



The Value of AAIM to Your Department of Medicine

Guidance about the ACGME Resident Survey

The ACGME Resident Survey is a major stressor for residency faculty and staff every year. The lack of clarity about implications of the survey for accreditation, vague and confusing language for trainees, and the pressure to make changes in their program to improve the results of the survey make leaders and learners alike anxious. Collaborating with RC-IM and ASP, APDIM developed a slide set to educate learners and a program directors' FAQ to help members get accurate answers to the biggest questions surrounding the preparation for and results of the ACGME Resident Survey.

[Find the resource online](#)

Coming Soon: AAIM Statement on Point of Care Ultrasound in Residency Training

The Alliance recognizes and supports the integration of POCUS across the longitudinal training environment of undergraduate, graduate, and continuing medical education for internal medicine. From helping to teach medical students anatomy and the physical exam to increasing diagnostic accuracy and decreasing procedural complications amongst residents, fellows, and practicing physicians, POCUS has demonstrated broad utility within internal medicine. This broad and rapid uptake underscores the need for medical school and residency programs to better prepare their trainees in POCUS for post-residency careers.

Look for the statement in the literature later in 2019!

Brand New Resource: Primary Care Track Toolkit

In this toolkit, the APDIM Primary Care Forum offers best practice resources and lessons learned to improve every program, including a "nuts and bolts" guide to starting a primary care track, interesting curricula, and creative scheduling ideas.

Look for the toolkit on www.im.org/pccurriculum!

Resources to Combat Application Inflation

- Data about the Match from NRMP and ERAS
- Tips for Student Advisors, Applicants, and Residency Programs
- Drivers, Consequences, and Potential Solutions
- AAIM Statement on Supplemental Applications

Find these resources at www.im.org/application-inflation

Coming Soon—Nested Domains: A Global Conceptual Model for Optimizing the Clinical Learning Environment

The AAIM Collaborative on Learning and Working Environment Optimization developed a novel conceptual model for the LWE consisting of four nested domains that interact as a system. This model supports a comprehensive approach to LWE optimization and promotes communication and collaboration among stakeholders. Understanding the reactive, holistic, and proactive applications for this model permits frontline educators and clinicians to leverage it to optimize their unique local LWE.

Look for the model and its applications in the July and August 2019 AAIM Perspectives in *AJM*!

Faculty Development Resources to Improve Written Qualitative Feedback and Assessment

Providing Structure to Written Qualitative Feedback: The BOSS Framework

This guide helps clinical educators provide specific behaviorally-oriented written feedback to resident and fellow physicians. Faculty will recognize the components of effective written qualitative feedback, develop statements for written feedback that employ the BOSS methodology (Brief Observation, Significance, and Suggestions), and assess the quality of written feedback based on the opinions of learners.

Visit www.im.org/faculty-development-resources to learn more!

Coming Soon: Tackling the Problem of Ambulatory Faculty Recruitment

Despite the need for robust ambulatory education, internal medicine educators face difficulties in recruiting ambulatory training sites for both students and residents. An evolution of a CDIM Council-APM Council collaboration, this paper uses survey data and workshop responses to propose solutions to the ever-present barriers, particularly in UME.

Look for the recommendations in the literature later in 2019!

Guidelines for DOM Summary Letters

- Send by October 1 to maximize availability
- No longer than two pages
- Include statement regarding preparation of letter
- Should describe:
 - Key DOM rotations
 - Grade distribution
 - Detailed narrative description of student performance
 - Student grade for rotation
 - Overall assessment of applicant as a candidate
 - Numerical statement of where student stands relative to other students in class, based on experiences in department

Learn more at www.im.org

Coming Soon: AAIM Guidelines for Interview and Post-Interview Communication

Program inquiries into rank order lists, locations of other interviews, and geographic preferences are widely reported as well as are frequent questions about relationship status, family planning, sexual orientation, and religion across internal medicine during residency and fellowship recruitment. AAIM charged a cross-council, cross-committee task force to draft new guidelines and faculty development tools to respond to challenges in the current environment.

Look for the recommendations as well as the applicant and faculty resources on www.im.org later in 2019!

Verification of Graduate Medical Education Training

The American Hospital Association, with substantial input from AAIM, released an updated version of the Verification of Graduate Medical Education Training (VGMET) form in July 2018. Designed to streamline and standardize the residency verification process and meet hospital credentialing needs, the template letter and form provide the necessary information to meet credentialing needs while reducing the need for residency programs to complete multiple requests for information.

AAIM encourages adoption and use of this form to ease the workloads of program directors and administrators during this important transition point from residency to practice.

AAIM Internal Medicine Subinternship Curriculum 2.0

Recently released, the updated curriculum is based on the four skills that residency program directors expect from incoming interns and are mapped to the core EPAs for entering residency as well as a special section on medical student wellness. The competencies and skills shown will enhance the likelihood that learners entering your training programs are well prepared and ready to assume appropriate responsibilities at the outset.



