

as its Chair, the Examination Committee, the Audit/Finance Committee, the Communications/Publications Committee, and the Certification Committee.

The ABFM welcomes 4 new members to the Board of Directors:



Ms Bortz is the President and CEO of the Virginia Center for Health Innovation, a nonprofit established in 2012 to accelerate the adoption of value-driven health care in the Commonwealth. Ms Bortz currently serves on the Board of Directors of Virginia Health Information, LEAD Virginia, and the Maggie L. Walker Governor's School Foundation. Ms Bortz will serve the ABFM on the Operations Committee and the Communications/Publications Committee.

Ms Bortz will serve the ABFM on the Operations Committee and the Communications/Publications Committee.



Dr Hughes is a practicing family physician and Deputy Secretary for Health Innovation in the Pennsylvania Department of Health. Prior to joining the Department, she was a Robert Wood Johnson Foundation Clinical Scholar at the University of Michigan where she studied health services research.

Dr Hughes will serve the ABFM on the Research & Development Committee and the Communications/Publications Committee.



Dr Mellinger is a professor of surgery at Southern Illinois University, where he also serves as Chair of the Division of General Surgery and Program Director of the General Surgery Residency. He is a member of the Board of Directors of the American Board of Surgery. Dr Mellinger will serve the ABFM

on the Operations Committee and the Research & Development Committee.



Dr Spogen is a professor at the University of Nevada School of Medicine, where he also serves as Chair of the school's Department of Family Medicine and as the Director of Medical Education. He is also the Medical Director and Faculty Advisor of the school's Student Outreach Clinic. Dr Spogen

recently served as a Director on the AAFP's Board of Directors. Dr Spogen will serve the ABFM on the Credentials Committee and the Certification Committee

The remaining current members of the Board are: Wendy Biggs, MD, of Overland Park, Kansas; John Brady, MD, of Newport News, Virginia; Colleen Conry, MD, of Aurora, Colorado; Christopher A. Cunha, MD, of Crestview Hills, Kentucky; Lorna Anne Lynn, MD, of Philadelphia, Pennsylvania; Michael K. Magill, MD, of Salt Lake City, Utah; Robert J. Ronis, MD, MPH, of Cleveland, Ohio; David E. Soper, MD, of Charleston, South Carolina; Keith Stelter, MD, of Mankato, Minnesota, and Melissa Thoma-son of Pinetops, North Carolina.

Jane Ireland, ABFM



*Ann Fam Med* 2017;15:484-486. <https://doi.org/10.1370/afm.2129>.

## COMMITTEE TACKLES COMMUNITY PRECEPTOR SHORTAGE

Primary care clerkships are struggling to obtain and retain quality clinical training sites. Clinical training at these sites gives medical, nurse practitioner, and physician assistant students hands-on opportunities with patients in real-world settings. A joint survey conducted by the American Association of Colleges of Nursing (AACN), the American Association of Colleges of Osteopathic Medicine (AACOM), the Association of American Medical Colleges (AAMC), and the Physician Assistant Education Association (PAEA), found that all 4 disciplines are experiencing increasing difficulty obtaining clinical training sites.<sup>1</sup>

- At least 80% of respondents in each discipline felt concern regarding the adequacy of the number of clinical training sites
- More than 70% of respondents in each discipline felt that developing new sites was more difficult in 2013 than it had been 2 years before
- The key factors influencing the ability to develop new sites were security and legal requirements and training and orientation of preceptors
- Despite observed growth in schools/programs and enrollment over the last decade, the majority of respondents indicated that the number of available sites and competition for sites have an impact on enrollment capacity in their programs.<sup>1</sup>

To begin to address this threat to the sustainability of America's medical education system, the Society of Teachers of Family Medicine (STFM) conducted a Summit in August 2016 to identify the most significant reasons for the shortage of community preceptors and to shape the priorities, leadership, and investments needed to ensure the ongoing education of the primary care workforce.

