

# 2017 PDW and RPS Residency Education Symposium Call for Proposals Topic Definitions



Because CME credit will be available for the conference, presentations must address needs-based topic areas, be supported by evidence, and support professional practice changes by attendees. To assist in content selection and placement, the planning committee will pay close attention to the **Topic, Audience(s), Interactive Methods, and Institution Type** selected on the proposal form to ensure impactful content and placement. **Most** of the time, workshops are placed at PDW or RPS based on the following:

<p>PDW Workshops Designed to address specific issues faced by:</p> <ul style="list-style-type: none"> <li>• Program Directors.</li> <li>• Associate Program Directors.</li> <li>• Other program leadership.</li> </ul> <p>On issues like:</p> <ul style="list-style-type: none"> <li>• Administration and Finance of the residency program</li> <li>• Accreditation Requirements</li> </ul>	<p>RPS Workshops Designed to address issues faced by:</p> <ul style="list-style-type: none"> <li>• Administrators and Coordinators.</li> <li>• Nurses.</li> <li>• Faculty.</li> <li>• The whole residency team.</li> </ul> <p>On issues like:</p> <ul style="list-style-type: none"> <li>• Curricular Challenges and Innovations</li> <li>• Resident Mentoring</li> <li>• Accreditation Compliance</li> </ul>
---	---

Topic		Examples (to assist with selecting a Topic)	Notes
1	<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Evaluation and Feedback</li> <li>• An overview of various assessment modalities</li> <li>• Competency</li> <li>• EPAs</li> <li>• Milestones</li> <li>• Other</li> </ul>	
2	<b>Advocacy</b>	<ul style="list-style-type: none"> <li>• Advocacy Education (How to do Advocacy Work)</li> <li>• Advocacy for Resources Needed by the Program</li> <li>• Educational Reform</li> <li>• Examples, Opportunities, Experiences, Tactics, How to Measure</li> <li>• Health Care and Payment Reform</li> <li>• Health Disparities</li> <li>• Local, Regional, and/or National Advocacy Efforts</li> <li>• Resources for Advocacy</li> <li>• Teaching Global Health</li> <li>• Other</li> </ul>	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. <sup>7</sup>

Topic		Examples (to assist with selecting a Topic)	Notes
3	<b>Curriculum</b>	<ul style="list-style-type: none"> <li>• Adapt Best Evidence Educational Strategies to The Local Environment Clinical Teaching and Precepting</li> <li>• Adult Learning Principles, Applying</li> <li>• Curricular Challenges</li> <li>• Curricular Innovations</li> <li>• Curriculum Development</li> <li>• Defining Professionalism</li> <li>• Family Medicine Practice Teaching Strategies</li> <li>• How to Perform a Needs Assessment</li> <li>• Innovative Teaching Methods</li> <li>• Interdisciplinary Training</li> <li>• Osteopathic Recognition: Teaching Osteopathic Principles (OMT, Philosophy, etc.) to Both DOs and MDs</li> <li>• Palliative Care</li> <li>• Rural Training</li> <li>• Scholarly Activity</li> <li>• Teaching and Living Resiliency</li> <li>• Teaching Cultural Competency</li> <li>• Teaching Fatigue Awareness and Mitigation</li> <li>• Teaching Information Mastery</li> <li>• Teaching Procedures in Real Time</li> <li>• Teaching Transition of Care</li> <li>• Other</li> </ul>	Changes in the accreditation environment and the evolving scope of family medicine require new skills developing curriculum and interdisciplinary training. <sup>2</sup>
4	<b>Finance</b>	<ul style="list-style-type: none"> <li>• Administration and Finance of the Residency Program</li> <li>• Budget Development</li> <li>• Developing Programs</li> <li>• Financial Acumen</li> <li>• Finance Reform</li> <li>• Financial Sustainability</li> <li>• GME Funding</li> <li>• Grant Writing / Fundraising</li> <li>• Other</li> </ul>	
5	<b>Interprofessional Education (IPE) / Interprofessional Practice (IPP)</b>	<ul style="list-style-type: none"> <li>• Interdisciplinary Training</li> <li>• Interprofessional Education Beyond Co-Location of Learners</li> <li>• Resources Needed to Make IPE Successful</li> <li>• Other</li> </ul>	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. <sup>10</sup>

