

Results from the SWOT Analysis done at the 2018 STFM Annual Spring Conference
Presentation

Definition of Each SWOT Component	Prioritized List of Results
Strengths intrinsic to the competencies	<ol style="list-style-type: none"> 1. clear/standardized/structured expectations 2. format for annual evaluations 3. provide common language 4. moving toward universality 5. defines clear metrics instead of using current resident class “likes and dislikes” 6. clarity of vision and goals for individuals, faculty group and department 7. ways to track growth and progress 8. we would get to set our own standards 9. clear progression toward promotion across different sites 10. self –evaluation opportunity 11. promote development and linkage to resources 12. all faculty would have a clear place to begin development 13. clear expectations for new faculty – “what was implicit is now explicit” 14. ease of implementation 15. helps identify those who are highly skilled in specific areas to be role models/mentors 16. increase objectivity/reduces impact of implicit bias contributing to delay of progress 17. Increase resident trust and confidence in faculty 18. Role model professional development trajectory for residents 19. Guide program level faculty development 20. Increases opportunity for meaningful conversations

<p>Weaknesses intrinsic to the competencies</p>	<ol style="list-style-type: none"> 1. no size fits all – community vs academic, individ vs dept, preceptor vs faculty 2. culture – timeline, individuality, evaluation anxiety 3. challenging to get “buy-in” from experienced faculty? 4. difficult to build consensus around tool 5. not useful if tool is too linear 6. if language is unclear, may be misunderstood/misinterpreted by faculty and non-faculty 7. “another thing to do” (“box-checking”) 8. may take focus and time away from resident evaluation 9. “best practices” not currently defined 10. Will expose faculty weaknesses – some may quit/may make people uncomfortable to be evaluated like a resident 11. resources – time and \$\$ for implementation 12. developmental vs remediation/ “punative” 13. objective evaluation instrument – a) standard? B) reduced diversity of faculty? c) progressive instrument d) validation 14. Solutions: multi-site pilot (diverse+intentional+adaptable+actionable) 15. Instrument: meaningful, realistic time needed, tech adaptable, applicable and contextual (develop user’s manual)to reinforce uses as developmental instrument)
<p>Opportunities external to the competencies</p>	<ol style="list-style-type: none"> 1. More mentorship 2. Standardization -> leadership 3. Leading creation of milestones internally (opposing threat of being mandated externally) 4. Faculty and chairs want this so good chance of acceptance 5. Collaboration between groups, more scholarship opportunities

	<ol style="list-style-type: none"> 6. Use as leverage to get more resources – time, funding, faculty 7. Greater transparency within department, with residents and hospital 8. Addresses desire for more transparency and guidance in development 9. Provides local and national opportunities for engagement and growth 10. Tool for aspirational goals and clear developmental path 11. Can accelerate planning and goal achievement 12. Program able to cover all needs once they are identified 13. Promotes faculty recruitment and retention 14. Faculty can identify areas of strength and work toward earlier advancement to leadership positions 15. Would raise collective level of competency 16. Sharing best practices across departments and institutions 17. This would help reveal faculty strengths, interests and passions to help enhance capabilities 18. Group trends can be identified and addressed 19. Create structure for higher quality, consistent feedback and targeted interventions 20. Better faculty and culture 21. ACGME likes milestones!! 22. Extend FM expertise to other disciplines 23. Adaptability/transportability to other programs if changing jobs 24. Provides framework for STFM to plan, develop, implement and evaluate FD activities and market online FD activities across discipline and to other specialties 25. Track program growth and development over time
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	<p>26. To identify and build more support resources for faculty and department</p> <p>27. "equalization" w/ residents – one system – may give more meaning to resident set</p>
Threats external to the competencies	<ol style="list-style-type: none"> 1. Infrastructure support e.g. IT, EMR, administration 2. Fear of change 3. Potential for sabotaging faculty evaluations 4. Places everyone in a one box 5. Could be difficult to teach everyone to use 6. Milestones (competencies) are stagnant and people are fluid 7. Could be leaked to residents 8. Could foster faculty disagreement and unrest 9. Doesn't only apply to FM and wouldn't be a good idea 10. Concern that community preceptors/programs would feel undervalued vs. faculty in university setting 11. Could be used for disciplinary action instead of encouraging growth 12. May compete with existing systems used for evaluation/promotion 13. What if ACGME generates a different set of expectations? 14. May affect promotion and compensation 15. Faculty opposition to current resident milestones may translate to faculty milestones 16. May change (reduce) time allocation for faculty development 17. What if you find your program is underperforming in different areas? 18. Pressure to meet expectations that are less intrinsically motivating 19. Risk of "blind"/ "blanket" application without tailoring to individual roles/goals

	<ul style="list-style-type: none"> 20. May create a deterrent for some to become faculty/remain faculty 21. May be too time-consuming to use 22. Lack of incentive to participate 23. May not account for other “value added” contributions of faculty 24. Agreement vs disagreement on standards 25. Not meeting expectations could result in dismissal from job 26. Standardization could marginalize some 27. Norming 28. May not make sense/be specific enough like current resident milestones 29. May become yet another required process 30. Impact on diversity
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