

municates regularly with preceptors on behalf of medical schools. A revamped website and revised monthly communications launched in April 2016.

- White Paper: *Strategies to Ensure that Students Add Value in Outpatient Offices*
- Position Statement on *Student Use of Electronic Health Records*
- Preceptor Guidelines on *Student Use of Electronic Health Records*
- STFM National Clerkship Curriculum: Core content and competencies, learning objectives, assessment tools, educational strategies, and role definitions for family medicine clerkships
- STFM National Clerkship Curriculum Core Score Tool: An online tool to help clerkship directors identify curriculum gaps
- Medical Student Educators Development Institute: Yearlong fellowship that offers training, tools, and support for those who aspire to be clerkship directors
- Conference on Medical Student Education, with the recent addition of preconference workshops on preceptor recruitment and integrating students into ambulatory primary care settings in useful and authentic ways
- A forum for Clerkship directors to collaborative and discuss within the Medical Student Education Collaborative on STFM's new collaboration platform, *STFM CONNECT*
- Medical Student Education Collaborative project on preceptor recruitment and retention: The group is conducting national focus groups of community physicians who are, or may become, preceptors to identify relevant factors in decisions to precept. They are using lean methodology to rapidly test interventions and innovations to address barriers and create value for community physicians in their role as preceptors.

*Mary Theobald, Vice President of Communications and Programs and Beat Steiner, MD, Summit Chair*

## References

1. Association of American Medical College, et al. Recruiting and maintaining U.S. clinical training sites: joint report of the 2013 multi-discipline clerkship/clinical training site survey. <https://members.aamc.org/eweb/upload/13-225%20wc%20report%20%20update.pdf>. Accessed Sep 7, 2016.



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## THE BUILDING RESEARCH CAPACITY (BRC) INITIATIVE: TO BE LAUNCHED AT THE 2016 ANNUAL NAPCRG MEETING

ADFM and NAPCRG approved the recommendations of a Joint ADFM-NAPCRG Task Force in November 2015. That Task Force recommended creation of a steering committee to implement a bi-national research capacity building initiative for Departments of Family Medicine (DFM) in the US and Canada.<sup>1</sup> The Building Research Capacity (BRC) Steering Committee (SC), the members of which are the authors of this commentary, will formally launch BRC at the 2016 NAPCRG Annual Meeting.

### Building on the Foundation: BRC

Many departments and residency programs already enjoy cultures of inquiry, pursue meaningful scholarship, and/or generate impactful original research. A few have research cathedrals that dominate their landscapes. Most, however, are either in the beginning stages, are challenged to reach a stage of sustainability, or find their current infrastructure at risk due to crumbling support. The foundational elements needed for robust, sustainable, and transformational research and scholarship in all DFMs are currently only partially in place. BRC imagines a complete and solid foundation, as well as enduring infrastructures, of primary care research across the continent.

### BRC Work Groups: The Implementation Teams

The tasks of current BRC Work Groups (WG) composed of multiple leading faculties from the US and Canada, each led by 1 or more BRC SC member(s), is briefly described below. Each WG and BRC will pursue staged implementation of programs; will evolve organically; will be guided by both formative and summative evaluation; and collectively will endeavor to build a self-sustaining and unshakable foundation for research and scholarship.

### Brief Consultation Service (BCS) WG

An inter-department/inter-institutional BCS will be developed whereby experienced research leaders provide brief consultations on research and scholarship capacity building. This effort will formalize ad hoc

consultations that members of the ADFM Research Committee have been offering for several years in conjunction with national meetings.

### Curriculum WG

The following core curricular topics have been identified to date as a focus for more development of online training and in-person sessions at national meetings of family medicine organizations through BRC:

- Building cultures of inquiry in departments and residency programs
- Approaches to value-added collaborative, trans-disciplinary research
- Research leadership development
- Faculty development, support, and skill development in research
- Building and maintaining research teams
- Financing and staffing research infrastructure
- Developing and leveraging family medicine research laboratories

### Extended Consultation Service (ECS) WG

The ECS is an initial, 2-year consultation provided by senior research leaders for 2 groups (yet to be selected) of department and institutional leaders seeking to develop, invest in, and implement bold capacity building strategies. The focus will be on developing small cadres of principal investigators into larger, self-sustaining research enterprises within and/or among departments and/or institutions.

### Assessment and Evaluation WG

Measurable outcomes will be defined and collected along with rich qualitative and contextual information at specified intervals for formative feedback, and for short-term and long-term programmatic impact, using a realist evaluation framework. We will place a particular emphasis on long term impact of the ECS, as the ultimate impact of this effort may materialize within the 2-year consultation, but more likely will require several years and even a decade to fully realize.

### Engagement WG

Formal engagement with organizations beyond NAPCRG and ADFM includes, to date, the College of Family Physicians of Canada (CFPC), and most recently, the Society of Teachers of Family Medicine (STFM). Each has sponsored representatives on the BRC Steering Committee. We expect these and future partners to bring critical leadership, constituencies who may benefit from this initiative, programmatic reach for BRC offerings, and in-kind resources such as Annual Meetings, journals and mechanisms for communication, education, training and consultation.

ADFM, FMAHealth, and CERA have recently fielded a survey to establish baseline measures of research capacity and productivity in US and Canadian DFMs and to establish trends over time. BRC will use this survey as 1 source among many to inform BRC program development and evaluation.

More will be necessary to complete this work. Much more. The BRC Engagement Work Group seeks and welcomes partners and supporters who share our vision of building a solid foundation on which family medicine and primary care research in the US and Canada can thrive and transform care in North America.

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### References

1. Ewigman B, Davis A, Vansaghi T, et al. Building research & scholarship capacity in departments of family medicine: a new joint ADFM-NAPCRG initiative. *Ann Fam Med*. 2016;14(1):82-83.



*Ann Fam Med* 2016;14:586-587. doi: 10.1370/afm.2010.

## PHYSICIAN WELLNESS: CHANGING THE CULTURE

*"We need to protect the workforce that protects our patients."<sup>1</sup> – Tim Brigham, MDiv, PhD, Senior Vice President, Education, ACGME*

At least 400 physicians in the United States each year die by suicide. Depression and burnout in physicians is endemic, and in most cases, physicians are "suffering in silence."<sup>1</sup>

Physician suicide risk is at least double that of the general US population and is commonly linked to depression and substance use.<sup>2,3</sup> Burnout is defined as emotional exhaustion, depersonalization, and a decreased sense of accomplishment, which leads to decreased physician effectiveness. Estimated rates of physician burnout range from 25% to 70% and often begin in residency training. Physician burnout affects quality of care and patient safety. In addition, the increased job turnover, reduced productivity, and decreased patient engagement associated with burnout has serious implications for public health.

Physician burnout involves an interplay of internal factors, resilience, and external factors. Risk factors included pessimism, perfectionism, maladaptive