



**United Family Healthcare**  
**Center for Primary Care Practice and Education**  
**Family Medicine Training Program**  
<http://www.ufh.com.cn/en/centers/cpcpe>  
<http://www.ufh.com.cn/en/centers/cpcpe/fmtraining>

**UFH Family Medicine Training Program**  
**Curriculum Goals and Objectives 2013**  
**Faculty in Charge: Hao Lu, Clinical pharmacist**

\\Ufhpekfs03\bjudata\CPCPE\Internal\Training-Program\Curriculum\UFH Core documents

Rotation: Longitudinal Evidence Based Medicine and Research T1-3

Faculty Administrator: Hao Lu

Research Section Preceptors: Na Renhua, MD and Derick Lau, MD

**Instructions to Preceptor:**

1. Review this document with the resident at the start of the rotation.
2. At the end of the rotation evaluate the resident using the attached Competency Based Evaluation Form (or contact the Residency Program to obtain access to an online evaluation forms.)

**Instructions to Resident:**

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.

**Instructions to Advisor:**

Review all Competency Based Evaluation Forms at the next Biannual Evaluation

**GOALS:**

1. Train competent self-directed life-long learners with the skills to effectively and efficiently keep up-to-date.
2. Cultivate residents' EBM skills to enable them to solve problems encountered in daily practice.
3. Complete a scholarly project.

## **Preamble**

Research and scholarly activity are integral parts of family medicine education. The Accreditation Council for Graduate Medical Education (ACGME) through the Core Competencies has emphasized incorporating scholarly activity into the patient care experience, and the Future of Family Medicine Report recommends increasing scholarly activity as a way to elevate prestige and desirability of Family Medicine training. The Family Medicine Review Committee has made resident scholarly activity a requirement. In the context of training family physicians, scholarship is broadly defined and may include the discovery, synthesis, or integration of knowledge. Well designed and conducted process improvement projects should be considered scholarship. Considering the broad landscape of medical care, family physicians are uniquely positioned to contribute knowledge about common medical problems, the natural history of disease, the patient-centered medical home, and health care delivery. Qualitative / quantitative research, critical reviews of the literature, and quality improvement projects are examples of scholarly work. Direct involvement in research gives residents the greatest tacit understanding of the process, and the more aspects of the research process in which they are involved, the greater the educational experience. Residents may complete scholarly projects individually or as a member of a team, and their work may be disseminated in oral or written fashion to an appropriate forum. A successful curriculum will also address the availability of resources, including information technology, resident time, and support. Information management is a skill set that encompasses the acquisition, appraisal, and application of knowledge. Family physicians must integrate large amounts of information into the care of individual patients and populations. This task presents an ever-increasing challenge as new research is constantly generated that may impact practice. Training programs have a responsibility to prepare residents for the task of life-long learning with the goal of continued provision of evidence-based care.

This Curriculum Guideline provides an outline of the competencies, attitudes, knowledge, and skills that should be among the objectives of training programs in family medicine, laying a foundation for the provision of evidence-based care and advancement of the field by future family physicians. Special attention to the section on implementation will help guide residency programs to success in this challenging arena.

## **Competencies**

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

- Demonstrate the ability to ask answerable questions applicable to the direct clinical care of their patients. (Medical Knowledge)
- Demonstrate the ability to search, find, and appraise both primary and secondary information sources for answers to these clinical questions. (Practice-based Learning and Improvement)

- Demonstrate the ability to apply this information to the care of patients. (Patient Care)
- Complete a scholarly project. (Medical Knowledge, Interpersonal and Communication Skills).
- Demonstrate knowledge of the principles of ethics as it applies to medical research. (Professionalism)

## Attitudes

The resident should demonstrate attitudes that encompass:

- A posture of perpetual curiosity and inquiry in approaching knowledge deficits.
- A desire to practice evidence-based medicine.
- An appreciation of the importance of scholarly activity in family medicine.

## Knowledge

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

Level of Understanding:

Know of – Partially understand this knowledge, can sometimes use this knowledge in practice

Understand – Usually use this knowledge in practice, demonstrate understanding

Master – Consistently use this knowledge in practice, can teach others on this subject.

Knowledge	Tier 1	Tier 2	Tier 3
1. Relevant, answerable clinical questions a. Population b. Intervention c. Comparison d. Outcome	Understand	Master	
2. Information sources a. Journals / textbooks b. Internet-based search tools c. Practice guidelines d. Point-of-care tools	Understand	Master	
3. Statistical principles			
a. Risk reduction i. Absolute ii. Relative	Master		
b. Odds / risk ratios	Understand	Master	
c. Confidence intervals and p-values	Master		

d. Number needed to treat / harm	Master		
e. Likelihood ratios / pre-test probability / post-test probability	Understand	Master	
f. Power	Understand	Master	
4. Grading evidence			
a. Levels of evidence	Understand	Master	
b. Strength of Recommendation	Understand	Master	
5. Study designs			
a. Case report	Know of	Understand	Master
b. Case series	Know of	Understand	Master
c. Cross-sectional study	Know of	Understand	Master
d. Cohort study	Know of	Understand	Master
e. Case-control study	Know of	Understand	Master
f. Randomized controlled trial	Master		
g. Systematic review	Understand	Master	
h. Meta-analysis	Understand	Master	
6. Principles of research ethics a. Respect for Persons b. Beneficence c. Justice	Understand	Master	
7. Bias in Research a. Selection bias b. Measurement bias c. Intervention / Exposure bias d. Reporting bias	Know of	Understand	Master

