

ence requirement. With the current duty hour requirements, many residents manage women in labor for extensive periods of time, often making complex care decisions, but would receive no credit by credentialing bodies for that experience. The guidelines have a similar experience criteria model as the procedure guidelines—the minimum number of deliveries is 40, but in addition, they should manage an additional 40 patients in labor (that they may not deliver) during their training.

The Advanced Maternity Care tier outlines the expectations for training residents, and often fellows, to gain operative obstetrical maternity skills and management of higher risk pregnancies. This robust level of training is often needed in rural and underserved areas of our country and will create skilled providers of maternity care that those communities need.

We are entering an era of greater accountability to our communities we serve. Having these training guidelines for maternity care and for procedures will help us ensure we are training skilled family physicians with a sufficiently broad scope to provide care of higher quality that meets more the needs of their patients. We encourage broad adoption of these guidelines and tools in order to enhance both the skills and credibility of our graduates.

These working guidelines can be found on the AFMRD website, <http://www.afmrd.org>.

*W. Fred Miser, MD; Michael Tuggy, MD  
Natasba Bhuyan, MD; Gretchen M. Dickson, MD, MBA;  
James W. Jarvis, MD; Lisa Maxwell, MD; Michael  
Mazzone, MD; Tom Miller, MD; Karen Mitchell, MD;  
Stephen Schultz, MD; Todd Shaffer, MD, MBA*

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**From the North  
American Primary Care  
Research Group**

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## NAPCRG CONGRATULATES THE 2014 PATIENT CHOICE AWARD WINNERS

At the 2014 Annual Meeting in New York, New York NAPCRG challenged its poster presenters to enter their posters in the Patient Choice Awards, a new initiative

geared to engage patients with primary care researchers. Participating researchers were asked to answer, in layman's terms, the question: "So what?" or how is the research relevant to patients? Researchers had to explain the significant impact the research would have on human health and/or why it should matter to patients, community members, and family physicians.

Patients participating in NAPCRG's PaCE project, which engages patients and primary care clinicians in the larger context of primary care research, judged the posters and chose 2 winners.

The winners were:

*Does Case Management Address the Needs of Patients With Mild Dementia and Their Caregivers in Community-based Primary Health Care? A Mixed Methods Study Design.*

Vladimir Khanassov, MD, MSc, Resident in Family Medicine and Isabelle Vedel, MD, PhD, Assistant Professor, McGill University

*Knowledge, Practices and Attitudes on Diabetic Foot Care Among Patients With Diabetes at the Family Health Clinic at the University Hospital Robert B. Green Downtown Campus in San Antonio, TX*

Anna Cecilia Tenorio, MD; Robert Ferrer, MD; Sandra Burge, PhD; Fozia Ali, MD; Babaran M; Del Rosario A; Estacio M; Herman S; Lopez G; Vasquez A, The University of Texas Science Center at San Antonio

The Patient Choice Awards is one of many initiatives that are a part of the PaCE project, a program funded by the Patient-Centered Outcomes Research Institute (PCORI). Through the PaCE project, NAPCRG will develop a robust community of patients and primary care providers with knowledge and understanding of the unique features of patient-centered outcomes research related to primary care.

Too often, community partners in health research consist of health professionals and organizational leaders. PaCE aims to identify partners who are the "non-usual suspects"—people who are not necessarily medical or public health professionals, who are not aligned with a particular professional or personal research policy agenda, and whose local influence is defined within the context of the community versus job titles or credentials.