

A New Phase: The URM Oversight Committee & Work Groups

A new URM Oversight Committee was appointed in fall 2019 to provide strategic direction, monitor the progress of the work, and communicate with STFM members and the STFM Foundation about the work being done. The Oversight Committee will convene in February 2020 to develop strategies, budgets, time-frames, and measures to achieve the objectives within each focus area. The following members and STFM staff are serving on the committee:

Edgar Figueroa, MD, MPH, (Chair); David Acosta, MD; Kathryn Fraser, PhD (Mentorship Work Group Leader); Cesar Gonzalez, PhD, LP, ABPP (Scholarship Work Group Leader); Mindy Householder; Byron Jasper, MD, MPH; Danielle Jones, MPH; Leon McCrea, II, MD, MPH; Vince Munoz; Elizabeth Naumburg, MD (Leadership Work Group Leader); Mary Theobald, MBA; Maili Velez-Dalla Tor, MD, FAAFP (URM Faculty Pipeline Leader); Emily Walters; Judy Washington, MD.

Each of the 4 focus areas has been tasked to a small work group, consisting of a team leader from the Oversight Committee, STFM members with an interest and expertise in the focus area, and staff.

The work of the Oversight Committee and all 4 work groups is anticipated to take place over the next 3 years, with plans to sustain the programs and resources that arise out of this phase in future years as part of STFM's Strategic Plan.

STFM is committed to promoting health equity and increasing the number of URM family medicine educators and leaders. Together, we can build a more diverse and inclusive workforce.

Emily Walters

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ADFM: FROM PAPER CLIPS TO PERFORMANCE—THE LAST 15 YEARS

Patterns of organizational development appear more clearly in retrospect, as do their lessons learned. The Association of Departments of Family Medicine (ADFM) has evolved over more than 40 years in distinct phases as previously described by Borkan et al.¹ This commentary aims to articulate major touchstones over the past 15 years, throughout the period of ADFM's first experience with an executive director and the evolution of “looking in” to “looking out.”

Strategic Focus

ADFM first focused on becoming strategic around the turn of the century, having evolved from a “gripe and golf,” inward-facing organization and annual conference to one that aimed to positively influence and foster growth in academic departments of family medicine. It was during this time that the decisions to bring on the first executive director and to start working through a committee structure were made. These steps were critical in advancing ADFM to a more activist rung on the organizational ladder. It took a few years of “finding our way” with leadership and the executive director to articulate a newly framed “vision, voice, leadership” with a completely revised logo and sense of purpose. A moment in time which directed us to become more outward and intentional along “our way” was in 2008 when a Board member observed that we need to get away from just “managing paper clips” to performing as an organization.

Flowing naturally from this moment, we pivoted to use our collective voice, and in 2012 to developing our first 3-year strategic plan.^{2,3} Importantly, ADFM's scope expanded to include issues in the whole of our discipline and in organized medicine—ranging from graduate medical education (GME) policy to care transformation. ADFM's strategic work continues to

be guided through a more recent shift to a “strategic directions workplan.” Enduring strategic themes have centered on leadership development, and support of our member Departments in reaching their clinical, educational, and research missions.

Broadening Our Reach

There are 3 areas of outreach which have broadened ADFM’s effectiveness: (1) involving other leaders from our member Departments; (2) expanding our definition of an academic Department to reflect the changing landscape; and (3) collaboration with other organizations.

Involving Other Leaders

One of the most critical broadening moments for ADFM was a decade ago when senior department administrators were invited to join ADFM. The decision to move in this direction flowed from critical Board conversations articulating the Department as the unit of membership in ADFM. This clarification enabled the Board to consider who, in addition to Chairs, was needed to help lead our member Departments and ADFM collectively. Another outreach in 2018 was to engage other leaders within Departments as Associate Members of ADFM. This move was intended to provide leadership development for these academic leaders while at the same time facilitating ADFM’s capacity to support Departments. Each of these decisions to engage other Department leaders in ADFM was embraced more fully than initially anticipated.

Expanding Definition of “Academic Department”

In 2005, we recognized the benefit of engaging academic Departments positioned regionally in large medical centers. This embracing of changing departmental structures for academic family medicine facilitated a subsequent broadening of our membership criteria in 2017 to include all entities with a similar purpose as an academic Department of Family Medicine.

Collaboration

Broadening our reach externally through collaboration has been another area of significant growth for ADFM. Striving to have academic family medicine “speak with one voice” was instrumental to the founding of the Council of Academic Family Medicine (CAFM) in 2008.⁴ Working closely with CAFM has enabled ADFM to become a more effective collaborating partner within the Family Medicine Leadership Consortium. In recent years, ADFM has been able to help co-lead in distinct strategic initiatives aimed at increasing diversity of leaders in academic family medicine, in building research capacity, and in increasing the number of students choosing to become family physicians.

Culture

The culture of an organization is at the heart of what constitutes success and forward progress. As ADFM has matured strategically over the last decade, we have reexamined our mission and values. Our most recent reflection in 2018 on mission brought out an important role of the organization in supporting our Departments to achieve their full potential in promoting leadership and advocacy and in areas of clinical, educational, and scholarly function. These areas parallel with work of our strategic committees and collaborative work with other family medicine organizations. How we enact what we term “peer support” within ADFM is through our values of excellence, integrity, inclusion and equity, respect, and partnership.

As ADFM moves into its next phase, we strive to maintain our unique culture while addressing how we incorporate cross-cutting issues of diversity, inclusion and health equity into everything we do. We are fortunate to be adding a Public Member position to our Board to help with this important work.

Ardis Davis and Jeff Borkan

References

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THIRD INTERNATIONAL CONFERENCE ON PRACTICE FACILITATION (ICPF) FOCUSES ON EXTENDING FACILITATION TO THE COMMUNITY

Conference attendees, contributors, and organizers of the 3rd *International Conference on Practice Facilitation (ICPF)*, held June 26 and 27, 2019 in Bethesda, Maryland, are part of an international community of profes-