



# 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 survey make leaders and learners alike anxious. Collaborating with RRC-IM, AAIM developed a program directors frequently asked questions (FAQs) document. These FAQs help programs get accurate answers from their residents to the biggest questions surrounding the preparation for and results of the ACGME Resident Survey. This document will help programs avoid being bogged down in answering questions raised by a Resident Survey that are the result of poor understanding of the question by residents and fellows.

**[Read more on guidance about the ACGME Resident Survey](#)**

# 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 \[www.im.org\]\(http://www.im.org\)](#)**

## 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.

**[Visit UME/GME Program Resources online for more information](#)**

## Verification of Graduate Medical Education Training

The Internal Medicine Education Advisory Board (IMEAB) led by AAIM provided feedback to the American Hospital Association on the Verification of Graduate Medical Education Training (VGMET) form. IMEAB found that program directors and credentialing organizations often have varying definitions of non-probationary remediation. These changes will enhance uniform interpretability. Given the permanence of data reported to state medical boards and potential credentialing-related barriers that may result, the recommendations offer clarity to avoid adverse long term consequences on trainees. These clarifications are a service to both programs and trainees.

**[Find the FAQs 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.

[View the videos](#)

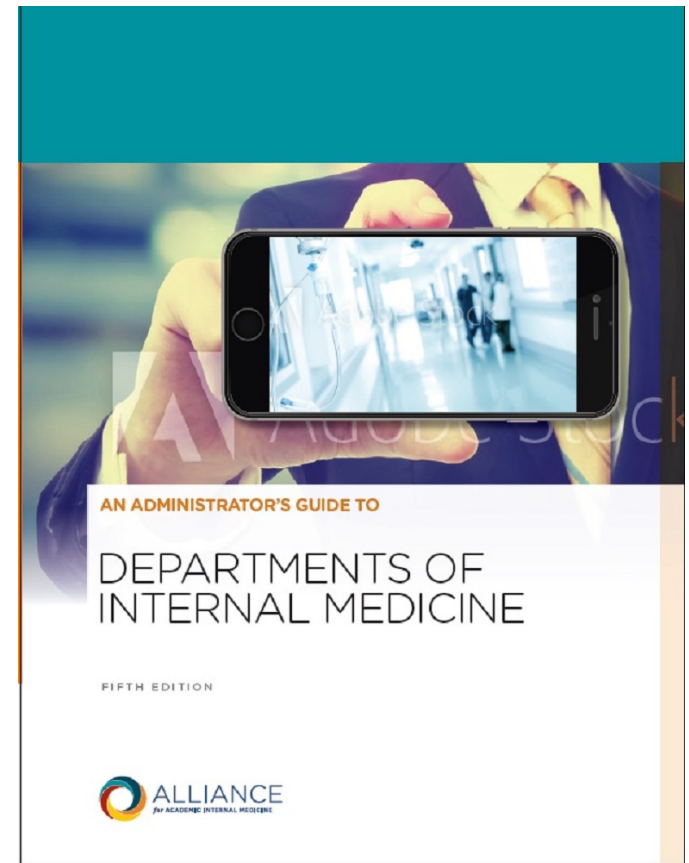
## Faculty Development Modules

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

[Access the modules](#)

## ***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](http://www.im.org)**  
(requires log in)



# 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 \[www.im.org\]\(http://www.im.org\)](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

**[Available in Resources on www.im.org](http://www.im.org)**

(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

[Access the tools](#)

## New Competency

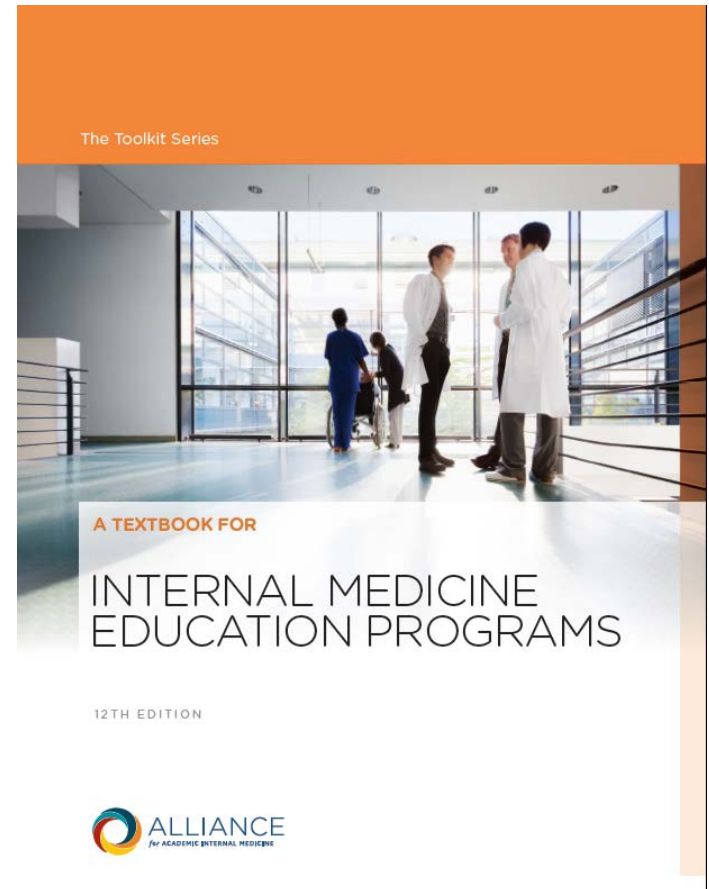
Proposal for a potential new subcompetency on efficiency/executive function

[See the proposal](#)

## **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](http://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](#)**