



# PISACANO

LEADERSHIP FOUNDATION

# 2026

SPRING BOARD MEETING



**Pisacano Leadership Foundation Annual Report  
to ABFM Board of Directors**

*Submitted by:*

Andrew Bazemore, Robert Cattoi, Jill Endres, Jane Ireland  
on behalf of the PLF Board of Directors

*With a special thanks to:*

ABFM Research Analyst Zachary Morgan for his  
analytic contributions to this report.

**2026**

**SPRING BOARD MEETING**



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# Executive Summary

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The Pisacano Leadership Foundation (PLF) continues to advance its mission of developing leaders in family medicine through the Pisacano Scholars Leadership Program and a growing national network of alumni improving health and health care in their communities. This report summarizes major activities over the past year, including scholar recruitment and development, alumni engagement, governance updates, and the Foundation's financial performance.

The program continues to attract outstanding medical students committed to careers in family medicine. In 2025, 94 applications from 31 states and 60 medical schools were received. Following a rigorous national review process, the PLF Board of Directors selected 10 new Pisacano Scholars, representing an exceptional and diverse cohort of future physician leaders distinguished by leadership potential, academic achievement, community service, and dedication to advancing family medicine.

The Pisacano network now includes 200 physician leaders, including 158 alumni in practice across community, academic, health system, and policy roles. The network remains highly engaged, with the Pisacano listserv serving as an active forum where alumni regularly exchange ideas, mentorship, and practical advice. In addition, scholars and alumni have self-organized evening virtual conversations to share lessons about clinical leadership, community engagement, and best practices in patient care. These ongoing peer-to-peer interactions reflect the collaborative culture of the Pisacano community and strengthen the leadership development mission of the Foundation.

Analyses of 2025 Continuing Certification Questionnaire data show distinctive practice patterns among Pisacano alumni. Compared to ABFM Diplomates, alumni demonstrate substantially higher scope of practice, greater provision of obstetric care, and higher likelihood of serving vulnerable populations. These patterns reflect a consistent alignment between PLF's leadership model and workforce needs in comprehensive, community-based primary care.

PLF also continues to support alumni leadership through its Alumni Grant Program, which funds innovative projects addressing health equity, community engagement, and new models of care delivery. In 2025 the Board approved grants to alumni Dr. Lara Jirmanus and Dr. Alyssa Tilhou, each receiving \$15,000 to support projects advancing community health and care delivery innovation.

The 2025 Pisacano Leadership Symposium, held in Denver, Colorado, brought together scholars, alumni, board members, and guests for a weekend of leadership training focused on communicating complex health information to diverse audiences. In addition to formal programming, participants enjoyed informal "dine-around" dinners near the conference hotel, where board members and Pisacanos from different generations gathered in small groups to connect, share stories, and build relationships. The symposium produced an exceptional slide deck and communication toolkit designed to help physicians navigate difficult conversations



with patients and communities about the importance of vaccination. Poster sessions and collaborative exercises further highlighted the breadth of scholar and alumni leadership activities nationwide.

Looking ahead, the Foundation will continue expanding outreach to diversify future scholar cohorts, strengthen alumni mentorship, and grow leadership programming. The 2026 Pisacano Leadership Symposium, planned for Portland, Oregon, will explore indigenous leadership practices and their relevance to physician leadership and community engagement.

# Introduction: Pisacano Leadership Foundation

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The Pisacano Leadership Foundation (PLF) is the philanthropic foundation of the American Board of Family Medicine (ABFM), established in 1990 in honor of Nicholas J. Pisacano, MD, the founder and first Executive Director of ABFM and a key leader in the recognition of family medicine as a medical specialty. The Foundation was created to honor Dr. Pisacano's vision by supporting the development of physician leaders who are committed to advancing family medicine and improving the health of the communities they serve. This mission is increasingly relevant in the context of national primary care workforce shortages, declining comprehensiveness, and widening inequities in access to care.

At the center of the Foundation's work is the Pisacano Scholars Leadership Program, one of the most selective leadership programs in medicine. Each year the program identifies and supports a small group of outstanding medical students who have demonstrated exceptional academic achievement, leadership ability, communication skills, and a deep commitment to family medicine. Scholars receive financial support during their final year of medical school and residency training, along with mentorship, leadership development opportunities, and access to a national network of physician leaders.

Through leadership training, national convenings, and ongoing mentorship, the Pisacano Leadership Foundation prepares scholars to become influential clinicians, educators, researchers, and health system leaders. By investing in these emerging leaders, the Foundation seeks to strengthen family medicine, advance comprehensive primary care, and promote healthier communities across the United States.

## Current Pisacano Scholars

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The current class of Pisacano Scholars continues to progress well through their education and participation in leadership activities. While the majority of their time is spent completing their residency requirements, there are a number of notable leadership efforts. These include running for positions on family medicine national committees, creating outreach programs to their local communities, and participating in developing the PLF Annual Symposium. Several of our scholars have presented papers at regional and national family medicine conferences. Recently, two Scholars attended the Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education in Charlotte, North Carolina, where they were both recognized as 2026 STFM Foundation Student Scholars. During the conference, they each presented a poster and attended a session on leadership pathways into family medicine, led by Pisacano alumni Garrett Kneese, Victoria Boggiano, and Saria Saccocio.

Current scholars continue to demonstrate high levels of leadership engagement, including presentations at national meetings, development of community programs, and participation in policy and research initiatives.

## Examples of current scholar activities:

- I went to the NM statehouse for White Coat Day, a day dedicated to advocacy for healthcare related issues. I got to advocate for malpractice reform and other policies to address the extreme shortage of physicians in our state. I felt so much more confident walking in with the advocacy skills I've acquired through being a Pisacano scholar. The conferences we've had on legislative advocacy and crafting effective public messaging were instrumental to my participation.
- I am so inspired by this group and seeing the amazing things other Pisacanos have done/do pushes me to continually strive to be a better person and physician leader. Pisacanos make a difference in their communities and I want to embody that.
- I had a wonderful month as a visiting scholar at the Graham Center. My project focused on predictors of behavioral health care delivery among early-career family physicians, and I got to work with Dr. Bazemore and Garrett too, which was fun. I'm looking forward to hopefully presenting the poster at next year's Pisacano Conference, and I'm very grateful to PLF for supporting my time there.
- I have helped initiate a monthly clinic with my school's family medicine program to provide care to the unhoused. We are also holding another Health and Wellness Fair on the 28th to provide medical care, harm reduction, showers, haircuts, hygiene products, clothing, housing information and meals for the low-income community.
- I organized speakers on domestic violence and human trafficking to continue efforts to integrate community organizations with our school.
- I'm working on ACOFP's Family Physicians DO More, which is actually part of a 5-year project that is graciously funded by the ABFM. In year 1 as a 3rd/4th-year med student, I participated in the extensive literature search. Now, I am involved in writing the literature review itself.
- My Viewpoint article, "Lessons from the Town of Crazy Water" is published in the Annals of Family Medicine.
- The weekend right after Pisacano conference, I ran the Dinosaur Valley 100K, while organizing UT Southwestern medical students in the Wilderness Medicine Interest Group to volunteer at medical stations and rest stops (picture attached).
- I was featured on Dr. Lisa Rosenbaum's "Not Otherwise Specified" podcast from the New England Journal of Medicine.
- I had shared my interest in Family Medicine history at the Pisacano conference and gotten connected to Jay Fetter, Program Director of Residency Redesign & Innovation, and we met virtually on December 1st to discuss my interest in the history of family medicine training
- I organized and hosted the first UT Southwestern Family Medicine Journal/Podcast club, utilizing articles from the American Family Physician to spread the knowledge of this journal. Attended by faculty, residents, and medical students of all years.
- In December, I finished teaching my newly created "Wilderness Medicine" elective to first- and second-year medical students at UT Southwestern.
- I continued working on a project to enhance student note feedback from faculty preceptors, utilizing a HIPAA compliant note analysis software at our Student-Run Free Clinics
- I concluded my tenure as chair of our Student-Run Free Clinic Advisory Board, a group developed to ensure continuity and oversight of projects across our SRFCs
- I met with several Pisacano scholars from different classes to begin discussing better options for communications between scholars
- I attended the Society of Teachers of Family Medicine conference, where I was selected for a Medical Student Scholarship and presented my work on medical etymology as a teaching tool for pre-clerkship students.
- I was awarded the "TAFP Dallas Chapter Outstanding Student Award" by my Family Medicine Department.

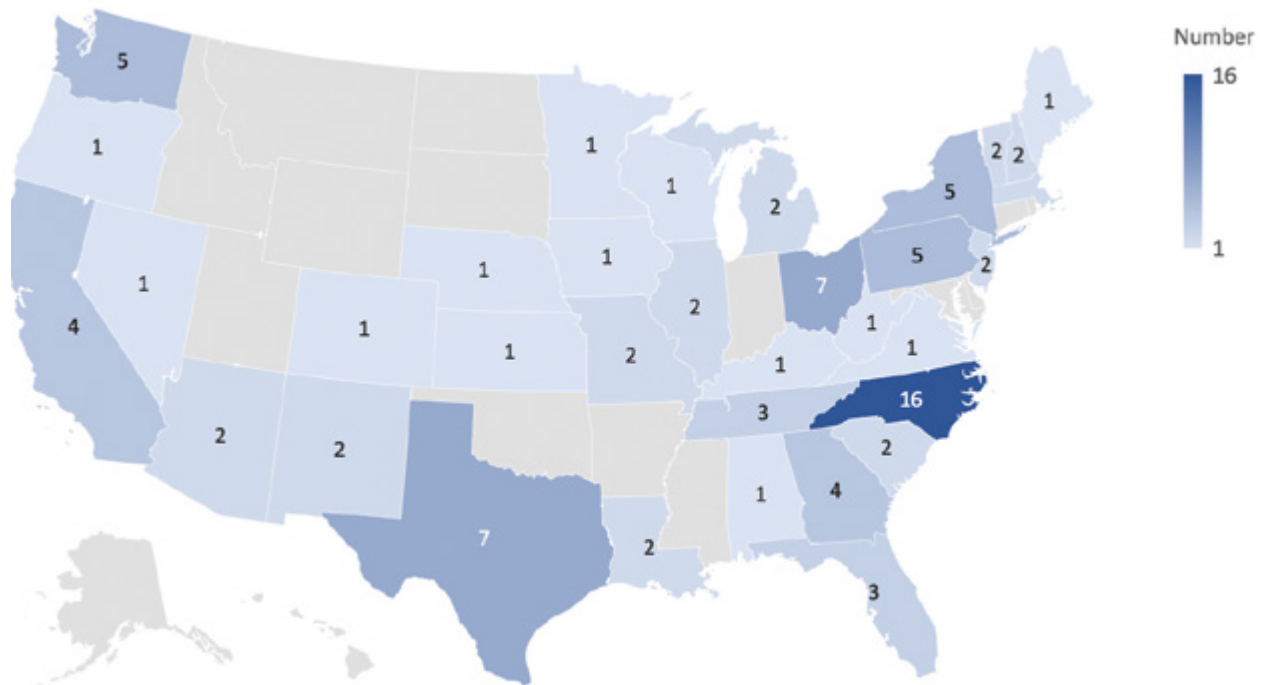
# Scholarship Program Updates

In 2026, the ABFM Board of Directors approved continued increased funding for the Pisacano Leadership Foundation (PLF) to expand the number of scholarships offered from five to ten each year for an additional five years. The deadline for the Pisacano Scholarship application is May 1, so we are in the midst of receiving applications and after extensive review by the Foundation Board of Directors, up to 10 new scholars will be chosen at the Foundation’s Board meeting in August 2026.

