

next FMLC meeting in February, 2024, to assess progress and discuss additional needs for moving each objective forward.

We would like to express appreciation to the ABFM-Foundation for funding the Summit and the planning process, to Clarus Consulting Group for their work on the plan and the Summit with us, and the members of the planning committee, who are listed below, for their time and effort to make the event a success!

Research Summit Planning Committee

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PROGRAM DIRECTOR PERSPECTIVE ON THE ABFM CORE OUTCOMES

In March 2023, the Accreditation Council for Graduate Medical Education (ACGME) Review Committee for Family Medicine (RCFM) and American Board of Family Medicine (ABFM) jointly proposed 12 core competencies for family medicine residency training.¹ The ABFM subsequently announced in June 2023 that it will require family medicine program directors to sequentially attest their graduating residents are competent in 15 outcomes that are based on the 12 core competencies.² Both the RCFM and the ABFM engaged in dialogue with the community of family medicine program directors (PDs) to inform their defined competencies, outcomes, and schedule of attestations.^{1,2} Defined outcomes help us as PDs develop a culture of assessment for residents (individual assessment) and also programs (programmatic assessment).³

The first 5 core outcomes in June 2024 to which we must attest a graduating resident are competent center continuity care, acute care, care of infants and children, communication, and professionalism.² To feel confident in their attestation, we can engage with our clinical competency committees (CCCs) to optimize assessment of individual residents within our

Table 1. Resources for Individual Assessment of Residents⁴⁻⁶

Resource	What is it?	How to Access it?
ACGME Assessment Guidebook	Document that describes & gives examples of numerous assessments for different learning scenarios & milestones	https://www.acgme.org/globalassets/pdfs/milestones/guidebooks/assessmentguidebook.pdf
ACGME Teamwork Effectiveness Assessment Module	Web-based, multi-source feedback tool particularly suited for professionalism, interpersonal & communication skills, and systems-based practice milestones	https://team.acgme.org/
ACGME Direct Observation of Clinical Care tool version 3.0	App for faculty to document direct observation of pre-defined clinical activities	https://docc.acgme.org/
Society for Teachers of Family Medicine (STFM) Assessment Tools & Strategies for Competency Based Medical Education	Information on competency-based assessment	https://stfm.org/teachingresources/resources/cbme-toolkit/assessment-tools-strategies/

programs. CCCs can identify the methods and areas in which they currently assess residents then align them to ACGME Milestones 2.0 for use during CCC reviews and to ABFM core outcomes. We can evaluate the list for gaps and create (or ask the CCC or faculty to create) assessments that align with core outcomes that are not currently being assessed well. In many cases, we can use existing resources (Table 1).^{4,5,6}

While attesting to outcomes requires us to focus on an individual resident, it also affords the opportunity to review our program, curriculum, and structure to ensure that we are providing residents with opportunities to reach their goals. The program evaluation committee (PEC) can review milestone data and outcomes in aggregate in order to craft changes to our programs that will assure residents can be successful.

We now have a more granular call out in the form of the outcomes to guide our program development. As PDs, we are required to provide oversight and professional development for our faculty and residents to understand the importance of these specifics, and we will need to inform our designated institutional officials and health systems of our needs to ensure our residents can be successful. The work done by STFM on the linkage of core outcomes to competencies and milestones gives us an initial start and we will need to set aside the time to understand where we are now and where we need to adapt.

On behalf of family medicine programs and faculty nationally, the RCFM and ABFM publicly committed to patients and communities that, upon completion of ACGME-accredited training, family medicine residents would be competent in defined outcomes.¹ In June 2024, PDs will attest to 5 core outcomes for each graduating resident, increasing to 10 core outcomes for each graduating resident in June 2025, and 15 core outcomes for each graduating resident in June 2026.² PDs can leverage their CCCs and PECs to ensure they have comprehensive data to support their public attestation of graduating residents' competency.

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6. Society for Teachers of Family Medicine. Competency-Based medical education toolkit for family medicine residency programs. <https://stfm.org/teachingresources/resources/cbme-toolkit/cbme-toolkit/>



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ENHANCING PRIMARY CARE AND COMMUNITY HEALTH: A NAPCRG REPORT ON 2 CONFERENCES

With generous support from the Agency for Healthcare Research and Quality (AHRQ), the North American Primary Care Research Group (NAPCRG) hosted 2 conferences crucial to advancing primary care research: the Practice-based Research Network (PBRN) Conference and the International Conference on Practice Facilitation (ICPF).

PBRN Conference

The annual PBRN Conference convened in Bethesda, Maryland from May 31 to June 1, 2023. A total of 131 participants attended. The conference theme and sessions were curated by the PBRN Conference Committee, consisting of 13 leaders from PBRNs in the United States and Canada and a patient advisor.

The conference featured 2 plenary sessions, 5 interactive workshop sessions, 33 oral presentations, and 36 poster presentations. Sessions were organized around 5 key themes: behavioral health/substance use disorder, practice facilitation/quality improvement, PBRN infrastructure, dissemination and implementation, chronic care management, and outstanding presentations.

On the first day, the plenary session titled "Practice-Based Research (and Learning) Networks in Primary Care: Opportunities for Partnership and Pragmatic Clinical Trials" was presented by Sabrina Wong, Scientific Director of the National Institute of Nursing Research. The second day included the plenary session "Building a Network for Community-Engaged Primary Care Research" led by Erika Cottrell, Anne Gaggiotti, Anna Templeton, and Denita T. Walson.

The conference concluded with the 5 outstanding oral presentations, followed by a facilitated discussion led by Sebastian Tong, MD, MPH. These exceptional presentations were also showcased at the NAPCRG Annual Conference during a special session presented by Alexander Singer. Finally, the award for the best poster, as selected by the attendees, was presented to Elizabeth Staton for their poster "Dissemination With Story Maps: Creating an Interactive Website to Share Images, Videos, and Audio From Our Community Partners."

We conducted a comprehensive post-conference evaluation; 77 (59%) of attendees provided feedback; 91% of respondents rated the overall conference as excellent or very good; 89% reported acquiring new skills to overcome PBRN operational challenges; 91% reported learning skills that would increase their ability to positively impact health policy or practice.