

Five Weekend National Family Medicine Fellowship

Program for faculty development

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ABSTRACT

PROBLEM ADDRESSED Many faculty development programs are thought time-consuming and inaccessible to academic family physicians or physicians wanting to move into academic positions. This is largely due to difficulty in leaving their practices for extended periods. Canadian family medicine needs trained leaders who can work in teams and are well grounded in the principles of their discipline as they relate to education, management, research, and policy making.

OBJECTIVE OF PROGRAM To develop a team of leaders in family medicine.

MAIN COMPONENTS OF PROGRAM The Five Weekend National Family Medicine Fellowship Program focuses on the essentials of education, management, communication, critical appraisal skills, and the principles of family medicine to develop leadership and team-building skills for faculty and community-based family physicians entering academic careers. This unique 1-year program combines intensive weekend seminars with small-group projects between weekends. It emphasizes a broader set of skills than just teaching, has regional representation, and focuses on leadership and teamwork using a time-efficient format.

CONCLUSION The program has graduated 34 Fellows over the last 3 years. More than 90% of the 35 projects developed through course work have been presented in national or provincial peer-reviewed settings. Quantitative ratings of program structure, course content, and course outcomes have been positive.

RÉSUMÉ

PROBLÈME TRAITÉ On considère que de nombreux programmes de formation professorale exigent beaucoup de temps et sont inaccessibles aux professeurs de médecine familiale ou aux médecins qui envisagent une carrière universitaire. Ceci est en grande partie attribuable à la difficulté de délaisser la pratique pendant des périodes prolongées. Au Canada, la médecine familiale a besoin de chefs de file bien formés qui peuvent travailler en équipe et qui sont convaincus des principes de leur discipline touchant l'éducation, la gestion, la recherche et l'élaboration de politiques.

OBJECTIF DU PROGRAMME Mettre sur pied une équipe de chefs de file en médecine familiale.

DESCRIPTION DU PROGRAMME Le « Five Weekend National Family Medicine Fellowship Program » se concentre sur les éléments essentiels de l'éducation, de la gestion, de la communication, des habiletés d'évaluation critique et des principes de la médecine familiale afin de développer les habiletés de leadership et de formation d'équipes. Il est destiné autant aux professeurs qu'aux médecins de famille désireux d'entreprendre une carrière universitaire. Ce programme unique, d'une durée de 12 mois, comprend des sessions intensives de fin de semaine intercalées de projets en petit groupe. Il insiste sur l'acquisition d'une gamme élargie de compétences au-delà des habiletés pédagogiques. On y retrouve une représentation régionale et une insistance sur le leadership et le travail d'équipe dans un cadre qui maximise l'utilisation du temps.

CONCLUSION Au cours des trois dernières années, le programme a remis des diplômes à 34 fellows. Plus de 90 % des 35 projets élaborés dans le cadre de ce programme ont fait l'objet de présentations lors de sessions nationales ou provinciales évaluées par les pairs. Les évaluations quantitatives de la structure, du contenu et des résultats du cours sont positives.

This article has been peer reviewed.

Cet article a fait l'objet d'une évaluation externe.

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The expansion of family medicine training over the last 25 years in Canada has brought many clinicians into academic medicine. Faculty development has been important in strengthening their competence in essential academic skills.^{1,4} Emphasis was initially placed on acquiring educational skills, but with growing challenges in the Canadian health care system, family physician faculty now need training for providing leadership in developing and implementing policy for reformed primary health care delivery systems.^{5,6} In this environment of rapid change, faculty also need to plan their own career development carefully.⁷⁻¹⁰

We discuss a faculty development strategy for providing the theory and principles of education, management, communication, critical appraisal, and the principles of family medicine to strengthen leadership skills and teamwork within the growing network of Canadian family physicians. The model emphasizes small-group learning directly linked to major themes and the specific needs of participants. Lack of time is the most frequently quoted barrier to participation in faculty development programs, particularly those extending over a month or a year.^{1,3} The five weekend model links together, in a time-efficient way, the key elements of faculty development. While many programs address some of the elements, to our knowledge no other programs are designed to incorporate all together.^{1,11}

Elements of the program

The goal of the program is to develop a team of leaders in family medicine who will influence education, research, and public policy to improve population health by improving the quality of cost-effective health care. With Fellows from every region of Canada, the program is building a national network of leadership expertise (**Table 1**). Alumni activities include newsletters and gatherings at the annual workshop of the Section of Teachers of the College of Family Physicians of Canada (CFPC), where graduates can meet current Fellows.

