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## THE LAST 5 YEARS OF THE MU/ADFM NEW CHAIRS WORKSHOP

Leaders in academic medicine are confronted with constant change. Chairs in family medicine, often instrumental during this dynamic time, require training to be successful leaders.

First started in the 1990s, there was a hiatus in the University of Missouri (MU) workshops until 5 years ago when the leadership development mission of the Association of Departments of Family Medicine (ADFM) provided an ideal situation for helping train the next generations of family medicine leaders.

As reported in 2013, (<http://www.annfammed.org/content/11/5/483>) this program was originally conceived by Michael Hosokawa, EdD and Jack Colwill, MD in the 1990s in order to help train the second generation of family medicine department chairs. With a “third generation” of chairs now upon us, it is imperative to continue our training efforts. With changing funding streams to support traditional academic missions and increasing reliance on clinical income, the current generations of academic chairs have a different job.<sup>1</sup> We might even say that we are now training the “fourth generation” of family medicine chairs.

While many of today's challenges may differ from those in the 1990s, the stories told by our recent participants still describe the struggles of managing the interpersonal and human component of the work, while ensuring the infrastructure to support the larger

enterprise. Evaluations over the past 5 years suggest that the 2 most highly valued aspects of the workshop are the case-based, problem-oriented focus on individual challenges and the interpersonal relationships built within each class of learners and faculty. As one participant wrote, the best component of the workshop was “being able to discuss the issues of being a chair with other chairs who really do ‘get it’ with respect to the challenges we are facing... and getting lots of input and ideas about how to address the challenges.” Another highlighted how, “getting to know the people there [was the best component of the workshop]—relationships always outlast specific knowledge.”

ADFM tracks incoming interim and permanent chairs while offering a variety of training opportunities of much shorter duration and intensity than the New Chairs Workshop at Missouri. Since 2011, we have been able to engage about one-quarter of our new chairs in this more intense experience, with 25 participants out of a total of 95 new chairs coming on board.

Outside of the case-based problem sessions noted above, the workshop includes presentations and discussions led by a current and former chair at MU and a consultant senior family medicine chair, a Vice chancellor, as well as other MU faculty. Recently, we introduced competencies for chairs and other family medicine leaders<sup>2</sup> into the program, enabling participants to assess their own strengths and areas for continuous improvement on their respective leadership development pathways. One participant wrote, “this program combines the right mix of time spent listening, engaging in group and one-on-one discussions, social interactions and professional interactions... the content was helpful and spanned the breadth of all the things we need to know.”

The overall program has an almost perfect rating; of the 25 participants over the last 5 years, 24 gave the program a “5” on a 1 to 5 scale (with 1 = poor and 5 = excellent) and the other gave it a “4”. Across all 5 years, no session received an average below a “4” on the 1 to 5 scale, and there are only 2 responses below a “3 (neutral)” for any session across all 5 years.

This evaluation data strongly suggests that we extend this training opportunity and continue to encourage as much participation among new family medicine department chairs as possible. As one of the participants put it, “[I] can't imagine a new chair NOT attending this event. It should be part of every chair's hiring package. The [money] invested will reap [more money] in ‘downstream revenue’ for any dean or CMO.”

MU and the ADFM look forward to help train the “fourth generation” of Family Medicine Chairs as we evolve and improve the New Chairs Workshop.

## References

1. Kastor, JA: Now a different job. *Acad Med*; 2013;88:912-913.
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## OSTEOPATHIC RECOGNITION: WHEN, WHAT, HOW AND WHY?

On February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) announced the formation of a Single Accreditation System. After June 30, 2020, the AOA will no longer accredit residency or fellowship programs in any specialty. Residency programs that demonstrate a commitment to teach and assess Osteopathic Principles and Practices (OPP) at the residency level, however, may apply for and be awarded Osteopathic Recognition (OR) by the ACGME.

OR requires that a program create an osteopathic learning environment that spans the length of the educational program. The program may utilize longitudinal and rotational components, focused or integrated rotations, osteopathic rounds, or patient care conferences. Either all the residents or a portion of the residents in a specific track can participate in OR. OR requires at least 2 faculty who develop curriculum and promote OPP and the use of osteopathic manipulative treatments. The faculty and designated residents have specific scholarly activity requirements and the residents are evaluated based on designated Osteopathic Principles and Practice Milestones. Every program with OR must have an osteopathic-focused track director and the program must maintain an average of at least 1 resident per year of the program. Programs may share osteopathic-focused faculty and track directors. Prior to beginning osteopathic-focused residency training in a program with OR, non-DO physician applicants must demonstrate some interest and understanding of OPP either by completing

an elective OPP rotation, completing courses at an osteopathic medical school, or having other training or experience to demonstrate entry-level competency. Consistent with current policy, residents graduating from an osteopathic-focused program need to take and pass only 1 board certification exam (ABMS or AOA).

ACGME-accredited residencies or AOA programs that are, at a minimum, pre-accredited after June 2015 can apply to receive designation for OR. Each program at an institution must submit a separate OR application. No fees or site visits are required to apply. Since the online application is housed in the ACGME Accreditation Data System (ADS), programs can use information already provided in ADS. In addition, the program must provide details on OPP integration in the competencies and curriculum, eligibility of non-DO applicants, availability of necessary equipment and faculty resources, and identification of the leader of the osteopathic-focused education program.

The Designated Institutional Official reviews and approves an application before it is submitted to the ACGME. The Osteopathic Principles Committee (OPC) of the ACGME will review the application and make the decision for "initial recognition" or "recognition withheld" status. Areas for improvement and citations will be outlined. Programs with initial OR will complete annual ADS updates, OR Milestones, and OR-specific questions on the resident survey. The OPC may confer "continued recognition" if the program is ACGME accredited, has a site visit within 2 years of the effective date of initial recognition, and demonstrates substantial compliance with OR requirements. Continued recognition requires that programs participate in OR-specific annual data collection, be monitored for major changes, and be reviewed by the OPC every 5 years. A paper review occurs after 5 years and an OR-specific site visit accompanies the written review at 10 years.

Family medicine residencies possessing the necessary resources, or the ability to obtain them, can benefit from an Osteopathic Recognition designation. Osteopathic Recognition creates an opportunity for all physicians to learn Osteopathic Principles and Practices, to understand osteopathic philosophy, to practice various approaches to patient care. OR also creates program distinctiveness. Patient care that is delivered within the context of Osteopathic Principles and Practices is aligned to patient-centered, high-value care and to the needs of our nation's health care system.

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