Family Medicine Updates



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ADFM LEADS FELLOWSHIP: LEADERSHIP EDUCATION FOR ACADEMIC DEVELOPMENT AND SUCCESS

For nearly a decade, ADFM has run a successful yearlong leadership development fellowship geared toward those interested in becoming the chair of a department of family medicine. Each year of the program, we trained 4 to 8 fellows; 42 in total, of whom 43% have gone on to become interim or permanent chairs. Recognizing that there are 15 to 20 academic department Chair positions open at any given time, and recognizing these positions represent the "tip of the iceberg" of open leadership positions in family medicine, ADFM's current strategic work plan includes a priority to "increase the pool of individuals interested in and prepared to become department chairs and administrators." Additionally, the current strategic work plan recognizes the need for increased diversity in our leadership roles, with a priority to "increase the number of women, racial and ethnic minorities, and individuals from other groups underrepresented in medicine serving as family medicine department chairs and department leaders."

To better meet these needs, in 2018 ADFM launched the ADFM Leadership Education for Academic Development and Success (LEADS) fellowship. LEADS builds on our successful fellowship model, with an emphasis on leadership development and including special programming for fellows in conjunction with national meetings, advising from a current chair, experiential learning, and a relevant project. However, LEADS incorporates some additional structural and curricular changes, including the use of the ADFM's Leadership Competencies for Family Medicine Department Chairs¹ as the framework for the curricular offerings and fellows' projects. LEADS expands the class size of the fellowship and broadens the outreach and the focus of the fellowship. In addition to individuals who know they want to be a department chair, the fellowship now includes those who aspire to become a Family Medicine Department Chair or other senior academic leader someday and for those who are interested learning more about whether senior leadership positions in academic family medicine might be a good career fit.

To help support these efforts to increase and broaden our leadership pipeline through LEADS, we have: (1) changed the timeline of the program to give potential applicants more time to complete applications and for their department to budget for their participation; (2) marketed the program more broadly through direct and organizational channels, through ADFM as well as through the other academic family medicine organizations; and (3) expanded the eligibility requirements for those applying in 2019 to include earlier-career exploration, now permitting assistant professors to apply as well as associate and full professors. As in the past, applicants are expected to be involved in each of the department's mission areas (education, clinical, research/scholarship and administration) and should demonstrate evidence of being chosen for a leadership role within their department/ institution and/or outside institutions.

ADFM plans to continue to expand and modify the LEADS program over the coming years. With sponsorship from the ABFM Foundation, ADFM will be holding a planning summit in the fall of 2019 to consider how to strategically expand LEADS and to begin to include leaders of health systems who may be less invested in the teaching and research components of academia but are a key pipeline into many of our academic leadership positions. Including these leaders and expanding the LEADS class size may require restructuring of the recruitment, curricular, mentorship, and evaluation processes of the program, we look forward to finding the way to expand the pipeline of leaders ready to meet the great demand for those prepared for senior leadership positions in academic family medicine.

Please share information about the LEADS program broadly. In addition, think about the LEADS program for yourself or for the up-and-coming leaders in your department who may be interested and ready to participate. The call for applications for the 2020-2021 LEADS fellowship is currently open. Applications are due to aweidner@adfm.org by August 18, 2019. More information about the program and the application materials can be found at: https://adfm.org/programs/ leads-fellowship/.

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References

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OSTEOPATHIC MEDICAL STUDENTS PERSPECTIVES ON THE IMPORTANCE OF PRIMARY CARE RESEARCH

Historically, osteopathic medicine has focused primarily on clinical medicine. Research was a secondary concern, although scientific inquiry was originally part of the vision of founder Andrew Taylor (A.T.) Still, MD, DO.¹ With increased recognition of the connection between research and improving health outcomes, both medical education and health care professions overall have emphasized the need for scholarly activity. Engaging osteopathic medical students in research has become even more crucial to be competitive for highly desired residencies due to the creation of a single accreditation pathway for graduate medical education through the Accreditation Council for Graduate Medical Education (ACGME).² Primary care research, which often focuses on improving health outcomes through clinical and preventative care practices, is a natural fit for osteopathic physicians emphasizing a holistic, whole-body approach to healthcare. The Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) has worked to elevate primary care research within the college by providing research opportunities and training; connecting students, faculty, residents and community, and enhancing the infrastructure to support research.3

Since its inception in 1892¹, osteopathic medicine has utilized the philosophy of interconnectedness between the mind, body, and spirit to treat conditions disrupting the body's functional capabilities. In addition to traditional medical practices, osteopathic physicians are trained in the utilization of osteopathic manipulative treatment (OMT), a non-invasive, holistic modality of manually treating acute and chronic dysfunctions that are common in primary care medicine. This philosophy helps mold physicians that are better equipped to address the concerns and improve health outcomes in the primary care setting, which is often the focus of osteopathic research. As the first point of health care contact for most patients, primary care physicians encounter a broad range of conditions, making them an ideal front line observer for research that informs preventative interventions and clinical care practice. However, primary care research is undervalued by many students, faculty, and funding organizations due to a lack of clarity about what it encompasses. As part of a broader effort to guide, inform, and frame its primary care research culture as well as encourage more scholarly activity, an interdisciplinary health care team from OU-HCOM drafted a definition of primary care research grounded in foundational literature from Mold and Green.^{3,4} This definition serves as the basis for our primary care research faculty and students' endeavors.

Students develop and implement research projects by collaborating with faculty members, participating in research programs (eg, Research and Scholarly Advancement Fellowships), and building on prior working relationships. Many research ideas also develop through informal conversations. Actively participating in and contributing to annual scientific meetings helps mold our culture for research and innovation. To that end, annually, the number of OU-HCOM medical students presenting research at NAPCRG and sharing the tenants of osteopathy with fellow health care professionals has increased, growing from no students in 2014 to 20 students in 2018.

A medical student stated, "Attending NAPCRG was a phenomenal experience and I would highly recommend to anyone involved in primary care research. I enjoyed networking with fellow students ... as we have limited access to medical students outside of our school."

Whether it was their first conference experience, or they had previously presented their work, OU-HCOM students of all skill levels presented topics from food insecurity in Peru to utilizing OMT with roller-derby skaters. The research projects from OU-HCOM mirrored the diversity of research at NAPCRG. A medical student stated,

"What surprised me most about the conference was all of the different types of primary care research that are currently going on and the amount of opportunities that there are to network with others who share common interests."

The welcoming atmosphere allowed for open discussion and constructive feedback from professionals across the globe. One student expressed,

"It was truly an environment of mentorship and not one of criticism."

This collegiality fostered the growth of osteopathic physician and medical student participation, reinforc-

