

# Communication in a Complex Family Medicine Department



**James T. Pacala, MD, MS**  
**Professor and Head**  
**Family Medicine and Community Health**





***One relevant disclosure***


# Objectives

- 1. Outline the obstacles to effective communication in FM departments.**
- 2. List different types of communication modalities**
- 3. Evaluate alignment of department structure with communication**
- 4. Cite possible benefits and costs of producing a departmental dashboard**

# Departmental Activities

Programmatic Sites

	Clinical	Education	Research	Faculty Affairs	Advocacy & Policy	Philanthropy
North Memorial	Active	Active	Active	Active	Active	Active
Duluth	Active	Active	Active	Active	Active	Active
Mankato	Active	Active	Active	Active	Active	Active
Methodist	Active	Active	Active	Active	Active	Active
UMMC	Active	Active	Active	Active	Active	Active
St. Cloud	Active	Active	Active	Active	Active	Active
St. Joe's	Active	Active	Active	Active	Active	Active
St. John's	Active	Active	Active	Active	Active	Active
PHS	Active	Active	Active	Active	Active	Active
Sports Med	Active	Active	Active	Active	Active	Active
Research	Active	Active	Active	Active	Active	Active



UNIVERSITY OF MINNESOTA  
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DEPARTMENT OF  
FAMILY MEDICINE AND COMMUNITY HEALTH

# Communication Challenges

**Complex Dept**

**Geographic spread**

**Two-way**

**Proliferation**





**MEDICAL SCHOOL**  
UNIVERSITY OF MINNESOTA

Department of Family Medicine  
and Community Health

# Department Head Message

## James Pacala, MD, MS



Dear Faculty and Staff,

Connection is at the heart of family medicine as a specialty, and my goal is to facilitate that same connection and collaboration within our department. All of us - faculty, staff, residents, fellows, researchers, and clinicians - play a role in building the brand of Minnesota Family Medicine. We deliver the most comprehensive care when we work together and stay connected as a department, across all of our clinical sites and areas of activity.

To support this connection, our priority this year is to effectively communicate from the central leadership team to faculty and staff within the department, as well as offer more opportunities for faculty and staff to respond regularly. Thus, I will outline here the 2019 departmental plan for internal communications:

- In a new effort to facilitate two-way communication between faculty and staff and central leadership, the department will launch a **monthly internal bulletin** to update you regarding ongoing processes within the management of the department. It will be brief and informational, covering salient updates from [committee meetings](#) within each of the six areas of activity. In addition, each bulletin will offer the opportunity for you to provide direct and anonymous feedback with me and the appropriate Vice Chair or Director.
- The **monthly departmental newsletter** will continue to communicate stories, events, awards, and milestones. I encourage you to submit content, photos, and ideas for stories to our communications department ([fmchcomm@umn.edu](mailto:fmchcomm@umn.edu)).
- Of course, there will be other issues we will need to communicate, including **single-issue items** that require timely alerts and significant concerns affecting the department. We will make every attempt to keep those emails to a minimum, to streamline the information you receive each month.
- Faculty also have opportunities to connect with the department and stay informed on the breadth of our activities at four **faculty meetings** each year, as well as two **extended faculty meetings**.
- Our **departmental dashboard**, which comprises metrics, financial snapshots, and stories of harmonization, will continue to be produced three times each year. [Here is the most recent version.](#)

Thanks for all you do,

Jim Pacala, MD, MS

# DFMCH Communications Plan

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# FAMILY MEDICINE

June 2019

MONTHLY



## In this issue:

- Congratulations, resident and fellow graduates!
- Ways you can support the department through social media
- Staffing updates & open faculty positions



UNIVERSITY OF MINNESOTA MEDICAL SCHOOL • DEPARTMENT OF FAMILY MEDICINE

## FACULTY NEWS



**Keith Stelter, MD, MMM**, has been offered a 20% position with the American Board of Family Medicine as their Medical Director of Certification. He is charged with leading a revamping effort of the Knowledge Self-Assessment activities that are offered, such as the KSA, CKSA, and Longitudinal Assessment. Dr. Stelter will also conduct further review of the Certification exam.

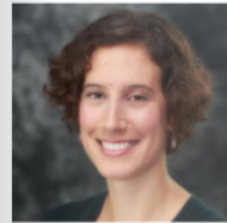
The free medical clinic started by Dr. Stelter was also featured in the [Mankato Free Press](#) in June. The clinic expands upon the free medical screenings Dr. Stelter and others provided in St. Peter last year, providing primary healthcare and chronic disease management.



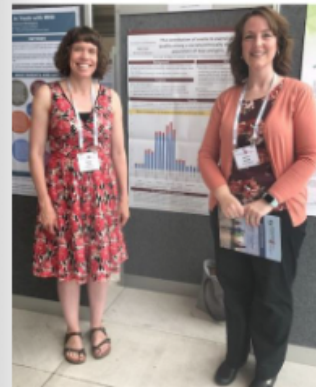
**Caitlin Caspi, PsyD**, was one of seven faculty researchers nationwide to be awarded a [2019 RIDGE research grant](#) for her project, "SNAP and work-related policies: An in-depth analysis of low-wage worker perspectives and behaviors." This project aims to understand perspectives about current and future eligibility for SNAP benefits in two locations and to explore how these perspectives affect decisions regarding household employment, major asset purchases, and savings. Dr. Caspi's project is embedded in the [WAGES study](#), an NIH-funded natural experiment in Minneapolis and Raleigh, NC, which is evaluating the health effects of an increase in minimum wage.



**Jon Hallberg, MD**, was featured in the American Board of Family Medicine (ABFM)'s newsletter after giving an interview and tour of Mill City Clinic to ABFM representatives during the MAFP Spring Refresher in March. [You can read the newsletter here.](#)



**Katie Freeman, MD**, co-authored a feature with attorney Meghan Scully, JD, for the April issue of Minnesota Physician. The article, "[Health Care Legal Partnerships: A Team-based Approach](#)," covers the legal aid partnership Bethesda Family Medicine has developed with Southern Minnesota Regional Legal Services (SMRLS). "It's a win for patients, a win for providers, and a win for our health care system," they write.



