

President's Column**Leadership in Times of Crisis****Scott A. Fields, MD**

Much has changed in the world since I became president of STFM in May of 2008. We have entered the most significant economic recession since the Great Depression. This is affecting every aspect of our daily lives as educators, clinicians, and members of our communities. Our patients are losing their jobs, as are our co-workers and family members. Their retirement security, which was present for many, has disappeared. Their ability to access health care is deteriorating rapidly, as choices get closer to survival level. How do we assist in this time of crisis? I would argue that it is all about leadership. In setting the agenda for the year of my presidency, I felt that it was important to engage the able members of our Society more in the leadership of important initiatives. That need is even more pronounced as we enter this period of turmoil. What are the attributes that we need to focus on as we move forward?

I believe that our leadership should begin with courage, both moral and physical. What is happening to many of the people in our society is in many cases unfair and wrong. We need to be willing to say that it is wrong, and then we need to be willing to put in the effort to try to change the status quo. This may cost us individually, or even collectively, —in the short run—but we need to step up to the challenge.

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From the Department of Family Medicine,
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A recent report from the American Hospital Association ([www.wsha.org/files/83/The Economic Crisis Impact on Hospitals FINAL 11-18-08.pdf](http://www.wsha.org/files/83/The_Economic_Crisis_Impact_on_Hospitals_FINAL_11-18-08.pdf)) outlined the following environment:

Of the more than 700 hospitals participating in the survey:

- 60% are anticipating cuts in administrative costs.
- 53% are anticipating reductions in staff.
- 27% are anticipating reducing the services they offer.
- 40% are seeing reductions in admissions, while at the same time experiencing an 8% increase in uncompensated care.

As a result of the impact on the debt market:

- The surveyed hospitals are experiencing interest payments an average of 15% higher than the previous year.
- 56% of the hospitals are delaying renovations or plans to increase capacity.
- 45% of the hospitals are delaying purchases of clinical technology or equipment.
- 39% are putting off plans to invest in new information technology.

In this time, our ability to effectively navigate this environment will define our ability to succeed. Some keys to being successful:

- Focus on your organization's mission and values. This is a time where "situational ethics" can become a real problem. In making decisions, keep the mission and values of your organization in mind. Stay true to your values, even when it may be seductive to move away.

Decisions that are made based on the foundation of values will be greeted by organizational members with support and understanding.

- Use previous experiences to provide guidance and learning to the organization. Consolidate the lessons and communicate to people as part of your organizational learning, and drive a sense for the need for initiating change.

- Plan ahead. Recognize the importance of planning for alternative conditions well in advance of an actual crisis and adopt a proactive policy of crisis leadership—address all systems, stakeholders, and mechanisms before, during, and after a crisis — rather than a purely reactive policy of crisis management.

- Remember that reputation takes longer to earn and is easier to lose than financial stability. Many organizations become concerned about their financial situation and compromise on their values and trade in their reputation. This may provide short-term benefit and a huge long-term loss.

At STFM, we have worked hard to plan for our future, both economically and in terms of policy and procedure. We have budgeted appropriately, taking into account the possible effects that a recession would have on the organization, either with membership or program participation. This planning has enabled us to continue to move forward on a number of issues, including support for the development of patient-centered medical homes, a Family Medicine Clerkship Core Content Curriculum (C4), and a research

agenda. We have effectively partnered with the STFM Foundation for many of these initiatives, leveraging the resources of both our organizations and building on our common values.

One of the strategies that we have embraced is to engage our membership in leadership opportunities as they develop, either within STFM, or on the national stage. Table 1 contains a list of the members who, just since May 2008, have accepted important roles on behalf of STFM. We anticipate more opportunities in the near future and will be enlisting more of you to play key roles in our discipline's future.

Another strategy that STFM has taken to leverage its effectiveness in these challenging times is to work collaboratively with the other academic family medicine organizations in the Council of Academic Family Medicine (CAFM). CAFM includes the leadership of ADFM, AFMRD, NAPCRG, and STFM (generally the president, president elect, past president, and executive director) and liaisons from the AAFP and ABFM. CAFM focuses on the common values of academic family medicine, the discipline, and the patients we serve.

The goals of CAFM include:

- To provide a unified voice for academic family medicine.
- To provide a unifying influence for working together more effectively.
- To provide a place for outside organizations to come to collaborate.

Issues that CAFM is working to address:

- *Levers of influence.* CAFM is identifying ways for family medicine to have an impact on important national institutions and on national policies that affect our discipline and resources available to our academic missions and our patients.

