could consistently occur simultaneously with efforts to support the core content requirements of the family medicine clerkship, exportable teaching models for use in dispersed clinical settings may emerge.

The differences in the number of FTE's devoted to support medical student education varied greatly in the ADFM Quick Hitter Survey with the differences appearing not attributable to class size. The survey reveals responses concerning a variety of tracts for medical student learning to include rural, urban, and underserved, global/international health, research, and community/integrative health. Although these tracts may have unique importance for individual departments, the implication of these activities on the ability to deliver required family medicine teaching experiences consistent with national norms is unknown. Departments must carefully balance their practice transformational activities with the dynamic changes that come with evolving standardization of required family medicine teaching experiences occurring mostly in stand-alone family medicine clerkships as well as department-specific elective and selective activities.

This Annals commentary was prepared by the Chair and Vice Chair of the ADFM Medical Student Education Committee with review and comment by the ADFM Executive Committee

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From the Association of Family Medicine Residency Directors

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Residency "Dashboard": Family Medicine GME's Step Towards Transparency and Accountability?

As we drive to work each day, we each see things unique to our locales, but one thing in common is that we all look at our vehicle's dashboard. We do this because it is one place that shows us information that affects each trip we make, unlike the weather outside, which may or may not have an impact on our commute. Some of us with clunkers may watch our dashboard more closely than those with a newer car. But even those with reliable vehicles need to know their speed, how much gas they have, or if the dreaded check engine light goes on!

How does one measure the quality of Family Medicine residency graduates or programs? Currently there are no uniform benchmarks of quality for either individual or residency comparisons. Some residencies have rankings and reputations based on certain criteria. Are those criteria valid for programs in all settings and do they predict any acceptable quality outcome indicators? Like it or not, our constituents (students, residents, patients) use a variety of non-standardized criteria to make judgments about our graduates and our programs. The AFMRD Board has made quality a pillar of its new 3-year strategic plan. One means by which we would like to advance this quality focus is in the potential use of a residency dashboard.

Going back to our car analogy, the concept of a dashboard for FM residency programs is much the same. The measures that would be reported and tracked would be those things common, yet vital, in terms of the health and quality of all programs. Measures such as board certification and match rates, scholarly output, accreditation status, community service, and resident turnover are just some of the possible dashboard indicators. Ultimately one would envision using more robust indicators such as program graduates' quality performance, community impact, and the RPS criteria met by each program. The long term goal would be to raise the bar for family medicine residency programs nationally so as to push each other to "become better than we once were." A student, resident, faculty member, or hospital administrator could use this information as "apples to apples" data to compare programs locally, regionally, and nationally. The ACGME ADS system provides measures of certain items but only in national aggregate form along with private individual program data to compare. A dashboard made available to the family medicine program director community, with more useful global measures of program health and quality, would allow every program to see if they have a smooth running vehicle that is producing graduates whose quality matches national benchmarks. Perhaps they will see that they may have a "clunker" that needs some serious work to meet standards expected by our constituents.

As a first step to embark down this road, the AFMRD board has formed a task force of past and present board members that will explore the issue and compile a list of benchmarks and quality measures. Putting these into practice and in a usable format and location will be the ultimate step. Getting buy-in from the residency community will be the key and we hope that all programs will see the benefits in this collaborative effort. Safe driving!

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