Topic		Examples (to assist with selecting a Topic)	Notes
6	<b>Leadership Development</b>	<ul style="list-style-type: none"> <li>• Change Management</li> <li>• Create and Sustain a Vision that Engages Stakeholders</li> <li>• Creating Business Plans for Residency Activities</li> <li>• Designing a Faculty Development Process</li> <li>• Developing Women as Leaders</li> <li>• Development of Individual Faculty Growth Plan</li> <li>• Evaluation of Faculty Members</li> <li>• Living and Communicating Your Program Mission and Core Values</li> <li>• Managing Other Professionals</li> <li>• Mentoring</li> <li>• Professional Transitions</li> <li>• Recruitment and Retention (Staff, Faculty, Residents)</li> <li>• Self-care/ Work-Life Balance, Stress Management</li> <li>• Strategic Planning</li> <li>• Transition Planning</li> <li>• Other</li> </ul>	<p>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.<sup>3, 11</sup></p> <p>Given the demographics of our specialty and the historic and real barriers that many women face in the work place, this remains a need.<sup>16</sup></p>
7	<b>Patient Issues and Resources</b>	<ul style="list-style-type: none"> <li>• Adult Learning Principles, Applying</li> <li>• Care Management / Chronic Disease Management</li> <li>• Creating Patient Advisory Panels</li> <li>• Patient Engagement</li> <li>• Patient Safety</li> <li>• Patient-centered Medical Home (PCMH)</li> <li>• Population Health</li> <li>• Population Management</li> <li>• Satisfaction (How to Measure, What to Measure, How to “Move the Dial”)</li> <li>• Other</li> </ul>	<p>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.</p>

Topic	Examples (to assist with selecting a Topic)	Notes
8	<p><b>Practice of the Future</b></p> <ul style="list-style-type: none"> <li>• Adapt Best Evidence Educational Strategies to The Local Environment Access and Continuity</li> <li>• Advanced Care Models</li> <li>• Behavioral Health</li> <li>• Community Health Engagement</li> <li>• Coordination of Care across the Medical Neighborhood</li> <li>• Data Management</li> <li>• Group VIsits</li> <li>• Lean</li> <li>• Linking evidence to improvement Rapid Cycle PDSA</li> <li>• MACRA</li> <li>• Patient and Caregiver Engagement</li> <li>• Planned Care for Chronic Conditions and Preventive Care</li> <li>• Risk-stratified Care Management</li> <li>• Shared Decision Making</li> <li>• Six Sigma</li> <li>• Teaching in the Advance Primary Care Model Practice</li> <li>• Teaming</li> <li>• Understanding Single Accreditation System and Implications</li> <li>• Value-based Care</li> <li>• Other</li> </ul>	<p>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.</p> <p>Better performance measured in terms of improving system quality, safety, and value (cost).<sup>9</sup></p> <p>Better patient outcomes measured in terms of health status, patient experiences, and actual reductions in the burden of illness.</p> <p>Better professional development for professionals and staff measured in terms of job satisfaction, competence, pride, joy and mastery of their work.<sup>14, 15</sup></p>
9	<p><b>Professional Development</b></p> <ul style="list-style-type: none"> <li>• Care Coordination</li> <li>• Care Management</li> <li>• Career Planning</li> <li>• Cultural Competency for Faculty</li> <li>• Evaluation and Feedback</li> <li>• Generational Differences</li> <li>• Health Coaching</li> <li>• Organizational and Time Management Skills</li> <li>• Project Management Skills</li> <li>• QI to Research: How to do Scholarly Activity as Defined by RC-FM</li> <li>• Resources for Admins &amp; Coords (Calendars, Checklists, etc.)</li> <li>• Resources for Faculty</li> <li>• Resources for PDs and APDs</li> <li>• Scholarly Activity</li> <li>• TAGME</li> <li>• Other</li> </ul>	

