2023 Grantee Annual Meeting

Hyatt Regency Crystal City At Reagan National Airport
Arlington, VA

A partnership between

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School of Medicine and Public Health
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RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

THCPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U3LHP45321-01-00.

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Medical Faculty Recruitment and Development

Rob Epstein, MD, Steve Buie, MD, Steve Crane, MD

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What role do faculty play?

"Residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship." ACGME

- Graded authority and responsibility for patient care
- Supervision and evaluation with conditional independence
- Allowing residents to attain the knowledge, skills, attitudes and empathy for autonomous practice.
- Safe, equitable, affordable, quality care to populations they serve

Who are the best faculty?

- THE ONES YOU CAN GET
- Positive traits
  - Enthusiasm for the teaching role
  - Eager to learn new skills
  - Team player
- Red flags
  - Super alpha
  - Values not aligned with education
- Can work with
  - Unsure—interested, but very busy

Faculty characteristics

- Support a healthy professional culture—empathy and compassion, service to community, intellectual curiosity
- Superior clinical skills
- Role models—work life balance, teamwork, character
- Coaching skills
- Support a healthy learning environment
- Good at recruiting—3rd most important factor in recruiting residents
- CHARACTER IS KEY—SKILLS AND KNOWLEDGE CAN BE TAUGHT

Recruiting strategies

Value proposition for faculty

- Autonomy
- Skill building
- Meaningful work
- Supportive professional relationships
- Broader scope

Strategies to recruit robust faculty

- Defining role in shaping program
- New skills/time to develop
- Service to discipline/community
- Esprit de corps
- Procedures, hospital, nursing home, home visits, OB, etc.

Rural program faculty usually come from rural clinicians in the community

Usual skills

- Busy clinicians
- Broad scope of practice
- Community connections
- Independence
- “Fast thinking”

Potential gaps

- Trained in different educational model
- Medical practice standards may be outdated
- Limited teaching experience; if any, student shadowing
- Time for “slow thinking”

Strategies to Assess Faculty Strengths and Needs

Performance dimension

- Teaching/supervision
- Mentorship/role modeling
- Clinical skills
- Team-building
- Clinical productivity

Assessment method

- Direct observation
- Learner evaluations
- Peer review
- 360-degree evaluation
- Expectations/transparency

Most common gap: Teaching role

- Most clinical faculty learned under old less effective teaching models
- Doing and teaching are very different skill sets.
- We're often very possessive of our patients
- Over time, many of us have learned "bad habits".
  - Fast thinking (vs. slow thinking)
  - Relying on outdated information
  - Truncated patient interactions

How residents DON'T learn. . .and DO

"Traditional" learning environment

- Intimidation ("pimping")
- Stressful environment (i.e. fatigue, sleep deprivation)
- Ranking (quickest learner=best doctor)
- Passive learning
- Rigid curriculum separated from when information needed

Better learning techniques

- Judgement free feedback
- Calm, relaxed environment
- Progress at your own rate
- Exploration: Building "twigs" reflective learning, "reversed classroom", group problem solving
- Point of care learning; repetition

Developments in adult learning models

Traditional education model

- Lectures
- “See one, do one, teach one”
- Formal rounds
- Shadowing
- Scheduling blocks

New Adult Learning models

- Interactive learning
- Simulation
- Group problem-solving, patient involved learning (i.e. in room precepting)
- Longitudinal experiences

Faculty Skill Building

Common Gaps

- Precepting residents
- Advanced teaching methods
- Evaluating residents
- Point of care learning
- Scholarly activity

Possible Activities

- Direct observation and feedback (“Master class”)
- Presentation workshop/feedback
- Evaluation workshops
- Librarian coaching
- Research/journal club coaching

Practical Suggestions for Faculty Development

- Prioritize skill building
  - Faculty priorities—what they feel they need first
  - Resident priorities—make sure their supervision/learning needs or met
- Small, frequent doses
  - Consider 20 minutes of 1 hour monthly faculty meeting, or more frequent.
- Build on success
  - Try to keep everyone moving forward as a group
  - Special 1:1 sessions for faculty with more or complex needs
- Keep it fun, supportive, and interactive
- Evidence based
  - Measure and monitor progress on skills

Program Director Process

An Approach to the process of Developing a Program Director and Pipeline Development

Rob Epstein, MD

Development of Program Director

- Find a Local Champion, starting a program is all about relationships
- Should have interest in developing Program and medical education
- Do not worry about a lack of faculty experience, on the job training and knowing the community is more important.
- Place based education
- Find a Residency Network to be a part of
- Establish relationship with a local medical school
- Start to work with medical students
- Faculty Appointment at medical school

Development of Program Director

- Once you are working with med school and med students there will be opportunities for faculty development through the medical school.
- The ACGME wants Program Directors to have 5 years of faculty experience but if you do not have the experience there will be citation that will be issued every year for about 3-4 years that is easily explained, especially in developing a rural residency.
- Try to make faculty development education available, courses like NIPD or STFM's online program
- Conferences are helpful, AAFP's RLS, RTT Collaborative and STFM Annual Conference
- Membership to organizations like AFMRD and or STFM

Pipeline Development

- It’s a Long game, patience is key.
- Community, Involvement with high schools and Jr. College students.
- Support local College students interested in medicine, shadow experiences and mentoring before med school.
- Find out and keep track of who in your community is in med school and support them, rotations and or mentoring, remember some of those folks will become your residents.
- Develop Med student rotations.
- Develop Sub-I’s once you have residents.

Pipeline Development

- Get your med students and residents into the local schools and community to work with young people.
- Health fairs, Team Physicians and Sports Physicals.

QUESTIONS

Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

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