

AAFP/ABFM requirements and expectations:

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

1. Have completed two scholarly activities, at least one of which should be a quality improvement project (Practice-based Learning and Improvement)
 2. Formulate a searchable question from a clinical question (Practice-based Learning and Improvement)
 3. Demonstrate the ability to ask answerable questions applicable to the direct clinical care of their patients (Medical Knowledge)
 4. Demonstrate the ability to apply a set of critical appraisal criteria to different types of research that includes evaluation of study design, associated types of biases, and measured outcomes (Practice-based Learning and Improvement)
 5. Demonstrate the ability to use point-of-care evidence-based information and guidelines to make clinical decisions (Practice-based Learning and Improvement and Medical Knowledge)
 6. Use evidence-based sources to identify the risks and benefits of different preventative and treatment/management options (Systems-based Practice, Patient Care)
 7. Demonstrate knowledge of the principles of ethics as it applies to medical research and the process of evaluating the potential ethical implications of proposed research projects (Professionalism).
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At the FMRWM we address these in a variety of ways.

There are 3 requirements for each resident to complete prior to graduation:

1. Yearly presentations: For all residents during didactics and journal club. During the R3 year a grand rounds presentation during Friday Morning Medical Conference (Missoula).
2. A QI project each academic year. There is protected time for this during Wednesday afternoon didactics.
3. Scholarly Activity projects. (see below for more details).

EBM: 6-8 didactic sessions during the academic year.

Lead: Dr. Tim Caramore.

Focusing on a practical approach to using EBM in clinical practice.

Quality Improvement Curriculum: 6 didactic sessions during the academic year.

Lead: Drs. Elizabeth Paddock, Ellen Bluett and Samantha Greenberg.

-Each session to briefly cover a QI topic/skill, then allow time for residents to work on QI projects.

R1: Individual behavior/workflow/wellness theme. May join up with an R2/R3 group if strong interest in a particular project.

R2: A project that ideally will meet the ABFM requirements.

R3: A QI project of their choosing

R2/R3s may work in groups of 2 or 3.

M&M sessions: 3-4 x per year.

Lead: Dr. Amy Matheny.

May be resident, faculty or outside presenter reviewing a case.

Journal Club/Clinic Case Conference:

Missoula

Thursdays at SPH/ PHC.

Lead: Drs. Tim Caramore/ Emma Wright.

-Residents are required to present at JC once per academic year.

These should be high yield relevant articles.

-Clinic case conference is an informal setting to present and learn about challenging and interesting patient cases seen in the outpatient setting.

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Wednesday afternoons 12:30-1:10 prior to didactics in resident conference room

Lead: Dr. Samantha Greenberg

- Alternating EBM article and AFP article review. R2s are required to present 2 EBM articles and 3 AFP articles per year and R3s 3 EBM and 3 AFP articles.

Wednesday Didactic Presentations:

Faculty oversight: Drs. Amy Matheny and Elizabeth Paddock. Admin: Jess Trip

Residents are required to present at didactics once per year (twice in the R3 year). Residents sign up for topics in advance.

The expectation is that these are EBM driven and as much as possible case based and interactive.

Ethics/Humanism

Lead: Dr. Tim Caramore

-3-4 sessions during didactics.

-1 x per month there is an ethics case analysis during Wednesday morning report. Lead by R3 on adult medicine.

Scholarly Activity Project

Lead: Dr. Elizabeth Paddock,

All residents are required to complete at least 1 scholarly activity project by the end of the R3 year.

Residents chose their own project(s).

Your QI project can be a part of a larger scholarly activity project but they cannot be one and the same.

- You can incorporate the QI model to measure if your project had an impact.
- You might do a small QI project that then leads to larger project or intervention at the clinic/residency level based on your learning and findings.

The project(s) should be discussed with and approved by the resident faculty advisor in conjunction with Elizabeth Paddock (Missoula), Sam Greenberg (Kalispell).

At the end of each academic year there will be a **Scholarly Activity Showcase**. FMRWM hosts an evening where R3s present their QI and scholarly activity projects. Residents, faculty, PHC providers, community and rural preceptors are all invited to come learn and be inspired.

Please see the yearly "FMRWM Scholarly Activity and QI Work" publication for ideas.

A list of other ideas for Scholarly Activity projects is also available in box.

A list of faculty interests as of July 2018 also available.

These documents can be found in BOX→Resident shared folder→Scholarly Activity.

Medical Conferences:

Missoula

Wednesday Morning Report

Lead: Dr. Tim Caramore

Weekly on adult medicine.

Senior residents (R3 and R2) on adult medicine and the R2 on ICU rotate presenting on an interesting learning case.

Friday Morning Medical Conference:

Missoula

Fridays Sept-May at SPH and CMC.

Faculty oversight: Dr. Elizabeth Paddock. Admin: Robin Mochi with AHEC.

Residents are required to present at FMCC during the R3 year.

Presentation on a primary care topic that is relevant and interesting.

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Monday Noon Medical Conference: Mondays Sept- June at KRMC.

Thursday Morning OB/Peds Grand Rounds:

OB Grand Rounds, Every 1st Thursday of the month,

Pediatric Grand Rounds, Every 3rd Thursday of the month

Reference:

AAFP. Recommended Curriculum Guidelines for Family Medicine Residents:: Scholarly Activity and Information Mastery. AAFP reprint #280. Revised 6/2015.