

resiliency and attrition. Limitations in mentorship can result from lack of mentors in an individual's local environment, and lack of awareness of how to choose a mentor and of the different characteristics of a mentoring relationship (eg, distance mentoring, micro-mentoring, diversity in mentoring- gender, specialty, race/ethnicity). *Quality Mentorship Through STFM* provided the opportunity to bridge a gap in mentorship needs for faculty in family medicine.

The skills, attitudes, and behaviors addressed by this program help to address the unique needs of URM faculty and benefit non-URM faculty. As the family physician workforce thrives, these benefits are passed on to residents, students, patients, and communities we serve.

The design of the *Quality Mentorship Through STFM* program used a mixed-methods approach to obtain data to inform the development, structure, and evaluation of the program. Using a community-engaged approach, members of several STFM interest groups were surveyed anonymously. Additionally, a focus group and literature review was conducted. Mentors and mentees were recruited through STFM Collaboratives and by word of mouth, then paired based on interests and geography. Six mentees were accepted into the program. Each mentee had to demonstrate commitment and institutional support for participation in the 18-month program. The program kick-off occurred during an STFM annual pre-conference workshop where the mentees, mentors, and other registered participants interested in mentoring under-represented minority faculty learned about mentoring techniques, unique needs of URM faculty, racism and bias, resilience, and resilience techniques. An individual development plan was introduced as well as mentorship tools to facilitate SMART goal setting, communication, ongoing mentorship meetings, and demonstration of resilience techniques and practice.

Thus far, there is high participant satisfaction with mentees benefiting from increased scholarly productivity, promotions, leadership development, and connectivity.

Brainstorming with STFM leadership explored how broader implementation of the program through STFM. Next steps include project evaluation, toolkit publication, and dissemination through manuscript publication.

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A PHYSICIAN SCIENTIST PATHWAY IN FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS

Background

In the specialty of family medicine, a consensus is emerging nationally on the need for a greater focus on increasing research capacity to match a well-established culture of clinical and educational excellence.¹⁻⁴ However, increasingly competitive extramural funding threatens the pipeline of physician-scientists in the United States,⁵ particularly for family medicine, which lags behind other specialties in competitive federal funding for investigator-initiated research.²

Development of the Research Pathway

In response to the need for a more robust pipeline of future family medicine-scientists, the board of the Association of Departments of Family Medicine (ADFM) adopted a strategic goal in 2013 to assist departments to strengthen the productivity and quality of their research that was reaffirmed in 2015.⁶ The ADFM Research Development Committee (RDC) then assessed the needs, capacity, and programs for advancing research in the specialty. This involved an environmental scan with extensive stakeholder consultations, roundtable discussions at the Winter 2017 ADFM meeting, and analysis of published and unpublished data. The stakeholders included the American Board of Family Medicine (ABFM), department chairs, program directors, and research leaders.

In a 2017 CAFM Educational Research Alliance survey,⁷ 44% (n=43) of department chairs who responded reported 'minimal' or 'no' research activities in their departments and 34% (n=33) reported 'significant' or 'extensive' research activities. We found that a research pathway through the National Resident Match Program (match) "R3" system is an established mechanism in some other specialties for recruiting medical students with concurrent interests in a research career and the clinical specialty. A year-long process of key stakeholder engagement culminated in the development of a proposal for a *Family Medicine Physician Scientist Pathway Program* (PSP). The ADFM then conducted a member survey in 2017 in which, among 111 respondents, 83 (75%) expressed interest in the concept. Thus, the

need, interest, and capacity all appear to be present for conducting a pilot of the PSP.

Features of the Program

The goal of the PSP is to expand opportunities for medical students interested in pursuing a family medicine research career beyond current fellowship programs and help accelerate the growth of research capacity. The PSP differs from current research experiences in family medicine residency programs.^{2,8} It would offer up to five years of integrated clinical and research training during residency, including rigorous methodological training in quantitative and qualitative research, and scientific writing leading to high-quality peer-reviewed publications and competitive NIH-type grant applications. Trainees would acquire the skills necessary for an independent research career and academic leadership through mentored research, formal research training, and structured leadership development. In the workforce context, the PSP would serve as a programmatic vehicle to:

- Provide opportunities for medical students interested in a research career in family medicine a structured training pathway for board-certification and research leadership
- Enrich the clinical learning environment for all residents by inculcating a culture of research and strengthening or complementing other fellowship programs
- Increase capacity in the specialty for bridging gaps in policy, practice, and advocacy
- Broaden the pool of applicants to family medicine

The following were some key recommendations that emerged during the consultations to develop the PSP:

1. The PSP should be piloted to assess feasibility and sustainability and establish optimal sequencing of clinical and research experiences during training
2. PSP residents should be fully integrated with traditional clinical residents
3. The program director must verify to the ABFM that a PSP trainee has met the clinical training requirements for board certification.
4. There should be flexibility in how residents enter or exit the program, but continuity in both clinical and research training should be required.
5. The pilot should be offered in two tracks to allow residents to enter through the NRMP or, alternatively, during the first two years of residency for those who later develop interest in the pathway.
6. Trainees should complete a master's degree in a relevant field and methodologic area.
7. Up to five departments with demonstrated access to mentors and methodological experts should be chosen to participate in the pilot program.

8. Program implementation should be overseen by a steering committee of senior leaders and stakeholders. Success of the pilot should be evaluated on recruitment and retention, program completion rate, trainee career choices, peer reviewed publications, and funded grants.

The RDC, which developed the PSP, agrees that strong family medicine research is critical for the nation's health,² and has received approval from the ABFM to implement the PSP as a pilot program. We invite comments from all interested parties on this proposed program which can be accessed from the homepage of the ADFM at: www.adfm.org. Comments should be forwarded to Chyke Doubeni at: Chyke.Doubeni@uphs.upenn.edu.

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