

## President's Column

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# S: Strategically Plan and Use It! Thinking “Big, Hairy, and Audacious”

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In his bestseller, *Good to Great*, author Jim Collins says that to move an organization to greatness you have to discover your core values, define your mission and what you do best, and then decide upon a “Big, Hairy, Audacious Goal,” also known as a BHAG, toward which your organization should strive but may not be able to achieve. STFMs want to extend itself toward accomplishing lofty goals that will improve academic family medicine; however, the challenge of creating a BHAG seemed almost overwhelming given the diversity of our organization. How do you create a BHAG that will serve all of our members, 40% of whom educate residents on a daily basis, 15% of whom are nonphysician faculty, and all of whom have a vested interest in educating the next generation of family physicians?

The task was challenging, but with the incredible leadership of Bill Mygdal, EdD; Caryl Heaton, DO; John Rogers, MD, MPH, MEd; and Scott Fields, MD, MHA, we have accomplished the task. This creative and goal-driven thinking has led to the development of our strategic priorities. This is not a plan that will sit on the shelf and collect dust; rather, it is a listing of priorities that the Society will direct its time and resources on to help us focus on the things that matter most. As

part of this process of identifying our BHAG, we asked ourselves, why does STFMs matter, and how would we define and measure success? What resulted is a listing of four indicators of success that I want to share with you.

**STFM is seen as the go-to resource and authority for family medicine education across the curriculum, thereby attracting and necessitating membership by all family medicine educators.**

This statement is as important in what it doesn't state as in what it does. We do not want to be the only resource for family medicine education; rather, we want to be seen as a clearinghouse. If a residency faculty member approaches us for an innovative curriculum, we want to be able to direct her/him to the right place to get that information. That may be the Association of Family Medicine Residency Directors (AFMRD), the AAFP's Residency Program Solutions (RPS), our own STFMs Resource Library (FMDRL), an STFMs group, or to one of our members. Because of the breadth of our membership, we have an obligation to identify activities and resources that meet the needs of all of our constituents. We cannot and should not be the creator of all resources that matter to our members. Think of the duplicity and wasted resources! What is important is that STFMs can serve as this clearinghouse where family medicine educators in the broadest sense can turn to find the answers to their

questions and help with solving their problems. By doing this and doing it well, we hope to increase our value to all family medicine educators and the discipline.

**Relationships developed through STFMs are essential to the members' professional well-being, vitality, and growth.**

There is no doubt that relationships are central to the core value of STFMs. This can be judged by the “number of hugs per capita” seen at any STFMs meeting. We know that one of the core values of family medicine is the relationships we make with our patients, our learners, and our community. We want to model this behavior through STFMs and focus on helping our members create relationships that will help them grow as clinicians, educators, and individuals.

**STFM leads the improvement of the quality of patient care in teaching sites through innovation and scholarship.**

As the current health care reform debate has shown, our patients care about the quality of care they receive. And, as multiple studies have shown, health care systems that are based in primary care have the best health care outcomes. STFMs believes that the learning environment in the teaching site improves the likelihood of quality patient care. The Society's success hinges upon our ability to improve the quality of patient care in these teaching sites through innovation and scholarship.

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STFM must play a role in improving the quality of patient care in sites where our residents and students experience family medicine. This includes researching new methods of care, discovering what care in teaching sites leads to the best patient outcomes, and creating new curricula for preceptors to teach our learners how to deliver the highest quality of patient care possible.

**STFM is financially independent, has ample resources to meet its goals, and teaches its members how to help their local organizations become financially independent.**

The need for financial independence may seem out of place to some, but the leadership of STFM recognizes that to accomplish our goals, we must be financially viable. Most of us have heard, “no margin, no mission,” and that’s true for STFM. We all struggle with this balance every day. Despite financial challenges, we must never forget that the real reason STFM exists is to improve health care for our

patients through a community of teachers and scholars. We are not, nor will we ever be, purely focused on making a profit. However, to do the important work we need to do, we must be in the business of paying attention to generating revenue and keeping down costs to have the resources to deliver the services and programs that matter to our members.

Additionally, we must help our members remain financially sound. This can be accomplished by continued lobbying for Title VII, Section 747 funds, the support of new federal funding for family medicine and medical education, and the continued support of clinical practice enhancement through entrepreneurial activities, a concept that was inspired by Bill Mygdal, EdD, during his term as STFM president.

These are the indicators of success that STFM will use for the next 2 years. They are the principles that will guide our decision making and by which your leadership will mark its successes and its failures. Can they all be accomplished in 2 years? Obviously, no! The goal of a BHAG is to look 25 years into the future and see what you envision it to look like. We will continue to refine our indicators of success and, by 2034, hope that the next generation of STFM leadership will be able to take our envisioned future and, once again, be able to think “Big, Hairy, and Audacious!”

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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*