Learning Faculty Development Skills: A Toolkit for New Faculty in Family Medicine

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Disclosures

- All presenters have nothing to disclose

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Objectives

- Describe the most common personal, clinical, administrative, and academic challenges identified by new faculty in family medicine and identify resources for overcoming barriers.
- Identify resources to implement faculty development programs and identify existing local, regional, and national resources to support faculty development for new faculty in family medicine.
- Identify effective mentoring and coaching concepts and styles, and seek appropriate academic resources for building mentoring and coaching relationships.

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Workshop Outline

- Introductions (faculty roles, experience)
- Small Group Activity
  - Challenges
  - Opportunities and Resources
- New Faculty Resources
- Creating an Educator Portfolio
- Scholarly Activity Opportunities
- Small Group Activity
  - Effective feedback for learners
  - Wellness, Self-Care
  - Mentorship, Coaching

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Introductions

- Background
  - MD/DO vs. other (PhD, MS, MPH, etc)
  - Just out of residency vs. Career change vs Leadership role
- Job Responsibilities
  - University vs. Community Based
  - GME only / UGME only or both
  - Career "Track" – clinical, teaching, tenure?
  - Research expectations
- Goals / Questions for this session

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Small Group Discussion

- What challenges do you face as new faculty?

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Challenges

- Undefined roles
- Change / Instability
- Lack of formal faculty development at the local level
- Milestones
- Time management
- Wearing many hats – clinical, admin, teaching, research
- Under-staffed
- Understanding political context
- How to advocate for change
- Big picture v. small picture thinking
- Teaching as a new clinician
- Work-life balance

•Personality differences
•Increasing clinical demands
•Complex patients
•Fixed cultures
•Giving, getting, receiving feedback on your work
•Teaching diverse learners
•Funding uncertainties and limitations
•Time / support for scholarly work
•How to know what you don't know
•Prioritizing "self-development"
•Protecting admin time
•Academic / Clinical / Local jargon
•Feeling capable, productive

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Most Commonly Cited Challenges

- Work-life balance
- Finding scholarly activity opportunities
- Finding guidance for new faculty recommended activities
- Keeping interests aligned with assigned tasks
- Evaluating varying levels of learners

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Small Group Discussion

- What solutions (opportunities and resources) have you found to your challenges?

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Opportunities and Resources

- STFM Residency Curriculum Resource
- Scripts for saying no
- Online searches
- Formal faculty development fellowships
- Using students and residents to help with projects
- Getting to know your electronic systems efficiently
- Help from colleagues
- STFM annual meeting
- NIPPD fellowship (for aspiring program directors)
- Looking for funding from scholarships at your institution
- FPIN – scholarly activity opportunity
- Online teaching modules
- Mentorship – internal, external, FP or specialists

- WONCA – international FP support
- Integrating faculty development in residency
- Young attending support group / happy hour
- Networking outside your institution
- STFM programming and online toolkits
- AFMRD toolkits
- Regularly scheduled meetings to focus on your own development
- Carve out time for faculty development in faculty meeting
- Group On list-servs (STFM) or AFMRD
- Set goals and intentions to stay true to your goals and interests
- Defining personal boundaries and sticking to them
- Personal routines
- Mindfulness
- Acknowledging limitations

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Most Commonly Cited Opportunities and Resources

- Mentors
- Academic and Research conferences
- Faculty development fellowships or mini-fellowships
- Local PBRNs
- STFM website, fmdrl.org
- MedEdPortal.org

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Faculty Development Resources

- New Faculty Toolkit
- Consider faculty development workshops, e.g. STFM New Faculty Scholars program
- Specific training e.g. MSE Director Fellowship, or NIPDD Fellowship

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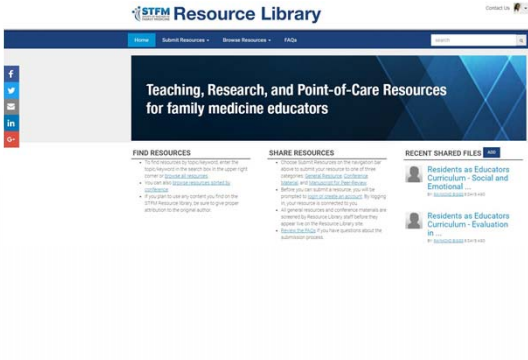**STFM 50 annual spring** conference

Answering Common Questions

- What is the most recent question you've had on the job?

