### PROJECT: Teaching E-mail Communication in a Residency Program

This project will develop a curriculum to teach residents how best to communicate via e-mail with patients while guarding patient confidentiality, safety, and imparting appropriate information in a suitable time to the correct recipient.

**STFM Group**: Information Technology—Heather Paladine, MD, University of Southern California Family Medicine Residency, principal investigator

**Award**: $4,780 over 2 years

### PROJECT: Outgoing Third-Year Family Medicine Resident Satisfaction

This project will create and offer to all US and Canadian family medicine residency programs a confidential, objective, self-report questionnaire that will be administered online to graduating third-year residents as a part of the exit interview process.

**STFM Group**: Behavioral Science—Timothy Spruill, EdD, Florida Hospital East Orlando, Orlando, Fla, principal investigator

**Award**: $5,000 over 2 years

### The Application Process

Any recognized, active STFM Group with an idea for a collaborative educational project that is related to its group's goals can request Group Project funds by submitting a completed Group Project Fund Application Form to STFM. STFM will send a request for proposals annually via e-mail to STFM Group Chairs in October.

### Proposal Content

Projects must relate directly to family medicine education (eg, teaching, curriculum development, evaluation, faculty development) and produce measurable outcomes. Projects may focus on patients, medical students in family medicine settings, or family medicine residents, fellows, faculty, and educators/administrators.

### Funding Details

Projects are funded for a maximum of 2 years, and funding is not renewable. Funds may be budgeted in the categories below. Indirect costs are not provided.

- Required equipment (eg, a laptop computer) and supplies (eg, photocopying).
- Travel (eg, funds to present project outcomes at STFM meetings and/or attend project team meetings)
- Personnel (eg, to purchase a statistical consultant's time). Funds for faculty and/or staff release time must be contributed "in-kind" by departments/programs.

A project may be funded for 1 or 2 years at one of 2 levels:

1) Full Funding: A few proposals of exceptional quality and potential impact may be funded up to $10,000 total.

2) Seed Money: to support projects up to $5,000 total.

### Administrative Structure

The STFM Board's Executive Committee will administer the Group Project Fund and oversee the assessment of submitted proposals for funding.

For more information about the STFM Group Project Fund or to donate to the STFM Foundation to help support projects like those listed here, visit http://www.stfm.org/foundation.

*Traci Nolte, STFM*

**From the Association of Departments of Family Medicine**

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## COMMUNITY FACULTY: CAUGHT BETWEEN THE DEAN'S OFFICE, ACADEMIC HEALTH CENTERS, DEPARTMENTS AND THE FISCAL REALITIES OF PRIMARY CARE

Many departments of family medicine are at the threshold of a possible new beginning in undergraduate medical education—a beginning that will provide medical school leaders new opportunities to address anticipated physician workforce shortages and "right-balance" physician specialty and geographic distribution using innovations in curriculum and national testing standards to achieve these changes. This new beginning will usher in expansion of medical schools' class size as well as the establishment of new medical campuses and schools.

This increase in medical school class size will require academic departments of family medicine to expand and reinforce the distributed community-based (and largely volunteer) physician faculty. These community practices provide learning opportunities for students in family medicine clerkships and often "Introduction to Clinical Medicine" courses. Many of the current family medicine community faculty teaching sites already experience "learner-saturation" not only from family medicine clerkship students, but with students from PA, Nursing, Osteopathic, and international schools competing for community clinical teaching placements.

Academic departments of family medicine are challenged to maintain and now likely rapidly expand

this decentralized model of clinical education. These proposed expansions raise several questions. First, can clinical teaching volunteerism support the magnitude of planned medical school expansion? Second, once voluntary teaching capacity of community faculty is exceeded, can additional capacity be financed with departmental resources? And finally, if departmental resources are inadequate, are medical schools prepared to further support the teaching involvement and necessary educational resources for community faculty? These are questions that many departments are facing or will be facing very soon. The educational model that was first established by family medicine and now used by other primary care departments rests on the tenuous volunteerism of community faculty at a time when primary care practice resources are stressed and volunteerism often is expected by leaders of medical schools and legislators who support these initiatives.

Amid medical school expansion, family medicine educators also strive to standardize the community-based learning experience, to conduct meaningful evaluations and to embrace learning within practices that meet the expectations of a patient-centered medical home. The creation of this practice environment is a challenging undertaking for all clinical venues. The requirement of this new practice concept in community-based learning sites will likely decrease access to existing and new community teaching opportunities. We must also ask whether we should expect all community-based teaching sites to accomplish what academic family medicine practices have not yet consistently done.

These challenges set the stage for a new model of community-based learning: community faculty potentially compensated for teaching who are members of a learning community in partnership with the academic department and for whom the departments serve as political and educational advocates, quality improvement assistants and providers of continuing medical education. In this new model of community-based learning, the presence of students could potentially be "value-added" for community and academic practices. Value is provided by facilitation of: Performance in Practice Modules as required for maintenance of certification, meaningful "bubble-up" research ideas by community faculty, academic appointments and benefits, and vigorous advocacy with payors and legislators for the appropriate fiscal advancement of primary care and enhanced reimbursement for practices embracing concepts of the patient-centered medical homes and teaching students.

It is now time to collect and share best practices that advance the partnership between academic departments of family medicine and community faculty. Collectively we may be able to answer the following critical questions that may be necessary for departments to appropriately respond to this new academic challenge. What are the most successful incentives? What are the best models for faculty development? How can we enhance the learning experiences of community faculty? What is required to facilitate meaningful promotion and advancement for community faculty? How do we select and maintain community faculty committed to the institution's educational mission?

New models of family medicine department/community partnerships will produce educational innovations that include greater identification of appropriate community faculty as equal academic colleagues worthy of additional investments from the department and schools of medicine. Consider the quantitative impact of integrating the estimated 10,000 community faculty (extrapolating from a query of ADFM members in 2004 concerning the number of community faculty) into our departments as partners in the mission of advancing the future of our discipline. Sharing best practices related to relationships with our distributed community faculty across the country will facilitate the development of appropriate responses to the unique opportunities afforded by the changing medical school environment.

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*Andrea Manyon, MD, Joseph Hobbs, MD, and the Association of Departments of Family Medicine*