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Recommended Curriculum Guidelines for Family Medicine Residents

# Leadership

This document was endorsed by the American Academy of Family Physicians (AAFP).

## Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <a href="http://www.acgme.org">http://www.acgme.org</a>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at <a href="http://www.aafp.org/cg">http://www.aafp.org/cg</a>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. **This guideline provides** a useful strategy to help residency programs form their curricula for educating family physicians.

# **Preamble**

In July 2007, the Residency Review Committee for Family Medicine (RRC-FM) approved a new requirement to include training in leadership during a family medicine residency. This requirement addresses the identified need for physicians to lead effectively in their practices, hospitals, professional organizations and in their communities to advocate on behalf of the health of the public. Similarly, the recent

emphasis on team-based medical care as a component of the patient-centered medical home concept shows the need to address the importance of the role of physicians as leaders of such teams.

As resident physicians gain more knowledge and skill over their training period, they are called upon to lead the clinical team. The ability to lead effectively is one of the benchmarks often used to determine a resident's advancement from one year to the next over the training period. Yet, historically, little attention has been given to the specific teaching of leadership concepts to physicians. This curriculum guideline is designed to provide a structural framework that will assist residency program faculty in addressing the essential elements of leadership over the three years of training.

# Competencies

At the completion of residency training, a family medicine resident should:

- Be capable of assuming a leadership role in their practice, community and the profession of medicine. (Professionalism)
- Be able to appropriately analyze reports of individual and practice productivity, financial performance, patient satisfaction and clinical quality. (System-based care)
- Demonstrate the capacity to manage a project to improve the quality of care and service to their patient population. (Practice-based learning and improvement)
- Demonstrate the ability to interact appropriately with the media. (Interpersonal and communication skills)

## **Attitudes**

The resident should develop attitudes that encompass:

- The importance of the physician's own attitudes and behaviors as they relate to leading others.
- An appreciation of the difference between leadership and management, and the attributes appropriate to each role.
- A recognition that leadership is a learned skill, and that experience enhances natural capabilities.
- The importance of developing leadership opportunities for others.

# Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

- 1. The concept of leadership
  - a. Definitions
  - b. Theories

- c. Characteristics, including distinction between leadership and management
- d. Roles
- e. Role models
- 2. Personal leadership styles and skills
  - a. Self-assessment
  - b. Leadership competencies
    - i. Integrity
    - ii. Life balance
    - iii. Vision
    - iv. External focus
    - v. Humor
  - c. Emotional intelligence
  - d. Impression management
  - e. 360-degree feedback
  - f. Work style preferences
  - g. Tools for evaluation
  - h. Vision development
  - i. Personal goal setting
  - j. Resources for personal development
- 3. Planning and organizing
  - a. Goal setting
  - b. Project planning
  - c. Record keeping
  - d. Delegation
  - e. Accountability
  - f. Crisis management
  - g. Management of change
  - h. Project outcomes evaluation
- 4. Communication skills and techniques
  - a. Oral communication
  - b. Persuasion
  - c. Active listening
  - d. Professional written communication
  - e. Communication with graphics
  - f. Visual versus auditory learning
  - g. Basic parliamentary procedure
  - h. Concepts of public relations
  - i. Marketing concepts
  - j. Appreciative inquiry
  - k. Media training
- 5. Positive relationship building
  - a. Team building
  - b. Motivation
  - c. Affirmation
  - d. Conflict resolution
  - e. Diversity concepts

- f. Prejudice reduction
- 6. Problem solving and decision making
  - a. Personal styles
  - b. Group styles
  - c. Persuasion
  - d. Negotiation
  - e. Reaching consensus
  - f. Methods and models
  - g. Physician behavior change
  - h. Ethical dilemmas
- 7. Personal wellness and image
  - a. Personal image
  - b. Personal fitness
  - c. Stress management
  - d. Time management
  - e. Personal values
  - f. Self-esteem
  - g. Compulsive and addictive behavior
- 8. Leadership venues
  - a. Clinical team
  - b. Medical practice and groups
    - i. Alternative practice models
  - c. Medical staff
  - d. Academic settings
  - e. Professional organizations
  - f. Community settings
  - g. Political advocacy

## **Skills**

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following:

- 1. Management reports on:
  - a. Individual provider productivity
  - b. Practice productivity
  - c. Financial performance
  - d. Patient satisfaction
  - e. Clinical quality
- 2. Management skills of a medical practice, including:
  - a. Current billing practices
  - b. Budget design and management
  - c. Assessment of staffing needs
  - d. Assessment of the need for and impact of implementing new technology

- e. Patient satisfaction assessment
- f. Clinical quality measuring
- g. Recruitment and interviewing of new staff
- h. Staff scheduling
- 3. Professional interaction with the media

# **Implementation**

Leadership training should be taught through both focused and longitudinal experiences throughout the residency program, and should include opportunities to demonstrate leadership. Physician leaders who have experience in multiple, different environments should be engaged as educators, role models and advisors to residents seeking leadership opportunities within the residency staff, medical staff and community. Principles of leadership can be taught effectively through opportunities for leadership experience. Individual teaching and small group discussion modalities are also excellent methods of teaching leadership skills.

# Resources

McKenna MK, Pugno PA. Physicians as leaders: who, how and why now? Abington, Oxon, UK: Radcliffe Medical Publishing Ltd., 2006.

Cohen H. You can negotiate anything. New York: Bantam Books, 1982.

Fisher R, Ury W, Patton B. Getting to yes: negotiating agreement without giving in. 2<sup>nd</sup> ed. New York: Penguin Books, 1991.

Collins J. Good to great. New York: HarperCollins Publishers, Inc., 2001.

Lowney C. Heroic leadership: best practices from a 450-year-old company that changed the world. Chicago, II: Loyola Press, 2003.

Bridges W. Transitions: making sense of life's changes. 2<sup>nd</sup> ed. New York: Lifelong Books, 2004.

Cotter JP. Leading change. Boston, Ma: Harvard Business School Press, 1996.

Covey SR, Merrill AR, Merrill R. First things first. New York: Simon & Schuster, 1994.

#### Web Sites

The Society of Teachers of Family Medicine maintains a Web-based resource that lists leadership training programs within the organizations of family medicine. http://www.stfm.org/leadership/leadershipuser.html American Academy of Family Physicians policy statement on Leadership Development. <a href="http://www.aafp.org/online/en/home/policy/policies/l/leadershipdevelopment.html">http://www.aafp.org/online/en/home/policy/policies/l/leadershipdevelopment.html</a>

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