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Resource Websites

- STFM Resource Library
  http://resourcelibrary.stfm.org/home

- STFM Career Development
  http://www.stfm.org/CareerDevelopment

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Learner-Specific Resources

- STFM Resources for Residency Programs
- STFM Residency Curricular Resource (RCR)
  - Subscription allows access to Milestones-based objectives, curricula, lectures
  - Faculty and residents welcome to write new curricula as scholarly activity
- TeachingPhysician.org

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Workshop/Courses/Conferences

- Pre-conference workshops
- STFM Emerging Leaders program
- AAMC Early Career Women Faculty
- NAPCRG: North American Primary Care Research Group
- Mini-Fellowships vs 1-2 year Fellowships
- ListServs or Groups
  - STFM Group on New Faculty, Group on Faculty Development, Medical Education Best Practices and Research

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Robert Graham Center

- "To improve individual and population health by enhancing the delivery of primary care."

- Affiliated with the AAFP
- Has editorial Independence
- http://www.graham-center.org/rgc/home.html

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Robert Graham Center

- Visiting Scholars Program
- Fellowship

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Resources

- Research learning modules
- Practice Based Research Networks
- Grant Generating Project
- NAPCRG

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From the NAPCRG website:

"NAPCRG's accomplishments in fostering primary care research include:
- **Promoting multi-method research** and linkages between qualitative and quantitative approaches to primary care research
- **Nurturing novice researchers** with training in research methodology, grant development, and career planning; supportive feedback on research ideas and projects; and experience presenting their work in an international forum

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Slide 1

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North American **PRIMARY CARE RESEARCH GROUP**

From the NAPCRG website:

"NAPCRG's accomplishments in fostering primary care research include:

- Developing and supporting **practice-based research networks** of regional, national, and international scope
- Developing primary care classification systems for research and patient care
  Stimulating senior scientists with an interdisciplinary network of colleagues, cutting-edge research technologies, and an organization devoted to research in primary care"

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Slide 2

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Faculty Development Fellowships

- U Mass: Teaching of Tomorrow (2-days)
- Robert Wood Johnson Clinical Scholars
- Primary Care Research Fellowships: Univ of Wisconsin, Univ of Virginia, Univ of North Carolina
- Harvard Macy Institute programs http://www.harvardmacy.org/Programs/overview.aspx
- Georgetown University Fellowships:
  - Health Policy, Community Health, Arts & Humanities, Health & Media
- FD-AGE (Duke, Hopkins, Mount Sinai, UCLA): Mini Fellowships in Geriatrics (3-4 days)
- STFM Faculty for Tomorrow

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Journals/Books

JOURNALS

- ▪ Academic Medicine (AAMC), Family Medicine (STFM)
- ▪ Journal of Graduate Medical Education (ACGME)

BOOKS

- ▪ The physician as teacher - Neal Whitman & Thomas Schwent
- ▪ How doctors think - Jerome Groopman
- ▪ Thinking fast and slow - Daniel Kahneman
- ▪ Healers - David Schenck & Larry R. Churchill
- ▪ How to work a room - Susan RoAne
- ▪ First things first - Stephen R. Covey
- ▪ Difficult Conversations - Douglas Stone, Bruce Patton and Shiela Heen
- ▪ The one minute manager - Ken Blanchard & Spencer Johnson
- ▪ Brain Rules - John Medina
- ▪ What patients teach - David Schenck, Larry R. Churchill and Joseph Fanning
- ▪ God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine Sweet

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BREAK
15 minutes

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What is an educator portfolio?

A teaching portfolio is to teaching what publications and grants are to research

Not exhaustive compilation, but includes carefully chosen representative work

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Why do I need an educator portfolio?

