In my final presidential column, I’ll describe resources that family medicine teachers can use to meet the challenges ahead. We must not underestimate the urgency of our situation, nor our need to make strategic choices and act energetically. At the same time let’s remember—and draw upon—our full quiver of arrows. By “arrows” I mean habits of mind, action plans, and organizational resources. Some of these arrows are new, and some have stood the test of time. They all reflect the amazing perseverance and creativity of the people in our discipline and their commitment to family medicine.

Challenge 1: Our Own Attitudes

In my view, the greatest challenge facing family medicine these days is the danger of sliding into discouragement and inaction. When setbacks buffet us, as they have lately, we naturally feel uncomfortable and stressed. These reactions are understandable, but we must not let these stressors upset us so much that our perceptions and decisions are faulty. We must guard against falling into a funk or “a slough of despond.”

In the 2001 Pisacano Lecture, former STFM President F. Marian Bishop, PhD, MSPH, gave us a helpful perspective on family medicine’s tendency to see itself as an underdog. She noted that family medicine educators sometimes feel “undervalued and underpaid.” As a corrective, she pointed out the uneven nature of progress and the importance of persistence:

Seldom does change occur in a straight line. Change has its peaks and valleys . . . Peaks and valleys reflect the cyclical nature of progress. What is discouraging in one area will be compensated by achievement in another. We have to persist. 1 [italics added]

Challenge 2: Realizing the New Model

Since the Keystone III meeting of 2000,2 our discipline has reinvented itself through an unprecedented process of self-study, action planning, and collaboration. We have created a powerful template in the Future of Family Medicine (FFM) report,3 and we’re now in the midst of implementing that vision. STFM’s responsibility for FFM implementation is to develop approaches for training the family medicine workforce of the future.4 To this end, last spring the Board approved a Special Task Force to refine and clarify our approach. The Task Force has done remarkable work, having identified and begun work on five priority programs: (1) a competency-based curriculum to teach students and residents about the New Model, (2) education for preceptors in the New Model, (3) including FFM programming at all meetings, (4) premedical school recruitment, and (5) a curriculum on communication skills and cultural competency.

I’m satisfied that STFM is making real progress in helping to realize the New Model of practice. Space does not permit me to convey all the exiting developments in this area, but I am extremely encouraged to note that the family of family medicine has firm plans in hand to identify and support 20 (instead of just two) residency demonstration practices. These practices will become laboratories in which we can study, learn, and show the value of our New Model, and they bode well for the vitality of our future.

In addition, STFM has worked with the American Academy of Family Physicians to refocus the Patient Education Conference as the Conference on Practice Improvement: Health Information and Patient Education. This effort has created much favorable comment. The new conference has the potential for becoming one of our most vital and important meetings, furthering our effort to implement and refine the New Model of practice.

To help STFM members strengthen their departments’ education programs, the STFM Board has recently approved a new Institute for Training Predoctoral Directors. This program is modeled on the successful National Institute for Program Director Development, and it will be launched at the 2007 Predoctoral Education Conference.

Challenge 3: Student Interest

I am pleased, as I know you are, that the March 2006 Match Day results showed an increase in the numbers of students choosing family medicine, halting an 8-year decline. This is good and encouraging
news, possibly signaling a change in student motivation and interest in our discipline.

Given current reimbursement mechanisms, our discipline is unlikely to compete for students based on anticipated income, but even in this area we are making gains. As practices and residencies begin to realize enhanced income due to full implementation of the New Model, we will likely see a continued increase in student interest.

Let us remember, however, that our appeal to the American public and to students has always been—and will continue to be—based on the appeal of service. Winston Churchill captured this idea when he commented famously, “We make a living by what we get; we make a life based on what we give.” More recently, Dr Bishop commented on the value of altruism, observing that “Recognizing that you helped someone provides the energy to persist, to voice convictions, and to join with colleagues in numbers to choose the high road when choices are to be made.”

**Challenge 4: Funding Our Academic Efforts**

Implementation of STFM’s New Partners Initiative (NPI) is well underway and has accomplished significant benchmarks. (Information about the New Partners Initiative is available at www.stfm.org). NPI helps STFM members “develop new relationships and identify mutual interests” with private, public, and governmental partners. Our initial Academic Fund-raising Workshops were spectacular successes.

STFM also benefits from the highly competent advocacy of our Washington representative, STFM Legislative Affairs Director Hope Wittenberg, MA, who coordinates the work of the Academic Family Medicine Advocacy Alliance to further awareness and support of the discipline. We will need to continue our active advocacy during the coming years to maintain and expand federal support. One new “family” effort, led by Legislative Affairs Committee Chair Terry Steyer, MD, is a task force that has developed policy statements to guide the reauthorization of funding for the National Institutes of Health.

The Board is also exploring four new fund-raising initiatives that were nominated during our February retreat. I have named STFM Board members and staff members to four small “strikes forces” to explore each idea’s feasibility. These initiatives, properly vetted, should meet the needs of family medicine educators as well as support the Society. Stay tuned for more information as these efforts mature.

**Challenge 5: Promoting Scholarship**

STFM continues to support efforts to encourage and disseminate the scholarly work of its members. Two noteworthy recent efforts are the Family Medicine Digital Resource Library (FMDRL) and the Family Physicians Inquiries Network (FPIN). For more information about FMDRL, visit www.fmrdl.org or contact Traci Nolte at tnolte@stfm.org; for more information about FPIN, visit www.fpinc.org.

STFM launched the FMDRL at the 2005 Annual Spring Conference. It provides an administrative and technical framework for the electronic dissemination and archiving of both peer-reviewed and non-peer-reviewed presentations, modules, examinations, simulations, and other medical education material. FMDRL has been developed with an open-standards infrastructure permitting interaction with other digital libraries such as the MedEdPortal library that is being developed by the Association of American Medical Colleges (AAMC). Although FMDRL and MedEdPortal will store their materials differently, STFM and the AAMC have developed a working understanding whereby materials posted on both digital libraries will be searchable from either site. The development of these sites—and their collaboration—is a big step forward in enabling family medicine teachers and scholars to publish their work.

FPIN is another wonderful channel for encouraging scholarship. It enables faculty and residents to participate in writing and reviewing “Critical Inquiries” for the Journal of Family Practice and the American Family Physician. This collaborative effort is endorsed by AAFP, ADFM, AFMRD, STFM, and NAPCRG. Speaking personally, I am impressed by the enthusiasm for FPIN by the residents and faculty in my own program. They have published two Critical Inquiries and several commentaries and have two more Critical Inquiries in the works. FPIN is a powerful resource, available to all, and it can play an important role in encouraging scholarly activity.

As this quick review shows, there are many arrows in the family medicine quiver. Let’s use them to monitor and correct any negative and unrealistic attitudes we might entertain, realize our new model of practice, fund our academic programs, and encourage student interest and scholarly activity. With persistence and hard work we will strengthen family medicine and—hit the bull’s-eye!

Thanks for your involvement and commitment.

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**REFERENCES**