Innovations in Family Medicine Education

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Feature Editor

Editor’s Note: Send submissions to jfreeman3@kumc.edu. Articles should be between 500–1,000 words and clearly and concisely present the goal of the program, the design of the intervention and evaluation plan, the description of the program as implemented, results of evaluation, and conclusion. Each submission should be accompanied by a 100-word abstract. Please limit tables or figures to one each. You can also contact me at Department of Family Medicine, KUMC, Room 1130A Delp, 3901 Rainbow Boulevard, Kansas City, KS 66160. 913-588-1944. Fax: 913-588-2496.

An Interactive Approach to Teaching Practice Management to Family Practice Residents

Max Bayard, MD; Catherine R. Peeples, MPH; Jim Holt, MD; Daniel J. David, MD

Three years ago, our residency program began a new approach to teaching practice management to our second- and third-year residents. The underlying principles for the new curriculum involved a realization that our residents lacked basic business understanding and that they would likely learn more effectively through a hands-on approach. The new curriculum, which we describe in this article, is in large part built around the establishment of a mock practice during the second year of residency. Although the curriculum is still evolving, initial response and evaluation have been encouraging.

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Three years ago, the required practice management training in the Johnson City Family Practice Residency Program at East Tennessee State University consisted of (1) a 2-day didactic workshop at the beginning of the second year and (2) a monthly 4-hour session in which third-year residents met informally with local physicians for an interactive discussion about issues related to managing a medical practice. Informal surveys and a focus group session with our residents indicated that this format was not adequately preparing them for the “business” of medicine.

We conducted a literature search to identify the methods other family practice residency programs were using to teach practice management and to evaluate their success. The results showed that the majority of programs relied on lectures supplemented with additional learning experiences. Supplemental activities included working in the residency program’s business office, working in other family physicians’ offices, attending workshops, and participation in independent projects. Programs that used special projects and personal involvement of the residents appeared to be more effective in preparing residents for the business of medicine.1,2

Curriculum Development

In the spring of 2000, our third-year residents volunteered to participate in a new experimental approach to learning practice management. During monthly half-day workshops, speakers presented various topics related to establishing a medical practice, and the group used this information to develop a mock practice. At the conclusion of this initial refocused teaching effort, resident response was positive.

From the Johnson City Family Practice Residency Program, East Tennessee State University.
In July 2000, both second- and third-year residents were included in monthly half-day workshops, with the long-range goal of developing a 2-year curriculum. We used the American Academy of Family Physicians (AAFP)’s core educational guidelines for practice management training to identify specific topics to be covered. The new format included local experts who reviewed each topic in a lecture or discussion format. Subsequently, residents broke into small groups to establish a mock practice together. Time was allocated each month for the residents to study various aspects of establishing a medical practice. The overall effort again met with a favorable response from the residents.

Current Activities
In July 2001, the course was expanded into a 2-year curriculum. During their PGY-II year, residents attend one half-day session per month from August through May. PGY-III residents attend a 1-hour session each month.

The PGY-II curriculum is built around the development of a mock practice. The residents are divided into two groups, and each group has the flexibility to decide the specifics of the practice they desire to develop. The monthly sessions cover a variety of topics that give residents information necessary to develop their mock practices. In June of the PGY-II year, each group of residents describes the elements of their practices to fellow residents and faculty in a PowerPoint presentation format.

Monthly sessions consist of three basic components. During the first part of the session, we review group assignments from the previous month. Next is a didactic session, in which guest speakers with expertise in the day’s topic are invited; they present their information in an interactive lecture-discussion format. Following the didactic session, residents break up into their groups to apply the information obtained to the development of their mock practices. In addition, most of the sessions conclude with a group or individual assignment designed to encourage the residents to begin thinking about the topic to be discussed during the following

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Table 1

Resident Self-assessment Before and After the Practice Management Curriculum

For each of the following general areas please indicate what you felt your knowledge/comfort level was with assessing and/or managing each:

- 0 = "none" (no knowledge or comfort with this area)
- 1 = "some" (definitely need to know a lot more)
- 2 = "moderate" (fairly comfortable with this area, some gaps to fill in)
- 3 = "strong" (know a fair amount, probably don’t need much more instruction)
- 4 = "excellent" (feel very comfortable with this area, no need to spend time here)

