please provide the name of that mentor.The cost of the program is registration for and travel to the 2 ADFM winter meetings and travel to the ADFM fall meeting held in conjunction with the annual meeting of the Association of American Medical Colleges.

Applications will be reviewed by the ADFM executive committee and the ADFM fellowship co-directors. Applicants are notified by late November regarding acceptance into the 2013-2014 ADFM fellowship program. Criteria which are considered in reviewing applications include:

- Complete application packet
- Associate Professor or higher rank
- Involvement in each mission: education, clinical, research/scholarship (and administration)
- Evidence of being prepared for leadership role within dept/institution and outside institution
- MD, DO, or PhD with clinical practice in family medicine

If you have any questions, please do not hesitate to contact either of us or Ardis Davis, MSW, Executive Director, ADFM (ardisd7283@aol.com; 425-423-0922).

Macaran Baird, MD, Director, ADFM Fellowship
John Hickner, MD, PhD, Co-Director, ADFM Fellowship

References

1. Newton W, Borkan J, et al: A call for new leaders: building a pipeline for the future of family medicine. *Ann Fam Med.*2009;7(2):187-188.

From the Association of Family Medicine Residency Directors

Ann Fam Med 2012;10:371-372. doi:10.1370/afm.1425.

THE NRMP: ALL-IN...AND TESTING THE SOAPY WATERS?

By many accounts this was a banner year for family medicine in the Match. At 2,740 offered positions, we witnessed a 7-year high. Not since 2000 (when 2,603 positions were filled) have we seen this number of matched applicants into family medicine. After being flat at 91% from 2008 to 2010, the fill rate for family medicine programs through the match bumped to 94% in 2011 and 95% this year.[1] These numbers certainly are a cause for some optimism.

Behind these promising numbers, however, lurk some stark realities that point to a looming crisis. The positive upticks noted above do not reflect a significant change in the attitudes of US medical school graduates toward primary care. The increases are largely due to: (1) an increase in the number of medical students graduating, particularly from osteopathic institutions,. and (2) a slight increase in the number of family medicine residency positions offered in the Match. Most believe these slots do not represent new positions but are existing ones moved into the Match in anticipation of the All-In policy to be instituted in 2013.

This year the National Resident Mapping Program (NRMP) instituted the Supplemental Offer and Acceptance Program (SOAP). So, did the SOAP program actually help family medicine by allowing unmatched medical students to reexamine or reexplore their specialty choice? Of the 130 family medicine slots available, almost all were filled during the SOAP process. Though the process was successful in filling most of the slots, there were a number of logistical problems. First, United States Medical Licensing Exam (USMLE) scores for applicants were not available on day 1. Secondly, many of the filters one typically uses in the Electronic Residency Application Service (ERAS) were difficult or impossible to implement. Considering that many programs actually received more applications through SOAP than through the general Match, the lack of filters proved frustrating and very troubling. Lastly, the actual SOAP process can be problematic. For example, if a program has 1 slot available and 4 outstanding candidates, only 1 offer for the position can be made at a time making the need to know that candidate's interest in your program critical. If the candidate is not interested, another offer cannot be made for 2 hours, at which time many of your initial candidates will be gone. Currently the NRMP is seeking active feedback on the SOAP process. For those who participated in the process, your feedback is vital in improving the supplementary Match. Submit this feedback to nrmp@aamc.org.

Next year the NRMP will institute the All-In policy. Therefore, a program will have to offer all of its PGY-1 positions through the Match. In 2008, 3.2% of all family medicine residency slots were filled outside the Match with only 3 programs not participating in the Match. Up to one-third of all programs offered at least 1 position outside the Match.[2] The change will affect a large number of programs but its exact impact on the specialty is unknown. The actual guidelines for implementing this policy will be discussed and distributed this summer.

