from a variety of new and old voices, interspersed throughout the conference, will cultivate other forms of "knowing" and sense-making.

COVID-19 has cast a spotlight on all aspects of primary care: health disparities and racial injustice, physical and psychological well-being, practice change and the compelling need for societal change. Against this backdrop, the 48th NAPCRG Annual Meeting will provide a home for inspiration, joy, and education to reinvigorate work and nurture the relationships that are cherished by a tight-knit community of research lovers across the globe. Join us!

Visit www.napcrg.org to register.

Jack Westfall, MD, MPH, NAPCRG President; Hazel Tapp, PhD, NAPCRG Conference Chair; Julie Sutter, MPA, MS, CAE, NAPCRG Executive Director

ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

Ann Fam Med 2020;18:472-473. https://doi.org/10.1370/afm.2598.

WHAT ADFM LEARNED FROM BRINGING A PUBLIC MEMBER ONTO ITS BOARD OF DIRECTORS

The Association of Departments of Family Medicine's (ADFM's) overall mission is to "support academic departments of family medicine to lead and achieve their full potential in care, education, scholarship, and advocacy to promote health and health equity."[1] A core value guiding ADFM in its work is a commitment "to engaging with patients and communities as partners in our mission."[1]

In 2018, in partnership with Family Medicine for America's Health (FMAHealth), ADFM launched a pilot of a public ADFM Board member with the hypothesis that "an individual not within our 'family' of academic departments but who appreciates our mission and is committed to success of departments of family medicine, will bring complementary views and experiences that enhance the work of ADFM."[2] A 2-year evaluation period was established to include: (1) choosing someone who brought an experienced public academic medicine perspective; (2) surveying ADFM Board members; and (3) reviewing specific contributions.

Our learning also reflects outreach to other family medicine organizations with public and patient Board members. Pursuant to a recommendation from the ADFM public member, public and patient Board members from the American Academy of Family Physicians Foundation (AAFP-F), the American Board of Family Medicine (ABFM), and the North American Primary Care Research Group (NAPCRG) participated in focus group meetings to discuss their roles, contributions, and experiences on their respective Boards. Additionally, executive staff from the AAFP-F and ABFM were interviewed about their perceptions of the value and contributions of public and patient Board members.

This multidimensional evaluation and ADFM's evaluation resulted in the ADFM Board transitioning the public member pilot position to a permanent position, with a 3-year renewable term at the end of 2019. Our key learnings and rationale follow.

Critical Attention to Process

The assumptions of our pilot focused on the *content* which the public member would bring to Board deliberations and decisions; however, she also brought us understanding of our process. Our public member provided a critical function of "holding up a mirror" to challenge our Board to think outside of potential inadvertent contextual and framing limits, to question why things are done the way they are, and to call out voices which are absent during critical conversations. Additionally, we learned how important it is to attend to the *process* of onboarding a new public member who has no prior history with the organization and its Board members. We realized that ADFM's 2-year pilot timeframe was too short to allow for optimal acculturation of a new public member.

Finding the Right Person

It was during review of all of the evaluation information that the Board recognized that ADFM had indeed found "the right person." However, we needed to implement necessary processes (eg, proactive mentoring, explicitly drawing on experiences relative to specific issues) to take full advantage of her expertise and potential contributions within the pilot's short timeline. As she herself said, it is "…about the *willingness* of the board to include someone who is not a Chair (with a different perspective), the *acceptance* of this new position/role by the members, and the ongoing *support* by the Board and Executive team …to continue to strengthen the role and the individual in the position." For ADFM there was a modest travel expense with this pilot. In both the public/patient member focus group meetings and executive staff interviews, the point was made that the decision to add a public or patient perspective to a Board is not a "return on investment" issue. It is more about including the "right person" and these articulated issues.

Key Functions of Patient and Public Board Members

Evaluation information from the family medicine public and patient Board focus group meetings highlighted the importance of being clear about the unique perspectives these members bring to Boards. Allowing their expertise to be tapped through appropriate initial and ongoing onboarding/mentoring, and inclusionary governance provisions (eg, chairing committees, voting) are important for a Board to explicitly think through and accommodate. For example, our ADFM public member voted along with other Board members on important issues and provided critical input into our website redesign. Another example is being seen as a legitimate Board member by the membership through speaking at annual meetings. Understanding the different perspectives and intended contributions of patient and public members is critical. In the case of ADFM, this pilot was about a public member with knowledge about and experience within institutions similar to environments in which Departments of Family Medicine are embedded.

As ADFM continues to move ahead during the COVID-19 pandemic and the coming financial and social justice challenges, the value of "patient- and community-centeredness" in guiding our work is critical.

Ardis Davis, Valerie Gilchrist, Julie Moretz, Amanda Weidner, Kevin Grumbach, and Ned Holland, with acknowledgement of contributions to learnings from these family medicine organization Boards' public and patient members: Beth Bortz, Maret Felzien, Warren Jones, Kirk Kelly, Arturo Martinez-Guijosa, Richard Smith, Diane Stollenwerk, and Melissa Thomason

References

1. Association of Departments of Family Medicine. About us. https://www.adfm.org/about/about-us/. Accessed Jun 5, 2020.
2. Grumbach K, Gilchrist V, Davis A, et al. ADFM and FMA Health boards' engagement around a public member pilot study. *Ann Fam Med.* 2018;16(2):182-183. https://doi.org/10.1370/afm.2212.

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

Ann Fam Med 2020;18:473-475. https://doi.org/10.1370/afm.2597.

IDENTIFYING TRENDS AND AREAS FOR IMPROVEMENT USING REPORTS FROM THE NATIONAL GRADUATE SURVEY FOR FAMILY MEDICINE

The National Graduate Survey (NGS) for family medicine is administered annually by the American Board of Family Medicine (ABFM) in partnership with the Association of Family Medicine Residency Directors to facilitate improvements in residency education by providing programs with access to nationally standardized data about their programs.[1] All ABFM-certified graduates receive the survey 3 years after they finish residency and have from January to December to complete the survey. The first survey in 2016 queried residency graduates from 2013; 4 surveys have been completed with the most recent 2019 survey of graduates from 2016. Residency programs receive a report with their graduates' responses as well as the national data. If fewer than 3 graduates of a residency program respond, these responses are held and later combined with the subsequent year's data.

Residency programs have used these reports to identify trends and areas for improvement. As our specialty looks towards the future, including a major revision to ACGME RC requirements, we can reflect on these 4 years of data.

With 4 years of survey data, 8,980 family medicine graduates have completed the graduate survey with an overall 69% response rate. The survey captures the scope of graduate practice and graduates' self-reported training in residency. It also captures where and what types of practices graduates are practicing in and their self-reported burnout and feelings about their training, specialty, and medicine in general. Sufficient data has been collected to now describe with good reliability the practice of young family physicians and to identify trends over time in the specialty. Most importantly, researchers can use these data to test research hypotheses about the impact of family medicine training on graduate practice—true outcomes-based research of medical education.

A growing concern in the program director community is the scope of practice for our graduates. The NGS is a good tool to measure this for programs and the specialty as a whole. The survey annually asks graduates to report whether they felt adequately