Faculty Development Toolkit

For New Faculty in Family Medicine

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Presentation Slides

Learning Faculty Development Skills: A Toolkit for New Faculty in Family Medicine

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Disclosures

- All presenters have nothing to disclose

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Objectives

- Describe the most common personal, clinical, administrative, and academic challenges identified by new faculty in family medicine and identify resources for overcoming barriers.
- Identify resources to implement faculty development programs and identify existing local, regional, and national resources to support faculty development for new faculty in family medicine.
- Identify effective mentoring and coaching concepts and styles, and seek appropriate academic resources for building mentoring and coaching relationships.

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Workshop Outline

- Introductions (faculty roles, experience)
- Small Group Activity
  - Challenges
  - Opportunities and Resources
- New Faculty Resources
- Creating an Educator Portfolio
- Scholarly Activity Opportunities
- Small Group Activity
  - Effective feedback for learners
- Wellness, Self-Care
- Mentorship, Coaching

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Introductions

- Background
  - MD/DO vs. other (PhD, MS, MPH, etc)
  - Just out of residency vs. Career change vs Leadership role
- Job Responsibilities
  - University vs. Community Based
  - GME only / UGME only or both
  - Career "Track" – clinical, teaching, tenure?
  - Research expectations
- Goals / Questions for this session

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Challenges

- Work-life balance
- Finding scholarly activity opportunities
- Finding guidance for new faculty recommended activities
- Keeping interests aligned with assigned tasks

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Small Group Discussion

- What solutions (opportunities and resources) have you found to your challenges?

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Opportunities and Resources

- STFM Residency Curriculum Resource
- Scripts for saying no
- Online searches
- Formal faculty development fellowships
- Using students and residents to help with projects
- Getting to know your electronic systems efficiently
- Help from colleagues
- STFM annual meeting
- NIPPD fellowship (for aspiring program directors)
- Looking for funding from scholarships at your institution
- FPIN – scholarly activity opportunity
- Online teaching modules
- Mentorship – internal, external, FP or specialists
- WONCA – international FP support
- Integrating faculty development in residency
- Young attending support group / happy hour
- Networking outside your institution
- STFM programming and online toolkits
- AFMRD toolkits
- Regularly scheduled meetings to focus on your own development
- Carve out time for faculty development in faculty meeting
- Group On list-servs (STFM) or AFMRD
- Set goals and intentions to stay true to your goals and interests
- Defining personal boundaries and sticking to them
- Personal routines
- Mindfulness
- Acknowledging limitations

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Opportunities and Resources

- Mentors
- Academic and Research conferences
- Faculty development fellowships or mini-fellowships
- Local PBRNs, AAFP chapters
- STFM website, fmdrl.org
- MedEdPortal.org

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Faculty Development Resources

- New Faculty Toolkit
- Consider pre-conference workshops on faculty development, e.g. STFM New Faculty Scholars program
- Specific training e.g. MSE Director Fellowship, or NIPDD Fellowship

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Resource Websites

- STFM Resource Library
  http://www.fmdrl.org/index.cfm

- ACGME
  http://www.acgme.org/acWebsite/home/home.asp

- AAMC MedEdPortal
  http://www.aamc.org/mededportal

- STFM Career Development
  http://www.stfm.org/CareerDevelopment

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Workshop/Courses/Conferences

- Pre-conference workshops
- STFM Emerging Leaders program
- AAMC Early Career Women Faculty
- Canadian conferences:
  - http://www.mededconference.ca/home.php for undergrad
  - http://rcpsc.medical.org/icre/ for residency education
- NAPCRG: North American Primary Care Research Group
- Mini-Fellowships Vs 1-2 year Fellowship programs
- ListServs
  - http://www.bumc.bu.edu/facdev-medicine/clinical-educators/medical-education-listserv/

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Faculty Development Fellowships

- STFM Faculty for Tomorrow
- STFM MSE Director Fellowship
- AFMRD NIPDD Fellowship
- Duke, Hopkins: Mini Fellowships in Geriatrics (1 week)
- U Mass: Teaching of Tomorrow (2-day)
- Robert Wood Johnson Clinical Scholars: http://www.rwjfleaders.org/programs/robert-wood-johnson-foundation-clinical-scholars-program
- Research Fellowship:
  - Univ of Washington: http://depts.washington.edu/fammed/research/training/nrsa
  - Univ of Wisconsin: http://www.fammed.wisc.edu/fellowships/research
  - Univ of Virginia: http://www.healthsystem.virginia.edu/internet/faculty_dev_fm/Curriculum.cfm
  - Univ of North Carolina: http://www.shepscenter.unc.edu/training_programs/nrsapc/
- Harvard Macy Institute programs http://www.harvardmacy.org/Programs/overview.aspx
- Georgetown University Fellowship:
  - Health Policy, Community Health, Arts & Humanities, Health & Media
- Stanford, U Penn, UT Waco…Fellowship Programs

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Journals/Books

JOURNALS

- Academic Medicine
- Teaching Physician
- Journal of Graduate Medical Education

BOOKS

- The physician as teacher - Neal Whitman & Thomas Schwent
- How doctors think - Jerome Groopman
- Thinking fast and slow - Daniel Kahneman
- Healers - David Schenck & Larry R. Churchill
- How to work a room - Susan RoAne
- First things first - Stephen R. Covey
- Difficult Conversations - Douglas Stone, Bruce Patton and Shiela Heen
- The one minute manager - Ken Blanchard & Spencer Johnson
- Brain Rules - John Medina
- What patients teach - David Schenck, Larry R. Churchill and Joseph Fanning
- God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine - Sweet

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Residency-Specific Resources

- STFM Residency Curricular Resource (RCR)
  - Subscription allows access to Milestones-based objectives, curricula, lectures/workshops/facilitator guides
  - Faculty and residents welcome to write new curricula as scholarly activity
- STFM Residency Accreditation Toolkit

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What is an educator portfolio?

A teaching portfolio is to teaching what publications and grants are to research.

Not exhaustive compilation, but includes carefully chosen representative work

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Why do I need an educator portfolio?

- "Evidentiary method" of documenting teaching experience
- "Documenting educational activities and providing associated evidence of excellence that can be judged by peers"
- "A systematic collection of information documenting expertise in an area, usually incorporating multiple sources of information collected over time to demonstrate excellence"

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Barriers to applying for promotion

Personal

- Unfamiliarity with promotion guidelines
- Not enough time devoted to developing portfolio
- Insufficient data to complete portfolio, or disorganized information
- The burden of proof is the faculty member's

Institutional

- Relies on mentorship and institutional support and/or department champion
- All promotion & tenure committee members may not value each teaching activity as "scholarship" worthy of promotion

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Basic portfolio format

- Education Philosophy
- Curriculum Development
- Teaching Evaluations
- Learner Performance Assessment
- Advising
- Scholarly Activities
- Service
- Continuing Education (as an educator)
- Teaching Honors and Awards (most highly rated performance measure for promotion)

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Documenting your Scholarly Activity

	Core residency faculty	Residents	Core Fellowship faculty	Fellows
# of scholarly work	Two per faculty member on average over 5 years	One per residents by end of residency	One per faculty member per year average over 5 years	One per fellow by end of fellowship

