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In keeping with recent history, it has been another successful year for STFM! Despite the unprecedented change and uncertainty that surrounded us, STFM remained steadfast, fixed on our “true north” using our strategic plan as our compass. We have made substantial progress on our key objectives.

I began my year as president at the Annual Spring Conference in Minneapolis. This year’s conference shone a spotlight on the inaugural activities of the STFM Foundation’s Faculty for Tomorrow campaign. The Foundation clearly recognizes that great faculty are the bedrock of our specialty. The campaign is tightly aligned with our strategic objective to implement strategies to develop and retain exemplary family medicine faculty. While I, and so many of you, relish being faculty and could not imagine another career, we also know that there are many attendant challenges. External and internal changes and market forces in the business of health care have led to shortages of family medicine faculty: reimbursements, increasing regulatory burden, work-life balance, the difficulty of remaining a proficient and evidence-based generalist. The campaign and STFM are committed to developing broad strategies to address these threats and at the same time providing practice tools for the faculty themselves. The Faculty for Tomorrow preconference workshop attracted 75 residents and fellows from around the country—all of whom demonstrated an interest in academic family medicine careers. The workshop featured a mentoring luncheon with members of the Board of Directors. These bright, young family physicians sent a jolt of electricity through our board members—energizing us about the future of family medicine education. They filled the room with hope and promise and assured the Board that the future of family medicine education is in good hand. Working with a skilled team on a noble goal is inspiring, and what better team than a society of teachers working together to recruit and retain more outstanding teachers?

This year was also one of significant effort and resources devoted towards the activities of Family Medicine for America’s Health (FMAHealth). FMAHealth is a collaboration among the eight family medicine organizations in the United States to drive continued improvement of the US health care system and transform primary care to meet the needs of our patients. Specifically, FMAHealth is dedicated to furthering the evolution of the patient-centered medical home, advancing the use of technology, ensuring a strong primary care workforce, and transforming payment. STFM leadership is working closely with the FMAHealth leadership, the tactic team members, and our counterparts in all of the family medicine sponsoring organizations to turn this vision into reality. This year we have begun identifying FMAHealth objectives and activities that can be transitioned to and led by STFM now and in the future. For example, the workforce tactic team within FMAHealth identified preceptor recruitment, retention, and development among its highest priorities. This aligns well with STFM’s strategic plan and work already going on within STFM and for which we are well positioned to expand our efforts.

In August, STFM, with financial support from the American Board of Family Medicine, convened a Precepting Summit attended by more than 50 interprofessional and interdisciplinary stakeholders. Two primary goals of this effort are to decrease the percentage of primary care
clerkship directors who report difficulty finding clinical preceptor sites, and to increase the number of high functioning community sites at which students rotate. High-functioning sites might be those functioning as patient centered medical homes and/or with physicians practicing full scope family medicine. The Summit was well received and activity has now moved into the next phase of creating an oversight committee to strategize next steps on the action plan from the summit. STFM’s leadership of this activity has been strong and effective. As the activities of FMAHealth continue, STFM will strive to identify objectives and tactics most aligned with our strategic plan so that we can ensure continued engagement of our members and leaders, responsible management of our resources, and strong progress toward achieving the vision of FMAHealth and our family medicine organizations.

We are expertly guided by Executive Director and CEO Stacy Brungardt, CAE and the outstanding STFM staff. We are supported by engaged leaders, active energetic members, and a strong Board of Directors. We are financially sound and committed to faithfully executing our strategic plan. We are committed to innovation and diversity. Conference attendance continues to grow and our programs and activities have gained depth and expanded in scope and number, particularly in areas such as leadership development and online education. The earliest leaders of family medicine and family medicine education have much to be proud of and could only have hoped STFM would be what it is today, after 50 years. I am confident the next 50 years of STFM members, leaders, and staff will ensure STFM remains the incredible organization it is today. Thank you for giving me the opportunity and honor to serve as President of STFM during this momentous year.
“She stood in the storm, and when the wind did not blow her way, she adjusted her sails.”