As citizens, we need to be concerned. The US medical education system is not producing a sufficient primary care workforce. As our population ages, more and more medical students are choosing specialties with less and less patient contact. Without significant change, a health care crisis of epic proportions can-

not be avoided. As the SOAP attempts to cleanse the matching process, let our efforts be All-In when advocating for innovation to stimulate more student interest in family medicine.

Michael Mazzone, MD; and Martin Wieschhaus, MD
Stoney Abercrombie, MD; Sneha Chacko, MD; Joseph Gravel, MD; Karen Hall, MD; Grant Hoekzema, MD; Lisa Maxwell, MD; Todd Shaffer, MD, MBA; Michael Tuggy, MD

References

1. National Residency Matching Program (NRMP). Data and Reports. Results & Data: 2012 Main Residency Match. http://www.nrmp.org/data/index.html.
2. National Residency Matching Program (NRMP). "All-In" Policy Program Participation and Exceptions. http://www.nrmp.org/allinpolicyexceptionsstatement.pdf.

From the North American Primary Care Research Group

Ann Fam Med 2012;10:372-373. doi:10.1370/afm.1426.

ENCOURAGING PARTICIPATION OF MINORITIES IN RESEARCH STUDIES

Recruitment of participants for research studies can be challenging. Recruitment of minorities is especially challenging, leading to underrepresentation of minorities in clinical trials, even for conditions that disproportionately affect minorities.[1] This is worrisome, since lack of ethnic and racial diversity in study participants hinders the ability to generalize findings and thus the results may not truly identify the best treatments available. Furthermore, studies without adequate minority representation may miss relevant findings that are unique to that group due to cultural, environmental, or physiologic factors. In light of this, agencies such as the National Institutes of Health (NIH) and United States Food and Drug Administration (FDA) have made statements emphasizing the scientific and ethical obligation to include minority participants in research studies.[2,3] Consequently, investigators need to ensure they are including a representative sample of participants in their studies. Several strategies have been suggested that may help improve minority recruitment. Some of the strategies investigators should consider include:

1. Work to Establish Trust With Eligible Participants

There are a number of ways to establish trust. Interacting with individuals of a similar ethnic or racial background can help initiate a trusting relationship. Since there is a scarcity of minority investigators, a commonly used strategy is to hire research staff from diverse racial and ethnic backgrounds. However, it is not enough to just have a diverse research group. All those involved with recruitment and ongoing interactions with participants need to be sensitive to personal beliefs that may impact research participation. In addition to providing patient-centered care, we should also develop participant-centered recruitment strategies that help us identify barriers for participation and address these on an individual basis.

2. Perform a Community Assessment

An accurate assessment of the community where recruitment will occur may be vital to success. This assessment should not only identify places where diverse populations live, work, and spend their free time, but also should include discussion of media usage habits, sources of health care, and community leaders. This information can help to target recruitment efforts to maximize success and may lead to the use of novel recruitment strategies, such as the use of social media or development of a fotonovela to explain research participation.

3. Form Relationships With Health Care Providers That May Help You Recruit Diverse Participants

Encouragement from a patient's health care clinician can be a very effective means of recruiting racially and ethnically diverse participants, as many patients respond positively to their physician's advice. In fact, one study found that 75% of patients offered the opportunity to be in a clinical trial by their physician agreed to participate.[4] Thus, identifying health care clinicians who serve a diverse group of eligible patients and encouraging them to refer patients for trials may be very valuable. However, being aware of barriers to referring patients, such as lack of time, lack of awareness regarding available trials, concerns regarding the amount of additional work required to make a referral, distrust of institutions conducting research, and preconceived notions regarding patients' willingness to participate is important. If these and other barriers are not addressed, referrals will not occur. Consequently, when referring possible participants, taking the time to review recruitment protocols to ensure clinicians are minimally affected and addressing clinician concerns are very important. Similarly, providing feedback to the clinician after referrals are made is also important, as clinicians do not want to feel they will lose their patient if they join a trial.