

Family Medicine Updates



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ABFM ROLLS OUT FAMILY MEDICINE CERTIFICATION LONGITUDINAL ASSESSMENT (FMCLA) AS 2019 PILOT

In response to requests from board-certified family physicians, the American Board of Family Medicine (ABFM) has announced a new pilot program for 2019 to assess the value and feasibility of a longitudinal assessment option to the 10-year 1-day examination. Grounded in advances in education and assessment, and combined with today's technology, FMCLA is developed to satisfactorily assess current knowledge competency while promoting learning and retention of information that can help improve clinical decision making.

All family physicians who are in their 10th year of their certification cycle in 2019 will be eligible for the pilot. Those physicians may opt to either participate in the FMCLA pilot or register for the 10-year exam, whichever they prefer. Based on the popular Continuous Knowledge Self-Assessment (CKSA) platform, the FMCLA will deliver 25 questions online each quarter that can be answered from anywhere, anytime, with the avoidance of a test center. Questions can be answered one at a time, or all in one sitting, using a desktop, laptop, or tablet. The format of the questions will be similar to the current examination, with a single best answer. Participants will be able to use written resources, as needed, much like point-of-care information is accessed in practice, though consulting with colleagues will not be permitted. Examinees will find out immediately if their question response is correct, along with rationale for the right and wrong options. References will also be provided related to the topic. Diplomate identification and test item security measures are built into the delivery platform.

In order to ensure equivalency to the current exam, participants will continue the quarterly questions until 300 questions have been answered over a 4-year period. This allows flexibility to skip questions, or even quarters, as the needs of practice and life dictate. For those who participate in the pilot, meaningful

participation will be required in the first year, defined as answering 80% or more of the total questions each quarter and responding to pilot surveys. After successfully completing 300 items and meeting the minimum passing standard (using standard setting techniques similar to the 10-year exam to determine pass/fail), participants will have completed their cognitive expertise activity for Family Medicine Certification.

A major advantage of FMCLA is that it supports greater retention of knowledge and learning over time. No time will be required out of practice for travel, preparatory courses, or utilizing testing centers. There will be no additional cost to participate in longitudinal assessment beyond the fees that Diplomates pay today.

All along the way, ABFM is committed to elicit and receive regular input from participants about how to make the process as useful and effective as possible. Going forward, if the pilot program is successful, all Diplomates will have the flexibility to choose longitudinal assessment over the 1-day examination. For those who prefer the 10-year examination and would rather not participate in the longitudinal assessment pathway, that will continue to be an option.

Eligible Diplomates were notified to sign up for the pilot beginning in early December 2018. The last day to begin a new application for FMCLA is March 1, 2019. To view a tutorial and get additional information, please visit the ABFM website: <http://www.theabfm.org>.

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BUILDING BETTER CLINICAL TRAINING EXPERIENCES: A LEARNING COLLABORATIVE

The Society of Teachers of Family Medicine (STFM) continues to invest in strategies to increase the pool of community-based preceptors and the quality of training at ambulatory sites. Five interprofessional teams are implementing these tactics:

- **Tactic 1:** Work with the Centers for Medicare and Medicaid Services (CMS) to revise student documentation guidelines

- **Tactic 2:** Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships
- **Tactic 3:** Develop standardized onboarding process for students and preceptors & integrate students into the work of ambulatory primary care settings in useful and authentic ways
- **Tactic 4:** Develop educational collaboratives across departments, specialties, professions, and institutions to improve administrative efficiencies
- **Tactic 5:** Promote productivity incentive plans that include teaching and develop a culture of teaching in clinical settings

The Tactic 4 team has launched a multiyear pilot, funded by the American Board of Family Medicine, called Building Better Clinical Training Experiences: A Learning Collaborative. During the pilot, family medicine departments will participate in 1 of 3 projects to implement, evaluate, and disseminate innovative approaches to standardize the onboarding of students and to engage community preceptors.

Project 1: Family medicine departments, ideally in collaboration with other specialties and professions, will pilot student onboarding resources and processes

Goals

- Ease the administrative burden on community preceptors by standardizing documentation
- Help preceptors integrate students more easily into practices
- Increase student value to practices
- Aid teaching programs in administering clinical clerkship experiences

Onboarding materials/processes will include:

- A passport that captures a student's background and training. For the preceptor, the form includes a professional bio, clinical rotation background (graduation date, previous rotations, procedures learned), and objectives for the current rotation. For the practice administration, the form includes contact details and evidence that the student is ready for clinical work (proof of HIPAA training, background check, immunizations, etc).
- Education for students on how to hit the ground running at their clerkship site.
- Online training for students on "How to Create a High-Quality Note in the Medical Record," "How to Perform Medication Reconciliations," and "Motivational Interviewing."
- Self-developed, pre-clinical curriculum to meet goals and objectives outlined in the appendix of the

AAMC's 2008 *Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education*.

Project 2: Family medicine departments, ideally in collaboration with other specialties and professions, will pilot standardized preceptor onboarding and engagement resources

Goals

- Ease the administrative burden on community preceptors by standardizing documentation
- Engage community preceptors
- Encourage and reward teaching
- Enhance the quality of training at ambulatory sites

Standardized onboarding and engagement materials will include:

- A faculty appointment onboarding process where administrative personnel at the institution assist new preceptors in developing and formatting CVs during a phone interview
- Participation in the ABFM Precepting Performance Improvement Program, using:
 - An online self-assessment of developmental competencies for preceptors
 - TeachingPhysician.org assigned readings, based on self-assessment
- An online course on giving feedback
- A new preceptor recognition program
- A new teaching practice recognition program

Project 3: Family medicine departments, ideally in collaboration with other specialties and professions, will pilot student onboarding resources and processes outlined in Project 1 and will pilot standardized preceptor onboarding and engagement resources outlined in Project 2

Five family medicine departments for each of the 3 projects were selected through a competitive application process. Preference was given to departments collaborating with 2 or more other specialties/departments/professions. Over the next 2 years, departments and their collaborators will participate in online and in-person learning communities to share/learn about intervention approaches, conduct standardized pre/post measurement, and disseminate their findings.

The pilot is being led by tactic team leader Jim Ballard, PhD and project manager Melissa Abuel. Evaluation will be managed by the Robert Graham Center, which will measure the impact of the interventions on preceptors' administrative burden, and the learning experience for students.

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