

- Creation of complexity science modules on NAPCRG website
- Inclusion of term “complexity science” for submissions
- Identification of a cadre of reviewers in complexity science
- Development of “Complexity Science Forum” in the *Journal of Evaluation in Clinical Practice*
- Assistance with the development of the International Society for Systems and Complexity Sciences for Health

### Medical Education Research

The Medical Education Research work group was born in 2016 with the aim to promote the development of the medical education field of inquiry among family physicians and other researchers in primary care. This group is dedicated to achieving the following goals and activities:

- To unite medical education scholars in the NAPCRG community and foster scholarship in educational research
- To support the implementation of educational innovations at all levels in family medicine
- To undertake knowledge translation activities aimed to strengthen the visibility of this field of inquiry among all educational stakeholders

Products of the Medical Education Research work group have included:

- CASFM 2016 Methods Pre-Conference: Advancing Primary Care Research. Presented on Saturday, November 12, 2016
- CASFM Medical Education Session with Dr. Charo Rodríguez, March 2024
- CASFM Medical Education Session with Drs. M. Epstein and Y. Maryam, December 2023.

### Participatory Health Research

The Participatory Health Research work group promotes and supports collaborative research partnerships in primary care together with patients, communities, and other stakeholder partners. Its goals include jointly collaborating on products that increase understanding and capacity for a participatory approach in primary care research; supporting primary care researchers and professionals undertaking participatory research; and advocating for participatory research policy within relevant research and health care organizations.

Past products of the Participatory Health Research work group have included:

- *Responsible Research with Communities: Participatory Research in Primary Care*. This policy statement was adopted by the NAPCRG Board of Directors and membership at the NAPCRG Annual Meeting on November 6, 1998. NAPCRG was the first international research organization to adopt such a policy on community-based research.
- Allen ML, Salsberg J, Knot M, LeMaster JW, et al. Engaging with communities, engaging with patients: amendment to the NAPCRG 1998 Policy Statement on Responsible Research With Communities. *Fam Pract*. 2017;34(3):313-321. [10.1093/fampra/cmw074](https://doi.org/10.1093/fampra/cmw074)

- Ramsden V, Salsberg J, Herbert C, Westfall J, LeMaster J, Macaulay AC. Patient- and community-oriented research: how is authentic engagement identified in grant applications? *Can Fam Physician*. 2017;63(1):74-76. <https://www.cfp.ca/content/63/1/74.long>

### Practice-Based Research Networks

The Practice-Based Research Networks (PBRN) work group explores the role of practice-based research laboratories and learning communities in the development of new model practices. It is currently using a collaborative strategy to develop research best practices specific to the context of practice-based research. The group also considers advocacy needs of practice-based researchers.

Past products of the PBRN work group have included:

- Donahue KE, Manca D, Halladay JR, et al. The watershed of practice-based research: lessons and opportunities from the COVID pandemic. *HealthAffairs*. Published Jan 20, 2022. [10.1377/forefront.20220118.451069](https://doi.org/10.1377/forefront.20220118.451069)
- Dolor RJ, Campbell-Voytal K, Daly J, et al. Practice-based research network research good practices (PRGPs): summary of recommendations. *Clin Transl Sci*. 2015;8(6):638-646. [10.1111/cts.12317](https://doi.org/10.1111/cts.12317)
- Campbell-Voytal K, Daly JM, Nagykaldi ZJ, et al. Team science approach to developing consensus on research good practices for practice-based research networks: a case study. *Clin Transl Sci*. 2015;8(6): 632–637. [10.1111/cts.12363](https://doi.org/10.1111/cts.12363)

CASFM welcomes and encourages global participation from across all areas of primary care research. For information on how to get involved, please contact

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*Ann Fam Med* 2024;22:362-363. <https://doi.org/10.1370/afm.3155>

### ACTION GUIDES OFFER STEPS TOWARD HEALTH EQUITY

Two new action guides give family physicians concrete steps they can take to advance health equity while providing high-quality, individualized care that improves health outcomes.