**Jerica Berge, PhD, MPH, and Katie Loth, PhD, MPH**, presented at the International Society for Behavioral Nutrition and Physical Activity in Prague, June 5-7. Their three presentations included "Associations between acute and chronic stress and parent food-related parenting practices," "A qualitative exploration into momentary impacts on food parenting practices among parents of pre-school aged children," and "The contribution of snacks to overall diet quality among a racially/ethnically diverse population of boys and girls." Full citations can be found in the Presentations section of this newsletter.

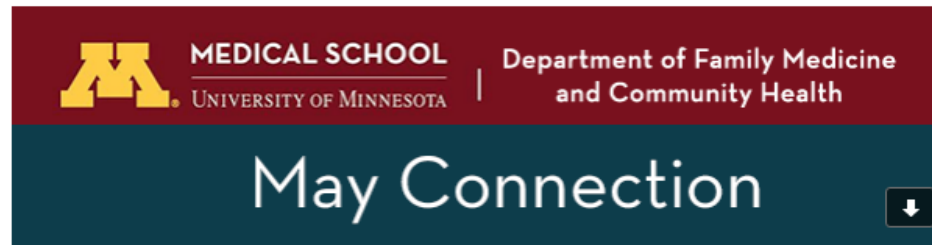


**Chrystian Pereira, PharmD**, was promoted to Associate Professor as of July 2019. Dr. Pereira has a passion and talent for educating pharmacy students and residents. He is also a leader in driving interprofessional care for underserved populations.

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Family Medicine and Community Health <fmch@ecommunicati... Thu, May 9, 11:00 AM ☆ ↩  
to me ▾



A monthly *bulletin* featuring updates from central leadership [committee meetings](#) and processes within the Department of Family Medicine and Community Health



- The next Advocacy and Policy Working Group meeting is Monday, May 13, at noon. We will be discussing progress on our 2019 Work Plan Goals.
- If you have a Twitter handle and are willing to tweet policy, and like and retweet others in support, please add your name to our [database of departmental Twitter handles](#) and follow others. We currently don't have representatives from Mankato or St. John's on the list.

Respond to Advocacy & Policy





# CLINICAL AFFAIRS

Vice Chair for Clinical Affairs  
Pita Adam, MD, MSPH

## Joint Clinical Enterprise

- Patient Experience (now called NRC survey results): We are averaging about 75% “recommend your clinic,” which is similar to other primary care clinics in the system but below our goal of 80 percent. The clinics are working on the best way to disseminate the information.

## Family Medicine Quality Improvement Collaborative (FaMQIC)

- The Peds Obesity Project is moving forward, with each program working on a component (note templates, scripting, panel creation, problem list diagnosis, patient handouts and work up). We love that the residents are an integral part of the project.
- Enhanced Rooming Plus is off and running! Providers and PCS are completing self checklists and team checklists. A short email survey will be coming to ask you how it is going.

## Clinical Service Unit (CSU) Ops

- Thank you all for completing the Clinic as Curriculum survey. We know it was very long. We are looking at the data now, and will be sharing them with each program’s leadership team. As expected, we are meeting many of the Clinic as Curriculum components (averaging a “B” on an A - D scale) and should be proud of the work we do. That said, the survey is helping us identify the components that need improvement and will guide our work ahead.

[Respond to Clinical Affairs](#)

# Clinical Affairs

You are invited to respond to items presented in the internal bulletin, or to other issues related to clinical affairs within the Department of Family Medicine and Community Health. Your response will be sent to Pita Adam and Jim Pacala.

\* Required

Your response \*

Your answer

---

Your name (optional)

Your answer

---

Would you like to be contacted? If so, please include your email address.

Your answer

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**SUBMIT**

Never submit passwords through Google Forms.



## FACULTY AFFAIRS

Director of Faculty Affairs: Bill Roberts, MD, MS

Associate Director of Faculty Affairs: Angie Buffington, PhD, MA

### Mentoring

- The NCFDD Buddy System can help with accountability for scholarly work: "If you're interested in having an accountability partner, NCFDD offers the opportunity to be matched with a buddy. All you have to do is [log in](#), click on 'My Account,' and request a buddy match! We match people by rank as the requests roll in."
- If you want a buddy within the University of Minnesota system, we will try to find you a match. Let us know if you are interested.

### Nominations for Awards

- There are always plenty of excellent opportunities to nominate a colleague for recognition for outstanding work. To help you navigate these opportunities, the department has created a [month-by-month list of deadlines](#) for upcoming awards.
- If you nominate someone, please let us know [via this simple form](#).

### Promotion and Tenure

- The next committee meeting to review current promotions applicants is July 19. It is not too early to begin the process for next year if you are considering promotion soon.

[Respond to Faculty Affairs](#)



## RESEARCH

Vice Chair for Research  
Jerica Berge, PhD, MPH

- Pilot testing for the research services portal launched May 2. A big thank you to the staff and faculty members who volunteered to test the system.
- Search committees for new assistant and associate professor faculty positions within the research division have been identified. Kick off meetings are scheduled in May.



- We are in the process of improving the links and resources listed on the website for research, including a list of grant funding mechanisms and due dates. Please send any ideas or suggestions of what you would like to see to Urszula Parfieniuk ([parfi004@umn.edu](mailto:parfi004@umn.edu)), Research Communications / Website coordinator.

[Respond to Research](#)



## EDUCATION

**Vice Chair for Education**  
**Shailey Prasad, MD, MPH**

*There are no education updates this month.*

[Respond to Education](#)



## PHILANTHROPY

**Director of Philanthropy**  
**Jon Hallberg, MD**

*There are no philanthropy updates this month.*

[Respond to Philanthropy](#)

This email was sent to all **DFMCH** faculty and staff by Family Medicine and Community Health, 6-240 Phillips-Wangensteen Bldg, 516 Delaware St SE, Minneapolis, MN, 55455, USA. The University of Minnesota is an equal opportunity educator and employer.

