

This work is also being funded by the ABFM Foundation and chaired by Corey Lyon, DO.

The following support opportunities will be made available to new and transitioning residency learning networks over the next several months:

- In-person Residency Learning Network Leadership Training for faculty, program directors, and/or assistant/associate program directors who have an interest in leading Residency Learning Networks
- 1:1 consults with STFM staff to develop learning network governance structure, goals and objectives, and communication strategies
- Coaches, who will offer expertise on network structure, data collection/management, agenda planning, and sustainability
- Speakers for residency learning network in-person and virtual faculty development
- Time and space to convene at STFM conferences
- Online resources, including a guide to running a residency learning network, a directory of family medicine learning networks, and a workbook for documenting goals, objectives, evaluation strategies, and governance structures
- An STFM Collaborative for residency learning network leaders

All opportunities and resources will be posted at stfm.org/residencylearningnetworks.

Mary Theobald, STFM

References

1. ACGME Program Requirements for Graduate Medical Education in Family Medicine. Accessed Nov 7, 2023. https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2023.pdf



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SHAPING THE FUTURE OF FAMILY MEDICINE RESEARCH: THE 2023 NATIONAL FAMILY MEDICINE RESEARCH SUMMIT

October 30, 2023 was a historic day for the discipline of family medicine, with a momentous gathering of over 140 visionaries, innovators, and leaders in the field of family medicine for the National Family Medicine Research Summit. This summit was the culmination of several years of visioning, led by Dr Irfan Asif in his role as ADFM Research Development Committee Chair, and a full year of active planning and discussions with many individuals and groups, including partnership with the executive committees of NAPCRG and ADFM,

as well as deep engagement with the elected and executive leadership of the 8 major national family medicine organizations who comprise the Family Medicine Leadership Consortium (FMLC): AAFP, AAFP-Foundation, ABFM, ACOFP, AFMRD, ADFM, NAPCRG, and STFM.

The initial stages of this process were to create a series of goals and objectives for a strategic plan for expanding research in the discipline using as much inclusive input as possible, including many meetings with various partners, a series of interviews and focus groups, and an engagement survey. More about the initial process can be found in "Toward a Unified and Collaborative Future: Creating a Strategic Plan for Family Medicine Research,"¹ and more about the context and reasoning behind the need for this plan and Summit are described in, "A Milestone for Promoting Research in Family Medicine."²

The strategic planning process undertaken by these Family Medicine leaders has crafted a vision for research that is nothing short of transformational. It envisions research that is "whole-person, family, and community centered and improves health by enhancing health promotion, improving care for chronic diseases and advancing healthcare delivery, while including cross-cutting themes of health equity, technology, and team science."

The blueprint for this vision involves 3 key strategic priorities and 5 objectives under each:




1. Pathways and Mentorship Programming: Creating a robust system to mentor and guide emerging researchers in family medicine.
2. Funding and Advocacy Efforts: Ensuring sufficient resources and support for groundbreaking research in the field.
3. Infrastructure Development: Building the necessary infrastructure to facilitate cutting-edge research initiatives.

Under each of these priority areas are a series of 5 objectives. The priorities and objectives of the plan are shown in Table 1.

Following the review of this plan by the FMLC organizations, a Summit Planning Committee was given the task of creating an agenda for the October 30th Summit that would help move these priorities forward with possible action steps for each objective. After several months of planning, the final Summit agenda embraced innovative approaches to participatory engagement and each of the 3 priority areas had a breakout group, which each had 3 rounds of discussion throughout the course of the day. These discussions utilized liberating structures, specifically, the 1-2-table-all format, to give all participants a chance to speak. Following this group brainstorming, each round of discussion ended with real-time prioritization of action steps, followed by immediate polling.

