

Co-President for the Student National Medical Association and Latino Medical Student Association. Robert co-developed an elective course in social medicine, domestic health equity, and health advocacy, called US Health Justice, for Yale medical students, nursing students, and physician associate students. He has collaborated with representatives across other professional schools at the university to form a multidisciplinary US Health Justice Collaborative, bringing relevant programming and dialog across the campuses. As a result of these efforts, Robert was invited to sit on the Dean's Committee on Diversity, Inclusion and Social Justice, and currently serves as the Co-President of the United States Health Justice Collaborative.

Robert is the creator and coordinator of *Making the Invisible Visible: Art, Identity & Hierarchies of Power*. Originally part of the US Health Justice elective course, this guided art tour and reflection session is now part of the first master course for all entering medical students. The tour has also been incorporated into the curriculum for the internal medicine residency program as well as the National Clinic Scholars Program at Yale.

Robert's passions exist at the intersection of the arts, education, and health justice. His ultimate goal is to work as a primary care family physician in a neighborhood health center that doubles as a community center for the arts and education in service to promoting population health in the area.



Dev Vashishtha is a 4th-year medical student at the University of California, San Diego. He graduated summa cum laude from UC San Diego with a Bachelor of Arts in Political Science and a minor in Biology. Dev completed his Master of Advanced Studies in Clinical Research at the UC San Diego

School of Medicine.

Before medical school, Dev studied Indian Classical Vocal Music in Chennai, India for 1 year. After beginning medical school, he completed an internship at the California State Capitol under Assemblywoman Lorena Gonzalez. During this internship Dev contributed to a fact sheet on the Healthy Workplaces, Healthy Families Act of 2014 (AB 1522), which provided paid sick leave to millions of workers across California. Governor Jerry Brown read this fact sheet before signing AB 1522 into law. Dev is also a student member of the California Academy of Family Physicians (CAFP) Board and the Foundation Board of Trustees. He serves as a Key Legislative Contact for the CAFP, and he advocates for greater ethnic and gender diversity in organized medicine and for primary care-centered payment reform.

Through Physicians for Social Responsibility (PSR), Dev lobbied in Washington, DC for President Obama's Clean Power Plan. He was also one of the founding members of the 2015 Hindu Declaration on Climate Change and created a monthly UC San Diego lecture series on Human Health and Climate Change. For his commitment to leadership in environmental issues, Dev was awarded the national Switzer Foundation Environmental Fellowship.

As a clinical researcher Dev has published numerous peer-reviewed abstracts and journal articles in the fields of injection drug use, environmental health and cardiovascular epidemiology. He aspires to be a compassionate, full-spectrum family medicine clinician, researcher and policy maker working to improve community health and well-being, and intends to run for political office.

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QUALITY MENTORSHIP THROUGH STFM

The Minority and Multicultural Health (MMH) and Latino Faculty (LF) Collaboratives received a Society of Teachers of Family Medicine (STFM) Foundation Project Fund grant to develop a faculty mentorship infrastructure for STFM in 2015, ending December 2017. The long-term goals of this project are to (1) enhance mentorship opportunities of excellence for STFM members, (2) improve resiliency and retention of underrepresented in medicine minority family medicine faculty, and (3) increase educational and leadership diversity for the STFM. The MMH and LF Collaboratives share many common goals: increasing the number of URM students going into family medicine; increasing the recruitment, retention, and development of URM faculty; and, improving health equity by addressing health disparities. Their missions are in line with the STFM mission to improve health through a community of teachers and scholars, and the Quadruple Aim for better quality, better health, and better value by strengthening family medicine leadership and the quality and resilience of a diverse workforce.

Traversing the academic terrain successfully can be challenging. Mentorship provides important structure, content, and tools to make the difference between success and mediocrity for faculty as well may impact

resiliency and attrition. Limitations in mentorship can result from lack of mentors in an individual's local environment, and lack of awareness of how to choose a mentor and of the different characteristics of a mentoring relationship (eg, distance mentoring, micro-mentoring, diversity in mentoring- gender, specialty, race/ethnicity). *Quality Mentorship Through STFM* provided the opportunity to bridge a gap in mentorship needs for faculty in family medicine.

The skills, attitudes, and behaviors addressed by this program help to address the unique needs of URM faculty and benefit non-URM faculty. As the family physician workforce thrives, these benefits are passed on to residents, students, patients, and communities we serve.

The design of the *Quality Mentorship Through STFM* program used a mixed-methods approach to obtain data to inform the development, structure, and evaluation of the program. Using a community-engaged approach, members of several STFM interest groups were surveyed anonymously. Additionally, a focus group and literature review was conducted. Mentors and mentees were recruited through STFM Collaboratives and by word of mouth, then paired based on interests and geography. Six mentees were accepted into the program. Each mentee had to demonstrate commitment and institutional support for participation in the 18-month program. The program kick-off occurred during an STFM annual pre-conference workshop where the mentees, mentors, and other registered participants interested in mentoring underrepresented minority faculty learned about mentoring techniques, unique needs of URM faculty, racism and bias, resilience, and resilience techniques. An individual development plan was introduced as well as mentorship tools to facilitate SMART goal setting, communication, ongoing mentorship meetings, and demonstration of resilience techniques and practice.

Thus far, there is high participant satisfaction with mentees benefiting from increased scholarly productivity, promotions, leadership development, and connectivity.

Brainstorming with STFM leadership explored how broader implementation of the program through STFM. Next steps include project evaluation, toolkit publication, and dissemination through manuscript publication.

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A PHYSICIAN SCIENTIST PATHWAY IN FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS

Background

In the specialty of family medicine, a consensus is emerging nationally on the need for a greater focus on increasing research capacity to match a well-established culture of clinical and educational excellence.¹⁻⁴ However, increasingly competitive extramural funding threatens the pipeline of physician-scientists in the United States,⁵ particularly for family medicine, which lags behind other specialties in competitive federal funding for investigator-initiated research.²

Development of the Research Pathway

In response to the need for a more robust pipeline of future family medicine-scientists, the board of the Association of Departments of Family Medicine (ADFM) adopted a strategic goal in 2013 to assist departments to strengthen the productivity and quality of their research that was reaffirmed in 2015.⁶ The ADFM Research Development Committee (RDC) then assessed the needs, capacity, and programs for advancing research in the specialty. This involved an environmental scan with extensive stakeholder consultations, roundtable discussions at the Winter 2017 ADFM meeting, and analysis of published and unpublished data. The stakeholders included the American Board of Family Medicine (ABFM), department chairs, program directors, and research leaders.

In a 2017 CAFM Educational Research Alliance survey,⁷ 44% (n=43) of department chairs who responded reported 'minimal' or 'no' research activities in their departments and 34% (n=33) reported 'significant' or 'extensive' research activities. We found that a research pathway through the National Resident Match Program (match) "R3" system is an established mechanism in some other specialties for recruiting medical students with concurrent interests in a research career and the clinical specialty. A year-long process of key stakeholder engagement culminated in the development of a proposal for a *Family Medicine Physician Scientist Pathway Program* (PSP). The ADFM then conducted a member survey in 2017 in which, among 111 respondents, 83 (75%) expressed interest in the concept. Thus, the