—Elizabeth Edwards

This past year was different than most years and offered the ultimate test for our staff’s positive mindset and resilience. I thought it was important to acknowledge some of our pain and share what we’ve learned from this experience. Maybe this is unusual for an annual report. At the same time, to not acknowledge the journey our staff had in 2016 feels disingenuous to their courage.

From an organizational performance perspective, STFM had an amazing year. Conferences continue to have a positive impact on a growing number of diverse teachers and learners. Our programs continue to innovate and expand to meet the needs of members. We added to our physical office space (hired more people) and communications infrastructure to meet these demands. We’re engaging more learners and educators within and outside family medicine in meaningful work, and our strong finances have supported this work. This annual report swims with optimism.

Yet, during this same year and even a few months prior, several STFM staff experienced some significant health challenges to themselves and to their immediate families. The initial shock that this can happen to one of our own STFM family is a reminder of our own vulnerability. It tested our optimism. We know that hope and faith are needed to help each other deal with chemo treatments and the long journeys back to health. Support comes naturally the first few months. Yet, our staff and their families are dealing with challenges that go beyond a few months. Knowing the right words to say, keeping the prayers going, restructuring positions, reevaluating policies, and getting comfortable with the new “normal” is hard and requires resilience we haven’t experienced before.

So what have I learned? Here’s the optimism…

Documentation of office systems. Sitting on my STFM big project to-do list for some time was the need to create a system for documenting the steps involved in doing each of our staff’s major activities. These staff health issues became the catalyst that moved this project to the front burner. With the leadership of IT Manager Larry Peery, since spring 2016, we’ve been using an online collaboration tool to document the steps to activities that before only existed in one staff member’s head. Process steps and approaches ranging from how to process a membership to creating our strategic plan can now be viewed and commented on by anyone on our staff.

New partners. We do a lot with a relatively small staff, so we’ve spent time cross training staff to do parts of each other’s jobs. For certain activities that are difficult to cross train, like payroll, we outsourced this to a company that understands nonprofits.
New approaches. Rethinking office policies, becoming more adaptable, even restructuring some positions has led to some creative thinking and streamlining of certain processes.

Unwavering support. I appreciate how our staff step in for one another in times of need. Time and again, staff have offered their help without question. We are family.

Finally, increased gratitude. I am in awe of the staff, who despite their own health and emotional journeys, continue to bring their best selves to the office. I am inspired by their strength. Most of all, I am grateful to witness their journeys back to health. Hope springs eternal.
All is fiscally well with STFM at the end of 2016. This report celebrates 50 years of foresight and wise investment by our STFM leadership, staff, members, and volunteers who have guided and contributed to STFM’s financially strong position. We are prepared to continue delivering excellence on our mission and strategic plan with continued judicious fiscal oversight.

We ended 2016 with net operating income of $170,966, the result of receiving $4,459,771 in revenue, and spending $4,428,925 on prioritized Society work. As our remarkable CFO, Dana Greco, CAE, noted, “Our net assets (what a company is worth at one given point in time, as accumulated over the life of the company) are higher than pre-2014 levels when we started paying for the Family Medicine for America’s Health initiative. This is a testament to the hard work and smart choices we’ve made the last 50 years.” Sustained record-setting performances from our conferences, improved membership retention and dues, strong performance in special projects, and disciplined cost management all played a role in our surplus. Our operating budget supported more than 40 programs and activities, 25 STFM and 5 contract staff, two journals, four conferences, advocacy efforts, continuous improvements to our existing programs, and an investment in the creation of new programs and updates, such as STFM CONNECT. STFM benefits from a diverse portfolio of offerings aligned with our strategic priorities.

**Balance Sheet**
- STFM has current assets of $2,545,161 with $254,448 in cash, just over $360,000 in our Opportunity Fund, and $3,311,807 in our investment account.

**Other Income Contributions**
- Other revenue includes service agreements, publications and advertising, and special projects. Service agreements reflect income and expenses to provide management services for the North American Primary Care Research Group and the Association of Departments of Family Medicine.

