CAFM Report to the Family Medicine Working Party
December 2018

CAFM’s Leadership Development Focus:
Increasing Women and Under-Represented Minorities (URM) in Leadership

Defining our Baseline and Tracking Progress
The plan is by Spring 2019, each CAFM organization will have baseline data (drawing on member profile data) concerning demographic characteristics of the key constituent leader groups in academic family medicine: Chairs, Program Directors, Medical Education Directors and Research Directors. Each organization is drawing on its own member profiles to gather data (with option to disclose) related to Gender, Race/Ethnicity, Age, Education/Training and Department/Program type (Community or University-based), Time in Role and First Generation to attend college. Use of member profile data over time will aid in tracking progress across our organizations.

Cross-CAFM Organization promotion of Leadership Programs
An important activity underway in CAFM is an explicit focus on sharing our leadership development programs across the constituents in our four organizations. This is an important activity to enhance how we can more proactively reach out to individuals who may be ideally suited to take advantage of our various offerings.

Tool Augmentation with AAFP’s Center for Diversity and Health Equity (CDHE) via FMAHealth funding
CAFM has two tools regarding the leadership pathway in academic family medicine and mentorship models. Through funding from FMAHealth, CAFM is working with authors of the tools and the AAFP’s Center for Diversity and Health Equity to create a web page with active links to existing leadership development opportunities appropriate for an individual’s leadership trajectory. The timeline over the first part of 2019 involves engaging CAFM leaders in use and refinement of this web page followed by dissemination through various sessions planned for the 2019 STFM Annual Spring Conference.

Publication
Catherine Coe, Cleveland Piggott and Jeannette South-Paul are leading efforts to publish a paper on this CAFM initiative with a focus on the new tools for use in mentoring faculty which help map out leadership pathways, leadership development opportunities and mentorship. An important focus of this manuscript is around issues pertinent to women and ethnic/racial minority groups in academic medicine as they engage in mentorship along various pathways.

CAFM Collaboration with AAFP on Services to Medical Directors of Teaching Clinics
CAFM identified a need to support Medical Directors of Teaching Clinics across Departments of Family Medicine and Residency Programs. CAFM staff met with AAFP staff and learned that the AAFP Division of Medical Education is taking steps to set up a learning community to meet the needs of Medical Directors, including a discussion forum, repository of tools, and shared resources such as Family Practice Management tips. Other important content may be gleaned from the AFMRD Clinic First collaborative and STFM’s Conference on Practice Improvement (to be the renamed Conference on Practice and Quality Improvement in 2019). The AAFP has a
list of about 200 names of Medical Directors working in teaching settings. CAFM is currently collaborating with the AAFP in defining the audience for this learning community.

CAFM Engaging in Environmental Review

Since 2008, CAFM has engaged in periodic environmental reviews ranging from full SWOT (Strength, Weaknesses, Opportunities, Threats) analyses to more targeted “gap analyses” to identify where to focus our energy.

With FMAHealth strategic planning playing a large role over the past few years, CAFM has not in recent years undertaken this level of review. Over 2019, CAFM will engage in review of major issues underway across our organizations (as documented in our reports to the Working Party) and will work to identify areas where we can help each other with current initiatives as well as gaps which need our attention through a collective impact approach.

CAFM Government Relations.

CAFM Government Relations Report (a separate report from Hope Wittenberg, Director of CAFM Government Relations, can be found within the Working Party agenda).

CAFM Leadership

Karen Mitchell, MD, has served as CAFM Chair since the end of the August 2018 Working Party meeting. Subsequently, Dr. Mitchell was hired as the AAFP Medical Education Division Director. Each of the CAFM organizations agreed to have her remain as CAFM Chair. In January, CAFM will elect a new Chair-elect. Dr. Mitchell will continue to serve as CAFM Chair until the close of the August 2019 Working Party Meeting. Ardis Davis continues to serve as CAFM executive staff.

CAFM Educational Research Alliance (CERA)

See CERA update on pages 3-6.
CAFM Educational Research Alliance (CERA) Update
January 2019

Individual Submitting This Report: Dean Seehusen, MD, and Mary Theobald, MBA

1. Status of Program (please type an X before appropriate option):
   - X Green: On target with achieving objectives/timeline.
   - Yellow: Caution - program moving forward but key areas need attention.
   - Red: Not hitting multiple targets.

2. REQUESTED ACTIONS FOR CAFM: (ie, feedback requested on areas of concern, additional fiscal note/resources requested, etc):
   - Approve new vision and mission
   - Approve increased funding
   See separate request

3. Program Goals
   - 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

4. Program SMART Objectives
   - Between January 1, 2018 through December 31, 2020:
     - CERA will receive at least 100 survey applications
     - CERA participants will generate at least 30 presentations and/or peer-reviewed papers
     - CERA will develop 1-2 new projects/collaborations in order to expand the breadth of our impact on family medicine scholarship (e.g., collaborate with ABFM to survey residency directors about curricula and link data to future graduate surveys – see page 4)

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<thead>
<tr>
<th>Additional Metrics</th>
<th>Measurement Data to Date</th>
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<tr>
<td># of applications received between January 1, 2018 and November 23, 2018</td>
<td>43 submissions/applications have been received. <em>Unlikely to meet objective; There were only three calls for proposals that closed in 2018, as there was no general membership survey and the call for the Chairs survey closed in late 2017. There will be five calls that close in 2019.</em></td>
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<td># of presentations/published papers between January 1, 2018 and November 23, 2018</td>
<td>18 papers have been published 38 papers have been completed <em>Objective achieved</em></td>
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<tr>
<td># new projects/collaborations</td>
<td>CERA collaborated with ABFM in 2018 to develop a survey that will be linked to a future ABFM survey.</td>
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3
CERA is in discussions with AAFP about collaborating to survey residents and students. **Objective achieved**

5. **Attendance/program participation (3-year history, if applicable):** Expect maintenance or some growth in attendance for activities. Steady decline in attendance is an indication that issues need to be addressed.

