Program Support

The overall METRIC program is supported by multiple educational grants. Specifically, the diabetes module was funded through an educational grant from Merck & Co, Inc; the coronary artery disease module is being supported by Merck/Schering-Plough Pharmaceuticals. CECity.com, Inc, an award-winning online technology provider based in Pittsburgh, Pa, developed the software supporting the METRIC modules.

A Physician Advisory Committee—composed of family physicians whose expertise spans various areas of clinical content, performance measurement, and quality improvement—will guide development of module objectives, performance measures, and interventions. Each of these components will be supported by evidence-based clinical content. Bagley chairs the advisory committee.

The topics will be drawn from several sources. Among them are the Institute of Medicine's list of the top 20 health conditions in the United States and the results of AAFP surveys on members' perceived CME needs. "So we're not going to have obscure diagnoses; we're going to have disease topics that are significant to the family physician and to the public," Pullman explains.

Launched modules will remain active for 3 years and will be periodically updated by the advisory committee. After that time, each module will be evaluated to determine whether it should be continued.

Future Attractions

Data submitted to the METRIC program represent a valuable resource, Pullman notes, and the program's developers plan to retain those data for use in future practice-based research. "Once the physician completes the program, the data would be kept in aggregate form—after having been completely disassociated from the physician's information," she says.

"This is a baby step," says Pullman, referring to METRIC in the context of full-fledged quality enhancement efforts. And yet programs such as METRIC are key to developing a sustainable culture of quality improvement, she adds.

"Keep in mind that the current requirement for MC-FP Part IV is to do 1 practice improvement project in every recertification cycle—that is, once every 7 years," Bagley emphasizes. "This would not be adequate to fulfill our goal of getting family physicians involved in ongoing quality improvement and office redesign efforts.

"The Academy's Quality Enhancement Program will also teach FPs the needed skills to implement the new model of care (described in the Future of Family Medicine report). Many of the interventions that we

will recommend in the METRIC program will be the same as those recommended in QEP, so there is some synergy."

Cindy Borgmeyer
AAFP News Department

**From the American
Board of Family Practice**

ABFP'S 2005 COMPUTER-BASED EXAMINATIONS

The American Board of Family Practice (ABFP) will administer its certification/recertification and sports medicine examinations exclusively online in 2005. The certification/recertification examinations will require 1 day, and the sports medicine examination will require a half day. Each will be conveniently offered at more than 200 locations throughout the United States, Guam, and Puerto Rico. The number of examination dates has been increased to be offered on selected Thursdays, Fridays, and Saturdays. Expanded availability of dates and locations will help reduce the candidates' loss of income from practice, travel, and lodging expenses. The examinations will be offered on July 21, 22, 23, 28, 29, and 30, and on August 4, 5, or 6. Additionally, the examinations will be offered on December 2 and 3 with limited eligibility (off-cycle residents, candidates with extraordinary circumstances precluding them from taking the July/August examination, and candidates who are unsuccessful on the July/August examination.)

The conversion of the examination from paper and pencil to online has been approached with the candidate's ease of use in mind. The computer-based test has been designed to be used by those with minimal computer experience and typing skills. Unique tools have been developed that will allow individuals to duplicate the testing methods they used on the written examination. In addition to the electronic tools listed below, candidates will also be provided with an erasable white board and pen to make calculations and/or notes during the examination.

Some of the electronic tools include an item navigation toolbar; buttons indicating first, previous, next, and last test items; progress in the test displaying the number of answered questions and flagged questions; a flagging button to tag questions for review later; a jump button to return quickly to items to review, flag to review, or change an answer; ability to enlarge graphics

and images by clicking on the image or image button; and a history button that divides the screen into 2 panels for the clinical set problems, so that the top panel will contain the patient information and the bottom panel will contain the subset of pertinent items.

Special functions and a timer bar that assist the candidate include the following: (1) Time left, which is continually displayed and indicates the time remaining in the examination in the format of hours:minutes:seconds; (2) Calc, a calculator; (3) Progress, which presents the test progress screen that summarizes the examinee's current progress in the test, the number of answered questions, and any flagged questions; (4) Help, a button that presents the help screen; and (5) Quit, a button that ends the examination

Format

The computer-administered examination will be in the same format as that of the written examination. Special testing technologies such as computer-adaptive testing will not be used.

Tutorial and Practice Examination

In preparation for the computer-based test, the Board has developed a tutorial and practice examination. These have been developed to provide physicians with an opportunity to acquaint themselves with computer-based testing. The tutorial is a brief introduction to the features of computer-based testing, whereas the practice examination is actually a sample examination. The tutorial consists of 3 parts that will allow each candidate to become familiar with examination navigation and screen elements before taking the practice examination. The tutorial and practice examinations are offered solely for the purpose of allowing physicians to become more comfortable with the computer-based testing functions. It is highly recommended that all candidates take the tutorial before beginning the practice examination.

The practice examination allows the candidate to experience the look and feel of the computer examination and permits the candidate to navigate and actually answer questions. The practice examination has been designed for a 17-inch screen having a resolution of 1024 × 768 pixels. If the screen is smaller or has a lower resolution, the practice examination may not appear exactly as presented at the examination site.

The practice examination has 2 sections. Section 1 is a multiple-choice format consisting of 15 items. Section 2 is a clinical set format consisting of 5 patients. An initial time of 30 minutes has been allotted for the practice examination. The purpose of the timer is to show the candidate how to keep track of the time while taking the actual examination. If a candidate

takes more than the 30 minutes, a message will appear and the time will reset to 30 minutes. In the actual examination, however, the test will close and the candidate will not be able to answer any more items.

Mechanics

The practice examination presents many unique tools. For example:

• One may choose whether to answer a question by simply moving to the next item. At any time during the examination session, the candidate may go back and answer the item by clicking on its number in the view list.

• Items may be flagged for later review. The test taker can then jump through the list to all the flagged items or can sort the list so that the flagged items appear together at the top.

• At any time during an examination, the candidate may return to an item and change an answer.

• Another feature of the computer-based testing system allows individual options to be deleted from the test taker's set of potential correct answers.

• Time is kept on the individual computer workstations. The time remaining for the test taker is displayed at the bottom of the screen and is continuously updated. In addition, a message periodically appears on the screen indicating the amount of time remaining.

When and How to Apply

Applications for the 2005 examinations will be available online only beginning December 1, 2004, at http://www.abfp.org. There will be no hard-copy applications mailed to candidates. Candidates will be required to provide the ABFP with a valid, confirmed e-mail address before beginning the online application. Once all information on the application is completed and approved without deficiencies, candidates will be given the opportunity to choose their testing date and center. Only those test centers with available seats for the test date selected will be shown.

The tutorial, practice examination, online application, and computer-based test are designed to make the certification/recertification and sports medicine examinations more convenient for all physicians. If you still have questions regarding the information outlined above, please feel free to call our Help Desk at 1-877-223-7437.