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Recruitment. Each spring, information outlining the goals and objectives of the program is circulated to the Chairs of the 16 family medicine programs in Canada. Applicants are asked to outline their objectives, how the Fellowship could contribute to their development, and their specific needs in each of the five thematic areas covered by the program. Participants generally have faculty appointments and support from departmental Chairs. Individuals must be interested in making a difference in their own department of family medicine.

Weekend themes. Program content addresses key areas of faculty development in family medicine.³ The educational strategy is to raise issues relevant to participants in their local settings and facilitate use of their new knowledge and skills to design solutions. A bibliography centred on basic principles, theories, and practice dilemmas related to the weekend themes provides the foundation from which participants carry out their own self-directed searches.

Education: Objectives are to develop basic competence as educators: to learn the language of education, to gain skills in teaching strategies, and to apply educational principles. Topics include learner differences and styles, the reflective practitioner,^{12,13} family medicine,¹⁴⁻¹⁶ problem-based learning,¹⁷⁻¹⁹ adult education,²⁰ educational diagnosis,²¹⁻²³ teacher evaluation,^{24,25} and theories of knowing.^{26,27}

Management and professional skills: Participants have an opportunity to understand the economic and political determinants of the Canadian health care system, to review current leadership and management theory, and to develop personal career plans. Topics include the evolution of health services and policy in Canada²⁸⁻³¹; interfaces between community health centres, hospitals, universities, and government³²; quality management; meetings (agendas, minutes, people)^{5,33}; career strategies^{5,7,8,34}; time management³⁵; team building; and leadership.³⁶⁻³⁸

Communication: Recent technologic developments (teleconferencing, videoconferencing, CD interactive) are reviewed. Participants learn to organize and deliver good oral presentations. Topics include prewriting (mind mapping) and writing skills, analysis of individual presentation styles, and technologic possibilities.

Critical appraisal and research: The importance of these skills for both clinical practice and policy analysis is stressed. Using a critique of a review article, participants are asked to examine the quality of the evidence used to answer a question about the

discipline of family medicine (eg, effective role of family physicians in looking after inpatients). Topics include systematic evidence-based reviews versus empirical reviews^{39,42} and principles of good reviews, including literature searching, criteria for literature selection, assessing quality and relevance of studies and strength of conclusions,^{33,35,39,40} and transfer of principles of assessing clinical or management literature.^{33,35,39,40}

Principles of family medicine: Participants study the four principles of family medicine as a discipline and their implication for teaching, service delivery, research, and public policy. The principles cover the centrality of the doctor-patient-family relationship,⁴³ the family physician as a competent clinician,⁴⁴ family medicine as community based,⁴⁵ and the family physician as a resource to a specific population.⁴¹

Process

The five weekend sessions follow a pattern, starting on Friday at noon and ending after lunch on Sunday. On Friday afternoon, projects prepared by participants since the previous session are presented and critiqued. Friday evening and Saturday focus on the weekend's theme with guest faculty presentations, seminars, and small- and large-group discussions. Sunday morning is spent initiating team projects based on the weekend's presentations and discussions to be developed over the next 2 months.

The program emphasizes small-group learning. During the first weekend, considerable time is spent facilitating group interaction and cohesion. By the second weekend, a strong sense of group process should have developed despite participants' diverse backgrounds and different levels of experience. In the long run, however, diversity contributes to rich discussions in all working groups.

Relationships developed and collaborative learning augmented by reflection on personal experience are an effective way for family physicians to gain deeper understanding of their work and professional lives. Project team members, faculty, and presenters are a valuable resource to participants.

Projects

The small-group project is perceived as the most powerful active learning and team-building instrument in the program. Systematic reflection on questions pertinent to participants builds a strong foundation. The project requires each participant to be a self-directed learner, finding material and reading extensively alone. Each must work with two or

three colleagues to analyze and synthesize their findings into a creative 1-hour presentation.

During the content-oriented portion of the weekend, Fellows begin to generate questions sparked by guest speakers' presentations. A declaration of interest is often the initial stage in development of a working team for the following 2 months. On Sunday morning, the large group divides into three or four project teams. By the second weekend, participants assume responsibility for this process; generating questions, designing manageable projects, and carrying them through. Each participant is encouraged to take on the leadership role in a small group at least once during the year. Team leaders remain in contact with program facilitators to inform them of project development and to seek advice on team management as needed.