Thank you to all the members, leaders, and staff who made this a special celebration year financially and in so many other ways. STFM is firmly positioned for the next 50 years, financially and strategically.
Expenses

- Special Projects/Oppportunity Fund $292K
- Service Agreements $317K
- Board, Committees & Liaisons $237K
- Meetings & Workshops $762K
- Other $509K
- Publications $269K
- Fringes $376K
- Salaries $1.1M

Income

- Membership Dues $1.3M
- Meetings & Workshops $1.5M
- Special Projects $397K
- Service Agreements $508K
- Investment Income $94K
- Other $224K
- Publications $437K
Foundation Report

It has been an honor serving as the president of your STFM Foundation! Thanks to your generous donations, the Foundation and its leadership development programs grew in 2016. As my term as a Trustee ends, I look forward to seeing the Foundation reach new heights as Deborah Taylor, PhD becomes president after the Annual Spring Conference! Seeing the outcomes produced by your donations continues to inspire me. STFM is my professional home, and serving as a Foundation Trustee has allowed me to support STFM’s ongoing work and ensure it continues to have well-trained leaders for tomorrow’s opportunities.

During 2016, STFM members contributed $141,449 to the Foundation’s annual fund, including $22,601 to the Faculty for Tomorrow campaign. Here are some highlights for 2016:

- 18 Medical Students funded to attend the Conference on Medical Student Education
- 10 New Faculty Scholars
- 4 Program Enhancement Award Recipients
- 1 International Scholar
- 3 Group Project Fund Awards

Blanchard Memorial Lecture
Camara Phyllis Jones, MD, PhD, president of the American Public Health Association, delivered a powerful presentation at the STFM Annual Spring Conference. She presented a Cliff Analogy for understanding three dimensions of health intervention: providing health services, addressing the social determinants of health (including poverty and neighborhood conditions), and addressing the social determinants of equity (including racism and other systems of structured inequity). She challenged attendees to name racism, ask “How is racism operating here?,” and organize to act.

The STFM Foundation sponsors the annual Blanchard Memorial Lecture in honor of Leland Blanchard, MD, who was a major contributor to the development of family medicine and a charter member of STFM.

2016: A Time of Change For the Foundation
In October, we bid farewell to Nicole Jacobs-Silvey, our development manager, when she became director of external relations at the University of Missouri-Kansas City. Fortunately, Stacy Brungardt hired Mindy Householder who joined us in December. Mindy is a seasoned fundraiser whose experience and interests align well with our organization and core values. Most recently, she served as director of development and communications, at SAVE, Inc., where she secured grants to fund housing for Kansas City’s homeless who were diagnosed with HIV/AIDS, substance abuse disorders, and/or mental illness. Please give Mindy a warm welcome to STFM!

The loss of Bishop Trust funds and unexpected expenses due to registering the Foundation to raise funds in various states led the Trustees to vote in our September meeting to retain the Foundation’s mission, but rebrand its emphasis on activities that support Faculty for Tomorrow. This would include leadership activities for new faculty (7 years or less in their faculty role), residents, and students. This rebranding will focus the Foundation efforts on high-yield activities, improve our ability to provide members and funders a succinct and clear message about the Foundation, reduce complexity,
save staff time. These strategies will begin in 2017 and 2018 and include:

1. Eliminate the International Scholar Program, effective 2018
2. Eliminate the Program Enhancement Award, effective 2018
3. Add a requirement/preference that a student, resident, or new faculty (7 years or less in faculty role) have a significant role in Project Fund proposals and initiatives (formerly Group Project Fund)
4. Keep the New Faculty Scholars Award, formally make the Student Scholarship effort an official Foundation program, and support other initiatives that provide resources and leadership opportunities for students, residents, and/or new faculty

The strategies will allow the Foundation to:

- Develop our pipeline of leaders by targeting donations for student scholarships for the Conference on Medical Student Education, Faculty for Tomorrow initiatives, and New Faculty Scholars Awards
- Comply with charitable registration requirements in 2017.
- Focus Foundation fundraising on activities that have been more relevant to our donors and provide significant return on investment
- Reduce staff administrative time by managing fewer programs

STFM has accomplished much in its 50 years, and its future is bright. Please join me by investing in the Foundation so STFM will continue to have outstanding leaders in the future!
STFM, through the Council of Academic Family Medicine and in concert with the Academic Family Medicine Advocacy Committee (AFMAC), advocated this past year on a number of issues that relate to academic family medicine. STFM has three representatives to AFMAC including the AFMAC Chair; AFMAC is staffed by the STFM Director of Government Relations (Hope Wittenberg, MA).

