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

From the Association of Departments of Family Medicine

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LESSONS ON LEADERSHIP FROM LEADS: LEADERSHIP EDUCATION FOR ACADEMIC DEVELOPMENT AND SUCCESS

Leadership is well studied in the business world and is the subject of multiple books and articles.[1] Although leadership skills can be taught, there is still the perception that there are "natural leaders." There are currently multiple leadership training programs for physicians in academic medicine, with many centering on specific identities (minoritized identity, women, etc), individual specialties, or unique skill sets.[2-8] Regarding family medicine, the Association of Departments of Family Medicine (ADFM) and Society of Teachers of Family Medicine (STFM) have produced manuscripts on leadership pathways and negotiation for chair positions.[7,9]

However, leadership in family medicine remains a challenge, as evidenced by the many open chair positions. Family physicians want to see patients, and leadership positions require reduced patient care time. This, among other reasons, can make recruiting family physicians for leadership positions difficult.

The ADFM created the Leadership Education for Academic Development and Success (LEADS) fellowship to increase the quantity and diversity of qualified candidates for chair positions and to prepare mid- to senior-career family medicine faculty for leadership in academic medicine.[10] During the 2022-2023 fellowship year, the LEADS fellows heard and discussed multiple axioms regarding leadership and career guidance; we compiled those that we heard during our LEADS meetings and queried our cohort on which were most important and which career stage the axiom most pertained to.

Most of the cohort participated in this ranking (7/12, 58%), and they identified 15 leadership axioms that could be helpful for early-career faculty, mid-career faculty, and senior faculty, as illustrated in Table 1.

The early career axioms suggest to new faculty that it is impossible to know certain things about a position before you take it; that although physicians learn to do everything ourselves, physician writers should work on teams; actions have more substantial consequences than words; you should carefully choose what assignments you accept; and that no one ever wishes they spent more time at work, but they do regret not spending enough time with those they love.

The mid-career axioms suggest to those in this stage that moving is a real possibility and may be required to advance; constantly evaluate new opportunities; doing things once and well is better than doing it often but not as well; we need to be present on decision-making bodies to meet our department, specialty, and individual needs; standing with others is vital to get things done and to be happy in our careers; and that listening is more important than talking.

Senior career axioms suggest to those in this stage that having a bad team member can ruin the work environment; developing those behind you to take your place or surpass you is now your job; you need to choose which problems to

Table 1. Leadership Axioms, Frequency, and Career Stage Designation

Early career	Frequency rank	Mid-Career	Frequency rank	Senior career	Frequency rank
You don't know what you don't know	1	Always think about your "to"	1	It is better to have a hole on the team than an a**hole on the team	1
No one writes alone	2	Efficiency is not possible without effectiveness	2	Sponsorship is the responsibility of the senior faculty	2
You can't talk yourself out of something you behaved yourself into	3	If you're not at the table, you're on the menu	2	Just because it's the right problem to address, it does not mean you are the right person to address it	3
If you can't write about it, don't do it	3	Allyship is a superpower that requires great humility and yields great joy	3	Sometimes, you have to be the sponsor, mentor, or coach you did not have	3
Don't negotiate for money—negotiate for time	4	You have two ears and one mouth for a reason	4	The institution does not love you back	3

fix intentionally; leadership requires us to develop skills we did not benefit from earlier in our careers; and that institutions make decisions based on economics and other factors, while individuals take emotions into account.

Because LEADS participants are mid- to senior-career faculty, early- and mid-career axioms represent ideas respondents would have liked to know at that stage. The group shared the senior-career axioms as beneficial to their current career stage.

While it can be challenging to recruit family physicians into leadership positions, LEADS motivated some fellows to seek chair positions and helped others learn about what they want to do with their careers. LEADS also taught us that all family physicians in academic medical centers can lead, even if it is not as a chair. We hope these LEADS axioms are helpful to readers as they reflect and plan their careers in family medicine and may have broad use across all medical specialties.

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FROM FLOOR TO "SOAR" – AIMING FOR EVIDENCE-BASED RESIDENCY INNOVATION

Funding for graduate medical education (GME) costs the American public approximately $20 billion per year.[1] While this funding reflects a positive investment in the health of Americans, has it resulted in significantly decreased health care costs, improved patient experience, improved health of populations, improved clinician well-being, and advances in health equity? This "Quintuple Aim" of health care is embedded in the definition of GME in family medicine,[2] yet by most measures, our return on investment has been poor indeed.[3]

From 2017-2019, the Board on Health Care Services of the National Academies of Sciences, Engineering, and Medicine agreed that the goals of GME are to train physicians who:

- provide excellent, cost-effective care
- address the US population's physician workforce needs (regarding specialty distribution, geographic distribution, and diversity)
- advance biomedical and health systems science
- contribute to leadership in health care[4]

We in family medicine willingly share our innovations, methods, and curricula in meetings and member forums, without particular synergy or organized purpose. Enter the collaborative effort of SOAR, Strengthening Outcomes and Assessments in Residency. This initiative between the Association of Family Medicine Residency Directors (AFMRD) and the American Board of Family Medicine (ABFM) began in 2023, with the goal of enabling family medicine residency programs to harness one another's successes and the wealth of data available to the ABFM to grow in the direction of greater social and community accountability.[5]

SOAR has used 3 primary mechanisms to advance this lofty goal:

- Appreciative inquiry: At the last 2 AAFP Residency Leadership Summit meetings, many residency leaders met in a preconference workshop. We heard from leaders whose program outcomes indicated they were positive examples in chosen focus areas (eg, care of children and behavioral health care), who had been invited to reflect on the uncommon practices/behaviors which led to those outcomes. Attendees were challenged to apply these innovations, and design and plan implementation of activities in their own programs.
- SOAR Scholars: The inaugural SOAR Scholars have completed their year of study. Dr Alex Reedy Cooper examined the relationship between Catholic affiliation of a sponsoring institution and GME outcomes, and Dr Varshaben Songara