We received a total of 94 scholarship applications for 2025 – a 13% increase from 2024. Our average over the last few years has been approximately 83 per year. We received applications from 31 different states, representing 60 medical schools. Applicants were interviewed by a Pisacano Alumnus, reviewed by two Foundation Board members, and 24 finalists were advanced for full Board review prior to final selection. The Foundation’s Board of Directors selected 10 scholars this year. While demographic data collection is not required, PLF continues to prioritize diversity in selection, reflected in the 2025 cohort, which includes six first-generation college graduates and four first- or second-generation immigrants.

## 2025 Applications by State

Applications were broadly distributed across 31 states, with higher concentrations in North Carolina, Ohio, and Texas, reflecting both national reach and opportunities for expanded geographic recruitment.



## 2025 PISACANO SCHOLARS



**ANDREA  
AUGUSTINE**

Duke University School  
of Medicine



**DENISE JIMENEZ-  
TAPIA**

David Geffen School of  
Medicine at UCLA



**ANA-SOPHIA  
CHUNG**

Medical College of Georgia



**KIMBERLY OCHOA  
CARRASCO**

California Health Sciences  
University, College of  
Osteopathic Medicine



**KATHRYN GODWIN**

East Tennessee State  
University Quillen College  
of Medicine



**SCOTT ORLOV**

Sidney Kimmel Medical  
College at Thomas  
Jefferson University



**MADUKA  
GUNASINGHE**

Rowan-Virtua School of  
Osteopathic Medicine



**BENJAMIN  
POPOKH**

University of Texas  
Southwestern Medical  
School



**CHRISTOPHER  
HERNANDEZ  
SALINAS**

University of Arizona  
College of Medicine



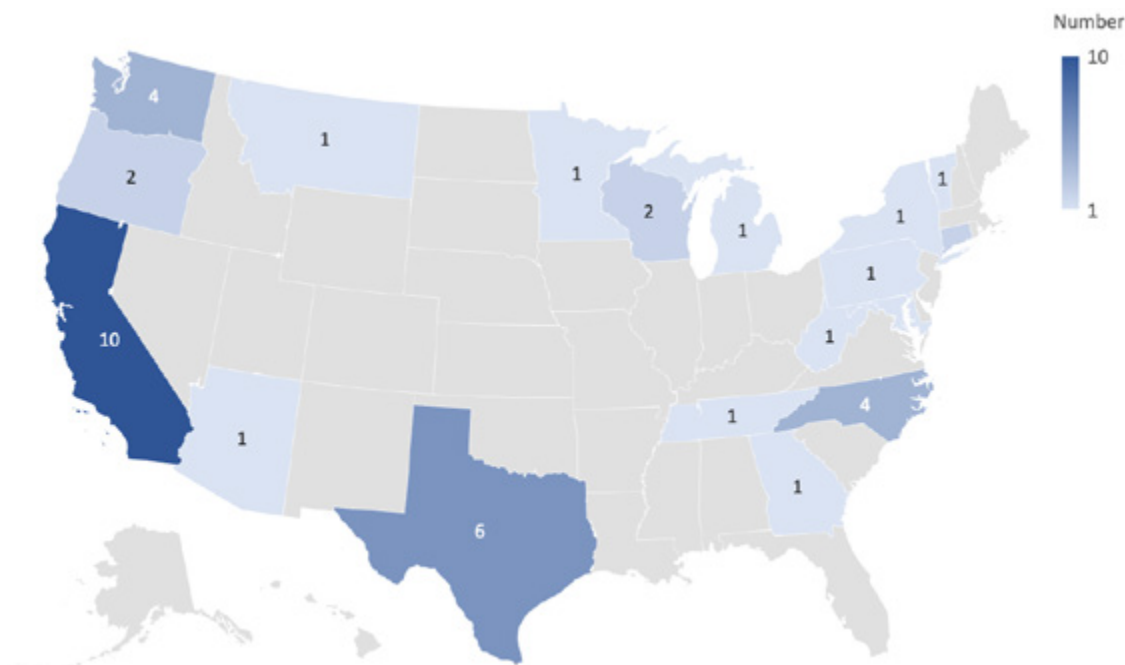
**HANNAH-THERESE  
RAYALA**

East Carolina University  
Brody School of Medicine



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## Current Pisacano Scholars



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### Match Day:

The 2025 class of Pisacano Scholars have also just completed their match into family medicine residency programs, and we are excited to announce their destinations for the next 3 years of training:

- ANDREA AUGUSTINE** – Brown (Providence, RI)
- BREANNA CHACHERE\*** – Via Christi (Wichita, KS)
- ANA-SOPHIA CHUNG** – Emory (Atlanta, GA)
- KATHRYN “LIZ” GODWIN** – Madigan (Tacoma, WA)
- MADUKA GUNASINGHE** – UPenn (Philadelphia, PA)
- CHRISTOPHER HERNANDEZ SALINAS** – Harbor-UCLA (Los Angeles, CA)
- DENISE JIMENEZ-TAPIA** – UCLA (Los Angeles, CA)
- KIMBERLY OCHOA CARRASCO** – Sutter Memorial (Modesto, CA)
- SCOTT ORLOV** – Univ of Illinois (Chicago, IL)
- BENJI POPOKH** – JPS (Fort Worth, TX)
- HANNAH RAYALA** – Univ of Colorado (Denver)

*\*Breanna Chachere took time off in 2025, so will also be graduating in 2026*

# Alumni Program

The Pisacano Leadership Foundation has been awarding scholarships since 1993 and now counts 158 scholars among its alumni. As shown in Table 1, alumni are more likely to practice in federally qualified health centers and academic settings, and to care for higher proportions of vulnerable patients. This is a diverse group of community family physicians, educators, and researchers. Together they foster collaborations, share knowledge, and lead their communities to better health. The practice patterns of Pisacano alumni differ meaningfully from national trends, with greater engagement in comprehensive care, safety-net settings, and leadership roles. Their leadership skills are evident in the roles they play in their organizations. The Pisacano Alumni Network continues to grow and accomplish wonderful things (Appendix 2).

Figure 2

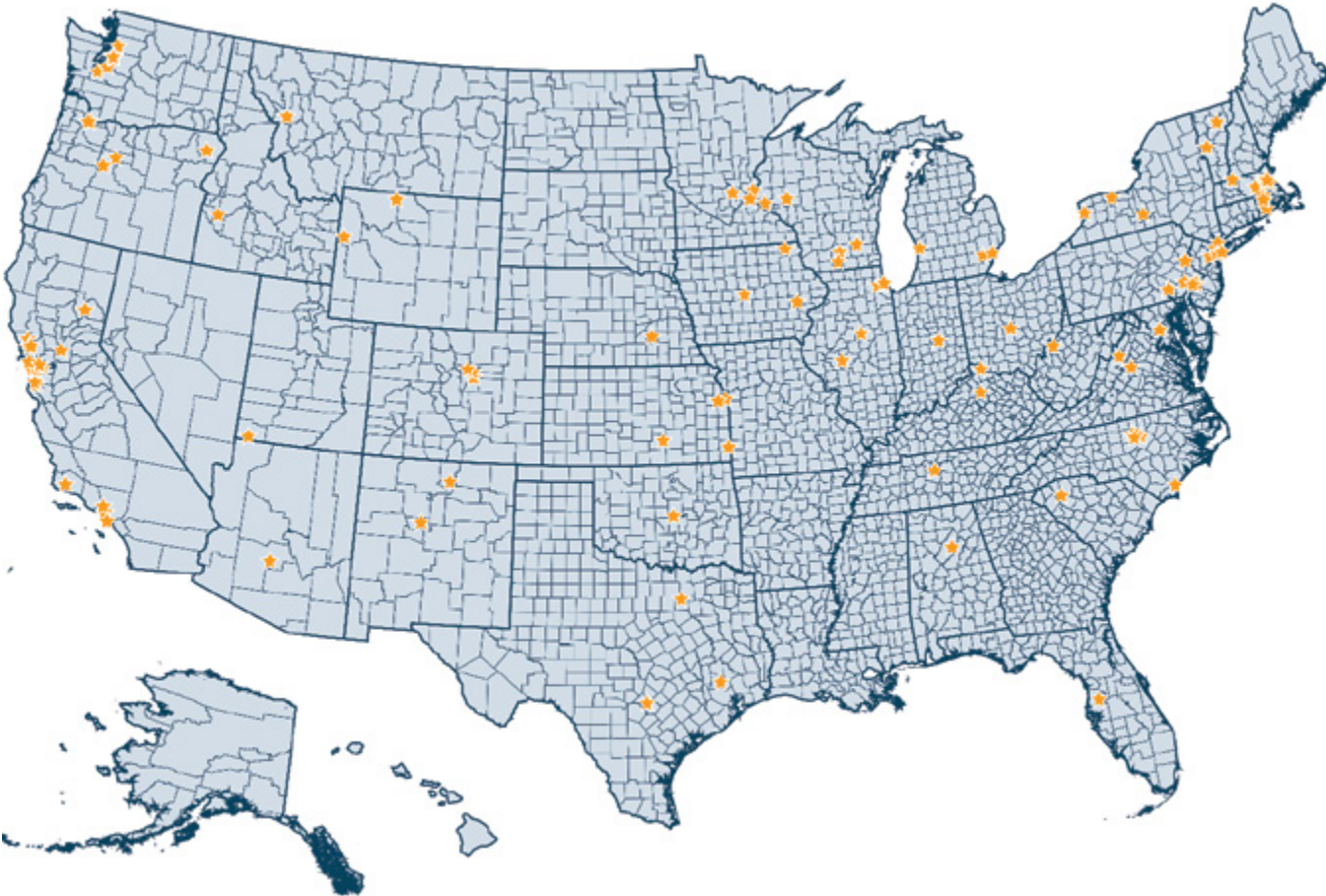
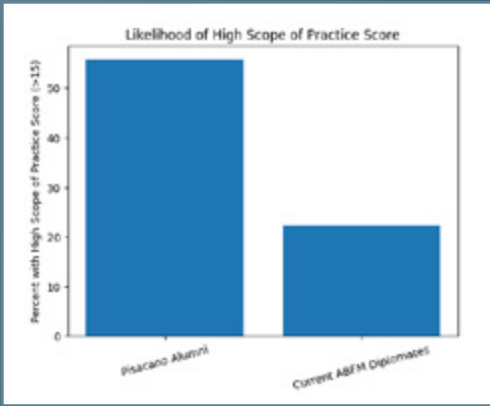


