

Health of the Public and Science

Eat, Sleep, Console

Delegates adopted a resolution to update the neonatal drug withdrawal section of the AAFP's substance use disorders policy to "include patient-centered methods of managing neonatal abstinence syndrome such as the Eat, Sleep, Console approach" and offer education on that approach.

Postpartum Care

Members gave testimony about the crucial role family physicians play in caring for parents and families, especially in the first year after birth. Ultimately, the COD reaffirmed the AAFP's existing policy of advocating for strong support of postpartum care in the family medicine setting.

Cross-Topical

More POCUS CME

Delegates adopted a measure that called for the Academy to support more CME on point-of-care ultrasound (POCUS) at AAFP-sponsored events. Supporters expressed appreciation for the numerous POCUS-related offerings already available at AAFP events like FMX and the National Conference of Family Medicine Residents and Medical Students. More such opportunities, they said, could increase the POCUS training workforce.

Getting Involved

The action taken by COD will affect family medicine for years to come. AAFP members who would like to help shape this type of work are encouraged to talk to their chapters about joining a commission or submitting a resolution for later consideration.

News Staff
AAFP News

outcomes over the past century begin to recede despite mounting investment, population health outcomes lag all other comparable developed countries,² and life expectancy drops³ for the first time in American history. The COVID pandemic and a racial reckoning have compounded this problem and reacquainted us with our history of unequal care⁴ and shameful disparities.

To meet the challenge of our times, the American Board of Family Medicine (ABFM) believes that personal doctors will need to play a large part in leading the reform and reorganization of health care, community by community, state by state, and health system by health system. With over 100,000 Diplomates, family physicians are not the only tribe of personal physicians, but they are the largest and most widely distributed.⁵ If personal physicians are going to play a role in shaping the future of health care, family physicians must play a role. And this critical need for leadership from the specialty of family medicine extends across the continuum of health care, from main street to the C suite to the dean's suite to Wall Street. This editorial describes the ABFM's current support and future leadership development programs, in the context of the specialty's overall portfolio of leadership development programs.

The "Family of Family Medicine Organizations"—AAFP, ABFM, ACOFP, ADFM, AFMRD, NAPCRG, and STFM—have invested substantial time, talent, and treasure in the development of leadership for the specialty, examples of which are found in the STFM's [Overview of Family Medicine Leadership Development Opportunities](#). Leadership development opportunities have been developed for many career stages, from medical students to mid-career, with a variety of intensity from attending specific meetings to sustained experiences for a year or longer. Recent years have also seen an increased and appropriate focus on inclusion of those with race and ethnicity underrepresented in medicine, women, and others. We urge others to add to this list so that it can be as comprehensive as possible and that the specialties' future leaders have options in one place.

Where does the specialty go from here? ABFM urges the Family of Family Medicine to set overall direction. There is plenty of work to go around, but coordination is critical. New leadership programs should be designed to fill gaps. In addition, identifying and tracking individuals across their careers may be helpful: the specialty has an interest in promoting leadership development opportunities across a career. Let us all announce the participants in our leadership programs and then work together to identify and develop talented individuals no matter which door they open first.

ABFM also urges more rigor in defining and tracking the curriculum and outcomes of the various leadership development programs. Participation is an important outcome, but engagement and active learning are critical, as they are for any educational activity. More broadly, what are the knowledge, skills, and attitudes we seek—and how will the activities of our leadership programs lead to the desired outcomes?



From the American
Board of Family Medicine

Ann Fam Med 2023;21:89-91. <https://doi.org/10.1370/afm.2937>

DEVELOPING LEADERSHIP IN A TIME OF TRANSFORMATION

The recently released National Academies of Sciences, Engineering, and Medicine report counts development of strong and coordinated primary care leadership among the 7 critical facilitators required for the United States to succeed in *Implementing High-Quality Primary Care*.¹ The results of many decades of neglecting primary care as the foundation of an effective health system are manifest as rapid gains in health

We urge each organization to specify the outcomes they seek. Transparency is important for applicants! Moreover, each organization, or perhaps the family of family medicine organizations, should track the effectiveness of their programs. Only by tracking and reporting outcomes will we as a community learn better how to support leadership development.