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UNIVERSITY OF MINNESOTA

Department of Family Medicine  
and Community Health

# Department Head Message

## James Pacala, MD, MS



Dear Faculty and Staff,

Today I'm pleased to send [the spring issue of our departmental dashboard](#). Produced three times a year, these internal reports include departmental metrics related to education, clinical care, research, faculty affairs, philanthropy, and advocacy; as well as a financial snapshot and a brief narrative of an initiative that harmonizes multiple areas of activity.

I encourage you to read through and get familiar with these reports, as they can help you stay informed and connected to one another's work and the department as a whole. We will do another round of data collection in four months to complete our first year of metrics.

I want to emphasize that the purpose of these metrics is to be informative, not punitive. The [dashboard](#) is one internal product in a larger, ongoing strategy to provide everyone in our diverse department a common understanding of how we are doing across all of our missions and areas of activity. At the Extended Faculty Meeting on April 9, I outlined our internal communications strategy for 2019 and have included a copy of it at the end of this email.

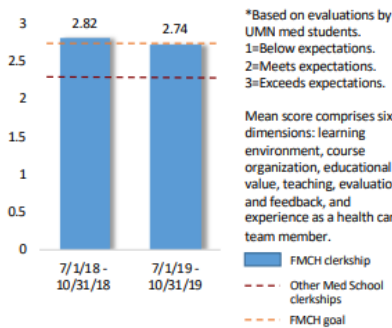
# FAMILY MEDICINE DASHBOARD

December 2019 (Reporting periods vary by metric)

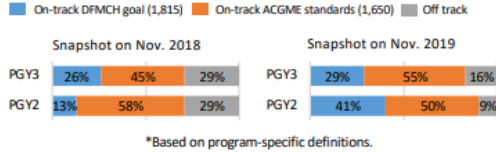
## Part 1: Departmental Metrics

### EDUCATION

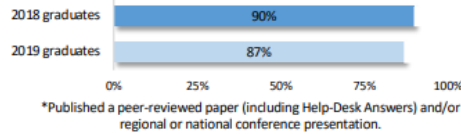
#### CLERKSHIP ACTIVITY PERFORMANCE\*



#### RESIDENT VISITS\*

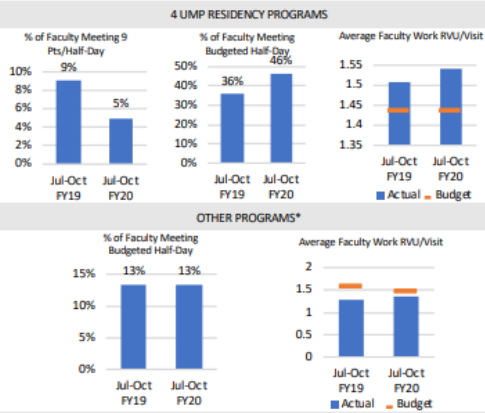


#### RESIDENT SCHOLARLY ACTIVITY RATE BY GRADUATION\*

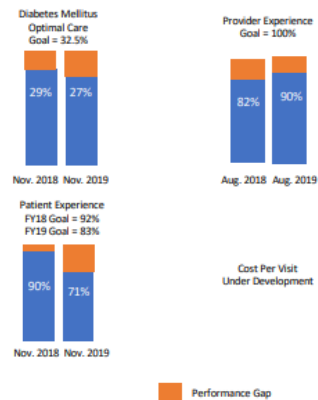


### CLINICAL

#### CLINICAL PRODUCTIVITY TO BUDGET\*



#### QUADRUPLE AIM\*

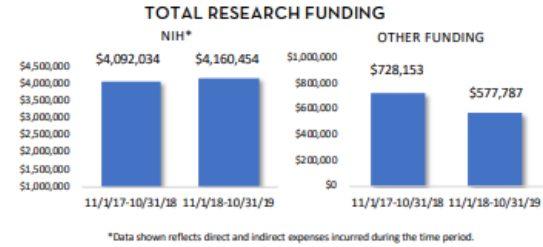


\*Quality measures based on Diabetes Mellitus Optimal Care; Patient Experience in November 2018 based on whether patients recommend clinic at Bethesda, Broadway, Phalen, Smiley's, and CS4; Patient Experience in November 2019 excludes Broadway; and Provider Experience based on mean scores from three questions on clinical faculty Mini-Z Survey (job satisfaction, wellness/burnout, and care team efficiency).

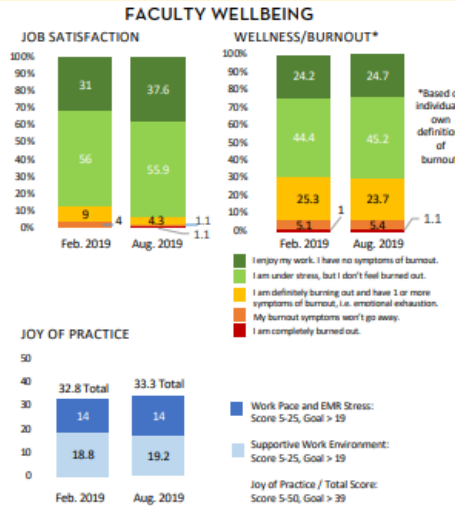


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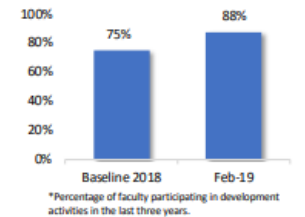
### RESEARCH