Generally speaking, STFM advocacy involved two major areas: 1) primary care research and 2) workforce programs such as Medicare- and HRSA-funded Graduate Medical Education, and Title VII primary care training. We actively engaged in academic family medicine issues, as well as provided a supportive role for other broader issues, most commonly with the American Academy of Family Physicians (AAFP). The following is a brief summary of our key efforts this past year:

**Graduate Medical Education**

Our goals are to support an increased and robust primary care workforce, especially in family medicine, and to not allow unfettered growth in Medicare funded non-primary care training positions. Toward that end, we supported reforming and restructuring Medicare GME funding in many ways:

1. We worked to remove constraints on levels of funding for community-based training and supported funding that flows directly to entities other than hospitals.

2. We supported the Teaching Health Center GME (THCGME) program, an example of a successful community-based training program in which the funding does not go to a hospital. Now in its sixth year, the THCGME was established as part of the Affordable Care Act in 2010, and reauthorized in 2015 as part of the Medicare Access and CHIP Reauthorization Act (MACRA) for two additional years. Almost a victim of its own success, the funding has not kept pace with the number of trainees. It has grown from supporting 63 resident positions in the first year, to more than 700 in the 2016-17 academic year. To be eligible, entities must be community-based ambulatory patient care centers that operate a primary care residency program. Many are located in federally qualified health centers, rural health clinics, and tribal clinics, so there is a large component of training for service to underserved communities and populations. We continue to support the concept (funding to non-hospital entities) for the entire nation. We were successful working with the AAFP in introducing a House resolution (H Res 899) that expressed support for a stable and sustainable funding source for the program. This effort was in preparation for the 115th Congress, as the program needs to be reauthorized by the end of FY2017 as its funding ends September 30, 2017.

Our ultimate goal is to ensure Teaching Health Center funding is adequate and permanent—possibly under Medicare GME—rather than through appropriations requiring periodic reauthorization.

3. We addressed barriers to rural GME training. Many of the Medicare rules limiting growth in FTE positions have had serious ramifications for rural training. There are currently very few incentives in Medicare GME that will alleviate the geographic distribution problem and increase access to primary care physicians in rural areas. In fact, there are many perverse incentives in this area.
We have identified several issues that hamper 1) the development of rural training track programs, 2) training in Critical Access or Sole Community Hospitals, and 3) the use of hospitals in rural areas that have never had teaching programs. In addition, the low levels of payment—that relate directly to the current hospital-centric formula for Medicare GME payments—are a barrier we are trying to address.

4. We initiated efforts with the VA and Congress to improve family medicine access to training positions funded by the Veterans Administration (VA). Fifteen hundred new VA-funded residency positions were included in the Veterans Access Choice and Accountability Act (VACAA) of 2014. However, the ability of family medicine training programs to benefit from and utilize these new positions is hampered by the way the statute is written as well as the implementation by the VA. Current hurdles are due to family medicine accreditation requirements, the VA’s lack of historic relationships with family medicine, and an inability to move the training to non-VA sites. Accreditation-related issues include a lack of family medicine faculty at the VA, and limited or no access to more diverse populations, especially children.

5. Continued to advocate for Medicare GME Reform. Congress has been slow to move forward with comprehensive reform including redistribution of Medicare funding to support community-based training, more primary care and other specialties in shortage, innovations such as the Teaching Health Center program, as well as methods to identify workforce needs of the future. In a nutshell, family medicine would propose that Medicare halt spending beyond the first certification (i.e. defund subspecialty fellowships) and use the funds freed up in that way to support training in shortage specialties. Going forward with a new Congress, we will be using those principles to attempt to achieve at least incremental change.

