the provision of addiction treatment services has been historically siloed from general medical care, resulting in specialized mental health professionals assuming the majority of SUD care and patients needing to attend separate clinics, stigma and poor access has been associated with seeking care.[3]

Family medicine physicians are particularly well-positioned to address this treatment gap in the outpatient setting and increase access to care, destigmatize addiction, and provide a much-needed biopsychosocial approach. Although the Accreditation Council for Graduate Medical Education has recognized addiction treatment as a core competency, until now, there has yet to be a standardized, evidence-based, national addiction curriculum to train frontline providers in caring for patients.

Randi Sokol, MD, MPH, MMedEd, and Matthew Martin, PhD, along with members of the Society of Teachers of Family Medicine (STFM) Addiction Collaborative, developed a national addiction curriculum based on evidence-based medical education principles. Two grants, received in 2019 and 2020, provided the funds to recruit more than 20 faculty with expertise in primary care and addiction. Using the Delphi method to develop core competencies for the curriculum, the group created 12 addiction modules, each including an interactive 60- to 90-minute online module coupled with a 60-minute, in-person session focused on knowledge application, and a teacher's guide.

With the goal of simultaneously training resident learners and faculty, the group also focused on developing communication skills through video demonstrations, role playing, and feedback sessions, acknowledging the need to help learners feel comfortable having conversations with patients who struggle with substance use disorders.

After receiving 2021 funding from the Tufts Initiative on Substance Use and Addiction, the group launched the curriculum with 25 family medicine residency programs across the country, holding monthly sessions with faculty to prepare them to teach the modules and to collect feedback. During this pilot year, more than 100 faculty and 250 resident learners completed the curriculum, some of whom stated:

- The content is "spot on," providing a consolidated and evidence-based understanding of what family medicine physicians need to know to help patients struggling with addiction
- The curriculum has increased residents' confidence and abilities to have intimate conversations with patients struggling with addiction when the residents previously felt ill-prepared or intimidated to engage in these conversations
- The curriculum has helped residents see addiction as a chronic disease, like hypertension and diabetes, and not a moral failing; they are approaching patients honoring their struggles and avoiding stigmatizing language
- The curriculum has empowered residents to see the role that family medicine physicians and other frontline providers can play in helping patients struggling with addiction over the course of their lifetimes
- Faculty (from various programs at various stages of addiction curriculum development) report it augmented their curriculum, trained faculty who were looking for addiction training, and encouraged collaboration between physician providers and behavioral health providers.

Dr Sokol and Dr Martin are currently partnering with STFM to launch the curriculum nationally, making it available to all family medicine residency programs with expansion to other disciplines, undergraduate medical education, and frontline providers (including psychologists, social workers, case managers, dentists, and nurses). Continuing medical education certification has been obtained for each module, so learners can receive credit for finishing the modules. Upon completion of 8 faculty and resident focus groups, Dr Sokol and Dr Martin plan to publish their results, providing a summation of the value of the curriculum.

For more information, go to stfm.org/addictionmodules or contact Dr Sokol at rsokol@challiance.org.

References

1. Lipari RN, Park-Lee E, Van Horn S. *America's Need For and Receipt of Substance Use Treatment in 2015*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2016.
2. Jones CM, Campopiano M, Baldwin G, McCance-Katz E. National and state treatment need and capacity for opioid agonist medication-assisted treatment. *Am J Public Health*. 2015;105(8):e55-63. 10.2105/AJPH.2015.302664
3. Rowe T, Jacapraro J, Rastegar D. Entry into primary care-based buprenorphine treatment is associated with identification and treatment of other chronic medical problems. *Addict Sci Clin Pract*. 2012;7(1):22–22. 10.1186/1940-0640-7-22

ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

Ann Fam Med 2022;20:189-191. https://doi.org/10.1370/afm.2805

FROM ADFM: KNOWLEDGE, ATTITUDES, AND SKILLS FOR FAMILY MEDICINE LEADERS: COMPETENCIES FOR SUCCESS

The ADFM Leader Development Committee undertook a major revision of its leadership competencies[1,2] with an expanded focus on the knowledge, attitudes, and skills needed to achieve success in the evolving health care and academic environment. Although there will be significant variations depending on personal needs, departmental or organizational needs, and local conditions as reflected in the current open chair position descriptions, we believe it is important for every new (and established) leader to pay attention to leadership, administration/management, professional and personal development, as well as scholarship and academic engagement. These changes also mean the competencies are now also more broadly applicable to other senior leadership positions beyond that of the chair role.

