Sprint or Marathon? Strategic Planning for the Society

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The final event of the Olympic Games is the men’s marathon. For nearly 3 hours, this event holds the interest of thousands of spectators lining the course. In Athens, the course replicated the route taken by Philippides in 490 BC to deliver the news that the Athenian army defeated the Persians. This race was particularly challenging because of the heat and the altitude, though it was cooler than the conditions in which the women raced in their marathon just 1 week before.

The success of these Olympic runners was not due to any one individual accomplishment but rather to the correct series of accomplishments. The Gold Medal went to Stefano Baldini of Italy, who did not gain the lead until 2 miles before the finish. He ran the marathon in Sydney 4 years before and was unable to finish. The Silver Medal went to Meb (Mebrahtom) Keflezighi of the United States. His father walked out of Eritrea during the civil war there, where he and his family lived in a hut without electricity, through Chad and the desert to gain his freedom. He worked hard to bring his family first to Italy, then to San Diego in 1987, when Meb was 12. Keflezighi (one of 11 children) became a US citizen in 1998.

The American marathoners began this race with a plan—to work as a team as long as they could and then to promote the one they thought had the best chance of winning. Three Americans were in the race, finishing 2nd, 12th, and 64th. The Bronze Medal went to Vanderlei Lima of Brazil. He had finished 47th in the marathon in the 1996 Olympics. Lima led the entire second half of the race until he was accosted by a spectator 3 miles from the finish and was pushed off the track before police and other spectators restrained the attacker. He was able to regroup and rejoin the race and still become the first Brazilian to medal in a marathon.

One week earlier, an American woman, Deena Kastor, won the Bronze Medal in the women’s marathon. Another American woman won the Silver Medal in the triathlon in Athens. She had not competed in Sydney because she found out she was pregnant with her first child, whom she named Sydney.

None of these successes were won by a sprint. Each competitor not only trained for years preceding his/her event, but each endured obstacles in the intervening years and up to and including the long, brutal day of the final event itself. They were sustained by unified focus, personal strength and skills, strong teamwork, and a consistent training regimen. This type of determination and teamwork is valuable not only in the realm of athletics but also in volunteer organizations such as ours.

The Board of the Society spent a significant amount of time this summer revisiting the strategic plan crafted 3 years ago. Our goal was to reassure ourselves that the chosen objectives remained relevant and appropriate priorities for the membership and those we serve. In addition, we compared our strategic plan with the goals articulated by the larger family of family medicine through the recently completed Future of Family Medicine (FFM) Project.

The FFM Project Leadership Committee, acting on recommendations from five task forces, developed 10 strategic initiatives for family medicine’s future. STFM volunteered to lead Strategic Initiative #8, with the assistance of the Association of Family Medicine Residency Directors and the American Academy of Family Physicians.

Strategic Initiative #8 calls for developing a comprehensive career development program to recruit and train a culturally diverse family physician workforce that meets the needs of the nation. Further, departments of family medicine are tasked to continue to develop, implement, disseminate, and evaluate best practices in expanding student interest in the specialty.

The current STFM Strategic Plan is relevant to this initiative as well as to the larger mission of the Society. To give life to this activity, the Board will ask each STFM Group
to embrace part of the following
goals—some of whom will be spe-
cifically identified and asked to ex-
and or modify their efforts. Suc-
cess in achieving the goals articu-
lated in the strategic plan can only
occur if the entire membership par-
ticipates.

Goal #1 is to continue to develop
faculty for our training programs
and departments. The Group on
Faculty Development and the E-
Learning Task Force are already
addressing these areas. They will
seek involvement from current and
past Bishop Fellows—a resource
for the Society who can enrich those
following behind them.

Goal #2 prioritizes diversity in
the Society and in the discipline.
Specific theme days and other pre-
sentations will be solicited by the
Program Committee to address is-
ues of diversity in the meetings of
the Society. The new Group on Ad-
missions will be encouraged to
work with the Association of
American Medical Colleges and the
AAFP to identify strategies being
used in various institutions that have
successfully identified and deved-
oped a diverse body of trainees.

Goal #3 emphasized the impor-
tance of pursuing quality improve-
ment and general competencies.
The Groups on Evidence-based
Medicine, Physician-Patient Inter-
action, Residency Education, and
Patient Education will be asked to
address quality improvement.

Goal #4 describes the need to
translate the elements of the model
of family medicine into character-
istics of competent family physi-
cians. The Group on Predoctoral
Education and the Education Com-
mittee will be asked to incorporate
training in the skills needed to suc-
cessfully adapt this new model in
our meetings.

Goal #5 focuses on information
technology. The recent success of
STFM in receiving funding from the
National Library of Medicine to
develop a Family Medicine Digital
Resource Library will provide a
major boost to the integration of
information technology into our
departments, our training programs,
and our practices.

STFM members have the oppor-
tunity to influence large numbers of
students through implementing the
above strategic initiatives among
students taking undergraduate
medical education courses in the
first 2 years, through required fam-
ily medicine clerkships, and
through family medicine electives.

Further, STFM members will be
collaborating with other members
of the family of family medicine to
implement the other recommenda-
tions of the Future of Family Medi-
cine project. Each of the nine stra-
tegic initiatives in addition to #8
were assigned to a lead organiza-
tion within the family medicine
family. STFM will work with these
groups in addition to taking the lead
on Initiative #8.

As described in the earlier dis-
cussion of what it takes to be suc-
cessful in a marathon, success in
achieving our goals will not be im-
mediate. It will require focus, flex-
ibility, determination, and team-
work. Fortunately, this is a chal-
lenge we can achieve.

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