This collaborative approach resulted in the development and prioritization of action steps aligned with the objectives

Table 1. National Research Strategy for Family Medicine: 2024-2030

| VISION Family medicine research is whole-person, family, and community centered and improves health by enhancing health promotion, improving care for chronic diseases, and advancing health care delivery, while including cross-cutting themes of health equity, technology, and team science. | | |
|---|--|--|
| STRATEGIC PRIORITIES | | |
| Pathways/Mentorship  | Funding & Advocacy  | Infrastructure  |
| GOALS | | |
| Grow the family medicine research workforce by expanding pathways and strengthening mentorship | Increase funding for family medicine research and advocate for enhanced health policy and support | Build a national infrastructure for organizing and optimizing family medicine research opportunities |
| OBJECTIVES | | |
| A1. Maintain, promote, and contribute to a database of family medicine research programs to connect learning to research training opportunities | B1. Define and promote the value of family medicine research broadly | C1. Create partnerships and align the discipline with future enhancements in health care delivery to be on the forefront of new research opportunities and challenges in health care policy |
| A2. Enhance and grow pathways to participate in family medicine research for: Medical students (eg, expanding MD/PhD programs) Residents (eg, creating additional degree programs and fellowships) Family physicians (eg, offering training opportunities) | B2. Align advocacy efforts with the 2021 NASEM report and forthcoming action plan to build momentum and increase support for family medicine research, including the creation of an Office of Primary Care Research | C2. Utilize a repository of clinical data to answer key questions in primary care |
| A3. Create structured mentorship experiences inside and outside home institutions | B3. Continue advocacy to increase funding for AHRQ National Center for Excellence in Primary Care Research and support efforts to direct other sources of funding to primary care research (eg, foundations, payers, venture capital, and other federal funding agencies such as PCORI, CDC, and HRSA) | C3. Increase accessible and integrated research models that produce clinically applicable research and evidence base (eg, optimize PBRNs, communities of practice, and consider other types of networks such as geographic and content networks) |
| A4. Normalize a team science approach by developing cross-disciplinary partnerships with PhDs, interprofessional groups, and community-based organizations | B4. Advocate for increased funding for Departments of Family Medicine from institutional leadership | C4. Leverage Clinical and Translational Science Awards (CTSA) networks and create Centers of Excellence to increase family medicine research within institutions |
| A5. Promote a "culture of curiosity" among medical students and family medicine residency programs to ensure the workforce is well-equipped to critically analyze and apply evidence | B5. Identify and promote promising practices for chairs to support and fund research participation within their departments and institutions | C5. Design and utilize distinctive methodology such as pragmatic trials, participatory methods, community-based research, translational science, implementation research and dissemination, big data analytics, and machine learning |
| <small>AHRQ = Agency for Healthcare Research and Quality; CDC = Centers for Disease Control and Prevention; HRSA = Health Resources and Services Administration; NASEM = National Academies of Sciences, Engineering, and Medicine; PBRN = practice-based research network; PCORI = Patient-Centered Outcomes Research Institute.</small> | | |

outlined in the strategic plan. These are as follows in Table 1. These action steps are being shared broadly, and specifically with the FMLC organizations who will be taking the lead in each of these areas. They will also be tasked with creating measures of success and a timeline for each of these areas.

In addition to starting to move these forward, there are several other immediate next steps:

- 1) ADFM and NAPCRG will begin action planning for objectives that were not discussed at the Summit
- 2) A special issue of a journal is underway, with more than 20 articles on background and context that ties into the areas of the strategic plan for framing and a tangible product that members of the discipline will be able to hand others
- 3) We will reconvene with the FMLC organizations at the

next FMLC meeting in February, 2024, to assess progress and discuss additional needs for moving each objective forward.

We would like to express appreciation to the ABFM-Foundation for funding the Summit and the planning process, to Clarus Consulting Group for their work on the plan and the Summit with us, and the members of the planning committee, who are listed below, for their time and effort to make the event a success!

