MEMORANDUM

TO: Participants of the national summit

FROM: Warren Newton, MD, MPH

RE: **ABFM Survey of Residency Faculty, and Diplomates: Interim Results**

DATE: December 15, 2020

This memorandum summarizes the methods and major preliminary results for the ABFM survey of residents, residency faculty, and diplomates which took place in late October and November 2020. These are the results as of 11/24, after 6 rounds of follow up. Also posted on the project website are the detailed results.

Introduction: As a part of its contribution to Reenvisioning the Future of Family Medicine Residency Education, ABFM surveyed Family Medicine residents and ABFM Diplomates to inform policy discussions at the national summit.

Methods: Our goal was to take a snapshot of current practices and attitudes about salient issues in family medicine residency education. With the help of national experts, we developed and tested questions on future residency curriculum, pedagogy, competency assessment, professionalism, master adaptive learning, and other aspects residency education. Questions were tested/vetted by national experts and ABFM staff.

We developed surveys for five groups—family medicine residents, family medicine residency faculty, and early <10 years out of residency, mid (10-20 years out of residency) and late (>20 years after residency) career Diplomates, who were separated from residency faculty. There was planned overlap of survey topics asked for the different groups.

We used a two-stage sampling process. In August 2020, we surveyed by email approximately 97,000 ABFM Diplomates and 14,500 residents. All were asked whether they wanted to contribute to the dialogue about the future of family medicine residency education; if they said yes, they were included in a follow up survey, which is reported here.

Preliminary Results

<u>**Response Rates**</u>: Those population targeted by the survey represented approximately 5% of the total pool of Diplomates and residents in the United States. Survey response rate was 57.3%. **Table 1** describes the total numbers and response rate as of 12/15/20:

Group	Total in Group	# Responses by	Response Rate
Residents	597	301	50.4%
Residency Faculty	834	543	65.1%
Early Career	1219	725	59.5%
Mid Career	1069	546	51.2%
Late Career	1461	855	58.5%
Total	5180	2970	57.3%

Analysis is ongoing; what follows is an interim summary. Please see posted PDFs for current detailed findings. There is a lot there!

Key Findings

<u>Residents</u> are the experts on the experience of the curriculum. With respect to didactic curriculum, the mode number of hours of didactic curricula per week reported by residents is 4. Of those, only about 50% reported going to over 75% of didactic sessions, >80 % reported that they prepared in advance of sessions only rarely, and about 50% reported routine use of interactive teaching in most of the didactic sessions. Despite ACGME guidelines, only 75% reported that they have had a formal assessment of the competency by their CCC in the last 6 months.

The large majority of residents did not know their panel size. About half reported getting feedback on quality or access for their panel of patients, and very few have received feedback on cost or utilization of care for their panel of patients. 70% reported that their residency has provided education in professionalism well or very well.

Over 75% believed that family medicine residency should be 3 years with an option for another year, while about 15% wanted 4 years.

Faculty: As a group, faculty identified social determinants of health, telehealth, community/health system leadership, point of care ultrasound, and integrated behavioral health as areas for increased attention in residencies, while suggesting colonoscopy, inpatient surgery, electives, nursing home care and subspecialty rotations as areas for which curricular space can be reduced.

Faculty assessment of didactic pedagogy, professionalism curriculum, competency assessment and the optimal duration of residency were largely similar to residents', and this extended to agreeing about frequent lack of information about panel size, lack of feedback about quality, access and cost and the relative rarity of patient advisory committees. Of particular note was almost 70% reporting that residents received no systematic feedback on cost of care or referral appropriateness.

With respect to effectiveness of residency program CQI, about 70% that it was mildly or very effective in improving residency education and a similar proportion about improving the quality of clinical care. With respect to ACGME oversight of the sponsoring institution, 26% had no concerns, 29% believed that ACGME oversight had improved the clinical learning environment, but over 20% reported that opportunities for improvement had been missed.

Community Diplomates: There is much rich detail in these surveys, but what is most striking is the relatively frequent changes of practice (Median is 3 for later career), major changes in the population taken care of (50% for late career) and frequent addition of new skills. These suggest the important of training as "adaptive learners". Review of community Diplomates' comments about curriculum needed in residency and current issues of professionalism are of special interest.