AMERICAN ACADEMY OF FAMILY PHYSICIANS

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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

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skill set and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. 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.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense indicating that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists for evaluation and treatment.

Each residency program is responsible for its own curriculum. **This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.**

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 identified need for physicians to lead effectively in their practices, hospitals, professional organizations, and communities in order to advocate on behalf of the health of the public. Similarly, the recent emphasis on team-based medical care as a component of the patient-centered medical home (PCMH) concept shows the increasing importance of physicians as leaders of such teams.

As resident physicians gain knowledge and skill over the course of their training period, they are called upon to lead the clinical team. The ability to lead effectively is one of the benchmarks often used to determine a resident’s advancement from one year to the next. Yet historically, little attention has been given to the specific teaching of leadership concepts to physicians. This Curriculum Guideline is designed to provide a structural framework to assist residency program faculty in addressing the essential elements of leadership over the three years of training.

Competencies

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

- Assume a leadership role in his or her practice, community, and the profession of medicine (Professionalism)
- Appropriately analyze reports of individual and group practice productivity, financial performance, patient satisfaction, and clinical quality (Systems-based Practice)
- Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care (Systems-based Practice)

- Demonstrate the capacity to manage a project to improve the quality of care and service to his or her patient population (Practice-based Learning and Improvement)
- Demonstrate the abilities required for successful and appropriate interaction with the media and use of social medial platforms around health care, education, and business applications (Interpersonal and Communication Skills, Professionalism)

Attitudes and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Ability to lead others
- Appreciation of the difference between leadership and management, and the attributes appropriate for each role
- Recognition that leadership is a learned skill and that experience enhances natural capabilities
- Importance of developing leadership opportunities for others

Knowledge

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

1. Concept of leadership
    a. Definitions
    b. Theories
    c. Characteristics, including distinction between leadership and management
    d. Formal and informal roles
    e. Role models
2. Personal leadership styles and skills
    a. Self-assessment, including the use of tools such as the Meyers-Briggs Type Indicator, StrengthsFinder, and the Kouzes-Posner Leadership Practice Inventory
    b. Leadership competencies
        i. Integrity
        ii. Life balance
        iii. Vision
        iv. External focus
        v. Humor

c. Emotional intelligence
    i. Self-awareness
    ii. Self-management
    iii. Social awareness
    iv. Relationship management
d. Impression management
e. 360-degree feedback
f. Work style preferences
g. Tools for evaluation
h. Vision development
i. Personal goal setting
j. Resources for personal development

3. Planning and organizing
    a. Goal setting
    b. Project planning
    c. Record keeping
    d. Delegation
    e. Accountability
    f. Crisis management
    g. Management of change
    h. Project outcomes evaluation

4. Communication skills and techniques
    a. Oral communication
    b. Persuasion
    c. Active listening
    d. Professional written communication
    e. Communication with graphics
    f. Various learning and teaching styles
        i. Visual
        ii. Auditory
        iii. Kinesthetic
    g. Basic parliamentary procedure
    h. Public relations
        i. Media relations
            1) Print media

2) Radio and television (taped versus live)
ii. Social media platforms

i. Marketing concepts

j. Appreciative inquiry

5. Positive relationship building
   a. Team building
   b. Motivation
   c. Affirmation
   d. Conflict resolution
   e. Diversity concepts
   f. Prejudice reduction

6. Problem solving and decision making
   a. Personal styles
   b. Group styles
   c. Persuasion
   d. Negotiation
   e. Reaching consensus
   f. Methods and models
   g. Ethical dilemmas

7. Physical and mental well-being
   a. Personal image
   b. Physical health
   c. Stress management
   d. Time management
   e. Mindfulness
   f. Personal values
   g. Self-esteem
   h. Work/life balance
   i. Physician burnout
      i. Maslach Burnout Inventory
         1) Emotional exhaustion
         2) Depersonalization
         3) Personal accomplishment

8. Leadership venues
    a. Clinical team
    b. Medical practice and groups
        i. Alternative practice models
    c. Medical staff
    d. Academic settings
    e. Professional organizations
    f. Community settings
    g. Political advocacy
    h. Practice culture

Skills

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

1. Management reports about:
    a. Individual provider productivity, including work relative value units (RVUs)
    b. Group practice productivity
    c. Financial performance
    d. Patient satisfaction
    e. Clinical quality
    f. Value-based care versus volume-based care
2. 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
    h. Recruitment and interviewing of new staff
    i. Staff scheduling
    j. Team-based care and management

3. Leadership of care teams to consistently and appropriately optimize accountable, coordinated, quality, individualized patient care

4. Practice transformation and cultural change activities

5. Effective negotiation 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

6. Professional interaction with the media

7. Utilization of secure social media for practice advertisement, advancement, and management

8. Professional interaction with the legislature through advocacy work at the local and regional levels

9. Participation and leadership in the practice, the community, and the profession of medicine

10. Membership in a health system, on a professional group committee, or within a medical organization

11. Identification of and participation in personal strategies to maintain physician well-being

Implementation

Leadership training should be provided through both focused and longitudinal experiences throughout the residency program and should include opportunities to demonstrate leadership. Physician leaders who have experience in various settings should be engaged as educators, role models, and advisors to residents who seek leadership opportunities within the residency staff, medical staff, and community. Principles of leadership and leadership skills can be taught effectively through relevant experiences, as well as through individual teaching and small-group discussion modalities. Specific advocacy leadership skill development should include experience working with legislators.

Resources

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Spiegelman P, Berrett B. *Patients Come Second: Leading Change by Changing the Way You Lead.* New York, NY: An Inc. Original; 2013.

Website Resources

American Academy of Family Physicians:

- Policy statement: Leadership Development
  www.aafp.org/about/policies/all/leadership.html

Society of Teachers of Family Medicine:

- Advocacy toolkit and online learning module
  http://www.stfm.org/Advocacy/AdvocacyToolkit
- Leadership development opportunities within family medicine organizations
  http://www.stfm.org/CareerDevelopment/FMLeadershipDevelopmentOpportunities.

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