

AFMRD Guidelines for Individual Areas of Concentration

Background

Many family medicine residents have specific areas of interest within the breadth of family medicine. At present there is no uniform framework for programs to design focused training for residents other than well-established tracks, such as advanced maternity care tracks that some programs offer.

Individual education plans for residents are encouraged by the *RAP Criteria for Excellence*: “An Individualized Educational Plan should be developed for residents as they matriculate into the residency program.” (*RAP Criteria for Excellence*, 6th edition p.21)

Individual Areas of Concentration (AOC) provide a common framework around which residents, program directors and faculty may design additional training that is above and beyond the core training in family medicine. The AFMRD presents these as guidelines for use by program directors and residency faculty to design focused training that will serve a resident in his/her future career in family medicine. An AOC is a program designed for an individual resident, and should not be confused with a “Focused Program” or track as described in the *RAP Criteria for Excellence* (*RAP Criteria for Excellence*, 6th edition p. 18). Residents’ work in an AOC will help the program demonstrate that resident’s competence in a number of the required ACGME competencies in patient care, medical knowledge, practice based learning and improvement and systems based practice (see specific examples in Appendix 1).

AFMRD Guidelines for Individual Areas of Concentration

1. The subject of the AOC should be within the scope of family medicine as defined by the New Model of Practice (Appendix 2).
2. The AOC should be individualized to meet the needs of the resident and his/her future practice in family medicine. The needs of the resident's future practice community may require enhanced training during residency that is above the core training in family medicine.
3. A written program of study designed by the resident with faculty input should be completed, including competency-based goals and objectives. The written program should include how the faculty will determine that the additional competencies have been achieved.
4. The additional training should be sufficient to achieve and demonstrate the desired competencies in the area of concentration. The time to achieve this competence will depend upon the individual's goals and objectives.
5. A scholarly project is completed in the AOC. The project is presented and evaluated locally, and a copy of the scholarly presentation and evaluation is kept in a portfolio of materials documenting the resident's work in the AOC. Presentation at the state and national level is encouraged.
6. The resident should attend a CME meeting relevant to the AOC, and be expected to disseminate clinically useful, evidence-based information to resident and faculty colleagues.
7. The resident presents a critical appraisal Journal club of an article in the chosen area.
8. Quality outcomes should be demonstrated and documented in the AOC with case logs (if relevant to the AOC), patient outcome data and faculty reviews of resident competency in the AOC.
9. A letter summarizing the training completed is written by the program director or faculty supervisor for placement in the resident's portfolio to document the training that was completed. A checklist to aid in that documentation is included in Appendix 3.

Appendix 1

| <u>ACGME COMPETENCY</u> | <u>Bold numbers are relevant to Areas of Concentration</u> |
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| <u>PATIENT CARE</u> | |
| <i>Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Residents are expected to:</i> | |
| 1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and families | |
| 2. Gather essential and accurate information about their patients | |
| 3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up to date scientific evidence and clinical judgment | |
| 4. Develop and carry out patient management plans | |
| 5. Counsel and educate patients and their families | |
| 6. Use information technology to support patient care decisions and patient education | |
| 7. Perform competently all medical and invasive procedures considered essential for the area of practice | |
| 8. Provide health care services aimed at preventing health problems or maintaining health | |
| 9. Work with health care professionals, including those from other disciplines to provide patient-focused care | |
| <u>MEDICAL KNOWLEDGE</u> | |
| <i>Residents must demonstrate knowledge about established & evolving biomedical, clinical, cognate (e.g. epidemiological & social-behavioral) sciences & application of this knowledge to patient care. Residents are expected to:</i> | |
| 10. Demonstrate investigatory & analytic thinking approach to clinical situations | |
| 11. Know & apply basic & clinically supportive sciences appropriate to their discipline | |
| <u>PRACTICE BASED LEARNING AND IMPROVEMENT</u> | |
| <i>Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. Residents are expected to:</i> | |
| 12. Analyze practice experience, perform practice-based improvement activities using systematic methodology | |
| 13. Locate, appraise & assimilate evidence from scientific studies related to patients' health problems | |
| 14. Obtain & use information about own population of patients & larger population from which their patients are drawn | |
| 15. Apply knowledge of study designs/statistical methods to appraise clinical studies on diagnostic & therapeutic effectiveness | |
| 16. Use information technology to manage info access on-line medical information & support own education | |
| 17. Facilitate learning of students/ other health professionals | |
| <u>INTERPERSONAL AND COMMUNICATION SKILLS</u> | |
| <i>Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families and professional associates.. Residents are expected to:</i> | |
| 18. Create and sustain a therapeutic and ethically sound relationship with patients | |
| 19-22. Use effective listening skills and elicit and provide information using effective nonverbal (19), explanatory (20), questioning (21) and writing skills (22) | |
| 23. Work effectively with others as a member or leader of a health care team or other professional group | |
| <u>PROFESSIONALISM</u> | |
| <i>Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.. Residents are expected to:</i> | |
| 24. Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supercedes self interest; accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development | |
| 25. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices | |
| 26. Demonstrate sensitivity and responsiveness to patients' culture, age gender and disabilities | |
| <u>SYSTEMS-BASED PRACTICE</u> | |
| <i>Residents must demonstrate an awareness of an responsiveness to the larger context and system of health care and the ability o effectively call on system resources to provide care that is of optimal value... Residents are expected to:</i> | |
| 27. Understand how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society and how these elements of the system affect their own practice | |
| 28. Know how types of medical practice and delivery systems differ form one another including methods of controlling health care costs and allocating resources | |
| 29. Practice cost effective health care and resource allocation that does not compromise quality of care | |
| 30. Advocate for quality patient care and assist patients in dealing with system complexities | |
| 31. Know how to partner with health care managers and health care providers to assess coordinate and improve health care and know how these activities can affect system performance | |

Appendix 2

Table 5. Basket of Services in the New Model of Family Medicine

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| Health care provided to children and adults |
| Integration of personal health care (coordinate and facilitate care) |
| Health assessment (evaluate health and risk status) |
| Disease prevention (early detection of asymptomatic disease) |
| Health promotion (primary prevention and health behavior/lifestyle modification) |
| Patient education and support for self-care |
| Diagnosis and management of acute injuries and illnesses |
| Diagnosis and management of chronic diseases |
| Supportive care, including end-of-life care |
| Maternity care; hospital care |
| Primary mental health care |
| Consultation and referral services as necessary |
| Advocacy for the patient within the health care system |
| Quality improvement and practice-based research |

Table is from: The Future of Family Medicine: A Collaborative Project of the Family Medicine Community. *Annals Fam Med*, (2) supplement 1, March/April 2004, S3-32.

Appendix 3

Checklist for Documenting an Individual Area of Concentration

A formal letter to be placed in the resident's permanent file at the residency will serve to document the additional training and skills a resident has achieved in his/her Area of Concentration. Such a letter might include the following items:

1. Resident name and date of successful residency completion.
2. List the Area of Concentration: _____
3. Include a copy of the written goals and objectives of the AOC in the resident's portfolio.
4. Describe the additional training this resident completed:
5. Describe or attach a copy of the resident's scholarly project in the format of a scientific paper that shows scholarship of discovery, integration or application. Include any local evaluation of the project. List any venues the project was presented.
6. What CME meeting did the resident attend?
7. What journal club article(s) did this resident critically appraise?
(attach a copy of the residents critical appraisal)
8. If relevant to the AOC, include a case log of patients managed in this resident's portfolio. Include any quality outcomes, if relevant.