

Family Medicine Updates



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STFM FOUNDATION LAUNCHES CAMPAIGN TO SUPPORT UNDERREPRESENTED IN MEDICINE

The STFM Foundation has launched a 2-year fundraising campaign to raise \$150,000 to support programs and scholarships for underrepresented in medicine (URM) students, residents, and new faculty. "We need a diverse and culturally competent workforce to meet the needs of an increasingly diverse patient population," said Campaign Chair Judy Washington, MD.

The Association of American Medical Colleges defines underrepresented in medicine as: "those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." While 1 in 8 Americans is African American, only 1 in 15 doctors is. And though 1 in 6 Americans identifies as Hispanic/Latino, only 1 in 20 doctors does. The percentages of medical school graduates by race and ethnicity have remained consistent over time. Whites (58.8%) and Asians (19.8%) continue to represent the largest cadre of medical school graduates, comprising more than three-quarters of medical students graduating in 2015. For the same year, only 5.7% of graduates were Black or African American and only 4.6% Hispanic or Latino. As family medicine resident Melissa Melendez, DO, explained, "I'm kind of alone out here in medicine."

Donations to the URM campaign will support scholarships for students to attend the Conference on Medical Student Education, scholarships for residents to attend the Faculty for Tomorrow Workshop, and scholarships for new faculty to attend the STFM Annual Spring Conference. The STFM Foundation also seeks to provide mentoring opportunities and fund innovative projects that contribute to a diverse family medicine workforce.

"How much richer would a medical department be if they had people of lots of different backgrounds and experiences informing the residency training process, informing how we deal with patient care and how we interact with office staff?" mused Christina Johnson, MD, PhD.

To date, the fundraising effort has raised \$109,427. STFM Past President Jeannette South-Paul, MD, kicked the campaign off with a \$30,000 contribution. Watch the campaign video and support the campaign by visiting <http://www.stfm.org/foundation>.

Traci Nolte, STFM



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THE IMPERATIVE FOR A COLLECTIVE IMPACT APPROACH AMONG FAMILY MEDICINE ORGANIZATIONS

It is increasingly apparent that many of the most pressing problems of our time are too formidable, complex, and resistant to change to be solved by individuals and individual organizations acting alone. In family medicine, we have our share of these vexing issues—what are often termed "wicked problems."¹ Among them are getting more medical students to select family medicine as a career, transforming the primary care practice model, ensuring joy in practice, maintaining comprehensive scope of practice, increasing the racial and ethnic diversity of the specialty and of medicine as a whole, and asserting leadership by departments of family medicine in the nation's academic health centers.

To make progress solving these wicked problems requires stakeholders with shared goals to work together in a cohesive manner. Inadequate progress on these types of issues is attributable not only to the inherent difficulty of the problem and the power of opposing forces, but to weaknesses in strategic planning and execution characterized by parallel play, uncoordinated activities, and lack of synergy among groups with common objectives. This is hardly a predicament unique to family medicine. The failure of many of our communities and nation as a whole to make greater progress in addressing childhood obesity, failing schools, violence, environmental degradation, homelessness, and other social problems reflects these same dynamics.

Several years ago, the nonprofit consulting group FSG embarked on qualitative research in search of bright spots—initiatives that demonstrated unusual

success in tackling wicked social problems. Observing that successful initiatives shared several key elements, FSG introduced the concept of “collective impact” to characterize these successful initiatives.² The elements of the collective impact approach are: (1) a common agenda—explicit, agreed-upon goals and objectives; (2) a shared measurement strategy—consistent metrics to gauge success and hold participants accountable; (3) mutually reinforcing activities—alignment of efforts and identifying complementary strengths; (4) continuous communication—to promote coordination and give regular feedback; and (5) backbone support—resourcing of an infrastructure that supports the collective.

The collective impact model has relevance both for ADFM and its member departments of family medicine, and for the larger “family” of family medicine organizations. ADFM began 40 years ago as an “informal commiseration, support, and golf club” (Jeff Borkan Incoming ADFM Presidential Address, ADFM 2009 Winter Meeting) for department chairs, almost all of whom were men. Activities were largely limited to an annual meeting. Over the ensuing decades, ADFM has evolved to become a larger organization and more strategic in its efforts to support the success of academic departments of family medicine. An example of ADFM adopting a collective impact approach has been the organization’s work with its member departments on the shared agenda of leadership development, with an emphasis on promoting leadership development for women and underrepresented minorities. Mutually reinforcing activities include an ADFM fellowship program to help groom future chairs, an intensive workshop for new chairs led by one of ADFM’s member departments (at the University of Missouri, Columbia), and engagement with all member departments to identify individuals with leadership potential to facilitate more proactive outreach to promising candidates for leadership programs. A shared measurement strategy includes developing a data base of these promising candidates, monitoring chair vacancies, and collecting data on gender and race-ethnicity of ADFM member chairs to systematically track progress on diversity goals. ADFM provides backbone support for the fellowship program and data collection.

ADFM has recognized that even this earnest effort at collective impact among its member departments will not be sufficient to achieve the shared goal for leadership development. ADFM has thus been collaborating with all the other organizations in the Council of Academic Family Medicine (STFM, AFMRD, and NAPCRG) in a Leadership Development Task Force to implement a multi-organization pro-

gram that can reach a broader population of potential future academic leaders. The Task Force has defined a shared goal to “identify and sustain more people, particularly women and under-represented minorities, through a leadership pathway in academic family medicine.” Mutually reinforcing activities include all organizations contributing to a consolidated menu of leadership programs that resides on a single web site hosted by STFM with cross-links to the organizations administering the programs. All organizations have committed to collecting comparable data on the gender and race-ethnicity of their members for shared measurement. Recognizing that dedicated “backbone” administrative staff time will be necessary for implementing this collective impact effort, CAFM successfully applied to Family Medicine for America’s Health (FMAHealth) for funding for a project coordinator, who will be housed at the AAFP’s Center for Diversity and Health Equity. This connection with AAFP will amplify mutually reinforcing activities.

This same spirit of collective impact is infusing other initiatives among the broader complement of family medicine organizations. ADFM and NAPCRG are collaborating as co-sponsors of the Building Research Capacity (BRC) initiative with support from STFM and AFMRD. ADFM and STFM are participating in the new Student Choice Learning and Action Network (SCLAN) hosted by AAFP, to promote synergy in activities to attract more students into family medicine. The synergy between both BRC and SCLAN with FMAHealth tactic teams is enhancing ongoing work.

The challenges facing family medicine and the nation’s health, and the urgency to make greater progress, require all stakeholders invested in a vibrant future for family medicine to work more cohesively towards shared goals. Simply sharing information at periodic meetings and commiserating over rounds of golf will not suffice. Both within and across organizations, a sustained collective impact approach will be needed to harness our full power to drive change.

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