[Download it from the Curriculum page in Resources on **www.im.org**](#)

Curated Milestones Evaluation Exhibit

Best practice for evaluating residents and therein the efficient and accurate conduct of the Clinical Competency Committee is of vital importance. This product is the result of curating numerous approaches and selecting the best so that others can incorporate them into their training programs. So doing results in more accurate assessment of and feedback to residents and it results in more efficient use of faculty time.

Instruments are grouped by program size, academic setting, and clinical setting /area of use.

[Find this resource online](#)

Guidelines for Standardized Fellowship Letters of Recommendation

AAIM has endorsed new standards for the [program director letter of recommendation \(LOR\)](#) for fellowship applicants. These guidelines improve reliability and efficiency through standardization, while continuing to allow advocacy and discussion of applicant characteristics.

- Easier to interpret LORs for both novice and experienced faculty
- Consistent mention of six core competencies
- Easier comparison of applicants

[Read the *AAIM Perspectives* paper](#)

Uniform Fellowship Start Date

Through the work of the AAIM Resident to Fellow Interface Committee in conjunction with the subspecialty societies and a consortium of cross-specialty organizations, **AAIM recommends that all subspecialty internal medicine fellowship programs begin no earlier than July 1.** This recommendation is aimed at relieving stress on trainees not to mention legal risk owing to dual employment.

An Entrustable Professional Activity-Based Framework to Prepare Fourth-Year Medical Students for Internal Medicine Careers

Published in the November 2017 issue of Journal of General Internal Medicine, the AAIM Medical Student to Resident Interface Committee developed a curricular framework to prepare students, based on five core EPAs for entering residency: entering orders, forming and answering clinical questions, conducting patient care handovers, collaborating inter-professionally, and recognizing patients requiring urgent care and initiating that care. Minimizing the competing demands of the transitional phase of the fourth year and defining these important elements will ensure new residents can function safely and competently in supervised postgraduate settings. Importantly the skills and competencies that result from this approach lead to better habits that are carried into fellowship.

Tools for Your Clinical Competency Committee

Resident/Fellow Engagement

Video presentation on how to engage trainees before, during, and after CCC meetings inspired by the ACGME directive that residents and fellows must be engaged in their learning and assessment.

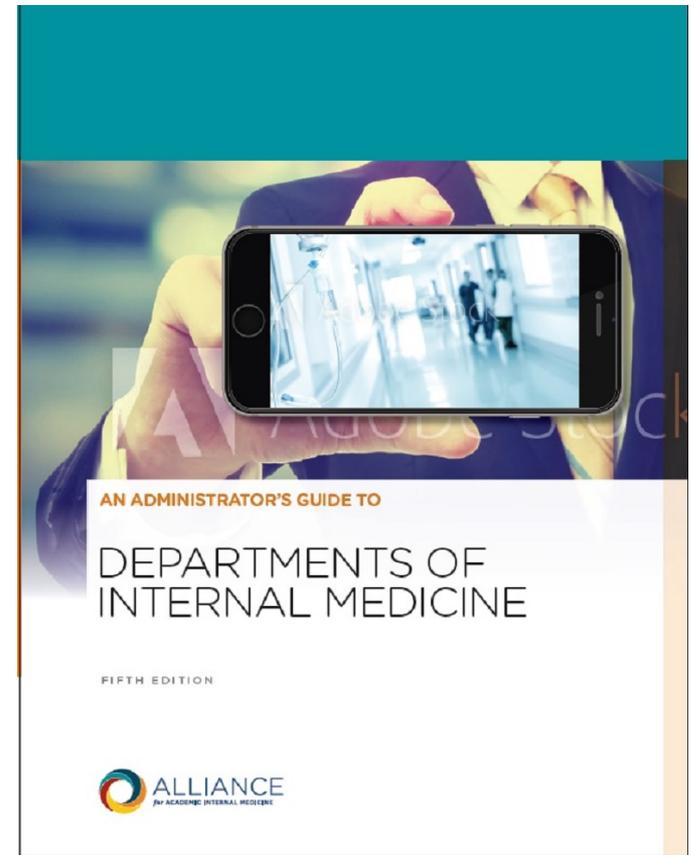
[Find CCC resources online](#)

Faculty Development Modules

- Rater Feedback Training
- SWOT Workshop
- Shift Cards in the Trainee Outpatient Clinic
- Art and Science of Trainee Assessment

An Administrator's Guide to Departments of Internal Medicine Fifth Edition Now Available

- Completely revised with easy to read, short chapters and quick reference material
- Available on Amazon in print and e-book formats
- A valuable aid to administrative support for all training programs



[Learn more and purchase the Guide online](#)

Scholarship Pearls

Developed by the CDIM Survey and Scholarship Committee and relevant to all educationally focused faculty, these pearls are brief online modules in key areas of professional development:

- Survey Design
- Writing Workshop Proposals
- Designing Posters
- Peer Reviewing for Journals

Available in Resources on
www.im.org



The Challenges of Teaching Ambulatory Internal Medicine: Faculty Recruitment, Retention, and Development--An AAIM/SGIM Position Paper

In the face of widespread reporting about difficulty in recruiting and retaining ambulatory clinician educators, AAIM and SGIM members collaborated to focus on how to engage and support talented faculty. Using a literature review and a series of interviews, the group discussed, prioritized, and mapped concepts regarding optimal features of ambulatory education in UME and GME settings to prepare proposed solutions, including mentoring, incentives, and institutional investment. These findings are relevant beyond the core residency and readily extend to subspecialties with a substantial ambulatory teaching component.