### FACULTY AFFAIRS

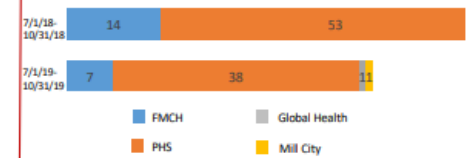


#### FACULTY DEVELOPMENT\*



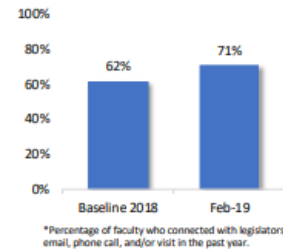
### PHILANTHROPY

#### DONOR HOUSEHOLDS

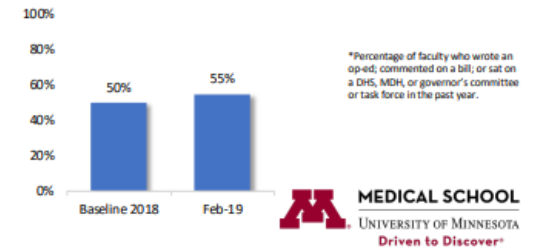


### ADVOCACY and POLICY

#### CONTACT WITH STATE LEGISLATORS\*

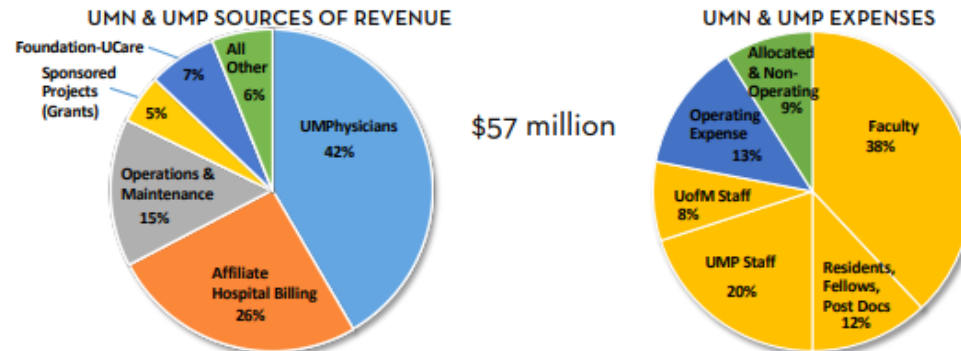


#### OTHER ADVOCACY ACTIVITIES\*



December 2019

## Part 2: Revenue & Expenses



## Part 3: Harmonization

*Our mission is to connect the University mission of discovery, learning, and public service to our communities by harmonizing practice, education, and research to improve individual, family, and community health. Below is a story of one initiative that meets this goal.*

### CLINIC AS CURRICULUM LEADS TO CONTINUITY OF CARE IN OUR FAMILY MEDICINE CLINICS

Family physicians deeply believe in the value of outpatient, relationship-based comprehensive care. Residency clinics are where much of the resident training occurs, and efforts are well underway to make them function as smoothly and predictably as possible. The new approach, known as Clinic as Curriculum (CaC), focuses on improving continuity and level loading with the goal of impacting physician well-being.

What is the best way to optimize the clinical training experience for residents and practice for faculty by improving continuity of patient care and level loading? What steps are needed to measure the true impact of the work being done?

This is the challenge that Pita Adam, MD, associate professor and vice chair of clinical affairs, began to tackle approximately one year ago along with a cross-functional team from research, education, and clinics. CaC is deliberately approaching this clinic-based question through a harmonized fashion, engaging the program directors and program administrators. Proactively exploring the central research question from the outset, CaC thus lays the groundwork for successful publications by the programs and the department.

Central to this work is building resident and faculty schedules that optimize the CaC goals while measuring continuity, level loading, and faculty and resident wellness. Pita, Derek Hersch, and Bjorn Berg, Ph.D. (School of Public Health) are leading the central research undertaking along with the operational team. The programs' local principal investigator is working with their research liaison to study the local efforts.

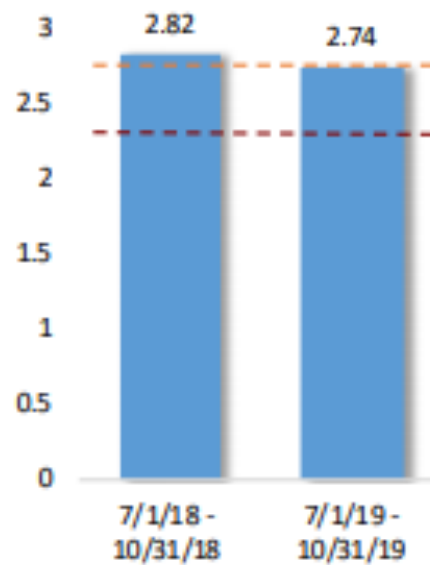
As each of the four clinics pilots a scheduling model designed to enhance continuity and level loading, the plan is to identify the scheduling models that have the largest impact on these outcomes and publish papers on these transformational changes. The ultimate goal is to lead the way in national CaC efforts.

The CaC initiative is a true example of harmonization owing to its magnitude and the three areas' thoughtful, proactive, and integrated approach from the start.

# Part 1: Departmental Metrics

## EDUCATION

### CLERKSHIP ACTIVITY PERFORMANCE\*

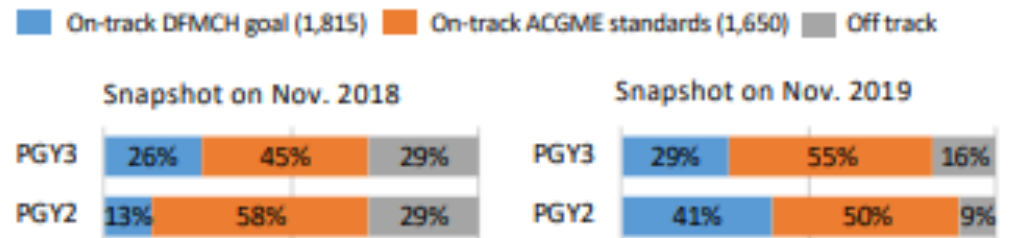


\*Based on evaluations by UMN med students.  
 1=Below expectations.  
 2=Meets expectations.  
 3=Exceeds expectations.

