### Key Functions of Patient and Public Board Members

Evaluation information from the family medicine public and patient Board focus group meetings highlighted the importance of being clear about the unique perspectives these members bring to Boards. Allowing their expertise to be tapped through appropriate initial and ongoing onboarding/mentoring, and inclusionary governance provisions (eg, chairing committees, voting) are important for a Board to explicitly think through and accommodate. For example, our ADFM public member voted along with other Board members on important issues and provided critical input into our website redesign. Another example is being seen as a legitimate Board member by the membership through speaking at annual meetings. Understanding the different perspectives and intended contributions of patient and public members is critical. In the case of ADFM, this pilot was about a public member with knowledge about and experience within institutions similar to environments in which Departments of Family Medicine are embedded.

As ADFM continues to move ahead during the COVID-19 pandemic and the coming financial and social justice challenges, the value of "patient- and community-centeredness" in guiding our work is critical.

*Ardis Davis, Valerie Gilchrist, Julie Moretz, Amanda Weidner, Kevin Grumbach, and Ned Holland, with acknowledgement of contributions to learnings from these family medicine organization Boards' public and patient members: Beth Bortz, Maret Felzien, Warren Jones, Kirk Kelly, Arturo Martinez-Guijosa, Richard Smith, Diane Stollenwerk, and Melissa Thomason*

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AFMRD Association of Family Medicine Residency Directors **From the Association of Family Medicine Residency Directors**

*Ann Fam Med* 2020;18:473-475. https://doi.org/10.1370/afm.2597.

## IDENTIFYING TRENDS AND AREAS FOR IMPROVEMENT USING REPORTS FROM THE NATIONAL GRADUATE SURVEY FOR FAMILY MEDICINE

The National Graduate Survey (NGS) for family medicine is administered annually by the American Board of Family Medicine (ABFM) in partnership with the Association of Family Medicine Residency Directors to facilitate improvements in residency education by providing programs with access to nationally standardized data about their programs.[1] All ABFM-certified graduates receive the survey 3 years after they finish residency and have from January to December to complete the survey. The first survey in 2016 queried residency graduates from 2013; 4 surveys have been completed with the most recent 2019 survey of graduates from 2016. Residency programs receive a report with their graduates' responses as well as the national data. If fewer than 3 graduates of a residency program respond, these responses are held and later combined with the subsequent year's data.

Residency programs have used these reports to identify trends and areas for improvement. As our specialty looks towards the future, including a major revision to ACGME RC requirements, we can reflect on these 4 years of data.

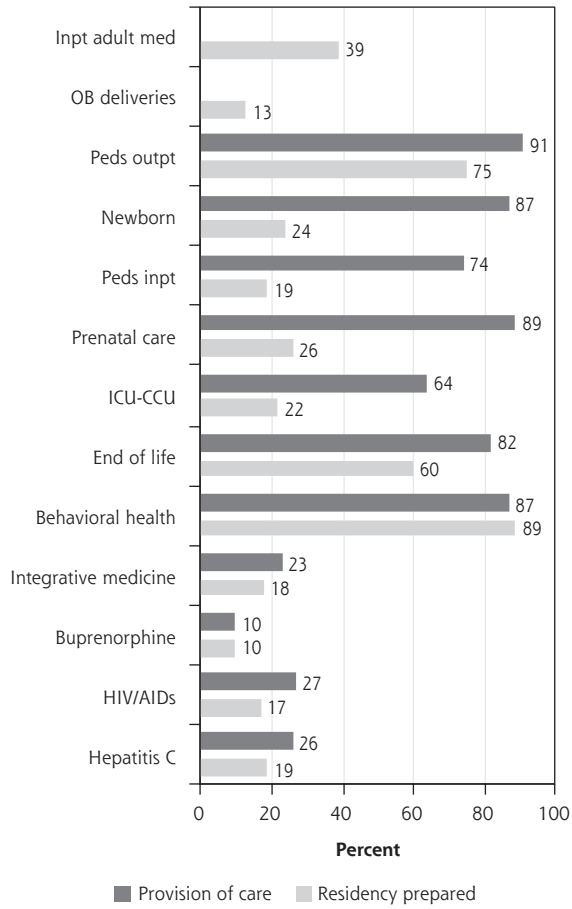
With 4 years of survey data, 8,980 family medicine graduates have completed the graduate survey with an overall 69% response rate. The survey captures the scope of graduate practice and graduates' self-reported training in residency. It also captures where and what types of practices graduates are practicing in and their self-reported burnout and feelings about their training, specialty, and medicine in general. Sufficient data has been collected to now describe with good reliability the practice of young family physicians and to identify trends over time in the specialty. Most importantly, researchers can use these data to test research hypotheses about the impact of family medicine training on graduate practice—true outcomes-based research of medical education.