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Examples of scholarly work

- Present a report of original research at regional/national conference/grand rounds at another institution
- Publish original research paper/clinical review paper in a peer-reviewed journal
- Testify in state legislature regarding strategy to manage a public health problem
- Serve as peer reviewer or associate editor of a state or national medical journal

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Examples of scholarly work

- Generate local, regional or national presentation from:
  - Didactic lecture/workshop for residents/students
  - Family Medicine Center collaborative work with behaviorists, SW, FNP, PA, ANP, CNM, RNs, Pharmacist
- Lifelong learning, consider proposing topic update
- Volunteer for peer review
- Mentor a resident or junior faculty through presentation, peer review, or publication

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Scholarly Activity Resources

- Websites
- Workshops/Courses/Conferences
- Fellowship
- Books/Journals
- Local PBRNs, AAFP chapters
- *Affiliated* University resources

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Research Opportunities

- Interdisciplinary collaboration
- Practice-based research network
- Research colleagues and mentors
- HRSA training grants
- RWJF / Graham Center / other fellowships
- **Scholarly work grows out of daily life**

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Working with Different Levels of Learners

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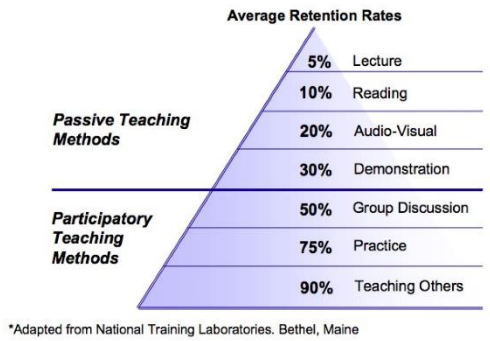
The Learning Pyramid*



*Adapted from National Training Laboratories. Bethel, Maine

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Active or Participatory Learning

- Results in improved knowledge retention
- Creates a deeper understanding of material than passive learning
- Fosters engagement
- Encourages self-directed learning

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Key Teaching Strategies

- Assign clear responsibilities.
- Ask about and use learners' knowledge, e.g. assess experience.
- Put learners to work.
- Involve learners in patient care.
- Provide opportunities for practice of new skills.

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Key Teaching Strategies

- Alter your teaching based on the experience level of your learners:
  - Minimal clinical experience:
    - *direct* learning by providing structure, setting expectations, giving directions, and selecting patients for learner to see.

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Key Teaching Strategies

  - Moderate experience:
    - facilitate learning by asking questions, listening to their ideas, and sharing your thinking.
  - Extensive experience:
    - consult with them by setting goals, evaluating progress, and exchanging ideas.

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Case Scenario 1 Dr. M.

Dr. M is a first year resident rotating with you for the first time on a four-week inpatient rotation. Dr. M likes the rotation, shows up on time, but seems unprepared at rounds. On day 10 Dr. M expresses concern she has never seen a patient in the hospital with acute kidney injury. Thus far the inpatient team has cared for mothers in labor, newborns, patients with heart failure, DKA, pancreatitis and acute appendicitis. Dr. M has cared for 2 patients daily.

- Do you have any concerns about Dr. M?
- What adjustments would you consider to help Dr. M. with engagement and self-directed learning?

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Feedback

- When would you provide feedback for Dr. M?
  - First day/week, mid-month/end-of-month?
- Are there any deficits in Medical Knowledge and Professionalism skills for this resident?
- Timing of feedback
- Performance improvement strategies

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Feedback

- Confident learners share ideas, ask questions, and reach conclusions independently, rather than just accepting answers or diagnoses
- Strong evidence
  - Feedback messages are invariably complex and difficult to decipher
  - Learners may need opportunities to understand and process feedback before applying it toward performance improvement

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Feedback

- Preceptors should encourage learner confidence and self assurance
- Feedback influences how learners feel about themselves, and what and how they learn
  - A resident's self-efficacy might be maintained by 'reinterpreting' failure
  - If limited performance improvement or insight, consider re-examining how and who (eg teacher, peer, self-eval)

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Case Scenario 2 Dr. M.

Dr. M completes her 1st intern month on the inpatient team. She completed an excellent, thorough team presentation on AKI, managed up to 8 patients, including articulating appropriate differential diagnoses, choosing appropriate management plans and counseling patients and families. Dr. M. demonstrated tremendous enthusiasm for prevention and monitoring for kidney complications in her own patients. Your patients and team are complimentary of her bedside manner

- How would you evaluate this resident?

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Family Medicine Milestones

- What is your familiarity with Milestones?
- Milestones are developmentally based family-medicine specific attributes
- Range from level 1 to level 5
  - Level 1 is typically an intern with limited experience in family medicine
  - Level 4 is a graduation target
  - Level 5 is an advanced, seasoned family doctor

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PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context) Generates differential diagnoses Recognizes role of clinical protocols and guidelines in acute situations	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient utilizing appropriate clinical protocols and guidelines Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for acute conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Appropriately prioritizes the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common acute conditions Addresses the psychosocial implications of acute illness on patients and families Arranges appropriate transitions of care	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care

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Key Milestone Subcompetencies

- PC-1: care for acutely ill patients
- PC-2: chronic disease
- MK-2: critical thinking
- PBLI-2: self-directed learning
- PROF-2: professional conduct and accountability
- C-2: effective communication with patients
- C-3: effective communication with physicians and other health professionals

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Case Scenario

- How would you assess Dr. M using Family Medicine Milestones?
  - PC-1: care for acutely ill patients
  - MK-2: critical thinking
  - PBLI-2: self-directed learning

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PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context) Generates differential diagnoses Recognizes role of clinical protocols and guidelines in acute situations	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient utilizing appropriate clinical protocols and guidelines Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for acute conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Appropriately prioritizes the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common acute conditions Addresses the psychosocial implications of acute illness on patients and families Arranges appropriate transitions of care	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care

MK-2 Applies critical thinking skills in patient care

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians Demonstrates basic decision making capabilities Demonstrates the capacity to correctly interpret basic clinical tests and images	Synthesizes information from multiple resources to make clinical decisions Begins to integrate social and behavioral sciences with biomedical knowledge in patient care Anticipates expected and unexpected outcomes of the patients' clinical condition and data	Recognizes and reconciles knowledge of patient and medicine to act in patients' best interest Recognizes the effect of an individual's condition on families and populations	Integrates and synthesizes knowledge to make decisions in complex clinical situations Uses experience with patient panels to address population health	Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans Collaborates with the participants necessary to address important health problems for both individuals and communities

PBLI-2 Demonstrates self-directed learning

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback Uses feedback to improve learning and performance	Incorporates feedback and evaluations to assess performance and develop a learning plan Uses point-of-care, evidence-based information and guidelines to answer clinical questions	Has a self-assessment and earning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement	Identifies own clinical information needs based, in part, on the values and preferences of each patient Demonstrates use of a system or process for keeping up with relevant changes in medicine Completes ABFM MOC requirements for residents Consistently evaluates self and practice, using appropriate evidence-based standards, to implement changes in practice to improve patient care and its delivery	Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas Initiates or collaborates in research to fill knowledge gaps in family medicine Integrates MOC into ongoing practice assessment and improvement Role models continuous self-improvement and care delivery improvements using appropriate, current knowledge and best-practice standards

