

STFM—LEAD the Way!

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As the incoming president of the Society of Teachers of Family Medicine, I am humbled and excited to be leading this organization during this pivotal time in its history and the history of our nation. My presidency marks a generational change in family medicine leadership with a capital C. I am the first leader of a family medicine organization who is part of Generation 3, those who entered family medicine after 1990 but before 2000. This is another sign of the maturation of our discipline and will require that our more mature members will help maintain the counterculture, which is part of the foundation of family medicine.

As you may recall, when I ran for the position of president-elect at the 2008 annual meeting, I suggested that STFM was an appropriate acronym for the activities in which STFM should be participating. Now is the time to STFM for STFM, and I would like to flesh those themes out for you.

S represents the need to have a strategic plan and to follow it. With the leadership of Bill Mygdal, EdD, Caryl Heaton, DO, and John Rogers,

MD, MPH, MEd, the STFM Board has identified our values, understood our mission, and created our “big hairy audacious goal”.

We are now working on seven overarching themes to accomplish this goal in 25 years. Two of these goals are:

(1) STFM should be seen as the go-to resource for family medicine education across the curriculum, thereby attracting and necessitating membership by all family medicine educators.

(2) Relationships developed through STFM are essential to the members' well-being, vitality, and growth.

I will further develop these themes in future columns. The Board is still working on other indicators of success focusing on financial independence, practice improvement, advocacy and research and we will publicize these as they develop.

T represents the need to team with others to accomplish our goals. STFM is part of the larger family medicine family—as represented by the AAFP, ABFM, ADFM, AFMRD, and NAPCRG. We will continue to work closely with these organizations through regular meetings and discussions about many topics, including the proposed curriculum for family medicine clerkships and recommended guideline changes for the Residency Review Committee. We plan to continue collaboration with state-based AHECs

and the National AHEC organization to work on pipeline development issues. In addition, STFM, the Society of General Internal Medicine, and the Academic Pediatrics Association are working on a conference to create a policy-relevant research agenda for the Patient-centered Medical Home.

F represents our need to facilitate the development of future leaders. This is an area that more than 90% of our Generation 3 members felt should be a priority for STFM in the next 5 years. We have launched a leadership task force, chaired by Jeri Hepworth, PhD. Together we are creating a plan to develop new agents of change for STFM and beyond. Consisting of in-person training, mentorship, and project work, we hope to launch this program at our 2010 Annual Spring Conference.

Lastly, **M** stands for our need to motivate more family medicine advocates. The opportunity to make a difference in the future of our nation's health care and financial well-being is ripe. To help all members become advocates for meaningful health care change, including the development of family physicians for all, STFM will develop an advocacy curriculum. This curriculum will be used for all levels of learners and will educate them on the importance of legislative advocacy and provide a how-to list for advocacy.

If we can STFM for STFM, then we will LEAD the way to a Patient-

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centered Medical Home with family medicine as the foundation. That is my theme for the 2010 Annual Spring Conference to be held in Vancouver, British Columbia—"LEAD the Way: Leadership, Education, and Advocacy Development to Create the Patient-centered Medical Home.

So, what is my ultimate goal for STFM over the next year? This is not a year to rest and relax on our laurels. Rather, it is time to get excited, take control, anticipate positive results, and LEAD the way to a new future in family medicine and in health care. That is my challenge to you—LEAD the way!

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