- "Evidentiary method" of documenting teaching experience
  - "Documenting educational activities and providing associated evidence of excellence that can be judged by peers"
  - "A systematic collection of information documenting expertise in an area, usually incorporating multiple sources of information collected over time to demonstrate excellence"

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Barriers to applying for promotion

Personal
- Unfamiliarity with promotion guidelines
- Not enough time devoted to developing portfolio
- Insufficient data to complete portfolio, or disorganized information
- The burden of proof is the faculty member's

Institutional
- Relies on mentorship and institutional support and/or department champion
- All promotion & tenure committee members may not value each teaching activity as "scholarship" worthy of promotion

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Basic portfolio format

- Education Philosophy
- Curriculum Development
- Teaching Evaluations
- Learner Performance Assessment
- Advising
- Scholarly Activities
- Service
- Continuing Education (as an educator)
- Teaching Honors and Awards

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What is Scholarly Activity?

- Contribution to knowledge available to the discipline of family medicine and its subspecialties
- How can it be recognized?
  - shared with peers (regional/national)
  - subject to peer review

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Examples of scholarly work

- Present a report of original research at regional/national conference/grand rounds at another institution
- Publish original research paper/clinical review paper in a peer-reviewed journal
- Testify in state legislature regarding strategy to manage a public health problem
- Serve as peer reviewer or associate editor of a state or national medical journal

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How do I begin?

- Generate local, regional or national presentation from:
  - Didactic lecture/workshop for residents/students
  - Family Medicine Center collaborative work with behaviorists, SW, FNP, PA, ANP, CNM, RNs, Pharmacist
- Lifelong learning, consider proposing topic update
- Volunteer for peer review
- Mentor a resident or junior faculty through presentation, peer review, or publication

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Research Opportunities

- Interdisciplinary collaboration
- Practice-based research networks
- Research colleagues and mentors
- HRSA training grants
- Primary care research fellowships
- **Scholarly work grows out of daily life**
- **"R" vs "r" research**

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ACGME Scholarly Activity

- Faculty must establish and maintain environment of inquiry and scholarship with active research component
- Faculty must regularly participate in organized clinical discussions, rounds, journal clubs, conferences
- Faculty should encourage and support residents in scholarly activities

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ACGME Scholarly Activity

- Faculty should demonstrate scholarship by one or more of the following:
  - Obtain peer-reviewed funding/grant
  - publication of peer-reviewed original research/review articles or textbook chapters
  - publication/presentation of case reports/clinical series at local/regional/national professional/scientific society meetings
  - participation in national committees or educational organizations

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ACGME Scholarly Activity

	Core residency faculty	Residents	Core Fellowship faculty	Fellows
# of scholarly work	Two per faculty member on average over 5 years	Two per resident, including one QI by end of residency	One per faculty member per year average over 5 years	One per fellow by end of fellowship

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Scholarly Activity Resources

- Websites (resourcelibrary.stfm.org, MedEdPortal, fpin.org)
- Workshops/Courses/Conferences
- Fellowships
- Books/Journals
- Local PBRNs, AAFP chapters
- Affiliated University resources

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Research as a Physician: Getting Started

- Look for questions in clinic!
- Consider studies that are less time intensive:
  - Surveys
  - Chart reviews
  - Quality
- Know your institution's requirements (IRB)

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Research as a Physician: Keeping Up

- Involve learners
- Meet regularly
  - Monthly?
  - Each meeting assign specific tasks for next meeting
- Use your resources

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Research as a Physician: Finishing

- When you find your answer, share it!
  - Poster (local, regional, national)
  - Presentation (local, regional, national)
  - Write it up for publication

  Note: You don't have to wait until the end to present. Share your findings along the way!