[Read the AAIM Perspectives paper at www.im.org](http://www.im.org)

Residents and Fellows as Teachers Online Modules

Each module includes a downloadable 10 to 15 minute introductory PowerPoint that highlights key teaching strategies. Modules are supplemented with additional cases, teaching tools, and progress note templates that include original and annotated notes.

- Oral presentations
- Physical exams
- Progress notes
- Feedback
- Professionalism
- Clinical reasoning
- Conflict resolution
- Teaching when working up a new patient

Get the resources

(requires log in)

Tools for Your Clinical Competency Committee

Resident/Fellow Feedback

- CCC evaluation checklist
- Trainee self- assessment
- CCC reviewer script
- Examples of completed evaluation and presentation scripts for high performing and below average resident

New Competency

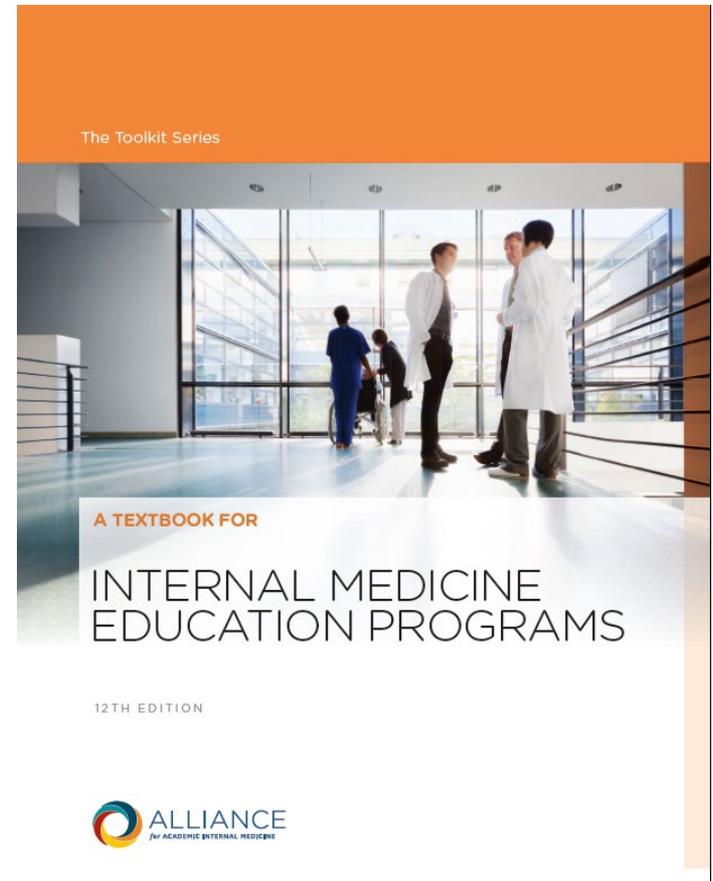
Proposal for a potential new subcompetency on efficiency/executive function

[Find CCC resources online](#)

TIMEP: Get the New Edition Today!

- The seminal reference!
- 12 new chapters and more than 20 updated chapters
- Available on Amazon in print and e-book formats

Order TIMEP online



AAIM-ACP High Value Care Curriculum

Version 4.0 Now Available!

- Compressed into six modules
- Can be completed in six hours
- Audio and video content
- Robust program director toolbox: measure curricular impact and individual resident performance in HVC

[Download the curriculum for free](#)

Coming Soon! Best Practices for Physician-Scientist Training Programs: Recommendations from AAIM

In 2017, AAIM conducted a survey to better understand how individual PSTPs organize and operationalize their training experiences. Using the results, the Alliance brought together a consensus conference of experts, who worked in small groups to identify best practices and continuous improvement strategies for PSTPs. AAIM is now convening on a regular basis those devoted to the research component of a trainee's experience so that best practices can be disseminated and research program directors can learn from one another.

Read the *AAIM Perspectives* paper in May 2018 at www.im.org

Balancing Service and Education: An AAIM Consensus Statement

ACGME resident survey items about service versus education are ambiguous and the concept of service versus education creates a false dichotomy. The Alliance believes that service is part of practicing medicine and that deliberate practice in provision of patient care is crucial to active learning. However, excessive reliance on residents and fellows for nonphysician activities may detract from education. To help guide future discussion, the AAIM Education Committee developed this consensus statement characterizing “service” and “education.”

[Read the *AAIM Perspectives* paper](#)