Table 1

Practice Characteristics					
		Pisacano Alumni		Current ABFM Diplomates	
<b>Total</b>		<b>158</b>		<b>109,972</b>	
		<b>N = 115</b>		<b>N = 83,391</b>	
<b>Direct Patient Care</b>		106	92.2%	76,819	92.1%
<b>Outpatient Continuity Care</b>		N = 106		N = 76,751	
		90	84.9%	60,660	79.0%
<b>Principal Practice Site</b>		N = 100		N = 66,378	
	Hospital / health system owned medical practice	17	17.0%	22,838	34.4%
	Independently owned medical practice	11	11.0%	12,766	19.2%
	Managed care / HMO practice	4	4.0%	4,317	6.5%
	Academic health center / faculty practice	17	17.0%	5,717	8.6%
	<b>Federally Qualified Health Center or Look-Alike</b>	<b>28</b>	<b>28.0%</b>	<b>4,812</b>	<b>7.2%</b>
	Rural Health Clinic (federally qualified)	3	3.0%	1,913	2.9%
	Indian Health Service or tribal health clinic			508	0.8%
	Government clinic, Non-Federal	3	3.0%	1,027	1.5%
	Federal	2	2.0%	2,775	4.2%
	Work site clinic			1,316	2.0%
	Other	6	6.0%	3,453	5.2%
	Clinician-owned solo or group medical practice	8	8.0%	4,134	6.2%
	Corporate-, venture capital-, or private equity-owned prac	1	1.0%	802	1.2%
<b>Vulnerable Patients</b>		N = 33		N = 25,874	
	10-49%	12	36.4%	10,913	42.2%
	<b>&gt;50%</b>	<b>14</b>	<b>42.4%</b>	<b>5,379</b>	<b>20.8%</b>
<b>Scope of Practice Score</b>		N = 61		N = 45,592	
	Low (<10)	3	4.9%	7,913	17.4%
	Medium (10-15)	24	39.3%	27,465	60.2%
	<b>High (&gt;15)</b>	<b>34</b>	<b>55.7%</b>	<b>10,214</b>	<b>22.4%</b>
<b>Provides: Adult inpatient medicine</b>		N = 103		N = 75,570	
		32	31.1%	17,413	23.0%
		N = 103		N = 75,509	
<b>Provides: Delivering babies</b>		<b>24</b>	<b>23.3%</b>	<b>4,623</b>	<b>6.1%</b>

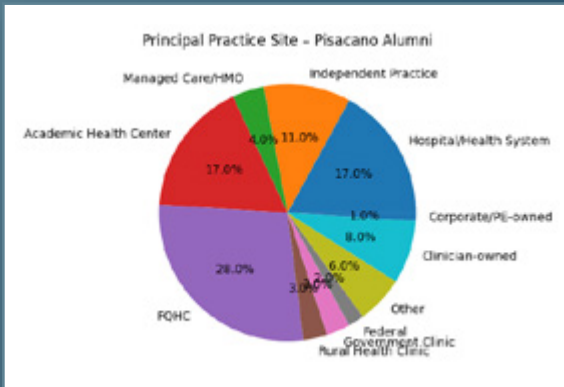
Source: ABFM Survey Data - 2017-25 CCQ, 2019-25 PDS, 2016-25 NGS



Across all measures, Pisacano alumni demonstrate a consistent pattern of broader scope, higher obstetric participation, and greater concentration in safety-net settings compared to ABFM Diplomates.

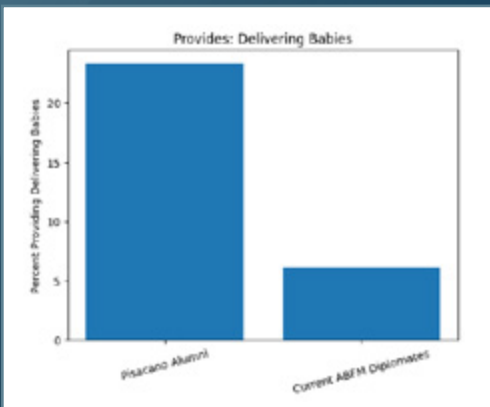
### Likelihood of High Scope of Practice Score

Pisacano Alumni were substantially more likely to report a high Scope of Practice Score compared with other ABFM Diplomates (55.7% vs 22.4%), indicating a markedly broader range of services delivered in practice among Alumni.



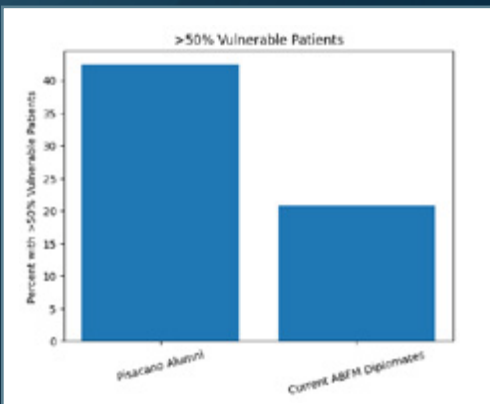
### Principal Practice Site

Practice setting distributions differed meaningfully between groups. Pisacano Alumni were more likely to practice in Federally Qualified Health Centers (28.0% vs 7.2%) and academic health centers (17.0% vs 8.6%), compared to other ABFM Diplomates, who were more concentrated in hospital/health system–owned practices (34.4% vs 17.0%). Overall, Alumni demonstrate a distinct pattern of practice setting aligned with broader scope and higher service to vulnerable populations.



### Delivering Babies

Pisacano Alumni were nearly four times as likely to report providing obstetrical deliveries as part of their clinical practice (23.3% vs 6.1%), reflecting greater engagement in comprehensive, cradle-to-grave family medicine.



### >50% Vulnerable Patients

A higher proportion of Pisacano Alumni reported that more than half of their patient panel consists of vulnerable patients (42.4% vs 20.8%), suggesting stronger concentration in safety-net or high-need populations.

The Pisacano Leadership Foundation instituted an Alumni Grant Program in 2015. The purpose of the grant program is to:

- 1) Engage and encourage Pisacano Alums to use their leadership skills to innovate in family medicine to find new processes of health care delivery and/or medical education, improve patient centeredness, promote health equity, and/or expand the family medicine workforce.
- 2) Share innovative ideas and the results (both successes and failures) with each other and with broader audiences in order to continue to build new and better ideas.

The applications reviewed by a peer review committee appointed by PLF leadership. Proposals are scored based on the project significance, innovation, approach, and environment. Since its inception, the program has supported 15 projects focused on health equity, care delivery innovation, and workforce development.

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## Past recipients and their projects:

### **STEVEN LIN**

Impact of medical scribes on physician-patient interaction, satisfaction, productivity, and education in a family medicine clinic: the first prospective controlled study

### **JENNIFER DEVOE**

Social Determinants of Health

### **GLENNA MARTIN**

Seattle Free Clinic

### **LAURA GOTTLIEB**

State of the Science: A National Research Meeting on Medical and Social Care Integration

### **LARA JIRMANUS**

Effect of Immigration Policy Changes on Primary Healthcare Utilization at Two Safety-Net Health Systems in Massachusetts

### **KENJI TAYLOR**

National Barbershop-Based Hypertension Program Convening

### **MARGUERITE DUANE**

Fertility Awareness Based Methods for Family Planning

### **ANNA FLATTAU**

Social Medicine Immersion Month

### **CRISTER BRADY**

Rural-Track Residency: Innovation in Health Education through Community Advisory Councils

### **JENNIFER DEVOE**

PRE-work to Determine Implementation support needed for Clinic Transformation (PREDICT)

### **NOEMI DOOHAN**

Safe Haven Clinic Institute

### **CHAS SALMEN**

Harnessing cross-cultural insights for rural end-of-life care: building capacity in Western Kenya and exploring novel approaches for community-based palliative care

### **LARA JIRMANUS**

Leveraging technological solutions for Food Insecurity Referrals: Initial impact assessment

### **ALYSSA TILHOU**

Patient Perspectives on Buprenorphine Treatment Retention and Gaps in Care

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Several funded projects have resulted in peer-reviewed publications, scalable care models, and policy-relevant insights.



## Annual Symposium

The PLF Annual Symposium was held on November 14-16, 2025, at the Limelight Hotel in Denver, Colorado. Guests includes 31 scholars, 25 alumni, 1 board member, 3 staff members, 2 guests (one was a Pisacano offspring), as well as ABFM President Dr. Warren Newton.

