

THE PHOENIX

A Diplomates' Newsletter

A Message from the President

On January 4, 2019, ABFM launched the Family Medicine Certification Longitudinal Assessment (FMCLA) pilot as an alternative to the examination once every 10 years. For those eligible—Diplomates in good standing, due for the examination in 2019—FMCLA provides 25 questions online every quarter, which can be completed anywhere and at any time that is convenient. Diplomates will be allowed four years to complete a total of 300 questions for scoring, allowing for completion at the end of three years or the option to skip up to four quarters based on practice or personal needs. Family Medicine Certification will remain active during this time as long as Diplomates are meaningfully participating in FMCLA and keeping up their regular stage requirements. FMCLA allows access to reference materials, with up to five minutes to complete each question. In addition to increasing convenience and reducing cost, we believe that the format will also support Diplomates' learning while still allowing for assessment of cognitive expertise, just like the every 10-year examination. After answering the question, the correct answer is provided, along with a critique explaining why the answer is right, and why other choices are wrong. References are also provided for additional learning opportunities. After the first 100 questions are completed, participants will receive a preliminary performance report that includes their likelihood of passing, as well as feedback on specific gaps in their knowledge, to assist in selection of further study or CME opportunities.



Warren Newton, MD, MPH

What is the early experience from the FMCLA pilot? There is clearly great interest in the new format. A total of 8,418 Diplomates were eligible for the pilot, representing 9% of all board-certified family physicians. Sign-up continues until early March, but as of this writing, 71% of eligible Diplomates have chosen FMCLA, while 13% have applied for the April examination. Those that remain are anticipated to opt for the November examination dates.

Regarding how FMCLA is working, the IT platform seems to be performing quite well. ABFM staff members are monitoring performance daily and listening to the feedback comments provided by those participating. When suggestions for improvement or concerns are identified, these are addressed in real time. Over 1,816 Diplomates have finished the questions for the first quarter as of February 21. The average time spent per question has been less than 2.5 minutes. Participants seem to prefer FMCLA to the traditional format, based on early feedback.

Over the long term, we will be getting additional feedback from our Diplomates about how we can improve our support of Diplomate learning. We will also be studying how the multiple-choice questions perform, how well our honor code and security precautions are working, and how the longitudinal assessment compares to the traditional examination in identifying the cognitive expertise necessary to be a board-certified family physician. We anticipate that by this summer we will be able to determine if we can extend the pilot to those who are due to take the exam in 2020. We will also begin planning with other Boards about how to extend longitudinal assessment to Certificates of Added Qualifications such as Sports Medicine. In the fall of 2019 and 2020, we will formally report to the American Board of Medical Specialties about the results of the pilot.

We are delighted by the early interest in and enthusiasm about longitudinal assessment among Diplomates! We very much appreciate your feedback. It is also important to underscore that FMCLA assessment also represents a renewed commitment on the part of ABFM to seek a new relationship with board-certified family physicians—one in which we develop certification programs with your input and with a goal of supporting you in your demonstration of lifelong learning, cognitive expertise, professionalism and commitment to improving practice, as you serve your patients and communities.



Comments from Family Physicians Participating in FMCLA

- “Much better than 10-year testing option. Immediate feedback is key! Never felt I learned from that test. Like the quarterly questions, I prefer this option. Although several questions did not apply to current clinical practice, this is the best testing method I have seen to date. Look forward to the next round. Thanks a bunch!”
- “This is great! It is actually fun, and I am learning more things as I go. 25 questions is a good number to manage.”
- “Immediate feedback and references are great. I learn better this way. In fact, one of the references took me to an article that I had not seen previously authored by one of my former residents. That made me smile, and luckily I had answered that question correctly!”
- “The interface is excellent. The critiques are extremely well done and this is a much better learning experience than traditional examinations.”
- “I love this format, and now the “threshold” to grab a couple questions in the occasional gap between patients in the office is much lower. I really enjoy the immediate availability of discussion regarding the question. It is a great teaching tool.”

ABFM Prepares to Launch the Newly Designed Website

The American Board of Family Medicine is pleased to announce that in late March a newly designed ABFM website will be launched. Over the last several years, ABFM Diplomates, family medicine residents, patients, and members of the general public have provided feedback that our website was too busy, hard to navigate, and the content was too dense and not consistent throughout the website. We are pleased to share that your feedback was valuable, informative, and constructive and has paved the way to creating a new, modern ABFM website.

Considerable time, thought, and testing has gone into this new website, to assure that it is responsive, easy to navigate, and contains revised content that will provide information about ABFM Board Certification that answers your questions efficiently and effectively.

ABFM is grateful to the many volunteers, including residents, family physicians, staff members, and members of our Board of Directors for the time and input they provided at all stages of testing the functionality and design of the website.

