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Dear Colleagues,

Thank you for the opportunity to express my interest in serving as a Member at Large on the Association of Departments of Family Medicine Board of Directors. Over the past 8 years I've served in the role of Chair of Family and Community Medicine at Northwestern University Feinberg School of Medicine. While NU-FSM has not had a long tradition of family medicine, we have been successful in supporting our THC-GME funded 8-8-8 program since its inception in 2010 and have started two additional 8-8-8 programs in community hospitals as they were acquired by Northwestern. The journey from zero family medicine residents in 2009 to 72 by next academic year has been educational. Over my tenure as a chair, I've learned much about negotiations in a research-intensive academic health center. Our success in this growth and in adequate resource allocation to support our work, especially during these dual national pandemics, is a source of pride for our department.

We've also embarked on a number of system-wide anti-racism initiatives aimed at our curriculum, our hiring practices, our clinical metrics and our relationship with our community. Taking responsibility for our history of white privilege and the implications for everyone and focusing on the immediate and long-term steps we can take to mitigate racism in our environment has become the first priority in our department and our institution. One of my goals as a member of the ADFM Board of Directors is to ensure we continue this work in our national organizations on behalf of all of family medicine.

There is much work to be done in our academic health centers. We continue to seek ways to attract and retain medical students in family medicine careers to meet the growing needs of our country. Despite recent assertions to the contrary by the AAMC, we know that our nation's need for family medicine is unmet and a strong primary care workforce is optimal for America's health. We must also continue to advocate for GME funding reform to

support our primary care infrastructure in both traditional academic health centers and in new community models, especially in rural areas of our country.

As you can see from my CV, I've worked on behalf of family medicine throughout my career in academic medicine. I bring the necessary experience and skill set to be an active participant on the Board. I would be honored to contribute my time and energy to advancing the work of the ADFM and to represent our Chairs in this position. Please don't hesitate to contact me if I provide any additional information or if you have any questions.

Warmest regards,

Deb Clements, MD, FAAFP

Debrick S Clements MD FAMEP