Mean score comprises six dimensions: learning environment, course organization, educational value, teaching, evaluation and feedback, and experience as a health care team member.

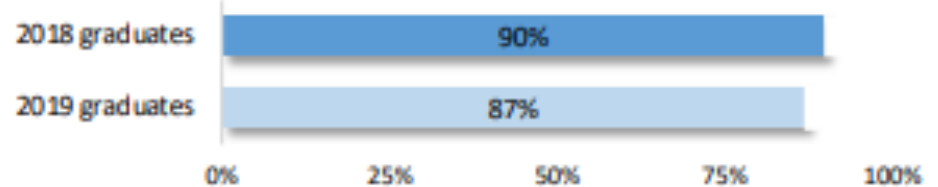
- FMCH clerkship
- - - Other Med School clerkships
- - - FMCH goal

### RESIDENT VISITS\*



\*Based on program-specific definitions.

### RESIDENT SCHOLARLY ACTIVITY RATE BY GRADUATION\*

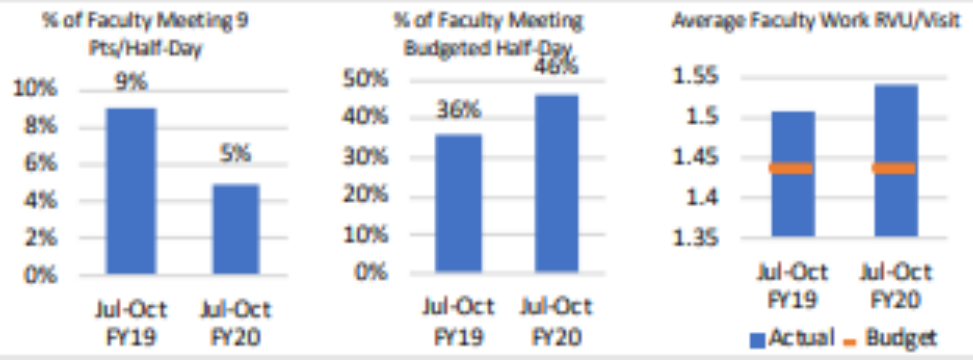


\*Published a peer-reviewed paper (including Help-Desk Answers) and/or regional or national conference presentation.

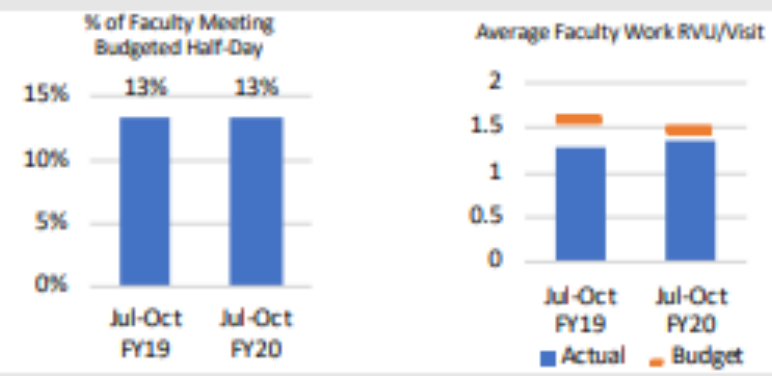
# CLINICAL

## CLINICAL PRODUCTIVITY TO BUDGET\*

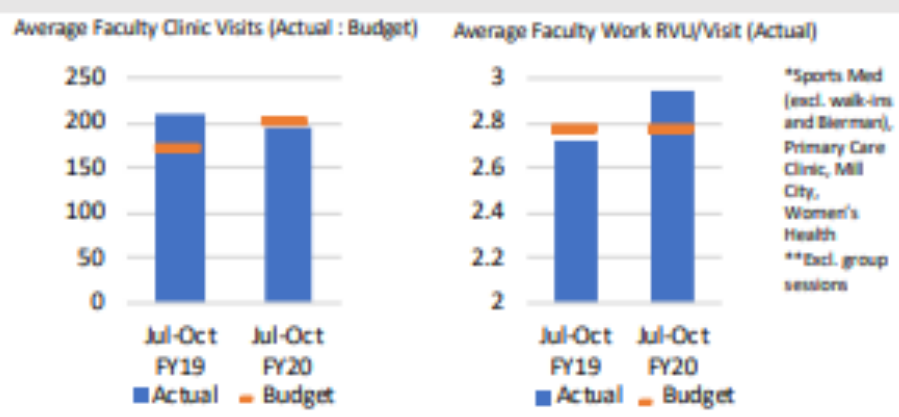
### 4 UMP RESIDENCY PROGRAMS



### OTHER PROGRAMS\*

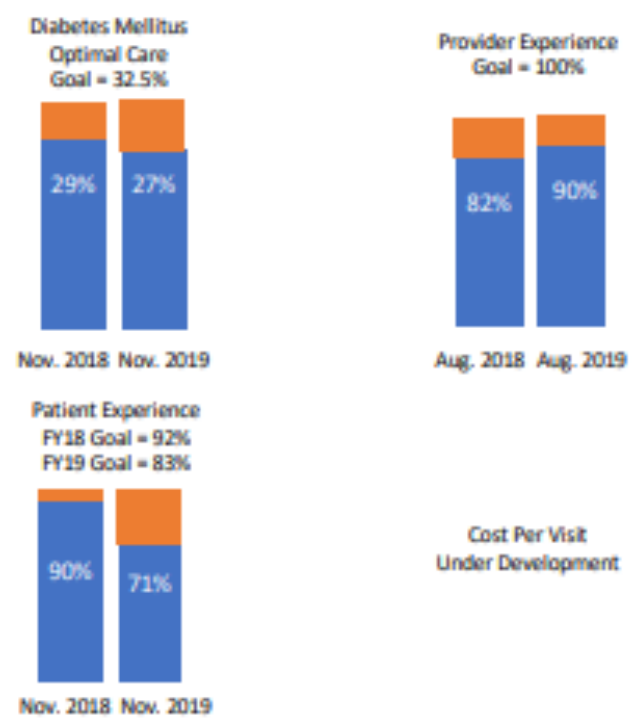


### CENTER FOR SEXUAL HEALTH\*\*



\*Sports Med (excl. walk-ins and Bierman), Primary Care Clinic, Mill City, Women's Health  
 \*\*Excl. group sessions

