Family Medicine Updates

AFMRD Association of Family Medicine Residency Directors

From the Association of Family Medicine Residency Directors

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CHANGING GEARS: FAMILY MEDICINE RESIDENCIES TRANSITIONING TO COMPETENCY-BASED MEDICAL EDUCATION (CBME) FRAMEWORK WITH THE NEW ACGME FM PROGRAM REQUIREMENTS

The updated Accreditation Council for Graduate Medical Education (ACGME) Family Medicine Program Requirements[1] go into effect on July 1, 2023. As we all work through what redesign will look like on the ground level, we have an incredible opportunity to embrace our full-scope past and move into the educational reality of competency-based medical education (CBME). This is both a revival of what makes family medicine so special and an innovation in how we teach this broad scope.

The ACGME Family Medicine Review Committee (FMRC) and the American Board of Family Medicine (ABFM) recently released a set of outcomes considered core for family medicine[2] (Table 1). This set of 12 outcomes is a combination of the Entrustable Professional Activities (EPAs) and milestone competencies. Our programs will now develop how we teach and assess these outcomes so we can ensure that residents in our programs are independently competent in each of these areas. We will need to develop or adopt assessments that minimize bias and maximize accuracy, reliability, and ease of use. Will our residents be both competent and confident in the care of ill children or hospitalized adults? These questions will be the challenge of the next few years as we build, revise, and implement these assessments.

Luckily, there are others from whom we can learn—in particular, our family medicine colleagues in Canada who have paved the way for the last decade.[3] Educational research and the framework called out by Van Melle will help guide us.[4] Family medicine organizations are dedicated to developing resources for our programs. For example, the ABFM Foundation has funded an initiative to provide CBME faculty development training with Eric Holmboe, MD, and the Society of Teachers of Family Medicine (STFM) CBME Taskforce. This is also an opportunity to work with our residency management systems such as New Innovations and MedHub to create the app-based, immediate, resident-led feedback we need. These assessments will allow us to make the necessary determinations of competency.

There are many changes in the required curriculum that reflect the movement toward a CBME framework. The increase in elective time, although challenging at first, is really woven into the fabric of the Individualized Learning Plans (ILPs) which are the cornerstone of CBME to develop Master Adaptive Learners. An elective is any rotation that is not required of everyone in your program. An elective can be a resident-driven learning opportunity or it can be a list of selectives that meet your program's mission and allow flexibility for residents to meet their own career goals and the needs of their future communities. However, this elective time can also be used to give us flexibility for additional rotations based on a resident's need to meet the outcome goals (Table 1). We have long known that some residents are on a steeper or flatter learning curve for individual competencies. By creating a robust ILP paired with careful competency assessment we can work with residents to get them prepared for their future practice.

Although all these changes need to be implemented in our individual programs, we will have an easier time if we work together. There has been much talk about learning collaboratives and while they are not required by our new

Table 1. Core Outcomes of Family Medicine Residency Training (Provisional)

1. Develop effective communication and constructive relationships with patients, clinical teams, and consultants.
2. Practice as personal physicians, providing first contact access, comprehensive, and continuity medical care for people of all ages in multiple settings and coordinate care by helping patients navigate a complex health care system.
3. Provide preventive care that improves wellness, modifies risk factors for illness and injury, and detects illness in early, treatable stages for people of all ages while supporting patients' values and preferences.
4. Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities.
5. Diagnose and manage common mental health conditions in people of all ages.
6. Diagnose and manage acute illness and injury for people of all ages in the emergency room and hospital.
7. Perform procedures most frequently needed by patients in community and hospital practices.
8. Care for low-risk patients in prenatal care, labor and delivery, and post-partum settings.
9. Effectively lead, manage, and participate in teams that provide care and improve outcomes for the diverse populations and communities they serve.
10. Model lifelong learning and engage in self-reflection.
11. Assess priorities of care of individual patients across the continuum of care—in office visits, emergency, hospital, and other settings, balancing the preferences of patients, medical priorities, and the setting of care.
12. Model professionalism and be trustworthy for patients, peers, and communities.

requirements, we think they will be very helpful. STFM is putting together a Learning Collaborative task force to look at best practices and ABFM Foundation will be setting up grant opportunities to assist in development of new collaboratives. We also have robust existing communities of practice for residency education excellence, including the AFMRD member discussion forum and resources in AFMRD PD Toolbox. There is active work to improve these resources for members and we encourage members to add new resources from their own innovations and best practices. We also need to be able to give feedback to both the ACGME and to the ABFM of what is working and what is not. The posted outcomes are provisional so please share your experiences. What none of us can do alone, we can definitely do together. Sometimes our greatest challenges lead to our best opportunities.