A highlight of each symposium is our ceremony to welcome and formally introduce the new scholars. This year's award ceremony featured PLF Alumnus, Dr. Kristine McCoy, as a keynote speaker and scholars were introduced by Dr. Andrea Banuelos Mota (recent Pisacano Scholar Graduate Director) and Dr. Jill Endres. Signature cocktails at the reception included:

- ✔ **Pisacano Pour:** An Italian-inspired cocktail– a bold yet smooth blend of bourbon, Amaro, and a touch of citrus—crafted to embody the warmth and strength of humanitarian leadership in family medicine. This cocktail inspires connection, courage, and care in every sip.
- ✔ **Visionary:** A crisp, invigorating gin cocktail with notes of fresh grapefruit, rosemary, and a splash of elderflower liqueur crafted to celebrate bold leadership, clarity of purpose, and forward-thinking spirit in family medicine.

The symposium planning committee was chaired by Dr. Jill Endres and past ABFM Board President and Denver resident, Dr. Lauren Hughes, working with an alumnus and a current scholar. Our theme, Creating and Delivering Effective Presentations for Any Audience, allowed participants to refine and build on their foundational skills while applying what they learned by developing a collaborative presentation addressing a



Poster Session – Denver, Colorado



Pisacano Annual Symposium – Denver, Colorado

timely clinical issue- vaccine hesitancy. Speakers included Dr. Yvette Buenos Olsen and Dr. Tamara Powell from the Department of Communication at the University of Colorado, Eric Anderson from SE2 in Denver, and Dr. Justin Sipla, a neuroscience professor from the University of Iowa.

**Symposium Description:** The ability to effectively communicate new information and complex ideas is a crucial skill for leaders in Family Medicine. The 2025 Pisacano Leadership Symposium provided scholars and alumni with practical tools to translate their expertise into clear, accessible, and engaging presentations. Participants learned valuable strategies for enhancing audience engagement, comprehension, and reception.

**Goal:** Through real-world examples, expert tips, and hands-on practice, attendees gained the confidence and skills needed to craft compelling presentations that resonate with diverse audiences.

### Objectives:

1. Reinforce foundational presentation skills concepts such as vocal projection, nonverbal communication, audience engagement, and clear organization. Apply audience analysis to tailor messages to specific audiences.
2. Translate complex content into clear, accessible messages for non-expert audiences.
3. Incorporate storytelling techniques to enhance presentation effectiveness.
4. Understand how principles of neuropsychology can be used to improve message delivery, retention, and reception, particularly in emotionally-charged or controversial contexts.
5. Collaboratively design an evidence-based presentation to address vaccine hesitancy with notes/speaking points suitable for professional or public audiences.



In addition to the thematic curricular content, we shared information and encouraged networking through a poster session highlighting projects led by Pisacano Leadership Foundation Grant recipients, scholars, and other alumni.

**BRE CHACHERE**

*Amplifying Clinicians' Voices: Strategies for Advancing Black Maternal Health Equity*

**VICTORIA BOGGIANO**

*Promoting Health Through Lifestyle Medicine Group Visits: A Feasible Model for Family Medicine*

**CHAS SALMEN** (PLF grant project)

*Okugenzia genzia" (walking alongside)—exploring pathways and building capacity for community-based palliative care among the remote island communities of Lake Victoria, Kenya*

**JOSÉ MANUEL CARILLO-CASTRO**

*Assessing the Impact and Utility of Artificial Intelligence Clinical Decision Support Tools for a Gender Affirming Care E-Consult Service*

**KATIE BROWN**

*Mapping Abortion Access in New Mexico*

**NAYELI FUENTES** (Graham Center Project)

*Geospatial Distribution of JAMP Alumni Physicians in Medically Underserved and High Social Deprivation Areas*

**BEN KAPLAN**

*A Multifaceted Educational Intervention to Improve Family Medicine Residents' Provision of Gender-Affirming Care*

**ALI GREENBERG** (Graham Center Project)

*Surveying the Advocacy Landscape in Family Medicine Graduate Medical Education*

Participants were also thrilled to contribute to the community through PLF organizational and personal donations to the Food Bank of the Rockies. A land acknowledgement was shared and Pisacano Scholar, Dr. Kiley Adams, shared a personal narrative to accompany the formal statement.

We, the Pisacano scholar network, respect and acknowledge that our meeting is convening today on the ancestral homeland of the Ute, Arapaho, and Cheyenne Nations. As these words are spoken and heard, let us remember the painful history of genocide and forced removal of these and other Indigenous people from their homes and from their communal and ceremonial territories. Let us honor the many Indigenous people with enduring ties to this land and give thanks to the 48 Indigenous Tribes and Sovereign Nations who have cared for the land in Colorado and its water, plants, and animals for generations and who continue to live and thrive here.

As we move forward, we are committed to deepen our relationships with Indigenous communities, to support them, and to learn about the wisdom of their practices and beliefs as they inform our leadership and growth as human beings. We honor and give thanks to the past, present, and future Elders as we meet today and in the future.

May our reflection today demonstrate our commitment to dismantle ongoing legacies of oppression, exclusion, and inequity. As we pay tribute to the diverse contributions of the people who have inhabited this land before us, here in Colorado, at home, and in the places we visit, may we honor and respect their legacies.

### **Feedback from the symposium was positive:**

Participants consistently highlighted the interactive and practical nature of the symposium as a major strength. Attendees appreciated the balance between leadership communication skills and clinical relevance, particularly the final day's integration of presentation techniques with a timely, real-world medical topic. Sessions were described as engaging and collaborative, creating a safe environment for dialogue, idea-sharing, and peer learning. Participants valued the hands-on exercises and tangible takeaways, including tools for presentation development, metaphor-building, and strategies for communicating effectively with patients and the public about complex or sensitive topics. Dr. Sipla's session linking neuroanatomy and brain function to navigating difficult conversations was especially well received. Overall, attendees noted that the symposium's clear theme, opportunities for collaboration, and practical resources made the experience highly relevant to clinical practice and reinforced the strength of the Pisacano community.

# Policy Updates / Board of Directors

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In 2024, the Foundation approved revised its bylaws to align with its mission and priorities.

- ✓ *Creation of a Pisacano Scholar Graduate Director seat on the Board of Directors (younger scholar physician who recently graduated from medical school or residency; 1-year term). The first Pisacano Scholar Graduate Director, Dr. Savannah Lusk, joined the PLF Board of Directors in February 2026.*
- ✓ *Creation of an emeritus director seat on the Board of Directors. This would be an experienced member of the Board eligible for election for up to three 1-year terms and not subject to the at-large term limits, after service as an At-Large Director. The first emeritus director, Dr. Jamie Reedy, joined the PLF Board in February 2026.*

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In January 2026, the ABFM Board of Directors also approved the election of Dr. Victoria Boggiano, Dr. Kameron Matthews, and Dr. Robert Rock to the PLF Board of Directors. Dr. Kara Cadwallader (13 years), Dr. Harry Strothers (9 years), and Dr. Andrea Banuelos Mota (1 year) rotated off the Board. Dr. Jen DeVoe was elected to the ABFM Board of Directors, therefore, resigned from the PLF Board of Directors.



**VICTORIA BOGGIANO, MD, MPH**



**SENECA HARBERGER, MD**



**SAVANNAH LUSK, MD**



**KAMERON MATTHEWS, MD, JD**



**AMANDA MORRIS, MD**



**WARREN NEWTON, MD, MPH**



**JAMIE REEDY, MD, MPH**



**ROBERT ROCK, MD, MHS**



**SARIA SACCOCIO, MD, MHA**



**MARTI TABA, MD**



**KENNETH VEIT, DO, MBA**



**MICHAEL WORKINGS, MD**

# Looking Ahead

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Our 2026 symposium topic, Indigenizing Leadership Practices, was proposed by a group of current scholars and several current scholars are serving on the planning committee. The meeting will be held in Portland, Oregon, on November 6-8, 2026. Preliminary plans for the 2027 symposium are underway for Detroit, Michigan, hosted by a local PLF alumna, Dr. Louisa Howard.

We are committed to recognizing and supporting the communities in which we meet. In addition to land acknowledgements, the PLF will continue to make a donation to a nonprofit organization in the local community and encourage individual contributions as well.

The PLF is working on increasing its visibility in medical student education spaces. A team of fantastic leaders presented at the 2026 STFM Conference in Medical Student Education and the Board is exploring possibilities of a Pisacano Foundation lectureship or other annual offering.

We have established a new networking and mentorship working group and are exploring ways to enhance engagement through establishing alternative communication platforms outside of our email listserv, developing a searchable database of network members, and the creation of mentoring groups.

# Appendices

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- ✓ Scholar demographic and geographic data tables
- ✓ Alumni Updates
- ✓ 2025 Posters

## Demographic Information

		Pisacano Alumni		Current ABFM Diplomates	
		N	Percent	N	Percent
<b>Total</b>		<b>158</b>		<b>109,972</b>	
Age (Apr 01 2026)	Under 40	41	25.9%	28,697	26.1%
	40-49	50	31.6%	29,120	26.5%
	50-59	54	34.2%	27,254	24.8%
	60 or Older	13	8.2%	24,901	22.6%
Gender	Female	87	55.1%	53,893	49.0%
	Male	69	43.7%	55,623	50.6%
	Other / prefer not to answer	2	1.3%	456	0.4%
Medical Background	DO, Non-IMG			17,769	16.3%
	MD, IMG			26,779	24.6%
	MD, Non-IMG	158	100.0%	64,394	59.1%
Race/Ethnicity: White		126	80.8%	70,051	63.7%
Race/Ethnicity: Asian		17	10.9%	21,331	19.4%
Race/Ethnicity: Hispanic or Latino/a/e		8	5.1%	8,521	7.7%
Race/Ethnicity: Black or African American		4	2.6%	7,305	6.6%
Race/Ethnicity: Middle Eastern or North African		2	1.3%	1,526	1.4%
Race/Ethnicity: American Indian or Alaska Native		3	1.9%	891	0.8%
Race/Ethnicity: Native Hawaiian or other Pacific Islander		0	0.0%	479	0.4%
Race/Ethnicity: Prefer not to answer		3	1.9%	2,094	1.9%

Source: ABFM Administrative Data

## Geographic Characteristics

		Pisacano Alumni		Current ABFM Diplomates	
<b>Total</b>		<b>158</b>		<b>109,972</b>	
U.S. Census Region		N = 137		N = 89,890	
	Midwest	30	21.9%	21,366	23.8%
	Northeast	27	19.7%	12,124	13.5%
	South	21	15.3%	30,678	34.1%
	West	56	40.9%	24,504	27.3%
	Overseas Military			133	0.1%
	Territories and Associated			235	0.3%
	Not U.S.	3	2.2%	850	0.9%
Rurality (RUCA)		N = 134		N = 88,814	
	Urban	115	85.8%	75,619	85.1%
	Large Rural	8	6.0%	7,120	8.0%
	Small Rural	6	4.5%	4,252	4.8%
	Isolated	5	3.7%	1,823	2.1%

Source: ABFM Administrative Data

# Alumni Updates – 2026

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I became the CEO of my community health center in Buffalo in October.