Topic		Examples (to assist with selecting a Topic)	Notes
10	<b>Regulatory Issues and Resources</b>	<ul style="list-style-type: none"> <li>• Accreditation Compliance</li> <li>• Accreditation Requirements</li> <li>• CLER Visits</li> <li>• Conversion AOA-only Accredited Programs to ACGME Accreditation</li> <li>• Changes in the WebADS and ACGME sites</li> <li>• Data Collection Options, Requirements, Retention</li> <li>• Developing Programs (Pearls and Pitfalls)</li> <li>• Duty Hours</li> <li>• Health care and payment reform (meaningful use, MACRA, etc.)</li> <li>• Institutional Requirements</li> <li>• Length of Training</li> <li>• Match (Rules, Regulations, Pearls, and Pitfalls)</li> <li>• New Accreditation System (NAS) (APE, Self-Study, etc.)</li> <li>• Performance/Quality Improvement</li> <li>• Transitions of Care</li> <li>• Other</li> </ul>	<p>The ACGME New Accreditation System is a major change in the accreditation rules and requirements. Residency staff must learn entirely new systems of accreditation.<sup>3</sup></p>
11	<b>Residency Programs</b>	<ul style="list-style-type: none"> <li>• Clinic as the Driver of Residency Education</li> <li>• Collaboration</li> <li>• Conversion of AOA-Only Accredited Programs to ACGME Accreditation</li> <li>• Developing New Programs</li> <li>• Developing Non-ACGME Fellowship Programs</li> <li>• Innovation in Residency Models / Experimentation (Fostering Innovation / Longitudinal Curriculum Models)</li> <li>• Institutional Issues</li> <li>• Medical Students</li> <li>• Morale</li> <li>• Patient Safety Resources</li> <li>• Performance / Quality Improvement (Improving the Program, PI/QI Projects that Help Meet Requirements for Patient Safety, Scholarly Activity, MOC)</li> <li>• Preceptor Relations</li> <li>• Program Expansions</li> <li>• Remodeling family medicine centers to meet team-based care</li> <li>• 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)</li> <li>• RTT Development</li> <li>• Strategic Planning</li> <li>• Other</li> </ul>	<p>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.<sup>1, 14</sup></p>

Topic		Examples (to assist with selecting a Topic)	Notes
12	<b>Residency Teams</b>	<ul style="list-style-type: none"> <li>• Burnout Mitigation Strategies</li> <li>• Morale</li> <li>• Patient-centered Medical Home (PCMH)</li> <li>• PD and Coordinator Relationships</li> <li>• Program Evaluation Committee (Structure, Responsibilities)</li> <li>• Qualifications and Responsibilities</li> <li>• Recognition of and Addressing Burnout within Residency Team</li> <li>• Resident Transfers</li> <li>• Team-based Patient Care</li> <li>• Working with Interprofessional Teams</li> <li>• Other</li> </ul>	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. <sup>4</sup>
13	<b>Resilience and Well-Being</b>	<ul style="list-style-type: none"> <li>• Burnout Mitigation Strategies</li> <li>• Mental Health/Substance Abuse Issues for Professionals</li> <li>• Recognition of and Addressing Burnout within Residency Team</li> <li>• Teaching and Living Resiliency</li> <li>• Wellness</li> <li>• Work/Life Integration Strategies</li> <li>• Other</li> </ul>	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. <sup>12, 13</sup>
14	<b>Single Accreditation</b>	<ul style="list-style-type: none"> <li>• ACGME Requirements</li> <li>• Faculty Recruitment and Development</li> <li>• Financial Impact</li> <li>• Preparing for Site Visits</li> <li>• Resources</li> <li>• Timeline/Roadmap</li> <li>• Writing the Application (Institution and Program)</li> <li>• Other</li> </ul>	
15	<b>Technology</b>	<ul style="list-style-type: none"> <li>• Apps</li> <li>• Documenting Resident Experiences</li> <li>• EHRs</li> <li>• Electronic Portfolio Resources for Residents</li> <li>• Registries</li> <li>• Smart Phones/Tablets</li> <li>• Social Media</li> <li>• Using Social Media for Your Residency</li> <li>• Video Technology</li> <li>• Websites</li> <li>• Other</li> </ul>	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. <sup>6, 8</sup>

