

cine (ADFM) are leading an initiative to develop and disseminate a curriculum on leading change in academic family medicine. The initiative emerged from discussions by the Council of Academic Family Medicine. "There is a critical need for training on how to lead change in the current health care environment," said Gretchen Dickson, MD, MBA. "This new curriculum will educate and empower family medicine faculty at all levels of their careers."

Dr Dickson is chair of a task force that is creating the new curriculum to train faculty at medical schools and residency programs to plan for change, initiate change, and sustain change.

The content will cover concepts such as organizations as systems, creating a vision, assessing readiness for change, understanding power and politics, creating a team to guide change, creating a strategic plan, the role of finances in change, establishing buy-in, facilitating effective teamwork, selecting and implementing quality improvement tools, and anchoring change in the organizational culture.

"We've got a lot of work to do to pull this together," said Dr Dickson, "but with all the transition that's taking place in health care payment and delivery, it's important that family medicine faculty are in a position to proactively lead change, rather than letting change lead them."

A recent survey of ADFM members revealed that family medicine department chairs are being asked to help academic centers steer through the changing health care landscape. Some chairs are being asked to accept new titles and leadership positions, often on top of their chairmanships.¹

During focus groups, STFM members pointed out the importance of leadership programs for family medicine educators. In a 2011 member needs assessment survey, STFM members rated faculty development as their number one need from a list of STFM priorities. They rated the importance of STFM leadership programs at 3.77 out of a possible score of 5.0.

"This curriculum directly addresses needs expressed by our membership," said Dr Dickson.

The Leading Change Curriculum will be delivered in 2 tiers:

- Asynchronous online content. This will be available in a web format similar to TeachingPhysician.org. Each identified topic area will have a 1-page general overview, plus a self-directed learning module and links to recommended resources, including worksheets and other tools. Each module will be no longer than 15 minutes. The task force will produce a total of 12 modules.
- Live presentations. This will include pre-conference workshops, lectures/discussions at confer-

ences, STFM On the Road presentations, and/or live webinars. The task force identified 6 topics for live presentations. The live presentations may be linked to the learning modules. For example, participants may be required to complete modules before or after the live events.

Components of the new curriculum will be made available for integration into existing leadership programs, such as emerging leaders, medical student educators development institute, new department chairs' orientation, and individual institutions' leadership development programs.

The curriculum will be complete and ready for dissemination by October 31, 2013.

The Leading Change Task Force members include: Gretchen Dickson, MD, MBA; Mary Dankoski, PhD; Robert Freelove, MD; Ana-Elena Jensen, PhD; M. Kim Marvel, PhD; Mindi McKenna, PhD, MBA; Catherine Florio Pipas, MD, MPH; Gurjeet Shokar, MD; Mike Sitorius, MD; Mary Theobald, MBA. The ADFM Liaison is Ardis Davis, MSW.

The project received a \$25,000 grant from the STFM Foundation. It is endorsed by the Council of Academic Family Medicine.

Mary Theobald, MBA,
Vice President of Communications and Programs,
Society of Teachers of Family Medicine

References

1. Wender R, Borkan J, Davis A. A pivotal time for family medicine leadership development. *Ann Fam Med*. 2011;9(2):182.



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ADFM'S 3-YEAR STRATEGIC PLAN 2012-2015: HELPING DEPARTMENTS OF FAMILY MEDICINE LEAD DURING TRANSFORMATIVE TIMES

We recently reported on how ADFM has responded to passage of the Affordable Care Act, with a specific, strategic focus on the direction for our organization during these unprecedented times.¹

The ADFM Board approved the strategic plan below. Input from members is being incorporated into the specific work-plans associated with the 5 goals in the plan. We will be using our annual winter meeting

ADFM's 3-Year Strategic Plan 2012-2015

Transform Health Care Delivery	Develop Leaders	Strengthen Research	Transform Education	Develop ADFM Infrastructure/Governance
ADFM will assist departments in transforming the clinical delivery enterprise to advance the triple aim of higher quality, improved health and lower cost.	ADFM will enhance the leadership skills of chairs, administrators and future department leaders to improve the effectiveness of DFMs.	ADFM will assist DFMs to build research capacity and to strengthen the quality of their research.	ADFM will assist departments to develop, implement and evaluate innovative models of education across the UME/GME/Faculty development continuum.	ADFM will create and maintain the appropriate staffing, governance and technological resources to support membership services and organizational effectiveness.
<ol style="list-style-type: none"> 1. Assist departments of family medicine (DFMs) to assess the current status of health care delivery in the local environment 2. Identify possible future states of the healthcare environment and how DFMs can optimally position themselves 3. Assist DFMs to play leadership roles within their own environments 	<ol style="list-style-type: none"> 1. Develop and implement programs for mid-career chairs to: assist chairs to become leaders in their own institutions, and sustain mid-career chairs' leadership, avoid burnout and reenergize 2. Sustain and enhance current leadership training for new/interim chairs and "future" chairs (ie, the ADFM Fellowship and Senior Leader Program) and administrators 3. Participate in Leading Change Curriculum Task Force (co-led by ADFM and STFM in collaboration with CAFM) and decide how to utilize and disseminate the training products (ongoing) 4. Develop programs for senior chairs for future planning and succession planning 	<ol style="list-style-type: none"> 1. Identify and influence funding agencies and sources by educating them on the importance of FM research and advocacy and maximizing our current relationships 2. Lead the Council of Academic Family Medicine and the Academic Family Medicine Advocacy Committee in developing a collaborative plan to build family medicine research infrastructure 3. Educate and train departmental leadership to build research capacity and quality in DFMs. 4. Track research funding, publications, and research infrastructure within DFMs 	<ol style="list-style-type: none"> 1. Gather and disseminate information about new/innovative models of education in: a) graduate medical education; b) undergraduate medical education; c) interprofessional education; d) faculty development relative to learning new models. Use information gathered to communicate ADFM's perspectives 2. Develop mechanisms to assist chairs in implementing innovative models of education 3. Develop mechanisms to assist chairs in resource acquisition and negotiation in order to improve their ability to successfully implement innovative educational models in their institution 4. Enable family medicine chairs to become change agents in education across their departmental and institutional environments 	<ol style="list-style-type: none"> 1. Continue to develop an engaged board that understands their fiduciary responsibilities 2. Develop a more formal and comprehensive process for implementing a pathway for developing future leaders and incorporating it into the nomination process 3. Define the best structure and approach to staffing ADFM to most efficiently support the needs of the organization 4. Develop a financial plan that will support the increased infrastructure, workload and strategic initiatives of ADFM 5. Maintain an effective IT infrastructure that serves as an ongoing communications vehicle 6. Strengthen collaborative relationships with the Council of Academic Family Medicine (AFMRD, NAPCRG, STFM), AAFP, ABFM, AAMC, PCPC and other partners identified through the board

as the venue for educating our chairs and administrators on critical areas addressed in this plan.

ADFM is specifically excited about the explicit guidance this plan provides to aid in collaboration with other leaders and organizations as we forge ahead to create a healthier future.

Mission

The Association of Departments of Family Medicine (ADFM) is the organization of departments of family medicine and is devoted to transforming care, education, and research to promote health equity and improve the health of the nation.

Vision

Departments of Family Medicine will lead transformation of medical education, research, and health care to improve the health of the nation.

References

1. Campbell T, Thompson B, Wender R, Davis A. ADFM's mission, vision, and goals: foundation of our new 3-year strategic plan. *Ann Fam Med.* 2012;10(5):471-472.

ADFM Executive Committee:

Tom Campbell, Barbara Thompson, Rich Wender, Ardis Davis