Research Summit Planning Committee

Irf Asif, MD, Chair, UAB & Chair of ADFM Research Development Committee; Amanda Weidner, MPH, Executive Director, ADFM; Tom Vansaghi, PhD, Executive Director, NAPCRG; Sam Elwood, Project and Data Manager, ADFM; Dave Schneider, MD, Chair, UT Southwestern & ADFM President; Miranda Moore, PhD, STFM; Dean Seehusen, MD, Chair, Medical College of Georgia; Peter Seidenberg, MD, Chair, Louisiana State University Health - Shreveport; Viv Ramsden, RN, PhD, University of Saskatchewan, & Outgoing NAPCRG President; Richelle Koopman, MD, MS, University of Missouri & NAPCRG Vice President; Santina Wheat, MD, MPH, Northwestern Feinberg & AFMRD Member-At-Large; Kaisani Afsha Rais, MD, Medical City Arlington Family Medicine Residency Program; Warren Newton, MD, MPH, ABFM President; Christina Hester, PhD, MPH, Vice President of Research, DARTNet Institute; Caroline Richardson, MD, Chair, Warren Alpert Medical School of Brown University & *Annals of Family Medicine* Editor; Diana Rubio, MD, Georgetown & ADFM Resident Rep; Beverly Onyekwuluje, MD, Past AFMRD Resident Rep; Yalda Jabbapour, MD, Director of Robert Graham Center; Gerardo Moreno, MD, MS, UCLA David Geffen School of Medicine & ABFM Board; Tochi Iroku-Malize, MD, MPH, MBA, Chair, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell & AAFP President; Jay Shubrook, DO, Touro University California College of Osteopathic Medicine

Amanda Weidner, MPH and Irfan Asif, MD

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1. Asif I, Weidner A, Elwood S. Toward a unified and collaborative future: creating a strategic plan for family medicine research. *Ann Fam Med*. 2023;21(3): 289-291. [10.1370/afm.2987](https://doi.org/10.1370/afm.2987)
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PROGRAM DIRECTOR PERSPECTIVE ON THE ABFM CORE OUTCOMES

In March 2023, the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Family Medicine (RCFM) and American Board of Family Medicine (ABFM) jointly proposed 12 core competencies for family medicine residency training.¹ The ABFM subsequently announced in June 2023 that it will require family medicine program directors to sequentially attest their graduating residents are competent in 15 outcomes that are based on the 12 core competencies.² Both the RCFM and the ABFM engaged in dialogue with the community of family medicine program directors (PDs) to inform their defined competencies, outcomes, and schedule of attestations.^{1,2} Defined outcomes help us as PDs develop a culture of assessment for residents (individual assessment) and also programs (programmatic assessment).³

The first 5 core outcomes in June 2024 to which we must attest a graduating resident are competent center continuity care, acute care, care of infants and children, communication, and professionalism.² To feel confident in their attestation, we can engage with our clinical competency committees (CCCs) to optimize assessment of individual residents within our

Table 1. Resources for Individual Assessment of Residents⁴⁻⁶

| Resource | What is it? | How to Access it? |
|---|--|---|
| ACGME Assessment Guidebook | Document that describes & gives examples of numerous assessments for different learning scenarios & milestones | https://www.acgme.org/globalassets/pdfs/milestones/guidebooks/assessmentguidebook.pdf |
| ACGME Teamwork Effectiveness Assessment Module | Web-based, multi-source feedback tool particularly suited for professionalism, interpersonal & communication skills, and systems-based practice milestones | https://team.acgme.org/ |
| ACGME Direct Observation of Clinical Care tool version 3.0 | App for faculty to document direct observation of pre-defined clinical activities | https://docc.acgme.org/ |
| Society for Teachers of Family Medicine (STFM) Assessment Tools & Strategies for Competency Based Medical Education | Information on competency-based assessment | https://stfm.org/teachingresources/resources/cbme-toolkit/assessment-tools-strategies/ |