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State and Local Grants

- State Government
  - Department of Health grants
- Institutional
  - Universities
  - Hospital organizations

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Private/Organizational Grants

- Research Institution
  - PCORI – Patient Centered Outcomes Research Institute
  - Robert Wood Johnson Foundation
- Professional Organizations
  - American Osteopathic Association
  - American Diabetes Association
  - American Cancer Society
  - Alzheimer's Association

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Federal Research Grants

- Research Grants (R series)
  - R01 – NIH Investigator Initiated Research Grant
  - R03 – Small Grant Program (up to $50K)
  - R21 – 2 years for $250K. Gets initial data to position for a R01
- Career Development Awards (K-grants)
  - Personal
  - Institutional
- Research Training and Fellowships (T&F series)
- Program Project/Center Grants (P series)

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Research Strategies

1. Find a mentor
2. Start small: Small grants → K-grant → R01
3. Use small grant funds to examine larger organizations' databases or key issues
4. Align yourself with a cause or issue
5. Have fun!

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Conferences

- Practice Based Research Network Conference
  – Bethesda, Maryland
  – June 22-23
- Annual Meeting
  – Montreal, Quebec – Nov 17-21
  – Student/Resident/Fellow Call for Papers
    • Opens May 15

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BREAK (Reading Assignment)
30 minutes

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Points for Discussion

- Recap
- Questions/goals for the session
- Finish reading assignment

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Working with Different Levels of Learners

The Learning Pyramid*

Average Retention Rates

5%	Lecture
10%	Reading
20%	Audio-Visual
30%	Demonstration
50%	Group Discussion
75%	Practice
90%	Teaching Others

Passive Teaching Methods

Participatory Teaching Methods
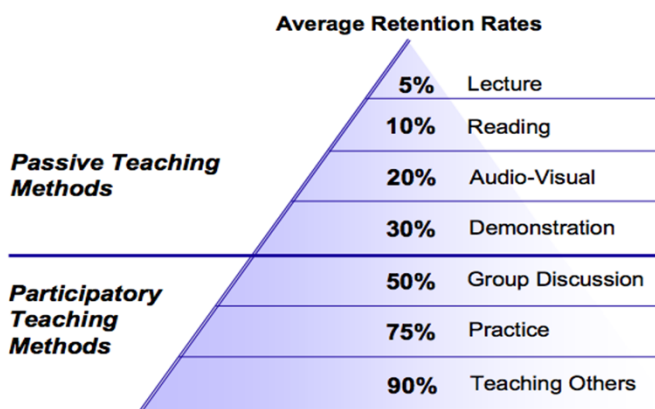
*Adapted from National Training Laboratories. Bethel, Maine

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Active or Participatory Learning

- Results in improved knowledge retention
- Creates a deeper understanding of material than passive learning
- Fosters engagement
- Encourages self-directed learning

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Key Teaching Strategies

- Assign clear responsibilities
- Ask about and use learners' knowledge, e.g. assess experience
- Put learners to work
- Involve learners in patient care
- Provide opportunities for practice of new skills

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Key Teaching Strategies

- Alter your teaching based on the experience level of your learners:

  – Minimal clinical experience:
    - *direct* learning by providing structure, setting expectations, giving directions, and selecting patients for learner to see

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Key Teaching Strategies

  – Moderate experience:
    - facilitate learning by asking questions, listening to their ideas, and sharing your thinking

  – Extensive experience:
    - consult with learner by setting goals, evaluating progress, and exchanging ideas

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Case Scenario 1 Dr. M.

Dr. M. is an intern rotating with you for the first time on a 4-week inpatient rotation. Dr. M. likes the rotation, shows up on time, but seems unprepared at rounds. On day 10 Dr. M. expresses concern she has never seen a patient in the hospital with acute kidney injury. Thus far the inpatient team has cared for mothers in labor, newborns, patients with heart failure, DKA, pancreatitis and acute appendicitis. Dr. M. has cared for 2 patients daily.

- **Do you have any concerns about Dr. M.?**
- **What adjustments would you consider to help Dr. M. with engagement and self-directed learning?**

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Feedback

- When would you provide feedback for Dr. M.?
  - First day/week, mid-month/end-of-month?
- Are there any deficits in Medical Knowledge and Professionalism skills for this resident?
- Could you name some examples of performance improvement strategies?