Case Scenario

- How would you assess Dr. M using Family Medicine Milestones?
  - PROF-2: professional conduct and accountability
  - C-2: effective communication with patients
  - C-3: effective communication with physicians and other health professionals

PROF-2 Demonstrates professional conduct and accountability

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Presents him or herself in a respectful and professional manner Attends to responsibilities and completes duties as required Maintains patient confidentiality Documents and reports clinical and administrative information truthfully	Consistently recognizes limits of knowledge and asks for assistance Has insight into his or her own behavior and likely triggers for professionalism lapses, and is able to use this information to be professional Completes all clinical and administrative tasks promptly Identifies appropriate channels to report unprofessional behavior	Recognizes professionalism lapses in self and others Reports professionalism lapses using appropriate reporting procedures	Maintains appropriate professional behavior without external guidance Exhibits self-awareness, self-management, social awareness, and relationship management Negotiates professional lapses of the medical team	Models professional conduct placing the needs of each patient above self-interest Helps implement organizational policies to sustain medicine as a profession

C-2 Communicates effectively with patients, families, and the public

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in end-of-life discussions and delivery of bad news	Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters	Educates and counsels patients and families in disease management and health promotion skills Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients' needs	Role models effective communication with patients, families, and the public Engages community partners to educate the public

C-3 Develops relationships and effectively communicates with physicians, other health professionals, and health care teams					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands the importance of the health care team and shows respect for the skills and contributions of others	Demonstrates consultative exchange that includes clear expectations and timely, appropriate exchange of information Presents and documents patient data in a clear, concise, and organized manner	Effectively uses Electronic Health Record (EHR) to exchange information among the health care team Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback	Sustains collaborative working relationships during complex and challenging situations, including transitions of care Effectively negotiates and manages conflict among members of the health care team in the best interest of the patient	Role models effective collaboration with other providers that emphasizes efficient patient-centered care

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Key Take Home Points

- Active learning is most effective for retaining information
- Learners' confidence affects their capacity to improve
- Try a different teaching strategy or feedback method if performance is stagnant or deficient
- Think about demonstrated behaviors when evaluating residents
- Remember why you are teaching

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- *"These are the duties of the physician: First…to heal his mind and to give help to himself before giving it to anyone else."*
  - *Epitaph of an Athenian doctor,*
  - *AD 2.*

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What is Wellness

Vague state of well-being

"the quality or state of being in good health, especially as an actively sought goal."

--(Merriam-Webster)

"the quality or state of being healthy in body and mind, especially as the result of deliberate effort."

--(Dictionary.com)

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Why Wellness

- For our own health
- Patient safety
- Role modeling and setting standard
- Critical time in identity development

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Burnout

- Loss of emotional, mental and physical energy due to continued job-related stress.
- 1. Emotional exhaustion
- 2. Depersonalization (loss of empathy)
- 3. Decreased sense of accomplishment

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Personality Traits

- Perfectionistic tendencies; nothing is ever good enough
- The need to be in control; reluctance to delegate to others
- High-achieving, Type A personality
- Pessimistic view of yourself and the world

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Work-Related Causes

- Feeling like you have little or no control over your work
- Working in a chaotic or high-pressure environment
- Unclear or overly demanding job expectations
- Lack of recognition or rewards for good work
- Doing work that's monotonous or unchallenging

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Lifestyle Causes

- Working too much, without enough time for relaxing and socializing
- Being expected to be too many things to too many people
- Taking on too many responsibilities, without enough help from others
- Not getting enough sleep
- Lack of close, supportive relationships

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Background Data

- Shanayfelt Boone et al(2012)
  - 45% of practicing physicians report at least 1 symptom of burnout
- Dyrbye et al, 2012
  - Study of 7-item Physician Well-Being Index
  - Measure of distress in physicians tested nationally
  - Physician distress correlated with low quality of life, high fatigue, or recent suicidal ideation

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Background Data

- **Dyrbye et al., 2014**
  - Study of medical student, residents, fellows
  - Early career physicians <5 years
  - General US population – recent grads, employed persons
  - Burnout highest in residency
  - Trainees more burned out compared to general population
  - Early career physicians more burned out than general population

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Evidence for Interventions

- **Olson et. al 2014** – Residents meeting the national physical activity guidelines had less burn out their counterpart controls over 1 month

- **Sood et. al. 2014** – intervention among radiologists to improve stress management and resiliency training. Improved quality of life, mindfulness and reduced stress in 12 weeks among cohorts vs. control

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How Can We Promote Wellness

- Promoting career Purpose
- Increasing cognitive flexibility
- Decreasing emotional distress

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Career Purpose and Satisfaction

- Faculty attitudes influence and affect resident attitudes
- Promoting faculty wellness
- Assessing faculty wellness to increase awareness
- Workshops
  - Skill building in relationships, finances, conflict resolution
- Support groups

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Cognitive Flexibility

- Cognitive behavior training
- Mindfulness training
- Fun reframing exercises

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Distress Management

- Opportunities for disclosure of emotions
- Availability of resources
- Opportunities for safe measurement of emotional distress
- Regular checking in with one another

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Physician Wellness Inventory

- Career purpose showed positive correlation with family support, friend support, mental health, finances, and workload
- Cognitive flexibility also showed positive correlation
- Distress showed negative correlation
- Same with emotional exhaustion and depersonalization

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Prevention/Recovery

- Start the day with a relaxing ritual
  - meditating
  - writing in your journal
  - reading something that inspires you
- Take a daily break from technology
  - set a time each day when you completely disconnect, put away laptop and phone
- Nourish your creative side
  - something new, fun project, or resume a favorite hobby

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Work / Life Balance

- Set strict boundaries
- Learn to say "NO"
- Take time for rest & recovery
- Do not let PERFECT be the enemy of GOOD
- Accept not having it ALL
- Be clear about priorities & rearrange daily

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Mentorship

Requires…

- Institutional support – time, structure, buy-in
- Faculty development of mentor
- Respect for generational differences
- Intentionality
- Self-assessment & commitment on the part of the mentee

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Mentoring Relationships

"Your mentor is neither your parent nor your savior…

"A mentor is someone who must be sought after and with whom a relationship must deliberately be forged. Mentoring relationships are sustained and grow only through meticulous effort…"

Excellent review article about mentors written for junior faculty -----> FMDRL New Faculty

J Palliat Med. 2010 November; 13(11): 1373–1379. doi: 10.1089/jpm.2010.0091

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Mentoring

A professional relationship in which an experienced person (the mentor) assists another (the mentee) in developing specific skills and knowledge that will enhance the career progression.

-Usually not a supervisor, may even be from another dept/organization
-Facilitates growth by helping build sharper focus
-Provides critical feedback
-Enhances network
-Shares resources
-Long term relationship

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Coaching

"Unlocking a person's potential to maximize their own performance. It is helping them to learn rather than teaching them" (Whitmore 2003)

-By anyone, even supervisor
-Short term
-Focused on current situation
-Result oriented
-Systematic process of enhancing self-directed learning
-Empowering individuals to improve effectiveness & develop solutions

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Identifying Mentors and Coaches

- Who are your mentors?
- Do you have regularly scheduled meetings?
- Who sets the meeting agenda for your mentorship meetings?
- What is your priority area you would like to discuss?

