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TRANSFORMING FACULTY EVALUATIONS IN THE CBME ERA WITH ACGME CLINICIAN EDUCATOR MILESTONES

The assessment and evaluation of learners has been a mainstay of the Graduate Medical Education (GME) setting. However, the assessment and evaluation of faculty have yet to garner nearly as much attention. While this new era of Competency-Based Medical Education (CBME) emphasizes the learner-centric approach to residency training, it also highlights the importance of developing clinician educators (CE) who can role model the approach.

The national ACGME Resident and Faculty Surveys are validated instruments that provide one surrogate measure of CE effectiveness with a national comparator. The "Faculty Teaching and Supervision," "Resources," "Professionalism," and "Evaluation" sections all have questions directly related to common CE activities.^{1,2} A lack of attention to the critical function of providing faculty with adequate assessment and evaluation of their work as educators could result in relatively low levels of compliance on these surveys. In addition, there is some evidence that a lack of adequate feedback may be contributing to the levels of burnout and difficulty retaining faculty.³ As these continue to be many open residency faculty positions, this highlights the importance of developing a comprehensive and proactive faculty evaluation process.

The ACGME clinician educator milestones could be one instrument used to foster self-reflection and identify areas for improvement as a clinician educator.⁴ As we ask our residents to self-reflect to help create their Individualized Learning Plans, we should also ask the same of ourselves and our faculty members as CEs. This is an important personal and professional development practice, and it also role models that we are forever in a growth mindset and willing to strive to be "master adaptive learners." The clinician educator milestones are "a series of sub-competencies designed to aid in the development and improvement of teaching and learning skills across the continuum of medical education."⁴ These milestones can provide a tool for structured self-assessment for CEs and can be used as an instrument for a trusted peer to provide an external assessment. As these milestones are

not (yet) an accreditation requirement, they can be used as a low-stakes opportunity for honest self-improvement and to identify targeted professional development. Five competencies have been identified:

- 1) Universal Pillars for All Clinician Educators
- 2) Educational Theory and Practice
- 3) Well-Being
- 4) Diversity, Equity, and Inclusion in the Learning Environment
- 5) Administration

The Clinician Educator Supplemental Guide provides examples of each milestone element to further assist CEs in developing their own personal improvement plan. Examples are broken down to further separate undergraduate medical education, GME, and continued professional development.⁵ To improve as a CE, one has to be open to assessment. Some suggestions for assessment include direct observation, faculty-observed structured teaching, multisource feedback from learners, learner outcomes, OSTEs, and performance assessment and review.

The Society of General Internal Medicine Education Committee published a position paper calling for the use of these milestones to help CEs create their own individualized professional development plans to promote career success.⁶ Additionally, just as the original resident milestones are an opportunity for program and institutional assessment, aggregating the milestones outcomes from CEs can provide a needs assessment to help create purposeful faculty development interventions. In family medicine, program directors could consider aggregating their core faculty CE milestones self-assessments to identify faculty development needs and to help mentor their core faculty.

Faculty development, assessment, and evaluation are essential to any successful residency program, especially with the new requirements and movement toward CBME. Using the ACGME clinician educator milestones to promote faculty professional development could provide the structure needed to help improve program performance in the "Faculty Teaching and Supervision" section of the ACGME survey. More importantly, using the CE milestones and increasing focus on faculty assessment and evaluation will likely help with faculty retention and well-being by highlighting specific elements to focus efforts in the otherwise nebulous area of faculty development.

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ADVANCING THE SCIENCE OF FAMILY MEDICINE

NAPCRG (formerly the North American Primary Care Research Group) was founded in 1972 by Maurice Wood out of a desire to create a nurturing community for those who shared the then-heretical view that family medicine is a research discipline. For more than 50 years, NAPCRG has pursued its mission to support a membership committed to producing and disseminating new knowledge from all disciplines relevant to primary care. This is accomplished through building various research capacities. Building the researchers themselves by fostering the training and development of new and existing primary care researchers, exposing them to new ideas, and providing them the space to share and learn from each other's work. Building a flourishing primary care research ecosystem by growing its funding base through initiatives such as the Grant Generating Project. And building the discipline itself through advancing the science of family medicine and primary care.

NAPCRG's Committee on Advancing the Science of Family Medicine (CASFM) was established to promote and actively contribute scholarship that advances the science of family medicine for the betterment of patients and their communities. Its mission is to assure that the development, translation, and implementation of new knowledge rapidly becomes part of the fabric of family medicine practice. CASFM is comprised of 6 work groups with specific topical and methodological foci. Within each of these groups, NAPCRG members with similar interests come together to collaborate on projects that push the science that underpins new evidence. Each group has a mandate to meet at least 4 times per year and produce at least 1 product per year for dissemination to the general NAPCRG membership and the wider family medicine and primary care community.

Research Methods

The Research Methods work group has a focus on methodological and analytic issues, both qualitative and quantitative,

that are key for family medicine and primary care research. This group is dedicated to:

- Advocacy for excellence and state-of-the-art methods in family medicine and primary care research
- Identification and exploration of new issues in research methodology, including novel study designs and qualitative, quantitative, and mixed methods that may be relevant in family medicine and primary care research.
- Creation of a repository for information about research methods in primary care to be available to NAPCRG members

Past products of the Research Methods group have included:

- A Model for Evaluating Practice Transformation: Methods Applicable to the Emerging Science of Primary Care Systems Redesign. A workshop at the NAPCRG Annual Meeting, November, 2012
- ASFM 2016 Methods pre-conference: Advancing Primary Care Research. November 12, 2016
- Using Rapid Turn-Around Methods to Conduct High-Quality Qualitative Primary Care Research (PR5). A half-day pre-conference workshop at the NAPCRG Annual Meeting November 2019.

Health Information Technology

This work group considers the research and standards priorities in ambulatory/primary care, and opportunities to advance understanding of HIT needs in primary care. It is also working to identify the HIT needs for creating a PCMH.

Past products of the Health Information Technology group have included:

- Peterson KA. Essential requirements of information technology for primary care. *Fam Pract*. 2012; 29: 119-120. [10.1093/fampra/cms028](https://doi.org/10.1093/fampra/cms028)
- Krist AH, Beasley JW, Crosson JC, et al. Electronic health record functionality needed to better support primary care. *J Am Med Inform Assoc*. 2014;21:764-771. [10.1136/amiajnl-2013-002229](https://doi.org/10.1136/amiajnl-2013-002229)
- Identifying and developing AI for primary care; a user centered/participatory design workshop of the CASFM HIT Workgroup. A pre-conference workshop at the NAPCRG Annual Meeting October 2023.

Complexity Science

The Complexity Science work group seeks to promote the application of complexity science principles to the conduct and interpretation of primary care research. This is one of the newest CASFM workgroups, with growing interest and membership in recent years.

The successful products of the Complexity Science group include:

- Establishment of a complexity science listserv and monthly conference calls
- Annual tracks of paper and poster complexity science presentations at NAPCRG
- Development of a complexity science curriculum