

## **ADFM CERA Liaison Report**

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CERA (the CAFM Educational Research Alliance) is a systematic way to survey our educators with high quality, peer-reviewed surveys that limit the number of surveys we all get from our academic Family Medicine family. Faculty submit questions through a call for proposals process, these questions are vetted by the CERA Steering Committee, and one of our Steering Committee members assists faculty in the analysis and publication/presentation of the results.

Five surveys are scheduled for 2019, one each to Clerkship Directors, Department Chairs and the general membership, and two to Program Directors. To date, there have been 76 published papers and 108 presentations. In 2018 alone, there were 15 publications and 25 presentations. Currently, there is a call for proposals for a Clerkship Directors survey. The next Chairs survey call will be issued in April with the survey going live in mid-July. CERA is also negotiating with AAFP to survey student members of AAFP.

At our last Steering Committee meeting during NAPCRG, we reworded our vision and mission:

### **CERA Vision**

excellent family medicine educational research

### **CERA Mission**

Provide a centralized infrastructure to:

- Produce rigorous and generalizable medical education research
- Facilitate collaboration between medical education researchers
- Provide training and mentorship in educational research methods

At that meeting we also voted to establish a **CERA Project of the Year award** which will be presented to the author of the best paper published using CERA data in the previous academic year.

CERA is **collaborating with ABFM to survey residency directors about curricula and link data to future graduate surveys**. Connecting residency curricula to practice patterns of graduates has the potential to promote an outcomes-focused curriculum design. Residency directors will be asked to provide their residency ACGME identification numbers as part of this survey with the knowledge that this will be stripped off later to de-identify the data. The results will then be linked with an already planned annual graduation survey conducted by ABFM. This survey will be done three years

after the program directors' survey. In this way, current residency practice can be linked with future graduate outcomes. ABFM has agreed to conduct the linking, creating a "dummy" code for each residency, and then stripping off the residency identification code. ABFM will then provide the de-identified data to research teams.

Having accurate knowledge about family medicine residency education is critical to understanding how residents are being trained and to provide knowledge that can positively influence how residents are trained in the future. This program director survey aims to document the current basic characteristics of family medicine residencies, specifically their curricula, infrastructure, and faculty models. The graduate survey aims to document the practice of recent graduates in regards to their breadth of practice and specific practice features. The graduate survey will also document their perceptions about the quality of their training and how prepared for practice their training made them. By linking these two surveys, researchers will be able to correlate specific residency program features with graduate outcomes, such as practice patterns and satisfaction. This will generate a level of understanding of the impact of our residents' educational experiences that has the potential for changing the way we train our future family physicians.

I believe the work that CERA is producing is important to academic family medicine as it helps us publish high quality educational survey research, and this new collaboration with the board has the potential of demonstrating what works and what doesn't in creating well-trained family physicians. Here is a link to CERA publications and presentations:

<https://www.stfm.org/publicationsresearch/cera/pasttopicsanddata/cerapublicationsandpresentations/>. Although these are not listed by Department or Institution, a quick scan of the topics suggests that a number of our Departments have been involved and that many address issues we are concerned with in our Departments of Family Medicine.

Another untapped CERA resource is the Clearinghouse of CERA data which can be tapped by any member of a CAFM organization for data analysis and publication purposes. CERA is one of the little known benefits which CAFM organization member dues help support.