- *AFMRD's Maternity Care Recommendations.* A document regarding recommendations for maternity care in residency training was developed under the guidance

Table 1

Leadership Positions Filled Since May 2008

Committee Chairs Appointed

Sim Galazka, MD, reappointed Membership Committee Chair
Betsy Naumburg, MD, reappointed Communications Committee chair

Wonca Representative

Brian Jack, MD, Boston University

National Procedures Institute Advisory Committee Representative

Larry Culpepper, MD, MPH, Boston University

National Institute for Program Director Development Advisory Council

Colleen Conry, MD, University of Colorado

fmCASES*Project Advisory Committee*

Shou Ling Leong, MD, Penn State University
Scott Fields, MD, Oregon Health and Science University
Alec Chessman, MD, Medical University of South Carolina
John Waits, MD, University of Alabama-Tuscaloosa
Stacy Brungardt, CAE, STFM staff

Project Development Group

Shou Ling Leong, MD, Penn State University
Alec Chessman, MD, Medical University of South Carolina
John Waits, MD, University of Alabama-Tuscaloosa
Jason Chao, MD, MS, Case Western Reserve University
Stephen Scott, MD, Baylor College of Medicine

Group on the Family at Forum Listening Sessions

Laurel Milberg, PhD, Forbes Regional FPRP
Alison Dobbie, MD, University of Texas Southwestern, STFM Board Representative

AAFP Workforce Advisory Panel

Larry Culpepper, MD, MPH, Boston University

Family Medicine Clerkship Core Content Curriculum Task Force

Heidi Chumley, MD, task force chair, Kansas—STFM Education Committee
Alec Chessman, MD, South Carolina—STFM fmCASES Project
Katie Margo, MD, Pennsylvania—STFM Group on Predoctoral Directors
Tim Munzing, MD, California—AFMRD
Joseph Hobbs, MD, Georgia—ADFM
Rob Hatch, MD, MPH, Florida—STFM Group on Predoctoral Directors
Susan Cochella, MD, MPH, Utah—STFM Group on Predoctoral Directors
Deb Clements, MD, Kansas—American Academy of Family Physicians
Gary Shokar, MD, Texas—STFM Group on Predoctoral Directors

Leadership Development Task Force

Terry Steyer, MD, task force chair, Medical University of South Carolina
Jeri Hepworth, PhD, vice-chair, University of Connecticut
Steve Bogdewic, PhD, Indiana University
Marjorie Bowman, MD, MPA, University of Pennsylvania
Dennis Butler, PhD, Medical College of Wisconsin
Amy McGaha, MD, American Academy of Family Physicians
Peter Nalin, MD, Indiana University
Trish Palmer, MD, Pisacano Leadership Foundation
Mark Stephens, MD, MS, Uniformed Services University of the Health Sciences
Stephen Wilson, MD, MPH, University of Pittsburgh

Project to Define Geriatrics Competencies for IM and FM Residents

John Gazewood, MD, University of Virginia
Konrad Nau, MD, West Virginia University Rural FMR
Melissa Stiles, MD, STFM Group on Geriatrics chair
Brian Unwin, MD, Uniformed Services University
Miriam Chan, PharmD, Riverside Methodist FMR

of AFMRD. All of the members of CAFM provided input to AFMRD regarding the document. It is hopeful that the final document will have the unanimous support of all of the CAFM Boards.

- *PCMH and Mental Health.* CAFM will advocate for mental health in the patient-centered medical home (PCMH). This is a critical element of the PCMH to take to the Patient-centered Primary Care Collaborative (PCPCC). It is also an area for collaboration between CAFM and the AAFP since the AAFP is a major player in the PCPCC.

- *Developing a high-quality national board exam for family medicine.* As medical schools emphasize shelf exams as key outcomes of their programs, the lack of a quality board exam has disadvantaged family medicine clerkships across the country. A CAFM task force, headed

by Al Tallia, MD, MPH, and Carol Heaton, DO, has completed its initial work. We are now meeting with representatives from the NBME to develop specific objectives and a timeline to actively review and revise the current examination.

- *Family Medicine Clerkship Core Content Curriculum (C4) Task Force.* Led by STFM, funded by the STFM Foundation, and with representation from STFM, ADFM, AFMRD, and the AAFP, a task force is actively developing a document that outlines the content of the core curriculum for family medicine clerkships nationally.

All of this should occur in an environment of collaboration with the members of CAFM but also with the AAFP and ABFP. The more that we can act in a unified manner on these, and other, important issues,

the more effective we will be as a discipline.

Overall, STFM is well positioned to address the needs and expectations of our members in the upcoming year. This has been accomplished through effective planning, broadening the leadership base of the organization, and effective collaboration with other academic family medicine partners. By focusing on our mission and values, learning from our past experiences, planning ahead, and being unwilling to compromise short-term gain for long-term success will enable us to achieve our goals.

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