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References

1. ACGME. ACGME program requirements for graduate medical education in family medicine. Updated Sep 17, 2022. Accessed Mar 13, 2023. https://www.acgme.org/globalassets/pfassets/programrequirements/120_familymedicine_2023.pdf
2. Newton W, Cagno CK, Hoekzema GS, Edje L. Core outcomes of residency training 2022 (provisional). *Ann Fam Med*. 2023:21(2):191-194. 10.1370/afm.2977
3. Fowler N, Oandasan I, Wyman R, eds. *Preparing Our Future Family Physicians: An Educational Prescription for Strengthening Health Care in Changing Times*. College of Family Physicians of Canada; 2022.
4. Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International competency-based medical education collaborators. A core components framework for evaluating implementation of competency-based medical education programs. *Acad Med.* 2019 Jul;94(7):1002-1009.

NAPCRG From NAPCRG

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RESEARCH PROVES USEFUL IN PRIMARY CARE!

Clinical Pearls Award Winners From the 50th Annual Meeting of NAPCRG – November 18-22, 2022

At the NAPCRG Annual Meeting, the Community Clinicians Advisory Group reviewed the completed research abstracts and selected the top 10 abstracts that have an impact on clinical care as the "Clinical Pearls" Award Winners. These research projects highlight the diversity of topics and research methodology displayed at the NAPCRG Annual Meeting. The full authorship and titles of each abstract are provided in Table 1.

Infectious Disease

Temte, et al's research described the detection of influenza in long-term care facilities. Rapid influenza testing of residents resulted in an increased use of prophylactic oseltamivir and reduced all-cause emergency department (ED) visits and hospitalizations. Mortality was not impacted. Use rapid testing early!

In their single-center study, the Hospital at Home (HAH), by Wilkins, et al, 200 patients were randomized to HAH or normal treatment. HAH enrollees had a shorter inpatient stay and reduced costs, including their HAH cost, controlling for age, sex, and severity of illness. Overall, the program saved the health system $1.1 million for the 100 patients enrolled. Think about virtual options for your patients that might benefit from HAH.

H. pylori antibiotic resistance may be on the rise. In this observational cohort study from the Netherlands, H. pylori treatment with clarithromycin and/or metronidazole failed, requiring repeat antibiotic treatment in 12 months in 8% of those with treated H. pylori. In patients with continued upper gastrointestinal symptoms, consider retesting for H. pylori.

Pediatrics

Newborn weight loss in the first 6 months of life can be predicted by weight loss of >7% at the first newborn visit (OR = 16.7) and documented difficulty with feeding (OR = 5.45), according to this single-center study by Ringwald and Gorman. The use of weight loss alone has a specificity of 85.6% and a sensitivity of 74.3%; clinicians should see infants with these issues more frequently to monitor weight gain.

Wellness and Preventive Care

Home-based test kits for cervical cancer screening using a human papillomavirus (HPV) self-swab and colorectal cancer using a fecal immunochemical test (FIT) work. Patients were more likely to complete screening in the mailed home FIT test kit arm compared to the standard of care reminder arm (89% vs 11%, P <0.001). Acceptability was high. Home testing could be a mechanism to reach patients historically marginalized from care and reduce disparities.

The 4-question SaFETy score questionnaire may be a valid predictor of gun violence in adolescents. Batish and colleagues reviewed SaFETy scores and their relationship with gun access and violent gun exposures by friends, parents, and the community. They identified a high correlation between positive SaFETy scores and adverse childhood experiences (ACE). If you encounter patients with adverse childhood experiences, consider inquiring about gun violence and gun ownership as well.

E-mail and smartphone notifications are an effective reminder system for preventive care and health monitoring. In Lesser et al's cohort study, diabetic patients who received an electronic notification that they were overdue for lab monitoring were more likely to have these labs completed compared to their matched peers receiving standard