STFM LAUNCHES INTERPROFESSIONAL LEADING CHANGE FELLOWSHIP

STFM has launched a new yearlong fellowship for mid-career and senior faculty in clinical leadership roles. The inaugural class of the Leading Change Fellowship will begin training at the 2015 STFM Conference on Practice Improvement in December.

The fellowship curriculum and resources will educate and empower family medicine faculty to lead change within their institutions, larger surrounding environments, and at the national level. Throughout the fellowship year, teams will interact with mentors and attend training sessions at STFM conferences and via teleconference.

Fellows will participate as interprofessional dyads and will implement a practice change. “The day when a single person can do it all alone, whether administrative, financial, or clinical, is past,” said John Franko, MD, task force chair. “The dyad format recognizes that leadership, especially leadership around change, must include a highly functioning team and the dyad is the first step in that process.”

Dyads in the inaugural class include:
• Tziporah Rosenberg, PhD, University of Rochester, and Mathew Devine, DO, Highland Family Medicine, Rochester, New York
• F. David Schneider, MD, and Craig Smith, PhD, St Louis University
• Jean Moon, PharmD, and Tanner Nissly, DO, University of Minnesota
• Joseph Teel, MD, and Heather Klusaritz, PhD, MSW, University of Pennsylvania
• Miranda Huffman, MD, MEd, and Lindsay Fazio, PhD, Truman Medical Center, Kansas City, Missouri
• Cheyenne Rincones, RN, BSN, FNP-C, and Albert Campos, BS, Texas Tech University HSC, El Paso, Texas
• Ann Tseng, MD, and Karen Aiello, CMPE, Oregon Health & Science University
• Briana Balderrama, LPN, and Daisuke Yamashita, MD, Oregon Health & Science University
• Alicia Jacobs, MD, and Holly Whitcomb, APRN-FNP, University of Vermont Medical Center
• Mark Drexler, MD, and Rita Yager, RN, University of Chicago Northshore FMR

“During the first year, I hope to see changes that are in line with the Quadruple Aim,” said Jennifer Johnson, MSHS, co-chair of the Leading Change Fellowship.

Not Part of this Year’s Fellowship But Still Interested in Leading Change?
STFM also offers an online Leading Change curriculum that was developed to educate and empower family medicine faculty to lead change within their institutions, larger surrounding environments, and their nation. The curriculum includes a series of 12 modules to help family medicine faculty at all levels of their careers plan for and implement change. Module topics include change leadership fundamentals, team building, change plan development, outcomes measurement, effective teamwork, and coaching skills.

The modules may be taken in any order, and a certificate is available upon completion of each module.

Modules include:
• Concepts Fundamental to Change Leadership
• Assess Needs & Identify Opportunities for Change
• Create Urgency and Build the Team
• Construct a Plan for Change
• Establish and Measure Outcomes
• Launch Change
• Facilitate Effective Teamwork
• Celebrate and Capitalize on Success
• Coaching Strategies to Reinforce Change
• Leadership Wellness & Improvement in the Face of Change
• Improvement Tools and Methodologies
• A Case Study

Traci Nolte, STFM

PARTNERING FOR TRANSFORMATION: A MENU OF MANY POINTS OF ENTRY FOR YOUR DEPARTMENT

Healthcare delivery transformation is happening at many different levels but these myriad activities all share one thing in common: they are impacted heavily by the old adage, ‘all politics are local.’ Recognizing that there are many points of entry to transformation, at many different system levels, the ADFM Healthcare Delivery Transformation Committee (HCDT) deve-
oped a graphic (Figure 1) to help understand how to engage with this healthcare delivery transformation process depending on the local context.

The graphic illustrates where the health system and community/population health interact and where within this overlap individual patient care takes place. This illustration is based loosely on a model put forth by the World Health Organization as a framework for people-centered integrated health services delivery.¹

In addition to showing how elements of care models overlap, the graphic lists a series of resources for each component of the illustration, providing a literal menu to those interested in finding ways to partner for transformation. For example, leaders of a Department of Family Medicine may be interested in considering ways to partner with community or population health entities in their local environment and could look at the “Practical Playbook” for some examples of
other systems and institutions that have successfully partnered with local community and public health organizations. ADFM’s HCDT Committee updates this menu of resources periodically; the color version of the graphic with the menu of resources hyperlinked for easy access is available at: http://www.adfm.org/Members/PrimaryCareCommunicationToolkit.

The complexity of healthcare system change leads us to be like the proverbial “blind man and the elephant” in that we sometimes can identify the part we are dealing with, but are not as successful in recognizing the larger “beast.” The graphic is designed to help with this challenge. Chairs, Administrators, Division Chiefs and other senior leaders in Departments of Family Medicine are best positioned to understand the local politics and to guide Departments in selecting entry points that will likely have the greatest impact and intended outcome.

We will continue to evolve this graphic through our work over the year to help Departments of Family Medicine and other organizations understand how they can partner and envision a different future within their own local reality.


References


The survey is now being rolled out by the ABFM to all ABFM Diplomates 3 years after graduation. The ABFM will incorporate the survey into its Maintenance of Certification process, providing information to residency programs each year on the survey cohort.