Family Medicine Updates

AFMRD Association of Family Medicine Residency Directors

From the Association of Family Medicine Residency Directors

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TEACHING AND ASSESSING PROFESSIONALISM AS A CORE OUTCOME

The American Board of Family Medicine (ABFM) and the Accreditation Council for Graduate Medical Education (ACGME) expressed the importance of professionalism through inclusion in both the milestones and core outcomes.[1] In addition to guiding residents in reaching these measures to demonstrate moral, ethical, and professional behavior, program directors and faculty must support our residents in the development of their future trusting patient relationships. Professionalism is "pivotal in the standing of the medical profession, the preservation of public trust and the provision of quality healthcare."[1]

Clear expectations of professionalism exist within family medicine that fall into recurrent themes. These themes should be explicitly and repeatedly discussed with residents, and they should be provided with case examples. Additionally, they must be modeled by faculty and program leadership with accountability for all. One such professionalism theme is the day-to-day behaviors consistent with responsibility, reliability, and trustworthiness. Some observable behaviors associated with this theme include arriving at the clinic on time, answering messages and calls on time, notification of others of emergencies, chart completion in a timely manner, having a system for needed patient care follow-up, showing up at expected rotations, remaining truthful at all times, and demonstrating academic integrity with utilization of artificial intelligence.[2] These are just some observable behaviors from one theme.

We have years of knowledge that teaching expectations of the profession is beneficial in many curricular iterations,[3] but now the question is—do our methods still work? Program directors should consider different delivery modalities to target different learning styles. For example—we should consider utilizing social media, podcasts, or short videos in line with different learning styles. The use of social media platforms within professionalism curricula demonstrated success in the undergraduate medical education space and would logically also work in the graduate medical education space.[4] This would reach learners in more meaningful ways and allow programs to distribute information asynchronously and with repetition to reinforce importance. When teaching about and holding residents accountable for expectations of the profession, inclusivity must also be considered. For example, focusing on volume or tone of voice can be viewed as biased against certain populations. Focusing on context-specific professionalism will encourage guiding principles in an inclusive and unbiased manner. Although there are many ways to teach a curriculum on professionalism, program directors must identify multiple approaches and ensure it is happening.

In addition to incorporating professionalism into curricula, program directors and faculty must also address evaluation. Professionalism can be evaluated with observation of clear daily behaviors and tools with clear rubrics that provide reliable and reproducible information should be used. Such tools may be the Miller's Performance Level and Dreyfus and Dreyfus Level of Mastery.[2] An important aspect of these tools is the inclusion of self-awareness, which may help ensure learners can monitor themselves in their future careers. These tools can be completed with questionnaires, observations, comment cards, and other multi-factorial methods.

Ultimately, program directors should incorporate professionalism into the curriculum in a variety of ways, ensure the message is heard repeatedly, and have an unbiased method of evaluation by using standardized tools that include self-reflection.

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NAPCRG

From NAPCRG

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INTEGRATING SERVANT LEADERSHIP INTO THE FABRIC OF NAPCRG

The values of NAPCRG have been built upon participatory processes. The document, "Responsible Research with Communities: Participatory Research in Primary Care,"[1] together with the recommendations for NAPCRG, was

adopted as organizational policy, by the NAPCRG Board of Directors and membership at the NAPCRG Annual Meeting on November 6, 1998, in Montreal. This document was amended in 2014 and published in 2017 entitled "Engaging with Communities, Engaging with Patients: Amendment to the NAPCRG 1998 Policy Statement on Ethical Research with Communities."[2] These policy statements offer considerable insights into integrating participatory processes into practice and its subsequent benefits.

Building on these values and processes, servant leadership can be broadly defined as a desire by leaders to motivate, guide, offer hope and provide a caring experience by establishing a quality relationship with those with whom you work and/or volunteer.[3] In addition to this, relational equity is: "something that is carefully cultivated and preserved by those who desire to influence others"; crucial for the retention of members over time; and the establishment of trust between members.[4] Thus, servant leadership frequently uses authentic engagement/participatory processes that are broadly defined as "engaging in the development of a creative team with the team."[5]

Qualities of servant leadership are often identified as: showing up; deep or compassionate listening; authentic engagement; reflective practice/humility which leads to service or a commitment to help others to meet their goals and overcome challenges.[6] The model below (Figure 1) has been adapted given the nature of NAPCRG's work which engages patient-partners/community members, health care clinicians, researchers and decision makers in research, education and practice in primary care.

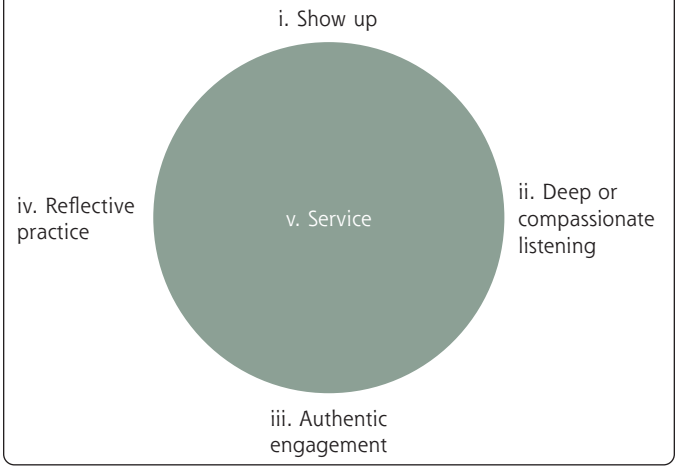
Autry[7] indicated that the concepts of servant leadership were:

- Caring for people and being a resource
- Being present with people and building a community
- Letting go of the "I phenomenon" and working with the "we phenomenon"
- Creating a place in which people can engage in meaningful work
- Being present and paying attention not only to the words but also to the person(s)

In the constructs of servant leadership are found: ethical behaviors which are dedicated toward the growth and welfare of the peoples; and, concern for all members of the team.[8] Thus, the characteristics of a leader as a servant are being: authentic; vulnerable; accepting/non-judgmental; present; and useful.[7] Every leader must possess and demonstrate good management knowledge and skills.[7] Given that authentic power comes from the people, the more power that is given away to others, the more that is available to facilitate moving the organization forward in a meaningful way.[7]

Over this past year, the Executive Committee which includes elected members (Past President, President, President-Elect, Secretary-Treasurer), the Executive Director and Staff, have worked diligently to integrate servant leadership back into the fabric of NAPCRG. It is where we came from but seemed to have gotten lost over time.

Figure 1. NAPCRG's model of servant leadership.



We encourage you to reflect upon your answers to the following two questions and consider what you could do to support the new endeavors in and with NAPCRG:

Test of a Servant Leader

Do people grow as a result of your efforts?
Do they become healthier, wiser, freer, more autonomous, more likely themselves to help others?[3]

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