

ciné's current and future leaders to guide the use of new tools and new "ways of doing things" in the context of the valued relationship-based care that is at the core of our discipline.

At our 40th birthday celebration, we will acknowledge our roots and continue to learn from the wealth of experience provided by many past chairs and administrators ("heritage members") who will attend this unique, integrated program. We also plan to challenge the future with sessions around introducing clinical innovations, the interface of technology and primary care, and "culture by design." Imagine what will happen over the next 10 years—what technology will appear and how can we lever that technology to best meet societal needs? More importantly, how can we lead against such threats to our nation's health as xenophobia and environmental degradation?

In addition to our programming, we promise a wonderful annual dinner of fun, reminiscing, music from over the decades, and yes, singing. All past chairs and administrators are invited and we hope that many can make this "must attend" event!

We will be collecting ADFM memorabilia and are establishing a new Heritage Speaker Fund. If you have any photos, books, or other memorabilia to share or if you have questions about contributions to the "heritage speaker" fund, please contact Priscilla Noland, ADFM's Administrative Director at: [pnoland@adfm.org](mailto:pnoland@adfm.org).

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## References

1. Borkan J, et al. Vision, Voice, Leadership: ADFM's Next Phase. *Ann Fam Med*. 2009;7(4):375-376. <http://www.annfammed.org/content/7/4/375.full>.
2. Campbell T, et al. ADFM's Mission, Vision and Goals: Foundation of our New 3-Year Strategic Plan. *Ann Fam Med*. 2012;10(5):471-472. <http://www.annfammed.org/content/10/5/471.full>.



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## MEETING SCHOLARLY ACTIVITY REQUIREMENTS IN A FAMILY MEDICINE RESIDENCY PROGRAM

Scholarship is an essential component of a family medicine residency program evidenced by the requirements outlined by the Accreditation Council of

Graduate Medical Education (ACGME) Review Committee - Family Medicine (RC-FM).<sup>1</sup> These guidelines require faculty to establish and maintain an environment of inquiry and scholarship with an active research component and residents to complete 2 scholarly activities, at least 1 of which should be a quality improvement project. In addition, the curriculum should include basic principles of research. Unfortunately, the area of faculty scholarship is the most common "Area for Improvement" and the area of scholarly activities is the fourth most common citation by the RC-FM.<sup>2</sup>

Family medicine research is critical because its results enable us to provide better quality care for our patients and allow us as a discipline to move closer to achieving the Triple Aim of "better health, better health care, and affordable cost."<sup>3-5</sup> In a family medicine residency program, research can help create a culture of curiosity and inquiry.<sup>4</sup> Residents provided training in research are more likely to continue with scholarly pursuits after graduation.<sup>6</sup>

However, scholarship incorporates more than research. A residency program can embrace the expanded definition of scholarship to enhance its outcome. Academic work includes the scholarship of discovery, of integration, of application, and of teaching.<sup>7</sup> An evidence-based review article for a family medicine audience is an example of the scholarship of integration, while publication of quality improvement work demonstrates the scholarship of application. The scholarship of teaching is a vibrant research area in the family medicine community. All 4 scholarly areas have potential to improve care for our patients and the education of learners in family medicine in a way that classic bench or disease-oriented clinical research might not.

Factors associated with increased resident scholarly output include: dedicated research time, resident recognition for scholarship, a local research day, academic advancement linked to scholarship for faculty, and residency director involved in research.<sup>8</sup> Faculty skills and involvement in research, accessible research professionals, a specific curriculum, and a research committee are also likely to be important for scholarly production.<sup>9-10</sup> Resident scholarly activity requirements can be met by disseminating quality improvement projects, also required by the ACGME.<sup>11</sup>

There are many ways to disseminate scholarly work, including presentations and publications. Presentations can be oral (seminars, lectures, workshop) or by poster. There are numerous national meetings where scholarly activity is presented including: the Annual Spring Conference of the Society of Teachers of Family Medicine (STFM), the STFM Conference on Practice Improvement, the North American Primary Care Research Group Annual Meeting, the American Academy of

Family Physicians National Conference of Family Medicine Residents and Medical Students, and Program Directors Workshop & Residency Program Solutions Residency Education Symposium. Many regions, hospitals, medical schools, or cities have their own academic presentation days that meet resident scholarly activity requirements. These meetings are also a great place to be inspired by the work of colleagues.

Publications can include case reports or series, review articles, original research (quantitative or qualitative), book chapters, and online or other digital resources. Original research with a primary care focus is published in *Annals of Family Medicine*, *Family Medicine*, *Journal of Family Practice*, and *Journal of the American Board of Family Medicine*, to name a few. The STFM recently created *Peer-Reviewed Reports in Medical Education Research (PRIMER)*, an online journal that will publish brief reports on original research relevant to education in family medicine.