Table 1. Participants 1994 to 1996

PROVINCE	PARTICIPANTS
British Columbia	6
Alberta	2
Manitoba	2
Ontario	9
Quebec	5
New Brunswick	5
Nova Scotia	2
Newfoundland	1
International (West Indies)	2
TOTAL	34

The choice of project topics indicates their relevance to participants in their own situations and in their role as family physicians. Teams bring a broad geographic perspective to each issue. Development of presentation skills and receiving constructive feedback from peers following actual presentation contributes to developing leadership skills. As participants grow more knowledgeable and comfortable, feedback becomes more specific and constructive.

Time constraints are important for family physicians in their selection of continuing medical education programs. In addition to the weekend sessions, approximately 60 to 80 hours are spent between sessions working on group projects. Although conference call schedules are set and tasks are assigned

Table 2. Program rating by participants, 1994 to 1996

PROGRAM ELEMENT	1994	1995	1996	AVERAGE
Education weekend	1.45	1.69	1.50	1.56
Management weekend	1.65	2.21	1.83	1.92
Communications weekend	1.65	2.03	1.54	1.76
Critical appraisal weekend	1.20	2.42	1.50	1.75
Principles of family medicine weekend	1.70	1.93	1.70	1.79
Program structure	1.63	1.86	1.83	1.78
Course content	1.16	1.42	1.65	1.41
Guest speakers	1.53	2.06	1.61	1.75
Course outcomes	1.10	1.28	1.20	1.20

Range 1—excellent to 4—poor

through group consensus, participants can experience difficulties managing their time, effectively communicating their requests to one another, and coordinating work responsibilities. This is where teamwork and leadership skills are learned; later projects show improvement.

Funding

The program is supported by the University of Toronto Department of Family and Community Medicine. Revenues are generated through tuition fees and generous support from the pharmaceutical industry. Fellows also rely on their own universities for financial support. The total budget for the program ranges from \$35 000 to \$45 000 each year.

Evaluation

Feedback from the first 3 years has been extremely positive. Informal feedback is conducted at the end of each activity. At completion of the final weekend, participants are asked to evaluate the course quantitatively and qualitatively. Quantitative data are gathered on program structure (facilities, cost, administrative support), course content (relevance, education level, interaction with facilitators), course outcomes (attendance, future applicability, projects), and guest speakers. Each aspect of the program is rated on a 4-point scale where 1 is excellent and 4 is poor. **Table 2** shows program ratings from 1994 to 1996.

In addition to these quantitative ratings, we have collated qualitative feedback received as written comments. **Figure 1** outlines the most important

characteristics of the program as identified by 34 participants over 3 years. One or two individuals identified other characteristics, such as the bilingualism of the program, the promotion of adult learning, the enjoyable learning atmosphere, the opportunity to build self-confidence, and the safe learning environment where chances can be taken.

When program participants were asked in what leadership activities they became involved as a direct result of the course, they reported the activities outlined in **Figure 2**. They also described taking on leadership of a family medicine centre, becoming Chair of a CFPC national committee, becoming more proactive for change in their work environments, and becoming Chief of Staff at the local hospital.

Figure 3 outlines the academic outcome reported by program participants. They reported having made presentations to residents, hospital administrators, and community groups and agencies as a result of the program.

Networking at the Section of Teachers workshop

The final weekend is held at the annual CFPC Section of Teachers meeting to encourage Fellows to become familiar with our academic professional association. The session is attended by the College President and other leaders in family medicine. After 2 years of annual presentations, leaders in the CFPC suggested that the Fellows' alumni group continue to function as a "think tank" for the College for tasks or projects requiring a national perspective. Materials produced

Figure 1. Major themes in Fellows' program evaluation (n = 34)

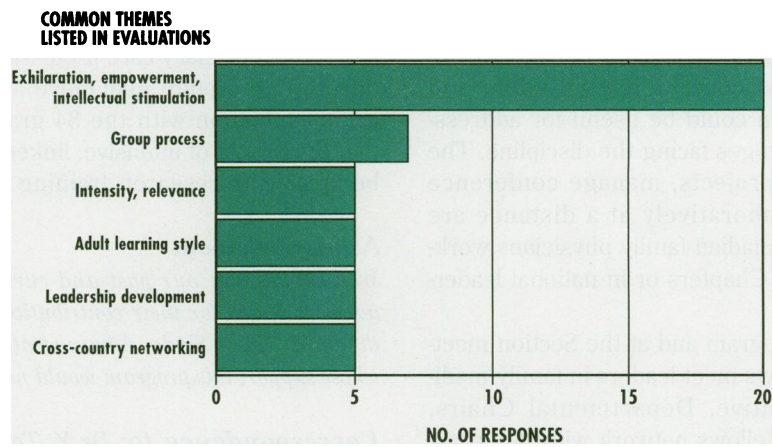


Figure 2. Leadership activities resulting from program (n = 34)

