

- 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 accreditation 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)*

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#### FROM NAPCRG: NAPCRG 50<sup>TH</sup> 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

primary care research family to find joy in primary care research and NAPCRG itself.

Over the coming months, we plan to have short articles about NAPCRG, its history, present, and future. Many varied voices will reflect on experiences, hopes, and aspirations for the next 50 years. Join us throughout the year, and come to Phoenix to celebrate our individual and collective joy. Save the date: November 18-22, 2022. Submit your abstract.

We begin our reflections with a contribution by one of NAPCRG's revered leaders, Dr Larry Green. We suspect it will prompt fond memories for many and resonate with our young researchers who now call NAPCRG home.

"I attended NAPCRG when I was a family medicine resident in Rochester, New York, encouraged to do so by my residency director, Eugene S. Farley, Jr, and faculty member Jack Froom. I attended because all of us residents kept age/sex registers, E-book morbidity collections, and family-oriented/geo-coded charts. Doing this made me curious about research in family medicine—specifically why there wasn't much of it. In our residency practice, I already had substantial exposure to unfiltered clinical problems and recognized the available medical literature was of little use in sorting them out. At that first NAPCRG, I met Maurice Wood, Henk Lamberts, and Kerr White, and they encouraged me to keep returning to NAPCRG, and I kept going back to see them, learn from them, and the other

amazing folks showing up. I have only missed probably five or six NAPCRG meetings since residency. The NAPCRG annual meeting is my favorite professional meeting.

NAPCRG has unfinished business to address, business initiated by Maurice Wood and his allies and friends, specifically establishing the minimum database and standardized practice-based morbidity and service reports for every primary care practice, proper registration and reporting of active and inactive patients and their families, routine determination of carefully selected measures that matter to patients and practices, and getting on with defining episode epidemiology as foundational to medicine and public health in general. Maurice Wood and Henk Lamberts did all of this in their own practices in the UK and Netherlands. NAPCRG can facilitate this work. NAPCRG has an international reach and a duty to bring such practice developments to maturity in North America—borrowing as NAPCRG always has from international experience and insights. Such work will honor and please Maurice Wood, Kerr White, Gene Farley, and their compatriots the world over."

*Judith Belle Brown, PhD, Anniversary Committee Chair, Jack Westfall, MD, MPH, Anniversary Committee, Diane Harper, MD, MPH, MS, NAPCRG President, Larry A. Green, MD, Distinguished Professor, Epperson Zorn Chair for Innovation in Family Medicine and Primary Care, University of Colorado*

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