A growing concern in the program director community is the scope of practice for our graduates. The NGS is a good tool to measure this for programs and the specialty as a whole. The survey annually asks graduates to report whether they felt adequately

trained for a procedure or area of practice and whether they are currently providing this service. Over time, several emerging areas of practice such as Point of Care Ultrasound (POCUS) have been added to the survey. The combined self-reported training and provision of areas of practice for graduates between 2013 and 2016 is in Figure 1 and procedures in Figure 2. Most areas of practice and procedures were stable over these 4 years. Notable exceptions were placing implantable contraceptive devices such as Nexplanon with respondents receiving adequate training increasing from 61% to 82% and performing in practice increasing from 33% to 48%. With the 2012 changes to cervical cancer screening guidelines, many family medicine clinics following updated guidelines are performing fewer pap smears and have fewer patients who require colposcopy. Graduates feeling prepared to perform colposcopy decreased from 60% to 48%, though graduates currently practicing this procedure remained steady at 14% to 13%. Other areas with a notable decrease in graduates feeling prepared and practicing were HIV/AIDS (prepared 31% to 25%; practicing 21% to 14%) and Hepatitis C (prepared 30% to 23%; practicing 25% to 13%). A growing area of need for our public's health is more family physicians prescribing buprenorphine. Unfortunately, over this time period there was not a significant increase in graduates reporting feeling trained (only increasing from 10% to 12%) and only a small absolute increase in graduates who report prescribing buprenorphine (increasing from 7% to 12%).

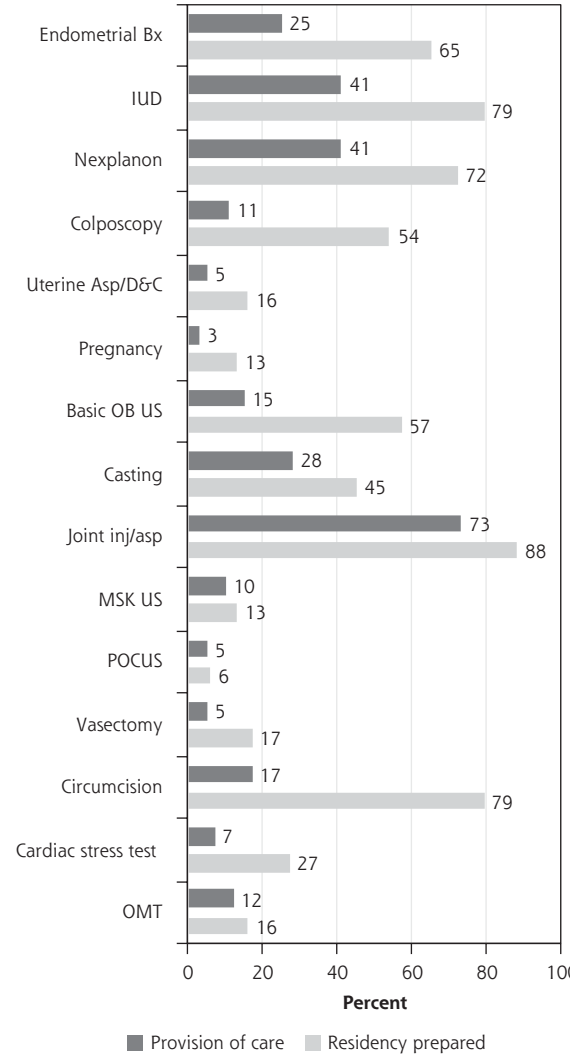
This national standardized data of our graduates are important for program directors, department

**Figure 1. National ABFM/AFMRD Graduate Survey scope of practice.**




OB = obstetrics; ICU-CCU = intensive/critical care unit

**Figure 2. National ABFM/AFMRD Graduate Survey scope of practice—procedures.**




Bx = biopsy; IuD = intrauterine device; Asp = aspiration; D & C = dilation and curettage; OB US = obstetrics ultrasound; MSK US - musculoskeletal ultrasound; POCUS = point-of-care ulstrasound; OMT = osteopathic manipulative treatment.

chairs, and sponsoring institutions to measure whether they are meeting the mission, values, and goals for their programs. This was the primary goal for the original design for the NGS. As we are trying to recruit more students into our specialty and we continue to demonstrate our value to our communities and the US health system, these data are also an important resource as outcome measures for our programs. If program directors share their program data with medical students, students can be better guided to look for programs that meet their own personal training needs.

*Wendy Barr, MD, MPH, MSCE and*
*Jessie M. Pettit, MD, IBCLC*

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AAFP **From the American Academy of Family Physicians**

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## AAFP LAUNCHES NEW WEBSITE AND MOBILE APP

Accessing the best family medicine resources for each visitor's specific needs from anywhere is easier now that the AAFP has rolled out a new website and mobile app.

The launch of the new aafp.org and AAFP app on August 17, 2020 was the Academy's first step in building a user experience that's seamless across computers and mobile devices so visitors can easily use the wide array of AAFP tools to serve patients, manage practices, receive CME credit, succeed in medical school and residency, and advocate for themselves and their patients.

Visitors to the new website will find

- easier access to all their AAFP needs, whether on a mobile device or a desktop
- expandable mega-menus that put up needed information more quickly
- content prioritized for different types of members -- practicing family physicians, residents, and students

Video overviews of the changes are available at https://bit.ly/3fgaqpT.

In addition to the new website, the AAFP app has switched to a new version for those whose apps are set to update automatically, or it can be updated manually. It now combines the features of the previous AAFP app as well as the *American Family Physician* and *FPM* journal apps in one place with

- a simpler interface for a better user experience
- journal content to read and bookmark
- improved audio functionality for mobile learning
- new members-only audio content
- CME reporting and transcripts
- Board-style questions for review
- clinical recommendations
- in-app purchasing for select AAFP products

These upgrades brought changes to the login process for both the website and the app, which have switched to use the e-mail address on file with the AAFP as each member's default username. Because each member needs a unique username, it's important to note that those with shared e-mail addresses, such as generic practice addresses, will need to update their information.

Addresses on file may be changed by contacting the AAFP Member Resource Center at aafp@aafp.org or 800-274-2237.

*AAFP News*