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Wrap-Up

Any further questions or comments?

Join New Faculty group online at STFM.org
Volunteer to lead activities
Check out the STFM Resource Library

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For New Faculty in Family Medicine

First Year on the Job ABCDDs

Assessing skills

- Self-assessment
- Resident and student evaluations
- Faculty peer evaluations
- FPPE/OPPE evaluation process

Balance

- Personal goals
- Setting boundaries
- Time management

Credentialing

- Maintaining licensure
- CME requirements for institution and state licensing boards

Determining focus areas

- Medical Student education
- Residency education
- Research

Department infrastructure

- Divisions
- Teaching opportunities
- Collaborative partners

Assessing skills

1. Self-assessment:
   University departments will often have a self-assessment tool to perform a self-evaluation including estimating percentage of time dedicated to each teaching realm and summarize evaluations.
   Suggested competencies:
   - ACGME Milestones
   - Leadership
   - Administration
   - Teaching
   - Curricular Development
   - Research
   - Medical Informatics
   - Care management
   - Multi-culturalism

   Recommended tools:
   - Family Medicine Milestone self-assessment
2. Student and resident evaluations.
   The evaluation of faculty teaching performance is complex. Most academic medical centers use the open evaluation format. Anonymous evaluation is more accurate reflection of teaching performance.[1]
3. Faculty peer evaluations
   Institutional tools available for peer evaluations, but often limited in both frequency of use and competencies assessed.
   - Request that faculty peers sit in on lectures/workshops
   - Consider asking division director to sit in on lectures/workshops
   - Record all peer evaluations in portfolio
4. FPPE/OPPE or faculty competency evaluations
   - Hospital affiliated divisions will have a Joint Commission requirement for Focused Professional Performance Evaluation and Ongoing Professional Performance Evaluation
   - OPPE: annually administered by most departments
   - FPPE: typically more frequently in first 3-6 months of employment, or after specific concern raised.

Balance

1. Personal goals
   - Personal and professional goals
     - Planning vacation, down-time, self-renewal, mind-body wellness
     - Setting a timeline for the academic year for specific professional goals, e.g. faculty development activities, attending STFM conference to see examples of curricula in topic area
   - Short-term and long-term goals
     - Collaborate with division director/department chair in goal-setting
     - 6-, 9-, 12- month short term goals, such as learning about each division, observing teaching venues, delivering lectures.

        - Think about 2-5 year faculty development plan, e.g. presenting a topic at a national conference in 2-3 years, publishing a review article with senior faculty in 2-3 years, applying for Assistant or Associate Professor faculty rank
    - Experience in focus areas
        - Curricular development (RCR, FMDRL, MedEdPortal)
2. Setting boundaries
    - Learning to say no
    - Accepting assignments from an outgoing faculty member
    - Aligning personal interests with mission of the department or division
3. Time management
    - Percentage administrative time, using demonstrated models
    - Setting calendar time helps avoid encroachment
        - Weekly calendar should reflect dedicated time to specific activities e.g. curricular development, planning lectures, evaluating residents, EMR documentation
        - Consider quarterly reminders about faculty development applications, grant opportunities or conferences
4. Burnout prevention resources

Credentialing

1. Maintaining licensure
    - Each state licensing board has different renewal requirements, dates, etc.
    - Note expiration dates, licensing numbers (license, CDS, DEA), renewal requirements
2. CME requirements
    - State licensing boards and hospital credentialing departments have CME requirements per year or per renewal period.
    - Log and update CME transcript continuously with free CME reporting service at http://www.aafp.org/cme
    - Log teaching CME credits (up to 20 elective credits per cycle)
    - Consider planning CME around academic focus areas. Plan for year's CME, local AAFP chapter, online CME with AFP Journal, etc.
    - CME resources with AAFP
        - American Family Physician (24 free CME quizzes up to 90 AAFP Prescribed credits)
        - Family Practice Management (6 free quizzes up to 20 AAFP prescribed credits)
        - 1280 Board Review sample questions with up to 32 AAFP Prescribed credits
        - AAFP online self-study activities up to 38.5 AAFP Prescribed credits

Determining focus areas

1. Focus areas in faculty positions often aligned with division hired into
    - Residency
    - Medical Student Education
    - Research

2. Focus areas may be contract defined. Otherwise, defining clinical percentage may help determine percentages of other activities.[2]

Category	Teacher-Administrator			Teacher-Educator			Teacher-Researcher		Teacher-Clinician	
	Chair	**Residency Director**	**Clinic Director**	**Director of Education**	**Director of Medical Student Education**	**Clerkship Director**	**Director of Research**	**Research Faculty**	**Community Preceptor**	**Clinical Faculty**
Leadership	20	15	10	20	10	5	15	0	0	5
Administration	50	30	30	10	20	15	10	10	5	10
Teaching	10	15	20	20	10	20	10	10	10	25
Curriculum development	0	5	0	10	15	15	10	10	0	10
Research	5	10	5	15	10	10	35	40	5	5
Clinical	10	20	30	20	30	30	10	20	75	40

Faculty Competency areas

1. Leadership
2. Administration
3. Teaching
4. Curricular Development
   - STFM/AFMRD RCR
   - FMDRL
   - MedEdPortal
5. Research
6. Medical Informatics
7. Care management
8. Multi-culturalism

Department infrastructure

1. Divisions
2. Teaching opportunities
3. Collaborative partners (interprofessional, interdisciplinary, community)

For New Faculty in Family Medicine

Faculty development

Institutional opportunities for faculty development:

- Family Medicine department (Residency, MSE, Research)
- Interdepartmental or multidisciplinary opportunities
- University Department of Faculty Affairs e.g. Georgetown seminar schedule at https://gumc.georgetown.edu/evp/facultyaffairs/facultydevelopment/programsandworkshops

Fellowship opportunities

- Family Medicine fellowships https://nf.aafp.org/Directories/Fellowship/Search
- Faculty development fellowships at specific institutions (in-person or webinar based)
- STFM Medical Student Educators Director Fellowship
- Residency faculty development (National Institute for Program Director Development)
- Georgetown University (Health Policy Fellowship at the Robert Graham Center, Community Health, Medical Humanities and Health and Media). https://familymedicine.georgetown.edu/fellowships
- Robert Wood Johnson Foundation: http://www.rwjfleaders.org/programs
- Harvard Macy Institute programs http://www.harvardmacy.org/Programs/overview.aspx
- Research Fellowship:
  - Univ of Washington: http://depts.washington.edu/fammed/research/training/nrsa
  - Univ of Wisconsin: http://www.fammed.wisc.edu/fellowships/research
- Duke Univ or Johns Hopkins: Mini Fellowship in Geriatrics (1 week)
- U Mass: Teaching of Tomorrow (2-day)
- Univ of Virginia: http://www.healthsystem.virginia.edu/internet/faculty_dev_fm/Curriculum.cfm
- Univ of North Carolina: http://www.shepscenter.unc.edu/training_programs/nrsapc/