Title VII
Title VII primary care funding has been static over the last few years, with a bit of a decline due to sequestration and rescissions. Our heyday of funding was in 2003, when the program (which included dentistry at the time) was funded at over $93 million. Sharp reductions in 2004 and 2005 brought it to levels similar to what we see today. It was reauthorized as part of the Affordable
Care Act in 2010, and grants went from 3 years to 5. This caused a bottleneck of no new competitive grant cycles since there were no increases annually to allow the grants to get back on track with about one-third cycling on/off each year. In 2015, there was a relatively small competition and in 2016 there was another, along with a competitive cycle for Academic Unit grants. Due to the limited funding, the AU grants are really no longer available to departments, but are much more institution-wide. In FY2016, the program was funded at $38.9 million. We worked to support increased appropriations for this program and are currently examining what changes we would like to see in the next round of reauthorization. This has become more urgent as House Republican leadership is strongly pushing to defund programs that are not reauthorized in a timely fashion, and Title VII is overdue.

Primary Care Research
There are currently three major health/disease-related research homes funded by the federal government. We worked with each of these entities and with Congress to increase their participation in and funding of primary care research:

• National Institutes of Health (NIH): We worked toward establishing a targeted, small award program of $20 million per year over 10 years for training/development awards to produce a cadre of young investigators to become leaders in primary care research. The awards would enable training of young (new) investigators to work with patient-centered outcomes research and practice or community-based research. We have also begun looking at additional options for increasing family medicine involvement with NIH funding.

• Agency for Healthcare Research and Quality (AHRQ): During the past year we were active in efforts with Congress to protect the Agency and to bolster its funding. Although we survived the attempt to terminate the agency in the House FY16 appropriations bill, the current FY17 House appropriations bill would significantly reduce its funding—on top of the FY16 cuts. We also worked to restore the Center for Primary Care Research to its prominent position, on par with the other Centers within AHRQ, and will continue that effort in the coming year.

• Patient-Centered Outcomes Research Institute (PCORI): We worked with PCORI staff to formalize liaison efforts and involvement of primary care research organizations/individuals with the workings of the Institute. This non-governmental agency is funded by a trust fund created in the Affordable Care Act and its future is uncertain given current debates about what “repeal and replace” the ACA will contain.

• Agency Nominations and Positions
Federal advisory commissions and committees often have open slots for which we nominate family medicine representatives. This past year we nominated family medicine educators for the following entities:

  • AHRQ: The National Advisory Council; US Preventive Services Task Force
  • Health Resources and Services Administration (HRSA): The Advisory Committee on Training in Primary Care Medicine and Dentistry; Council on Graduate Medical Education
  • PCORI: Advisory Panels (Other positions we nominate for are not annual, including the Board of Governors, and the Methodology Committee.)

Being an Advocate
With a new Administration, the 115th Congress, and a health care system and medical education system under stress, the next several years promise to be “interesting.” With so much change, there may be new advocacy-related opportunities that STFM will actively seek out to support our members’ work. We will also work hard to advocate that previous progress not be reversed. What is pretty clear is that the importance of family medicine educators’ personally engaging in advocacy has never been higher.
Advocate Award Winner

Congratulations to the 2016 Advocate Award winner, Jerry Kruse, MD, MSPH from Southern Illinois University! STFM presented this Advocate Award at the Annual Spring Conference. Please consider your efforts and those of your colleagues and nominate for future awards, not only to provide deserved recognition, but to inspire others to do the same.
Committee Reports

Graduate Medical Education Committee

• The committee is using a Delphi process to identify competencies for core faculty at family medicine residency programs. Input has been requested from department chairs, program directors, and residency faculty. The committee plans to publish the results.

• The Residency Faculty Fundamentals Certificate Program is moving toward completion. The course scripts have been written and peer reviewed, and the interactive modules are being built by staff. This will be released in late spring of 2017.

• The committee gave presentations on how to use the Residency Accreditation Toolkit at the Association of Osteopathic Directors and Medical Educators Annual Meeting, at the AAFP Program Directors’ Workshop, and at the STFM Annual Spring Conference.

• Committee members presented on Residents as Teachers at the National Conference of Family Medicine Residents and Medical Students and at the STFM Annual Spring Conference.

Communications Committee

• Supervised the launch of PRIMER—Peer Reviewed Reports in Medical Education Research and provided input into the redesigned STFM Resource Library

• Helped oversee the restructuring of the STFM Groups and the launch of the successful new member engagement platform, STFM CONNECT

• Our STFM Share Club began the popular monthly #STFMChat on Twitter.