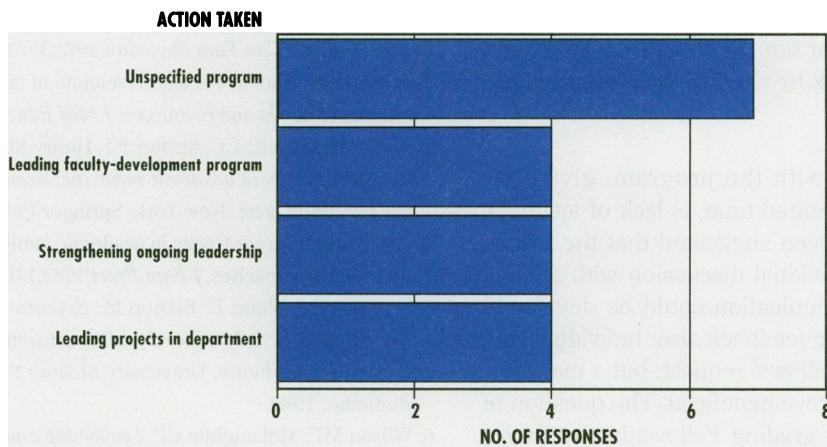
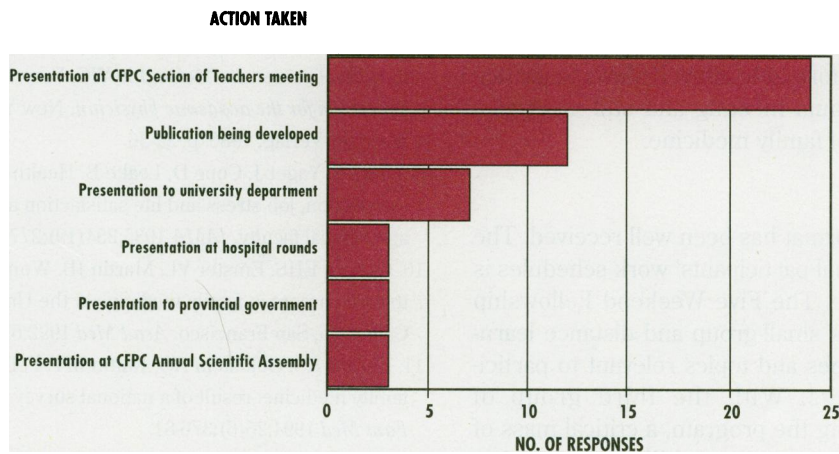


Figure 3. Academic outcomes of program (n = 34)



by the Fellows have been requested by CFPC committees. The groups' communication skills and national representation could be useful for addressing some of the challenges facing the discipline. The capacity to develop projects, manage conference calls, and work collaboratively at a distance are important skills for Canadian family physicians working in their provincial Chapters or in national leadership positions.

Throughout the program and at the Section meeting in particular, Fellows meet leaders in family medicine (College Executive, Departmental Chairs, Program Directors). Fellows network with other faculty from across the country and present many of their projects to a national audience. The Section of Teachers workshop has also become the forum for an annual meeting of Five Weekend Fellowship Program alumni. Fellows are invited to sit in on the Friday presentations of the current group to extend the Fellowship network by sharing their experiences.

Future challenges

One great difficulty with the program, given the group focus and the limited time, is lack of feedback to individuals. It has been suggested that the Friday mornings include individual discussion with facilitators. Electronic communication could be developed as a means of providing feedback also. Individual consultations happen at Fellows' request, but a more formal approach might prove beneficial. The question of formally evaluating or grading Fellows is also under discussion and would become necessary if graduate studies credit were to be given.

Another challenge is the final weekend at the Section meeting, which is very rich in opportunities but has also been found to be distracting for Fellows who would like to attend some other sessions. We have yet to alter the format to allow Fellows to participate fully in the annual meeting and still meet as a group with leaders of family medicine.

Conclusion

This time-efficient format has been well received. The intrusion on individual participants' work schedules is diffused and flexible. The Five Weekend Fellowship Program emphasizes small-group and distance learning, presenting themes and topics relevant to participants' local settings. With the third group of 12 Fellows completing the program, a critical mass of leaders with strong networking skills is developing across the country. (A similar process is currently in use to introduce the four principles of family medicine

to Brazilian primary care professionals.⁴⁶) We are conducting a thorough qualitative and quantitative program evaluation with the 34 graduates. We believe that the format of intensive, linked weekends can also be applied to research training and education. ♣

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