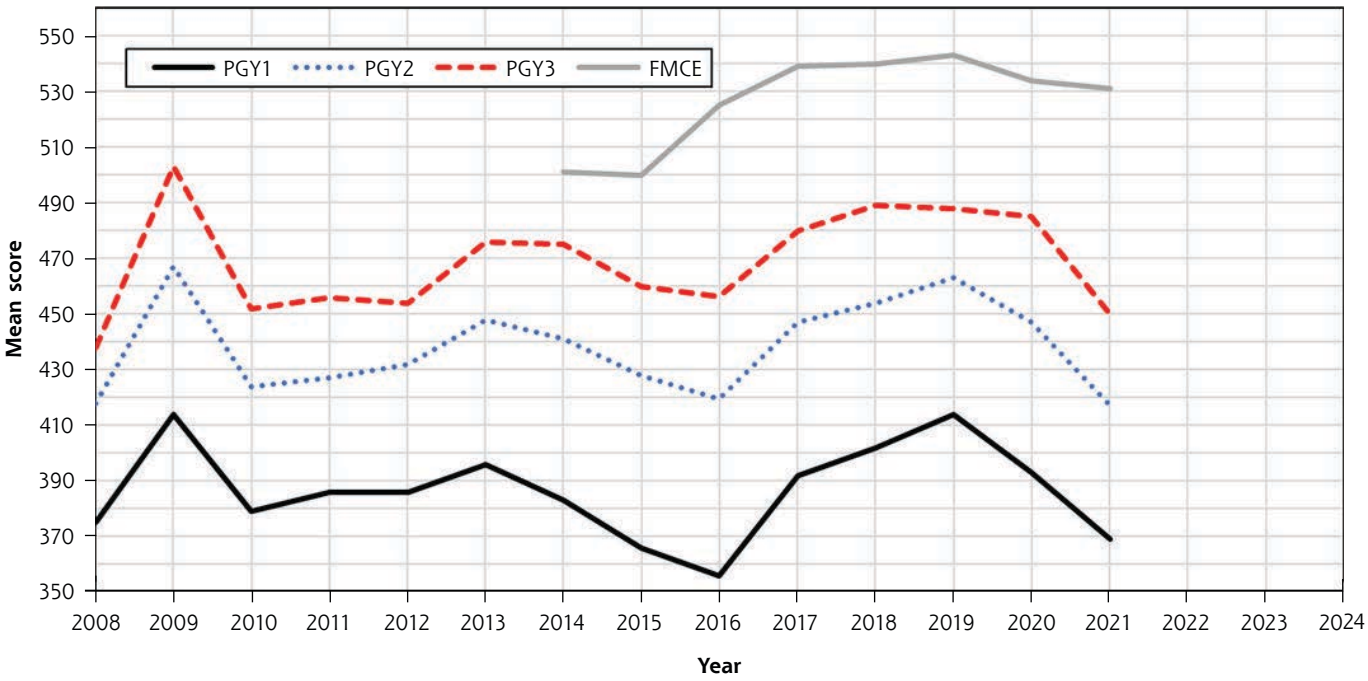
Figure 2. Trends in family medicine in-training and certification examination scores by training year.



PGY1 = postgraduate year 1; PGY2 = postgraduate year 2; PGY3 = postgraduate year 3; FMCE = family medicine certification exam.

same time, breadth and depth of clinical knowledge is fundamentally important to the social responsibility of family physicians, and we must reach out and support residents and residencies to reinvigorate didactics,[11] recreate meaningful clinical experiences even as we redesign residencies.[9-12] Building back is crucial.

Warren P. Newton, MD, MPH, American Board of Family Medicine, Department of Family Medicine, University of North Carolina, wnewton@theabfm.org; Thomas R. O'Neill, PhD, American Board of Family Medicine, toneill@theabfm.org; Ting Wang, PhD, American Board of Family Medicine, twang@theabfm.org

References

1. Davis D, Dorsey JK, Franks RD, Sackett PR, Searcy CA, Zhao X. Do racial and ethnic group differences in performance on the MCAT exam reflect test bias? *Acad Med*. 2013;88(5):593-602. 10.1097/ACM.0b013e318286803a
2. Rosales J, Walker T. The racist beginnings of standardized testing. Published 2021. Accessed Feb 14, 2021. https://www.nea.org/advocating-for-change/new-from-nea/racist-beginnings-standardized-testing
3. O'Neill TR, Wang T, Newton WP. The American Board of Family Medicine's 8 years of experience with differential item functioning. *JABFM*. 2022;35(1):18-25. 10.3122/jabfm.2022.01.210208
4. Shealy R, Stout W. A model-based standardization approach that separates true bias/DIF from group ability differences and detects test bias/DTF as well as item bias/DIF. *Psychometrika*. 1993;58(2):159-194.
5. Holland PW, Wainer H. *Differential Item Functioning*. Lawrence Erlbaum Publishing; 1993.
6. Rubright JD, Jodoin M, Woodward S, Barone MA. Differential item functioning analysis of United States medical licensing examination step 1 items. *Acad Med*. Published online Dec 14, 2021. 10.1097/ACM.0000000000004567
7. Wang T, O'Neill TR, Eden AR, et al. Racial/ethnic group trajectory differences in exam performance among US family medicine residents. *Fam Med*. Forthcoming. 2022.
8. Puffer JC, Peabody MR, O'Neill TR. Performance of graduating residents on the American Board of Family Medicine certification examination 2009-2016. *JABFM*. 2017;30:570-571. 10.3122/jabfm.2017.05.170065
9. Family Medicine. 2021;53(7, theme issue). Accessed Sep 27, 2021. https://journals.stfm.org/familymedicine/2021/july-august/
10. Norman GR, Sloan JA, Wyrwich KW. *Interpretation of Changes in Health-Related Quality of LIfe: The Remarkable Universalities of Half a Standard Deviation*. Vol 41. Lippincott Williams & Wilkins; 2003.
11. Zakrajsek T, Newton W. Promoting active learning in residency didactic sessions. *Fam Med*. 2021;53(7):608-610. 10.22454/FamMed.2021.894932
12. Newton WP, Magill M. Re-envisioning family medicine residency education: from theory to practice. *JABFM*. 2021;34(6):1268-1271. 10.3122/jabfm.2021.06.210395

STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE From the Society of Teachers of Family Medicine

Ann Fam Med 2022;20:188-189. https://doi.org/10.1370/afm.2803

FROM STFM: ADDICTION EXPERTS COLLABORATE WITH STFM TO CREATE NEW NATIONAL ADDICTION CURRICULUM

Despite a growing need to treat patients who struggle with addiction, only 10% to 14% of patients with substance use disorders (SUDs) get treatment,[1] with an estimated 914,000 patients in the United States unsuccessfully accessing medication maintenance programs for addiction treatment.[2] Because

the provision of addiction treatment services has been historically siloed from general medical care, resulting in specialized mental health professionals assuming the majority of SUD care and patients needing to attend separate clinics, stigma and poor access has been associated with seeking care.[3]

Family medicine physicians are particularly well-positioned to address this treatment gap in the outpatient setting and increase access to care, destigmatize addiction, and provide a much-needed biopsychosocial approach. Although the Accreditation Council for Graduate Medical Education has recognized addiction treatment as a core competency, until now, there has yet to be a standardized, evidence-based, national addiction curriculum to train frontline providers in caring for patients.

Randi Sokol, MD, MPH, MMedEd, and Matthew Martin, PhD, along with members of the Society of Teachers of Family Medicine (STFM) Addiction Collaborative, developed a national addiction curriculum based on evidence-based medical education principles. Two grants, received in 2019 and 2020, provided the funds to recruit more than 20 faculty with expertise in primary care and addiction. Using the Delphi method to develop core competencies for the curriculum, the group created 12 addiction modules, each including an interactive 60- to 90-minute online module coupled with a 60-minute, in-person session focused on knowledge application, and a teacher's guide.

With the goal of simultaneously training resident learners and faculty, the group also focused on developing communication skills through video demonstrations, role playing, and feedback sessions, acknowledging the need to help learners feel comfortable having conversations with patients who struggle with substance use disorders.

After receiving 2021 funding from the Tufts Initiative on Substance Use and Addiction, the group launched the curriculum with 25 family medicine residency programs across the country, holding monthly sessions with faculty to prepare them to teach the modules and to collect feedback. During this pilot year, more than 100 faculty and 250 resident learners completed the curriculum, some of whom stated:

- The content is "spot on," providing a consolidated and evidence-based understanding of what family medicine physicians need to know to help patients struggling with addiction
- The curriculum has increased residents' confidence and abilities to have intimate conversations with patients struggling with addiction when the residents previously felt ill-prepared or intimidated to engage in these conversations
- The curriculum has helped residents see addiction as a chronic disease, like hypertension and diabetes, and not a moral failing; they are approaching patients honoring their struggles and avoiding stigmatizing language
- The curriculum has empowered residents to see the role that family medicine physicians and other frontline providers can play in helping patients struggling with addiction over the course of their lifetimes
- Faculty (from various programs at various stages of addiction curriculum development) report it augmented their curriculum, trained faculty who were looking for addiction training, and encouraged collaboration between physician providers and behavioral health providers.

Dr Sokol and Dr Martin are currently partnering with STFM to launch the curriculum nationally, making it available to all family medicine residency programs with expansion to other disciplines, undergraduate medical education, and frontline providers (including psychologists, social workers, case managers, dentists, and nurses). Continuing medical education certification has been obtained for each module, so learners can receive credit for finishing the modules. Upon completion of 8 faculty and resident focus groups, Dr Sokol and Dr Martin plan to publish their results, providing a summation of the value of the curriculum.

For more information, go to stfm.org/addictionmodules or contact Dr Sokol at rsokol@challiance.org.

References

1. Lipari RN, Park-Lee E, Van Horn S. *America's Need For and Receipt of Substance Use Treatment in 2015*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2016.
2. Jones CM, Campopiano M, Baldwin G, McCance-Katz E. National and state treatment need and capacity for opioid agonist medication-assisted treatment. *Am J Public Health*. 2015;105(8):e55-63. 10.2105/AJPH.2015.302664
3. Rowe T, Jacapraro J, Rastegar D. Entry into primary care-based buprenorphine treatment is associated with identification and treatment of other chronic medical problems. *Addict Sci Clin Pract*. 2012;7(1):22–22. 10.1186/1940-0640-7-22

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

From the Association of Departments of Family Medicine

Ann Fam Med 2022;20:189-191. https://doi.org/10.1370/afm.2805

FROM ADFM: KNOWLEDGE, ATTITUDES, AND SKILLS FOR FAMILY MEDICINE LEADERS: COMPETENCIES FOR SUCCESS

The ADFM Leader Development Committee undertook a major revision of its leadership competencies[1,2] with an expanded focus on the knowledge, attitudes, and skills needed to achieve success in the evolving health care and academic environment. Although there will be significant variations depending on personal needs, departmental or organizational needs, and local conditions as reflected in the current open chair position descriptions, we believe it is important for every new (and established) leader to pay attention to leadership, administration/management, professional and personal development, as well as scholarship and academic engagement. These changes also mean the competencies are now also more broadly applicable to other senior leadership positions beyond that of the chair role.