Presented 7 talks at AAFP FMX, wrote questions for ABFM and Aquifer. I also published a review of AI enhanced apps in Family Practice Management - which was only made possible due to meeting Kenny Lin at a PLF meeting as a current PLF scholar, doing app reviews with him during my residency, and then writing additional app reviews for FPM independently.



The clinic-based community organizing program I co-founded, Health Equity And Leadership (HEAL), obtained 2 grants (totally ~750K\$ over 2 years) to support our current campaign to launch the first medical home for criminal justice-involved individuals returning home in Oregon. The vision is created for and by those with lived experience of justice-involvement and is due to launch in 2026.



I am also building out micro-clinics in community-based organizations to facilitate access to primary care and build a “health ecosystem” with brick-and-mortar primary care clinics—which we hope will mitigate some of the peeling back of Medicaid we fear in the year(s) ahead.



The Pisacano Alumni Grant gave me the opportunity to explore a project that I never would have been able to otherwise. Over the course of the past two years, our team has been able to do focus groups, interviews, documentary showings, and doula trainings. I have learned more in leading this project and partnering with clinic, hospital, and community than I would have in my day-to-day clinic job and I am so grateful.



Atlantic Fellows for Health Equity - I was selected as a 20226, Atlantic Fellow for Health Equity. Atlantic Fellows for Health Equity develops global leaders who understand the foundations of health inequity and have the knowledge, skills and courage to build more equitable organizations and communities. The fellowship does so by providing intensive learning and growth experiences and connecting fellows in a cohort network as they move forward in their careers. The fellowship includes both U.S. and global fellows and addresses the continuum of local and universal issues related to health equity.





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Lincoln Detox Center (LDC) Healing Acknowledgement, Redress, & Closure (ARC) project - In my capacity as clinical director in the Bureau of Bronx Neighborhood Health in the NYC Dept of Health, I served as project lead of the Lincoln Detox Center Healing Acknowledgement, Redress, and Closure (ARC) Project. The project was is a response to the 2021 NYC Board of Health Resolution declaring Racism a Public Health Crisis that mandated the “NYC Health Department research, clarify, and acknowledge examples of its historic role in divesting and underinvesting in critical community-led health programs, and participate in a truth and reconciliation process with communities harmed by these actions when possible”. Starting in the summer of 2022, the LDC Healing ARC Project aimed to understand the needed treatment services in the South Bronx, and possible areas for redress caused by the closure of the LDC and downsizing of its subsequent iterations between the years of 1970 and 2011. The project is meant to occur in three phases: Acknowledgement, Redress, and Closure, which is based on the Healing ARC framework. We have completed an archival analysis as well as 21 key informant interviews. On February 11, 2026, we marked the beginning of the redress phase of the LDC Healing ARC Project with a symposium. The purpose of the symposium is to educate the public on the history of the LDC, recognize the current-day community-based groups providing services modeled after the LDC, and discuss the structural drivers of racial inequities in NYC substance use treatment. We have also created a mini exhibition highlighting our findings for the community and soliciting feedback on the history. We hope the combination of symposium and exhibition will serve as a structured way to incorporate larger community perspectives into ongoing conversations around redress.



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Social Mission Alliance For Us All Campaign - I am leading the Social Mission Alliance’s new advocacy initiative fighting for transformative health justice through social accountability within health professions training institutions. The campaign seeks to inspire a re-imagining of the social contract to see a world where there is equal health for us all. It is a vehicle to galvanize SMA’s vast community of committed health professionals from across the United States and internationally who have connected with SMA through our conferences over the past decade. Together, we will use this campaign to organize towards structural changes that align with SMA’s vision of training health professionals as agents of more equitable health care.



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Started a TED talk series for Primary Care and Urgent Care for our health system – 30 minutes every Tuesday (Tuesday Education Discussion). We have had over 150 quest speakers and over 100 free CME/CEU hours for our organization. Over 75 provider participants each week.



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Have developed over 45 protocols and policies for ambulatory care – standardizing ambulatory services across the health system.



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Created an asynchronous learning platform for 80 APRNs and 25 PAs with physician governance. An interactive tool for APPs to ask questions, present cases, receive feedback.



## Surveying the Advocacy Landscape in Family Medicine Graduate Medical Education

Dr. Ali Greenberg, MSPH, MS  
Family Medicine Resident, NYM/Columbia  
2022 Pisacano Scholar, September 2025 Robert Graham Center Visiting Scholar



PLEASE FILL OUT OUR SURVEY: [www.familydoctor.com/survey/2020](https://www.familydoctor.com/survey/2020) or more recent



### Background & Purpose of Research

Over the past 15 years, and more recently in light of COVID-19, consensus has grown that physician advocacy must extend beyond clinical spaces, especially within primary care.<sup>1,2</sup> In 2013 and again in 2019, the Accreditation Council for Graduate Medical Education (ACGME) released new Family Medicine (FM) Residency as specifically related to advocating for populations and communities with health inequities, engaging in systems change efforts, and participating in policy activities.<sup>3,4</sup> As of 2022, ACGME requirements for FM residents reinforce advocacy as an professional responsibility and identify community tailored and systems-oriented advocacy as well as "partnership with community resources to respond to community needs" as core specific competencies pertaining to experiential-based practice.<sup>5</sup> Specific to regarding curricula to achieve these competencies, it is stated that the studies specifically expects that they "be relevant to the unique geographic and social context of the communities served by the program and include training and experience in advocacy."<sup>6</sup>

However, there remains a lack of clarity on what programs have done to date to incorporate advocacy into their curricula and how residents can best become engaged advocates as well as what their priorities in advocacy are. As of 2012, a national survey of FM program directors showed that ~87% of programs, less than half, reported having a mandatory and longitudinal advocacy curriculum with stated content (85.7%) focused on what they defined as community advocacy.<sup>7</sup> Only a handful of papers and case studies have been published about advocacy curricula and activities within FM residencies and how residents conduct their advocacy experiences and training.<sup>8-13</sup>

With support from the Robert Graham Center, this study aims to better capture the preferences for, spectrum, and potential impact of advocacy in family medicine graduate medical education (GME) today as well as challenges and opportunities moving forward.

### Specifically, we attempted to answer:

1. What are residents' knowledge, perceptions and preferences regarding advocacy in their training, learning, and other activities?
2. What is advocacy using a broad definition of both "patient and general" advocacy (systems, training and opportunities through the work and how about that very unclear language "best" and "worst"?

Adapted from the definition used in a 2018 GME survey<sup>14</sup> for program director regarding advocacy curricula, residents from Davidson's Advocacy Toolkit<sup>15</sup> (2017).<sup>16</sup> Expanded access to address forms that "focus on advocacy or community for other individuals, those who can direct change or for individual, organizational, and community affairs to create change, support, or in behalf of the individual or community with whom you work."

Advocacy definition for the purposes of this study:  
Adapted from the definition used in a 2018 GME survey<sup>14</sup> for program director regarding advocacy curricula, residents from Davidson's Advocacy Toolkit<sup>15</sup> (2017).<sup>16</sup> Expanded access to address forms that "focus on advocacy or community for other individuals, those who can direct change or for individual, organizational, and community affairs to create change, support, or in behalf of the individual or community with whom you work."

### Materials & Methods

- We are surveying FM residents across networks identified as most likely to be interested and ideally engaged in advocacy at the level of GME based on participation in leadership and scholarship activities. We expect a sample of at least 30 family physicians.
- The confidential, anonymous survey is hosted virtually on Qualtrics and takes 20-30 minutes.
- We are investigating beliefs on interest, preference, and experience in advocacy and evaluating existing residency initiatives using the Advocacy model.
- Data is also being collected for analysis using demographics of residents to be linked to their program characteristics using the AAFP Physician Directory. We will use Qualtrics for statistical analysis as well if we reach sufficient power.
- Residency programs are also being given the opportunity to share program specific resources and/or volunteer to participate in interviews.

- We are interviewing a subsample of at least 20 FM residents from different types of institutions who are engaged in various GME advocacy curricula, training, or activities to further explore personal and organizational factors that influence advocacy engagement, timing and other residency as well as obtain more details regarding existing efforts and their impact.
- Interviews using a semi-structured interview guide with Proffitt for transcription. Interviews are 30 minutes to 1 hour long.
- Participation has started using direct outreach to members of the survey target audience with 9 interviews completed and initial review started using thematic analysis. We may use formal qualitative analysis software in the future for coding.
- Further participation will also be kept in their survey responses and interviews can also share responses and self identify for a proposed resident advocacy mentorship network.

- We are also systematically reviewing a subset of FM residency program websites and publications to develop comprehensive case studies and, where possible, link to survey and interview responses in order to better highlight the spectrum of FM advocacy curricula and training available currently.
- We hope to ultimately identify bright spots for advocacy in family medicine GME.

Year	Author	Year	Year	Year	Year	Year	Year	Year	Year
2012	Greenberg et al.	2013	Greenberg et al.	2014	Greenberg et al.	2015	Greenberg et al.	2016	Greenberg et al.
2017	Greenberg et al.	2018	Greenberg et al.	2019	Greenberg et al.	2020	Greenberg et al.	2021	Greenberg et al.

TABLE 1. Previous Research Reported in the Literature on Advocacy in FM Residency

### Participant Characteristics to Date

- 7 Male, 2 Female, 1 International resident, 1 1st generation American resident
- 1 FPGME, 2 FPGME, 3 2020 generalist residents, 2 2020 generalist new doctors
- 7 U.S. states represented with at least 1 program from each region, as in Table 2
- All respondents were FM, 2 were health policy fellows, 6 were advocacy leaders within program members, 7 were past resident leaders for the AAFP, and 2 were Pharmacy residents.
- 8 of 9 respondents chose FM as their specialty in part because of their interest in advocacy with one resident not completing this due to their exposure during medical school. This was also the only respondent whose area spoke to advocacy but being undergraduate or post-grad in their country of origin.
- 7 of 9 respondents provided personal narratives when creating unique health and training programs and the last one did not despite this heavily focused on research due to necessity to practice family primary and acute care residency, respectively.



