Family Medicine Updates

From the Society of Teachers of Family Medicine

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STFM 2022 HIGHLIGHTS

The year 2022 was full of growth with STFM creating change and opportunity while focusing on diversity, equity, inclusion, and accessibility, antiracism, advocacy, and residency resources. We are finishing the year strong with 5,782 members as STFM continues to advance family medicine. While we look forward to 2023, we also would like to reflect on and share a few highlights from 2022.

- The STFM Antiracism Task Force received 57 applications for an Academic Family Medicine Antiracism Learning Collaborative and selected 20 dyads. The Academic Family Medicine Learning Collaborative is an IRB-approved study to measure the effectiveness of training and implementation of various projects and strategies to:
  - Empower and educate participants so they will identify racist structures and behaviors within their academic institutions and become leaders for change
  - Promote allyship
  - Spread effective change strategies
- STFM's Addiction Collaborative developed a new, national addiction curriculum – for residents and faculty – using evidence-based teaching principles. The free, online curriculum includes 12 addiction medicine modules with interactive content, handouts, videos, supplemental resources, and assessments.
- A virtual supplement was added to our Annual Spring Conference.
- A new grant from ABFM Foundation will equip residency programs to deliver competency-based medical education and assessment. With this grant STM will:
  - Conduct a consensus-building summit in January 2023
  - Launch a task force to develop strategies and resources to improve competency-based education in family medicine residency programs
  - Update existing STFM faculty development resources relevant to new ACGME family medicine requirements
- A free Telemedicine Curriculum was created to give learners the knowledge and skills they need to conduct effective, patient-centered telemedicine visits. New resources include guidance to help teaching clinicians integrate telemedicine topics into courses, clerkships, and residency curricula and national telemedicine curriculums for students and family medicine residents. Learn more about our modules.
- The STFM members and leadership approved the creation of a Diversity, Equity, Inclusion, and Accessibility Committee (DEIA) with Ebony Whisenant, MD, named the founding chair.
- STFM saw continued growth of the Underrepresented in Medicine (URM) Initiative, supported by the ABFM Foundation and the STFM Foundation. The initiative focuses on mentorship, scholarships, leadership, and URM faculty pipeline. Listen to our The Underrepresented in Medicine Journey to Academic Medicine Podcast and learn more about our URM Leadership Pathways in Academic Medicine.
- Two new online courses were released to help faculty and residents advocate within their health systems. These interactive courses will teach learners how to craft targeted messaging to decision makers within health care systems. Both courses are free to STFM members.
- STFM signed its third memorandum of understanding with the Department of Veterans Affairs (VA), Office of Academic Affiliations to deliver a faculty development program to health professionals at an additional 21 VA facilities between June 1, 2022 and May 30, 2024. STFM has been collaborating with the VA to provide training at facilities serving rural veterans since 2018.

Please visit our website for all our initiatives, programs, and resources. STFM.org

Caroline Tanner, Director of Membership and Marketing

From the Association of Departments of Family Medicine

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MOVING THE NEEDLE ON RACIAL JUSTICE IN MEDICAL EDUCATION: UPDATES AFTER THE 2021 ADFM CONFERENCE SESSION

The COVID-19 pandemic exposed major health inequities, particularly for communities of color.[1] Many family medicine departments continue to move the needle on racial justice in medical education to advance health equity. Recent examples include training modules on addressing racism in medicine, implicit bias, and racial affinity caucusing to learn about racial health inequities.[1-4] The American Association of Medical Colleges (AAMC) published the Foundational Principles of Inclusion Excellence Toolkit to help with assessing climate in institutions or departments, provide tools to spark meaningful discussions with key stakeholders, and suggest priority areas for continuous improvement.[5] The Association of Departments of Family Medicine (ADFM) Education Transformation

Committee delivered a session *"Moving the Needle on Racial Justice in Medical Education"* in 2021 to provide examples of this ongoing work across the country. This session included representative departments making meaningful progress in changing institutional culture through undergraduate or graduate medical education or faculty development. We asked several of these panelists to provide an update on their ongoing efforts to highlight the leadership role family medicine plays in achieving inclusion excellence in medical education.

A Commitment to Inclusion Excellence

Since 2018, the University of Kentucky College of Medicine's institutional and departmental, diversity, equity, and inclusion (DEI) efforts were implemented through COMMITS (College of Medicine Map to Impact through a Transdisciplinary Strategy).[6] This led to the appointment of a new Associate Dean of diversity and inclusion. Campus-wide advisory committees and programs, appointment of ambassadors, unconscious bias training, and diversity awareness month and newsletters continue to enhance the cultural climate. Residency program directors are being deliberate and intentional about recruitment and retention of underrepresented groups. This is accomplished by reporting recruitment methods in annual program evaluations. A new Health Equity curriculum was included in residency didactics. Recent curricular changes in medical student education allow students to reflect on how racism affects medical decision making and patients' experiences in the medical system. During the clerkship, students are taught about racial health disparities and strategies to advocate for marginalized patient populations. As guided by our strategic plan, the Department of Family and Community Medicine established a Diversity, Equity and Inclusion committee which will assist in recruitment of staff/faculty from underrepresented groups. This committee plans to assess the culture of the department by administering annual surveys and increase awareness of campus-wide activities.

