University of Minnesota
Family Medicine Education Model

Education Model Overview

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Family Medicine Education Model

Overview

ABOUT US

Created in 1970 in response to a legislative mandate to train primary care physicians, the University of Minnesota Department of Family Medicine and Community Health remains committed to transforming and renewing family medicine and the primary care workforce through education, research, and patient care.

We are one of the largest departments in the University of Minnesota Medical School, reaching across two campuses: Twin Cities and Duluth. The department’s central administrative offices and the majority of its programming are located on the Twin Cities campus. The Duluth arm of the department focuses on training physicians who will practice in rural and Native American communities.

Our educational efforts include medical student education, resident education, fellowship training, and continuing medical education. See familymedicine.umn.edu/education-training for more information.

ABOUT THE MODEL

The University of Minnesota Department of Family Medicine and Community Health has developed an integrated education model for family medicine, following the continuum from medical school through residency. Through shared learning objectives and innovative experiences, the University of Minnesota Family Medicine Education Model ensures learners are well prepared for future clinical practice.

> View the medical student experience.
> View the resident experience.

The University of Minnesota Family Medicine Education Model promotes the Institute for Healthcare Improvement’s Triple Aim health care framework by providing high quality clinical care and improving patient satisfaction in an evidence-based, cost-effective way.

INFORMATION

About Medical Student Experience

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FAMILY MEDICINE EDUCATION STATS

• Medical School: Since 1980, the University of Minnesota Medical School has graduated more medical students entering family medicine residencies than any other allopathic school in the U.S. (AAFP, 2014).

• Residency: As of June 2016, the University of Minnesota has graduated more than 1,900 family medicine residents.

• Residency: Nearly 75% of University of Minnesota family medicine residents that graduated in 2015 stayed in Minnesota to practice.
Medical Student Experience

University of Minnesota medical students gain exposure to various aspects of family medicine.

**SUMMARY OF EXPERIENCES**

> Engage in continuity practice and develop therapeutic relationships
> Work in clinics with Health Care Home certification that use population-based methods and quality measures as well as a biopsychosocial approach to patient care
> Experience interprofessional care teams that manage patients and conditions
> Receive the opportunity to apply for a nine-month longitudinal, integrated clerkship focused on rural or urban medicine (Rural Physician Associate Program/Metropolitan Physician Associate Program) or enroll in a 12-week urban medicine clerkship (Urban Community Ambulatory Medicine) for deeper, more significant exposure to continuity of care

**EVERYDAY CLINICAL PRACTICE**

> Develop an accurate differential diagnosis list for common concerns seen in the family medicine clinic
> Determine which patients can be managed safely in the primary care clinic or need referral to the hospital or specialty setting
> Identify and perform common family medicine procedures
> Participate in shared decision-making centered on patient values and preferences
> Summarize evidence-based clinical findings and translate into language understood by patients

**PREVENTION AND HEALTH MAINTENANCE**

> Individualize health care maintenance recommendations
> Provide counseling and support for healthy lifestyle behaviors, e.g., counseling patients on smoking cessation

**ACUTE ILLNESS AND INJURY**

> Evaluate patients in clinic with common concerns, including ankle, knee, lower back, and shoulder injuries
> Assess and discuss a mental health problem, including whether or not a patient needs specialty mental health assistance

**CHRONIC CARE**

> Work with patients to identify and prioritize goals for management of chronic health conditions, like diabetes, asthma, or chronic pain
> Communicate effective chronic illness treatment and self-management plans
> Provide care for a patient situation that involves medical or social complexity

Continued →
What Medical Students Say

STRONG PRIMARY CARE SCHOOL
“I chose the University of Minnesota Medical School because of its national reputation as a ‘primary care’ school.”

EXCELLENT CLINICAL EDUCATION
“Family physicians taught me better than other specialists how to create a differential diagnosis for a common complaint in clinic.”

EXPOSURE TO PRACTICE MANAGEMENT
“UCAM [Urban Community Ambulatory Medicine] is the place in the curriculum I learned about the cost of care.”

COMMITMENT TO CONTINUITY OF CARE
“The Rural Physician Associate Program [RPAP] values student independence and continuity of care practice.”

TRANSITIONING FROM MEDICAL SCHOOL TO RESIDENCY: COMPETENCIES/MILESTONES
The University of Minnesota Medical School curriculum is organized into nine competency domains, which align closely with the Accreditation Council for Graduate Medical Education (ACGME) core competencies.

All University of Minnesota Medical School graduates are considered to be at Level One of the ACGME family medicine milestones by the time of graduation. However, specific experiences in the family medicine curriculum may enable University of Minnesota medical students to reach higher milestone levels in the areas of systems-based practice and practice-based learning and improvement by the time of graduation.

The University of Minnesota Department of Family Medicine and Community Health is involved in medical student education across the Medical School’s two campuses: Twin Cities and Duluth.