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Feedback

- Confident learners share ideas, ask questions, reach conclusions independently
- Strong evidence
  - Feedback messages are invariably complex and difficult to decipher
  - Learners may need opportunities to understand and process feedback before applying it toward performance improvement

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Feedback

- Preceptors should encourage learner confidence and self assurance
- Feedback influences how learners feel about themselves, and what and how they learn
  - A learner's self-efficacy might be maintained by 'reinterpreting' failure
  - If limited performance improvement or insight, consider re-examining how and who (eg teacher, peer, self-eval)

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Case Scenario 2 Dr. M.

Dr. M. completes her 1st intern month on the inpatient team. She completed an excellent, thorough team presentation on AKI, managed up to 8 patients daily, including articulating appropriate differential diagnoses, choosing appropriate management plans and counseling patients and families. Dr. M. demonstrated tremendous enthusiasm for prevention and monitoring of kidney complications in her own patients. Your patients and team are complimentary of her bedside manner.
— How would you evaluate this resident?

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Family Medicine Milestones

- What is your familiarity with Milestones?
- Milestones are developmentally based family-medicine specific attributes
- Range from level 1 to level 5
  - Level 1 is typically an intern with limited experience in family medicine
  - Level 4 is a graduation target
  - Level 5 is an advanced, seasoned family doctor

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Key Milestone Subcompetencies

- PC-1: care for acutely ill patients
- MK-2: critical thinking
- PBLI-2: self-directed learning

- PROF-2: professional conduct and accountability
- C-2: effective communication with patients
- C-3: effective communication with physicians and other health professionals

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Case Scenario

- How would you assess Dr. M. using Family Medicine Milestones?
  - PC-1: care for acutely ill patients
  - MK-2: critical thinking
  - PBLI-2: self-directed learning

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PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)	Consistently recognizes common situations that require urgent or emergent medical care	Consistently recognizes complex situations requiring urgent or emergent medical care	Coordinates care of acutely ill patient with consultants and community services	Provides and coordinates care for acutely ill patients within local and regional systems of care
	Generates differential diagnoses	Stabilizes the acutely ill patient utilizing appropriate clinical protocols and guidelines	Appropriately prioritizes the response to the acutely ill patient	Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients	
	Recognizes role of clinical protocols and guidelines in acute situations	Generates appropriate differential diagnoses for any presenting complaint	Develops appropriate diagnostic and therapeutic management plans for less common acute conditions		
		Develops appropriate diagnostic and therapeutic management plans for acute conditions	Addresses the psychosocial implications of acute illness on patients and families		
			Arranges appropriate transitions of care		

MK-2 Applies critical thinking skills in patient care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians	Synthesizes information from multiple resources to make clinical decisions	Recognizes and reconciles knowledge of patient and medicine to act in patients' best interest	Integrates and synthesizes knowledge to make decisions in complex clinical situations	Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans
	Demonstrates basic decision making capabilities	Begins to integrate social and behavioral sciences with biomedical knowledge in patient care	Recognizes the effect of an individual's condition on families and populations	Uses experience with patient panels to address population health	Collaborates with the participants necessary to address important health problems for both individuals and communities
	Demonstrates the capacity to correctly interpret basic clinical tests and images	Anticipates expected and unexpected outcomes of the patients' clinical condition and data			

PBLI-2 Demonstrates self-directed learning					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback Uses feedback to improve learning and performance	Incorporates feedback and evaluations to assess performance and develop a learning plan Uses point-of-care, evidence-based information and guidelines to answer clinical questions	Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement	Identifies own clinical information needs based, in part, on the values and preferences of each patient Demonstrates use of a system or process for keeping up with relevant changes in medicine Completes ABFM MOC requirements for residents Consistently evaluates self and practice, using appropriate evidence-based standards, to implement changes in practice to improve patient care and its delivery	Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas Initiates or collaborates in research to fill knowledge gaps in family medicine Integrates MOC into ongoing practice assessment and improvement Role models continuous self-improvement and care delivery improvements using appropriate, current knowledge and best-practice standards

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Case Scenario

- How would you assess Dr. M. using Family Medicine Milestones?
  - PROF-2: professional conduct and accountability
  - C-2: effective communication with patients
  - C-3: effective communication with physicians and other health professionals

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PROF-2 Demonstrates professional conduct and accountability

