STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE **From the Society of Teachers of Family Medicine**

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STFM LAUNCHES INTERPROFESSIONAL LEADING CHANGE FELLOWSHIP

STFM has launched a new yearlong fellowship for mid-career and senior faculty in clinical leadership roles. The inaugural class of the Leading Change Fellowship will begin training at the 2015 STFM Conference on Practice Improvement in December.

The fellowship curriculum and resources will educate and empower family medicine faculty to lead change within their institutions, larger surrounding environments, and at the national level. Throughout the fellowship year, teams will interact with mentors and attend training sessions at STFM conferences and via teleconference.

Fellows will participate as interprofessional dyads and will implement a practice change. "The day when a single person can do it all alone, whether administrative, financial, or clinical, is past," said John Franko, MD, task force chair. "The dyad format recognizes that leadership, especially leadership around change, must include a highly functioning team and the dyad is the first step in that process."

Dyads in the inaugural class include:

- Tziporah Rosenberg, PhD, University of Rochester, and Mathew Devine, DO, Highland Family Medicine, Rochester, New York
- F. David Schneider, MD, and Craig Smith, PhD, St Louis University
- Jean Moon, PharmD, and Tanner Nissly, DO, University of Minnesota
- Joseph Teel, MD, and Heather Klusaritz, PhD, MSW, University of Pennsylvania
- Miranda Huffman, MD, MEd, and Lindsay Fazio, PhD, Truman Medical Center, Kansas City, Missouri
- Cheyenne Rincones, RN, BSN, FNP-C, and Albert Campos,BS, Texas Tech University HSC, El Paso, Texas
- Ann Tseng, MD, and Karen Aiello, CMPE, Oregon Health & Science University
- Briana Balderrama, LPN, and Daisuke Yamashita, MD, Oregon Health & Science University
- Alicia Jacobs, MD, and Holly Whitcomb, APRN-FNP, University of Vermont Medical Center
- Mark Drexler, MD, and Rita Yager, RN, University of Chicago Northshore FMR

"During the first year, I hope to see changes that are in line with the Quadruple Aim," said Jennifer Johnson, MSHS, co-chair of the Leading Change Fellowship.

Not Part of this Year's Fellowship But Still Interested in Leading Change?

STFM also offers an online Leading Change curriculum that was developed to educate and empower family medicine faculty to lead change within their institutions, larger surrounding environments, and their nation. The curriculum includes a series of 12 modules to help family medicine faculty at all levels of their careers plan for and implement change. Module topics include change leadership fundamentals, team building, change plan development, outcomes measurement, effective teamwork, and coaching skills.

The modules may be taken in any order, and a certificate is available upon completion of each module.

Modules include:

- Concepts Fundamental to Change Leadership
- Assess Needs & Identify Opportunities for Change
- Create Urgency and Build the Team
- Construct a Plan for Change
- Establish and Measure Outcomes
- Launch Change
- Facilitate Effective Teamwork
- Celebrate and Capitalize on Success
- Coaching Strategies to Reinforce Change
- Leadership Wellness & Improvement in the Face of Change
- Improvement Tools and Methodologies
- A Case Study

Traci Nolte, STFM

ADFM Association of Departments of Family Medicine VISION, VOICE, LEADERSHIP **From the Association of Departments of Family Medicine**

