Family physicians are accountable to serve the needs of both our patients and our communities. Yet many patient's needs are not within the health sector, and few family physicians have had formal advocacy training. Fortunately, the AAFP,[12] STFM,[13] and others have recognized these needs and developed programs and coalitions to facilitate advocacy training and actions. We call on family physicians, departments of family medicine, and family medicine organizations to consider advocacy as a professional responsibility and to train the next generation of family physician advocates. Select an issue important to your patients and community, support and reward engagement, and join the growing ranks of family physician advocates working to strengthen primary care and promote better health for our patients, communities, and the world.

Cynthia Haq, MD; Wayne Altman, MD; Elisabeth Wilson, MD; Tochi Iroku-Malize, MD; Reid Blackwelder, MD; Jehni Robinson, MD

Acknowledgments: Thank you to additional ADFM Advocacy Committee Members for their contributions. Jacob Prunuske, Hope Wittenberg, Michelle Roett, Steven K Rothschild, Elissa Palmer, Joseph Gravel, Allen Perkins, Jennifer Edgoose, Amanda Weidner, Sam Elwood, and Jessie Vera.

References

1. Syndemics: health in context. *The Lancet*. 2017;389(10072):881. 10.1016/S0140-6736(17)30640-2
2. Kamal R. How does health spending in the U.S. compare to other countries? Peterson-KFF Health System Tracker. Published Jan 4, 2021. Accessed Aug 31, 2021. https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/#item-start
3. Arias E, Tejada-Vera B, Ahmad F, Kochanek KD. *Provisional Life Expectancy Estimates for 2020*. Vital Statistics Rapid Release; no 15. National Center for Health Statistics; 2021. 10.15620/cdc:107201
4. Earnest MA, Wong SL, Federico SG. Perspective: physician advocacy: what is it and how do we do it? *Acad Med*. 2010;85(1):63-67.
5. Buchman S, Woollard R, Meili R, Goel R. Practicing social accountability. *Can Fam Phys*. 2016;62(1):15-18.
6. National Academies of Sciences, Engineering, and Medicine 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. The National Academies Press; 2021. 10.17226/25983
7. Primary care collaborative. Published Sep 8, 2021. Accessed Sep 31, 2021. https://www.pcpcc.org/about
8. Poon EG, Trent Rosenbloom S, Zheng K. Health information technology and clinician burnout: current understanding, emerging solutions, and future directions. *J Am Med Inform Assoc*. 2021;28(5): 895-898. 10.1093/jamia/ocab058
9. Ayaz M, Pasha MF, Alzahrani MY, Budiarto R, Stiawan D. The Fast Health Interoperability Resources (FHIR) standard: systematic literature review of implementations, applications, challenges and opportunities. *JMIR Med Inform*. 2021;9(7):e21929. 10.2196/21929
10. AAFP advocacy FOCUS: Health information TECHNOLOGY (HIT). AAFP Advocacy: Health IT. Published Nov 10, 2019. Accessed Aug 17, 2021. https://www.aafp.org/advocacy/advocacy-topics/health-it.html
11. Sequeira L, Almilaji K, Strudwick G, Jankowicz D, Tajirian T. EHR "SWAT" teams: a physician engagement initiative to improve Electronic Health Record (EHR) experiences and mitigate possible causes of EHR-related burnout. *JAMIA Open*. 2021;4(2):b018. 10.1093/jamiaopen/ooab018
12. The EveryONE Project. Published Dec 5, 2019. Accessed Sep 8, 2021. https://www.aafp.org/family-physician/patient-care/the-everyone-project.html
13. Society for the Teachers of Family Medicine. Advocacy resources and key issues. Accessed Aug 2021. https://www.stfm.org/Advocacy

AFMRD Association of Family Medicine Residency Directors

From the Association of Family Medicine Residency Directors

Ann Fam Med 2021;19:570-571. https://doi.org/10.1370/afm.2751.

FROM AFMRD: THE PROGRAM DIRECTOR PATIENT SAFETY AND QUALITY (PDPQ) EDUCATORS NETWORK PILOT

In December of 2018, the AFMRD was invited by the ACGME to participate in an initiative called the Program Director Patient Safety and Quality (PDPQ) Educators Network. The PDPQ network was launched in collaboration with the Council of Medical Specialty Societies (CMSS), the Organization of Program Director Associations (OPDA), and Project ECHO. Jennifer Swoyer, DO, served as AFMRD liaison to this project.