8. Research format a. Abstract b. Introduction i. Purpose and relevance of research question ii. Literature review c. Methods i. Sample ii. Study design iii. Outcome measures d. Results e. Discussion / conclusions i. Meaning and implications ii. Strengths and limitations iii. Further research	Understand	Master	
9. Modes of dissemination			
a. Presentation formats i. Oral presentation ii. Poster presentation	Know of	Understand	Master
b. Publication types i. Case report or series ii. Review article iii. Original research iv. Book chapter v. Online and other electronic resources	Know of	Understand	Master
10. Health policy and health services resources and research	Know of	Understand	Master
11. Practice based research networks	Know of	Understand	Master

## Skills

Context: It is assumed that the residency program will have state-of-the-art electronic health record systems and are working to implement the full model of the patient-centered medical home. Family physicians function in multiple professional domains, often simultaneously. The essential scholarship and information management skills of a family physician will vary based on the domain of activity in which the family physician is functioning.

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

1. FP Domains of Activity – the family physician working in the setting of:

- a. Physician to individual patients and their families
  - b. Leading member of a health care team, typically the community family medicine office
  - c. As a student, teacher, resource to colleagues, and life-long-learner
  - d. Member of a team of clinical investigators
2. FP functions in these domains – in most cases these functions are shared with a team (each letter that follows corresponds with the same letter above):
- a. Address specific issues of individual health maintenance and disease management, based on clinical and epidemiological knowledge and methods with the strongest level of validation
  - b. Monitor and manage a health care delivery system (medical office), based on clinical, epidemiological, and practice management knowledge and methods with the strongest level of validation
  - c. Impart, receive, evaluate, and integrate existing knowledge and methods in concert with learners, colleagues, and experts. This is through individual clinical teaching and learning, group studying, and consensus development
  - d. Generate new knowledge and methods or test the validity and / or usefulness of accepted knowledge and methods in the role of a clinical investigator in a research team

## **Specific skills**

1. Working with individual patients and families:
  - a. Continually and actively question one's own knowledge base and practice methods with specific patients and patient problems
  - b. Formulate clear and focused clinical questions that are important to the patient and / or to clinical management and doing so in ways that
    - i. are answerable by a well-done literature search
    - ii. are meaningful to the patient
  - c. Identify the most relevant published studies through literature searches
  - d. Evaluate the relevance of published recommendations based on strength of evidence criteria. For original studies evaluate the relevance of the findings based on
    - i. Strength of study design
    - ii. Comparability of the study population and of the clinical circumstances
    - iii. Sources of bias, confounding, and other challenges to study validity
  - e. Share findings with patient, develop a plan of implementation and of outcome assessment
  - f. Assess processes and outcomes of health maintenance and disease management through ongoing EHR monitoring, and compare with the patient's unique care goals and with accepted standards
2. Working with the health care team
  - a. Develop a profile of the demographics of the local community and its major health problems, based on data from the EHR and from local community epidemiological data

- b. Do the same as (a.), but for the population of the practice
  - c. Formulate important and answerable questions about the performance of individual clinicians and the practice as a whole in key areas of health maintenance and disease management
  - d. Based on (c.) access the EHR to generate reports of one's own clinical performance, identify areas of concern, and implement process improvement based on the strongest available clinical recommendations
  - e. Do the same as (b.) just above, but for the practice as a whole, and work with colleagues to identify and address areas of concern
  - f. Design and conduct assessments of practice performance using key data sources other than the EHR, such as care team informants and patient groups (group sessions, surveys, interviews)
  - g. Collaborate with practice colleagues to evaluate, modify, and implement clinical guidelines into the practice
3. As a student, teacher, resource to colleagues, and life-long-learner
- a. Lead a journal club session that reviews an original clinical study, selecting a study that has potentially practice-changing impact. Prepare for the session by accomplishing these steps
    - i. Identify the importance and quality of the question(s) and the logic and strength of the hypothesis(es)
    - ii. Evaluate the introductory justification for the study and the quality of the literature review on which the current study is based
    - iii. Identify the study design, its suitability for the question, and whether it is the right "next step" in this line of research. Identify potentially useful alternative designs
    - iv. Critique the merits of the study population in terms of applicability to the present practice, how well it supports generalizability of findings, rationale of exclusions and inclusions, sampling techniques, potential biases, contaminations, subject loss, etc.
    - v. Evaluate the power of the study and adequacy of the sample size, based on the study design, the stated hypotheses, and expected effect size
    - vi. Assess the strength of the measurement tools and methods
    - vii. Identify the type of data: qualitative vs. quantitative; categorical vs. ordinal vs. ratio; parametric vs. nonparametric
    - viii. Critique the suitability and strength of the data analysis methods, considering the study design and nature of the data
    - ix. Evaluate the presentation of the results in terms of completeness, clarity, statements of significance and uncertainty, and validity
    - x. Assess the validity of conclusions, whether justified by the results, whether biased, how generalizable, and how useful
    - xi. Propose the basic elements of a useful subsequent study in this line of research
  - b. Compose and deliver a lecture / seminar on a relevant clinical topic, based on a review of high-quality and up-to-date primary research literature

