

## *Director's Note*



*We are now in the middle of the holiday season. If you're a fourth year medical student, a resident or a faculty member, that also means you're in the middle of the interview season. Both the holiday season and the interview season are times to celebrate the blessings we have been given, enjoy the present relationships we have and are developing, and envision and dream about the future that lies ahead. It's a good time to remember that life is about the process as much as it is about the outcome. Let's thoroughly enjoy the process, the moments we have with others. Although we have input into the outcome, in the end it is controlled by God.*

**Wayne S. Dysinger, MD, MPH**

*Chairman of the Department of Preventive Medicine; Director, Family & Preventive Medicine Residency*

## *From Tracks to Strengths*

Since the beginning of the Family and Preventive Medicine Residency, we've talked about there being two tracks—Lifestyle Medicine and Global Health. We said each resident would choose a track, then they would select electives, take classes, and choose a senior project that would create an educational experience that fit that track.

We have now had experience with five classes of residents, and in August a fairly thorough discussion of the track concept at our retreat. Our experience has shown several things: 1) resident classes do not neatly divide into two residents/class in each track, 2) resident interests frequently go across both tracks, or move into other areas that are somewhat different from the two described tracks, 3) MPH requirements have changed, shifting how the academic component of the tracks fit into the curriculum, and 4) development of specific track rotations was problematic because there could never be a guarantee of the number of residents available for those rotations.

Our retreat discussion made it clear that there was no clear or consistent approach that our residency family felt should be taken around the track concept. Another significant piece of information is that the LLUMC GME office is developing areas of concentration in both Lifestyle Medicine and Global Health. Beginning in 2011 certificates in these areas will now be available to any resident.

When all of this data is put together, it feels like the time has come to shift our terminology away from "tracks" towards "areas of strength". LLU, including the Family Medicine Department, the Preventive Medicine Department, and the School of Public Health have significant strengths and resources in both Lifestyle Medicine and Global Health. These strengths are attractive to both potential residency applicants as well as resident employers. We should continue to value and highlight this. Moving the discussion away from tracks and towards strengths should allow us, however, a new freedom in recruitment, as well as curriculum and program development. This will not change any of the current residency activities or approaches. It is purely a perspective shift. Please feel free to share your thoughts about this dialogue Dr. Dysinger or any of the other faculty.

## *Resident Conferences*

As the FPMR has progressed, so have our attempts to create the conversations and connections that are needed to keep it strong and growing. We've been through Eat/Connects (which we'll hopefully revive) and evening conferences. We've established the quite successful RAC and retreats. We are now working on another forum whose goal is to create dialogue and problem solve. Our first attempt at this was the Tuesday evening FRIF. Scheduling difficulties forced us to look at occasional after-

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