

as these scores are often highly unstable due to the limited number of items and larger standard errors.

Next, test takers should be aware that extreme subtest scores are not uncommon because there are a limited number of items in each subtest area. This may cause additional problems with regard to interpretation. For example, the ABFM reported range for scores is 200 to 800. It is possible that scores actually may be well below 200 or far greater than 800, but in such instances scores are rounded back to fit the range of the scale. Therefore, in most instances where candidates find their weighted sum of subtest scores do not equal that of the total test, extreme scores likely are the primary culprit. Examinees who attempt to reverse engineer the score report should be particularly mindful of extreme scores and how scores of 200 or 800 are not necessarily indicative of a true 200 or 800 score.

Examinees also need to be aware that some granularity exists with the reporting of scores. The MC-FP examination provides truncated scores that are reported in increments of 10. For example, an examinee that truly scored a 507 would see a reported score of 500. Although detailed scaled scores are used in the calculation of scores, only truncated scores are reported. This largely is for purposes of clarity and simplicity. However, in no instance is an examinee's score rounded up, as all test takers are expected to meet or exceed a particular passing threshold. Subtle nuances such as these also can have some bearing on the impact of subtest score summations.

## Conclusion

It is important to emphasize that only the overall scaled score is used to determine the pass/fail decision on the ABFM MC-FP examination. Subtest scores are less stable due to the fewer number of items and the larger standard errors. Despite the instability of subtest scores, a good bit of inferential value can be gleaned from this information, as subtest scores serve as useful approximations for one's performance in various clinical categories on the MC-FP examination. In instances where examinees attempt to reverse engineer their scores based on the information presented in the blueprint, it likely will prove to be unproductive because of the statistical phenomenon discussed above. Rather than attempting to make the case that one's score result should be corrected because the sum of one's weighted subtest scores is not congruent with the overall score, candidates instead are encouraged to use their subtest scores to improve their medical content knowledge by developing an improved self-directed learning plan, thereby increasing their likelihood of future success on the examination.

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From the Society of Teachers  
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## NEW WEB SITE HELPS DEPARTMENTS AND PROGRAMS EFFECTIVELY TRAIN AND SUPPORT PRECEPTORS

Community-based preceptors provide a large portion of the primary care education for medical students in the United States. The Association of American Medical Colleges has called for a 30% increase in medical school enrollment by 2015 to meet the growing physician shortage in the United States. Undoubtedly, this places more demands on physicians who teach and increases the need for a quality pool of trained preceptors.<sup>1</sup>

It can be a challenge to recruit, train, and retain community preceptors. And it's time-consuming to provide training, answer questions, maintain a connection, and ensure that preceptors are recognized for the role they play in educating the next generation of physicians.

STFM has developed a resource for family medicine departments and residency programs to use to provide education and support to their valuable preceptors 24/7, as well as to recruit clinicians to join their preceptor pools. TeachingPhysician.org streamlines training, answers questions, and communicates regularly with preceptors on a department's or program's behalf. Community preceptors can log in to access tools and resources to help them teach the next generation of physicians to provide high-quality, patient-centered care.

## Streamlined Faculty Development

While support and training are critically important to preceptor satisfaction, faculty development happens too infrequently. TeachingPhysician.org provides continuous training and allows preceptors to delve into topics they're interested in or get quick answers on the spot. "The site provides preceptors just-in-time information. Because this resource is always available, preceptors can use its tips and ideas to improve their

teachable moments with students cycling through their offices," said Gretchen Dickinson, MD, STFM Membership Committee Member.

This information-rich Web site delivers videos, tips, answers to frequently asked questions, and links to in-depth information on topics such as:

- Preparing a practice team for a student or resident
- Integrating a student into office routines
- Setting expectations
- Teaching strategies
- Giving feedback
- Evaluating learners
- Billing issues

### Relationship Building

TeachingPhysician.org keeps medical schools and residency programs connected to their community preceptors. Each month, the system sends an e-mail to preceptors with a link to resources for the "Precepting Topic of the Month." Preceptors can earn continuing medical education credits for visiting the site and reviewing the content.

### How it Works

TeachingPhysician.org offers medical schools and residency programs subscription plans to cover all their preceptors. Subscription fees are determined by the number of preceptors. Schools/programs with up to 20 preceptors can purchase a yearly subscription for \$800. Those with more than 20 preceptors purchase an unlimited subscription at \$1,900.

Once a department or program signs up, the Web site sends out a customized e-mail notifying all preceptors that their sponsoring institution has purchased a subscription for them to this content-rich resource. The e-mail also provides log-in information and prompts preceptors to create passwords.

"TeachingPhysician.org is a win-win for the preceptor and his or her sponsoring department or program," said Sally Weaver, PhD, chair of the STFM Membership Committee. "Preceptors are better prepared to provide instruction to students and residents. And the department or program establishes regular communication with their volunteer faculty, who are critical to its success."

For details, visit <http://TeachingPhysician.org> or contact Mary Theobald at [mltheobald@stfm.org](mailto:mltheobald@stfm.org).

Traci Nolte

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From the Association  
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## THE COUNCIL OF ACADEMIC FAMILY MEDICINE (CAFM): WHERE ACADEMIC FAMILY MEDICINE SPEAKS AND ACTS AS ONE

Academic family medicine in the United States is primarily represented by 4 organizations, each with their own mission, vision, goals, and membership criteria: the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Research Group (NAPCRG), and the Society of Teachers of Family Medicine (STFM). Although each organization's uniqueness has allowed it to secure notable achievements, there is a long standing impression that working together on strategic initiatives, coordinating overlapping and duplicative efforts, and speaking with one voice would provide new opportunities and facilitate greater impact. It was with this spirit that the 4 academic family medicine organizations officially launched the Council of Academic Family Medicine (CAFM) in January 2008.<sup>1</sup>

Despite CAFM's rapid development and successes and its significant potential, it has remained relatively obscure to the rank and file academic family physicians, as well as to the organizations outside of family medicine. Getting the word out on its current initiatives and future potential is an important part of its growth and development.

CAFM was started as a council of leaders—rather than a distinct new organization—with each organization represented by their president elect, president, past president, and executive director. This leadership structure respects the unique governance of each organization while providing ongoing and active opportunities to take action on issues of common priority and interest. CAFM also partners with the American Academy of Family Physicians (AAFP) and American Board of Family Medicine (ABFM) to address issues important to the discipline and to the stakeholders of academic family medicine. To enable this partnering, the AAFP and ABFM each have an appointed liaison to CAFM who participate in face-to-face meetings and selected projects.