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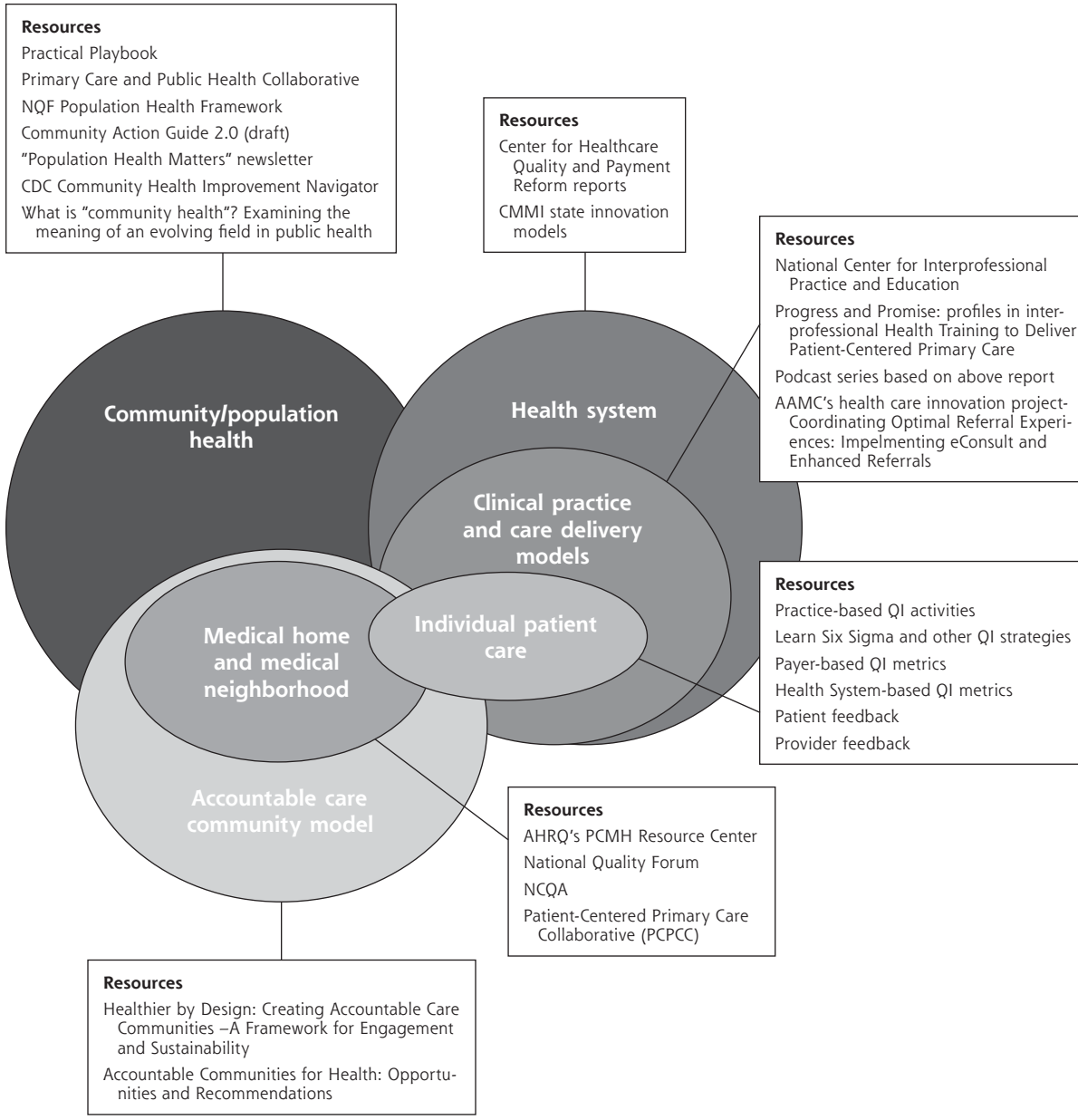
PARTNERING FOR TRANSFORMATION: A MENU OF MANY POINTS OF ENTRY FOR YOUR DEPARTMENT

Healthcare delivery transformation is happening at many different levels but these myriad activities all share one thing in common: they are impacted heavily by the old adage, "all politics are local." Recognizing that there are many points of entry to transformation, at many different system levels, the ADFM Healthcare Delivery Transformation Committee (HCDT) devel-

Figure 1. Departmental points of entry.



AAMC = Association of American Medical Colleges; CDC = Centers for Disease Control and Prevention ; CMMI = Center for Medicare and Medicaid Innovation; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; QI = quality improvement; PCMH = Patient-centered medical home.

oped a graphic (Figure 1) to help understand how to engage with this healthcare delivery transformation process depending on the local context.

