

supporting legislation that would reduce one of the leading drivers of burnout: administrative burden. One bill that would do that is the Safe Step Act of 2023, which would limit the use of step therapy protocols to ensure patients have access to treatment.

And while the AAFP is working to reduce burnout through legislation, numerous tools to help physicians strengthen and protect their own well-being are available at <https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being.html>.

"Advocate for yourself the way you would advocate for others," Iroku-Malize said. "Take time out to refresh and rejuvenate and know what your boundaries are. You can't say 'yes' every day. Believe it or not, I do say 'no' occasionally. It doesn't have to all fall on you. Rely on others in your organization or your chapter to help."

She also noted that the AAFP has worked with technology companies to pilot artificial intelligence products that reduce administrative burden.

"It's important for us to be there as we build these tools," said Iroku-Malize, who emphasized the need to identify unintended consequences during development. "There are unintended consequences for any technology, so you have to think three steps ahead, like in chess."

"Our Job Is to Protect You"

Iroku-Malize said the AAFP is also pushing back at legislative attempts to criminalize certain aspects of comprehensive health care, including issues related to reproductive health and gender-affirming care.

"Any legislation or regulation that interferes with the patient-physician relationship or seeks to criminalize our physicians, we're going to oppose it," she said. "That's the bottom line. We have always advocated for everyone's right to health care."

Iroku-Malize acknowledged that there are "varying positions and feelings" regarding these issues. She noted that the AAFP's actions were not intended to negate opposing views, but to "support the patient physician relationship and make sure our members are not criminalized."

AAFP EVP and CEO Shawn Martin expressed "disbelief" that the AAFP is in a position that requires it to speak out to "protect the physical and mental well-being of our members."

This is not just an AAFP issue but an organized medicine issue. Physicians should be exempt from the political pressures of the day, he said.

"Our job is to protect you," Martin said. "We will continue to do everything we can to push back, speak out and protect your ability to take care of the other person in the room. We won't relent. Medicine cannot be criminalized based on the whims of the day. That's the fight."

How to Be Heard

One attendee asked what members can do to make their opinions known and to have a voice in AAFP decisions.

Iroku-Malize noted that Board members frequently attend constituent chapter meetings on listening tours and also are available to meet with members during Academy conferences.

"State chapter meetings are very important," she said. "We're trying to hear what's concerning to you."

Iroku-Malize also encouraged members to join member interest groups, noting that AAFP staff garner feedback from those groups.

President-elect Steven Furr, MD, said family physicians can influence the AAFP's work by completing the annual Member Satisfaction Survey.

"I get a lot of surveys," he said. "If you don't pay me money, I don't fill them out. This is one survey I do fill out. I can't emphasize how important it is. We slice and dice that information every way we can. It informs what we do."

Furr also pointed out that members can get directly involved by serving on one of the Academy's 8 commissions, which offer roughly 150 positions that influence the Academy's work on issues related to education, advocacy, public health, and more.

"It's an incredibly important way to work your way into leadership and connect with the national Academy and with your state chapter," he said. "Every year we have states that are not represented on commissions. No matter how small your state is, you should have at least 1 person on a commission."

David Mitchell
AAFP News



Ann Fam Med 2023;21:381-382. <https://doi.org/10.1370/afm.3025>

STFM ANNOUNCES A NEW FAMILY MEDICINE POCUS EDUCATOR'S CERTIFICATE PROGRAM

Society of Teachers of Family Medicine (STFM) is recruiting core faculty and faculty instructors to develop the following components of the Certificate Program, which will launch in summer 2024. STFM is accepting applications for core faculty and faculty instructors for a new STFM Family Medicine Point of Care Ultrasound (POCUS) Educator's Certificate Program. This program will train family medicine residency faculty to serve as their program's POCUS champion with the skills to train family medicine

Faculty will help to develop the program workshops & modules in 2023-2024 and will lead components of the certificate program once it launches in May 2024. Faculty members will serve a 3-year term and are eligible for an additional 3-year term renewal.

