at the local and regional levels

- Recognize and appropriately address issues related to impairment in self and others

Implementation

Leadership training should be provided through focused and longitudinal experiences throughout residency training, including opportunities to demonstrate leadership. Such opportunities should originate from intra- and extra-residency environments. Examples of intra-residency opportunities should include, but not be limited to, clinic and hospital-based teams, committees, and initiatives; residency program recruitment, operation, and development; leadership within community partnerships established by the residency program; and opportunities to share expertise developed within or on behalf of the residency program (such as at professional conferences). Examples of extra-residency opportunities should include, but not be limited to, leadership in professional societies at local to international levels; involvement in local, state, and federal policymaking directly correlated with family medicine, public health, and primary care; leadership in community organizations; and opportunities to share individual residents' developed expertise (such as in didactics or professional conferences). Involvement in the AAFP's local, state, and national delegations should be encouraged and supported by all residencies.

Attending and resident leaders with experience in the various settings described should be engaged as educators, role models, and advisors to residents who seek leadership opportunities. Specifically, leadership and mentoring opportunities are recommended to residents interested in leadership within a particular concentration of family medicine practice or related advocacy. Intentional focus and resources should be provided to residents from backgrounds historically excluded and currently underrepresented in medicine. Resident physicians should also be expected to mentor other residents with similar interests to allow for the continuity of the partner organizations.

Principles of leadership and leadership skills can be taught effectively through relevant experiences, as well as through individual teaching and small-group discussion modalities. Moreover, these skills should be critically reflected upon in reference to the experiences of faculty and their resident team members to capitalize on shared obstacles and challenges.

Resources

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Website Resources

American Academy of Family Physicians: Leadership Development (policy statement)
www.aafp.org/about/policies/all/leadership-development.html

Society of Teachers of Family Medicine: Advocacy Resources and Key Issues
www.stfm.org/Advocacy

Society of Teachers of Family Medicine: Family Medicine Leadership Development Opportunities
www.stfm.org/facultydevelopment/otherfacultytraining/leadershipdevelopmentopportunities/overview/

Society of Teachers of Family Medicine: Toolkit for Teaching About Racism in the Context of Persistent Health and Healthcare Disparities
https://resourcelibrary.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0

Society of Teachers of Family Medicine: URM Leadership Pathways in Academic Medicine
www.stfm.org/facultydevelopment/onlinecourses/urm-leadership-pathways-in-academic-medicine-course/overview/

UCSF Bixby Center for Global Reproductive Health: Structures & Self: Advancing Equity and Social Justice in SRH
www.innovating-education.org/course/structures-self-advancing-equity-and-justice-in-sexual-and-reproductive-healthcare/

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