



Ann Fam Med 2021;19:91. <https://doi.org/10.1370/afm.2665>.

STFM TASK FORCE RELEASES LEARNING OBJECTIVES FOR NATIONAL TELEMEDICINE CURRICULUM

The STFM Telemedicine Curriculum Task Force recently shared learning objectives (<https://www.stfm.org/media/3099/111820-telemedicine-learning-objectives.pdf>) that will form the basis for a national telemedicine curriculum. The objectives are based on and mapped to the AAMC telemedicine competencies.

"These learning objectives and competencies will evolve over time as our understanding and mastery of telemedicine matures along with the rapidly changing technology landscape," said Steven Lin, MD, task force chair.

Formed in February 2020, the STFM Telemedicine Curriculum Taskforce was charged with the development and dissemination of a national telemedicine curriculum for students and residents, and guidance for teaching clinicians. The online curriculum, which will be released for the 2021-2022 academic year, will include the following modules:

- Module 1: Intro to Telehealth
- Module 2: The Telehealth Encounter
- Module 3: Requirements for Telehealth
- Module 4: Access and Equity in Telehealth
- Module 5: Future of Telehealth

The Taskforce's work in 2020 also included:

- Reviewing existing curriculum and conducting a literature review on the current telemedicine education landscape
- Identifying and organizing resources that can be used as the curriculum is being developed. The curated list is available now at <https://www.stfm.org/telemedicinecurriculum#19132>
- Identifying areas where guidance is needed on how to teach telemedicine. Prioritization of the following potential topics is in process, with input from leaders and faculty in family medicine medical schools and residency programs:
 - Appropriate levels of supervision for precepting telemedicine visits
 - Teaching webside manner
 - Team-based care in telehealth - how to expose learners to key roles
 - Teaching how to effectively and efficiently do

e-Consults, e-visits, and text-based care: written clinical care in telehealth

- Billing for services using telehealth, including students' role in documentation
- Troubleshooting technology challenges in real time to optimize care quality
- Addressing workflow challenges
- Documenting technology challenges in the patient note

- Creating evaluation metrics for the curriculum
- Developing requirements for a multi-site pilot project

The telemedicine curriculum and guidelines will be promoted through papers, peer-reviewed journals, and presentations at the STFM Annual Spring Conference, the STFM Conference on Practice and Quality Improvement, the STFM Conference on Medical Student Education, the AAFP Program Directors' Workshop, and the AAFP National Conference.

The task force is comprised of telemedicine pioneers, change leaders, content experts, and key stakeholders from a diverse group of organizations, including the AAFP, AAMC, large health delivery systems, and academic medical centers that are driving the nation's telemedicine education innovations.

Traci Brazelton, STFM



Ann Fam Med 2021;19:91-92. <https://doi.org/10.1370/afm.2664>.

PROFESSOR PAUL LITTLE AWARDED 2020 MAURICE WOOD AWARD FOR LIFETIME CONTRIBUTION TO PRIMARY CARE RESEARCH

How do you honor a lifetime of work in the ephemeral of a digital moment? This challenge was addressed in NAPCRG's 48th Annual Meeting, transformed as a virtual gathering, where Professor Paul Little was recognized as the recipient of NAPCRG's most esteemed award. I had the honor of introducing Professor Little, otherwise known as Paul. The Maurice Wood Award for Lifetime Contribution to Primary Care Research is given annually to honor a researcher who has made outstanding contributions to primary care research over



the course of a lifetime. Scientists from all nations, working in all professional fields and scientific disciplines, are eligible to receive the award, which is named for NAPCRG's founder.

The UK has a very strong tradition of primary care research, and Professor Little is clearly one of the most influential researchers of his generation. He has a keen intellect, a prodigious work ethic, is incredibly creative, and has an engaging personal manner. Paul's extensive body of work is reflected in over 360 peer reviewed publications and in a career that spans more than 25 years. He is recognized as one of the most productive, creative, thoughtful, and respected primary care researchers in the world. Calling the United Kingdom home, Paul is Professor of Primary Care Research within Medicine at Southampton University.

When I think of Paul, the words "gracious," "kind," and "charming" are top of mind. I know that he draws inspiration from and is committed to his Christian faith. Many of his stature can intimidate presenters with that familiar sense of dread when a raised hand signals an incisive question. But when Paul asks a question, you know it will not only inform and deepen the conversation but also be supportive and encouraging. He has mentored numerous trainees and faculty, building one of the most productive primary care research groups in the world at Southampton University.

Among many contributions to primary care research, one early, important one is "medicalization", the concept that primary care physicians shape patient perceptions of present and future illness. He has also done pioneering work to develop tools for antibiotic stewardship, ranging from non-antibiotic interventions to educational interventions to delayed prescriptions. His large randomized trial demonstrating the benefits of hand hygiene in reducing transmission of infection in the community is especially poignant now when the effects of COVID have made it impossible to shake Professor Little's hand in a congratulatory gesture of "job well done." His trials have been highly innovative, and were among the first to use the Internet and to incorporate pragmatic design elements. And of course, his research has been published the world's top journals including the *The Lancet*, *The BMJ*, *JAMA*, as well as *Annals of Family Medicine*, and continues to have a tremendous impact on clinical practice.

Professor Little has made significant contributions to raising the profile of primary care research internationally and persuading funding bodies of the importance of applied research in primary care. Importantly, Paul has been a key member of European collaborative research teams that have done groundbreaking research on common acute respiratory infections in primary care including their epidemiology, diagnosis,

and treatment. Paul has also been a longstanding supporter and contributor to NAPCRG as a regular attendee, mentor, lecturer and past member of the program committee.

Widely recognized, Professor Little was the first general practitioner to be awarded an MRC Clinician Scientist Fellowship in 1998. In 2011 he was elected as a Fellow of the Academy of Medical Sciences, a group that includes few GPs. Additionally, Professor Little is one of the few GPs to have been given 2 terms as an NIHR Senior Investigator. More recently, Professor Little was named a Commander of the British Empire by her majesty Queen Elizabeth for services to general practice research in 2018. And last year, Little received the Discovery Prize from the Royal College of General Practitioners. Clearly, Professor Little has had a deep and wide impact on primary care research and practice, and is most deserving of the NAPCRG Wood Award.

Mark Ebell, MD, MS



Ann Fam Med 2021;19:92-93. <https://doi.org/10.1370/afm.2662>.

ONGOING CONSIDERATION OF GROWING THE LEADERSHIP FOR THE DISCIPLINE

Considering High-Level Leadership Positions

The landscape for the job of an academic department chair is not the same as it was 5 or 10 years ago. One major difference is that the clinical mission of academic medical systems has become increasingly prioritized (or at least its contribution to the budget has). Similarly, with health systems' increased recognition of the role of a strong primary care network, creation of service lines, and the employment of greater numbers of primary care physicians, the role of a health system leader looks different as well. With these realities in mind, ADFM has made a commitment to developing family physicians to be high-level leaders in health systems of all types. Integral to this commitment is prioritizing the development of women and those with backgrounds underrepresented in medicine (URiM)¹.

If you are considering a high-level academic or other leadership position, there are many things to consider. A few important issues are:

1) Your "fit" in the role you seek and the organization you are considering: What are the goals of the