or departments. The fellowship will be multidisciplinary and will likely include dyads. The fellowship is slated to launch at the 2015 Conference on Practice Improvement. STFM already has a yearlong Emerging Leaders Fellowship. The STFM Foundation coordinates a Bishop Fellowship Program for senior faculty.

Leadership Training at the 2015 STFM Annual Spring Conference

The 2015 Annual Spring Conference in Orlando will have a leadership theme and will include several sessions on leadership including a Family Medicine for America's Health Town Hall meeting, a call-to-leadership general session presentation by Jeri Hepworth, PhD, a luncheon training activity by the Leading Change Task Force, a presentation by Kavita Patel, MD, on the "Impact of the Affordable Care Act on Family Medicine, "speed mentoring" opportunities, and other leadership testimonials, activities, and recognition.

"One of our most important obligations as citizens, as health care professionals, and as human beings, is to leave the world better that we found it," observes Dr Cullison. "Leadership provides us with the opportunity to do that."

Mary Theobald, MBA
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From the Association of Departments of Family Medicine

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INTERPROFESSIONAL EDUCATION: A WEBINAR FEATURING CASE EXAMPLES

Interprofessional Education (IPE) is a goal many of us in academic medicine strive for, but the true outcome of training in a way that transcends disciplinary boundaries, both in the classroom and in in clinical environments, remains a challenge. ADFM held a webinar in September to address critical challenges of executing IPE, including: stakeholder buy-in; curriculum development; venues for teaching; financing; relationship management; defining roles and responsibilities of learners and teachers; and interface with regulatory bodies.

The roughly 30 webinar participants were equally split among family medicine department chairs, family medicine department administrators, family medicine faculty, and individuals in other academic roles. The majority (62%) were from allopathic medical schools, with another 15% each from Large Regional Medical Centers or "other" settings, and the final 8% from academic health center residency programs. The vast majority (91%) had IPE as part of the curriculum with the majority of these experiences noted as a combination of elective and required. Over three-quarters of participants reported that they were directly involved in IPE at their home institutions.

The webinar was moderated by Denise Rodgers, MD, Vice Chancellor for Interprofessional Programs at Rutgers Biomedical and Health Science, and featured innovative IPE case studies from 4 institutions, presented by professionals representing family medicine, pharmacy, and nursing: Christine Arenson, MD and Christine Jerpbak, MD, Sidney Kimmel Medical College, Thomas Jefferson University; Brian Prestwich, MD, Keck School of Medicine of University of Southern California; Dan Mickool, MS, RPh, University of New England; Carolyn Rutledge, PhD, FNP-BC, Old Dominion University.

In addition to addressing the common list of challenges, each presenter described the numbers and types of students and residents participating in the IPE, as well as the number and types of educational offerings, and whether they are required or elective. The individual presentations were prepared according to a standard template and a list of resources was developed. These resources and presentations, as well

as a video of the webinar, can be found on the ADFM website at: http://www.adfammed.org/Members/Webinarsresources. On the website, the webinar reached far more than just the real-time participants, with over 150 "unique" visitors during the 2 weeks following the webinar, many of whom visited the site multiple times.

Participants' questions during the course of the presentations pertained to the following issues: (1) financial stability and sustainability; (2) students/learners as "change agents" and the notion that they "eat this up"; (3) using real clinical sites for learning as opposed to simulation; (4) taking advantage of opportunities in IPE for scholarship and telehealth/distance learning; (5) leadership development and teaching learners what it means to work as a team, not just to form teams; (6) addressing professional biases about hierarchy on teams; (7) logistical challenges of scheduling with physical distances between learners' professional schools (one area where distance learning can be very helpful); and (8) tools for assessing teamwork.

Dr. Rodgers summarized several important points for everyone moving towards IPE within their own institutions. First, the biggest issue confronting IPE is financial support and sustainability, as creating a stable and effective program is resource intensive. Grants are an important source of funding, but we need to consider whether programs can be sustainable when grant funds are gone—and need to figure out ways to bring in IPE innovations that are cost- and time-effective.

Second, ensure that IPE is seen as critical in a number of clinical settings, not just ambulatory care. Including IPE in the inpatient setting is extremely important, although it may be the most difficult to carry out.

Third, there are research questions we should be addressing in our work around IPE. How much IPE is enough? At what point do we introduce IPE so that students' appreciation for working as members of a team is maintained throughout their clinical careers? How will we measure whether or not our interventions on the educational side mattered? How do we overcome the logistical challenges? Which IPE experiences are best?

Finally, Dr. Rodgers noted that moving students into hospital settings where they see less-than-ideal examples of interprofessional communication and collaboration undermines the education received on the importance of working in interprofessional teams and how to be collaborative across professions. Although we are beginning to see some evidence that the introduction of IPE into an institution may actually cause the faculty and the clinicians to look at how well they are collaborating interprofessionally in their own clinical practices, a larger question remains about how raising student expectations about team performance may influence those who are teaching them to perform better as members of teams. More broadly, this also raises the issue of the integration of interprofessional practice, both its importance and the "how." ADFM plans to hold a follow-up webinar in the spring focusing on the issues around interprofessional practice.

Ardis Davis, Amanda Weidner, Denise Rodgers, Alfred Tallia, Chris Matson, & members of ADFM's Healthcare Delivery and Education Transformation Committees

From the Association of Family Medicine Residency Directors

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TRAINING IMPLICATIONS OF FAMILY MEDICINE FOR AMERICA'S HEALTH: A PREVIEW

Family Medicine for America's Health was launched in October 2014, heralding a major initiative by family medicine organizations across the country to reform health care. This initiative is focused on 6 key implementation areas: practice, payment, workforce education and development, technology, research, and engagement. Family medicine program directors will serve an essential role in workforce education and development.

The primary care workforce shortage has been recognized as one of the major deficiencies in our health system. As program directors, we have a responsibility to not only educate more family physicians, but to ensure our graduates are prepared for a different health care system. If we are to produce a workforce of family physicians who will thrive in a new environment and deliver higher quality care with greater value, many aspects of medical school, residency, and CME demand some redesign.

Considering the prominent roles that family physicians will serve within tomorrow's medical system, our graduates must be equipped with an increasingly wider range of skills and characteristics, including the following:

1. Diagnostic: Family physicians will be expected to have a broad medical knowledge base across specialty domains and patient assessment skills for undifferentiated patients of all ages. This is a core skill of critical importance and the key to providing the right care at the right time for all patients in the practice.