

the capability, and willingness, to communicate effectively. In fostering these aspects of a solid foundation, a few best practices can be adapted into every program. First, it is imperative that dyad partners have access to each other through regularly scheduled and protected meeting times to ensure that there is an intentional time to connect and prioritize. Action plans and succinct huddles should be utilized in these settings. Next, dyad leaders must create a culture of trust by creating team norms and supporting each other in their specific roles, allowing their counterpart to make decisions that align with their shared vision and program mission. Lastly, programs must equip dyad partners with the essential training and resources to thrive in their roles. Rarely do program directors or coordinators step into their role primed for success, therefore, leadership training, communication exercises, conference attendance, and mentorships should be integrated while building the dyad foundation.

Program leadership has the enormous responsibility, and honor, of overseeing training programs as well as facilitating the development of residents and fellows. By pairing 2 leaders with varying skill sets and experiences, programs experience synergy, demonstrating that a dyad is better than individuals alone. Together, a supportive and communicative dyad partnership is rarely triangulated or dissuaded from their goal—which is to train independently practicing family physicians that positively impact the communities to which they ultimately serve.

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## FIFTH INTERNATIONAL CONFERENCE ON PRACTICE FACILITATION (ICPF) FOCUSES ON BUILDING RESILIENCE AND PROMOTING PROFESSIONAL WELLNESS

With continued support from the Agency for Healthcare Research and Quality (AHRQ) and NAPCRG, the 5th International Conference on Practice Facilitation (ICPF) convened September 8-9, 2022 in Savannah, Georgia. The ICPF aims to build community while advancing the science and best practices of facilitation.

The 66 registrants and 62 attendees included practice facilitators (PFs), clinicians, program managers, project managers, directors, and researchers from the United States and Canada. The primary area of interest was the delivery of practice facilitation. ICPF 2022 built on the success of the 2017,<sup>1</sup> 2018,<sup>2</sup> and 2019<sup>3</sup> in-person conferences and virtual conference in 2021.<sup>4</sup> In alignment with the return to an in-person event, the conference theme was “Building Resilience and Promoting Professional Wellness for Practices, Facilitators, and Research Teams.” The program included peer-reviewed abstracts for oral presentations, skill laboratories, workshops and posters, and 2 plenaries, 3 invited sessions, 2 large group sessions and multiple structured and unstructured social networking events. Presentations were clustered around 4 themes (1) Wellness, Resiliency, and the Pandemic; (2) Practice Facilitation Learning and Professional Development; (3) Facilitating Practice and Organizational Improvement; and (4) Science, Methodology and Good Practices of Practice Facilitation.

The opening plenary “Helping the Healers While Helping Ourselves,” was led by E. Dawn Creach, MS, President and CEO of Creach Consulting Group, and set a welcoming and healing tone for the meeting. Ms Creach offered reflections on how the pandemic has affected quality improvement (QI), practice facilitation, and research teams in primary care. Other sessions addressed tools and resources available for facilitators, skills and strategies for emerging and advanced facilitators, ongoing adaptations to facilitation due to continued external disruptors, and a poster walk. The poster winner was, “Expanding Recruitment Reach – Revamping the Recruitment Process for Remote Relationship-Building,” co-authored by Jacquelyn Hoffman, MPH; Tiff Weekley, MA; Mary Patzel, MBA; Kati Sanchez, MS; Martha Snow, MPH; Melinda Davis, PhD. The first day closed with a large group session, “Reflecting on Our Growth During the Pandemic: Personally, Professionally, Societally” led by Melinda Davis, PhD and Alison Huffstetler, MD with design support by Sarah Hunter, PhD.

On the second day, Therese Miller, DrPH, Deputy Director for the Center for Evidence and Practice Improvement at AHRQ, delivered a plenary describing the agency’s perspective on funding research and QI initiatives during a pandemic. Dr Miller shared insights into the factors that impact funder priorities and processes, and highlighted AHRQ-developed tools to support the PF community. Other sessions addressed diversity, equity, and inclusion in facilitation; perspectives on adapting facilitation strategies; and technology in facilitation. The second day closed with a large group session, “Silver Linings and Clouds Breaking – Lessons Learned and Goals Moving Forward,” led by Brittany Badicke, MPH; Stephanie Kirchner, MSPH, RD; and Melinda Davis, PhD.

Over one-half of conference attendees (53%) completed the post-conference evaluations, with 85% expressing satisfaction with conference content. Attendees most valued networking opportunities and the ability to connect with others

in person, learning processes and strategies that helped PFs throughout the pandemic, and many opportunities for questions and discussions. Respondents emphasized the importance of “sharing experiences and best practices,” “sharing practice facilitator perspectives and struggles,” and “connecting with others in the field.”

The ICPF will continue to curate opportunities to network, share ideas and solutions, ask questions, disseminate resources, and build skills and knowledge relevant in the application, management, and science of practice facilitation. On behalf of the ICPF Steering Committee, we encourage you to attend ICPF 2023 and get involved in our ICPF Learning Community.

*Brittany Badicke, MPH; Melinda M. Davis, PhD; Zsolt Nagykaladi, PhD; Paula Darby Lipman, PhD; Leanora Dluzak, MA; Leyla Haddad, MBA; On behalf of the ICPF Steering Committee*

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