### Initial Findings

Table 1. Results from our initial survey on advocacy training in FM residency programs. The table shows the number of residents who reported having received advocacy training in their residency programs, broken down by year and type of training. The table also includes a list of the types of training that residents reported receiving.

Table 2. Results from our initial survey on advocacy training in FM residency programs. The table shows the number of residents who reported having received advocacy training in their residency programs, broken down by year and type of training. The table also includes a list of the types of training that residents reported receiving.

Table 3. Results from our initial survey on advocacy training in FM residency programs. The table shows the number of residents who reported having received advocacy training in their residency programs, broken down by year and type of training. The table also includes a list of the types of training that residents reported receiving.

Table 4. Results from our initial survey on advocacy training in FM residency programs. The table shows the number of residents who reported having received advocacy training in their residency programs, broken down by year and type of training. The table also includes a list of the types of training that residents reported receiving.

### The Spectrum of Current Advocacy Curricula & Training Options



### Themes, Conclusions & Next Steps

FM residents across the country are already involved and in alignment with the AAFP and ACGME in their belief that advocacy education and training is both essential and necessary for their field. However, many of the existing efforts, engaging and innovative curricula for this is in not available unless they write back themselves or receive a traineeship.

FM programs utilize a variety of advocacy curricula. Some programs incorporate advocacy as a "foundational element" which allows for a structured approach to the topic, whereas others are more ad hoc or opportunistic. Many of the existing efforts are not made clear to residents and they fear that these programs are just thinking to themselves about the topic or that they are not available unless they write back themselves or receive a traineeship. This variability across residency programs to participate in advocacy effectively, with some benefiting from extensive opportunities and resources, while others experience only a restriction to what advocacy is without the tools to practice advocacy themselves. Based on initial interviews, these common themes have emerged:

- There is a NEED for more structured, comprehensive, and longitudinal advocacy experiences as well as systematic pathways to bridge the gap between theory and practice. What residents propose include:

- Standardized advocacy curricula and training, including a mix of formal, experiential, and simulation-based training. Residents also emphasize the importance of having a mix of formal, experiential, and simulation-based training. Residents also emphasize the importance of having a mix of formal, experiential, and simulation-based training.

Next Steps for this research include: we will complete data collection over the next 3 months followed by both qualitative and quantitative analysis. We plan to identify training or curriculum models including simulation, role-play, interviews and survey results, case studies and "best practices" models. We have also started working on a resident-specific resource hub for advocacy and addressing curricula and are consulting with our self-identified solutions for an AAFP resident advocacy mentorship network. All 9 respondents to date are interested in being an interview.

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# 2025 Posters

Surveying the Advocacy Landscape in Family Medicine Graduate Medical Education

Ali Greenberg, MD, MSPH, MS



## Assessing the Impact and Utility of Artificial Intelligence Clinical Decision Support Tools for a Gender Affirming Care E-Consult Service.

Jose Manuel Carrillo-Castro, MD, Rachel Gallagher, MD, Ben Pederson, MD

Oregon Providence Family Medicine Residency – Portland & Milwaukie, Oregon



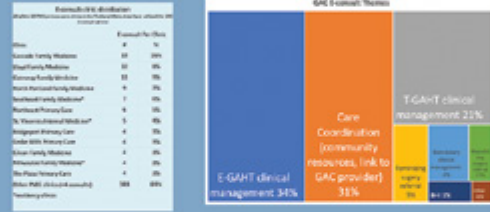
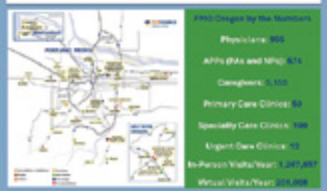
### BACKGROUND

Providence Medical Group Oregon is the largest health system in the state. Providence Oregon includes 10 primary care clinics and 200 specialty clinics and estimates over 1.8 million patient visits this year. In Portland, gender affirming care (GAC) services and care coordination is managed through the Providence Gender Affirming Care Coalition (PGACC), a multidisciplinary group of providers and caregivers across multiple departments to support and advance the care of our gender diverse patients. In 2021, PGACC launched a consult service available to all providers within our health system to provide support for both medical and behavioral health integration care for adult and pediatric patients. This consult service has been successful in supporting the care of hundreds of patients over the past year and is an essential tool for enhanced clinical care.

This paper examines the impact and utility of quantitative and qualitative data to assess and monitor the possible value of utilizing artificial intelligence (AI) clinical decision support tools. Objectives, in addressing both the content and specific clinical questions, allowed authors to assess the impact of the support tool by examining the questions and the clinical decision (CD) results. In this research, we explore the experience and specific of OpenEndure, explore reference sources, and reflect on the utility, including the implementation, in utilizing this emerging clinical tool for gender affirming care medical decision-making.

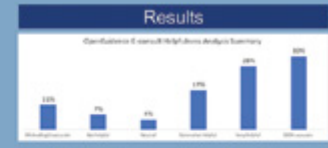
- ### OBJECTIVES
1. Define the role and scope of our gender affirming care e-consult service
  2. Summarize common themes of the e-consult
  3. Assess the accuracy and utility of an decision support tool to enhance the clinical decision-making for common gender affirming care clinical questions.
  4. Reflect on personal environmental impact of the use of support tools.

- ### METHODS
1. A comprehensive search was performed using OpenEndure within Epic was created using the following criteria: Population: 75+; All Patients; Procedures: ICD-10 E-CONSULT OR NORTH TRANS-CARE; Services: ICD-10 DSM500; Date Range: All Time. This report generated a list including 122 patients.
  2. OpenEndure was used to create multiple demographic "views" to explore patient and referring provider characteristics.
  3. This list was exported into a Microsoft Excel spreadsheet. Each patient chart was reviewed for report accuracy and identified e-consult data was extracted for further analysis. Manual chart review demonstrated a report fidelity of 97.5%, yielding 120 completed e-consults from May 2021.
  4. Each e-consult was reviewed and categorized using the following details: Extrinsical based gender affirming hormones/treatment (E-GAHT) clinical questions, testosterone based gender affirming hormonal treatment (T-GAHT) clinical questions, non-hormonal gender affirming clinical questions, and other clinical questions, community resources, formulating and mobilizing capacity related questions, behavioral health questions, and other.
  5. A selection of E-GAHT and T-GAHT questions were further reviewed. Each OpenEndure results were reviewed, summarized, and distributed a "usefulness rating". The helpfulness rating was coded: 0 = not helpful, 1 = somewhat helpful, 2 = very helpful, 3 = highly correct/valuable/helpful, 4 = common sense. Primary sources for each OpenEndure response were also reported and categorized between clinical practice guidelines, peer-reviewed papers (P) and non-US, pharmaceutical detailing/representative information, and other.



Consult Question	OpenEndure Summary Answer	Clinical Question	Critique
Can you help me with this patient's testosterone levels?	Yes, I would use a testosterone replacement therapy (TRT) to increase testosterone levels.	Should we use TRT to increase testosterone levels?	Answer not useful as it doesn't provide specific information on TRT options.
Should I start patient on testosterone replacement therapy?	Yes, testosterone replacement therapy (TRT) is a common treatment for low testosterone.	Should we start patient on testosterone replacement therapy?	Answer not useful as it doesn't provide specific information on TRT options.
What are the risks of testosterone replacement therapy?	Testosterone replacement therapy (TRT) can increase the risk of prostate cancer, heart disease, and stroke.	What are the risks of testosterone replacement therapy?	Answer not useful as it doesn't provide specific information on TRT risks.

Consult Question	OpenEndure Summary Answer	Clinical Question	Critique
Is there any research on the effectiveness of testosterone replacement therapy in transgender men?	Yes, testosterone replacement therapy (TRT) is a common treatment for low testosterone in transgender men.	Is there any research on the effectiveness of testosterone replacement therapy in transgender men?	Answer not useful as it doesn't provide specific information on TRT effectiveness.
What are the risks of testosterone replacement therapy in transgender men?	Testosterone replacement therapy (TRT) can increase the risk of prostate cancer, heart disease, and stroke.	What are the risks of testosterone replacement therapy in transgender men?	Answer not useful as it doesn't provide specific information on TRT risks.



**Reflections and Conclusions**

OpenEndure is a tool that provides a summary of clinical questions and answers. It is a useful tool for providers who are looking for quick answers to clinical questions. However, it is important to use OpenEndure as a reference tool and not as a replacement for clinical judgment. The tool can be used to identify areas where further research is needed and to provide a starting point for discussion with patients.

**Key Findings**

- Though helpful for a variety of clinical questions, there is enough inconsistency, errors, and omissions of OpenEndure as a tool to answer common GAC clinical questions that report review is still recommended for accurate care guidelines.
- OpenEndure does not reference USPSTF transgender health guidelines, arguably the gold standard and most referenced GAC clinical guidelines.
- OpenEndure does not reference the New England Journal of Medicine "Care of the Transgender Person" (2016).
- Highly accurate for low complexity questions, especially around dosing.
- Consistent "No Index", many answers are presented as "common sense" answers that fails to recognize the foundational individualization of GAC. May be misleading for less experienced GAC providers.
- OpenEndure consistently fails to answer non-binary clinical questions.
- OpenEndure does not recognize valid gender roles of non-binary.
- Worded matters - complex or different answers than mirror valid changes to options.

**References**

1. [Reference 1]
2. [Reference 2]
3. [Reference 3]

# 2025 Posters

Assessing the Impact and Utility of Artificial Intelligence Clinical Decision Support Tools for a Gender Affirming Care E-Consult Service

Jose Manuel Carrillo-Castro, MD  
Ben Pederson, MD

## A Multifaceted Educational Intervention to Improve Family Medicine Residents' Provision of Gender-Affirming Care

Ben Kaplan, MD, MPH, University of North Carolina School of Medicine

### BACKGROUND

Family physicians are uniquely poised to provide gender-affirming care (GAC) to transgender and gender diverse (TGD), but current undergraduate and graduate medical education in this field is lacking. Little is known about the impact of various GAC curricula on the clinical care provided by trainees.