The ABFM and ABFM Foundation are making strategic commitments to the growth of family medicine leaders across the training and professional continuum, both directly and through support of other organizations. Identifying the need to recognize and support outstanding potential leaders in family medicine, the ABFM doubled its commitment to the Pisacano Leadership Foundation in 2021. These investments will now permit the selection of up to 10 Pisacano Scholars per year, and with a commitment to enhanced diversity and increased engagement among the Pisacano Scholars' cohort. The Foundation is also supporting increasing virtual and in-person connection among this impressive cohort which has grown since its 1991 inception to over 160 Scholars. We encourage you to explore and be inspired by the recent class of Pisacano Scholars, profiled on a redesigned website: www.pisacano.org. Hoping to see more nominations from schools and backgrounds in need of greater representation, we encourage family medicine leaders and faculty to identify and support the nominations of outstanding medical students for this competitive award.

Recognizing the need to support family medicine leaders and scholarly presence in national conversations at the National Academy of Medicine (NAM), the ABFM Foundation has now endowed a second Puffer Fellowship in the NAM's Anniversary Fellowship program. The National Academies are like the supreme court of science; exposure is a boon for careers as well as bringing the voice of primary care to the policy issues of medicine and science. Now a decade old, this part-time 2-year fellowship gives some of the most promising researchers and leaders in our discipline the opportunity to work on the NAM committees and consensus reports that shape national and international health policy and thought. You can [learn more about current and past Puffer Fellows](#). With this addition, ABFM will have 4 fellows per year working within the NAM and the ABFM office in Washington, DC. As we've expanded these fellowships, a key question has been whether there is "quality depth"—enough sufficiently strong candidates. The good news is that, after 2 years, there are many outstanding candidates. The competition is very stiff, and the result will be more long-term leaders in our pipeline. Here again, we are grateful to the chairs and departments of the specialty for their nomination of strong candidates.

ABFM has also expanded the short-term Visiting Scholarships in both Lexington, KY and Washington, DC for medical students, residents, and fellows as well as mid-career and senior faculty. We provide 2- to 4-week short-term fellowships, mentorship in defining and answering research

questions, and support some housing and other costs. Our target is over 10 per year in Lexington and some additional scholars in Washington. These experiences provide tailored mentorship and the opportunity to build research and policy skills, access to ABFM data, and a chance to answer questions important to scholars, our discipline, and policy makers. We are planning to conduct a formal evaluation, but visiting scholars have a proven track record of publication and presentation in national and local meetings. The experience changes fellows' professional journeys as leaders and scholars.

The ABFM Foundation has also supported other organizations' leadership development efforts. Over the last 3 years, the ABFM provided funding for the leadership and scholarship components of STFM's Minority Faculty Development fellowship. Developing academic projects—papers and some presentations—is critical for minority faculty academic success. The Foundation is also supporting a major expansion of the ADFM LEADS Fellowship. Responding to a generational transition among department chairs, ADFM has targeted the development of future chairs as well as other important institutional leaders such as leaders of primary care services lines and deans of curriculum and student affairs. ADFM's goal is to increase participants from 6 to 8 per year to over 40. Expansion is still underway, but early outcomes are promising. ABFM believes that this fellowship can provide a critical pathway for leadership in health systems and departments of family medicine; the Foundation has also funded 4 scholarships for minority leaders.

The ABFM Foundation has also recently launched 4 initiatives to support leadership in residency redesign. This fall, the Foundation is funding scholarships to the outstanding ACGME course in competency-based medical education (CBME); the hope is to "train the trainers" in CBME. Complementing this are STFM's support of a national faculty development effort in CBME and support for development of leaders of family medicine residency learning networks. Finally, the Foundation has funded an AFMRD fellowship for residency directors to develop research related to residency policy.

Recognizing additional gaps in the specialty's leadership development portfolio, the ABFM is also in the planning stages of developing 2 additional fellowships. First is a distinguished scholars program designed to train family physicians for CEO and other leadership roles in health systems. Family medicine has not had such a program since the ending of the Bishop Fellowship. Yet, particularly as health care systems consolidate, these are critical roles with the potential to shape the organization and effectiveness of health care at the population level. Such fellowships can be combined with the proposed ABFM/ABMS subspecialty in health administration leadership and Management (HALM) certificate. Good models include the Executive Leadership in Academic Medicine (ELAM) and what the profession of nursing has done in training nurse-CEOs. Another new offering will be a new fellowship in health equity. While details still need to be worked out, ABFM's hope is to provide support for community-based

ethnicities underrepresented in medicine, women, and rural leaders the opportunity to develop specific skills in community leadership, education, and practice transformation. These individuals will help lead change on the ground.