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>July 2000</th>
<th>July 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determining and balancing personal and professional goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessing practice opportunities (eg, location, mode of practice, configurations, employment agreements/contracts)</td>
<td>1.60</td>
<td>3.00</td>
</tr>
<tr>
<td>Practice facilities (eg, location, design, financing, equipment, inventory and supplies, lab, X-ray, etc.)</td>
<td>1.10</td>
<td>2.71</td>
</tr>
<tr>
<td>Office organization (eg, chain of command, number/type of staff, computer systems, etc)</td>
<td>1.30</td>
<td>3.07</td>
</tr>
<tr>
<td>Practice operations (eg, patient flow/scheduling, policies/procedures, medical records, phone systems, management, etc)</td>
<td>.42</td>
<td>2.86</td>
</tr>
<tr>
<td>Office and business management (eg, taxes and insurance, monitoring the business, personal financial planning, billing, contracting, etc)</td>
<td>.14</td>
<td>2.28</td>
</tr>
<tr>
<td>Medical records (eg, storage/filing systems, release of information, type and structure of record, etc)</td>
<td>1.00</td>
<td>3.14</td>
</tr>
<tr>
<td>Staff and personnel policies (eg, employee relations, labor laws, records)</td>
<td>1.10</td>
<td>2.57</td>
</tr>
<tr>
<td>Regulatory issues (eg, OSHA, CLIA, HCFA compliance, HIPAA, etc)</td>
<td>.40</td>
<td>2.57</td>
</tr>
<tr>
<td>Legal issues (eg, the physician-patient relationship, communication, most common reasons for litigation, types of malpractice insurance, etc)</td>
<td>.71</td>
<td>2.57</td>
</tr>
<tr>
<td>Hospital issues (eg, medical staff membership, privileges, etc)</td>
<td>.43</td>
<td>2.43</td>
</tr>
<tr>
<td>Marketing (eg, marketing strategy, patient retention strategies, etc)</td>
<td>.43</td>
<td>2.86</td>
</tr>
<tr>
<td>Resources (eg, selecting attorneys, accountants, financial planners)</td>
<td>.29</td>
<td>2.43</td>
</tr>
</tbody>
</table>
month’s session. For example, we will have the group decide which procedures they wish to do and why they would like to do them. The next month’s didactic will then focus on office procedures from a practice management perspective, including coding, billing, reimbursement, and costs of purchasing and maintaining necessary equipment for the procedures.

Third-year residents meet monthly for an hour to discuss topics not addressed in the second-year curriculum or to reinforce those already addressed. Future plans are to cover these and other topics in a problem-solving format.

Our current faculty consists of members with various practice experiences. One faculty member established a solo private practice in a small community. Another was active in the management of a private small group. The third has expertise in managed care. The curriculum itself, however, is not strongly dependent on the experiences of our faculty. Individuals in our community with expertise in various fields lead most of the lectures. Our guest lecturers included an accountant, a hospital recruiter, a nurse practitioner, a representative of our university’s office of disability services, a laboratory technician, our office OSHA coordinator, and a local insurance agent. Additionally, our professional liability insurer also provides management resources and volunteered time to teach our residents about employee-related issues. Residents also report extensive use of resources from the literature that we make available to them in developing their practices.

Evaluation
Prior to the beginning of the PGY-II year, the residents took a self-assessment of knowledge/comfort with various practice management topics based on the AAFP’s educational guidelines. Residents ranked each of 13 topics on a scale of 0 to 4, with 0 representing “no knowledge/comfort” and 4 representing “excellent knowledge/comfort.” The results of this survey are found in Table 1.

Residents were also asked to evaluate the PGY-II curriculum. The residents “agreed” or “strongly agreed” that the course was beneficial, a positive experience, and that it had increased their interest and knowledge in practice management. Recommended changes included increasing coverage of managed care issues and credentialing. There also was some feedback that the workload was not distributed evenly in the groups. In the next year, we are changing the structure of the groups to address this issue.

Conclusions
The specific topics that we cover in our practice management curriculum are not original. However, the hands-on experience of developing a mock practice has proven to be the glue that holds the didactic sessions together and personalizes them for the residents. To date, both feedback from the residents and increased resident interest in practice management have been encouraging.

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References