Topic		Examples (to assist with selecting a Topic)	Notes
16	<b>Working with Residents</b>	<ul style="list-style-type: none"> <li>• Assessing Interns</li> <li>• Clinical Competency Committee</li> <li>• Competency Assessment</li> <li>• Credentialing and Licensing</li> <li>• Difficult Resident</li> <li>• ECFMG Visa</li> <li>• ERAS</li> <li>• Evaluation and Feedback</li> <li>• Med Student Rotations</li> <li>• Orientation</li> <li>• Preparing Residents for Board Exams</li> <li>• QI to Research: How to do Scholarly Activity as Defined by RC-FM</li> <li>• Recruitment: How to Recruit the Residents you Really Want</li> <li>• Resident Recruitment (Recruitment Events, Interview Scheduling, Resident Transfers, Engaging the Entire Team)</li> <li>• Resident as Teacher Curriculum</li> <li>• Resident Mentoring</li> <li>• Resident Remediation</li> <li>• Resident Well Being</li> <li>• Scholarly Activity</li> <li>• Social Media as recruitment too</li> <li>• Working with the Struggling Learner</li> <li>• Other</li> </ul>	<p>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.<sup>5</sup></p>
17	<b>Other</b>		

## References for Needs-Based Literature

1. Fortin M, Hudon C, Gallagher F, Ntetu AL, Maltais D, Soubhi H. Nurses joining family doctors in primary care practices: perceptions of patients with multimorbidity. *BMC Fam Pract.* 2010 Nov 4;11:84.
2. Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Design. Report of the Josiah Macy Foundation Conference January 17-20, 2013. [http://macyfoundation.org/docs/macy\\_pubs/TransformingPatientCare\\_ConferenceRec.pdf](http://macyfoundation.org/docs/macy_pubs/TransformingPatientCare_ConferenceRec.pdf) Accessed May 21, 2013.
3. Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system--rationale and benefits. *N Engl J Med.* 2012 Mar 15;366(11):1051-6.
4. Dickinson WP. Practice transformation and the Patient-centered Medical Home as team sports. *Fam Med.* 2010 Jun;42(6):391-2.
5. Dickinson WP. Residents as change agents in the transformation of primary care practices. *Fam Med.* 2010 Jul-Aug;42(7):469-70.
6. Cheston CC, Flickinger TE, Chisolm MS. Social media use in medical education: a systematic review. *Acad Med.* 2013 Apr 24.
7. Kruse J. The STFM presidential themes: leadership and advocacy in academic family medicine. *Fam Med.* 2012 Jun;44(6):440-2.
8. Short SS, Lin AC, Merianos DJ, Burke RV, Upperman JS. Smartphones, Trainees, and Mobile Education: Implications for Graduate Medical Education. *JGME* 2014 Jun 6 (2):199-202.
9. CMS Comprehensive Primary Care Initiative <http://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/> Accessed May 26, 2015.
10. National Center for Interprofessional Education <https://nexusipe.org/> Accessed May 26, 2015.
11. Kozakowski SM, Eiff MP, Green LA, Pugno PA, Waller E, Jones SM, Fetter G and Carney PA. Five key leadership actions needed to redesign family medicine residencies. *JGME* (on-line ahead of print) <http://www.jgme.org/action/doSearch?AllField=kozakowski> Accessed May 26, 2015.
12. Gardiner P, Filippelli AC, Lebensohn P, Bonakdar R. The Incorporation of Stress Management Programming Into Family Medicine Residencies-Results of a National Survey of Residency Directors: A CERA Study. *Fam Med.* 2015 Apr;47(4):272-8.
13. Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them: what's the situation among Canadian family physicians? *Can Fam Physician*2008;54:234–235.
14. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014;12(6): 573–576.
15. Value By Design: developing clinical microsystems to achieve organizational excellence by Eugene C. Nelson, Paul B. Batalden, et al. The Center for Leadership and Improvement at the Dartmouth Institute of Health Policy and Clinical Practice. 2011
16. <http://www.linkageinc.com/institutes/leadership-summit-for-women.cfm>