The new tools, *Beyond the Surface: A Proactive Guide Series on Screening for Social Determinants of Health* and *The Anti-Racist Family Physician: A Guide to Making a Difference*, are available at <https://www.aafp.org/>

[family-physician/patient-care/the-everyone-project/toolkit/health-advocacy/anti-racism-and-social-determinants-of-health.html](https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/health-advocacy/anti-racism-and-social-determinants-of-health.html). These action guides, the latest resources from the AAFP's EveryONE Project®, were created by the Academy with support from the AAFP Foundation and Takeda Pharmaceutical Co. Ltd.

"We cannot become a healthier nation without eliminating racial inequities in health care," note the authors of *The Anti-Racist Family Physician*. Although the causes of these inequities are complex, the publications lay out steps toward health equity that physicians and their care teams can put into action now.

### Screening for Social Determinants of Health

Beyond the Surface leads physicians through 4 steps to screen for the social determinants of health (SDOH) that affect patients' health:

- Taking a brief overview of SDOH screening
- Preparing a practice for changes based on an "ask, identify, act" framework that the authors call "the easiest approach"
- Implementing those changes with the help of tools selected for family physician practices
- Reviewing the strengths and limitations of 6 screening tools

### Making a Difference

*The Anti-Racist Family Physician*, which offers evidence-based actions to help create practices that counter the effects of racism, begins by examining the ramifications of racism on health disparities, the practice of medicine, the medical workforce, and research. It then details 5 strategies physicians can employ to improve both organizational practices and patient outcomes:

- Reflection and education
- Determining their patient population's specific needs
- Creating an intervention together with the population
- Measuring the intervention's effectiveness
- Influencing policy makers and legislators

### More From the EveryONE Project

The new action guides are part of a toolkit that helps members advocate for health equity, which is available at <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/health-advocacy.html>.

Earlier this year, the Academy developed a series of health policy briefs that offer evidence-based support for physician advocacy on food insecurity, gender pay inequity in medicine, considering health in all local and state policies, health literacy, housing instability, socioeconomic status, and transportation.

*News Staff*  
AAFP News



*Ann Fam Med* 2024;22:363-364. <https://doi.org/10.1370/afm.3154>

## NEW RESOURCES HELP PROGRAMS TRANSITION TO COMPETENCY-BASED MEDICAL EDUCATION (CBME)

New requirements from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Family Medicine (ABFM) have necessitated a shift in how family medicine residency programs educate and assess residents. The focus is now on ensuring that residents gain competence in each of the Core Outcomes of Family Medicine Residency Education.

An STFM task force, funded by the ABFM Foundation, has developed a plethora of resources and opportunities to help programs with the transition. The resources are free for all family medicine residency programs and can be accessed through an STFM CBME toolkit at [stfm.org/cbmetoolkit](https://stfm.org/cbmetoolkit). Many of the tools will be piloted over the next academic year by 33 family medicine residency programs that were selected through an open call for applications.

### One Pagers on CBME Implementation

The CBME toolkit ([stfm.org/cbmetoolkit](https://stfm.org/cbmetoolkit)) includes a series of one-pagers covering the basics of CBME implementation. Some of the topics include: Creating Competency-Based Goals and Objectives, Implementing Individualized Learning Plans, Coaching in Residency Education, and Recommendations for Integrating CBME Assessment Tools.

### Mapping of Core Outcomes to ACGME Family Medicine Sub-Competencies

The task force has mapped each of the Core Outcomes of Family Medicine Residency Education to Level 4 ACGME sub-competencies. This mapping can be used to identify curricular gaps within a program and to identify specific measurable behaviors that can be included in resident individualized learning plans.

### Mobile App Direct Observation Assessments

The STFM CBME Task Force worked with New Innovations and MedHub to create a direct observation assessment—within their apps—mapped to the 15 Core Outcomes of Family Medicine Education and the ACGME family medicine sub-competencies. Both apps allow programs to generate reports that advisors/coaches can use to help residents develop individualized learning plans and that Clinical Competency Committees and program directors can use to assess individual resident progress toward competence in each of the Core Outcomes.