

Family Medicine Updates



From the Association
of Family Medicine Residency Directors

Ann Fam Med 2008;374-375. DOI: 10.1370/afm.877.

NATIONAL INSTITUTE FOR PROGRAM DIRECTOR DEVELOPMENT (NIPDD): A COLLABORATIVE PURSUIT OF EXCELLENCE

The National Institute for Program Director Development (NIPDD) was born in 1994 due to the challenges facing residency program directors and as a result of the passion of the Association of Family Medicine Directors (AFMRD), through collaboration with the American Academy of Family Physicians (AAFP), the American Board of Family Medicine (ABFM), the Society of Teachers of Family Medicine (STFM), and Residency Assistance Program (now known as Residency Program Solutions).

The NIPDD 9-month fellowship provides instruction, education, and formative experiences designed for family medicine physician educators to enhance and develop the knowledge, skills, and attitudes to be effective leaders as directors of residency programs.¹

Historically, postgraduate training program directors in family medicine faced many challenges without significant training in finance or administration. For those reasons, and because family medicine directors might not have support from other program directors, the sessions on stress and burnout were always full at the Program Directors Workshop. In 1994, during a strategic planning meeting of AFMRD, the idea of a school for program directors surfaced. At the same time, the ABFM was seeking a way to educate program directors on policies and procedures to assure resident eligibility for the certification exam. With major financial support from the ABFM, the idea became reality. In-kind staff support from the AAFP and AFMRD, and the interface with AFMRD, AAFP, STFM, RAP, and ABFM initiated the creation of the Academic Council by selecting representatives of those organizations to participate as members of the Council and to teach in the fellowship.¹ The Academic Council reports to the AFMRD Board of Directors through the Council Chair. Each element of the fellowship receives CME credit from the appropriate medical specialty organizations and the American College of Physician Executives (ACPE).

The first class graduated in 1995 and since then more than 538 participants have graduated from NIPDD I: Fundamentals and 32 from NIPDD II: Advanced, which debuted in 2005-2006. But success is not only based in numbers. The annual turnover rate of program directors in 1994 was 33% and the rate for 2007 was 13%. A follow-up survey in 1999 documented an increase in program director tenure and an overall positive impact on family medicine residency programs. Content importance and relevance to the job consistently rated >4 on a 5-point scale. The ABFM eliminated preauthorization for advanced placement of residents because NIPDD graduates had 100% approval rate.²

One major reason for success has been the ability of the Academic Council and the AFMRD Board of Directors to continuously reassess the needs of the program directors through member and participant surveys. The initial needs assessment paved the way for the fellowship creation, and follow-up surveys guided the curricular content areas through the adaptability and flexibility of the Academic Council. The Academic Council is responsible for the coordination, supervision and evaluation of the NIPDD's educational programs. Importantly, they are the teachers, lecturers, and mentors for the fellows.

NIPDD II: Advanced, with a focus on professional and personal growth, was presented in 2005-2006 in response to program director demand determined through a needs assessment of the AFMRD membership. NIPDD II: Advanced was developed by the Academic Council to continue the enhancement of leadership skills, incorporating organizational fit, balance, critical thinking and advanced negotiation skills. The debut in 2005 again resulted in scores rated >4 on a 5-point scale.

NIPDD I and NIPDD II give the participant the fundamental and advanced tools needed to be successful as a program director of a residency, even the required academic and financial projects are geared to be meaningful to the home program of the participant.³ The relationships that develop among participants and the Academic Council continue through listserves set up for the classes and via the networking and future interactions after the fellow has graduated.

Former participants report enhanced job satisfaction, reduced job stress, and an expanded network of educational contacts and resources. Residency faculty participants who are not yet program directors report an enhanced capacity for effectiveness in supporting

their programs' directors, and the ability to clarify their career goals. Finally, with the recent financial challenges to residency program viability created by the Balanced Budget Act of 1997 and the ensuing legislation, the curriculum in residency program finance has been expanded and enhanced with a finance project exercise and discussion groups.

