

Family Medicine Updates



From the Association
of Family Medicine Residency Directors

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A FAMILY MEDICINE RESIDENCY PROGRAM CURRICULUM RESOURCE

Family medicine has been thrust into the national spotlight by the Affordable Care Act of 2010 bringing the concept of the medical home to the forefront and placing family physicians at the hub of the medical care delivery model of the future. These events also task training programs across this country with the burden of producing the right product to meet the demands of what our health system needs: competent, well rounded family physicians. How can we insure quality of our graduates and consistency of our product as training programs?

One answer is to ensure that we train all of our physicians in a core set of skills and competencies. A robust core curriculum resource would ensure that residency graduates have access to peer-reviewed tools to help them achieve a consistent set of clinical and professional skills to meet the primary care needs of our communities. By creating a web-based resource for all family medicine residencies to use, we can provide a consistent framework for faculty and residents to guide their learning and develop competence in the broad scope of the practice of family medicine.

We currently reinvent curricula over and over again in our 450-plus programs across the country. We have a pool of brilliant faculty who create outstanding tools to teach these core concepts to their residents, but those tools stay locked in their individual programs and rarely make it out to other residencies. By better collaborating and harnessing our current individual curriculum development efforts, we could all benefit from the creativity of our educators. Sharing and distributing the best content would improve the consistency of our educational product—a well trained family physician.

AFMRD and STFM are working to develop a globally available, web-based curriculum resource using the AAFP's recommended curriculum guidelines as a framework. It is time to move forward on converting these well-written resources into a dynamic web-based

online resource with peer-reviewed contributions that will improve and standardize our teaching. This project requires planning, coordination, and cooperation.

Collectively we can produce a high quality product that can be provided at a far lower cost than what we currently pay in faculty time for our own reinventions of the wheel. If we can unite around this project, the rewards will be great for our specialty, our residents, and most of all, our patients. In 5 years, we could have a better understanding of what our residents are being taught across the country, we could have outstanding teaching tools at our fingertips for every core topic we need to teach, and we could be confident that the next generation of family physicians will be ready for practice in a system in dire need of our skills. It's time to move forward on developing this national resource. No one else can do this but us. Look for more detailed information to reach you later this spring.

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NORTH
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From the North American
Primary Care Research Group

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THE PERSONAL FACE OF PRIMARY CARE RESEARCH

David Katerndahl, NAPCRG's 2011 Wood Award winner, reflects on the personal impact of primary care research on not only patient's lives, but the lives of those participating in the research and primary care research investigators as well. In the following essay, Katerndahl shares some personal experiences with this as he shared when accepting the Wood award at the NAPCRG Annual Meeting in November 2011.

Does our research really make a difference? Most of us chose a life in primary care because we wanted to make a difference in people's lives. I once calculated the potential impact of a research study published in a primary care journal¹. For example, with a monthly rate of 100,000 online hits and assuming that two thirds of those are from providers, an article on depression