• Developed and promoted second annual resident and student blog contest

• Selected award winners for four STFM awards

• Evaluated candidates for the STFM Fellowship in Medical Journalism

Research Committee

• Presented two successful presentations at the 2016 Annual Spring Conference:
  • A Mock Study for grant submissions in which experienced reviewers demonstrated the review process for small grants
  • Shark Tank for Family Medicine: Participants pitched their research ideas to receive constructive feedback; at the end of the session the sharks picked participants to mentor over the next year

• Offered to help research poster presenters develop their research into publishable papers

• Reviewed more than 120 research submissions and more than 220 works-in-progress submissions from fellows, residents, and students for the 2017 Annual Spring Conference

• Created a reference document for submitters with tips on how to improve their abstracts
Medical Student Education Committee

- Planned and implemented a highly successful 2016 Conference on Medical Student Education with record attendance
- Planned the 2017 Conference on Medical Student Education, with several events planned to celebrate STFM’s 50th Anniversary
- Continuing to work on developing Entrustable Professional Activities (EPAs) relevant to medical student education
  - Building on Core Entrustable Activities for Entering Residents (CEPAER) developed by the AAMC
  - Have mapped with National Clerkship Curriculum and other STFM products/activities
- Piloted the Core Score Tool as part of the National Clerkship Curriculum. The tool allows clerkship directors to quickly assess gaps in current curriculum and obtain resources from the National Clerkship Curriculum to fill gaps
  - Working to allow programs to form learning collaboratives with other programs to help fill identified gaps
  - Assessing ways to increase usage and use data for continuous improvement of the tool
- Participated in STFM’s Preceptor Summit and will be actively involved in moving forward the Action Plan

Program Committee

The STFM program committee continues to enjoy the challenges of success. The 2016 Annual Spring Conference in Minneapolis was the largest in STFM history, with 1,630 attendees.

Other 2016 conference highlights included:
- Speed-Mentoring pilot completed; sustainability plan implemented by inviting senior faculty group to provide a session at the 2017 annual conference with similar goals/objectives and addressing the same audience
- 2,230 session post conference evaluations completed, which was way above average but less than last year (4,400+). We continue to struggle with too few completed Overall Evaluations. Additional strategies to increase feedback included shortening the evaluation and more reminders at the conference.

2016 General Session Speakers:
- T.R. Reid, Denver, CO
- Jennifer DeVoe, MD, DPhil, Oregon Health & Science University
- Camara Phyllis Jones, MD, MPH, PhD, Morehouse School of Medicine
- Warren Ferguson, MD, University of Massachusetts

For the 50th Anniversary 2017 Annual Spring Conference:
- STFM initiated a new more streamlined submission form and review process for the 2017 conference.
- We received a new record of 842 proposals, reviewed by Program Committee and more than 20 STFM member reviewers.
- The Program and Research committees accepted nearly 600 proposals to be presented at the conference.
New in 2016

2016 was a productive year for STFM committees, task forces, and staff, who delivered the following new and/or enhanced opportunities and resources.

**Summit to Address the Shortage of High Quality Primary Care Community Preceptors**
STFM conducted a Summit in August 2016 to identify the most significant reasons for the shortage of community preceptors and to shape the priorities, leadership, and investments needed to ensure the ongoing education of the primary care workforce. The 52 Summit participants included health system leaders, organizational representatives, policy experts, clerkship directors, community preceptors, physicians who do not precept, students, etc. The outcome of the Summit was an Action Plan with five tactics that will be implemented by interdisciplinary teams over the next few years.

**Faculty for Tomorrow Workshop**
Seventy-five residents attended the 2016 workshop for residents at the STFM Annual Spring Conference. This free workshop for those interested in careers in academic family medicine included stories of inspiration from family medicine leaders, a guided self-assessment, breakout sessions, a mentoring luncheon, keynote speakers, a speed mentoring session, and a career planning panel.