Teaching, Precepting and Curricular Development resources

- TeachingPhysician.org free webinars at http://www.stfm.org/OnlineCourses/Webinars/TeachingPhysicianWebinars
- STFM precepting resources for precepting medical students and residents at https://www.teachingphysician.org/
- Family Medicine Residency Curricular Resource for resident lectures, workshops, curricula http://fammedrcr.org/
- STFM Resource Library http://fmdrl.org/

For New Faculty in Family Medicine

Grant-writing resources

- Foundation Center courses http://grantspace.org/training2/training-courses/introduction-to-proposal-writing

Family Medicine Conferences

Academic Family Medicine conferences

- STFM Annual Spring Conference http://www.stfm.org/Conferences/AnnualSpringConference
- STFM Conference on Medical Student Education http://www.stfm.org/Conferences/ConferenceonMedicalStudentEducation
- STFM Conference on Practice Improvement http://www.stfm.org/conferences/conferenceonpracticeimprovement
- Association of Family Medicine Residency Directors www.afmrd.org
  - Residency Program Solutions http://www.aafp.org/events/pdw-rps/symposium/rps.html
  - Program Director Workshop http://www.aafp.org/events/pdw-rps/symposium/pdw.html

CME conferences

- AAFP http://www.aafp.org/events.html
- STFM On the Road http://www.stfm.org/Conferences/OnTheRoad
- Online modules: self-directed, computer-based faculty development contribute to knowledge mastery and retention[3]

Academic conferences

- AAMC Early Career Women Faculty Professional Development Seminar http://www.cvent.com/events/2015-early-career-women-faculty-professional-development-seminar/event-summary-d959a1ec7b4340429f75555ae213bf93.aspx
- AAMC Minority Faculty Career Development Seminar
- AAMC Learn Serve Lead: AAMC Annual Meeting

Diagnostic and therapeutic procedure skills training

- National Procedures Institute http://www.npinstitute.com/

Maternity care skills training

- Family-Centered Maternity Care http://www.aafp.org/cme/cme-topic/all/maternity-live.html
- ALSO Provider http://www.aafp.org/about/initiatives/also/schedule.html#provider
- ALSO Instructor http://www.aafp.org/about/initiatives/also/schedule.html#instructor

For New Faculty in Family Medicine

Leadership Development

1. Family Medicine Department leadership meetings could yield important information on opportunities available for new faculty, shadowing experiences to determine specific interests or networking for additional opportunities in collaborating departments or institutions.
    a. Department Chair
    b. Residency Program Director
    c. Director of Medical Student Education
    d. Director of Family Medicine Clerkship
    e. Course Directors for Family Medicine courses (4th year electives, Acting Internship, 1st and 2nd year medical student FM- and multidisciplinary-lead courses)
    f. Research Director
    g. FMIG faculty liaison
    h. Community partners
    i. Specialized division resources (e.g. Fellowship directors, health policy, preventive medicine, public health)
2. Academic promotion
    a. Academic institution's leadership development opportunities (executive leadership or faculty development program)
    b. Promotion online resources or live information sessions
    c. Department resources for promotion
    d. Tenure vs non-tenure track information
3. Family Medicine Advocacy
    a. Free online advocacy course at http://www.stfm.org/OnlineEd/AdvocacyCourse
4. Family Medicine leadership development
    a. STFM New Faculty Scholars Award http://www.stfm.org/Foundation/NewFacultyScholarsAward
    b. STFM Program Enhancement Award http://www.stfm.org/Foundation/ProgramEnhancementAward
    c. STFM Group Project Fund http://www.stfm.org/Foundation/GroupProjectFund

For New Faculty in Family Medicine

Scholarly Activity

Educator portfolio

1. Education Philosophy
2. Curriculum Development
3. Teaching Evaluations
4. Learner Performance Assessment
5. Advising
6. Scholarly Activities
7. Service
8. Continuing Education
9. Teaching Honors and Awards

Explore local, regional and national opportunities

1. Oral presentations, posters or research paper submissions.

Scholarly activity requirements

1. ACGME
2. LCME

Generate scholarly activity

1. Didactic lecture/workshop for residents/students
   - Residency Curricular Resource (http://fammedrcr.org/)
   - STFM Resource Library (http://fmdrl.org/)
   - AAMC MedEdPortal (https://www.mededportal.org/)
2. Family Medicine Center collaborative work with Behaviorists, SW, FNP, PA, ANP, CNM, RNs, Pharmacist
3. Lifelong learning, consider proposing topic/update
4. Volunteer for peer review for a journal
5. Mentor a resident or junior faculty through presentation, peer review, or publication
6. FPIN (www.fpin.org) Family Physician Inquiries Network for scholarly activity opportunities
7. Council of Academic Family Medicine Educational Research Alliance (CERA) at http://www.stfm.org/Research/CERA
   - Research proposal at http://www.stfm.org/Research/CERA/Participate
   - Use CERA clearinghouse data at http://www.stfm.org/Research/CERA/CERADataClearinghouse

Grant applications

1. AAFP Foundation http://www.aafpfoundation.org/online/foundation/home/awards-and-grants.html
2. NIH/HRSA
3. Secondary sources
   a. Foundation Center http://foundationcenter.org/
   b. Pivot for collaborative opportunities https://Pivot.cos.com

Sample Educator Portfolio

Teaching Responsibilities: Medical Student Education

Dates	Medical Student Course or Rotation	Role: Description
July, 2006 to present	Third year Family Medicine clerkship	Community preceptor, inpatient attending physician, weekly small group facilitator (8-10 students), team-taught course. Course objectives: 1. Provide clinical training experience in ambulatory primary care, specifically in the setting of Family Medicine over a wide range of diseases, patient characteristics, and encounter settings. 2. Provide opportunities for training in underserved settings. 3. Provide training opportunities and resources to practice techniques of evidence-based medicine. 4. Promote interest in further training in the specialty of Family Medicine and appreciation for the important role Family Physician plays in the health care system.
July, 2006 to present	Fourth year Family Medicine Acting Internship	Community preceptor, inpatient attending physician, team taught course. Course objectives: 1. Independently elicit a detailed history and physical exam for patients being admitted to the acute care hospital. 2. Present the complete history and physical in a standardized and well-organized fashion. 3. Accurately assess the general level of the patient's illness severity. 4. Provide a reasonable and plausible explanation in the form of problem list and differential diagnosis of the presenting complaint. 5. Suggest initial testing and a plan of action for the presenting problems. 6. Collect on morning rounds all pertinent current clinical information and clinical trends regarding the patients assigned to him or her and have that information organized so as to be able to readily provide it to the team on rounds. 7. Present on rounds the interval clinical information for each patient assigned to him/her in and standardized, concise and well organized fashion. 8. Ask clinical questions demonstrating insight into gaps in his/her areas of knowledge. 9. Answer clinical questions using evidence based medicine resources and present these findings to the hospital service team on teaching rounds. 10. Perform on a novice level, under direct supervision, common procedures performed on the inpatient Family Medicine service. 11. Offer triage opinion on calls from outside and inside the hospital and offer reasonable justification for the triage decision. 12. Identify and define the roles of the various ancillary services and providers in the hospital setting such the nursing, rehabilitation, and social work teams.

