

# ***P4: The Residency ReVision Project***

**Tufts University Family Medicine Residency at Cambridge Health Alliance**

*A Greatest Hits Summary*

## **Our Goals**

- A truly competency-driven approach to teaching and assessment of learning.
- The development of a longitudinal, rather than block, curriculum in the second and third years.
- A focus on creating physicians who are masters of information.
- Development of 12 Areas of Concentration.
- A focus on developing executive skills necessary for the new model of care.
- Evaluation of the process and outcomes

## **A truly competency-driven approach**

- Competencies: How do I know what you know?
- Developing On-Line Resident Portfolio Tool to help direct and track learning objectives
- Objectives organized as “merit badges”
  - Residents are told what to learn and then, at some time in the future, demonstrate this knowledge or skill
  - A set of measurable goals and objectives in a specific subject area
  - No “-ologies” – merit badges focus on diseases, symptoms, and processes that occur in practice
- Tosses out the “suck up to the attending” evaluations

## **Measurable objectives**

The development of a longitudinal curriculum in the 2nd & 3rd years.

- Most of the teaching is done at “home” – FMC or residency
- Most of teaching occurs when seeing patients in the office
- More residents seeing patients = fewer patients seen per resident
  - Fewer residents/preceptor (3:1) instead of the usual 4:1
  - Preceptors are out of the preceptor office and into the patient care areas:

## **A Focus On Creating Physicians who are Masters of Information**

- Information Mastery
- Electronic Health Records
- Assessment of practice
- More critical thinking teaching
- Adult learning skills (self-directed continuous professional development)

## **Development of Areas of Concentration (AOC)**

- All residents will choose one AOC in their 2nd year
- Goal: Better training for those who wish it in one of the areas through better use of resources
  - Hospital medicine, 2) care of the older person, 3) maternity care, 4) sports medicine, 5) international health, and 6) integrative medicine + 6 others
- Specific educational experiences will be developed for all AOCs

## **A focus on developing executive skills necessary for the new model of care**

- Skills typically taught to business executives but critical for the development of all leaders
- Applicable to self, one's practice, community, patients
- Areas:
  - Complexity management
  - Emotional intelligence
  - Interpersonal communication
  - Facilitating relationships
  - Collaboration
  - Group inquiry and followership
  - Change management
  - Transformative learning