

be guided through a more recent shift to a “strategic directions workplan.” Enduring strategic themes have centered on leadership development, and support of our member Departments in reaching their clinical, educational, and research missions.

### Broadening Our Reach

There are 3 areas of outreach which have broadened ADFM’s effectiveness: (1) involving other leaders from our member Departments; (2) expanding our definition of an academic Department to reflect the changing landscape; and (3) collaboration with other organizations.

### Involving Other Leaders

One of the most critical broadening moments for ADFM was a decade ago when senior department administrators were invited to join ADFM. The decision to move in this direction flowed from critical Board conversations articulating the Department as the unit of membership in ADFM. This clarification enabled the Board to consider who, in addition to Chairs, was needed to help lead our member Departments and ADFM collectively. Another outreach in 2018 was to engage other leaders within Departments as Associate Members of ADFM. This move was intended to provide leadership development for these academic leaders while at the same time facilitating ADFM’s capacity to support Departments. Each of these decisions to engage other Department leaders in ADFM was embraced more fully than initially anticipated.

### Expanding Definition of “Academic Department”

In 2005, we recognized the benefit of engaging academic Departments positioned regionally in large medical centers. This embracing of changing departmental structures for academic family medicine facilitated a subsequent broadening of our membership criteria in 2017 to include all entities with a similar purpose as an academic Department of Family Medicine.

### Collaboration

Broadening our reach externally through collaboration has been another area of significant growth for ADFM. Striving to have academic family medicine “speak with one voice” was instrumental to the founding of the Council of Academic Family Medicine (CAFM) in 2008.<sup>4</sup> Working closely with CAFM has enabled ADFM to become a more effective collaborating partner within the Family Medicine Leadership Consortium. In recent years, ADFM has been able to help co-lead in distinct strategic initiatives aimed at increasing diversity of leaders in academic family medicine, in building research capacity, and in increasing the number of students choosing to become family physicians.

### Culture

The culture of an organization is at the heart of what constitutes success and forward progress. As ADFM has matured strategically over the last decade, we have reexamined our mission and values. Our most recent reflection in 2018 on mission brought out an important role of the organization in supporting our Departments to achieve their full potential in promoting leadership and advocacy and in areas of clinical, educational, and scholarly function. These areas parallel with work of our strategic committees and collaborative work with other family medicine organizations. How we enact what we term “peer support” within ADFM is through our values of excellence, integrity, inclusion and equity, respect, and partnership.

As ADFM moves into its next phase, we strive to maintain our unique culture while addressing how we incorporate cross-cutting issues of diversity, inclusion and health equity into everything we do. We are fortunate to be adding a Public Member position to our Board to help with this important work.

*Ardis Davis and Jeff Borkan*

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### THIRD INTERNATIONAL CONFERENCE ON PRACTICE FACILITATION (ICPF) FOCUSES ON EXTENDING FACILITATION TO THE COMMUNITY

Conference attendees, contributors, and organizers of the 3rd *International Conference on Practice Facilitation (ICPF)*, held June 26 and 27, 2019 in Bethesda, Maryland, are part of an international community of profes-

sionals who collaborate to promote the field of practice facilitation. With continued support from the Agency for Healthcare Research and Quality (AHRQ) and the North American Primary Care Research Group (NAPCRG), this annual conference aims to recognize and address the needs of the professional community of practice facilitators (PFs) by advancing the science and best practices of facilitation.

Building on our success in 2017<sup>1</sup> and 2018,<sup>2</sup> the 2019 conference was designed to include highly interactive and informative content, aligned with the main theme of "Practice facilitation in the context of community." The 2019 sessions were constructed based on peer-reviewed abstracts that encompass a great variety of contributions in 6 topic areas: (1) Developing Best Practices and Resources for Practice Facilitation, (2) Practice Facilitator Training and Ongoing Development, (3) Practice Facilitator Skill Building, (4) Sustaining and Managing Practice Facilitation Programs, (5) Advancing the Science of Practice Facilitation, and (6) Leveraging Technology in Practice Facilitation. Attendees represented more than 50 different organizations located in the United States and Canada and included 90 PFs, program managers, and scientists representing a range of experience and expertise.

Formal evaluations (from approximately 50% of the registrants) and informal feedback demonstrated high levels of satisfaction with conference content, structure, and composition of attendees. Participants' reflections on the most valuable aspect of the conference included: "The networking and everyone's willingness to collaborate," and how the "relatively small [conference] meant quality" and commented that the "science and innovation in the field of practice facilitation, [and] tools being used that were shared were excellent."

The first Plenary presentation on Day 1 was "Bridging Practices and Communities: A Week in the Life of a Practice Facilitator in Rural Colorado ...?" with presenters Christin Sutter and Linda Zittleman, MPH highlighting the diverse activities that PFs engage in from working in practices, linking clinicians with local schools, to delivering community-based trainings. The remainder of the day included workshops and skill labs, oral presentations, and poster sessions on topics such as community outreach, innovations, technology, population health, best practices, quality improvement tools, and PF training and skills. The day wrapped up with a panel presentation facilitated by Carol Lange, MPH on "Primary Healthcare – Linking Practices to Community Health Resources," followed by social and networking events including happy hour and dine-around groups.

On day 2, Steven Brantley, MPH, CCRP presented Plenary II: "Cross-Community Facilitation for Social

Determinants of Health Screening and Referral in Oregon" which described efforts to engage diverse service providers (primary care, dental, social) in screening for patient needs related to housing, food security, and referral or navigation to services. Workshops, skill labs, and oral presentations were presented on themes such as peer skills assessments, community-based facilitation, and innovation and technology. An innovative session type—"The World Café"—was introduced and well received, garnering ratings from attendees as the most effective session. This closing session was highly interactive and provided everyone with another opportunity to circulate and share strategies around practice facilitation topics of interest.

Evaluation results and comments highlighted the new knowledge and skills that attendees plan to apply in their workplaces, such as patient and clinician engagement strategies, existing and virtual tools to track encounters, and conceptual frameworks. Others noted their intent to help build PF capacity through community engagement and use of resources as illustrated in these comments: "[I hope to] be more aware of community needs and connect to providers those resources needed for patients;" and "[I plan to] look into resources given at conference and implement them in facilitation."

The ICPF provides excellent networking opportunities and helps to develop leaders in the application, management, and study of practice facilitation. Through the PF Learning Community, ICPF participants have an unprecedented opportunity to help shape the development of a new healthcare profession. Attendees were generally positive about participating in this effort and noted that the ICPF structure, flow, and content provided opportunities to strengthen interpersonal relationships and engage in profession-building activities. We intend to continue to interact and share knowledge, resources, and expertise for PFs beyond the annual meetings. On behalf of the ICPF Steering Committee, we thank you and invite you to stay tuned for upcoming news and opportunities related to promoting the field of practice facilitation!

Plenary presentation videos are available on the NAPCRG website <https://www.napcrg.org/conferences/icpf/pastconferences/overview/>.

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## References

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