New Features Within ABFM Website

Enhanced Search Feature

Find what you need quickly by using the enhanced search feature at the top of any page on the website

Improved Responsive Functionality on Mobile Devices

The optimized website will allow you to access the ABFM website on any mobile device, laptop, tablet or desktop device

Streamlined Navigation

Access consistent and accurate information quickly and easily with the new and improved layout of the website

Get Involved with ABFM

ABFM needs you! You can now find opportunities to be part of our Influencer Network, to provide ongoing feedback about certification, or to participate in focus groups, test item writing, standard setting, and other opportunities to come

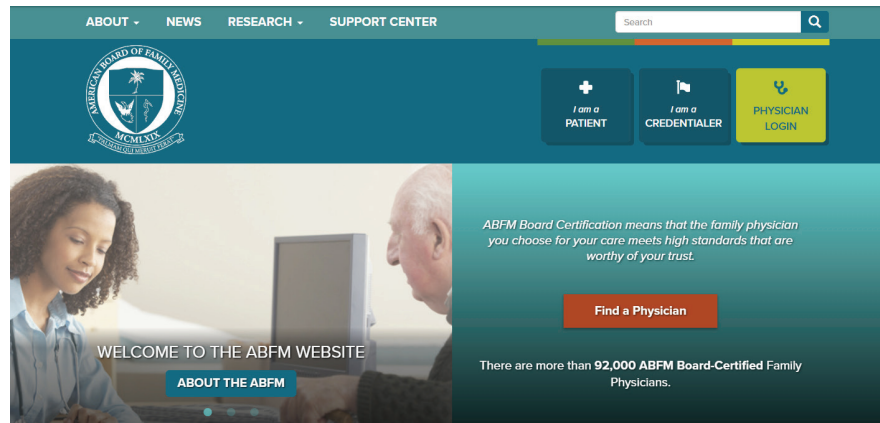


ABFM Prepares to Launch the Newly Designed Website

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We had three major design themes that were front and center to this new design:

1. Visual Appeal
2. User Experience
3. Clarity and Accuracy of Information



We promise that the credential you earn is a meaningful measure of your professionalism, cognitive expertise, and commitment to improvement.

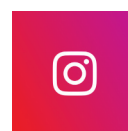
<p>VALUE OF CERTIFICATION</p> <p>Participating in the Family Medicine Certification assures that you are critically evaluating your practice, acquiring new skills, and adapting your practice to changing patient</p>	<p>BECOME CERTIFIED</p> <p>Family Medicine Certification (FMC) serves to ensure your patients and the public that you are highly skilled and effective at improving their health by having met the specific residency training standards</p>	<p>CONTINUE CERTIFICATION</p> <p>Patients place faith in board certification and expect that it reflects ongoing education and practice improvement.</p> <p>Learn more ></p>	<p>ADDED QUALIFICATIONS</p> <p>In conjunction with other ABMS member boards, ABFM offers a number of Added Qualifications.</p> <p>Learn more ></p>
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The process to access your physician portfolio will not change. You will continue to login to your physician portfolio with your existing username and password by clicking on the “Physician Portfolio” button located in the top right corner of any page on the ABFM website. If you need assistance with accessing your physician portfolio, please contact ABFM support center at 877-223-7437, or email ABFM at help@theabfm.org.

What’s Next? A Redesign of the Physician Portfolio!

ABFM will begin to understand the changes needed to optimize the Physician Portfolio to better meet your needs. Over the next six months, ABFM will be conducting user focus groups to gather feedback on what currently works and what needs to be improved, so that we can be ready to redesign and deploy a newly revised Physician Portfolio early in 2020. If you would like to be a part of this process, please email ABFM at volunteer@theabfm.org.

Check your email and follow us on social media to get the latest updates regarding the launch of our website.





What Physicians are Saying About the Self-Directed PI Pathway

As more family physicians are engaged in Quality Improvement activities in their own practices, the ABFM's Self-Directed Performance Improvement (PI) pathway has become an increasingly popular option for Diplomates to fulfill their continuous certification PI requirements. Completion of your PI requirement using this pathway is based on work you are already doing or planning to do, with the selection of topics for improvement determined by what you identify as a gap in practice that you wish to close. Ideally suited for an individual family physician, or group of fewer than 10 physicians who are working on the same improvement activity, the Self-Directed pathway can be utilized regardless of practice type or scope. It can be utilized equally well for a family physician who works in urgent care or emergency department settings, locum tenens, in a student-health center or orthopedic practice, or delivering hospice/palliative care, as it does for someone delivering comprehensive, continuous care to a panel of patients and families.

We wanted to hear more from currently participating doctors on why they chose this option, and how it has worked for them, as an example of the versatility of this option for meeting your PI requirement.



Dr. (Col) Anthony W. Waldroup is Commander of the 71st Medical Group (MDG), an ambulatory clinic of 165 personnel charged with primary care, dental, flight medicine, nutrition, aerospace physiology, immunizations, pharmacy, laboratory, and administrative support. He and his staff participated in a Performance Improvement activity that was focused on addressing physician and staff burnout as a part of a larger pilot study in the Air Force Medical Service called "Joy in Work."

Dr. Waldroup commented on the ease of participation: "I appreciate the self-directed performance improvement pathway as an option. I lead a clinic and while I am clinically active, I spent the majority of my time as an administrative function (Commander). We as an organization (US Air Force) are very in tune with continuous process improvement and as such I had several activities to choose from. I chose to submit a project aimed at addressing our staff burnout and frankly the process of submitting our work was easy, fast and getting credit took less than a day. I have been dreading this process, but in the end, my fears and anxiety was unfounded."

