

Results from the SWOT Analysis done at the 2018 STFM Annual Spring Conference

Presentation

Definition of Each SWOT Component	Prioritized List of Results
<p><b>Strengths</b> intrinsic to the competencies</p>	<ol style="list-style-type: none"> <li>1. clear/standardized/structured expectations</li> <li>2. format for annual evaluations</li> <li>3. provide common language</li> <li>4. moving toward universality</li> <li>5. defines clear metrics instead of using current resident class “likes and dislikes”</li> <li>6. clarity of vision and goals for individuals, faculty group and department</li> <li>7. ways to track growth and progress</li> <li>8. we would get to set our own standards</li> <li>9. clear progression toward promotion across different sites</li> <li>10. self –evaluation opportunity</li> <li>11. promote development and linkage to resources</li> <li>12. all faculty would have a clear place to begin development</li> <li>13. clear expectations for new faculty – “what was implicit is now explicit”</li> <li>14. ease of implementation</li> <li>15. helps identify those who are highly skilled in specific areas to be role models/mentors</li> <li>16. increase objectivity/reduces impact of implicit bias contributing to delay of progress</li> <li>17. Increase resident trust and confidence in faculty</li> <li>18. Role model professional development trajectory for residents</li> <li>19. Guide program level faculty development</li> <li>20. Increases opportunity for meaningful conversations</li> </ol>

<p><b>Weaknesses</b> intrinsic to the competencies</p>	<ol style="list-style-type: none"> <li>1. no size fits all – community vs academic, individ vs dept, preceptor vs faculty</li> <li>2. culture – timeline, individuality, evaluation anxiety</li> <li>3. challenging to get “buy-in” from experienced faculty?</li> <li>4. difficult to build consensus around tool</li> <li>5. not useful if tool is too linear</li> <li>6. if language is unclear, may be misunderstood/misinterpreted by faculty and non-faculty</li> <li>7. “another thing to do” (“box-checking”)</li> <li>8. may take focus and time away from resident evaluation</li> <li>9. “best practices” not currently defined</li> <li>10. Will expose faculty weaknesses – some may quit/may make people uncomfortable to be evaluated like a resident</li> <li>11. resources – time and \$\$ for implementation</li> <li>12. developmental vs remediation/ “punative”</li> <li>13. objective evaluation instrument – a) standard? B) reduced diversity of faculty? c) progressive instrument d) validation</li> <li>14. Solutions: multi-site pilot (diverse+intentional+adaptable+actionable)</li> <li>15. Instrument: meaningful, realistic time needed, tech adaptable, applicable and contextual (develop user’s manual )to reinforce uses as developmental instrument)</li> </ol>
<p><b>Opportunities</b> external to the competencies</p>	<ol style="list-style-type: none"> <li>1. More mentorship</li> <li>2. Standardization -&gt; leadership</li> <li>3. Leading creation of milestones internally (opposing threat of being mandated externally)</li> <li>4. Faculty and chairs want this so good chance of acceptance</li> <li>5. Collaboration between groups, more scholarship opportunities</li> </ol>

6. Use as leverage to get more resources – time, funding, faculty
7. Greater transparency within department, with residents and hospital
8. Addresses desire for more transparency and guidance in development
9. Provides local and national opportunities for engagement and growth
10. Tool for aspirational goals and clear developmental path
11. Can accelerate planning and goal achievement
12. Program able to cover all needs once they are identified
13. Promotes faculty recruitment and retention
14. Faculty can identify areas of strength and work toward earlier advancement to leadership positions
15. Would raise collective level of competency
16. Sharing best practices across departments and institutions
17. This would help reveal faculty strengths, interests and passions to help enhance capabilities
18. Group trends can be identified and addressed
19. Create structure for higher quality, consistent feedback and targeted interventions
20. Better faculty and culture
21. ACGME likes milestones!!
22. Extend FM expertise to other disciplines
23. Adaptability/transportability to other programs if changing jobs
24. Provides framework for STFM to plan, develop, implement and evaluate FD activities and market online FD activities across discipline and to other specialties
25. Track program growth and development over time

	<p>26. To identify and build more support resources for faculty and department</p> <p>27. "equalization" w/ residents – one system – may give more meaning to resident set</p>
<p><b>Threats</b> external to the competencies</p>	<ol style="list-style-type: none"> <li>1. Infrastructure support e.g. IT, EMR, administration</li> <li>2. Fear of change</li> <li>3. Potential for sabotaging faculty evaluations</li> <li>4. Places everyone in a one box</li> <li>5. Could be difficult to teach everyone to use</li> <li>6. Milestones (competencies) are stagnant and people are fluid</li> <li>7. Could be leaked to residents</li> <li>8. Could foster faculty disagreement and unrest</li> <li>9. Doesn't only apply to FM and wouldn't be a good idea</li> <li>10. Concern that community preceptors/programs would feel undervalued vs. faculty in university setting</li> <li>11. Could be used for disciplinary action instead of encouraging growth</li> <li>12. May compete with existing systems used for evaluation/promotion</li> <li>13. What if ACGME generates a different set of expectations?</li> <li>14. May affect promotion and compensation</li> <li>15. Faculty opposition to current resident milestones may translate to faculty milestones</li> <li>16. May change (reduce) time allocation for faculty development</li> <li>17. What if you find your program is underperforming in different areas?</li> <li>18. Pressure to meet expectations that are less intrinsically motivating</li> <li>19. Risk of "blind"/ "blanket" application without tailoring to individual roles/goals</li> </ol>

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|  | <ul style="list-style-type: none"><li>20. May create a deterrent for some to become faculty/remain faculty</li><li>21. May be too time-consuming to use</li><li>22. Lack of incentive to participate</li><li>23. May not account for other “value added” contributions of faculty</li><li>24. Agreement vs disagreement on standards</li><li>25. Not meeting expectations could result in dismissal from job</li><li>26. Standardization could marginalize some</li><li>27. Norming</li><li>28. May not make sense/be specific enough like current resident milestones</li><li>29. May become yet another required process</li><li>30. Impact on diversity</li></ul> |
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