There is much to do! All organizations have important contributions to make, but coordinating our activities, tracking individuals and curricula, and continuously improving the outcomes are also important. As family physicians work with their patients and communities, family physician leaders will play a major role in the healing of the health system. It should be our goal to support them. We look forward to your ideas about how we go forward together.

Warren Newton, MD, MPH, American Board of Family Medicine, Department of Family Medicine, University of North Carolina; Andrew Bazemore, MD, MPH, American Board of Family Medicine, Center for Professionalism & Value in Health Care, Lars Peterson, MD, PhD, American Board of Family Medicine

REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Implementing high-quality primary care: rebuilding the foundation of health care. The National Academies Press; 2021.
2. U.S. Health in International Perspective: Shorter Lives, Poorer Health. National Research Council and Institute of Medicine of the National Academies; 2013.
3. Woolf SH, Schoomaker H. Life expectancy and mortality rates in the United States, 1959-2017. *JAMA*. 2019;322(20):1996-2016. [10.1001/jama.2019.16932](https://doi.org/10.1001/jama.2019.16932)
4. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The National Academies Press; 2003.
5. Barreto T, Jetty A, Eden AR, Petterson S, Bazemore A, Peterson LE. Distribution of physician specialties by rurality. *J Rural Health*. 2021;37(4):714-722. [10.1111/jrh.12548](https://doi.org/10.1111/jrh.12548)



Ann Fam Med 2023;21:91-92. <https://doi.org/10.1370/afm.2941>

STFM WRAPS UP UNDERREPRESENTED IN MEDICINE (URM) INITIATIVE

The Underrepresented in Medicine (URM) Initiative, launched in 2019 with funding by the STFM Foundation, is concluding 3 years of work focused on building evergreen resources and sustainable infrastructure to provide tools to help dismantle structural barriers for URM faculty in academic medicine.

The responsibility for oversight of ongoing programs of the URM Initiative will transition to the newly forming STFM Committee on Diversity, Equity, Inclusivity, and Accessibility (DEIA). Evergreen resources created by the URM Initiative will also be regularly reviewed by the DEIA Committee for sustainability and any needed updates or revisions. The evaluation of the entire URM Initiative is already underway and will conclude in 2023.

Background & Aims

An interprofessional Oversight Committee, chaired by Edgar Figueroa, MD, MPH, focused on the following 4 areas to develop, disseminate, and execute strategies to increase the diversity of family medicine educators and promote health equity:

Mentorship

- Create opportunities for developing meaningful relationships that lead to career advancement and leadership within STFM and academic medicine
- Develop mentors who have the skills to help URM students, residents, and faculty improve resiliency, satisfaction, and retention in academic family medicine

Leadership

- Increase the percentage of URM family medicine faculty in leadership positions in academic medicine
- Raise awareness of the structural barriers to URM achievement

URM Faculty Pipeline

- Increase the percentage of URM students and URM family medicine residents with an interest in teaching
- Increase the percentage of URM family medicine faculty
- Increase the percentage of URM community preceptors in family medicine teaching sites who receive resources to improve their teaching skills

Scholarship

- Increase the percentage of URM students, residents, and faculty who have the skills to produce scholarly research

A small 5- to 6-person work group targeted each of the 4 focus areas, with the Work Group Leader also serving as one of the members of the Oversight Committee. STFM provides significant staff support for the Oversight Committee and work groups.

In October 2020, the ABFM Foundation approved grant funding to be used to support focused components of the broader STFM initiative. The funds are being used to:

- Increase the number of and the skills of URM family medicine leaders through leadership training and mentorship
- Advance the scholarly writing skills of URM faculty as a pathway to promotion

URM Initiative Outcomes

The URM Initiative work groups focused on a diverse portfolio of resources, projects, and programs.

Evergreen Resources

In this context, "evergreen resources" can be defined as high quality content resources that are easily accessed by a wide audience and can be widely distributed to our membership and beyond. Evergreen resources are typically highly sustainable and require only periodic review to update for relevance.