

[family-physician/patient-care/the-everyone-project/toolkit/health-advocacy/anti-racism-and-social-determinants-of-health.html](https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/health-advocacy/anti-racism-and-social-determinants-of-health.html). These action guides, the latest resources from the AAFP's EveryONE Project®, were created by the Academy with support from the AAFP Foundation and Takeda Pharmaceutical Co. Ltd.

"We cannot become a healthier nation without eliminating racial inequities in health care," note the authors of *The Anti-Racist Family Physician*. Although the causes of these inequities are complex, the publications lay out steps toward health equity that physicians and their care teams can put into action now.

Screening for Social Determinants of Health

Beyond the Surface leads physicians through 4 steps to screen for the social determinants of health (SDOH) that affect patients' health:

- Taking a brief overview of SDOH screening
- Preparing a practice for changes based on an "ask, identify, act" framework that the authors call "the easiest approach"
- Implementing those changes with the help of tools selected for family physician practices
- Reviewing the strengths and limitations of 6 screening tools

Making a Difference

The Anti-Racist Family Physician, which offers evidence-based actions to help create practices that counter the effects of racism, begins by examining the ramifications of racism on health disparities, the practice of medicine, the medical workforce, and research. It then details 5 strategies physicians can employ to improve both organizational practices and patient outcomes:

- Reflection and education
- Determining their patient population's specific needs
- Creating an intervention together with the population
- Measuring the intervention's effectiveness
- Influencing policy makers and legislators

More From the EveryONE Project

The new action guides are part of a toolkit that helps members advocate for health equity, which is available at <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/health-advocacy.html>.

Earlier this year, the Academy developed a series of health policy briefs that offer evidence-based support for physician advocacy on food insecurity, gender pay inequity in medicine, considering health in all local and state policies, health literacy, housing instability, socioeconomic status, and transportation.

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NEW RESOURCES HELP PROGRAMS TRANSITION TO COMPETENCY-BASED MEDICAL EDUCATION (CBME)

New requirements from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Family Medicine (ABFM) have necessitated a shift in how family medicine residency programs educate and assess residents. The focus is now on ensuring that residents gain competence in each of the Core Outcomes of Family Medicine Residency Education.

An STFM task force, funded by the ABFM Foundation, has developed a plethora of resources and opportunities to help programs with the transition. The resources are free for all family medicine residency programs and can be accessed through an STFM CBME toolkit at stfm.org/cbmetoolkit. Many of the tools will be piloted over the next academic year by 33 family medicine residency programs that were selected through an open call for applications.

One Pagers on CBME Implementation

The CBME toolkit (stfm.org/cbmetoolkit) includes a series of one-pagers covering the basics of CBME implementation. Some of the topics include: Creating Competency-Based Goals and Objectives, Implementing Individualized Learning Plans, Coaching in Residency Education, and Recommendations for Integrating CBME Assessment Tools.

Mapping of Core Outcomes to ACGME Family Medicine Sub-Competencies

The task force has mapped each of the Core Outcomes of Family Medicine Residency Education to Level 4 ACGME sub-competencies. This mapping can be used to identify curricular gaps within a program and to identify specific measurable behaviors that can be included in resident individualized learning plans.

Mobile App Direct Observation Assessments

The STFM CBME Task Force worked with New Innovations and MedHub to create a direct observation assessment—within their apps—mapped to the 15 Core Outcomes of Family Medicine Education and the ACGME family medicine sub-competencies. Both apps allow programs to generate reports that advisors/coaches can use to help residents develop individualized learning plans and that Clinical Competency Committees and program directors can use to assess individual resident progress toward competence in each of the Core Outcomes.

Faculty Development

CBME-focused faculty development opportunities include webinars, conference presentations, and workshops at individual residency programs (fee required for the on-site workshops). The monthly webinars have been produced in conjunction with the Association of Family Medicine Residency Directors (AFMRD). Information and recordings of past webinars are available at stfm.org/cbmewebinars.

Templates for Individualized Learning Plans

The ACGME Family Medicine Review Committee requires programs to work with all residents to create individualized learning plans (ILPs) to capitalize on resident strengths and identify areas for growth. The STFM task force developed a template for family medicine resident ILPs. The template is available both as a Word document and as an online form

residents can fill in, save, and print. The template requires residents to develop goals and objectives that will help them progress on competence in the Core Outcomes of Family Medicine Education. The templates are available at stfm.org/CBME_ILP.

Outcomes Assessment Starter Pack

This table is a tool to help programs identify tools that could be used to assess resident performance on each of the Core Outcomes of Family Medicine Residency Education. The assessment tools have been gathered from multiple sources and have been vetted by the STFM CBME Task Force.

The STFM CBME Task Force will continue to develop resources and support programs through summer 2025.

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