Born out of necessity, the fellowship continues out of the passion and dedication of the Academic Council members in the pursuit of excellence. The member organizations also have this "passion" for excellence.

Elissa J. Palmer MD

Penelope K. Tippy, MD

Edward T. Bope, MD

William R. Gillanders, MD

Perry A. Pugno, MD, MPH, CPE

Roland A. Goertz, MD, MBA

James C. Puffer, MD

Diane K. Beebe, MD

William K. Mygdal, EdD

Sam Cullison, MD

Amanda L. Hanova, Chief Operating Officer, AFMRD

Nicole A. Fickel, Event Manager, AFMRD

References

1. Pugno PA, Dornfest FD, Kahn NB, Jr, Avant R, et al. The National Institute for Program Director Development: a school for program directors. *J Am Board Fam Pract.* 2002;15(3):209-213.
2. Pugno P, Hanova A. *National Institute for Program Director Development.* Poster presented at the Association of Medical Educators of Europe meeting, Edinborough, Scotland; 2004.
3. Association of Family Medicine Residency Directors. The National Institute for Program Director Development (NIPDD) Web site. <http://www.afmrd.org/nipdd>.



AAFP From the American Academy
of Family Physicians

Ann Fam Med 2008;375-376. DOI: 10.1370/afm.874

TRANSFORMED'S NATIONAL DEMONSTRATION PROJECT CONCLUDES

After nearly 2 years, TransforMED, a not-for-profit redesign initiative affiliated with the AAFP, marked the end of its national demonstration project (NDP) at an April meeting in Kansas City, Missouri, with the more than 70 family physicians and other health care professionals involved in the project.

Edward Schwager, MD, of Tucson, Arizona, summed up what the practices involved in the NDP discovered about implementing changes in a busy family medicine practice: "It's very difficult to work

on the practice while being so busy working in the practice," he said.

TransforMED launched the NDP in June 2006 as a way of testing how practices would have to change to achieve a new model of care that could deliver high-quality, efficient, and cost-effective health care in a patient-centered medical home. In all, 36 practices enrolled in the NDP; 32 completed the project. A final report is due in 2009.

The recent meeting was billed as a "learning collaborative" and a time to "celebrate milestones." Participants shared the successes and challenges encountered during the course of the NDP, and heads nodded when FPs spoke about change fatigue, staff turnover, time pressures and temporary lapses in practice productivity.

But phrases such as "networking," "teamwork," "job satisfaction," "integrity," "professionalism," and "hope for the specialty of family medicine" also peppered the discussions.

Facilitated Practice Reaps Benefits

From the demonstration project's outset, practices were randomized into 2 groups: "facilitated" or "self-directed." Trained facilitators guided the facilitated practices through the change process, offering expertise, resources and assistance every step of the way. The self-directed practices represented a control group, of sorts. They, too, were immersed in the hard work of practice change, but without any direct assistance from TransforMED.

Bruce McElroy, MD, of Redmond, Oregon, said that 2 years ago, he was burned out and contemplating a career change. "I enjoyed being a doctor, and I hated it at the same time," said McElroy. After nearly 8 years as a partner at Central Oregon Family Medicine, he was close to quitting medicine.

McElroy said that he and the other 3 physicians in the practice "were pulled in so many different directions that we couldn't do any one thing well."

"I had no time for myself and very little time for my family," he said, adding that the stress resulted in poor job performance and poor job satisfaction.

"(TransforMED) gave us a vision," said McElroy. "The (facilitator) was essential for exposing our warts and pushing us." He added that the facilitator's help was crucial when it came time to implement practice changes, including changes outlined in TransforMED's medical home model, such as increasing the functionality of the practice's electronic health record, or EHR, system; developing the practice's Web site; launching a patient Web portal; and refining billing processes.

But the turning point for McElroy was the implementation and success of open-access scheduling.