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<tr>
<td># Program participants</td>
<td>This is extremely difficult to measure, as we don’t know how many people are involved in each research study. We can count the number of accepted submissions (above), and possibly the number of mentors. We could potentially count the # of authors, but there would be duplication (an author could be listed on a paper and multiple presentations), and it would be difficult to determine which year to attribute them to.</td>
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6. **Program’s budgeted income/expenses & actual income/expenses:**
   (net profit accounts for direct staff salaries, not indirect)

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<td>Projected Income</td>
<td>$10,000 NAPCRG, ADFM, AFMRD, STFM contrib.</td>
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<td>$10,000 NAPCRG, ADFM, AFMRD, STFM contrib.</td>
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<tr>
<td>Projected Expenses</td>
<td>$24,000</td>
<td>$21,000</td>
<td>$26,000</td>
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<tr>
<td>Projected NET PROFIT</td>
<td>-14,000</td>
<td>-11,000</td>
<td>-16,000</td>
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<td>Actual Income</td>
<td>$10,000 NAPCRG, ADFM, AFMRD, STFM contrib. Plus $4,622 previously held in deferred but recognized income in 2018. Total $14,622.</td>
<td>$10,000 NAPCRG, ADFM, AFMRD, STFM contrib.</td>
<td>$10,000 NAPCRG, ADFM, AFMRD, STFM contrib.</td>
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<tr>
<td>Actual Expenses</td>
<td>20,935</td>
<td>16,681</td>
<td>23,976</td>
</tr>
<tr>
<td>Total NET PROFIT</td>
<td>-6,313**</td>
<td>-6,681*</td>
<td>-13,976</td>
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**Comments on trend or overall financial performance:**
2018-see note within actual income line above. In 2013 and 2014, CERA received funding from MedU to support grants to investigators and IRB fees.
*CERA typically holds two in-person meetings. In 2017 there was only one funded meeting and a short, un-funded meeting at the Annual Spring Conference.
**The majority of expenses for the second 2018 meeting have not yet been reimbursed/paid.

**BACKGROUND:**
7. **Program Description:**
CERA, the CAFM Educational Research Alliance, is a framework to focus and support medical education research. 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 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.

8. Accomplishments to Date:
   During the first 7 years, CERA has experienced success far beyond what was initially envisioned.
   - CERA was selected to receive STFM’s 2015 Innovative Program Award!
   - CERA has attracted mainstream media attention. Results of CERA studies have been mentioned in *US News and World Report*, Health.com, UPI, and WebMD.
   - CERA leadership has been in discussions with AAFP about collaboration between CERA and AAFP and the National Research Network on surveys of family medicine residents and medical students interested in family medicine. AAFP executives have expressed interest in collaboration and feel there could be mutual benefit to collaborating; staff is still discussing the logistics. AAFP staff would attend future CERA meetings (at their own expense) to develop strategies for the resident and student surveys.
   - **CERA Project of the Year Award:** The CERA Steering Committee plans to present an award at the STFM Annual Spring Conference for the best published CERA paper of the previous academic year. The Steering Committee will review and score published papers.
   - In 2016, CERA added a mentor director to actively recruit and train CERA mentors. Dr Burge 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.
   - CERA underwent a successful leadership transition in 2017, from Chip Mainous, PhD, to Dean Seehusen, MD.
   - In 2016, ADFM, CERA, and FMAHealth collaborated on a survey of US & Canadian Department of Family Medicine Chairs to assess research capacity in these departments.
   - 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.
   - CERA has provided input on a restructured web presence to make the content more user friendly. Content has been added to help potential investigators improve their submissions.

9. Areas we are watching or working to address:
   - CERA continues to require significant staff time.
   - The IRB application process is in transition. Staff and survey directors will need to become familiar with the new process once it’s implemented by AAFP.
   - IRB reviews/approvals are taking significantly longer than they took in the past.

10. Estimated staff time required to administer program:
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<tr>
<td>High=&gt;30 days per year</td>
<td>X</td>
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<td>Mod=8-29 days per year</td>
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<tr>
<td>Low= &lt;8 days per year</td>
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11. Impact on Field: *(Add X to designate your evaluation.)*

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<th>Med</th>
<th>Low</th>
<th>Prior Assessment</th>
<th>2018: High</th>
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<tr>
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Level to which the program is, or has the potential to, contribute meaningfully to advancing FM.

12. Program Differentiation: *(Add X to designate your evaluation.)*

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<th>Med</th>
<th>Low</th>
<th>Prior Assessment</th>
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This indicates the level to which the program offers something particularly unique to the discipline that we can do better than anyone else. Is another organization providing this service through another program?

13. Member Need: *(Add X to designate your evaluation.)*

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<th>Low</th>
<th>Prior Assessment</th>
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In general, the more specialized the audience is that a program addresses, the greater the need for the program to address a high priority for the discipline or be a strong revenue generator.

14. Project Leaders:
Current CERA Steering Committee Members:
- Dean Seehusen, MD, MPH, Chair, department chairs survey director
- Wendy Barr, MD, MPH, MSCE, AFMRD representative
- Sandra Burge, PhD, mentor director
- Aimee Eden, PhD, MPH, ABFM representative
- Kelly Everard, PhD, clerkship director survey director
- Amanda Kost, MD STFM representative
- Christy Ledford, PhD
- Heather Paladine, MD, program director survey director
- F. David Schneider, MD, MSPH, ADFM representative

STFM staff:
- Mary Theobald, project liaison
- Ray Biggs, IT support