and family from afar, and Advance adult learning teaching methods!

We have transformed everything in our world—and will likely be asked to do so again as we create a new normal. Why not create something better than normal?

Stay safe and make change.

Chelley Alexander, MD; R. Allen Perkins, MD, MPH

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HIGHLIGHTS FROM THE INNOVATION SHOWCASE

Leaders of family medicine residency programs often feel torn between the desire to innovate and the need to stay within the structure based on the requirements of the American Board of Family Medicine (ABFM) and the Accreditation Council on Graduate Medical Education (ACGME). Innovation is essential to the growth of our discipline and our training programs.[1]

For over 15 years, the American Academy of Family Physicians Program Directors Workshop (PDW) and Residency Program Solutions (RPS) Residency Education Symposium has featured an Innovation Showcase. At this showcase, 10 presenters share, in a rapid-fire format, innovations they have implemented in their family medicine residency programs. In 2020 the in-person meeting was cancelled due to the COVID-19 global pandemic. We share a brief summary of 3 interventions here that would have been presented at the 2020 Innovation Showcase. We hope that these implemented ideas encourage other family medicine educators to innovate to improve care for diverse communities, improve our well-being, and master evidence-based practice.

Diversity OSCE (FD)

We developed an innovative way to introduce culturally responsive care and direct observations through a Diversity Objective Structured Clinical Examination (OSCE.) First-year residents see 3 standardized patients while being directly observed by a faculty member in the room. The residents learn to respect other's cultural beliefs and to use interpreters effectively. Residents are given immediate feedback after the session.

The goals of our Diversity OSCE are:

1. Emphasize the importance of culturally responsive care
2. Set the expectation for direct observations and immediate feedback from faculty
3. Prepare the new residents to see real patients

Resident evaluations of this activity have been overwhelmingly positive. Residents feel it is an effective way to ease back into patient care (some fourth-year medical students lack direct patient care for months before starting residency) and get one-on-one feedback.

To ensure your Diversity OSCE is successful:

1. Adequately prepare the mock patients (we use staff)
2. Explain the educational value of this activity to the residents in advance. Debrief with the entire group after the OSCE to discuss the importance of culturally responsive care
3. Do not evaluate the resident's medical knowledge

This activity is intended to help residents grow!

Arts and Humanities (AH)

Arts in Medicine has circulated in the literature and curricula for some time, but our innovation started in 2018. The initial session was impulsive—without prior analysis of needs assessments or return on investment spreadsheets. We made kindness rocks. Simply, Arts and Humanities is an attempt to bring creativity, beauty, thoughtfulness, and fellowship to our practice.

Studies indicate integrating an arts programs can have impact on stress reduction, whole person orientation, professionalism, empathy, higher level observational skills and teamwork/communication.[2]

Our voluntary 40-minute sessions occur on Fridays over lunch every 4 weeks in the group visit room with size ranging from 5-20 faculty, students, residents, medical assistants, nurses, nurse practitioners, and front office staff.

It is a low-stakes, low-pressure activity. Cost is minimal (could be free) depending on the activities chosen; typically, $30 for "craft-heavy" sessions. Hospital resources (eg, art and music therapists, mindfulness coach) and local contacts (elementary school art teachers) have been utilized, all donating their time. Outside facilitators relieve the need to coordinate supplies and teach, but many successful sessions have been run by internal staff (eg, administrator-led knitting workshop.) Food-based sessions (cupcake decorating) are best attended.

Final impact? Kindness Rocks are still found scattered around our practice!

Text-Based Friendly Competition to Increase Engagement in Evidence-Based Medicine (MRH)

Understanding evidence-based medicine concepts and staying up to date with the literature were struggles for our faculty and residents and were identified as areas for improvement department wide at our 4 Family and

Community Medicine residency programs. We instituted an evidence-based weekly questions quiz (EBQ) to improve exposure to up-to-date evidence-based medicine topics from recent literature. Relevant topics of interest were identified from the literature, a faculty wrote a related question, and a question was sent weekly via text message to all faculty and learners, including students rotating on family medicine clerkship.

Participation was encouraged but voluntary and anonymous, with the correct answer and evidence summary released the next day at the beginning of faculty meeting and resident didactics to allow for brief discussion. Some programs set up friendly competitions between learners and faculty or between clinic teams for participation or percent correct answers.

Engagement was highest when questions were directly relevant to clinical practice, and 89% of those eligible participated at some time. Feedback has been overwhelmingly positive, especially from the residents. Distributing question-writing burden to multiple faculty has been helpful; we also take regular breaks during busy months such as June-August and over winter holidays.

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AAFP From the American Academy of Family Physicians

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AAFP GIVES SENATE STRONG ADVICE TO REDUCE MATERNAL MORBIDITY

A CDC *Vital Signs* report on pregnancy-related deaths presents some sobering statistics before offering common-sense advice: "Make sure pregnant women receive quality care during pregnancy and after."

Family physicians already answer exactly that call. But empowering them to help solve a crisis in which some 700 American women die each year because of pregnancy complications requires a dual commitment from lawmakers: better understand health disparities, and improve access to care.

It also demands acknowledgement that rural and underserved communities face a related crisis of access to care—a lesson brought into stark relief by the COVID-19 emergency.

The Academy delivered these messages to lawmakers this spring in a detailed response to a Senate Finance Committee request for information on improving the nation's maternal morbidity and mortality rates. "Physician medical care should be accessible for all who need it," the AAFP wrote in a letter signed by AAFP Board Chair John Cullen, MD, of Valdez, Alaska. With approximately 25% of all US women not receiving the recommended number of prenatal visits—rising to 32% of black women and 41% of American Indian or Alaska Native women—the need to close gaps in care and coverage is obvious, added the letter.

Although maternal outcomes have generally improved for women in most developed countries, "the US maternal mortality rate is worsening," the AAFP said. The letter noted that the US rate was 17 deaths per 100,000 births in 1990 but had increased to 26 deaths per 100,000 births in 2015. "During that same period, global maternal health rates fell by 44%."

The numbers are even worse for women of color. As that same CDC *Vital Signs* report indicates, black and American Indian and Alaska Native women are "about 3 times as likely to die from a pregnancy-related cause" as white women. These troubling trends helped to spur the 2018 creation of the AAFP's maternal mortality task force.

Disparities in pregnancy outcomes also exist between women in rural areas and those in urban areas, the Academy pointed out. "With the increasing rates of closure of rural hospitals and obstetric units, pregnant women must travel long distances for maternity care and have worse outcomes."

More than one-half of all rural US counties—counties that are home to 2.4 million women of reproductive age—had no hospital obstetric services and faced primary care physician shortages, the letter said, citing a 2017 study published in *Health Affairs*.

Meanwhile, "more than one-half of rural hospitals with obstetrics units depend on family physicians to attend births, and family physicians continue to attend the majority of births in small hospitals," the Academy said. "Twenty-eight percent of rural family physicians continue to provide obstetrical services."

As Cullen wrote in a 2018 *AAFP News* Leader Voices Blog post, "Family physicians are the best choice to provide obstetrical care in small communities."

This is why, the letter said, "the Academy's programmatic and legislative priorities include retaining obstetric care professionals, supporting maternity care education, increasing the supply of family physicians,