

BOARD NEWS

P⁴ Update

Five months into the first year of implementation, the P⁴ residency programs have their hands full. Most programs have completed institutional review board processes, and a significant minority have completed the “baseline” data collection about their residency program and their residents. The residencies certainly have not lacked for ambition, and implementation is presenting virtually every program with a set of challenges to take on.

The first “collaboration visits” with the innovating residencies by the Oregon Health and Science University evaluation team and a representative from the Steering Committee have been inspiring. Each program has its own character and culture, but all are clearly dedicated to their residents and learning how to improve family medicine residencies. Some of the programs already have been successful at garnering additional financial support for their efforts.

A number of different communication strategies are being implemented, led by Pisacano Scholar Alumni Erika Bliss and Marguerite Duane, to inform students and residents, residencies, and the family of family medicine. The P⁴ website, <http://www.transformed.com/p4.cfm>, is a good source for those wanting to keep in touch with the project. Starting in 2008, a new look and additional information will be added to this website which will enhance efforts to share learnings.

The next meeting of the P⁴ programs will be in early 2008, and everyone expects this meeting to be filled with a lot of discussion about the real problems faced when making substantial changes to a residency. Meanwhile, Residency Program Solutions (RPS) and P⁴ are collaborating to learn more about assisting residencies as they manage change. Managing change is now a crucial skill set for residencies, just as it is for family physicians.

A New Focus on Research

Self-assessment is an ongoing and increasingly extensive process. As a matter of basic ethics and good conscience, the American Board of Family Medicine (ABFM) cannot require diplomats to scruti-

nize their knowledge and practices if we are not equally willing to engage in a perpetual and data driven self-evaluation. As such, a vector of the ABFM’s research direction will be self-reflective. We will evaluate the effects of changes instituted since ABFM began the Maintenance of Certification processes in 2004 and the validity of our assessment processes. There are many questions that we have addressed already, but there are far more that have yet to be addressed. For example, we have been gathering data from participants in the Maintenance of Certification program regarding their impressions of the Maintenance of Certification for Family Physicians process. Feedback has been markedly positive. After completing a single Self-Assessment Module (SAM), half of all respondents indicated that they will change their practice as a result of their participation. More than 90% of these physicians listed one or more specific behaviors that they intend to alter based on material presented in the SAM process. Although these data seem positive, we do not assume that the data are either static or definitive.

Another key initiative for research is the promotion of research within family medicine. This will be accomplished, in part, by making de-identified data available to family medicine-affiliated organizations for research purposes related to family medicine. To that end, we are encouraging submission of data and research requests for review. Historically, the ABFM has supported research of this type on an ad hoc basis, as inquiries about data availability arise. However, we now seek sources for productive research collaboration on both a long-term and short-term basis. Some examples of requests that we have had in the past several years include whether examination scores were affected positively or negatively by changes to work hours rules and whether the presence of affiliated sports medicine fellowship programs affect performance on sports medicine-related certification examination questions. The ABFM would like to thank those who have submitted research support requests. The breadth of inquiries is a testament to

the diversity of intellectual interests across our specialty. There remain a multitude of relevant and interesting questions to be asked by creative family medicine researchers.

One of the ABFM's large ongoing projects is a practice efficiency study with the American Board of Internal Medicine and the Dartmouth Primary Care Study Group. Another project that is similar in scope is working to identify contributing factors and multiyear trends of performance differences

based on the location of medical training (United States, Canada, other international locations). This issue arose initially after a report showing that Canadian-trained physicians performed persistently highly on examination compared with the overall group of candidates. If training differences or other factors can be identified that seem to confer a higher level of medical knowledge, then their dissemination potentially could be of widespread benefit.