Dr. Waldroup also noted the ability to tailor his PI activity to something that was relevant in his clinic: "The project was relevant to my practice as I am responsible for all activities in my facility. I also am responsible for patient safety, access to care and quality. We are actively pursuing excellence and building a culture where staff are empowered and trained to solve process issues that become barriers to excellent care. I am also very concerned about my staff's wellbeing having been a sufferer of physician burnout myself in the past (which is a potential medical quality/patient safety issue). This project would have been done regardless of my board certification requirements. We are building a High Reliability Organization and continuous process improvement is a fundamental aspect of an HRO. I am committed to providing the resources (tools, time, funding) to achieve these goals."

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What Physicians are Saying About the Self-Directed PI Pathway

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Dr. Derek Jackson currently practices in a government hospital in South Africa where he has an “old-school scope of practice, which includes inpatient/outpatient, Pediatrics/Adults, emergency medicine, procedures, etc.” He partnered with a local NGO to try and source a treadmill for stress testing. “We managed to acquire the equipment, and so I upskilled myself by working with the cardiology department to which we refer. I then collected data on referral numbers and waiting times pre- and post-intervention and compared them. It seemed to fit me better than the prescribed projects, as my practice scenario and location are so unusual. I am constantly identifying areas needing improvement in my hospital, so I felt I could ‘kill two birds with one stone.’ But I also hoped that the PI requirements would hold me accountable to better data collection and proving impact.”

As to the project’s relevance? Dr. Jackson says, “It was something I would have done anyway, but I would not have been as disciplined at data collection pre- or post-intervention had it not been for the project. Though this was time consuming, in the end it was important to have those impact numbers, both to justify the intervention to our hospital’s administrators and to the NGO that acquired the technology.”



Dr. Jessie Pettit is an assistant professor and Residency Program Director at the University of Arizona Family Medicine Residency Program. Dr. Pettit was the principal investigator for a \$12,000 resident-led AAFP grant to increase youth immunization rates. Her residents, Dr. Jacqueline Huynh and Dr. Christine Chan, partnered with Americorps Vista volunteers Betsy Sorenson and Arwa Abdel-Raheem to devise the interventions under her supervision. Dr. Pettit found the Self-Directed PI pathway while searching the ABFM website for PI pathways that aligned with quality improvement work that they were already doing in the clinic. “Our top visits in the family medicine center are well-child checks, so this youth immunization project was exceptionally relevant to our practice. My residents were also able to apply the findings to fulfill an ACGME scholarly project requirement, and present at national conferences to share our strategies. With a working group and timeline, we were able to keep the project moving, and come up with creative solutions to obstacles that we faced along the way.”

Dr. Pettit says that reporting to the ABFM for this PI pathway was “Easy! I was able to transcribe the data that we had without difficulty in needing it to ‘fit’ or be reported in a certain way.”

Also Dr. Pettit finds this pathway again brings more meaning to the PI requirement for continuous certification. “Our office has multiple quality improvement initiatives, and it was great to get credit for this real-world experience in focusing on a QI initiative that we identified as a priority area for our practice. As physicians, we have multiple responsibilities. The self-directed PI pathway is perfect to allow for family physicians to identify and work on an area of need in their practice and satisfy a maintenance of certification requirement in a way that directly affects patient care. I’m so glad that as a residency program director that I know about this pathway so that I can encourage our residents and faculty to fulfill this requirement in a meaningful way.”



Performance Improvement Activity Requirements Now Approved for Family Physician Preceptors!

In partnership with the Society of Teachers of Family Medicine (STFM), ABFM is pleased to announce the approval of a new alternative for meeting the Performance Improvement (PI) activity requirement for Family Medicine Certification for family physicians who precept medical students or residents in their clinical practice. The Precepting Performance Improvement Program (Precepting Program) allows medical school departments of family medicine, residency programs, and other academic units to serve as sponsors to develop and oversee the completion of Performance Improvement projects that meet the ABFM Family Medicine Certification requirements for preceptors who complete a minimum of 180 contact hours with learners over their 3-year stage. Approved sponsors will be able to develop and oversee PI projects for teaching physicians that are designed to improve the teaching process appropriate to the teaching physician's work setting. Engagement with a sponsor and participation in the program means that preceptors do not have to submit a separate application for their PI Activity requirement for ABFM review.



Working with STFM, ABFM received more than 40 applications for involvement in a one-year pilot of this program, with more than 200 Diplomates participating and receiving Performance Improvement activity credit. Feedback was gathered through webinars, surveys, and reports to improve the program going forward. Following a successful review of pilot at the 2019 STFM Conference on Medical Student Education, ABFM opened the program on February 28, 2019 for new academic units who wish to participate as sponsors in the program. New sponsors are eligible to be approved for three years, with the ability to renew after that time.

More information on the Precepting Program can be found at <https://theabfm.mymocam.com/precepting/>