### INTERVENTION

Over the past three years, our team has developed a multifaceted educational intervention around GAC in an academic family medicine practice. Components of this intervention are outlined in Table 1 below.<sup>1</sup>

Table 1: components of a multifaceted GAC educational intervention

Component	Content	Setting
Didactic	History of GAC, including gender-affirming hormone therapy (GAHT) and gender-affirming surgery (GAS); Social history to reduce stigma; Role of the provider in GAC; Role of the patient in GAC; Role of the community in GAC	Didactic
Case-based learning	Case-based learning using scenarios and role-play	Didactic
Simulation	Simulation of GAC, including role-play and role-play with standardized patients	Simulation
Self-assessment	Self-assessment of knowledge and readiness to provide GAC	Self-assessment
Feedback	Feedback from faculty, patients, and standardized patients	Feedback
Peer support	Peer support through a community of practice	Peer support
Faculty development	Faculty development through didactic and simulation	Faculty development
Community-based participatory research	Community-based participatory research to evaluate the impact of the intervention	Community-based participatory research

We have continued to modify and reassess various components of this intervention since its introduction in 2021.

### EVALUATION

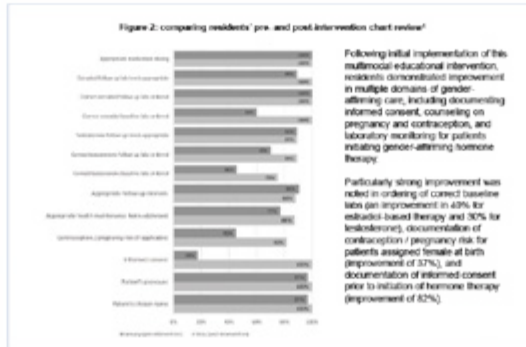
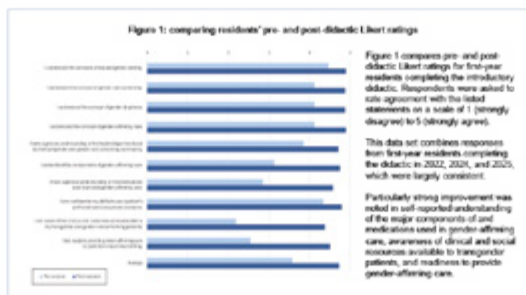
To evaluate the impact of this intervention on quality of care provided by trainees, we completed pre- and post-intervention analysis of resident-led GAC encounters using a novel chart review rubric based on current standards of care, comparing these results using descriptive statistics.

This rubric includes points for appropriate medicine, history, lab ordering and interpretation, documentation of informed consent, and other important components of a gender-affirming care encounter, allowing for both direct and indirect observation of residents.

Additionally, to specifically assess the impact of the interdidactic session for first-year residents, we have collected pre- and post-session self-assessments from all participating first-year residents. These self-assessments use a Likert scale to measure resident comfort with and knowledge of various components of gender-affirming care.

### RESULTS

Residents demonstrated marked improvement in both self-assessment of knowledge and readiness to provide GAC (figure 1) and chart review of their GAC encounters (figure 2) following this intervention.



### IMPLICATIONS & NEXT STEPS

**Impact of multifaceted education:** This widespread improvement suggests that a multifaceted approach to resident and faculty education may help enhance the quality of GAC provided by family medicine residents.

**Curriculum development:** Our team is excited to continue developing this educational intervention into a three-year curriculum for all family medicine residents at our program. We are engaging in constant evolution, incorporating feedback from residents, faculty, patients, and other stakeholders.

**Cross-institutional collaboration:** We hope this intervention can serve as a model for other residency programs looking to improve education around GAC and look forward to collaborating around future curricular development.

**Medical student education:** We have also begun designing a similar curriculum for medical students, incorporating didactic and case-based learning in both the pre-clinical and clinical years, as well as an interdisciplinary fourth-year elective for students who desire additional exposure to GAC prior to their residency training.

**New tools for assessment and feedback:** Retrospective chart review offers a feasible and effective method for identifying gaps in resident knowledge and documentation in GAC. We look forward to continue exploring the application of this assessment to resident and faculty education.

**Future research:** We look forward to exploring faculty preceptor development in this area, as well as engaging patient perspectives through community-based participatory research.

### ACKNOWLEDGMENTS

Thank you to Riley Smith for your collaboration, mentorship, and advocacy for our patients.

Thank you to UNC Family Medicine for your support of this research, curriculum, and clinical development around the care of transgender and gender diverse patients.

Thank you to our incredible residents and faculty for your commitment to caring for this population.

Thank you to our patients for your grace and formative feedback.

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# 2025 Posters

A Multifaceted Educational Intervention to Improve Family Medicine Residents' Provision of Gender-Affirming Care

Ben Kaplan, MD, MPH





## Promoting Health Through Lifestyle Medicine Group Visits: A Feasible Model for Family Medicine

Muaz Modan; Victoria Boggiano, MD, MPH, DipABLM, FAAFP; Justin Lee, MD, CAQSM, DipABLM, FAAFP; Susan Trout, LCSW, MSPH, NCTTP; Christine Jordan, EdS, LMFT



### Background

Chronic diseases account for the majority of morbidity and mortality in the United States<sup>1,2</sup>. Many are preventable or manageable through evidence-based lifestyle changes<sup>3,4</sup>. Despite this, patients often lack access to structured, comprehensive education on these pillars<sup>5</sup>, and physicians frequently face challenges in delivering such education effectively<sup>6,7</sup>.

To address this gap, the University of North Carolina Family Medicine Center (UNC FMC) launched a virtual Lifestyle Medicine Clinic to engage referred patients, provide targeted education, and track changes in health behaviors over time. The American College of Lifestyle Medicine (ACLM) offers a framework for prevention and management of chronic disease through six evidence-based pillars<sup>8</sup>:



The group-visit model is commonly used in lifestyle medicine<sup>9,10</sup> and has several benefits to both providers and patients when compared to traditional 1-on-1 sessions<sup>11</sup>.

### Objective

To deliver a six-session virtual Lifestyle Medicine educational program for referred patients and assess baseline and follow-up changes across the lifestyle medicine pillars using screening tools.

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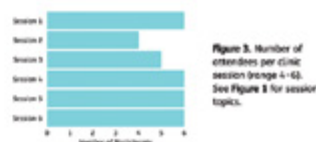
### Methods

- Adult patients referred were screened and enrolled in the clinic, consisting of six 1-hour virtual group visits. Participants completed baseline assessments with standardized screening tools (Figure 1).
- Sessions, delivered through video calls, included interactive presentations adapted from ACLM resources, group discussion, and input from physicians, social workers, and behavioral health providers.
- Each session included participant check-ins, a focused presentation, and a development of individualized SMART<sup>12</sup> goals to work on between sessions.



Figure 1. Content Breakdown of Each of the Six Sessions and Screening Tests Administered<sup>13</sup>.

### Results (continued)



After completing the final session, participants provided feedback on their experience (Figures 4,5).



Figure 4. 5/6 patients report preferring the group-visit model over a traditional 1-on-1 model for clinic topics.



Figure 5. 5/6 patients indicated that they would refer family/friends to future cohorts.

### Results

As of September 2025, 12 patients were referred, 9 patients attended at least one session, and 7 patients completed half of the sessions or more (Figure 2). All six educational sessions have been delivered successfully with attendance ranging from 4-6 patients per session (Figure 3). A seventh session is planned to serve as a wrap-up session. Post-participation screening data collection is ongoing, and analyses will assess changes in these measures.



Figure 2. Levels of patient engagement: Of the 12 patients referred, 9 patients attended at least one session, and 7 completed half of the sessions or more.

### Discussion

The UNC FMC Lifestyle Medicine Clinic pilot demonstrates that virtual group-based education on lifestyle medicine is feasible within primary care. Patient engagement was sustained, and participants reported high satisfaction, including preference for the group model and willingness to refer friends or family. Follow-up data are forthcoming, but the program is expected to improve behaviors related to the pillars of Lifestyle Medicine. These findings support the potential to scale this model to more patients and settings, possibly integrating in-person components and longer-term follow-up. Even brief, virtual interventions can meaningfully engage patients and support healthier lifestyles.

# 2025 Posters

Promoting Health Through Lifestyle Medicine Group Visits: A Feasible Model for Family Medicine

Victoria Boggiano, MD, MPH

# Amplifying Clinicians' Voices: Strategies for Advancing Black Maternal Health Equity

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1. University of California San Diego School of Medicine  
2. Center for Black Maternal Health and Reproductive Justice, Tufts University School of Medicine



### INTRODUCTION

This study aimed to explore the experiences and perspectives of obstetrical clinicians, including physicians, certified nurse-midwives (CNMs), and registered nurses (RNs), to identify key themes and develop actionable strategies for advancing maternal health equity.



### METHODS

- 1. Development**  
Working with our community advisory board (CAB), we used human-centered design thinking to co-create semi-structured questions. IRB exemption status was obtained.
- 2. Interviews and Focus Groups**  
From January to July 2023, trained research assistants conducted interviews with 6 MDs self-identifying as Black, and organized two virtual focus groups comprising 3 CNMs and 14 RNs. Participation was voluntary and confidential. Sessions were audio/video recorded and transcribed using Zoom and Trint. Interviews ranged from 60 to 90 minutes. Participant consent was obtained.
- 3. Analysis**  
A grounded theory approach was applied to the transcripts on NVIVO through a combination of inductive and deductive coding. Content and narrative analysis were used to identify themes.



### BACKGROUND

- Nationally, Black birthing individuals face a disproportionate burden of maternal morbidity and mortality.<sup>1</sup>
- Despite growing efforts to address these inequities, a significant gap exists in integrating insights of interprofessional perinatal front-line clinicians to drive solutions.<sup>2</sup>

### AMPLIFYING CLINICIAN VOICES

"The patient has to be cared for with respect and allowed to build trust so that they don't always run away from the health care system."

"But I think also, you know, at a baseline, all institutions and all providers should have a set of quality care practices and that they can elevate the care of all individuals."