The graphic illustrates where the health system and community/population health interact and where within this overlap individual patient care takes place. This illustration is based loosely on a model put forth by the World Health Organization as a framework for people-centered integrated health services delivery.[1]

In addition to showing how elements of care models overlap, the graphic lists a series of resources for each component of the illustration, providing a literal menu to those interested in finding ways to partner for transformation. For example, leaders of a Department of Family Medicine may be interested in considering ways to partner with community or population health entities in their local environment and could look at the "Practical Playbook" for some examples of

other systems and institutions that have successfully partnered with local community and public health organizations. ADFM's HCDT Committee updates this menu of resources periodically; the color version of the graphic with the menu of resources hyperlinked for easy access is available at: http://www.adfm.org/Members/PrimaryCareCommunicationToolkit.

The complexity of healthcare system change leads us to be like the proverbial "blind man and the elephant" in that we sometimes can identify the part we are dealing with, but are not as successful in recognizing the larger "beast." The graphic is designed to help with this challenge. Chairs, Administrators, Division Chiefs and other senior leaders in Departments of Family Medicine are best positioned to understand the local politics and to guide Departments in selecting entry points that will likely have the greatest impact and intended outcome.

We will continue to evolve this graphic through our work over the year to help Departments of Family Medicine and other organizations understand how they can partner and envision a different future within their own local reality.

Sharon Hull, MD, MPH; Amanda Weidner, MPH; James Lloyd Michener, MD; and the ADFM Healthcare Delivery Transformation Committee: Al Tallia, MD, MPH (Committee Chair); Chelley Alexander, MD; Sean Bryan, MD; Valerie Gilchrist, MD; Laurel Giobbie, MPH; Sharon Hull, MD, MPH; Michael Jeremiah, MD; J. Lloyd Michener, MD; Robert Pallay, MD; Michael Rabovsky, MD; Linda Speer, MD; Lisa Tavallali, MBA; staff: Ardis Davis, MSW and Amanda Weidner, MPH

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AFMRD Association of Family Medicine Residency Directors **From the Association of Family Medicine Residency Directors**

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THE NATIONAL GRADUATE SURVEY FOR FAMILY MEDICINE

The Association of Family Medicine Residency Directors (AFMRD) is excited to announce the rollout of a standardized national graduate survey. Beginning in 2016, the survey will be conducted through the American Board of Family Medicine (ABFM) Maintenance of Certification process. Understanding the scope of practice and success of family medicine residency graduates post-residency is a crucial step in improving residency education. The Accreditation Council of Graduate Medical Education (ACGME) Program Requirements for Graduate Medical Education in Family Medicine state that "Program graduates should be surveyed at least every 5 years, and the results should be used in the annual program evaluation" (V.C.6, Detail Requirement). Although some residencies collaborated on standardized surveys and data collection previously, no standardized national initiative was in place.

Recognizing an opportunity to both standardize the survey process and increase the response rate, the AFMRD approached the ABFM to explore opportunities to use ABFM-collected data to fulfill the graduate survey requirement. In turn, the ABFM offered to sponsor the development of a graduate survey to be administered through the Maintenance of Certification process, thus assuring a high response rate.

In cooperation with the ABFM, the AFMRD led a steering committee of representatives from AFMRD, ABFM, family medicine research organizations, the ACGME, and a new graduate. The steering committee identified the major stakeholders of a national graduate survey to be, in order of priority: (1) residencies for use in program evaluation and improvement and for milestone validation; (2) family medicine organizations regarding family medicine practice scope and characteristics, as well as the quality of and trends in medical education; and (3) the "public" for use in educational research and policy analysis. The steering committee recommended and then conducted a competitive request for proposal (RFP) process to select a survey development team, ultimately choosing a team from the University of Washington, headed by Dr Freddy Chen.

The survey development team completed a needs assessment and a literature search, reviewed previously developed graduate surveys, and conducted phone interviews of key stakeholders and recent graduates and roundtable discussions with program directors. In order to achieve a high survey completion rate, the goal was to limit the survey to questions that can be completed in fewer than 12 minutes. Two rounds of pilot testing have included input from stakeholders, including significant AFMRD input, to identify the most important questions to be included in the survey.

The survey is now being rolled out by the ABFM to all ABFM Diplomates 3 years after graduation. The ABFM will incorporate the survey into its Maintenance of Certification process, providing information to residency programs each year on the survey cohort.