offering will allow Diplomates to choose completing KSAs or this alternative activity, which will be named Continuous Knowledge Self-Assessment (CKSA), to meet their MC-FP Part II requirements. We are planning to make this option available in early 2017. Over the course of the following 3 years, we hope to use data gathered from those Diplomates choosing this Part II offering to assess the feasibility of using this format to replace the current Part III examination.

Discounting the Cost of MC-FP for Diplomates Aged Over 70 Years

We have mentioned previously the significant number of Diplomates who continue to participate in MC-FP well into their 70s, 80s, and 90s despite the fact that they are no longer practicing. In recognition of the dedication and commitment that these Diplomates have made to our specialty, we have chosen to offer each of them a 50% discount on their MC-FP fees if they wish to continue to maintain their certification.

Transforming Clinical Practice Initiative

Before closing, we would be remiss in not mentioning 2 other important issues that will demand our attention this year. The first was our recent selection as 1 of 39 health care collaborative networks selected to participate in the federal Transforming Clinical Practice Initiative (TCPI). This initiative was designed to help physicians transform their practices to enhance care coordination and expand information sharing. We will partner with the American Academy of Family Physicians (AAFP) on this effort and will receive as much as $538,000 to help offer the tools, information, and network support needed to assist physicians improve the quality of care they provide, increase patients' access to information, and ensure more judicious use of health care dollars. Our clinical data registry will be an integral part of our plan to strengthen quality of care and develop comprehensive quality improvement strategies for those participating in these networks.

Physician Burnout

The final, but not least important issue, is the increasing rate of physician burnout. We are currently collecting data to understand how prevalent this phenomenon is in board certified family physicians. The findings from the data that we collect will inform our decisions on how we can further enhance MC-FP to create added value and less burden for practicing family physicians in keeping with our promises that we have made with our Diplomates.

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STFM TACKLES PRECEPTOR SHORTAGE

From the Society of Teachers of Family Medicine

Family medicine clerkships are struggling to obtain and retain quality clinical training sites. Contributing factors include time constraints, competition for a limited number of training sites, physician's concerns about their ability to be effective teachers, physician burnout, and dated practice models that aren't ideal training sites.[1-4]

Over the past several years, STFM has developed resources to help community preceptors be more effective teachers and to ensure that students add value to the process of caring for patients. Resources include:

- White paper: "Strategies to Ensure that Students Add Value in Outpatient Offices"
- Position statement and preceptor guidelines on student use of electronic health records
- TeachingPhysician.org: A comprehensive web-based resource that connects medical schools and residency programs to community preceptors. It delivers videos, tips, answers to frequently asked questions, and links to in-depth information on precepting topics to more than 19,000 community preceptors. The site and the monthly communications to preceptors have recently been completely revamped to include:
  - An institution-wide username and password to make it easier for preceptors to access the site
  - Pathways for different users. There are content paths from the home page for resident teachers, new teachers, and preceptors who have a student coming to their office in the immediate future
  - A redesigned monthly e-mail to preceptors that is less promotional and more informational
  - Password-protected institutional hubs where medical schools can share news and upload documents, such as curriculum and student evaluation forms
  - A "rate this content/provide feedback" feature to allow for continuous improvement of content
  - Introductory content that isn't password-protected to get more people involved in precepting
  - A medical school finder so those interested in precepting can find a school in their area
  - Additional/updated videos and podcasts
  - Increased automation and faster speeds

STFM's Medical Student Education Committee is hosting a preconference workshop at the STFM Annual Spring Conference, titled "Best Practices for Preceptor Recruitment and Retention." In this interac-

tive workshop for faculty and community preceptors, participants will (1) identify and address barriers to recruitment and retention of community preceptors, (2) identify motivating factors for community preceptors, (3) describe onboarding/orienting community preceptors in this teaching role, (4) demonstrate how to give feedback to students in an outpatient clinical setting, and (5) discuss the needs of preceptors and health systems with regards to teaching students in the clinical setting.

STFM's Group on medical student education is conducting national focus groups of community physicians who are or may become preceptors to identify relevant factors in decisions to precept. They will then use lean methodology to rapidly test interventions and innovations to address barriers and create value for community physicians in their role as preceptors. This multi-institutional qualitative study of the preceptors will inform future preceptor recruitment and retention initiatives.

STFM is collaborating with Family Medicine for America's Health and the other family medicine organizations to address the preceptor shortage more globally. The organizations are discussing the possibility of bringing together a variety of stakeholders for a full-day summit to develop a detailed plan of action to:

- Reduce the time burden associated with precepting
- Increase the value of students in community practices
- Improve the quality of the precepting experience for preceptors and students

Family medicine education cannot succeed without community preceptors to train students in outpatient offices. Recruitment and retention of a sufficient number of preceptors in high-performing practices is going to be a continual challenge given the evolving healthcare environment and the increasing number of medical students and other trainees requiring clinical placements.

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

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ENGAGING LEARNERS TO ACHIEVE ESCAPE VELOCITY IN TRANSFORMATIONAL EDUCATION AND PRACTICE

"The dream of reason did not take power into account."[1] One of every $5 of the US gross domestic product now comes from the health care delivery industry. Approximately 30% of those health care dollars are superfluous, unnecessary, or downright wasteful based on objective assessments.[2] Despite this, the formidable financial forces in play within the complex US health care delivery system create a tremendous resistance to change.

Current dictum advocates a health care delivery system that focuses on delivering the Triple Aim of better outcomes, better patient experience, at a lower cost. Unfortunately, the ability to achieve sustainable steps toward these goals has continually been thwarted by financial incentives that serve to reinforce interests of traditional stakeholders[3] rather than empowering individuals to improve their health. Health care reform in the United States has yet to reach 'escape velocity' in order to break free of these 'gravitational' constraints.[4]

In a similar fashion, educational reform is revisited about every 20 years in US medical schools,[5] falling short of the necessary energy for true transformation. As Lin et al point out, the goal of medical education must move beyond increasing the supply of future physicians, to focus on better health outcomes for all Americans.[6] The integral synergy between educational and health care delivery systems can no longer be viewed separately or ignored.

To break free of existing paradigms and achieve peak escape velocity requires a new way of thinking about education in the context of clinical care that pushes towards equitable payment and focuses on quality, outcomes, and team-based care.[7]

To facilitate this change, a parallel groundswell of change in medical education must engage learners in identifying needs and opportunities for systems improvement, patient and environmental barriers that can be surmounted, and essential resources that can be made available. Who better to help identify deficits and disparities? Who better to contribute to designing, implementing and examining innovative models to improve health, lower cost, and improve patient