## QUADRUPLE AIM\*



Performance Gap

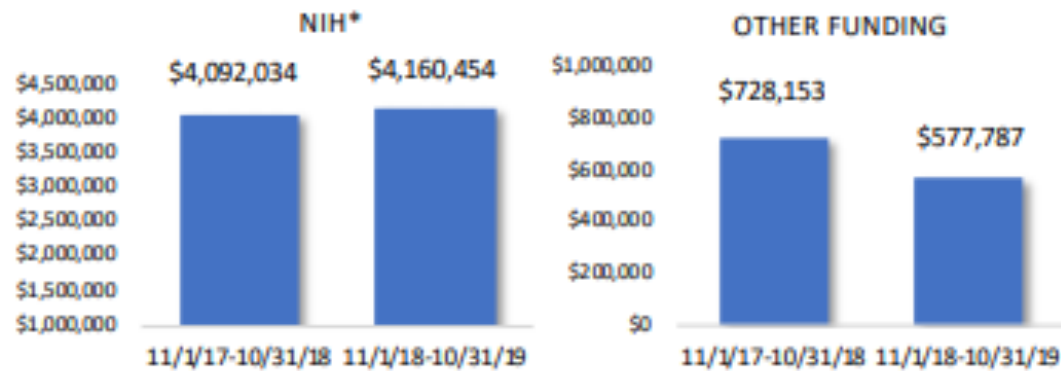
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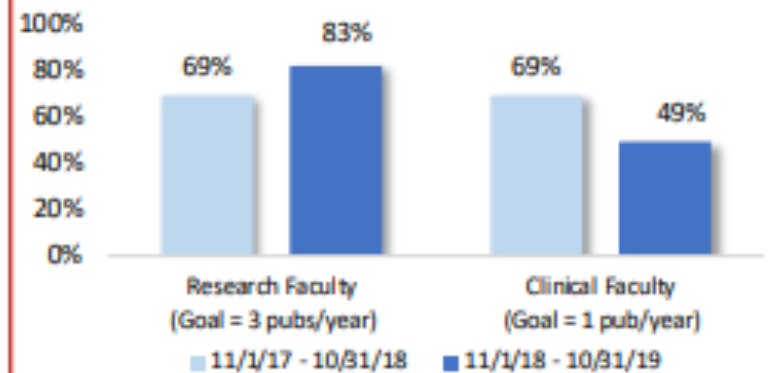
## RESEARCH

### TOTAL RESEARCH FUNDING



\*Data shown reflects direct and indirect expenses incurred during the time period.

### FACULTY PUBLICATION RATE\*

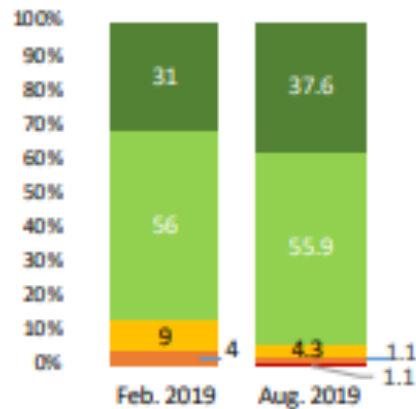


\*Percentage of faculty meeting publication goals. Counting peer-reviewed publications (including Help Desk Answers) in the last 12 months, any author role. Research faculty defined as tenure and tenure track faculty.

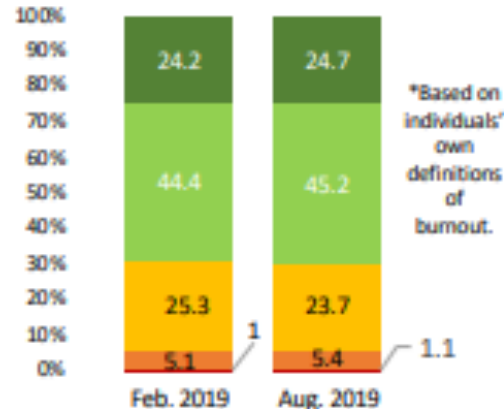
## FACULTY AFFAIRS

### FACULTY WELLBEING

#### JOB SATISFACTION

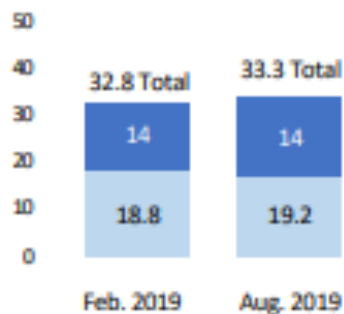


#### WELLNESS/BURNOUT\*

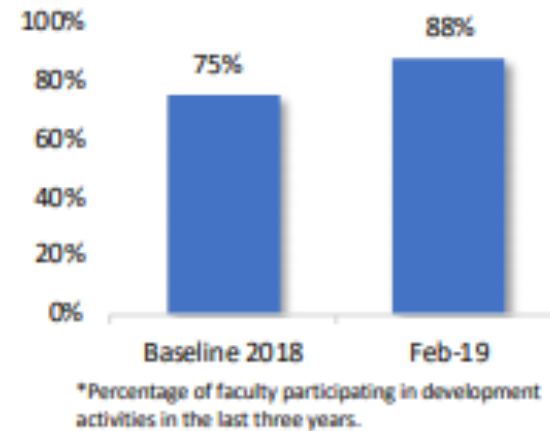


- I enjoy my work. I have no symptoms of burnout.
- I am under stress, but I don't feel burned out.
- I am definitely burning out and have 1 or more symptoms of burnout, i.e. emotional exhaustion.
- My burnout symptoms won't go away.
- I am completely burned out.