These competencies may be attained individually by a leader or along with their leadership team. They are intended to be used for self-evaluation, professional and personal development, and to help in role and team growth, rather than for external evaluation. These are leadership competencies in a generic sense; leaders will need to be aware of the context in which these skills need to be called upon (within your department, institution, community, etc). Since leadership and managerial competence is as much a journey as a destination, these competencies are also intended to be a stimulus for lifelong learning and professional development in the art and science of leadership.

1. Leadership

a. Be aware of your leadership style(s) and have the ability to use different types of leadership styles when needed
b. Create, sustain, and periodically reassess mission, vision, and values
c. Assess, understand, monitor, and shape departmental structure, culture, and context
d. Utilize iterative tools for strategic planning
e. Select and utilize frameworks for leading and managing change, including system change
f. Lead and manage different crises before, during, and after they arise
g. Understand, embrace, and promote diversity, equity, and inclusion
h. Develop and manage **internal** relationships:
    i. Build, develop, and sustain a leadership team
        1. Identify the capabilities of your leadership team members and develop a plan to promote growth and development
        2. Determine missing or weak capabilities as well as strengths among your team and develop strategies to address and maximize team effectiveness
    ii. Respect and support all faculty and promote their development. Recognize that there are likely faculty with more experience and success than you. Accessing and utilizing their abilities can accelerate department growth and success.
    iii. Develop and advance other leaders within your department
i. Develop and manage **external** relationships:
    i. Understand overlapping and different needs of medical school and hospital/health systems and where the department fits in institutional culture(s)
    ii. Analyze, understand, and effectively utilize different types of power and political dynamics within your setting
    iii. Develop and foster awareness of the larger landscape of the health care industry and health policy
    iv. Network with others in your institution
    v. Partner/negotiate with other departments/units for mutual gain
    vi. Communicate the value of the department to the institution, and the institution to the department
    vii. Maintain credibility and understanding regarding teaching, patient care, scholarly work, grants, and grant funding
    viii. Lead and manage departmental image in the institution
    ix. Manage your relationship with your Dean/President/CEO
    x. Identify and manage relationships (personalities, cultures, etc) with other external individuals and entities, including:
        1. Payers—insurers, employers, government
        2. Teaching partners—eg, preceptors, FQHCs, other external organizations
        3. Partners in patient care—community agencies, nursing homes, affiliated practice groups
        4. Research sponsors
        5. Other department chairs/unit leaders at your institution
        6. Health systems leaders
        7. Pillars of community engagement (above and beyond patient care)

2. Administration/Management

a. Understand **departmental finances**, including:
    i. Sources of income
    ii. Matching revenues and expenditures
    iii. Budget development
    iv. Budget growth and budget cuts
b. Understand **human resources** issues, including:
    i. Federal/state employment law
    ii. Local institutional policies
    iii. Leadership structure for faculty/staff
    iv. Assessment of departmental resources
    v. Talent development and management, including:
        1. Position development, recruitment, hiring
        2. Matching talent with departmental needs
        3. Matching effort with resources
        4. Mentoring, coaching, and sponsoring talent
        5. Performance evaluation and management
        6. Promotion and career development
        7. Talent retention
c. Build endowments and philanthropy
d. Plan for succession in all leadership positions
e. Manage departmental communications
f. Negotiate effectively across the departmental and organizational spectrum
g. Facilitate difficult conversations and manage conflicts
h. Foster wellness and resiliency