		13. Demonstrate a professional demeanor. 14. Demonstrate traits of effective doctor patient relationships including statements of interest in the patient, empathy, and shared decision-making. 15. Show proficiency in explaining clinical information to patients in an understandable manner, minimizing use of medical jargon. 16. Perform a focused history and physical on outpatients seen at the Family Medicine center. 17. Provide an assessment and plan, and make a focused presentation for outpatients seen at the Family Medicine center. 18. Provide supervision to junior medical students who are participating in online discussions about Family Medicine.

Family Medicine Resident Education

Dates	Resident Rotation or Program	Role: Description
August, 2006 to present.	Inpatient Family Medicine Service	Providence Hospital attending physician, Family Medicine inpatient service, teaching service with 1-2 interns, 2-4 residents, 1-3 third year medical students on family medicine rotations, 1-2 fourth year medical students on family medicine acting internships
July 1, 2010 to present	Practice Management	Curricular Development Quality Improvement Project (7 interns annually, 7 third year residents annually)
August, 2007 to present	Journal Club Georgetown FPIN Director	Journal Club faculty leader (21 residents) FPIN Director (7 faculty)
September, 2007 to present	Evidence-Based Medicine	Curricular development

Community-based education programs

Educational Program	Objectives	Responsibilities
Advanced Life Support in Obstetrics (ALSO) Provider course, 2007-present Funded by the Georgetown University Medical Center Department of Family Medicine Partners: Dewitt Family Medicine Residency, Andrews Air Force Base, Providence Hospital Family Medicine Department	The overall objectives of the national ALSO Provider course are to: • Discuss ways of improving the management of obstetrical urgencies and emergencies which may help standardize the skills of practicing maternity care providers • Discuss the importance of utilizing regional maternity care services and identify possible barriers which might limit access • Successfully complete the course, written test, and megadelivery testing station.	**ALSO Advisory Faculty Status, September, 2009 to present** **Course Director, April, 2011, April, 2010, May, 2009, April, 2008** (40-50 participants, 10-15 faculty) **Instructor, 2007** (20 participants) • Strictly adhering to the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education • Strictly adhering to the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) / Missouri Nurses Association (MONA) operational requirements for commercial support • Involving the American Academy of Family Physicians (AAFP) in the planning and development of the course • Involving the ALSO advisory faculty member in all stages of the planning and development of the course • Organizing a faculty meeting prior to the course • Organizing equipment and meeting rooms • Presenting opening announcements and introductions • Being available for questions from faculty and participants • Ensuring that the course runs smoothly and according to schedule
Integrating Health Literacy, Language Access, and Cultural Competency in Primary Care Settings: A Collaborative Learning Model Project, April to December, 2009 Funded in part by the AstraZeneca Foundation Partners: Association of Clinicians for the Underserved	Project goals include: • Establishing a collaborative learning program designed to promote the use of effective health literacy, language access and cultural competency policies and practices in primary care settings • To improve the quality of care and outcomes for patients with low health literacy and limited English proficiency	**Project faculty member** (5% FTE) • Develop the curriculum, selection criteria, evaluation plan, and resource bank for the clinician training program • Work in collaboration with the Association of Clinicians for the Underserved planning committee

Teaching Evaluations: National

1. **Roett MA**, Lawrence D. Evidence Based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making. Presented at the 42nd Annual Spring Conference of the Society of Teachers of Family Medicine; 2009 April 29-May 3; Denver, CO.

Lecture-Discussion Format, Excellent Rating = 5
Session Evaluation, 23 Respondents

Lead Presenter: Michelle Roett, MD, MPH	**Average Rating**
Session title and description reflected content	4.78
Relevancy/usefulness of content	4.96
Effectiveness of speaker's presentation	4.78
Effectiveness of presentation media and handouts	4.73
Opportunity for audience participation	4.87
Overall value of the session	4.89
Comments: "Great presentation. Very useful and to the point. Actually got me inspired about EBM and how to teach to residents. Also great publication tips to motivate" "Excellent" "Excellent workshop" "Very good session. Congratulations on making such a positive change in your program & for providing useful take-homes" "Very informative and motivating" "Their effort/curriculum was comprehensive, well thought out & appears to be an excellent model for others. Presentation clear, organized, quite 'information dense' – not sure if this could be avoided" "Great session. Something to take home"	

Educational Scholarship

Local Presentations

1. **Roett MA.** Evidence-Based Medicine I: FPIN Workshop. Presented at Georgetown University School of Medicine, September 15, 2011; Washington, DC.
2. **Roett MA.** Intern Orientation 2011: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 5, 2011; Colmar Manor, MD.
3. **Roett MA**. Intern Orientation 2011: Introduction to Quality Improvement. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 5, 2011; Colmar Manor, MD.
4. **Roett MA**. Intern Orientation 2011: Diabetes Mellitus. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2011; Colmar Manor, MD.
5. Gillespie C, **Roett MA**. Intern Orientation 2010: Introduction to Labor & Delivery, External Fetal Monitoring and Perineal Laceration Repair. Presented at Providence Hospital, July 26, 2010; Washington, DC.
6. **Roett MA.** Intern Orientation 2010: How to Conduct an Office Visit. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 6, 2010; Colmar Manor, MD.
7. **Roett MA.** Intern Orientation 2009: Hypertension. Presented at Georgetown University-Providence Hospital Family Medicine Residency Program, July 13, 2009; Colmar Manor, MD.

Regional

1. **Roett MA,** Romeo L. FPIN: HelpDesk Answer/Evidence-Based Practice, Scholarly Activity Evidence-Based Medicine Workshop. Presented at Howard University Family Medicine Residency Program; December 14, 2011; Washington, DC.
2. **Roett MA.** Maternal Resuscitation. Presented at the Georgetown University-Providence Hospital Family Medicine Residency Program Advanced Life Support in Obstetrics Course 2007, May 30-31; Washington, DC.

National

1. **Roett MA**, Seymour C, Na'Allah R, Julka M, Bennett K. New Faculty in Family Medicine: Learning New Family Medicine Faculty Skills in Faculty Development, Mentorship, Academic Promotion and Interprofessional Teamwork. To be presented at the 47th Annual Spring Conference of the Society of Teachers of Family Medicine; 2014 May 3-7; San Antonio, TX.
2. Gallagher W, **Roett MA,** Coyne T. Building Stronger Leaders for Tomorrow's PCMH: An Approach to Developing Leadership Training for Residents. To be presented at the 47th Annual Spring Conference of the Society of Teachers of Family Medicine; 2014 May 3-7; San Antonio, TX.
3. **Roett MA**, Seymour C, Julka M, Bennett K, Dickerson K, Na'Allah R. New Faculty in Family Medicine: Learning New Skills in Faculty Development, Seeking Mentorship, and Academic Promotion. Presented at the 46th Annual Spring Conference of the Society of Teachers of Family Medicine; 2013 May 1-5; Baltimore, MD.

4. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at UMDNJ-RWJ Trenton Family Medicine Residency Program; January 25, 2013; Trenton, NJ.
5. **Roett MA**, Comiskey C. FPIN: Concise Answers to Clinical Questions Written for Physicians by Physicians. Presented at Greenville Family Medicine Residency Program; November 12, 2012; Greenville, SC.
6. Julka M, Seymour C, Na'Allah R, Bennett K, Dickerson K, **Roett MA**. Welcoming New Faculty to Family Medicine! Presented at 45th Annual Spring Conference of the Society of Teachers of Family Medicine; 2012 April 25-29; Seattle, WA.