- i. Work with a mentor who provides critique and resources as the talk is developed
  - c. Guide more junior clinical learners in information management while supervising their patient care
    - i. Guide them in looking for unresolved issues that can be translated into important clinical questions
    - ii. Help them formulate such questions in an answerable form
    - iii. Guide them in accessing a medical literature data base and identifying useful published studies to answer the question
    - iv. Discuss the implications of findings for current clinical management problems
  - d. Develop a personal program of continuing medical education
    - i. Devise a multifaceted program of self-assessment that includes (1.a.) and (2. d.) above and ABFP certification-recertification
    - ii. Assess the quality of the CME and clinical information options based on “strength of evidence”
- 4. Working with a team of clinical investigators
  - a. Complete training and certification in “ethical principles of research with human subjects”
  - b. Formulate clear and focused research questions that are important to patient care, public health, or practice management
  - c. Translate research questions into clear, specific, and well-grounded hypotheses
  - d. Develop annotated reference lists of the most important relevant previous research on the topics of interest. The annotations will be parallel to items (3.a.i. – xi.) under “journal club session” above
  - e. Contribute a “family physician perspective” and clinical content expertise to a research team composed of
    - i. Research design methodologist
    - ii. Clinical content expert
    - iii. Statistical methodologist
    - iv. Clinical data base manager
  - f. Identify an available study population appropriate for the study question
  - g. Make a credible assessment of subject availability and probable sample size
  - h. Review and critique the study power analysis done by the methodologist and / or statistician and critique their underlying assumptions, such as an hypothesized clinical “effect size”
  - i. Co-author an informed consent document that is appropriate for the study population, with sensitivity to the language and culture, general literacy, and health literacy of the study population
  - j. Co-write the Institutional Review Board application
  - k. Co-develop measurement tools such as surveys, with attention to simplicity, understandability, relevance to the hypotheses, reliability, and validity.
  - l. Provide sensitive and open liaison between the research team, the office staff, and the patient subject groups
  - m. Participate in ensuring integrity of data collection, storage, transfer, and analysis

- n. Ensure that the data analysis remains guided by the stated hypotheses (avoiding “data mining” if not an explicitly exploratory study)
- o. Critique the study results in terms of credibility, potential sources of biases and confounding, statistical and clinical significance, generalizability, and comparisons to results of other studies
- p. Prepare and present a poster or oral report of the study, working closely with your research team members / mentors on issues of verbal, graphic, and tabular presentation
- q. Promote and facilitate association with a practice-based research network

## **Schedule**

**There will be EBM workshops on the first Monday of each month, in the following order:**

1. Multiple-choice pretest, overview and constructing focused questions: interactive formulation of good, researchable EBM questions for patient care
2. Categorizing articles, reading review articles: discussion of recognizing focused reviews, how to sort articles into groups (i.e., therapy, diagnostic tests, reviews)
3. Reading review articles: a discussion regarding key features of well-researched and written reviews
4. Evidence for therapy: how to critically analyze articles on therapy and apply results to a population of patients
5. Evidence for therapy
6. Evidence for diagnostic tests: critical analysis and application of diagnostic tests
7. Evidence for history and physical exam: “rational clinical examination”
8. Evidence for prevention: a discussion of the Canadian and U.S. task forces on prevention and periodic health exam, and evidence
9. Evidence for practice guidelines
10. Applying quality improvement (QI): evidence for audit and QI design principles, summary evaluation, multiple-choice post-test, and course evaluation

**There will be journal clubs for the third Monday of each month.** The journal club will be based on the content from the preceding workshop, and clinical questions from the fellows’ current practice. It will involve the use of CATs (Critical Appraisal Tools) and presenting the patients to the group.

### **Scholarly Activity:**

Each fellow needs to complete a scholarly activity by the end of the three years. During the first tier, the focus will be to articulate a relevant research question that will benefit

the current practice within the organization. By the end of tier 3, the fellow needs to complete the project and summarize any recommendations in change in practice.

A selection of topics will be provided by UFH Centre of Clinical Research. The fellow may also choose any other topic that is relevant to current practice deemed to be relevant by Centre of Clinical Research and faculty administrator of EBM curriculum.

## **Resources**

1. Users' guide to the medical literature: a manual for evidence-based clinical practice.
2. [www.uptodate.com](http://www.uptodate.com)
3. [www.cebm.net](http://www.cebm.net)

## **Website Resources**

STFM, Family Medicine Digital Resource Library (FMDRL) Research Wiki.  
<http://www.fmdrl.org/index.cfm?event=c.showLoginForm>

University of Alberta. Evidence-Based Medicine Toolkit.  
<http://www.ebm.med.ualberta.ca>