Family Medicine Updates

From the Association
of Family Medicine Residency Directors

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Sharpen the Saw!

The longevity of program directors is often inversely proportional to the level of stress and burnout experienced. The average "lifespan" of a program director is currently 7.5 years.[1] An effective method to prevent burnout is participating in ongoing professional development. Just as Stephen Covey refers to the sharpening of the saw as a metaphor for staying fresh in one's career,[2] the AFMRD Board makes program director development a strategic priority.[3]

What tools do we have in our program director's toolbox to keep the saw sharp? We have some time tested, very reliable tools that always help when we make the effort to use them:

- **Mutual assistance & mentoring**: Calling our colleagues is an invaluable and unquantifiable source of knowledge and experience that is changing faster than one can hit the refresh icon
- **Attendance and involvement**: A program director's presence at the annual AAFP-sponsored Program Directors Workshop should be as natural as our academy's expectation for continuing medical education. Unless we actively participate in group learning activities with our academic colleagues on a regular basis, we passively fall behind
- **Residency Program Services** (or RPS, formerly known as RAP): This has been around so long the name has changed. Beyond the benefit of the early spring annual conference, they serve and educate program directors. RPS consults look at financial performance, internal reviews, ACGME site visit preparations, and help with understanding and avoiding program citations
- **National Institute for Program Director Development (NIPDD)**: This resource is so valuable it should be considered as an ACGME requirement to serve as a program director. This fellowship program has not only become a gold standard within our own specialty, but has also been used by other specialties. It is a great venue for our most experienced program directors to share their knowledge with newer directors or those contemplating the role
- **Communicating and sharing ideas with each other as a learning community**: The program directors' listserv is almost addicting, often humorous, at times controversial, and always enlightening. This resource explodes with a wealth of information on the challenges we face
- **PD toolbox on the AFRMD Web site**: Provides a wealth of peer-reviewed and tested resources to common questions and issues. Combined with a cadre of senior colleagues who share tips on supporting resident and faculty well-being, it rounds out the strategic priorities that AFMRD works to sustain and develop

As with anything that is to stand the test of time, innovation is necessary. The AFMRD Board included innovation as a priority in our strategic plan.[3] Implementation of the plan includes:

- **NIPDD Plus (for our senior program directors)**: Developing this remains a challenging goal, but we can certainly find a way to continue to grow and support the veteran members of our rank
- **Sustaining the benefits and energy of our group meetings beyond PDW through regionally-based conferences**: If PDW is "therapeutic," then maybe we need a dose of our colleague's physical presence more than once a year. How can we take advantage of existing national, regional, and state gatherings so that we grow in all components of our respective roles?
- **Virtual meetings for PD development (topic-focused webinars)**: Tighter travel budgets and decreasing FTEs in residency education make the need for Web-based, virtual opportunities a must. There appears to be no shortage of issues—just look at the listserv. There is likely to be an expert among us, or at least among our advocates, who can benefit many of us in our efforts to be the best at what we do

The upward spiral of professional development for program directors follows a time-honored dictum: commit, learn, and do. But to do this we need to keep sharpening our saws, and for that we need the right tools. So, how does your toolbox look? Are you availing yourself to the tools you need for the challenges ahead?

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From the North American Primary Care Research Group

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Conducting Research as a Family Medicine Resident

Research in primary care is essential because clinical care must be based on research evidence, and the evidence base for the majority of care for the population cannot be generated through animal studies and/or laboratory or hospital-based research.[1] Numerous studies have been written about the lack of research production within the discipline of family medicine.[2,3] One way to alleviate this problem would be to be more proactive toward research in family medicine residencies. Engaging family medicine resident physicians in research while they are "green" offers enormous potential to expand the field of research in family medicine. These practitioners would hopefully take what they had learned during their training and continue it into their professional careers.

Now that I have finished my family medicine residency and had time for retrospection, I can sincerely say that I am pleased that I spent the extra effort to work on different research projects throughout my training. I carried this gratification into a palliative medicine fellowship during my PGY-4 year, and plan on continuing research throughout my career. There is a certain satisfaction and enjoyment that comes with the feeling that you have worked to promote better patient care. Whenever I sit down and think of a research study I want to investigate, I consider how this could ultimately affect the future of patient care. We all studied medicine with the goal of helping people live better lives. I feel that giving your patients the best care you can provide, along with participating in studies to advance patient care will allow you to achieve this goal.

Ironically, while I discussed research with my peers during residency, the common responses I received were mostly focused on not having enough time, lack of interest in research, and a general insouciance. Time was extremely limited, and the breaks we had were often spent performing mindless activities to give our brains the rest they needed. This brings up the question: how can we get more family medicine residents interested in conducting research?

Many solutions have been proposed to increase residents' interest in research during their residency. These solutions include faculty mentors, a formal research curriculum, a forum to present projects, technical assistance, dedicated research time, and funding support.[4] Of all the previous solutions mentioned, I can speak from personal experience that a faculty member who is willing to spend the time to teach and give you the tools you need to succeed is by far the most important. While I was completing my residency, one faculty member not only introduced me to research, but took the time out of her schedule to encourage and help me expound on my interest in research.

I encourage all "teachers in family medicine" to think about this the next time they are speaking to a resident. Perhaps you will be discussing a different way to treat a patient's condition. You might be at a round table talking about an unusual case and the success you had with your individual treatment plan. Take the time to encourage and assist your residents to research this topic and publish the information so that other practitioners may offer the same new treatments to their patients. This extra time could mean the difference between a good or bad outcome, and they will only have you to thank.

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