## **CBME Pilot Application**

**Program Information** 

**Background:** The Society of Teachers of Family Medicine is accepting applications for a pilot project to test and refine resources and strategies for competency-based medical education (CBME) in family medicine residency programs. During the 2023-2024 academic year, selected programs will participate in faculty development, collaborate with other participants, and implement new tools and strategies for CBME.

This project is supported by a grant from the ABFM Foundation.

**Who Can Participate:** Programs can have one or two participants. The primary participant must be an STFM member who is a program director or core faculty member with at least 3 years of experience. The secondary participant can be a program coordinator or faculty member.

**Selection criteria:** Participants from up to 25 programs will be selected to participate. STFM is looking for a diverse group of participants. Diversity characteristics include program type, program setting, program size, and geography. Letters of interest and letters of support will also be considered in the application review process.

**Expectations for Participating:** Both participants from selected programs (if applying as dyads) are expected to:

- Meet pilot project deadlines
- Use mobile app for resident assessment
- Implement individualized learning plan template in program
- Implement coaching
- Complete pre-, mid- and post-pilot surveys
- Submit requested data to fulfill objectives of pilot
- Be present and participate at **all** in-person and virtual meetings:
  - o June 3-4, 2024: in-person session in Atlanta full day June 3 and the morning of June 4
  - September 11, 2024, 10 am 1 pm CT: virtual meeting
  - o November 12, 2024, 10 am 1 pm CT: virtual meeting
  - January 23, 2025, 10 am 1 pm CT: virtual meeting
  - o April 7, 2025, 10 am 1 pm CT: virtual meeting
  - o June 2-3, 2025: in-person session in Atlanta 1-5 on June 2 and 8-noon on June 3

**Benefits to Participating:** There is no fee to participate in this pilot project. STFM will reimburse selected participants for travel, food, and lodging to attend the two in-person training sessions. Participants:

- Receive formal education in CBME including education on implementation of assessment strategies.
- Receive access to and instructions on using a mobile assessment linked to core outcomes, individualized learning plans, and portfolio strategies.
- May be invited to co-author a publication.

Individuals who complete all assignments and participate in <u>ALL</u> of the virtual and in-person meetings will graduate, receive certificates, and be recognized in STFM publications.

**Risks to Participating:** There are no foreseeable risks to participating in this pilot program. Any data provided by participating programs will be kept confidential.

**Questions:** If you are having technical issues with completing your application, then please contact the program evaluator Dr. Patrick Barlow at patrick-barlow@uiowa.edu. For any other questions or concerns about participating in the pilot program, please contact Mary Theobald at mltheobald@stfm.org.

Q1 Program Details. If your program has multiple clinical sites or campuses, please use the city for the primary one only.
Name of the Residency Program
O City
○ State
○ Zip Code
Q2 Type of medical school/program (select one primary)
O University-Based Residency Program
Community-Based, University-Affiliated Residency Program
Community-Based, Non-Affiliated Residency Program
Military Residency Program
O Public Medical School
O Private Medical School
Other (please specify)
Q3 On average, how many residents does your program have in each class? (please write a number)

Q3 Please complete the following information for the <u>Primary Participant</u> . The primary participant must be an STFM member who is a program director or core faculty member with at least 3 years of experience.
O First Name
O Last Name
O Degree(s)
O Primary Job Title
○ Email Address
O Preferred Phone Number
Q4 How long has this person been in their current role?
C Less than 1 year
O 1 to 3 years
O 4 to 6 years
O 7 to 9 years
O 10 years or more
Q5 Is this person an STFM Member?
○ Yes
○ No
Q6 Do you want to add a second person to your application? The secondary participant can be a program coordinator or faculty member.
○ No <mark>If "No" is selected, then skip to Q10</mark>

**Applicant Information** 

O Yes

Q7 Please complete the following information for Participant Two. The secondary participant can be a program coordinator or faculty member.
O First Name
O Last Name
O Degree(s)
O Primary Job Title
O Email Address
O Preferred Phone Number
Q8 How long has this person been in their current role?
O Less than 1 year
O 1 to 3 years
O 4 to 6 years
○ 7 to 9 years
O 10 years or more
Q9 Is this person an STFM Member?
○ Yes
○ No
CBME Background & Interest
Q10 Please describe any experience you have with Competency Based Medical Education including experience with assessing resident competence.
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Q11 Why are you interested in participating in this pilot project?
Q12 Confirmation of Expectations for Participation: Both participants from selected programs (if applying as
lyads) are expected to:
Meet pilot project deadlines
Use mobile app for resident assessment
Implement individualized learning plan template in program
Implement coaching     Complete promise and pact pilot curvous
<ul> <li>Complete pre-, mid- and post-pilot surveys</li> <li>Submit requested data to fulfill objectives of pilot</li> </ul>
Be present and participate at <b>all</b> in-person and virtual meetings:
<ul> <li>June 3-4, 2024: in-person session in Atlanta — full day June 3 and the morning of June 4</li> </ul>
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o April 7, 2025, 10 am - 1 pm CT: virtual meeting
○ June 2-3, 2025: in-person session in Atlanta — 1-5 on June 2 and 8-noon on June 3
Please indicate you understand and agree to these requirements by selecting "I agree" below:
○ I agree
O I do not agree
Q13 What potential challenges do you anticipate in implementing new assessments and strategies within your
orogram? What steps will you take to minimize these challenges?

**Letter of Support** 

## Letter(s) of Support

Q14 **REQUIRED:** Please use the space below to upload your letter of support from your leadership noting that you will be given adequate time to complete the pilot program requirements.



Q14\_a **OPTIONAL:** Second Letter of Support



Q14\_b OPTIONAL: Third Letter of Support