**Faculty Development Delivered**
This updated version of On the Road provided customized, in-person training at residency programs and medical schools around the country. Trainers used interactive methods to promote discussion and encourage the adoption of evidence-based teaching principles. Topics ranged from effective feedback to learner assessment, to curriculum design. Each workshop included a follow-up consultation between the trainer(s) and the program director or department chair.

**Family Medicine Residency Curriculum Resource**
In 2016, authors and editors completed 41 new curricula for the Family Medicine Residency Curriculum Resource. This online repository of peer-reviewed residency curricula now houses more than 140 peer-reviewed, case-based presentations, quizzes, and facilitators’ guides for family medicine education.

**STFM CONNECT**
One of the greatest benefits of STFM membership is the opportunity to network and collaborate with others to address special interests and work toward common goals. The opportunity to collaborate rose to a new level with the introduction of STFM CONNECT, an online hub for Collaboratives, Special Project Teams, and Discussion Forums.

**National Clerkship Curriculum Fellowship**
Last year was the first year for this fellowship for faculty with 5 or more years of experience in family medicine education. The first fellow, Juliann Binienda, PhD, was charged with evaluating the use of the resource, researching and identifying new and innovative curricula, and serving as an ambassador by attending conferences, presenting new information, and collaborating with the Editorial Board.
Twitter Chats
#STFMchat is a monthly Twitter chat where those involved in academic family medicine can come together to discuss important topics. The chats are hosted on the last Wednesday of every month at 7 pm CT. In 2016, the #STFMchat had over a thousand tweets and a reach of 609,923 people.

Faculty for Tomorrow Webinars
The Faculty for Tomorrow Task Force, with expertise from several STFM members, presented four of eight webinars for residents and new faculty. The live format provided the opportunity for learners to ask questions of experienced faculty. 2016 Webinars covered What is Academic Family Medicine?, Structure and Funding of Residency Programs, Professional Identity and Boundaries, and Optimizing Learning. 2017 topics include Essential Presentation Skills, Clinical Teaching Skills, Giving Feedback, and Scholarly Activity. All of the webinars are recorded and made available on the STFM website following the live events.

TeachingPhysician.org
In 2016, STFM launched a new, mobile-friendly website with:
- A medical school finder to help interested physicians find a school in their area
- New content pathways tailored for resident teachers, new teachers, established preceptors, and preceptors who have a student coming to their office in the immediate future
- An institution-wide username and password to make it easier for preceptors to access the site
- A “My School” section where medical schools can share news, information, and password-protected documents with preceptors
- Increased automation and faster speeds

STFM Resource Library
The STFM Resource Library has been revamped, redesigned, and moved to a new, more user-friendly platform. The Resource Library is a resource to share conference presentations; curriculum; digital images; audio and video files; standardized patient cases; and forms, policies, and guidelines.
Collaborative Reports

Abortion Training and Access
• Presentations were accepted at the fall meetings for both the northeast FMEC and the FM Midwest conferences, the North American Forum on Family Planning, NAPCRG, and the AAFP Family Medicine Experience (FMX).
• We continue to collaborate with the AAFP Reproductive Health Care Member Interest Group around reproductive health advocacy within the discipline of family medicine.

Addictions
• We submitted two proposals for the STFM Annual Spring Conference. We were accepted to do a seminar on buprenorphine prescribing and a breakfast discussion table on best practices in substance use prevention.
• We reviewed applications for the STFM/NIDA Training Award in Substance Use Disorders.

Ethics and Humanities
• We launched the annual poetry and prose contest and have many entries already for year two.
• We collected names of potential mentors for those interested in ethics and humanities.
• We secured a grant from STFM to investigate the influence of targeted pharmaceutical influence on pre-medical students. We are planning a multi-university site study.
• There is a medical humanities preconference workshop planned for the annual meeting this year.