#### JOY OF PRACTICE



### FACULTY DEVELOPMENT\*



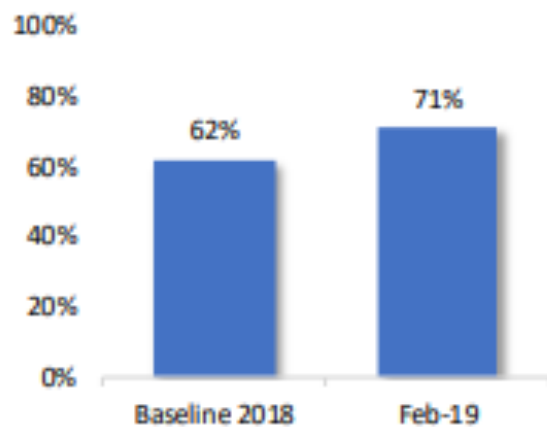
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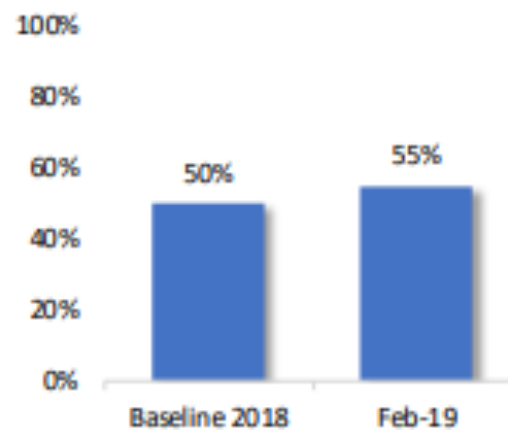
## ADVOCACY and POLICY

### CONTACT WITH STATE LEGISLATORS\*



\*Percentage of faculty who connected with legislators via email, phone call, and/or visit in the past year.

### OTHER ADVOCACY ACTIVITIES\*



\*Percentage of faculty who wrote an op-ed; commented on a bill; or sat on a DHS, MDH, or governor's committee or task force in the past year.



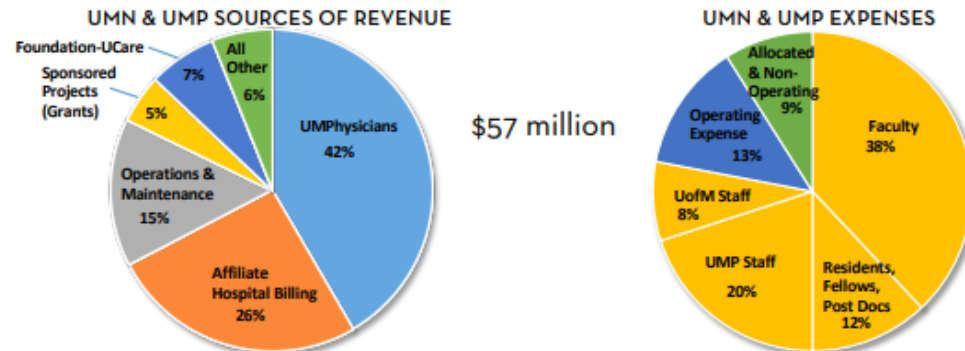
**MEDICAL SCHOOL**

UNIVERSITY OF MINNESOTA

*Driven to Discover®*

December 2019

## Part 2: Revenue & Expenses



## Part 3: Harmonization

*Our mission is to connect the University mission of discovery, learning, and public service to our communities by harmonizing practice, education, and research to improve individual, family, and community health. Below is a story of one initiative that meets this goal.*

### CLINIC AS CURRICULUM LEADS TO CONTINUITY OF CARE IN OUR FAMILY MEDICINE CLINICS

Family physicians deeply believe in the value of outpatient, relationship-based comprehensive care. Residency clinics are where much of the resident training occurs, and efforts are well underway to make them function as smoothly and predictably as possible. The new approach, known as Clinic as Curriculum (CaC), focuses on improving continuity and level loading with the goal of impacting physician well-being.

What is the best way to optimize the clinical training experience for residents and practice for faculty by improving continuity of patient care and level loading? What steps are needed to measure the true impact of the work being done?

This is the challenge that Pita Adam, MD, associate professor and vice chair of clinical affairs, began to tackle approximately one year ago along with a cross-functional team from research, education, and clinics. CaC is deliberately approaching this clinic-based question through a harmonized fashion, engaging the program directors and program administrators. Proactively exploring the central research question from the outset, CaC thus lays the groundwork for successful publications by the programs and the department.

Central to this work is building resident and faculty schedules that optimize the CaC goals while measuring continuity, level loading, and faculty and resident wellness. Pita, Derek Hersch, and Bjorn Berg, Ph.D. (School of Public Health) are leading the central research undertaking along with the operational team. The programs' local principal investigator is working with their research liaison to study the local efforts.

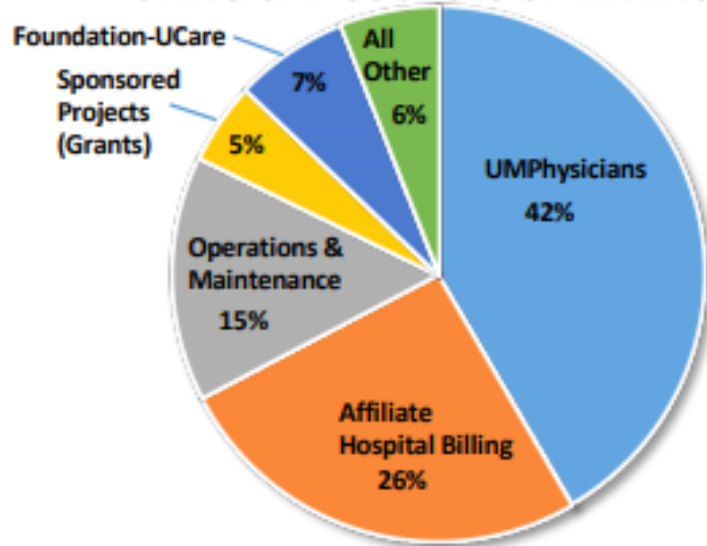
As each of the four clinics pilots a scheduling model designed to enhance continuity and level loading, the plan is to identify the scheduling models that have the largest impact on these outcomes and publish papers on these transformational changes. The ultimate goal is to lead the way in national CaC efforts.