3. Professional and Personal Development

a. Sustain ongoing awareness and evolution of one's leadership knowledge, attitudes, skills and style(s)
    i. Adhere to lifelong learning*
    ii. Cultivate self-awareness and reflection; know your strengths, weaknesses, values, and personal boundaries

iii. Seek out coaching and mentoring to promote continued growth and development
iv. Acquire and utilize advocacy skills
v. Develop and expand effective interpersonal communication skills
vi. Expand your sources of information and learning to be more broadly aware of the issues and trends in the health care industry as well as leadership practice

b. Manage your time, calendar, communications, administrative support
c. Develop an awareness of unconscious bias and how to mitigate it within your work
d. Continually reassess and rebalance your departmental chair roles, priorities, and relationships as part of managing in a complex adaptive system with changing goals and communications
e. Evaluate and choose external leadership roles, when appropriate
f. Develop resiliency and self-care routines
g. Define and develop your role within the practice plan/clinical system
h. Develop relationships with family medicine organizations locally and nationally
i. Manage transitions in leadership and roles
j. Be open to changes that require new or reinforced knowledge, attitudes, and skills

4. Scholarship and Academic Engagement

a. Leadership position often require academic skills including:
i. Understanding ACGME, LCME/COCA and other acreditation requirements as they relate to your area(s) of oversight
ii. Developing and nurturing collaborative relationships with the academic leadership and peer leaders in other disciplines
iii. Actively managing and developing your own scholarly activity with output (publications, lectures, committee work) as a model for others in your Department
iv. Developing and enhancing grant-writing skills leading to extramural and founding funding
v. Ensuring academic achievement on track to meet minimal qualifications for the role

ADFM offers opportunities for members and other leaders to grow in these competency areas and encourages those who are interested in senior leadership roles to learn more about our Leadership Education for Academic Development and Success (LEADS) fellowship (https://adfm.org/programs/leads-fellowship/), whose curriculum is structured around these areas.
*Additional material related to lifelong learning suggested by ADFM membership *(specifically the ADFM Leadership Resources and Executive Coaching lists)*

Developed by Jeff Borkan, MD, PhD, Peter Catinella, MD, and Myra Muramoto, MD, on behalf of the Leader Development Committee Association of Departments of Family Medicine (ADFM)

References

1. Davis A, Zweig S, Franko J, Weidner A. Evolving competencies for chairs of departments of family medicine. *Ann Fam Med.* 2015;13(3):284-285. 10.1370/afm.1794
2. Association of Departments of Family Medicine: competencies for family medicine department chairs. In: Mallon WT, Grigsby RK, eds. *Leading: Top Skills, Attributes and Behaviors Critical to Success*. Association of American Medical Colleges; 2016: Appendix E.

NAPCRG From NAPCRG

Ann Fam Med 2022;20:191-192. https://doi.org/10.1370/afm.2804

FROM NAPCRG: NAPCRG 50TH ANNIVERSARY – A YEAR-LONG CELEBRATION

In 2022 NAPCRG is celebrating its 50th anniversary of researchers coming together to share their questions and solutions! Since 1972, when Maurice Wood first envisioned NAPCRG, we have become a premier international primary care research organization with research representation continuing to grow from North America, Europe, the Pacific Rim, and Asia.

NAPCRG's initial home was Richmond, Virginia until 1977, when the annual meeting began alternating between the United States and Canada, with each annual meeting always feeling like a homecoming. We celebrate opportunities to connect with colleagues, create new collaborations, and engage in exciting and relevant primary care research.

Our membership has grown from 50 to over 1,000 in the past 50 years. Our achievements celebrate the translational end of the research spectrum, where our research brings about community and population health from a primary care perspective.

Throughout this growth and development, NAPCRG remains true to its values: a welcoming, nurturing, and inclusive environment for researchers of all types and levels of experience to share their work. Our organization is one of the first to codify community and patient participation on its Board of Directors, an example set for other federal funding agencies. We foster our researchers as they explore new research ideas and methods, from qualitative research to practice-based research to community-based participatory research. NAPCRG continues to support our researchers' exploration of new boundaries by building bridges within and around the science of primary care research.

This year NAPCRG will honor the past, celebrate the present, and launch our vision of primary care research in the future. We ask you to join us in commemorating NAPCRG's 50th, applauding its contributions to primary care research and the success of the primary care research journals, academic researchers, clinicians, patients, and community members. In the spirit of Maurice Wood, we want the entire