Publications

Peer-Reviewed

1. **Roett MA**. Ovarian Cancer. In Bope & Kellerman, Conn's Current Therapy. Philadelphia, PA: Saunders 2014.
2. **Roett MA,** Coleman MT. Practice Improvement, Part II: Trends and Challenges. *FP Essentials*, Edition No. 414. Leawood, KS: American Academy of Family Physicians; November 2013.
3. Mayor MT, **Roett MA**, Uduhiri K. Gonorrhea. *American Family Physician* 2012; 86(10):931-938.
4. **Roett MA**, Liegl S, Jabbarpour Y. Diabetic Nephropathy: The family physician's role. *American Family Physician* 2012; 85(9):883-889.
5. **Roett MA**, Mayor MT, Uduhiri K. Diagnosis and Management of Genital Ulcers. *American Family Physician* 2012;85(3):254-262.

Non-Peer-Reviewed

1. Mayor MT, **Roett MA**, Uduhiri K. Information From Your Family Doctor: Gonorrhea. *American Family Physician* 2012;86(10): online. Available at http://www.aafp.org/afp/2012/1115/p931-s1.html.
2. **Roett MA,** Mayor M, Uduhiri K. Patient Education Handout: Genital Ulcers: What causes them? *American Family Physician* 2012;85(3):269.
3. **Roett MA,** Evans P. Patient Education Handout: Ovarian Cancer. *American Family Physician* 2009; 80 (6) 609S1. Available from http://www.aafp.org/afp/20090915/609-s1.html.

For New Faculty in Family Medicine

Keeping Up-To-Date as a Faculty Member

1. STFM Group Pages and Discussion Forum (http://www.stfm.org/Groups/GroupPagesandDiscussionForums)
   Listservs
   - STFM Group on New Faculty
   - STFM Group on Faculty Development
2. Resources for academic medicine updates
   - STFM Messenger http://www.stfm.org/NewsJournals/STFMMessenger
   - AAMC (http://www.aamc.org/aamcstat)
3. Resources for regular FM advocacy and evidence-related updated
   - AAFP News (http://www.aafp.org/news.html)
   - AAFP Fresh Perspectives Blog: New Docs in Practice (http://blogs.aafp.org/cfr/freshperspectives/)
   - Family Medicine Smartbrief (http://www.aafp.org/about-site/about/contact/updates/smartbrief.html)
   - Council of Academic Family Medicine Advocacy Network (http://www.academicfamilymedicine.org/)
4. Review resources for regular scientific updates:
   - Journal Watch (http://www.jwatch.org/)
   - FDA MedWatch (http://www.fda.gov/Safety/MedWatch/default.htm)
5. Introduce students and residents to careers in academic Family Medicine at http://www.stfm.org/NewsJournals/Webinars/Careers

STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE

Messenger

Submit Research Questions for the CERA Survey of PBRN Directors

CERA, the CAFM Educational Research Alliance, is now accepting proposals for research questions for its first survey of practice-based research network (PBRN) directors. **The deadline for proposals is May 22**. CAFM members and PBRN directors are welcome to submit proposals.

Olapeju Simoyan, MD, MPH, BDS, Named 2015 STFM Medical Journalism Fellow

Olapeju Simoyan, MD, MPH, BDS, has been selected for the 2015 STFM Fellowship in Medical Journalism. Her yearlong fellowship begins in June. Designed for new faculty, the STFM Fellowship in Medical Journalism provides a 1-year experience in medical journalism with the editorial and publishing teams at *Family Medicine*. **Read the news release.**

Submit Your Presentation Proposal by April 20

Have you implemented a successful payment model? Strategies for engaging your team in improvement? Better ways to help patients manage their health? Present at the Conference on Practice Improvement December 3-6 in Dallas. **Learn more about the presentation proposal topics and how to submit.**

The STFM Annual Spring Conference Starts Next Weekend

More than 1,500 attendees will join us in Orlando for our Annual Spring Conference. Attendees will receive an email next week with more details about the items outlined below.

Download the Conference App
View the conference hotel map, create your personalized conference schedule, and view sessions on our STFM Annual Spring Conference app. Download from the **iTunes Store** or **Google Play**.

Follow the Conference on Social Media
Stay up to date on conference activities and join the virtual conversations by **following the hashtag #STFM15** on Twitter. **Check our Facebook page** to get conference updates, including news and photos.

Visit the STFM Village and Authors' Showcase
Learn more about STFM and meet recent authors at the STFM Village and the Authors' Showcase on Sunday evening.

Meet With Your STFM Group Peers
Don't miss the STFM Group meetings on Monday and Tuesday. **View the group meeting schedule** to learn when and where to meet.

Honor a Learner at the Marathonaki Fun Run/Walk
Join the Marathonaki run/walk on Tuesday morning and make a donation in honor of someone you teach or inspire. Donations can be made at the registration desk or the STFM Foundation table.

Jim Johnson Joins STFM as Director of Information Technology and Web Development

STFM welcomes Jim Johnson as the director of information technology and web development. In this position, Jim will provide oversight for all IT development and maintenance, including websites, the STFM member database, servers, computer hardware and software, and A/V equipment. **Read the news release**.

Nominate an Outstanding Resident for the Resident Teacher Award

The **Resident Teacher Award** recognizes teaching contributions by residents. Each family medicine residency program can give this award annually to the resident who has best demonstrated interest in and commitment to family medicine education.

Read the Annual Report

STFM has had a busy and exciting year. Through the work of hundreds of members, we expanded resources for departments and residencies, engaged in political advocacy, launched leadership development resources, broke Foundation records for the Annual Giving Campaign, and participated in the development of Family Medicine for America's Health and Health is Primary.

Copies of the Annual Report were delivered to all members last month. You can also view the **Annual Report (PDF)** online.

Apply for the National Clinician Scholars Program

The **National Clinician Scholars Program** has many similarities to its predecessor the RWJF Clinical Scholars Program, but one big difference: a strong commitment to interprofessional training. Post-doctoral nurses train as Scholars alongside physicians, and nursing and medical faculty are closely integrated into all aspects of the program. Applications for the 2-year program are due September 1

and Early Action applications are due May 15.