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Presents him or herself in a respectful and professional manner Attends to responsibilities and completes duties as required Maintains patient confidentiality Documents and reports clinical and administrative information truthfully	Consistently recognizes limits of knowledge and asks for assistance Has insight into his or her own behavior and likely triggers for professionalism lapses, and is able to use this information to be professional Completes all clinical and administrative tasks promptly Identifies appropriate channels to report unprofessional behavior	Recognizes professionalism lapses in self and others Reports professionalism lapses using appropriate reporting procedures	Maintains appropriate professional behavior without external guidance Exhibits self-awareness, self-management, social awareness, and relationship management Negotiates professional lapses of the medical team	Models professional conduct placing the needs of each patient above self-interest Helps implement organizational policies to sustain medicine as a profession

C -2 Communicates effectively with patients, families, and the public

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in end-of-life discussions and delivery of bad news	Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters	Educates and counsels patients and families in disease management and health promotion skills Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients' needs	Role models effective communication with patients, families, and the public Engages community partners to educate the public

C -3 Develops relationships and effectively communicates with physicians, other health professionals, and health care teams					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands the importance of the health care team and shows respect for the skills and contributions of others	Demonstrates consultative exchange that includes clear expectations and timely, appropriate exchange of information Presents and documents patient data in a clear, concise, and organized manner	Effectively uses Electronic Health Record (EHR) to exchange information among the health care team Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback	Sustains collaborative working relationships during complex and challenging situations, including transitions of care Effectively negotiates and manages conflict among members of the health care team in the best interest of the patient	Role models effective collaboration with other providers that emphasizes efficient patient-centered care

Key Take Home Points

- Active learning is most effective for retaining information
- Learners' confidence affects their capacity to improve
- Try a different teaching strategy or feedback method if performance is stagnant or deficient
- Think about demonstrated behaviors when evaluating residents
- Remember why you are teaching

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"These are the duties of the physician: First…to heal his mind and to give help to himself before giving it to anyone else."

Epitaph of an Athenian doctor, AD 2

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What is Wellness?

- Vague state of well-being
  - "the quality or state of being in good health, especially as an actively sought goal."

    --(Merriam-Webster)

  - "the quality or state of being healthy in body and mind, especially as the result of deliberate effort."

    --(Dictionary.com)

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Why Wellness?

- For our own health
- Patient safety
- Role modeling and setting standard
- Critical time in identity development

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Burnout

- Loss of emotional, mental and physical energy due to continued job-related stress
  - Emotional exhaustion, Depersonalization (loss of empathy), Decreased sense of accomplishment
- Personality Traits
  - Perfectionist tendencies
  - The need to be in control, reluctance to delegate
  - High-achieving, Type A
  - Pessimistic view of self and the world

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Background Data

- 45% of physicians report at least 1 symptom of burnout[1]
- Study of 7-item Physician Well-Being Index[2]
  - physician distress correlated with low quality of life, high fatigue, recent suicidal ideation
- Physician Wellness Inventory
  - Career purpose, cognitive flexibility show positive correlation with family/friend support, mental health, finances, workload
  - Distress, emotional exhaustion, depersonalization negative correlation
- Study of medical students, residents, fellows[3]
  - Burnout highest in residency
  - Early career physicians more burned out than general population

[1] Shanayfelt Boone et al, 2012
[2] Dyrbye et al, 2012
[3] Dyrbye et al, 2014

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Group Activity

- What are your barriers to wellness? What causes you or colleagues to "burn-out" where you work?

- Please take 5 minutes to share these barriers with your table. We'll then share with larger group.

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Burnout Causes

Work-Related

- Feeling like you have little or no control over your work
- Working in a chaotic or high-pressure environment
- Unclear or overly demanding job expectations
- Lack of recognition or rewards for good work
- Doing work that is monotonous or unchallenging

Lifestyle-Related

- Working too much, without enough time for relaxing and socializing
- Being expected to be too many things to too many people
- Taking on too many responsibilities, without enough help from others
- Not getting enough sleep
- Lack of close, supportive relationships

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Evidence for Interventions

- Burnout decreases when meeting national physical activity guidelines[1]
- Stress management and resiliency training improve quality of life, mindfulness and reduce stress[2]

Is it that simple?

