Table 1. Knowledge Assessment (KA) Results

Module Name	Percent First Response Correct
Asthma	39
Care of Vulnerable Elders	43
Cerebrovascular Disease	40
Childhood Illness	36
Coronary Artery Disease	40
Depression	40
Diabetes	40
Health Behavior	42
Heart Failure	54
Hypertension	15
Maternity Care	36
Pain Management	41
Preventive Care	35
Well Child Care	38

which facilitates success on subsequent attempts. To successfully complete the knowledge assessment, Diplomates must correctly answer 80% of the items in each competency area.

ABFM purposefully creates the SAMs to present an in-depth and challenging exposure to the content area. The information technology (IT) platform allows the Board to capture and retain success rates on Diplomates' first-pass attempts. IT staff have recently queried these results for all SAMs completed since 2004. The lowest average (15%) occurred with hypertension; the highest (54%) occurred with heart failure. The median for all the SAMs was 40%. The results for all of the KAs appear in Table 1.

The results demonstrate that the KAs do indeed represent challenging material, as intended. Interestingly, in spite of the hypertension module's apparent difficulty, this SAM is the 2nd most popular offering: as of the end of August 2012, Diplomates have completed nearly 42,000 hypertension SAMs (the diabetes SAM tops the list at 44,445 modules completed.)

Also, the recommended first-pass approach has anecdotally decreased substantially the time needed to complete the knowledge assessments (Gary Jackson, personal communication 8/31/2012.)

The SAMs represent in-depth coverage of their respective content areas. Over the years since introducing MC-FP, ABFM has created a fairly broad portfolio of topics, but has several additional offerings in the planning stages. In particular, we plan to develop in the coming year modules related to care transitions and medical genomics. Rest assured that these additional offerings will continue the tradition of up-to-date, in-depth, and challenging coverage of the subjects!

Michael D. Hagen, MD

References

1. Hagen MD, Ivins DI, Puffer JC, et al. Maintenance of certification for family physicians (MC-FP) self assessment modules (SAMs): the first year. *JABFM*. 2006;19(4):398-403.

From the Society of Teachers of Family Medicine

Ann Fam Med 2012;10:574-575. doi:10.1370/afm.1459.

AT STFM, RESEARCH IS A PRIORITY

STFM is focusing on innovation and research in medical education. So much so that Scholarship and Innovation is 1 of STFM's 5 strategic priorities.

"Fostering an active culture of inquiry, including training a cadre of clinical researchers, is a key task for today's family medicine educator," said CERA Co-chair Major Dean Seehusen, MD, MPH, Fort Belvoir Community Hospital, Fort, Belvoir, Virginia. "STFM is working hard to give educators tools to accomplish that task."

Each year, STFM invests financial resources, along with member and staff time, to advance scholarship through the following initiatives:

Family Medicine

STFM's flagship journal publishes the latest research and commentary on medical education. For more than 30 years, *Family Medicine* has published innovative, quality contributions from authors in a variety of specialties and academic fields.

Annals of Family Medicine

STFM is the third largest financial contributor to *Annals*, which publishes original clinical, biomedical, social, and health services research.

Grant Generating Project

STFM is 1 of 3 financial partners in the Grant Generating Project (GGP). The GGP equips family medicine researchers with skills to successfully develop and submit grants for research funding. With its emphasis on critical thinking, analysis, and writing, GGP provides training that can be generalized to other grant-writing projects and scholarly writing activities.

CAFM Educational Research Alliance (CERA)

STFM, along with the other Council of Academic Family Medicine organizations, developed CERA to set within family medicine a standard for medical education research that is rigorous and generalizable.

CERA provides mentoring and education to junior researchers, facilitates collaboration between medical education researchers, and guides the specialty by providing leadership and vision in the arena of medical education research. To date, 9 CERA manuscripts have been submitted, and multiple conference presentations are scheduled.

Research at STFM Conferences

Each year, the STFM Annual Spring Conference highlights research presentations. More than 50 podium presentations and 100 posters are presented, including skill-building sessions and educational and clinical research findings. One of 4 general session slots is reserved for research. STFM also has dozens of research posters at the Conference on Medical Student Education and the Conference on Practice Improvement.

The Best Research Paper Award

For more than 20 years, this yearly STFM Award has recognized the best research paper published by an STFM member in a peer-reviewed journal. The STFM Research Committee bases the award selection on the quality of the research and its potential impact. The list of research leaders on this winners' list, available at http://www.stfm.org/about/awards/bestresearch.cfm, is impressive.

Research Advocacy

This initiative is still in its infancy, but the organizations within Council of Academic Family Medicine have made advocacy for increased research funding a priority.

National Research Network

The Conference on Practice Improvement, which STFM presents with the American Academy of Family Physicians, is the home for presentations and meetings of the National Research Network. Significant linkages between practice improvement and the translation of the research are coming out of this network.

Family Medicine Research Wiki

The STFM Group on Research in Residency offers a comprehensive but relatively unknown resource to build research capacity. Topics include: Getting Started with Family Medicine Research, Journal Clubs & Critical Appraisal, Scholarly Projects in Residency Training, IRB Issues and Participant Safety, Writing A Research Paper, Reviewing a Manuscript, and more. The wiki is available at http://www.fmdrl.org/1563.

Management Contract With the North American Primary Care Research Group

STFM provides staff to run NAPCRG. STFM does this because STFM leadership believes that NAPCRG can do things that STFM can't to advance the generation of new knowledge.

More needs to be done to move scholarship forward. STFM will continue to lead research initiatives that align with its educational mission and collaborate with others to develop family medicine faculty and learners' skills in educational research and innovation. "STFM, through its Research Committee and initiatives like CERA, is providing infrastructure, mentoring, and collaboration to help family medicine educators move from ideas to publishable new knowledge that will benefit us all," said STFM Research Committee Chair Arch Mainous, PhD, Medical University of South Carolina.

Stacy Brungardt, CAE
STFM Executive Director

ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

Ann Fam Med 2012;10:575-576. doi:10.1370/afm.1454.

IT'S NOT ABOUT US: MOVING THE FOCUS TO THE TEAM AND THE PATIENT

Shaping messages to promote the interests of family medicine has a well-honored place in academic family medicine. Although serving a variety of purposes, the central goal of our messaging is to promote improvement in the health of the discipline and of our patients. Whether in catch phrases like "the future of family medicine," or with key words and metaphors (continuity, family, primary care), we work towards the diffusion, spread, and adoption of our principles and opinions. Might it be time to change the conversation?

1. Moving the Money Focus from Docs to Teams/Infrastructure

Is it time to shift the national primary care conversation on reimbursement from "family doctors don't earn enough money" to "family doctors don't have the help they need to create systems that work for patients and populations"? Family medicine needs to promote payment models like global capitation, value-based care and pay-for-population that will facilitate infrastructure development needed to effectively serve patients, families, and communities. This would require a departure from focusing on the income of physicians to support for the team, the system, and ultimately the patient and the population. Creating the infrastructure for transformed health care, whether patient-centered medical