



STFM REPORT TO THE WORKING PARTY JANUARY 2018

What follows are the highlights of significant or new STFM activities since the August 2017 Working Party meeting.

PRiMER peer-reviewed reports in medical education research

[STFM's New Online Journal, PRiMER, Fills Important Niche for FM Community](#)

In January 2017, STFM launched the Peer-reviewed Reports in Medical Education Research (PRiMER), a new online journal for STFM. *PRiMER* publishes brief reports of original research relevant to education in family medicine and closely related areas (primary care, preventive medicine, public health, etc.). In addition to original research, *PRiMER* also publishes letters to the editor, short reviews, commentaries, and editorials that have been invited by the editor.

PRiMER serves as a publication venue for papers with sound methodology but may not be suitable for traditional journals, eg, small sample size, pilot studies, etc. Editor Chris Morley, PhD, leads the PRiMER editorial board, which has incorporated a strong mentoring component for authors as one of PRiMER's goals.

To date, *PRiMER* has:

- Published 17 articles in 6 months. The current acceptance rate is around 50%. The acceptance rate will run higher than other traditional journals to allow it to meet its objectives of being a training ground for beginning scholars, while also meeting its quality guidelines.
- Established an editorial team with experience in educational research and willingness to nurture young researchers
- Launched *PRiMER* on a new online platform that incorporates design aspects that are state-of-the-art and helpful to newer authors. These include:
 - A web platform that incorporates an author-friendly responsive design philosophy in its construction
 - Altmetric badge and analytic functions that allow authors, editors, publishers, and readers to measure the social media impact of an individual article
 - Citation links to easily import bibliographic data into bibliographic management systems, such as Citation files in RIS format are importable by EndNote, ProCite, RefWorks, Mendeley, and Reference Manager.

Next steps: PRiMER is working to publish 40 or more papers by the end of 2018 to qualify to apply for Medline Indexing and other indexing options, eg, Scopus and Google Scholar.

Learn more at <http://www.stfm.org/NewsJournals/PRiMER>



[Interest Is Strong for Residency Faculty Fundamentals Certificate Program](#)

On June 19, 2017, STFM launched the Residency Faculty Fundamentals Certificate Program, an online, self-led course that provides foundational training for residency faculty, and response to date has been greater than anticipated. Courses include readings, videos, interactive modules, quizzes, and assignments. Completion of the program requires approximately a 25-hour time commitment from **participants, as well as a nominal commitment from the participant's program director and colleagues.** Participants have 12 months to complete the program and must pass the final exam to graduate and earn the certificate. Participants who complete the program can receive 25 CME credits.

Enrollment: 98 learners

Pre-test scores: The average score for the pre-test is 57%, with one outlier of 96%

Blended Learning: STFM added a social component to the certificate program and in November 2017, held our first webinar exclusively for RFF learners. In late 2017, we invited our learners to join a Facebook Group and plan to hold an event at the 2018 STFM Annual Spring Conference in honor of graduates and learners.

Program Courses: To graduate, participants must complete all courses and assignments and pass a final exam. Courses include readings, videos, interactive modules, quizzes, and assignments requiring approximately 25 hours. Some assignments require a significant time investment, including curriculum development, scholarly activity, and practicing feedback. Graduates receive a certificate, a letter noting the accomplishment, a letter to their program director, and a press release to distribute locally.

Faculty Instructor Karyn Kolman, MD, associate residency program director, University of Arizona South Campus FMR, reviews and provides feedback on assignments for courses in the program.

Course list:

- ACGME Program Requirements
- Competencies, Milestones, and EPAs
- Structure and Funding of Residency Programs
- Billing and Documentation Requirements
- Recruiting and Interviewing Residents
- ABFM Rules and Requirements
- Scholarly Activity
- Writing for Academic Publication
- Curriculum Development
- Didactic Teaching Skills
- Clinical Teaching Skills
- Assessment and Evaluation
- Giving Feedback
- Residents in Difficulty: Academic and Behavioral Problems

Next for 2018: Medical Student Faculty Fundamentals Certificate Program

STFM will take what we have learned from RFF to create a faculty fundamentals certificate program for medical student faculty. The Medical Student Education Committee has provided input on a course list and will develop the course content, along with staff and subject matter experts. The goal is to launch the Medical School Faculty Fundamentals Certificate Program by 2019.