[1] Olson et al, 2014
[2] Sood et al, 2014

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How Can We Promote Wellness?

- Promoting career purpose
- Increasing cognitive flexibility
- Decreasing emotional distress

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Promoting Wellness

- Think of some things you can do to be more well. How can you overcome those barriers we talked about earlier.
- Please take 5 minutes to share with your table.
- Share with the larger group.

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Promoting Wellness

Career Purpose

- Faculty attitudes influence and affect resident attitudes
  - Assess faculty wellness to increase awareness
- Support groups
- Workshops
  - Skill building in relationships, finances, conflict resolution

Cognitive Flexibility

- Cognitive behavior training
- Mindfulness training
- Fun reframing exercises

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Distress Management

- Opportunities for disclosure of emotions
- Availability of resources
- Opportunities for safe measurement of emotional distress
- Regular checking in with one another

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Prevention/Recovery

- Start the day with a relaxing ritual
  - meditating
  - writing in your journal/reading something inspiring
- Take a daily break from technology
  - set a time each day when you completely disconnect, put away laptop and phone
- Nourish your creative side
  - something new, fun project, or resume a favorite hobby

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Overcoming Barriers to Wellness

- Set strict boundaries
- Learn to say "NO"
- Take time for rest & recovery
- Be clear about priorities and rearrange daily
- Do not let PERFECT be the enemy of GOOD
- Accept not having it ALL

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Promoting Wellness

- What 2-3 things can you actively do in the next 2 months?
- Write them down and be as detailed and specific to you and your day/week as possible
- Place in self-addressed envelope

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BREAK
15 minutes

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Mentorship

Requires…

- Institutional support – time, structure, buy-in
- Faculty development of mentor
- Respect for generational differences
- Intentionality
- Self-assessment & commitment on the part of the mentee

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Mentoring Relationships

"Your mentor is neither your parent nor your savior…

"A mentor is someone who must be sought after and with whom a relationship must deliberately be forged. Mentoring relationships are sustained and grow only through meticulous effort…"

Excellent review article about mentors written for junior faculty ----->   FMDRL New Faculty

J Palliat Med. 2010 November; 13(11): 1373–1379. doi: 10.1089/jpm.2010.0091

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Mentoring

A professional relationship in which an experienced person (mentor) assists another (mentee) in developing specific skills and knowledge to enhance career progression.

- Usually not a supervisor, may even be from another dept or organization
- Facilitates growth by helping build sharper focus
- Provides critical feedback
- Enhances network
- Shares resources
- Long term relationship

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Coaching

"Unlocking a person's potential to maximize their own performance. It is helping them to learn rather than teaching them"[1]

- By anyone, even supervisor
- Short term
- Focused on current situation
- Results-oriented
- Systematic process of enhancing self-directed learning
- Empowering individuals to improve effectiveness & develop solutions

[1] Whitmore 2003

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Identifying Mentors and Coaches

- Who are your mentors?
- Do you have regularly scheduled meetings?
- Who sets the meeting agenda for your mentorship meetings?
- **What priority areas would you like to discuss with a mentor?**

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Mentor Meeting Challenge

- Please make a list of priority areas to discuss with your mentor
- Please pair up and present your list
- Send an email to yourself exercise

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Summary

- Common challenges, different roles
- New Faculty Resources
- Creating an Educator Portfolio
- Scholarly Activity Opportunities
- Effective feedback for learners
- Wellness, Self-Care
- Mentorship, Coaching, networking

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STFM Conference Events

- New Faculty in Family Medicine Collaborative **breakfast meeting** - Sunday (5/7) @ 7:15-8:15a in the Harbor Ballroom
- New Faculty in Family Medicine Collaborative **lunch meeting** – Sunday (5/7) @ 12:30-1:30p in Mission Beach B
- New Faculty in Family Medicine Collaborative **Happy Hour** – Monday (5/8) @ 5:30p at a location TBA (will be posted on the STFM CONNECT website at the beginning of the conference)

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Questions / Comments

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