

WELCOME TO OUR  
**AFMA Newsletter**

*we're so glad you're here!*

**MESSAGE FROM THE PRESIDENT**

I cannot believe it is already Christmas. We are ready to embark upon a new year, with new people, new lessons, and new attitudes. Please take this time to check on old and new friends, family and, of course, your residents. You never know what a person is going through and your kind words or smile can make all the difference. As Gandhi said,

**"Be the change you wish to see in the world."**

With that said, hope your holidays are great.

**UPCOMING WEBINARS**

- Resilience Webinar - Monday, December 19, 2022. Rebecca Webb and Faye DeBard
- Open Forum- Monday, January 23, 2023  
We will go over cases presented by our committee on Professionalism.



**JANUARY CHECKLIST**

ACGME Accreditation

- "State of the Residency" - Preparation for annual ACGME Resident/Fellow Survey: Remind residents of program-provided information addressed in survey questions

Program Administration

- Set deadlines for specialty education tracks
- Update divisional research project list

Recruitment

- National Residency Matching Program (NRMP) quota change and Supplemental Offer and Acceptance Program (SOAP) participation status deadline

**New Member Alert**

LUCINDA BOCIO

BILLIE BUSCH

MACHANDRA FOREST WILDER

MICHELLE MILLER BURGESS

NORMA NORIEGA

CITLALI ROJAS

BERNADETTE SABADO

HARRIET SANDS

STACEY STEINMANN

CAITLIN TRIPP

# 50 years of Service

## AFMA COORDINATOR SPOTLIGHT

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### Meet Kathy Float

50 years ago, she started working at UPMC St. Margaret at age **Beautiful**, initially doing filing and working in medical records, and progressing through to the Medical Education Department.

She had the pleasure of keeping up with 44 residents in her Family Medicine and combined Family Medicine/Psychiatry program, and as Dr. Schaffer her Program Director, pointed out they have 68 learners per year in their hospital, including other rotating residents and fellows.

Kathy said the best part about being an AFMA member was the support/information for medical education. "Working with wonderful people and great residents has been so gratifying".

Over the past 50 years there have been challenges. COVID has presented so many new challenges, as well as facing many financial and human resource challenges in medicine (especially staffing, morale and burnout).

Kathy has enjoyed the camaraderie in Family Medicine for so many years. The residency program is like a second family for her. She worked from the very beginning of the residency when it was established, with Drs. James Ferrante and Paul Dishart (who recently died in 2021), and it was exciting to be here from the very start.

Working with great physicians - especially Dr. Paul Dishart, one of the co-founders of the residency program, who was like a "father at work", a mentor, and guide for Kathy. There were many memories - there was hard work and rigorous training, but also a lot of fun and joking around; once they were spoofing "wheel of fortune" and Dr. Dishart was Pat Sajack and Kathy served as "Wanna White" (instead of Vanna White) and that was entertaining.

One of her greatest accomplishments has been helping, mentoring, and providing support for so many classes of residents over the entire life of the program - 537 resident graduates and counting!

What would Kathy change if she could? She would improve the ability to recruit and retain staff at all levels – from Medical Education to nursing to physicians and support staff. She would also want organizations to value loyalty and commitment over time as part of the human aspects of doing an important job in health care.

As you know, all jobs have challenges. Kathy's was having to consistently prove herself, and to "learn on the job", but that is also one of the good challenges and makes it interesting.

What has Kathy noticed over time? Generational shifts. The baby boomers would stay in one place for years, and that loyalty and job security was more valued back then. Now, it seems that newer generations gain valuable education and experiences, then look to leave and seek other opportunities. There is more mobility, and families have become accustomed to being further apart geographically.

What does Kathy want us to know? "Keep recruiting academically strong residents who are aligned with the culture of the program, and don't lose sight of the communication and people skills, and strong work ethic." For you new coordinators, "be prepared to do a lot of on-the-job learning – it is rewarding, and you are learning new things every day and responding to challenges. Please keep that in mind." That's coming from a pro!

Words of wisdom: Keep the reasons why you are here at the forefront of your mind – it's about the people you are working for. Keep your focus, and try not to let stress get to you, and be aware of burnout – take care of yourself and your family, which comes first.

There are many days that it is very hard, very challenging, and yet on balance, even during a bad day, someone would stop by and have a conversation and that would make it all better. It has been a tremendous blessing.

When Kathy first started working at St. Margaret, she had no vision or idea that her career would be as rewarding as it has been over the many years. She did not start out wanting a full-time career in medical education – and in fact, Kathy watched medical education evolve over the five decades – helping to implement all the rules and regulations of GME, UME, and CME all at once, helping family medicine from the beginning become the vibrant specialty that it is – when St. Margaret acted almost as its own institutional sponsor (similar to what GME does now), to today working under the umbrella of the ABFM, ACGME, local GME, UPMC and University of Pittsburgh School of Medicine. There are more regulations now of course, but it has been quite an experience to be there for the evolution.

