

## CAFM Report to Working Party December 2017

### CAFM Leadership Development Taskforce

CAFM has identified a need for a better and more diverse leadership pipeline for academic family medicine. While the number of women and underrepresented minorities in the field is increasing, the number of women and minorities in senior leadership positions has not kept pace. In addition, turnover among family medicine program directors and department chairs is high. *A burning question is how do we get more people into and sustain them in leadership in academic family medicine, particularly women and minorities?* In 2016, CAFM established a Leadership Development Task Force, led by ADFM and STFM, to develop a plan to explore what we know about leadership development for academic family medicine and to address gaps.

The final report of a Taskforce to address these gaps is being provided to CAFM and the Working Party in January 2018. Among the immediate recommendations in this final report is the need to engage state AFPs to explicitly reach out to young leaders to help guide them into academic family medicine careers. We will be discussing this in more detail with the Working Party in January.

#### “Clinic First”

Stimulated by the discussions by the Working Party last August around the “clinic first” model in residency programs, AFMRD is developing a “Clinic First” learning collaborative. The proposal calls for 3-person teams from residency programs (PD, Medical Director, Resident) to participate with coaching to the teams provided by the team at UCSF. Thirty-eight programs applied out of which 18 were accepted. This response far exceeded expectations. The first in-person meeting of the learning collaborative is Feb 26-27, 2018 with plan for webinars after that. Because of the larger than can be accommodated response, AFMRD is looking at launching another collaborative in another year’s time and having programming about this content at the March Program Directors’ Workshop. AFMRD is in conversations with the ABFM Foundation about potential continuation. CAFM is excited about the interest in this effort and will be monitoring its progress on our monthly calls and in-person meetings.

### CAFM Environmental Scan

Typically, CAFM devotes time in January to perform an environmental scan. It was out of the 2016 environmental scan, that the CAFM Leadership Development effort was born. On our December monthly call, CAFM decided to defer our environmental scanning process to later in 2018 as we see how a number of the efforts of the FMAHealth are transitioned. We plan to devote time at (and leading up to) our in-person CAFM meeting in August to perform an environmental scan.

### CAFM Government Relations

Please see a separate written report from Hope Wittenberg, Director of CAFM Governmental Affairs, among materials for the Working Party.

### CAFM Leadership

Mary Hall, MD, has continued to serve as CAFM Chair since August 2016. In January, CAFM will elect a new Chair-elect. Dr. Hall will continue to serve as CAFM Chair until the close of the August 2018 Working Party Meeting. Ardis Davis continues to serve as CAFM executive staff.

**CAFM Education Research Alliance (CERA) – An extended update from CERA is provided below.**

## **HIGHLIGHTS OF RECENT ACTIVITY:**

- A survey about family medicine faculty shortages will be sent to program directors and department chairs in early 2018. This survey is based on a request from the Faculty for Tomorrow Taskforce to quantify the shortage to inform strategies for improvement and to encourage the US Secretary of Education to designate family medicine faculty as an "area of national need."
- CERA is collaborating with ABFM to survey residency directors about curricula and link data to future graduate surveys. Connecting residency curricula to practice patterns of graduates has the potential to promote the outcomes-focused curriculum design. Residency directors will be asked to provide their residency ACGME identification numbers as part of this survey with the knowledge that this will be stripped off later to de-identify the data. The results will then be linked with an already planned annual graduation survey conducted by ABFM. This survey will be done three years after the program directors' survey. In this way, current residency practice can be linked with future graduate outcomes. ABFM has agreed to conduct the linking, creating a "dummy" code for each residency, and then stripping off the residency identification code. ABFM will then provide the de-identified data to research teams.

Having accurate knowledge about family medicine residency education is critical to understanding how residents are being trained and to provide knowledge that can positively influence how residents are trained in the future. The program director survey aims to document the current basic characteristics of family medicine residencies, specifically their curricula, infrastructure, and faculty models. The graduate survey aims to document the practice of recent graduates in regards to their breadth of practice and specific practice features. The graduate survey will also document their perceptions about the quality of their training and how prepared for practice their training made them. By linking these two surveys, researchers will be able to correlate specific residency program features with graduate outcomes, such as practice patterns and satisfaction. This will generate a level of correlation that has not previously been achieved on a large scale

- A call for proposals for a program directors survey about wellness/burnout/fatigue will go out in 2018.
- Dr Burge, the new director of mentors, communicates regularly, through a monthly email and periodic presentations, to those who have volunteered to be members. We're finding it much easier to get mentors from this engaged group for the CERA surveys.
- There seems to be a growing number of people using CERA clearinghouse data for secondary analysis. This is a difficult to track, as they don't have to sign in to get data and they don't always notify us about their papers and presentations. We have added a statement to the clearinghouse that reminds members that the data is available to all CAFM members and duplicate analysis is possible.

- The committee has decided not to do any additional surveys of PBRN directors, as it's difficult to find an accurate list and the response rate has been low.

## **BACKGROUND:**

CERA, the CAFM Educational Research Alliance, is a framework to focus and support medical education research.

### CERA objectives:

- Increase published research and scholarly activity among members of CAFM organizations by providing infrastructure and consultation
- Improve the process for surveying constituents with better questions and fewer surveys
- Provide a clearinghouse of data CAFM members and their residents can use to meet scholarly activity requirements
- Provide mentoring and education to junior researchers

CERA conducts 4-5 surveys per year, generally of various subsets of CAFM membership. Each survey includes questions submitted by CAFM members on multiple subjects, as well as a set of recurring questions to provide data for historical comparisons.

Researchers receive their individual survey results, plus the demographic and organizational information. Individuals who submit survey questions are given 3 months to analyze the data before it is released to the general membership. The expectation is that investigators will write and submit a paper within those 3 months. Data is collected through STFM and housed at STFM under the oversight of CERA.

CERA is a joint project of CAFM. Direct expenses are shared by STFM, ADFM, NAPCRG, and AFMRD, and STFM provides administrative support for the initiative.

### **CERA Steering Committee Members:**

- **Dean Seehusen, MD, MPH, Chair**
- **Wendy Barr, MD, MPH, MSCE**
- **Sandra Burge, PhD**
- Kelly Everard, PhD
- **Richelle, Koopman, MD,MS**
- **Amanda Kost, MD**
- Heather Paladine, MD
- **Lars Peterson, MD, PhD**
- David Schneider, MD, MSPH
- **Lorraine Wallace, PhD**
- **Jack Westfall, MD, MPH**

### **STFM staff:**

- Mary Theobald, project liaison
- Ray Biggs, IT support