Table 1

Core Competencies for Family Medicine Educators

Leadership
Exhibits integrity, knows self, recognizes and accepts strengths and weaknesses in self and in others
Communicates clearly, openly, honestly, and concisely
Listens to individual's perspectives and encourages individual's initiative and growth
Resolves conflicts, negotiates well, fosters collaboration and cooperation
Establishes trust, values diverse perspectives and talent
Encourages individual initiative, mentors individuals to achieve success
Administration
Communicates effectively in oral, written, and electronic form
Uses technology relevant to one's job
Identifies personal style preferences and how to interact with others
Manages time, sustains one's well-being, balances work and personal needs
Conducts effective meetings with clear agenda and action plan
Plans a career strategy and accurately assesses one's strengths and weaknesses
Works within the confines of mission-based management
Understands ethical underpinnings of one's job and acts accordingly
Teaching
Demonstrates content knowledge
Organizes and conveys major teaching points at a level appropriate to audience
Engages learners, keeps on task, avoids domination
Solicits questions, summarizes main points to reinforce learning
Identifies learner needs
Negotiates learning objectives and selects appropriate teaching methods
Presents a lecture on a clinical or educational topic
Enhances presentation with effective audiovisual aids and handouts
Designs and uses evaluation to make improvements
Uses learner strengths and deficiencies to establish future learning activities
Demonstrates one-on-one teaching
Facilitates small-group sessions
Research
Teaches skills of accessing, analyzing, and applying medical literature to clinical practice
Role models the practice of evidence-based medicine for learner
Becomes an expert in a body of knowledge
Formulates researchable questions; designs, collects, and analyzes data
Evaluates findings and draws conclusions based upon findings
Participates actively as a member of a research team, including statistical consultants
Adheres to guidelines and regulations regarding the ethical conduct of research and use of human subjects
Balances competing faculty obligations to achieve research goals

Table 1

(continued)

Medical Informatics
Reads and accesses medical literature on the World Wide Web
Evaluates medical literature and translates into clinical and professional practice
Demonstrates basic computer knowledge and skills, utilization of hardware and software
Demonstrates communication skills using e-mail, networking, centralized and distributed integrated systems, multimedia work stations, medical language and classification, database management systems
Understands, teaches, and practices evidence-based medicine
Care Management
Discusses the history and financing of health care, principles of cost control, and resource allocation
Defines principles of shared financial risk among provider, patient, and payor
Discusses increased provider accountability for quality of care delivered, role of reimbursement in influencing care decisions
Teaches vocabulary and principles for effective functioning in managed care organizations (MCOs) and integrated health systems
Acquaints learners with models for assessing performance and delivery
Explains and implements utilization review concepts
Explains and applies concepts of cost-benefit analysis to determine best quality of care at minimum cost
Describes the barriers to health care access
Multiculturalism
Promotes individual self-awareness of multicultural differences and practices nonjudgmental interactions at all levels of medical training and practice
Describes changing demographics of various populations locally and nationally
Identifies the cultural epidemiology of health and illness problems of specific ethnic groups
Meets defined local health needs of selected minority, ethnic, and at-risk populations
Discusses the effects of cultural perspectives on medicine, health, illness-seeking behavior
Advocates for cultural competence in health care organizations and professional groups

is a minimum level needed to achieve an independent research agenda. Achieving and sustaining this level is difficult in most family medicine programs; larger departments often have faculty with research percentages of 80%–100%. We believe the process described here could be used by any discipline to develop a similar, discipline-specific set of competencies.

Identification of competencies for resident education is a major emphasis of the ACGME.[8] Recent efforts have expanded the competency constructs to clinical and preclinical medical education.[10-12] All of these projects have begun with expert panel reviews to identify competencies to be taught and evaluated. The usefulness of this movement will be assessed by the clarity brought to program development and evaluated by the effect on the product of medical education.[6] Long-term evaluations of programs that use such checklists for guiding individual and institutional faculty development are needed to validate these expert panel-derived tools.

Corresponding Author: Address correspondence to Dr Harris, Mercer University School of Medicine, 1550 College Street, Macon, GA 31207-0001. 478-301-5133. Fax: 478-301-2547. harris_d@mercer.edu.

REFERENCES

1. Boyer EL. Scholarship reconsidered: priorities of the professoriate. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1990.
2. Simpson D, Hafler J, Brown D, Wilkerson L. Documentation systems for educators seeking academic promotion in US medical schools. Acad Med 2004;79:783-90.
3. Reznich CB, Mavis BE. Pilot test of family medicine faculty development fellowship accreditation guidelines. Fam Med 2000;32(10):709-19.