

# Optimizing the Family Medicine Residency Curriculum Resource for Resident Education

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## Disclosures

All speakers are members of the Family Medicine Residency Curriculum Resource Editors Board

# Objectives

- Describe the content provided by the Family Medicine Curriculum Resource
- Discuss models of integrating the Family Medicine Residency Curriculum Resource into the overall Family Medicine Residency curriculum
- Describe models for faculty development around the Family Medicine Residency Curriculum Resource

# What is the Residency Curriculum Resource?

- ◆ A collaborative effort between the Society of Teachers of Family Medicine (STFM) and the Association of Family Medicine Residency Directors (AFMRD.)
- ◆ A product of the efforts of the greater community of family medicine educators.

## What is the Residency Curriculum Resource?

Provides residency programs access to an extensive library of peer-reviewed, evidence-based teaching tools that are ready to use with minimal need for advance preparation.

## Poll Question: **Are you currently using RCR at your program?**

- a) Yes
- b) No

# Organization

- RCR is divided into two major sections: PGY-1 curriculum and PGY-2 & 3 curriculum.
- Each major section is further divided into larger topic groupings, that coincide with the core topic areas of family medicine
- Housed within each topic grouping are complete modules designed to facilitate resident education regarding core content.

# Anatomy of a Module

Most modules contain:

- ◆ A “presentation” in PowerPoint format which may be used as an interactive didactic session or oftentimes for self-study
- ◆ Required readings
- ◆ A facilitator’s guide to guide faculty in running the session, including time expectations
- ◆ A pretest/posttest to reactivate knowledge obtained from readings or prior experience and to reinforce key concepts

## Helpful Hints

- ◆ All PowerPoint presentations are in an editable format and can be altered to meet your individual program needs
- ◆ The facilitator guides outline the expected time breakdown for sessions and may have break points that will allow you to use sessions in shorter time slots

## Helpful Hints

Although advance preparation requirements are usually modest, make certain that all necessary handouts and quizzes are printed ahead of time to help the session run efficiently

# Module Demonstrations

- ◆ Shoulder Pain
- ◆ Allergic Rhinitis
- ◆ Diabetes

# Integrating the Family Medicine Curriculum Resource into the Curriculum

The Residency Curriculum Resource is a flexible tool that can be utilized in a number of different ways to augment the education of your residents.

# Models of Integration

- ◆ As an 18-month curriculum covering the breadth of family medicine core content
- ◆ As a teaching component of the inpatient service rotation
- ◆ As part of other rotations
- ◆ As a component of resident presentations
- ◆ As part of Board Review

## Residency Curriculum Resource as Part of an 18-month Didactic Curriculum

- ◆ Residency Curriculum Resource can be utilized as a structure for your didactic sessions.
- ◆ The organization of the modules into larger groupings allows for the content to be integrated into the fabric of the program in a way that can emphasize those content areas that are most heavily emphasized on the ABFM certification exam.

## Residency Curriculum Resource as Part of an 18-month Didactic Curriculum

- ◆ The modules allow for increased interactions between residents and faculty as they jointly explore topics with the faculty acting as facilitators
- ◆ Having the modules already prepared also allows for accommodation of unforeseen circumstances where there are last minute cancellations in the schedule

## Poll Question: **What format do you currently use for didactics at your program?**

- a) One half-day per week
- b) One hour per day
- c) Both
- d) Other format



# Potential Didactic Models



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## Once Weekly Didactic Blocks

	Mon	Tues	Wed	Thurs	Fri
Week 1			Adult RCR (1-2)		
Week 2			Pediatric RCR (1-2)		
Week 3			OB/GYN RCR (1-2)		
Week 4			Behavioral RCR (1-2)		

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## Once Weekly Didactic Blocks

- ◆ Multiple hours in a single day devoted to formal education
- ◆ Core topics can be spread throughout the schedule

## Once Weekly Didactic Blocks

Build an 18-month cycle that covers all of the core topics of the Residency Curriculum Resource – typically 8 topics a month would provide 2-3 hours of dedicated didactics to core topics.

# Daily Didactic Schedule

Mon	Tues	Wed	Thurs	Fri
Adult RCR	Pediatric RCR	Behavioral RCR	OB/GYN RCR	Adult RCR

Some topics may be done a mini-lectures by just focusing on cases or even just management decision making for a particular diagnosis or syndrome, particularly if your morning or noon lectures are just 30-40 minutes.

# Daily Didactic Schedule

- ◆ One hour (or less) sessions held on a daily basis
- ◆ “Morning Report” or “Noon Conference” structure

## Daily Didactic Structure

- ◆ RCR can be utilized for some of these sessions– looking at the overall topic distribution and making certain that there is adequate coverage of areas that are more heavily emphasized on the ABFM examination
- ◆ May be led by faculty or residents

## As a Teaching Component of the Inpatient Service Rotation

Many of the Residency Curriculum Resource modules can be divided into sections, allowing for shorter time requirements that can more easily fit into the inpatient service rounding schedule.