### RESEARCH QUESTIONS

- In MA, what are patients', providers' and fathers/partners' knowledge, attitudes, and beliefs about the rates of Black maternal morbidity and mortality, particularly the racial inequities between Black individuals & other racial groups?
- How does one's level of awareness of these outcomes and inequities affect maternity care choices among patients/partners, birth supporters, and care delivery among providers?
- What solutions or strategies are supported and desired among patients and birth supporters (fathers/partners) and providers?

### RESOURCES

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2. Nelson L, Butcher SK, Delgado A, Mclamore M. Perspectives of Certified Nurse-Midwives and Physicians on the Structural and Institutional Barriers that Contribute to the Reproductive Inequities of Black Birthing People in the San Francisco Bay Area. *J Midwifery Women's Health*. 2024 Feb 18. doi: 10.1111/jmwh.13114. [pub ahead of print. PMID: 38308724]

### CONCLUSIONS

- Clinicians identified structural racism as a key factor affecting maternal health outcomes, emphasizing the need for health systems to address access, bias, and workforce inequities.
- Clinicians proposed strategies to improve workforce diversity, integrate midwifery and doula care, and elevate perinatal quality to drive equity.
- Our findings offer actionable guidance to inform ongoing efforts to advance maternal health equity.

### ACKNOWLEDGEMENTS

Contact: [breachach@health.ucsd.edu](mailto:breachach@health.ucsd.edu)  
Acknowledgements: The Robert Wood Johnson Foundation and UC San Diego funded this study.

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## 2025 Posters

Amplifying Clinician's Voices: Strategies for Advancing Black Maternal Health Equity

Breanna Chachere, MPH

# “Okugenja genzia” (walking alongside)—exploring pathways and building capacity for community-based palliative care among the remote island communities of Lake Victoria, Kenya

Anastasia Grogan, Sylvia Adeli, Pam Mohamed, Brian Mattah, Sam Karan, Louisa Ndunyu, Chas Salmen

## INTRODUCTION

Globally, the WHO estimates that only 14% of people who need palliative care receive it. This is true in Kenya Bay County, Lake Victoria in Western Kenya, where adult HIV prevalence exceeds 20%. Isolated by a 2-hour boat ride from the mainland, over 20,000 people reside in remote fishing villages. The 9 rural district health facility centers on Mfangano are extremely under-resourced. Providers in these facilities are usually unable to manage complex, life-threatening illness, like advanced cancers, which are increasing in incidence within HIV hyper-endemic populations. Lacking adequate referrals or access to palliative care, families face devastating financial and emotional burdens, often pursuing costly, futile treatments in distant cities without guidance or support.

For over a decade, the UMN Dept of Family Medicine has partnered with Mfangano communities to identify community-led health solutions, including the region's only 24-hour ambulance boat supported by a network of community health promoters (CHPs). Given their experience navigating emergency care, a passionate group of CHPs began facilitating informal care pathways for families facing complex, life-threatening illness, facilitating referrals to specialists on the mainland, confidential counseling, and ongoing follow-up at home. These locally-driven efforts inspired our group to engage more formally to improve comprehensive care for the most vulnerable members of this community. In partnership with the Kenya Hospice and Palliative Care Association (KEHPCA) and thanks to support from a Piscoano Alumni Grant, we are working together to build capacity in this region, improve access to palliative care, and promote ongoing international collaboration.

## METHODOLOGY & ENGAGEMENT

**COLLABORATION:** In early 2023, we initiated a series of stakeholder meetings to mobilize partnership and gather feedback among local community-based organizations, the Suba Council of Elders, the Kenya Bay Ministry of Health (KBHM), Kenya Hospice and Palliative Care Association, the University of Kisumu and University of Minnesota.

**CAPACITY BUILDING:** In June 2023, we hosted a 7-week “Introduction to Community-based Palliative Care” workshop on Mfangano Island. Trainers from the Kenya Hospice and Palliative Care Association (KEHPCA) certified 12 KBHM nurses and clinical officers in basic care principles, and later conducted workshops for 25 CHPs and 30 community opinion-leaders to support local mobilization efforts.

**COMMUNITY ASSET MAPPING:** Masters in Public Health students from UMN and Kisumu partnered with the DK Center, a local CBO, to develop an adaptive community asset map to diagram existing resources, programs, people, and pathways for palliative care.

**ACCOMPLISHMENT:** In partnership with local CHPs trained as “Palliative Navigators”, we are walking with patients and families through end-of-life care journeys in Western Kenya to understand barriers and opportunities together, and offer support during time of need.

## FUTURE DIRECTIONS

**EXPANDING THE NETWORK:** Through our ongoing partnership with KEHPCA and the Kenya Bay County Ministry of Health, we are working with local providers, universities, community hospitals, and other organizations to support the expansion of palliative care and hospice services in Western Kenya.

**COMMUNITY RESEARCH:** Investigators from UMN and Maseno University are working with local research staff to develop qualitative studies to understand local attitudes, perceptions, and cultural of practices regarding end-of-life care to ensure culturally-tailored interventions, counseling, and guidance for families.

**INTERNATIONAL EXCHANGE AND RELATIONSHIP BUILDING:** We are facilitating ongoing international exchanges among US and Kenyan Family Medicine residents, academic faculty, public health students, palliative fellows, and local providers to share ideas, build relationships, and empower rural communities in Kenya and USA.



—Mfangano Island Palliative Care Asset Map



## ACKNOWLEDGEMENTS

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 • Maseno University School of Public Health  
 • Kenya Hospice and Palliative Care Association (KEHPCA)  
 • Organic Health Response: “Nancy Reichold Starfish Fund”  
 • Kenya Bay County Ministry of Health, Always Mercy, and Ruhama Hospital  
 • Suba Council of Elders  
 • Dhaka Khana Center staff and Akabanta Council  
 • The People of Mfangano Island



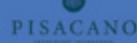
# 2025 Posters

“Okugenja genzia” (walking alongside)—exploring pathways and building capacity for community-based palliative care among the remote island communities of Lake Victoria, Kenya

Chas Salmen, MD

## Geospatial Distribution of JAMP Alumni Physicians in Medically Underserved and High Social Deprivation Areas

Nayeli Fuentes, MD<sup>1</sup>; Michael Topmiller, PhD<sup>2,3</sup>; Shikha Chandarana, PhD<sup>3,4</sup>; Alison Huffstetler, MD<sup>3,4</sup>  
<sup>1</sup>University of Texas at Tyler School of Medicine; <sup>2</sup>Health Landscape; <sup>3</sup>Robert Graham Center; <sup>4</sup>American Academy of Family Physicians



### Background

- ◆ Texas faces a worsening physician shortage, especially in high-need areas. Population growth, physician retirements, and uneven distribution continue to strain the healthcare system.<sup>1,2</sup>
- ◆ Texas has responded by opening new medical schools across the state, bringing the total to 16. These schools aim to improve access to care in underserved regions like El Paso, East Texas, and beyond.<sup>3</sup>
- ◆ In 2001, the Texas legislature created the Joint Admission Medical Program (JAMP). JAMP supports economically disadvantaged Texas students through mentorship, internships, MCAT prep, and guaranteed interviews, helping them enter and remain in the medical field.<sup>4</sup>
- ◆ Since 2001, JAMP has graduated over 800 physicians, with partnerships across 66 undergraduate institutions and all 14 Texas medical schools. Understanding where alumni practice is key to assessing its impact on underserved communities.

### Objective

- ◆ Evaluate the geographic distribution of JAMP alumni physicians to determine whether they are practicing in medically underserved areas across Texas, and assess the program's impact on addressing regional healthcare disparities.

### Methods

- 
- ◆ Using a list of JAMP scholar names provided by the program, we matched individuals to their National Provider Identifier (NPI) numbers through the NPDES database.
  - ◆ These NPIs were then cross-referenced with the AMA Physician Masterfile to obtain current practice information, including ZIP Code Tabulation Area (ZCTA) and medical specialty.
  - ◆ Approximately 75% of scholars were successfully matched. Of matched scholars, used ZCTAs to determine each physician's Social Deprivation Index (SDI).
  - ◆ Used Poisson regression to assess whether JAMP alumni were more likely to practice in medically underserved communities based on their Social Deprivation Index.

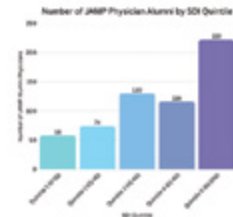


Figure 1. Distribution of JAMP physician alumni by Social Deprivation Index (SDI) quintile.



Figure 2: Geographic Distribution of JAMP Scholar Alumni Practicing Primary Care in Texas

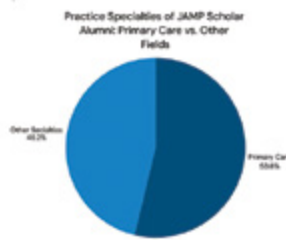


Figure 3. Percentage of JAMP Alumni Physicians practicing Primary Care vs other specialties

### Results

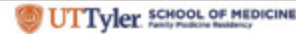
- ◆ Total Scholars = 803
- ◆ Poisson regression detected statistically significant increases in physician counts in SDI Quintiles 2 and 5 compared to the least deprived areas (Q1):
  - ZIP codes in Q5 had 62% more physicians than Q1.
  - P-value < 0.05
- ◆ JAMP demonstrates a 73% in-state retention rate, with the majority of its graduates actively practicing medicine in Texas.
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Internal Medicine and Pediatrics (Med Peds)
  - Geriatrics
  - Sports Medicine

### Conclusions

- ◆ Our findings indicate that the Joint Admission Medical Program (JAMP) is fulfilling its mission in multiple ways—including retaining physicians in Texas.
- ◆ JAMP effectively supports the development of a primary care workforce, helping to meet critical healthcare needs across Texas, specifically in high need areas.
- ◆ This targeted approach directly addresses longstanding health disparities and workforce gaps, aligning with broader state goals to improve healthcare access and outcomes.
- ◆ Given its proven effectiveness, expanding JAMP through increased investment would enhance its reach and sustain its impact.
- ◆ The program may serve as a model for other states seeking to improve both physician workforce and distribution in underserved areas.
- ◆ Ongoing tracking of alumni practice locations can help refine placement strategies and guide future resource allocation.

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# 2025 Posters

Geospatial Distribution of JAMP Alumni Physicians in Medically Underserved and High Social Deprivation Areas

Nayeli Fuentes, MD



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