

The curriculum will be designed via a 3-step approach: (1) a list of core competencies will be developed by soliciting feedback from expert family medicine educators across the country and from national addiction societies' guidelines; (2) the curriculum will be developed based on these competencies; (3) the curriculum will be tested and evaluated at several residency programs across the country before more broadly expanding access. The curriculum will cater to programs with various levels of need and include both online and in-person learning. High quality interactive modules with videos, case scenarios, knowledge checks, and learning objectives will be created that residents can complete asynchronously.

Taking a flipped classroom approach, an instructor's guide will be designed that faculty can use to facilitate an in-person classroom session with discussions and practice through case-based learning. Family medicine residency program faculty members will be offered opportunities for enhanced teaching support through a 6-month ECHO (Extension for Community Health Outcomes) hub that provides biweekly didactics, case presentations, and expert troubleshooting with members of the STFM Addictions Collaborative. This multimodal curriculum will provide a complete package of knowledge-based content and skill development that is adaptable to the needs and capacity of any residency program and specifically cater to faculty who have little specialized training in addiction but still create content that can be tweaked by those with more robust training.

Strategies will be designed for programs to support and evaluate resident competency development over time. The national addiction medicine curriculum will be piloted at several residency programs to evaluate its effectiveness and feasibility. The Collaborative plans to seek additional funding from national and state organizations to expand and improve the curriculum and disseminate it across the country. The principal Investigator for this project is Randi Sokol, MD, MPH, MMedEd, Tufts Family Medicine Residency, Malden, Massachusetts.

### **Project: STFM/CFPC Global Family Medicine Education Symposium**

Many of the challenges faced in expanding and advocating for family medicine education are not unique to the United States context. Research and practice improvement findings are available from around the globe which can better inform US educational systems and structures and, similarly, allow the sharing of best practices with others. The STFM Global Health Educators Collaborative was awarded \$1,000 to host an evening dinner symposium on Monday, April 29 dur-

ing the STFM Annual Spring Conference. The event, organized by STFM-GHEC leadership, in conjunction with colleagues in the College of Family Physicians of Canada, including representatives of the University of Toronto and the Besrou Center, offered an opportunity for both formal and informal networking and knowledge sharing between United States and internationally based physicians surrounding topics of key importance in family medicine education. The principal investigator for this project was Esther Johnston, MD, MPH, The Wright Center National Family Medicine Residency at HealthPoint, Auburn, Washington.

The STFM Project Fund chooses projects to fund that benefit members, the Society of Teachers of Family Medicine, and the discipline of family medicine.

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### **REBUILDING AFTER THE FLOOD: HIGHLIGHTS FROM THE 2019 ADFM WINTER MEETING**

In February, the Association of Departments of Family Medicine (ADFM) hosted another successful annual conference, this year in Houston, Texas. The theme of the meeting, "Rebuilding After the Flood: Designing Our Departments' Move Toward Value Based Health Care," was a nod to our meeting location as well as a concise summary of much of the conference content, which highlighted some of the tensions departments are facing in growing and changing to meet the needs of the current and future health care systems.

After a day of ever-popular preconference workshops, including one for the department administrators in ADFM and one on leadership focused on conflict engagement, we kicked off the conference with a bit of internal reflection. Our incoming president, Steve Zweig, MD, MSPH, gave a presidential address reflecting on how we are not alone on our individual or collective journeys, calling attention to who supports us along the way. Following this, Kevin Grumbach, MD, ADFM President, hosted an "interview" with Julie Moretz, Assistant Vice President for Patient- and Family-Centered Care and Chief Experience Officer at

Augusta University and ADFM's public member of the Board of Directors, about her observations as an "outsider" participating in ADFM over the last year—what we are doing well and how to better address our blind spots to meet the intent of our ADFM tagline, "Vision, Voice, Leadership."

Julie's story, observations about ADFM, and emphasis on how we can all try to make our organizations welcoming places for patients of all types set the stage perfectly for Denise Rodgers, MD, FAAFP, Vice Chancellor for Interprofessional Programs at Rutgers Biomedical and Health Sciences, who delivered the meeting's first keynote presentation on the role of Family Medicine in eliminating health disparities by race. Her presentation resounded as an inspiring call to action and tied nicely into ADFM's first "One Book, One ADFM" author conversation.

The idea behind "One Book, One ADFM" is to be a sort of all-organization book club—with a book chosen (and advertised ahead of the meeting) to relate to meeting content and to prompt "big picture" dialogue. This year, we chose a local author, Rachel Pearson, MD, who attended UTMB Galveston, and her book, *No Apparent Distress: A Doctor's Coming-of-Age on the Front Lines of American Medicine*. The book describes Rachel's experience of beginning to see inequities in the health care system through her medical education—themes highlighted in her author talk and the small group discussions around how to address health equity and mentor students who are seeing it for the first time.

One major issue in *No Apparent Distress* is how Hurricane Katrina and other natural disasters exacerbate health inequity. To talk more about the impacts of natural disasters, we hosted a panel on Natural Disaster Preparedness and Risk Mitigation, moderated by Barbara Thompson, MD, chair at UTMB Galveston, and including David Persse, MD, the Emergency Services Director and Public Health Authority for the City of Houston, as well as Tara Scott, MD, the Program Director for the Sutter-Santa Rosa Family Medicine Residency which was burned down in the California wildfires in the fall of 2017.

Erika Johnson, MHSA, Vice President for Strategic Research at Vizient Research Institute, gave a keynote presentation: "Health Care's Tipping Point...Will Price Transparency Be the Answer?" (short answer from their research: no, it won't be the answer). Other sessions at the meeting focused on additional issues facing departments in the current academic and health care system—research, student interest, physician and team well-being, and preparing for the "office of the future." These included a session on Recruiting Students into Family Medicine led by Beat Steiner, MD, MPH, the current Society of Teachers of Family Medicine (STFM) President and the chair of ADFM's Education Transformation Committee, Michelle Roett, MD, MPH, FAAFP, CPE, as well as some fantastic member-led presentations and panels: Growth of Departments and Expansion of Clinical Faculty; Key Chair Decisions in Building Research & Scholarship Capacity; and Making the "Business Case" for the Well-Being and Office of the Future.

Our meeting included some favorite longstanding sessions, such as topical discussion tables at breakfast (with nearly 25 topics this year!) and the Leadership & Management Dilemmas dinner workshop. We also tried several new things this year, including a meeting orientation, a "wellness" activity of yoga for all levels, and a lunch workshop for new department chairs. This year was the first year we designated meeting co-chairs to create a triad "leadership team" model of governance for the planning; these co-chairs will be the meeting chair in subsequent years, so this new model has allowed us to improve continuity between meetings and to get started on planning earlier. We look forward continuing to innovate, offer timely and relevant content, and engage in critical discussions at our 2020 Winter Meeting in New Orleans!

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