Requirements

Workshop Component

- Participants must attend 3 POCUS workshops.

Online Modules

- Participants must complete an STFM module series focused on teaching as well as content-based POCUS modules.

Mentorship

- Participants will be assigned a POCUS mentor as a resource during their time enrolled in the certificate program.

Education Review

- Virtual education reviews focusing on giving feedback on images as you would to your learner.

Image Portfolio

- Participants will upload images for faculty to review and give feedback. This will give participants the opportunity to receive individual feedback as well as getting signed off scans to use for credentialing.

Final Assessment:

- Participants must successfully pass a written knowledge assessment and an in-person skills performance exam.

Caroline Tanner, STFM



Ann Fam Med 2023;21:382-383. <https://doi.org/10.1370/afm.3023>

ADFM 2023: REDEFINING THE VALUE OF FAMILY MEDICINE FOR OUR COMMUNITIES

It has been just over 2 years since the World Health Organization (WHO) declared COVID-19 a pandemic and, as we all know, the declaration was only the beginning. Beyond the threat to health there was a threat to the economy, to belief in experts, and an undeniable exacerbation of the disparities our most vulnerable populations face. Now, as we emerge from this extended crisis state, family medicine departments across the country are becoming re-energized to address those disparities and inspire fundamental change within our system. There are many roadblocks to this interest in tackling systemic challenges, including workload and pressures on time, major staffing shortages, income inequity, specialty disrespect, and hardships of finances and material resources. The theme of the 2023 ADFM Annual Conference was how to

grapple with these challenges and use them as opportunities to redefine the value of family medicine for our communities.

We began this year's ADFM Annual Conference in Atlanta, Georgia by reconnecting with many of our longtime members and also welcoming 55 first-time attendees! In addition to many department members, we also welcome ADFM associate members to participate and allow members to nominate additional individuals from their department to attend; these are both fantastic leadership development opportunities for those looking to grow within academic family medicine (learn more about Associate Membership [here](#)). The annual conference always kicks off with our pre-conference days which boast engaging workshops, including sessions for both our [LEADS Fellowship](#) Cohorts (leader development for those looking to move into senior leadership in family medicine) and our [BRC Fellowship](#) (research capacity building via strategic planning). Both fellowships are currently accepting applications for next year's cycle.

In her talk, "A Lamp, A Lamppost, and a Leg Lamp: How Story, Myth, and Legend Cultivate 'Strong Cultures,'" our keynote speaker, Christy Ledford, PhD, shared the key components of strong cultures that improve individual and organizational performance and explained how storytelling communicates and cultivates these components. Dr Ledford wove a masterful story on empowering our family medicine leaders to be the authors of their own personal and departmental stories.

After this powerful session on storytelling and semantics, we welcomed our new Government Relations Director, Nina DeJonghe! We are excited to have Nina on board and look forward to working with her for many years to come. Our penultimate session of the day was "Creating a Customized Equity, Diversity, and Inclusion (EDI) Metrics Framework" which provided examples and options for creating and customizing a departmental framework for EDI metrics in health care delivery, workforce recruitment and retention, learner recruitment and training, and research participation and trust.

Finally, we rounded out our first day with a panel discussion of all the recent changes to residency training. The panel shared the next steps moving forward, tasking the specialty to develop an assessment framework, education strategy, faculty development strategy, and an information technology (IT) infrastructure of the tools the specialty will need to enact all this change.

The main session of the second day featured Marissa Coleman, PsyD, who led an interactive session on "Building Antiracist Cultures through a Commitment to Racial Humility." The goal of this session was to assist participants in creating shared language around racial humility, justice, and belonging, offer space for authentic self-reflection, and move attendees into a space of action as they apply principles of antiracism into their own organizational roles. There was also time set to discuss specific methods for mitigating bias from negatively influencing cross-cultural interactions. Finally, attendees had the opportunity to explore the organizational