The CaC initiative is a true example of harmonization owing to its magnitude and the three areas' thoughtful, proactive, and integrated approach from the start.

December 2019

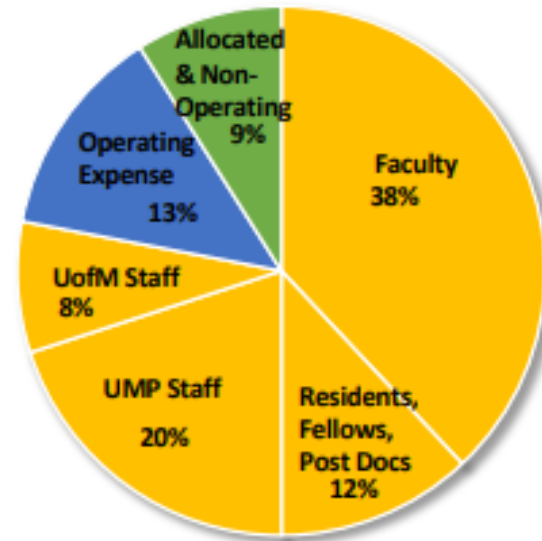
## Part 2: Revenue & Expenses

UMN & UMP SOURCES OF REVENUE



\$57 million

UMN & UMP EXPENSES



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# DFMCH Communications Plan

Modality	Purpose	Frequency
E-news (Family Medicine Monthly)	Stories, faculty highlights, resident and fellow news, opportunities, events, honors, publications	Last Thursday of each month
<b>Internal Bulletin</b> (Faculty & Staff Connection)	Updates on ongoing processes within the management of the department, with notes from each area of activity and <b><u>opportunities to give direct feedback</u></b>	Second Thursday of each month
<b>Emails</b> from the Department Head	Communication of single-issue items that require timely alerts and significant concerns	Ad hoc
<b>Dashboard</b>	Metrics for our six areas of activity, financial snapshot, and harmonization story	3 times per year
<b>Extended Faculty Meetings</b>	In-depth conversation of strategic issues with faculty and Department Head	2 times per year
<b>Regular Faculty Meetings</b>	Ongoing DFMCH business and opportunities for guests (eg, Dean, CEO, etc.)	4 times per year

# DFMCH Extended Faculty Meetings

- **3 hrs**
- **Participatory**
- **Feature junior faculty**
- **Recent topics: advocacy, faculty support, diversity and equity**



**LISTENING SESSION SUMMARY POINTS AND RESPONSE**  
 FACULTY MEETING 4.9.19

What We Heard From Faculty	DFMCH Response To Date
Integrate faculty wellbeing into operations decisions for clinic, teaching, and scholarship Reduce dependence on individual resiliency Improve systems efficiency to decrease WAC	<b>WELLNESS</b> CIO and FV work on Epic alignment to support clinical work Enhanced rooming plus improving team efficiency Evolving conversations around joy of practice Actively measuring, monitoring wellness for all faculty (Mini Z)
Life balance in personal and professional activities Optimize personal well-being Balance clinical, teaching, scholarship, P&T demands	<b>MENTORING</b> Five new peer groups: Topics to include wellness, teaching, scholarship, etc. Develop individual mentoring relationships to include focus on work-life balance, joy of practice, teaching evolution, scholarly collaboration, P&T
Advanced instruction on effectiveness in evals, 1-1 and group teaching, curriculum design, supporting learners, etc. Get credit for time spent teaching (DFMCH/UMN, awards)	<b>TEACHING</b> Listening sessions held at each residency program Evolve work to understand and apply ARTS (Dean's office) to DFMCH Supporting and tracking applications for awards
Scholarship prioritized equally with teaching and clinic duties, including FTE allotment, admin time for projects Efficient collaboration with faculty, research facilitators Systems support: writing, editing, publishing, funding	<b>RESEARCH</b> Established 80% revenue generating, 20% admin/scholarship (non-revenue) as standard starting framework for academic track Identifying ways to reduce administrative burden, i.e. portal, recruiting students, writing and editing support
Increase understanding about each track, how to choose Necessary steps for promotion and their timing	<b>P &amp; T</b> P&T primer developed to orient faculty to the process and requirements Integrate P&T steps into peer groups and 1-1 mentoring
What leadership opportunities and programs are available Succession planning for faculty in current leadership roles	<b>LEADERSHIP</b> Creating lists of current DFMCH faculty in leadership roles Enhancing mentoring relationships to address leadership, P&T processes
Prioritize goals that transcend recruitment, clinic care, teaching, scholarship Explicit acknowledgment in DFMCH mission and vision/DFMCH branding Professional development around implicit bias, health disparities, patient communication	<b>EQUITY &amp; DIVERSITY</b> October extended faculty meeting dedicated to explore the topic of equity, diversity, and inclusion Evolving conversations: Complex area of focus needs intentional planning across all programmatic areas and all 7 areas of focus

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**EQUITY  
&  
DIVERSITY**

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# Faculty Meeting Reviews

Date	How Fully Faculty Member Participated		How Well Meeting Was Designed and Run	
	Mean (Range 1-9)	% > 7	Mean (Range 1-9)	% > 7
2/2/16	6.5	47	7.0	63
10/4/16	6.8	55	7.7	68
4/4/17	7.5	83	8.8	97
4/24/18	6.5	59	7.7	81
9/20/18	7.8	71	8.6	88
4/9/19	8.5	95	8.8	93
10/1/19	8.2	100	8.5	95

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# Thank You



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DEPARTMENT OF

**FAMILY MEDICINE AND COMMUNITY HEALTH**