Medical student education activities include leading and directing medical student courses/clerkships, supporting the coordination of family medicine interest groups, mentoring medical students interested in family medicine, and arranging one-to-one work with community preceptors.

The Duluth arm of the department focuses on educating the next generation of physicians to serve the needs of rural and American Indian communities.
Resident Experience

University of Minnesota family medicine residents practice full spectrum family medicine. Residents manage a panel of their own patients in both the clinic and hospital, with a mix of preventive, acute, and chronic care. They develop efficient, effective methods to address primary care medical problems.

SUMMARY OF EXPERIENCES

> Practice continuity of care and develop therapeutic relationships
> Utilize population-based methods and quality measures as well as a biopsychosocial approach to patient care
> Lead interprofessional teams that manage patients and conditions
> Gain awareness of the cost of care and exercise judicious resource stewardship
> Develop the interpersonal skills needed to thrive as a physician in a modern primary care group practice
> Receive opportunities for development of personal interests in a variety of areas, such as medical teaching, research, geriatrics, and international health
> Practice shared clinician and patient decision-making to create patient-centered care plans that take into account patient values and preferences as well as medical evidence
> Facilitate family meetings and care conferences
> Develop plans for patients with ambiguous, clinically undifferentiated presentations

PATIENT ENGAGEMENT

> Knowledge of the social determinants that influence the health of patients and their families
> Provide care to the “whole person” which blends consideration of biological, psychological, and social influences
> Practice shared clinician and patient decision-making to create patient-centered care plans that take into account patient values and preferences as well as medical evidence
> Facilitate family meetings and care conferences
> Develop plans for patients with ambiguous, clinically undifferentiated presentations

PHYSICIAN LEADERSHIP

Help build, operate, and practice in a team-based patient-centered medical home connected to the larger community and health system

> Use modern health information tools to improve patient care and population health management
> Lead clinical decision-making in interprofessional teams to effectively manage a patient panel
> Facilitate health behavior change with patients
> Navigate the continuum between inpatient and outpatient care
> Use systematic quality improvement methods to improve patient outcomes

SELF AWARENESS

> Identify when peer consultation is needed
> Learn when own skills and knowledge need to be updated

Continued
What Residents Say

EXCELLENT FULL SPECTRUM TRAINING
“Intensive training, with a focus on preparing graduates to go into any setting and hit the ground running.”

RIGHT BALANCE OF AUTONOMY AND SUPPORT
“Just the right balance of self-directed learning and teaching.”

COMMITMENT TO THE COMMUNITY
“Commitment to the community and recognition of the impact of social determinants of health.”

STRONG CONTINUITY OF CARE EXPERIENCE
“Encouraged to think critically and take ownership of my patients.”

The University of Minnesota has eight family medicine residencies—five in the Twin Cities and three in Greater Minnesota.

> Duluth
> Mankato
> Methodist
> North Memorial
> St. Cloud
> St. John’s
> St. Joseph’s
> University of Minnesota Medical Center

Each program is distinguished by its community, unique feel, and curricular strengths, but all share in the commitment to full spectrum family medicine training.

More
Information for Employers

University of Minnesota family medicine residency graduates are prepared to practice full spectrum family medicine, caring for patients in the clinic and/or hospital.

SUMMARY OF QUALIFICATIONS
Graduates are prepared to provide acute, preventive, and complex care.

> Understand roles of team members, including nurses, medical assistants, behavioral health professionals, care coordinators, pharmacists, social workers, patients, and families

> Use modern panel management tools, such as registries and electronic health records for systematic approaches to care of populations (including methods for non-visit care)

> Lead clinical decision-making within a team

> Apply shared decision-making principles when more than one reasonable option exists and choice depends on patient values and preferences

> Perform office-based procedures common to family medicine

> Apply patient-centered communication skills to care delivery and building continuity of care

QUALITY IMPROVEMENT AND PATIENT SAFETY
Graduates are prepared to reduce errors and waste.

> Recognize reliable systems of care and standard work as necessary for effective, safe team care

> Participate in quality improvement processes

> Evaluate practice panel with data, patient feedback, and other tools

BASIC SCIENCES AND MEDICAL KNOWLEDGE

> Use contemporary information tools to retrieve updated medical knowledge and facts

> Apply evidence-based critical thinking to inform patients of the risks and benefits of treatments

PROFESSIONALISM AND ACCOUNTABILITY
Graduates are prepared to act as a professional clinician, demonstrating respect, reliability, and accountability to patients, team members, their employer, and beyond.

> Exercise leadership in formal and informal roles

> Effectively self regulate:

1. Know own limits of knowledge, skill, and comfort

2. Recognize when to seek peer consultation, education, advising, or coaching

3. See own biases and potential for conflicts of interest

> Embrace the goal of life-long learning, and take advantage of opportunities to direct own learning

GO TO: Info about Medical Student Experience  Info about Resident Experience