[Student Choice Learning and Action Network](#)

The family medicine organizations have tried a number of strategies to increase the number of students choosing family medicine as a specialty. In 2013, the family agreed on the Four Pillars for Primary Care Workforce Development as a common framework of key drivers to expand the primary care physician

workforce. There have been studies to examine what impacts student choice, including data from the *2010 COGME Report*, which demonstrated a strong link between primary care physician availability and health care outcomes and costs in the United States. The factors that led to the primary care physician shortage included compensation (income disparity between primary care and specialty physicians), practice environment (heavy workload, insufficient reimbursement), and the medical school experience (hidden curriculum, lack of strong primary care role models). Two additional challenges in creating an appropriate workforce included graduate medical education and physician maldistribution.

In spite of these barriers, some medical schools produce a higher rate of students matriculating into family medicine than others, and some schools have done seen increases in spite of being in **environments that aren't family medicine friendly. Why is this?**

New Approach: Create a Student Choice Learning and Action Network (SCLAN)

Although there are currently avenues within AAFP, ADFM, and STFM for individuals in departments of family medicine to share best practices in medical education and student choice, there has not been an evidenced-based approach to examining these bright spots or a means to dive deeper into implied assumptions. This initiative will develop a structured Student Choice Learning and Action Network and leverage data and the concepts of positive deviance to gain increased knowledge of the solutions that work to improve outcomes of increased student choice in family medicine. This pilot is particularly interested in identifying previously unknown or undocumented tactics and behaviors that enable a person or group to overcome student choice barriers without special resources.

The American Academy of Family Physicians, Association of Departments of Family Medicine, and the Society of Teachers of Family Medicine will partner to leverage their respective project management teams, learning communities, and subject matter experts to trial the Student Choice Learning and Action Network over the next year. **You'll be hearing more about this in the months to come.**

Objectives

- 1) Identify a community of individuals working in departments of family medicine in US medical schools with the passion and ability to improve their current efforts and student choice outcomes
- 2) Leverage positive deviant methodology to discover uncommon but successful behaviors and student choice strategies
- 3) Spread successful behaviors utilizing a longitudinal learning and action network to support testing, improvement, and sharing.
- 4) Enhance the ability of departments of family medicine to develop, implement, and measure evidence-based strategic plans that lead to increased numbers of medical students choosing family medicine
- 5) Spread successful behaviors identified by the learning and action network to other departments of family medicine and track the deployment of these behaviors.

Success Criteria – Year One

- a) The pilot identifies previously unknown or undocumented tactics and behaviors that enable a person or group to plan to overcome the barrier without special resources.
- b) There are 50-100 active members representing 75% of US allopathic medical schools and 20% of US Osteopathic medical schools
- c) 75% of network participants are involved in creating a strategic plan that has elements of the four pillars model.
- d) 75% of participants use and help to inform revisions to the gap assessment tool.

Preceptor Expansion Action Plan

STFM continues to provide leadership **for Family Medicine for America's Health's Workforce Education and Development Tactic Team's task of identifying, developing, and disseminating** resources for community preceptors. In June 2017, the Preceptor Oversight Committee met to discuss early plans for a number of tactics that emerged from the Preceptor Summit to Address the Shortage of High Quality Primary Care Community Preceptors. Based on feedback from the Oversight Committee, team leaders and project managers have identified team members who can provide expertise and flesh out the details of their implementation plans and evaluation strategies. Christina Kelly, MD, FMAHealth Workforce Core Team leader, has agreed to join the preceptor expansion plan effort as the FMAHealth tactic team sunsets and the work transitions to the family medicine organizations.

Progress on the Action Plan

Gathering Input on Tactic Team Plans: Members, staff, and others invested in the project are getting input from the wider community on the potential effectiveness of the tactics within the individual implementation plans. The following is what has happened or is currently scheduled:

- Presentation/vetting at AAMC meeting, November 2017
- Focus Group at Texas Academy of Family Physicians chapter meeting, November 2018
- Conversation with preceptors at a KU-Wichita winter symposium, November 2018
- Conversation with preceptors at a member mixer coordinated by the Michigan Academy of Family Physicians, February 2018
- Presentation/vetting at STFM Conference on Medical Student Education, February 2018
- Presentation/vetting at AAPA conference, April 2018
- Presentation/vetting at STFM Annual Spring Conference, May 2018
- Presentation at the National AHEC Organization conference, July 2018

Staff is working to schedule focus groups and interviews with health systems leaders. Staff has also developed two funding proposals, which are being refined.