## As a Component of the Inpatient Service Rotation

After rounds, the attending physician or the senior resident can facilitate a small group session utilizing the Residency Curriculum Resource content

## RCR as a Teaching Component of the Inpatient Service Rotation

This can be approached in a couple of ways:

- Targeted education reviewing a topic that was encountered during the week
- A set curriculum that is run throughout the inpatient service (for example 4-8 topics that have been selected for inpatient service only) of topics commonly encountered in the hospital setting

# Sample Inpatient Service Curriculum

	Mon	Tues	Wed	Thurs	Fri
Week 1	ACS				
Week 2		Resp Failure			
Week 3				Pancreatitis	
Week 4					DVT/PE

## Mini Session Example

## As Part of Other Rotations

- ◆ Residency Curriculum Resource modules can be utilized to augment resident educational experiences on rotations (either core or elective)
- ◆ Assigning key modules for completion prior to or during a rotation can ensure that your residents have adequate exposure to the learning points that should be derived from the experience

## As Part of Other Rotations

Completion of pre/post tests can further emphasize key learning points and serve as discussion points with academic advisors

## As Part of Resident Presentations

Most programs have requirements that residents participate in didactic sessions, typically case reviews or morbidity and mortality sessions

## As Part of Resident Presentations

Residents often wish to augment their presentations with a primer on the topic of the presentation and spend time researching to provide up-to-date information



## As Part of Resident Presentations

Allowing your residents to pull content from RCR to utilize in their sessions can help to guarantee that the information being provided is evidence-based and peer reviewed.

## As Part of Resident Presentations

Resident review of the materials can serve to provide an educational experience as they prepare to facilitate the session

## As Part of Board Review

The content provided in the Family Medicine Residency Curriculum Resource is ***evidence-based and peer reviewed*** and covers the breadth of essential topics in which every resident graduating from an accredited Family Medicine residency should be well-versed

## As Part of Board Review

- ◆ Many of the modules are designed to be either facilitated as a group exercise **or independently reviewed**
- ◆ Allowing your residents access to RCR will allow them to utilize the content to aid in their Board prep efforts.

**Poll Question: What do you see as potential barriers to implementation of Residency Curriculum Resource at your program?**

- a) Lack of familiarity
- b) Cost
- c) Faculty buy-in
- d) Resident buy-in
- e) Other

**Introducing the Family Medicine  
Residency Curriculum Resource  
to Your Program**



# Introducing your Faculty

Faculty familiarity and support of the Residency Curriculum Resource is important for successful implementation in your program

# Introducing your Faculty

Devoting time to reviewing this material with your faculty can provide a conceptual framework regarding how the Residency Curriculum Resource can enhance your program and create excitement about advancing the education of our residents

## Introducing your Faculty

Emphasizing that your faculty can also contribute to the Residency Curriculum Resource and become a part of the education of residents at a national level as well as receive scholarship credit may also increase the level of enthusiasm for its adoption

## Introducing your Faculty

Remember that faculty are your most valuable resource and gaining their support and creating a shared vision is crucial for successful change.

## Introducing your Residents

It is also important with any curricular change to consider all of the stakeholders. This type of curricular change directly affects our residents and discussion regarding the structure and benefits of the Residency Curriculum Resource will help garner acceptance and excitement.

## Introducing your Residents

Devote a formal session to discussing the purpose and design of the Residency Curriculum Resource as well as how you intend to integrate it into the curriculum and then lead your residents through a sample module

## Introducing your Faculty and Residents to Active Learning Methods

- ◆ Residency Curriculum Resource presentations are designed to engage learners.
- ◆ Case-based teaching with questions throughout the presentation are the norm.

## Introducing your Faculty and Residents to Active Learning Methods

- ◆ Use these questions as launch points into interactive discussions about management of various conditions.
- ◆ Using the “Brain Rules” to activate learners helps retention of content.

“The Brain Rules” – by John Medina, PhD  
[www.brainrules.net](http://www.brainrules.net)

## What topics/offerings would you like to see as part of RCR?

- a. Mini sessions (30 min or less)
- b. Practice Management curricula
- c. Osteopathic Medical Principles curricula
- d. Advanced topic curricula (deeper dives beyond core curricula)

## Conclusion

- ◆ The Family Medicine Residency Curriculum Resource can serve as a valuable tool to augment our residents' education
- ◆ The topics covered provide a framework to ensure that the key topics of Family Medicine are covered during the three years our residents spend with us



# Conclusion

By creatively utilizing the Residency Curriculum Resource, we can ensure that the information provided to our residents is current, evidence-based and peer-reviewed

# Conclusion

The Residency Curriculum Resource will also save countless hours of redundant effort by our faculty in providing quality education to our residents

# Conclusion

- ◆ An upcoming users guide will provides some examples of how you can begin to integrate Residency Curriculum Resource into your program
- ◆ **By working together we can move Family Medicine education forward for the future!**

## Poll Question:

**Enter your email address to be included in any follow-up communication from the presenter(s).**



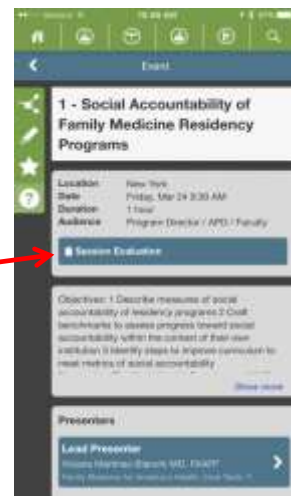
# Social Q & A

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Please...  
Complete the  
session evaluation.

Thank you.



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Thank you for your attention!

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