APRIL 16, 2015

Top Story

Report: ACA program cut Medicare spending 1.2%

The Affordable Care Act's Pioneer accountable care program, which manages care for patients with chronic conditions, saved 1.2% on Medicare spending in its first year, according to a paper published by the New England Journal of Medicine. Bloomberg (4/15)

Clinical News

Sleep apnea linked to cognitive decline, but CPAP appears to help

Older people with sleep apnea started showing signs of cognitive impairment about a decade earlier than those without the condition, a study in Neurology showed. Researchers found that the use of continuous positive airway pressure mitigated the effect, delaying the onset of mental decline by an average of 10 years. The New York Times (tiered subscription model)/Well blog (4/15), Reuters (4/15)

Share:

Study compares injected, inhaled measles vaccines

Blood tests conducted on 2,000 Indian infants ages 9 months to 12 months revealed substantially greater concentrations of antibodies against the measles virus among those injected with the vaccine than those who were given the inhaled version. The findings appear in the New England Journal of Medicine. HealthDay News (4/15)

Share:

- **Read an AAFP statement on preferential use of live attenuated influenza vaccine.**

  Share:

Inverse association seen between statin use, pancreatic cancer risk

A study in the journal Cancer found a 34% lower risk of developing pancreatic cancer among statin users and a link between the duration of statin use and reduced cancer risk. Data analyses also showed a significant reduction in risk for men. PhysiciansBriefing.com/HealthDay News (4/15)

Share:

Practice Management

Most pediatricians aren't properly trained to diagnose autism in children

Some pediatricians still dismiss a parent's concerns about a child's autism because most doctors and other health care professionals lack the training to diagnose the condition, according to a study in The Journal of Pediatrics. Pediatricians are advised by the American Academy of Pediatrics to screen 18-month-old children during their checkups and again when they are between 24 and 30 months. National Public Radio/Shots blog (4/15)

Share:

HHS offers $1M to health data sharing program

HHS has up to $1 million in grant money to distribute to as many as 10 groups that will participate in the Community Interoperability Health Information Exchange Program. The program was launched to encourage organizations to use health IT to integrate resources and improve health data sharing at the community level to promote better care. Among the health care professionals who will be eligible to receive the data exchange services are safety net clinicians, emergency medical services and behavioral health professionals. Healio (free registration) (4/14)

Share:

Health Policy & Legislation

ONC revises electronic health data privacy, security guide

The Office of the National Coordinator for Health IT has revised its Guide to Privacy and Security of Electronic Health Information that was last released in 2011. Among the additions in the revised version are privacy and security information for small and midsize organizations, health IT professionals and the general public. A guideline for implementing a security management process also is included in the updated version. BeckersHospitalReview.com (4/14)

Share:

Professional Issues & Trends

Hospital execs say physician engagement is key to boosting performance

A survey of hospital CEOs found that many believe physician engagement is the best way to improve performance and quality. Stephen Moore, M.D., CHI St. Luke's Health CMO, said having engaged physicians lets hospitals target quality issues, address community needs and improve patient satisfaction. BeckersHospitalReview.com (4/14)

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Lack of communication can derail population health initiatives

Hospital administrators implementing population health strategies tend to have more confidence than clinicians in care coordination through electronic health records systems, an online poll found. And though administrators and staff may be aware of the organization's population health strategy, many front-line clinicians are not, the poll found. One problem may be a lack of leadership opportunities for physicians, experts say. HealthLeaders Media (4/9)

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Study shows trends in health record breaches from 2010 to 2013

A study in the Journal of the American Medical Association found that 29.1 million health records have been exposed in 949 data breaches from 2010 to 2013. Researchers revealed that two-thirds of the incidents happened either due to unauthorized access to data via e-mail, a network server or a computer terminal, or through laptop, tablet or computer theft. HealthDay News (4/14)

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Inside the AAFP

Register now | Direct Primary Care Summit

A new business model for a new era, direct primary care (DPC) offers an alternative to the traditional fee-for-service model. Learn more about and help progress this innovative model, while earning up to 11.75 Prescribed AAFP credits. Register for the third annual DPC Summit in Kansas City, Mo., July 10-12. This event is brought to you by the AAFP, the Family Medicine Education Consortium Inc. and the American College of Osteopathic Family Physicians.

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Subscriber Tools

New Faculty Brochure

Resources

Resources for New Faculty

www.stfm.org/Resources/ResourcesforNewFaculty

Find out about professional development opportunities and information on promotion and tenure, time management, family medicine GME funding, mentorship, and worklife balance. Other tips for new faculty include

- Running an effective meeting
- Presenting a research paper
- Creating curriculum goals and objectives
- Transforming a presentation into a publication
- Creating successful abstracts

STFM Resource Library

www.fmdrl.org

Login and be sure the New Faculty in Family Medicine Group is listed in your "My Groups" section. Then you can contact other members by emailing forum-412@mail.fmdrl.org

Resources for Residency Facuty

http://www.stfm.org/Resources/ResourcesforResidencyPrograms

Resources for Medical School Faculty

http://www.stfm.org/Resources/ResourcesforMedicalSchools

Workshops/Courses/Conferences

- Harvard Medical School CME course, Principles of Medical Education: Maximizing Your Teaching Skills at www.cme.hms.harvard.edu/courses/foundations
- University of Virginia Fellowship for Academic Faculty www.healthsystem.virginia.edu/internet/faculty_dev_fm/Curriculum.cfm

Clinical Teaching

The Physician as Teacher, 2nd Edition
Whitman and Schwenk, Whitman Assoc.
www.whitmanassociates.org

STFM
SOCIETY OF TEACHERS OF FAMILY MEDICINE

New Faculty in Family Medicine

The STFM Group on New Faculty in Family Medicine offers supportive relationships, peer mentoring, and collaboration in curriculum development, clinical research, practice management, and more for family medicine educators in the first 5 years of an academic faculty career.

Learn more about the group at
www.stfm.org/groups/newfacultyinfamilymedicine

Things I Wish I Knew

- Job description/responsibilities
- Mentoring
- Administrative assistance
- Faculty development/certifications
- Performance evaluation/precepting
- Contract negotiation/promotion and tenure
- Addressing grievances/feedback

Challenges

- Identifying learning needs
- Gaining respect
- Learning how to teach
- Understanding the job
- Learning to say no
- Giving and getting evaluation

Solutions

- Collect own resources/articles
- Build liaisons/coalitions
- Share faculty/academic development opportunities/talk to peers
- Ask for feedback when giving feedback
- Maintain relationships from residency, jobs, conferences
- Meet with chair/program director at least twice a year

Work Life Balance

- Balance personal and professional time
- Maintain physical and emotional health
- Improve time management skills
- Learning how to say NO
- Setting priorities
- Accepting not having it ALL

For New Faculty in Family Medicine

Miscellaneous Resources

Journals

- Academic Medicine
- Family Medicine
- Teaching Physician
- Journal of Graduate Medical Education

Books

- The physician as teacher - Neal Whitman & Thomas Schwent
- How doctors think - Jerome Groopman
- Thinking fast and slow - Daniel Kahneman
- Healers - David Schenck & Larry R. Churchill
- How to work a room - Susan RoAne
- First things first - Stephen R. Covey
- Difficult Conversations - Douglas Stone, Bruce Patton and Shiela Heen
- The one minute manager - Ken Blanchard & Spencer Johnson
- Brain Rules - John Medina
- What patients teach - David Schenck, Larry R. Churchill and Joseph Fanning
- God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine – Sweet
- Women don't ask: negotiation and the gender divide. L. Babcock, S. Laschever
- Lean In: Women, Work and the Will to Lead. Sheryl Sandberg

Notes

References

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[2] Harris DL, Krause KC, Parish DC, Smith MU. Academic Competencies for Medical Faculty. *Fam Med* 2007;39(5):343-50.

[3] Ogden PE, Edwards J, Howell M, Via RM, Song J. The Effect of Two Different Faculty Development Interventions on Third-year Clerkship Performance Evaluations. *Fam Med* 2008;40(5):333-338.