Tactic 1: Work with the Centers for Medicare and Medicaid Services (CMS) to revise student documentation guidelines

The rules regarding the use of student notes for billing purposes have hampered medical education and increased the administrative burden on the teaching physician. These guidelines limit the student documentation role to review of systems and/or past family/social history and prohibit teaching **physicians from referring to a student's documentation of other parts of the history, physical exam findings, or decision-making.** This **team's task is to explore with CMS, and other federal bodies as needed,** ways to revise the student documentation guidelines to help relieve unnecessary administrative burdens on preceptors and increase the active learning of students.

Status: A one-pager broadly outlining the issue and our ask has been developed and vetted by several organizations. The team is setting up a preliminary meeting with CMS in December to "take the temperature" and find out if CMS has concerns with the concept. Based on what is gleaned from that meeting, the team will convert the one-pager to a letter to the acting-Secretary or CMS Administrator and send it out by year's end for signatures and then send to HHS.

Tactic 2: Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships

Clinicians are stretched between the demands of their practice and precepting responsibilities; asking preceptors to embrace interprofessional education is yet an additional pressure. This tactic explores a means to increase the number of learners at a given site without putting more pressure on the **clinician's shoulders. To do this, we must utilize levers that are meaningful to the practice site**, such as practice transformation and patient-centered care. This means transforming education, in conjunction with the practice, away from the preceptor/student model or a model favoring any one profession's education requirements. We will approach this by developing effective, simple workflow models that target everyone along the learning spectrum from students to preceptors. The workflow models will be widely distributed at national and regional levels in professional development settings with a train-the-trainer model, and our dissemination plan will develop champions that can teach it at the local level.

Status: The team leader has done a lot of research and has connected with people around the country involved in interprofessional education. The tactic team will meet in early 2018.

Tactic 3: Develop standardized onboarding process for students and preceptors. Integrate students into the work of ambulatory primary care settings (clinical clerkship sites) in useful and authentic ways

This tactic will define strategies to standardize the onboarding process for learners, such as simplifying the process of credentialing preceptors and updating faculty appointments. The tactic team is also working to disseminate strategies that help the preceptor integrate the student more easily into the practice and make them more useful.

Status: The team had its first in-person meeting on November 1 and made good progress on identifying a list of onboarding resources to link to or develop. STFM is exploring using TeachingPhysician.org to house the standardized documents and training. The **team is looking at the AAMC's 2008 Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education** as a potential foundational document to update, ideally in collaboration with AAMC, and disseminate to ensure that students consistently enter clerkships with clinical skills that add value to the practice.

Tactic 4: Develop educational collaboratives across departments, specialties, professions, and institutions to improve administrative efficiencies

This tactic will offer funding for self-identified new collaboratives that will improve administrative efficiencies for preceptors. Proposals could include ideas for State Authorized Reciprocity Agreements, centralized scheduling, shared administrative support, onboarding of preceptors and/or students, standardization of requirements, shared on-site coordinators at precepting locations, etc. The goal is to identify new models that can be implemented across the United States.

Status: The team held its first in-person meeting in December to develop eligibility, evaluation, and dissemination requirements to be included the call for proposals. The team also developed plans for communication about and spread of models that prove to be effective. A funding proposal will be sent to the ABFM Foundation in December or January.

Tactic 5: Promote productivity incentive plans that include teaching

The unifying theme of the tactics under this umbrella is creating the incentives and culture needed to expand the pool of preceptors. The target audience for these efforts is the health systems that employ community preceptors. Foundational to this work is defining the characteristics of high-quality ambulatory primary care clinical training sites and recognizing high-quality teachers and practices.

Status:

- Team leaders have discussed with the ABFM the concept of giving performance improvement credit for medical student precepting. STFM staff and Chair Annie Rutter, MD, are working with ABFM staff on specifics and next steps.
- The team has begun a literature review on incentive plans that include teaching for primary care community preceptors and academic faculty, as well as a review of what has been published on characteristics of high-quality ambulatory primary care clinical training sites, with the goal of developing a definition that will guide the work.
- A sub-group has been formed to conduct a research project to determine the impact of having medical students (and potentially NP and/or PA students) in ambulatory, primary care clinical practices for clinical training experiences. A request for funding will be sent to the ABFM Foundation in late December or early January with the Tactic 4 request. The team will meet at the STFM Conference on Medical Student Education.

Preceptor Expansion Action Plan - Next Steps

Teams will continue with implementation of their projects and staff will continue with refinement of funding proposals. Team leaders, project managers, and the project chair will convene via conference call in February to discuss status of the projects. The Oversight Committee will meet in April 2018.