The purpose of the PDPQ Educators Network was to design and pilot a learning network for program directors, associate program directors, and residency faculty to develop, model, and evaluate resident engagement in patient safety and health care quality improvement. Ultimately, the goal is to spread resources, lessons learned, and ideas throughout the Graduate Medical Education community.

In January 2021, 6 family medicine residency programs began the 6-month distance learning course pilot:
Carl R. Darnall Army Medical Center, Fort Hood, Texas; Jefferson Health Northeast Family Medicine, Langhorne, Pennsylvania; La Grange Family Medicine Residency, La Grange, Illinois; Maine Dartmouth Family Medicine Residency, Augusta, Maine; and West Virginia University Rural Family Medicine, Harpers Ferry, West Viginia.

Members of 4 of the participating programs shared their experiences below.

Meghan F. Raleigh, MD, FAAFP

I was immediately drawn to the opportunity because I did not have much Quality Improvement and Patient Safety Competencies (QIPS) experience early in my training or career.

As a new program director, the opportunity to have a longitudinal experience where I could learn, share ideas, and network with other PDs on how to develop faculty and engage residents early on in QIPS was appealing.

Once I began participating in the pilot, our program started making changes by creating faculty and resident team leads for each of our outpatient clinic teams to help engage them in the ownership of their clinic teams. The goal was for each of the leads to optimize huddles and interprofessional team communication to discuss any issues related to patient safety. Additionally, the team leads met with clinic and hospital leadership to obtain institution, team, and individual practitioner quality metrics which they can use to develop QI projects that are meaningful to them.

Christine Martino, DO

I was appreciative of the various collaborative relationships that were generated by my involvement in this experience. One of the residents at our program, TaReva Warrick-Stone, DO, also took part in the PDPQ pilot and was instrumental in creating and developing a brand-new curriculum for the residents to learn and better understand the importance of patient safety and quality. Our program plans to roll out the new curriculum this academic year.

The most important thing I learned from my participation in the pilot was that you do not have to wait until you have everything in place before you initiate a new idea or curriculum. Waiting could mean you risk missing out on the enormous potential benefits that may result.

Stephanie Calkins, MD

Developing patient safety conferences for our residents and the teams they work with has been one of my top goals in the past few years. The short sessions with virtual didactic education and opportunity for networking, linked with a program of continuity and "homework" throughout the weeks of the pilot project was very effective for my learning, and for my motivation to make progress in curriculum development and implementation.

Some of the changes developed since participating in this program included regularly scheduled patient safety conferences in our clinics and inpatient service and the expectation of individual resident development of a standard quality improvement project poster presentation by the completion of residency. As an associate director in a community family medicine residency, I was especially grateful for the exposure to national medical education and curriculum specialists. The presentations, resources, and availability outside of the project hours were incredibly helpful and inspiring.

Angela Cherry, MD, MBA

The primary practice site at our program is a rural health clinic. Since I participated in the pilot, residents, in coordination with the Patient Safety and Quality Improvement Ambulatory Supervisor, have developed a clinic advisory committee. Residents now attend the health system's quarterly quality improvement meetings. In addition, there will also be monthly meetings to address patient safety issues that are entered into the event monitoring system relating to residents. Once this committee is fully functioning in the clinic, we plan to increase resident participation in patient safety and quality at the system level first in the ambulatory setting and then hopefully progress to the inpatient setting.

Participants from this pilot hope to continue to share resources and lessons learned with members of the AFMRD community.

Meghan F. Raleigh, MD, FAAFP, Christine Martino, DO, Stephanie Calkins, MD, Angela Cherry, MD, MBA, Kathleen Ingraham, MFA

AAFP From the American Academy of Family Physicians

Ann Fam Med 2021;19:571-572. https://doi.org/10.1370/afm.2217.

FROM AAFP: AAFP TOOLKIT ADDRESSES VIOLENCE PREVENTION IN HEALTH CARE

It's an unfortunate reality that too many family physicians have experienced some sort of violent encounter in their practice. Although the absolute number of fatal events remains, thankfully, relatively small, violent behavior directed against physicians and other health care professionals in the workplace—whether in the form of verbal attacks or physical threats or assaults—is a widespread and growing problem.

According to Bureau of Labor Statistics data for 2018, the incidence rate of serious workplace violence (ie, incidents that required the injured worker to take days off to recuperate) was 4 times higher among workers in the private health care and social assistance industries than among workers in private industry on average.

With the number of violence-induced nonfatal workplace injuries and illnesses among health care workers rising steadily since 2011—and absent any sign that this trend is reversing—it's clear that medical practices and health care facilities must act to mitigate this threat.