

President's Column

Teaming With Others to Advance STFM's Goals

Terrence E. Steyer, MD

Over the past couple of months, I have been helping coach my son's pee-wee football team. It has been a fun experience watching these 22 boys and girls experience their first tackles, first touchdowns, and the wins and losses that come with organized sports. While at times it feels like herding cats, one of the things we, as coaches, are trying to instill in the kids is the need for teamwork. While we don't have a "Big Ben" or a Troy Polamalu (Steelers references come easy to me!) on the team, superstars aren't needed if each person plays to the best of his or her ability.

Similarly, the work of our Society can be advanced if we partner with other individuals or organizations who are working toward similar goals as we are. With the multiple issues affecting family medicine education today, such as health care reform, the expansion of medical schools, competing curricular demands, and workforce issues, STFM cannot be an expert in each of these areas. However, all of these areas and more are important to the work of our Society. To help us stay current in a multitude of areas, STFM has teamed with others to help us achieve our goals.

Our largest partnership to date has been with the Council of Academic Family Medicine (CAFM).

CAFM is composed of the four organizations of academic family medicine: the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Research Group (NAPCRG), and STFM. There are also liaisons from the American Academy of Family Physicians (AAFP) and the American Board of Family Medicine (ABFM) at the table. Working through monthly conference calls and semi-annual face-to-face meetings, CAFM has been working to advance a number of initiatives. These include:

Input Into the Review of RRC Guidelines

Each organization within CAFM has surveyed its membership on changes they would like to see implemented with the upcoming RRC guideline revision. These suggestions are being composed into one document that will then go to the AAFP's Commission on Education for review and approval. By acting as one voice, CAFM hopes that academic family medicine will have a clearer message and greater input into the RRC revisions than we have in the past.

Exploring the Impact of the Hospitalist Movement on Family Medicine

Under the leadership of Warren Newton, MD, MPH, a small task force has been working to understand how the hospitalist movement

may affect family medicine education. A small research project has been conducted by Warren and his colleagues at the University of North Carolina and has been submitted for publication. In addition, the task force is working on a white paper to educate others about the interaction between hospitalists and family medicine educators.

Family Medicine Clerkship Curriculum

Led by the efforts of the STFM C4 task force, chaired by Heidi Chumley, MD, recommendations for the third-year family medicine clerkship were developed. Each of the CAFM organizations, along with the AAFP, has endorsed this curriculum. By having all of the organizations involved in the process, we are hoping that these guidelines will be distributed and implemented more quickly than any one organization alone could do.

Another relationship that STFM has been working to develop is one with the National Area Health Education Center Organization (NAO). NAO is the national organization that supports and advances the Area Health Education Center (AHEC) network in improving the health of individuals and communities by transforming health care through education. Two years ago, NAO and STFM entered an agreement that would allow a representative from each organization to attend each other's annual meetings. It was STFM's hope that by working together we could improve our

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From the University of Georgia-Medical College of Georgia Medical Partnership.

efforts on developing a sufficient pipeline to meet society's needs for family physicians. STFM has been ably represented by Janice Benson, MD; Deborah Witt, MD; and Ellen Whiting, MEd, at these meetings, and relationships are being developed to help us accomplish this goal. Plans are being made for increased discussion among the leadership to find other ways that our partnership can help to accomplish this goal.

STFM has also partnered with iIntime, a nonprofit institute out of the Dartmouth Medical School, to develop a computer-assisted learning curriculum in family medicine, consisting of virtual patient cases. The project, called fmCASES, is designed to teach the family medicine core clerkship curriculum in a manner that permits the program to be completed by an average medical student during an average clerkship in family medicine. These cases will help clerkship directors meet LCME's ED-2 and ED-8 standards. iIntime has successfully designed online clinical cases for pediatrics, called CLIPPS, and is also working with internal medicine to develop online cases for IM. Pilot testing and peer review of the 29 virtual patient cases began July 1, 2009. To learn more about the peer review and pilot testing processes, go to www.med-u.org/virtual_patient_cases/fmcases/.

STFM collaborated on a project with the Society of General Internal

Medicine and the Academic Pediatrics Association to hold a national conference on the PCMH. This conference intended to develop a policy-relevant research agenda for the PCMH and identify key questions that policy makers will need the answers to so they can institute policies and enact legislation to implement the PCMH model, both within Medicare and the private sector. The summit was held July 27–28 in Washington, DC, and family medicine had a strong presence. Family medicine leaders are now considering next steps.

Another partnership that is being developed is STFM's membership with the Patient Centered Primary Care Collaborative. This collaborative is comprised of medical organizations, patient representative organizations, and businesses who believe that the Patient-centered Medical Home model is an essential element to health care reform and to meeting the health care needs of our communities. Former STFM President John Rogers, MD, MPH, MEd, was instrumental in partnering with this organization, and our relationship is helping us advance the Patient-centered Medical Home model.

STFM has been in conversations with our Physician Assistant Education Association (PAEA) liaison and STFM member David Keahey, PA-C, MSPH, about opportunities for collaboration. We've also had similar introductory discussions with leaders from the Collaborative Family Healthcare Association.

Other partnerships are on the horizon. Conversations have been started with the Veteran's Administration to find ways that family medicine and family medicine education can be expanded in Veteran Affairs' hospitals and clinics. I traveled to the Canadian College of Family Physicians' conference last month to find more ways that the CFPC College of Teachers and College of Researchers can interact with STFM. We are looking for other partnerships that can advance our mission. If you know of any potential partners, please contact me (steyete@muscc.edu) or STFM Executive Director Stacy Brungardt, CAE (sbrungardt@stfm.org).

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The goals for Dr Steyer's year as president use STFM as an acronym:

- *Strategically plan and use it*
- *Team with others*
- *Facilitate the development of new leaders*
- *Motivate more family medicine advocates*