The Summit was funded by the American Board of Family Medicine Foundation and STFM. The 52 Summit participants included health system leaders, organizational representatives, policy experts, clerkship directors, community preceptors, physicians who do not precept, students, etc.

Summit participants were asked to propose solutions to achieve the following aims:

- Decrease the percentage of primary care clerkship directors who report difficulty finding clinical preceptor sites
- Increase the percentage of students completing clerkships at high-functioning sites

Before proposing solutions, participants looked briefly at potential causes of the shortage:

- Increase in the number of students
- Not enough high-functioning (comprehensive/advanced-practice) sites
- Administrative burden of teaching (complicated paperwork/systems, etc)
- Competing clinical/productivity demands leaving inadequate time to teach
- Lack of adequate incentives (financial)
- Lack of adequate incentives (nonfinancial)
- Loss of professionalism among clinicians with less desire to give back

Participants identified the following as the key causes of the preceptor shortage:

- Administrative burden of teaching (complicated paperwork/systems, etc.)
- Competing clinical/productivity demands leaving inadequate time to teach

### Prioritizing Solutions

Summit participants gave and listened to brief presentations on innovative ideas that are being implemented around the country on:

- Improving administrative efficiencies related to teaching
- New/better ways of teaching learners in the office
- Financial and other incentives

They then broke into small workgroups to discuss if/how those ideas and others could contribute to solutions to the preceptor shortage.

At the end of the second day, participants prioritized solutions, based on feasibility and potential

impact; brainstormed next steps; and discussed who could help move the solutions forward.

### Mobilizing for Action

STFM staff and the Summit chair vetted the solutions identified at the Summit with the STFM Board of Directors, a group of academic deans, and other primary care organizations. They used feedback from those groups and existing literature on the shortage to develop an Action Plan to implement these tactics:

- Work with CMS to revise student documentation guidelines
- Integrate interprofessional/interdisciplinary education into ambulatory primary care settings through integrated clinical clerkships
- Integrate students into the work of ambulatory primary care settings (clinical clerkship sites) in useful and authentic ways
- Develop standardized onboarding process for students
- Develop educational collaboratives across departments, specialties, and institutions to improve administrative efficiencies
- Promote productivity incentive plans that include teaching (matching financial incentives to lost RVUs)
- Develop metrics to define and support high-quality teaching practices
- Develop a culture of teaching in clinical settings
- Incentivize teaching through Continuing Certification (MOC) incentive

Through a call for applications, 5 tactic team leaders were selected to direct the implementation of these tactics. These tactic team leaders are part of a larger, interdisciplinary, interprofessional Oversight Committee (Table 1) that is charged with:

- Ensuring that work is progressing
- Ensuring that plans align with the project goals and don't duplicate or interfere with the work of others involved in the plan implementation
- Developing solutions to any barriers

### June 26, 2017 Oversight Committee Meeting

Project team leaders have been meeting via conference call since early 2017. At a June meeting of the Oversight Committee, each tactic team leader briefly presented his or her draft implementation plan, which had been submitted in advance for review.

The goals of the meeting were to: refine individual tactic plans; set a clear vision; and identify next steps for implementation of each tactic.

Based on feedback from the Oversight Committee, team leaders and project managers are now fleshing out the details of their implementation plans and identifying team members who can provide expertise and also participate in the actual implementation. They're