Students Leading the Way

In 2020, Georgetown University Medical Center (GUMC) responded to an open letter signed by more than 500 medical students with 10 requests to improve the culture and climate for minoritized groups in the school of medicine.[7] This resulted in standing committees, the Racial Justice Committee for Change and a graduate medical education Working Group for Racial Justice. GUMC assessed culture and climate, chose priority areas, and established subcommittees on well-being and experience, recruitment, retention and success of students and faculty underrepresented in medicine, campus and community engagement, and curricular reform. Each subcommittee set short- and long-term goals with key metrics of success. The results include analysis and feedback on curricular representations of race,[8] new antiracism orientation, revised curricula to include more inclusive images, a new longitudinal thread in Health Equity and Advocacy, an anonymous curricular bias reporting tool, and a departmental project to produce DEI strategic plans. The department of family medicine actively participates in institutional efforts, leading several committees, the new orientation, and threads. The department formed a diversity, inclusion, and health equity committee to craft a strategic plan, selected a committee chair and a new director of diversity, equity, and inclusion to focus on priority areas.

Teaching Antiracism

Tufts University School of Medicine (TUSM) set strategic goals to transform into an antiracist institution and achieve inclusive excellence, including an antiracism standing committee. Using the "four I's of oppression" framework,[9] the committee aims to dismantle racism ideologically, institutionally, interpersonally, and individually. The family medicine department has been actively involved in helping TUSM achieve its strategic goals by implementing a clerkship didactic session that applies the four I's of oppression framework to addressing racism, bias, and microaggressions in the clinical environment. The meaningful impact of this clerkship's didactic session is demonstrated by students' feedback (over 400 students in 2 years), including the need for teaching to be authentic and aligned with antiracist and inclusive teaching principles such as equity, transparency, accountability, and transformation. The Tufts family medicine department has helped to move the TUSM community closer to achieving its strategic goals of transforming into an antiracist institution and achieving inclusive excellence in a measurable way. Working in concert with necessary institutional changes gives hope for broader impact on the TUSM community and permanent cultural change that a didactic session for students alone cannot do.

Where to Start

As these examples showcase, it is essential for family medicine departments to support institutional efforts to achieve inclusive excellence.[2] Understanding institutional culture and climate, barriers, and setting short-term and long-term priority areas may be critical initial steps. The Council of Academic Family Medicine organizations have taken this first step by setting goals for diversity in leadership and faculty.[10,11] See what other institutions and family medicine departments are doing by viewing the ADFM Education Transformation Committee's Social Justice Curricula repository: **https://drive.google.com/drive/folders/1LuSQWfn8kSFKUSBupmhtl9IJdCYVsTGK?usp=sharing**

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AFMRD Association of Family Medicine Residency Directors

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"PHYSICIAN," NOT "PROVIDER"

The use of the term "provider" for physicians in the United States likely originated with the 1965 amendments that established Medicare and Medicaid, to describe a "health care provider being paid for services."[1] This evolved to the term being used by agencies, organizations, and especially business entities to lump together all levels of health care providers and had the unfortunate consequence of equating a level of training significantly shorter and less intense than the pathway taken to become a physician.

The use of the word "provider" can have several unintended consequences, one of which includes confusing the patient who does not understand how to differentiate members of their care team. Patients may not have the full understanding of the differentiated training that so many in the health care field obtain. For example, physicians, nurse practitioners, physician assistants, physical therapists, social workers, psychologists, etc should all be given recognition for the training they received. Another unintended consequence can be the "provider" feeling a lack of acknowledgment of each care team member's strengths. It can be similarly compared with calling all members of a legal team "legal providers" when in fact there are lawyers, judges, paralegals, etc. Each name represents strength in the legal system, and similarly, we as a medical field should be cognizant of this same idea in our own field of work. We appreciate, and recognize, the strengths that the members of the health care team bring as we come together to take care of our patients.

The Association of Family Medicine Residency Directors (AFMRD) mission is to "inspire and empower family medicine residency program directors to achieve excellence in family medicine residency training." Central to this mission is the development and training of Family Medicine Physicians. The AFMRD firmly believes that the designation of "physician" is core and central to the level of education and expertise of its members and those we are charged with training.

Becoming a physician is the starting point for residents that matriculate into programs directed by AFMRD members. These physicians enter training intending to become board-certified Family Medicine physicians after 36 months of residency education under the guidance of our members. This level of expertise is critical to maintaining the high standards of our profession. The AFMRD affirms that diluting that experience by allowing others to use the term "provider" interchangeably with "physician" is not in the best interest of those who have chosen to hold themselves to the educational rigors and standards required to become a physician.

It is a significant disservice to the profession, the specialty of Family Medicine, and members of the AFMRD to fail to differentiate between "physician" and "provider." Many of the family of family medicine organizations, including the American Academy of Family Physicians (AAFP), have longstanding policies dating back at least 20 years to address this conflation.[3]

It shall be the policy of the AFMRD to use the term "physician" rather than "provider" in all official communications, policies, and other documentation of the organization's business, or in communication with other organizations that represent the family of Family Medicine. We implore all who read this article to do the same. Our members, our trainees, and most importantly our patients deserve the clarity and specificity that using the correct word to describe a physician provides.

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