The RC-FM provides guidelines on how it interprets scholarly activity for compliance with the Program Requirements and examples of how this requirement can be met.<sup>12</sup>

Curiosity is an essential trait of an excellent family physician. By nurturing a culture of inquiry and scholarly activity in residency, our programs can support the excellence of the next generation of family physicians.

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## References

1. ACGME Program Requirements for Graduate Medical Education in Family Medicine. [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120\\_family\\_medicine\\_2017-07-01.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf). Accessed Jul 1, 2017.
2. ACGME Review Committee – Family Medicine 2017 Update, presented at the 2017 American Academy of Family Physicians Program Directors Workshop, Kansas City, MO, Mar 24, 2017.
3. De Maeseneer JM, De Sutter A. Why research in family medicine? A superfluous question. *Ann Fam Med*. 2004;2(Suppl 2):S17-S22.
4. deGruy FV III, Ewigman B, DeVoe JE, et al. A plan for useful and timely family medicine and primary care research. *Fam Med*. 2015;47(8):636-642.
5. Ewigman B, Davis A, Vansaghi T, et al. Building research & scholarship capacity in Departments of Family Medicine: A new joint ADFM-NAPCRG initiative. *Ann Fam Med*. 2016;14(1):82-83.
6. Kohlwes J, O'Brien B, Stanley M, et al. Does research training during residency promote scholarship and influence career choice? A cross-sectional analysis of a 10-year cohort of the UCSF-PRIME internal medicine residency program. *Teach Learn Med*. 2016;28(3):314-319.
7. Beattie DS. Expanding the view of scholarship: introduction. *Acad Med*. 2000;75(9):871-876.
8. Crawford P, Seehusen D. Scholarly activity in family medicine residency programs: a national survey. *Fam Med*. 2011;43(5):311-317.
9. DeHaven MJ, Wilson GR, Murphree DD. Developing a research program in a community-based department of family medicine: one department's experience. *Fam Med*. 1994;26(5):303-308.
10. Carek PJ, Dickerson LM, Diaz VA, Steyer TE. Addressing the Scholarly Activity Requirements for Residents: One Program's Solution. *J Grad Med Educ*. 2011;3(3):379-382.
11. Simasek M, Ballard SL, Phelps P, et al. Meeting Resident Scholarly Activity Requirements Through a Longitudinal Quality Improvement Curriculum. *J Grad Med Educ*. 2015;7(1):86-90.
12. Review Committee for Family Medicine. Scholarly Activity Guidelines. [https://www.acgme.org/Portals/0/PFAssets/ProgramResources/120\\_scholarly-activity-guidelines.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramResources/120_scholarly-activity-guidelines.pdf). Accessed Jul 1, 2017.



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## 2017 PBRN CONFERENCE HIGHLIGHTS TAKING PRACTICE TRANSFORMATION TO SCALE WITH QUALITY IMPROVEMENT

The 2017 NAPCRG Practice-Based Research Network Conference brought together the energy of 170 participants from the United States, Canada, Haiti, and the United Kingdom in Bethesda, Maryland on July 22-23, 2017. Conference co-chairs, Donald Nease, Jr and Denise Campbell-Scherer provided the welcome and orientation for this AHRQ-sponsored conference.

Arlene Bierman, MD, Director of AHRQ's Center for Evidence and Practice Improvement, highlighted AHRQ's Primary Care areas of interest and achievements, of which several were produced by PBRNs. Dr Bierman emphasized that AHRQ recognizes the critical role that PBRNs have played in creating and sustaining the viability of these tools.

Deborah Cohen, PhD, delivered the first plenary on "Evaluation of a National Dissemination and Implementation Initiative to Enhance Primary Care Practice Capacity and Improve Cardiovascular Disease Care" where she described the EvidenceNOW initiative's evaluation, *Evaluating System Change to Advance Learning and Take Evidence to Scale (ESCALATES)*, and shared its real time findings. Dr Cohen shared information about the cooperative infrastructure supporting this large dissemination and implementation effort, and the role practice-based research networks play in this effort including the key characteristics of the EvidenceNOW cohort of practices, which currently includes data on approximately 1,500 primary care practices.

The second plenary was delivered by Kimberly Wintemute, MD, CCFP, FCFP, the co-lead for Choosing Wisely Canada, entitled "The Researcher and The Implementer: Critical Kinship Writ Large". Dr Wintemute's presentation described why the relationships between researchers and implementers are so crucial