**Table 1. Oversight Committee**

Annie Rutter, MD, Oversight committee chair	Assistant Professor and Director of Medical Student Education, Albany Medical College
James Ballard, EdD, MS	Executive Director, Indiana AHEC Network; Associate Professor, Department of Family Medicine, Indiana University School of Medicine
Adrian Billings, MD, PhD,	Chief Medical Officer, Presidio County Health Services; Chief of Staff, Big Bend Regional Medical Center
Shobhi Chheda, MD, MPH	President Elect, Clerkship Directors in Internal Medicine (CDIM); Assistant Dean of Medical Education, Department of Medicine, University of Wisconsin School of Medicine
Joyce Knestrick, PhD, C-FNP	President, American Association of Nurse Practitioners (AANP)
Mark Loafman, MD, MPH	Chair, Department of Family and Community Medicine, Cook County Health and Hospitals System
Diane Padden, PhD, CRNP	Vice President of Professional Practice and Partnerships, American Association of Nurse Practitioners (AANP)
Michael Powe	Vice President, Reimbursement & Professional Advocacy, American Academy of PAs (AAPA)
Scott Shipman, MD, MPH	Director of Primary Care Affairs and Workforce Analysis, Association of American Medical Colleges (AAMC)
Beat Steiner, MD, MPH	President Elect, Society of Teachers of Family Medicine (STFM); Assistant Dean of Clinical Education, University of North Carolina School of Medicine
Vince WinklerPrins, MD	Assistant Vice President for Student Health, Georgetown University, Division of Student Affairs
Hope Wittenberg, MA	Director, Government Relations, Council of Academic Family Medicine (CAFM)
Olivia Ziegler, PA	Chief Assessment Officer, Physician Assistant Education Association (PAEA)
Mary Theobald, Project Director	Vice President of Communications and Programs, Society of Teachers of Family Medicine (STFM)
<b>Project Managers</b>	
Melissa Abuel	Project Manager, Society of Teachers of Family Medicine (STFM)
Emily Walters	Writer/Project Manager, Society of Teachers of Family Medicine (STFM)
Emily Yunker, MPA, PMP	Physician Assistant Education Association (PAEA)

also developing timelines and setting tactic-specific metrics for success. Simultaneously, staff is seeking funding to support the work.

*Annie Rutter, MD,*

*Preceptor Expansion Oversight Committee Chair*

*Mary Theobald, MBA, Preceptor Expansion Project Director*

## References

1. Association of American Medical Colleges 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%202%20update.pdf>. Accessed Jul 3, 2017.



*Ann Fam Med* 2017;15:486-487. <https://doi.org/10.1370/afm.2128>.

## ADFM IS TURNING 40!

The Association of Departments of Family Medicine (ADFM) is turning 40 next year! Founded in April 1978 with Paul Young, MD, as the first ADFM President, ADFM's founding vision was to organize departments of family medicine to lead transformation of medical education, research, and health care to improve the health of the nation. We are planning a big birthday celebration in conjunction with our 2018 Winter meeting from February 21-24, 2018, in Washington, DC, where we were incorporated, to commemorate our "birthplace." Previous and current members, including chairs and administrators and other senior department leaders, will gather to learn, lead, and celebrate.

The 2018 Winter meeting theme, "*Back to the Future: Mindful of Where We Have Been, Resilient in Where we are Going*" is noteworthy given the evolutionary phases of ADFM. What originally began as an organization providing "chair support" and commiseration for "Generation One" leaders in academic family medicine departments evolved, as part of strategic planning in 1999, to an organization characterized by "chair education."<sup>1</sup> Beginning in 2009, ADFM entered its current developmental phase focused on "leadership" following the Board's articulation of a logo and tagline: "Vision, Voice, Leadership." This vision included giving voice to a key member of our department leadership teams, our administrators. Department administrators joined ADFM in 2010, increasing our membership by over 50%. In 2012, with a refined mission, vision and goals, ADFM launched its first 3-year strategic plan,<sup>2</sup> and then our second in 2015.

Our focus on leadership stems from an awareness of the critical need for family medicine leaders now and continuing into the foreseeable future. There are over 150 departments of family medicine at medical schools across the country and as many as 15% to 20% of chair positions are open at any given point. Many schools and health systems are expanding and new schools are opening, with an even greater need for chairs and family medicine leaders. Who will step forward and what are we "leading into"? Over the past 40 years we have seen the emergence of the World Wide Web, sequencing the human genome, electronic health records, and an alphabet soup of organizations (eg, HIPAA, ACOs, and the ACA). There is a critical need for family medi-