mates and serve as an alternative option for completing MC-FP self-assessment requirements. Given these new options, the ABFM Board of Directors voted at its October, 2015 meeting to de-link the knowledge assessment component of the MC-FP SAMs from the associated clinical simulations. This means that the knowledge assessments and simulations will now serve as independent options for completing the MC-FP self-assessment requirement.

This new role for simulations provides an opportunity to refocus the simulations' operation and functionality to present a much more formative, rather than summative[4], emphasis. Development efforts heretofore have stressed summative scoring models and functionality to support a possible role for simulation in the MC-FP examination. In this summative role, simulation scoring would have necessarily mapped to the existing examination pass-fail threshold, and would not serve easily to motivate and direct higher levels of performance. We can now work to implement formative features such as context sensitive feedback, quick quizzes, short lectures/discussions, and competitive gaming features that represented inappropriate components for a possible high-stakes examination environment. In this new role, scoring can provide feedback on performance, and *can* motivate higher performance levels. The simulator interface can now evolve to include much more guidance (eg, more use of drop-down menus and pop-up balloons) than would have been appropriate in the context of using simulation within the examination.

In addition to this more formative emphasis, ABFM has, along with colleagues from Virginia Commonwealth University, completed recently an extensive review of structured and unstructured SAM feedback from the past 10 years' experience (ABFM internal reports.)[5,6] That review identified a number of Diplomate suggestions for improvements to the simulation interface. During the summer 2015, these suggestions guided multiple interface revisions that ABFM deployed in August. Subsequent feedback indicated favorable response to the revisions (internal report).[7] Work remains, however, on several interface issues, including more responsive natural language processing, easier access to diagnostic studies and therapies, and greater use of media resources. The development team met in Lexington, KY, February 23-24, 2016, to begin work on implementing responses to this feedback and the formative features mentioned earlier. The ABFM has additionally engaged external consultant experts to aid in simulation interface re-design.

The October, 2015 Board action changes the role originally envisioned for the ABFM clinical simulation system. This change, however, clearly represents the "end of the beginning," not the end of clinical simulation in the ABFM MC-FP program.

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SUMMIT WILL ADDRESS THE SHORTAGE OF HIGH-QUALITY FAMILY MEDICINE COMMUNITY PRECEPTORS

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, physicians' concerns about their ability to be effective teachers, physician burnout, and dated practice models that aren't ideal training sites.[1-4]

STFM has agreed to be responsible for Family Medicine for America's Health's Workforce Education and Development Core Team's task of identifying, developing, and disseminating resources for community preceptors.

Table 1. Time and Quality Challenges

AIM	Primary Drivers to be Addressed	Secondary Drivers
Decrease the percentage of allopathic family medicine clerkship directors who report difficulty finding clinical preceptor sites from 47% to 35% by 2020	Not enough time to precept	Time required for teaching; it's estimated that having a student adds 30 minutes to a typical workday
		Additional time requirements have been placed on physicians due to EMRs and increasing administrative tasks
		Teaching has become more formal, bureaucratic, and complicated because of the demands of accrediting bodies and the organizations that employ physicians
Increase the percentage of students completing clerkships at high-functioning sites	Work involved in true primary care transformation	Practices don't feel like they can take on students in the midst of transformation
		Students are completing clerkships at sites that are not offering comprehensive family medicine, are not patient centered, and/or have less-than-ideal family physician role models.

STFM will hold a summit August 26-27, 2016 in Kansas City, Missouri to engage stakeholders to address the shortage of high-quality family medicine community preceptors. The $1^1/_2$-day summit will provide an opportunity to bring together those who understand the problem and have power to make change.

The Summit will be chaired by Beat Steiner, MD. The approximately 40 participants will include health system leaders, organizational representatives, clerkship directors, community preceptors, physicians who do not precept, students, etc.

Aims of the Summit Include

- Decrease the percentage of allopathic family medicine clerkship directors who report difficulty finding clinical preceptor sites from 47% to 35% by 2020 (as measured by AAMC Report).
- Increase the percentage of students completing clerkships at high-functioning sites (as measured by CERA surveys. Baseline will be determined in 2016).

Problems Summit Attendees Will Tackle

While there are several factors (drivers) contributing to the shortage of preceptors at high-functioning sites, summit participants will look first at addressing time and quality challenges (Table 1).

What Attendees Will Do

Summit participants will reach consensus on which drivers to address and develop a plan to meet the aims. The plan will include:

- A list of tasks that will be undertaken to address the drivers and meet the aims
- Assignments (which organizations will do what)
- Identified point persons for each task. These individuals will be responsible for regular communications with the STFM project lead and others, as needed
- A timeline

Summit Funding

STFM and FMAHealth are seeking funding to support this FMAHealth Workforce Core Team activity. If not successful in acquiring funding, participating organizations will fund their own representatives and STFM will fund other invited guests (Chair, Clerkship Director, CEO, Community Preceptors, FPs who do not precept, etc) and pay for meeting expenses.

What Will Happen After the Summit

Organizations that have agreed to take on tasks will get necessary approvals from their Boards for the task(s) they've agreed to lead. They will submit work plans to an STFM Oversight Committee that will review the plans and provide feedback, if needed, to ensure they align with the project aims and don't duplicate or interfere with the work of others involved in the plan implementation. The Oversight Committee will include STFM staff and 2 to 3 STFM members involved in medical student education. In addition to reviewing the plans, the committee will monitor the progress of the work, answer questions from point persons, and communicate with STFM members about the work being done.

Mary Theobald, MBA, Project Lead for the Summit
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Society of Teachers of Family Medicine

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