Conflict, Collaboration and Resolution

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The Society of Teachers of Family Medicine (STFM) was founded in 1967 to respond to the needs of family medicine educators. There were 105 founding members. We’ve come a long way from 1967 to today—2004. We face challenging times that require vision and careful planning.

Mark Twain said, “You’ve got to know the shape of the river perfectly. It is all there is left to steer by on a very dark night.” (Mark Twain, Life on the Mississippi) Mark Twain’s Mississippi was 1,200 miles of fog, rapids, slow eddies, sandbars, bends, and hidden bluffs. It was physically central to the United States and symbolically central to the progress of the country. It was the nation’s pipeline.

Family medicine educators are concerned about the pipeline of the country as well—the pipeline of our discipline—the students who would be family medicine residents and ultimately family physicians for the nation. Since 1967, we have grown to 113 departments of family medicine in 124 allopathic medical schools and 472 family medicine residencies and almost 11,000 residents.1 Our osteopathic colleagues continue to maintain their commitment to primary care in general and family medicine in particular. In 1967, 18.6% of physicians were general practitioners. In 2000, 9.6% of physicians were family physicians.1

If we are to respond to the STFM mission statement—to be dedicated to improving the health of all people through education, research, patient care, and advocacy—and are to achieve the STFM vision of being a community of educators, researchers, and clinicians leading change that measurably improves the health status of all people, we must recognize the changes that have occurred since our Society was created and adjust our strategies accordingly.

The primary school students at the beginning of our pipeline are struggling educationally. Thirty percent do not graduate from high school and have poor reading skills. These challenges are magnified among students from rural areas, largely a function of limited educational resources. There is growing racial and ethnic diversity, with minorities comprising one third of the population. The family has changed and is under tremendous stress. Less than half of this stressed population receives the most beneficial, cost-effective, disease-preventing services in medicine.

At the same time, the students we are recruiting for family medicine have severe financial constraints. Eighty-five percent of 2002 graduates were in debt (average = $125,000) upon graduation.1 Yet the current physician salaries are lower than would have been predicted when these students incurred these steep debts.

The population currently served by family physicians and trainees is changing dramatically, largely through new immigrant growth, socioeconomic challenges, and acculturative pressures. Within this population of new immigrants as well as those who immigrated earlier, there is a large population of those without health insurance (44+ million Americans), almost half of whom are in households with a full-time worker. The Association of American Medical Colleges-led quest in the 1990s to increase the diversity among physicians began to slow down by 1996 amidst a series of anti-affirmative action municipal and legislative decisions. Thus began an environmental shift away from programs designed to promote diversity and the beginning of a focus on individual rights rather than population priorities.

It is in this environment that the “Family Medicine Family” began the process of examining the future of family medicine. The recommendations that grew out of this process are a call to action for our discipline. Specific residency program guidelines suggested more flexibility, critical thinking focused on the individual’s and the community’s needs, and competency-based education. Residency education is to be firmly rooted in scholarship, practice-based learning, and professionalism in an atmosphere of collaboration. It is our challenge to extend the future of family medicine pro-
cess within our Society to implement these principles in the academic setting.

To catalyze the changes that will be critical to sustaining the scholarly goals of family medicine, teamwork is essential. Deborah Tannen has described the current American environment as “The Argument Culture.” She notes that “conflict and opposition are as necessary as cooperation and agreement, but the scale is off balance, with conflict and opposition overweighted.” Her challenge is for us to avoid opposition as a vehicle to accomplish each goal but rather to explore, expand, discuss, investigate, and exchange ideas.

This is the focus that should be our goal for the upcoming year. Let us each read the Future of Family Medicine report, implement Strategic Initiative #8, and partner aggressively with the other members of the Family Medicine Family to achieve the other recommendations. Only by teamwork will we reinvent our discipline, provide quality care for our patients, expand our knowledge base, and model careers that attract the next generation. Thank you for the opportunity to serve as your leader in this important and exciting process!

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REFERENCES