“Always remember to keep your priorities – put family first, and take care of your faculty, residents, and staff as fellow human beings, because they are dedicated, smart, hardworking and loyal. There are so many rewards from helping to train FM residents along the way.”

Some Kathy facts...

- She has had 537 resident graduates—and Kathy knows every one of them.
- During her tenure, there have been six hospital presidents and five program directors—she has worked with all of them.
- The residency has grown from four residents in a class to the current 14 residents per class.
- She has been involved in the development of four different residency affiliated fellowships, plus an osteopathic affiliation and a pharmacy residency.
- St Margaret Memorial Hospital had six to eight learners per year. They now have 62 learners per year, sponsored by their institution.
- She did take a little break – one and a half years when her son, Richie, was born.

Congratulations Kathy! And THANK YOU for everything you have done for UPMC St. Margaret and for the AFMA.



# Physician Advisor

KAREN B. MITCHELL, MD, FAAFP  
VICE PRESIDENT, MEDICAL EDUCATION  
AMERICAN ACADEMY OF FAMILY PHYSICIANS

The Academy of Family Physicians (AAFP) appreciates the role of the Association of Family Medicine Administration (AFMA) as residencies are facing some of the most major changes since the inception of family medicine. I want to highlight two major aspects of upcoming changes.

**ERAS changes:** The AAFP has been integrally involved in ongoing discussions with the Council on Academic Family Medicine (CAFM) organizations\* and the Association of American Medical Colleges (AAMC)'s Electronic Residency Application Service (ERAS). ERAS will be making a number of changes to the system for the 2024 application and interview season. There will no longer be a separate Supplemental Application. Instead, the previous three Supplemental Application elements will be incorporated into an updated MyERAS platform—Experiences essays, Geographic Preferences, and Program Preference Signals. Family Medicine as a specialty will now participate. Candidates will be able provide additional information in the optional Meaningful Experiences section; programs will benefit from new mission-focused characteristics of this section. Likewise, candidates can indicate that they either have a geographic preference in a defined group of states—or not—and will have the opportunity to explain the preference. If candidates do not choose a geographic preference, no notice about this is sent to the programs. Finally—and probably most important for family medicine—the CAFM organizations and AAFP have agreed to participate in Preference Signaling where candidates for family medicine have an option to signal to up to five programs that the program is a top choice for the candidate. This can be utilized by programs to make interview selection decisions.

**ACGME revised Program Requirements:** By now, you have seen the upcoming revisions to the [ACGME Program Requirements](#), effective July 1, 2023. These are the most major changes ever made to the family medicine requirements, a result of a two-year process of input across all of the specialty of family medicine. I anticipate that you are already considering the changes your program will need to make before July 1. I will highlight a few for consideration.

**New data reports:** New types of patient data reports will be required, such as continuity reports from both the perspective of the patient and the resident, as well as tracking of resident hours in the Family Medicine Practice. Obtaining the IT support needed for this data will be a big lift for many programs—and likely to be an iterative process over time. If you haven't been in contact with your IT experts about the changes, that could be one of the most important and urgent aspects to address.

**Patient advisory councils (PACs):** Another aspect to discuss with your other program leaders is to ensure that the Family Medicine Practice has a PAC. Many programs already have a version of a PAC; the program requirements allow latitude in how these are formed. If your program does not yet have a PAC, now is the time to start the conversation about how your program will form one.

**Individual learning plans (ILPs):** Does your program already have a process for individual learning plans, most likely with oversight from your Clinical Competency Committee (CCC)? The requirement for ILPs is an important step toward competency-based medical education (CBME). If your program does not already have a process in place, as a program administrator you can help ensure that your program is taking steps toward ILPs for all residents.

**Faculty support:** the AAFP, American Board of Family Medicine (ABFM) and CAFM continue to have discussions with the ACGME about the amount of faculty support required to carry out the new requirements. Stay tuned.

**AIRE:** As you consider how your program is approaching the required changes, has your program considered participating in the ABFM/ACGME-sponsored innovation program called Advancing Innovation in Residency Education (AIRE)? More information is [here](#).

**Consult assistance:** Change is hard. The effect of the program requirements will affect each program differently. Do you need to justify the value of your program with your institutional leaders? Do you need to figure out how your program will move toward CBME and ILPs? Do you need assistance with design and function of your FMP, including data management? [Residency Program Solutions](#) Consultants are experts in assisting programs with all of these—and more. Consider an RPS consult to help move your program forward efficiently and productively.

Finally, a word of appreciation. You have an important role as a program administrator—with residents (our future family physicians), with faculty and other program leaders, and with the system of family medicine education that holds the promise of the future of family medicine. Whether your action is related to big system change or the small things you do for residents, you are making a difference in the lives of health care professionals and patients every day. Thank you! See you at the Residency Leadership Summit in March!

\*CAFM organizations are the Association of Family Medicine Residency Directors (AFMRD), Society of Teacher of Family Medicine (STFM), Association of Departments of Family Medicine (ADFM) and the North American Primary Care Research Group (NAPCRG).



*Karen B. Mitchell, MD.  
FAAFP*