

have been tainted by widespread cheating, the newly constructed test will tend to be considered easier from a measurement perspective. Under most IRT traditions, easier tests require more correct answers in order to pass. In the aforementioned scenario, all examinees would be affected and would need to answer more items correctly in order to pass the exam. With some IRT scoring methods, items are scored in such a way that credit is given (or not) based upon one's response to each individual item. In instances where a particular item has been affected by inaccurate calibrations, examinees who correctly answer the question will receive less credit than they actually deserve and examinees who incorrectly answer the question will be punished more severely as the scoring method attempts to fine-tune a performance estimate. Regardless of the scoring method used, widespread cheating would have the potential to negatively impact all examinees in such a scenario.

Detering Cheating—A Call for Assistance

The ABFM works diligently to ensure that a fair and psychometrically sound examination is administered and that all resulting scores are valid. In addition to some of the more straight-forward safeguards against cheating provided by our testing vendor and standardized exam process, our psychometric staff also have a number of sophisticated methods and techniques to detect cheating. For security purposes we will not reveal the specifics of the various tools and techniques we use, but we give all examinees assurance that we work very hard to ensure the accuracy of our examination results. Unfortunately, however, limitations to our means of detecting cheating exist. It is for this reason that we ask our candidates and diplomates to help ensure everyone is given a fair test so that all score results are as accurate as possible. We ask that anyone with knowledge of misconduct related to the administration of the ABFM examination immediately report this information to the ABFM Test Security Group. For more information about suspected cheating and how you may contact the ABFM, please refer to the "Suspected Cheating" page on our website.⁵

Threats to the validity of the ABFM's examination results are minimized when cheating does not occur. However, any instance of cheating could generate significant consequences not only for the examinee(s) that benefitted from the unfair advantage, but also for the honest and ethically responsible examinees that did not. The old adage that "one bad apple destroys the entire bunch" in many ways applies equally to the accuracy of information yielded from test scores as well. While the overwhelming majority of family physicians conduct themselves in ethically responsible

ways, we as a certification organization remain vigilant with regard to cheating and respectfully ask that anyone with knowledge of others who have cheated (or are planning to cheat) on ABFM examinations report this information to us as soon as possible.

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From the Society of Teachers
of Family Medicine

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STFM UNVEILS THE NATIONAL FAMILY MEDICINE CLERKSHIP CURRICULUM WEBSITE

STFM recently unveiled The National Family Medicine Clerkship Curriculum website. It outlines best practices for delivering and evaluating the core curriculum for 3rd-year family medicine clerkships and offers educational methods, assessment strategies, and resources for clerkship directors and medical school faculty. It also lets users see how colleagues are teaching and assessing specific competencies. The website can be accessed by STFM members at <http://www.stfm.org/cci>.

"This resource is really an enhancement to the Family Medicine Clerkship Curriculum. It takes the "what" of the curriculum into mind and delivers users with the "how" of implementing the curriculum in their own departments," said Katie Margo, MD, University of Pennsylvania.

This website is actually the 2nd phase of the curriculum project. It gives clerkship directors and other medical school faculty the tools to implement the National Family Medicine Curriculum. The curriculum

defined the core content of a family medicine clerkship and established the goals and objectives; defined principles; listed core conditions for acute presentations, chronic illnesses, and prevention visits; and addressed the role of family medicine. The National Family Medicine Clerkship Curriculum was created for several purposes. A national standard for the clerkship curriculum helps curriculum committees gain a better understanding of the time needed to accomplish the clerkship goals and objectives. Defining the content gives a framework for development of educational resources, such as fmCASES, which can be shared across institutions. Standardized core content helps our representatives who are working with the NBME on the subject examination in family medicine.

The National Family Medicine Clerkship Curriculum was designed for clerkship directors and faculty members engaged in 3rd-year medical student education. The content is organized into 4 sections: curriculum competencies and content, clerkship director roles and resources, educational methods, and assessment strategies. The curriculum competencies and content is the work of the first task force, organized to be web friendly. The clerkship director roles and resources outlines the different roles expected of a clerkship director, highlights best bet resources for clerkship directors, and provides some information on fellowships. The educational methods section contains information on 8 common methods: experiential learning, small-group sessions, simulation/standardized patients, skill development sessions, case-based learning, self-study, reflection, and products/projects. For each educational methods topic, there is background information, key questions with short evidence-based responses, best practices, and references. Assessment strategies provide a wealth of information organized into student assessment and evaluation, program evaluation and improvement, faculty development for educational evaluation, and developing an educational research program.

The National Family Medicine Clerkship Curriculum website partnered with the STFM Resource Library (<http://www.fmdrl.org>) to provide peer reviewed curricular pieces that match objectives of the national curriculum. These can be accessed through the clerkship curriculum website. The family medicine Clerkship Curriculum Implementation (CCI) task force solicited curricular pieces that matched objectives in the principles of family medicine section. "Real-world examples of curricula can provide visionary yet practi-

cal ways to improve a clerkship," said Alexander Chessman, MD, Medical University of South Carolina.

The CCI task force focused on the principles section because these objectives are often the most difficult to address and the content addressing these objectives changes less frequently than content addressing many clinical topics. Family medicine educators submitted materials that included all items needed to replicate the curricular experience in another institution. After peer review, 6 submissions were chosen and are currently present on the website. At the time of this writing, these submissions have between 15 and 163 hits each. In the future, additional calls for submissions will occur. This section will develop over time to provide clerkship directors and faculty members with peer reviewed resources that are directly tied to specific objectives of the national family medicine clerkship.

The STFM Education Committee has the responsibility for the maintenance and upkeep of the website. This initiative will undergo assessment to ensure that it currently meets and continues to meet the needs of the family medicine clerkship directors and medical student education faculty. The assessment will initially include measurements of website use and national curriculum implementation. The first data review, completed 3 weeks after launch, revealed high use: the website had 2,638 hits with 1,901 unique page views. The Education Committee also holds the responsibility for envisioning and creating version 2.0.

In the future, the website may provide more online interaction, networking, or mentoring; serve as a hub for identifying colleagues to collaborate on multi-institutional educational research; or even provide opportunities for CME credit, particularly around assessment.

This initiative, developed by STFM, was also supported by the STFM Foundation.

This curriculum has also been endorsed by the AAFP and the other Council of Academic Family Medicine organizations: ADFM, AFMRD, and NAPCRG.

Family Medicine Clerkship Curriculum Implementation task force
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