Faculty Development Collaborative
• Reinstated monthly collaborative conference calls on the 2nd Wednesday of each month, with minutes sent to the full collaborative following each conference call
• Post—at least monthly—relevant articles/resources for the group to consider and discuss
• Formed a subgroup to develop Milestones for faculty
• Collaborated with New Faculty in Family Medicine Collaborative and Behavioral Science Fellowship for two 2017 STFM Annual Spring Conference preconference workshops
• Surveyed members of the Collaborative to determine whether there was interest in a book club; a virtual book club will roll out in March, beginning with *The Courage to Teach*, by Parker Palmer

Family and Behavioral Health
The Family and Behavioral Health Collaborative members have created several work groups:
• Task Force on Resident Wellness
• ACGME Recognition of Behavioral Science Faculty as Core Faculty
• Curriculum Development for Behavioral Health Integration
• Development of a Practice Based Research Network

Both the Task Force on Resident Wellness and Curriculum Development for Behavioral Health Integration applied for and received awards from the STFM Foundation’s Project Fund.
Family Centered Maternity Care
• Members of the collaborative continue to revise a statement with CAFM regarding three levels of maternity care training/competency for family physicians.
• The collaborative is involved in ongoing development of procedure competency assessment tools (PCATs) related to family medicine maternity care and plan to help create a collaborative to distribute and refine such tools.
• Completed a preconference workshop at the 2016 Annual Spring Conference called Optimizing Interdisciplinary Maternity Care in FM Residencies: Expanding Your Teaching Toolkit
• Sponsored the showing of a film “Why Not Home,” and panel discussion on home birth in collaboration with local midwives in Madison, WI at the AAFP Family Centered Maternity Care (FCMC) conference in August 2016
• Had the following submissions accepted for the 2017 STFM Annual Spring Conference:
  • Procedure Competency Assessment Tools, Lessons Learned
  • Sticking With It: Mentoring New Maternity Child Health Providers for the Long Haul

Global Health Educators Collaborative
Our key accomplishment for 2016 was the initiation of collaborative relationships with other family medicine global health groups, in particular AAFP global health group and Consortium of Universities for Global Health.

HIV and Viral Hepatitis Collaborative
• Had four proposals accepted for presentation at the STFM Annual Spring Conference
• Began updating the HIV toolkit of web-based HIV resources and the list of family medicine residencies with HIV Areas of Concentrations and HIV fellowship programs for posting on the HVH Collaborative home page, as well as on other important websites
Interprofessional Educators in Family Medicine
The IPE Collaborative sponsored a faculty development session at the 2016 Conference on Medical Student Education entitled “The Interprofessional Preceptor.” Jana Zaudke and Sarah Shrader presented an overview of best practices for clinical preceptors; members Bill Hay, Chris Forest, and Anne Walsh joined with them to facilitate a small group interactive role play exercise in precepting an interprofessional team of learners.

Medical Student Education
• Submitted a proposal for a workshop at the 2017 Conference on Medical Student Education: “Scholarship Boot Camp—Creating, Completing, & Disseminating Research Related to Clinical Practice & Medical Education”
• Provided content for education columns in the STFM Messenger

MSE Academic Coordinators and Administrators
• We will have the 4th annual “Coordinators Track” at the 2017 STFM Annual Spring Conference
• Peter Cao attended the 2016 STFM Summit to Address the Shortage of High Quality Primary Care Community Preceptors.

Minority and Multicultural Health
• Submitted a proposal for a the 2017 STFM Annual Spring Conference: Teaching About Racial Justice: A Train-the-Trainer Faculty Development Preconference Workshop
• Completed a presentation at the 2016 STFM Annual Spring Conference: Teaching About Racism in the Context of Persistent Health and Healthcare Disparities: How Educators Can Enlighten Themselves and Their Learners (this workshop was attended by over 120 participants
• Contributed to Faculty for Tomorrow, an initiative to expand STFM’s formal faculty recruiting of residents and identify and support young family physicians with leadership potential. The Collaborative’s contributions primarily support underrepresented minority participation in the Faculty for Tomorrow Preconference Workshop for residents interested in careers in academic medicine.

New Faculty in Family Medicine Collaborative
In collaboration with the Faculty Development Collaborative, we submitted to present at the 2017 STFM Annual Spring Conference.

Primary Care and Public Health Initiative
We submitted a proposal for a workshop for the 2017 STFM Annual Spring Conference.

Rural Health Collaborative
We are continuing to work on rural research efforts and building work groups across institutions.

Women in Family Medicine
One of our key accomplishments for the year was a needs assessment, which let us get a better idea of what our membership truly wants and needs from the Collaborative.
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