

**President's Column**

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## Teaching for the Future of Family Medicine

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The first emotion that I try to conjure up and feel deeply every morning is gratitude. I may wake thinking I need to do this or that, I may let a little panic or annoyance creep in once in awhile, but I consciously push it out of my mind to make room for gratitude. Crisis or no crisis, I still believe that it is a deep honor and privilege to do the work of family medicine. Having said that, I must confess that I believe these are extraordinary and difficult times for medicine, all of medicine. These are times that require vision, rigor, courage, and action.

I assure you that the Society of Teachers of Family Medicine is strong and thriving, and it will stay true to its traditional values, mission, and vision. We are a teaching organization that "will be a community of educators, researchers, and clinicians leading change that measurably improves the health of all people." Indeed, we are a "community of practice"<sup>1</sup> with similar experience, hopes, and needs, with a desire to share what we know. We come together in our meetings to be renewed and recharged. And it works very well.

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But I and many others in this organization believe that the Society must lead in the transformative change of family medicine. Transformative change is new to us. It is risky, especially in a time of uncertainty, and there is much uncertainty in the US health care system. Transformative change is hard work; we have little experience with it. It requires bold steps, new vision, and, for teachers of family medicine, it requires something else. It absolutely requires that we change and teach at the same time.

### **The STFM Special Task Force on the Future of Family Medicine**

To create transformative change in family medicine, the Society has taken the initiative for developing a competency-based curriculum in the TransforMED model of care. We also believe we must take the lead in planning for preceptor education in this new model. We can and must be truly innovative in the way this is done. In the coming months, STFM members will be asked to contribute to these curricula, and special sites for the proposed modules will be created on STFM's Family Medicine Digital Resources Library (FMDRL). Innovation will come from the many STFM members who will lend their talents to the creation of a curriculum that will have a "living" home on FMDRL.

STFM has also taken on the responsibility, as a community,

to mentor premedical students in choosing and realizing a career in family medicine. Simply stated, "The pipeline is broken and needs to be repaired." We are certainly not the first to address this problem, and our task seems more difficult with time, but members of our Society bring new creativity to the task. Our initiative stresses the importance of getting a socially conscious and/or underserved student into our schools. I am confident that you will hear about our mentorship campaign and want to "recruit your replacement, PLUS one."

There is nothing that gives me greater pleasure than putting my stethoscope on the ears of young patients, showing them how to listen to their own heart, and saying "Now you're pre-med." Renewing the pipeline begins with me at home, and I hope you and other members will take this challenge seriously, personally. There is much wonder and joy in what we do. We must share the secret to a good life.

Another Special Task Force goal was to have Future of Family Medicine presentations at all STFM meetings. That goal was the easiest to meet, and there is more to come. But it is significant that one meeting, formerly known as the Patient Education Conference, jointly sponsored by STFM and the AAFP, has transformed itself to the Conference on Practice Improvement. This meeting is unique in that it brings community doctors and teachers together. It

will focus on improved models of care, office redesign, technology-enhanced communication, and quality improvement. The urgent need for transformative change requires meetings that can rapidly communicate the lessons learned in our offices. And the exchange goes both ways; our academic departments have much to learn from community family physicians.

### Challenges for the Coming Year

Last year, I said we must begin teaching for the future of family medicine. And indeed that will be the theme of the STFM Annual Spring Conference in Chicago: "Teaching for the Future of Family Medicine." There are four subthemes for this meeting.

#### (1) *Teaching the Best of the Best Practices*

We must find ways to rapidly deploy the lessons we have learned from our best practices. I hope the meeting next year will be a showcase of the ways in which we are transforming our teaching and our offices, our research, and our advocacy. Chicago, the city of the great World's Exposition of 1892, can be our showplace for creativity and exchange.

#### (2) *Learning From Quality Improvement and Practice-based Research*

The American people need and deserve medical information that is pertinent to their lives and work. All physicians need evidence from researchers and research networks that describe the real world. And teachers of family medicine need a venue to hear the results of research from the best researchers in family medicine.

#### (3) *Creating New Partnerships and Models*

I would like to thank Past President Bill Mygdal, EdD, once again, for the clear-sighted and effective leadership of the last year. His New

Partners Initiative, unfortunately, could not have been more timely or appropriate. The skills of value-based fund-raising are vital to our departments and our programs. More than 60 members have participated in these the Academic Fund-raising Workshops to date. We plan to have this important faculty development initiative continue next year.

What other collaborations and models can we learn from? Joe Scherger, MD, MPH, has asked us if the future of family medicine is "hamster care" or "relationship-centered care." I say that relationships are the heart of what we do. The members of the Society must study, understand, and teach relationship-centered care. The new model, the TransformMED model, depends on it.

#### (4) *Advocating for Health Care System Change*

Finally we come to the fourth objective, the fourth imperative for my year as president of STFM. The second and fourth strategic goals of STFM are: "To advocate for social justice to improve health care for all people" and "To lead the process to define the most-effective roles and responsibilities of family physicians in the evolving health care system."

I believe that STFM can do more to address these goals. It is time to decry a health care system that is wasteful, ineffective, and unjust, a health care system that is breaking the back of primary care.

I believe that the biggest "health care problem" in America is the health care system itself. I believe we must cast a light on it. That we, family physicians, advocates for our patients, must draw attention to it. I have worn a red ribbon, a pink ribbon, and a red dress pin on my white coat lapel. This year I will start wearing a ribbon for this—the biggest health care problem in the United States. I actually assumed

there already was a color for health care reform. There are ribbons for everything from acid reflux disease (periwinkle blue) to feral cats (orange), but there is no ribbon for health care system reform.

I would like to suggest a "Health Care System Crisis" ribbon. It is a combination of orange and blue—orange for "high alert" crisis and the blue for hope. This ribbon says, "Shouldn't basic health care be a right of every American?" This ribbon says, "Its more than just covering the uninsured, it's more than a question of "physician workforce." The ribbon says, "Can we not broaden the idea of patriotism to include a sustainable, just, and effective system for all Americans?"

I urge you to join me in talking to patients and working for change. To that end, I have presented the STFM Board with a proposal to establish a Family Medicine Summit on Health Care Reform for America. I assure you that I do not have all the answers. But I know that there are incredibly creative and intelligent family physicians in this country who have been thinking about this problem for a long time. We must find a way to have them heard. We will work for an inclusive and open process, and we will work with our sister and brother organizations in family medicine.

Let's earnestly begin that process this year. Yes we are teachers, not politicians, but how will an informed public vote for change without teachers leading the way?

I understand that these are serious times. I believe the American public is at great risk, and that they are unaware of the danger. I believe that we may be on our own two yard-line, with 2 minutes to go, and down by 6 points. But, as John Elway of the Denver Broncos said when he was in the same position in the 1987 AFC Championship against the Cleveland Browns, "We have them right where we want them." These are also times of great

opportunity and the most exciting challenge of our generation.

The ribbons are just a beginning. But they are at least a beginning. Let us celebrate and honor the mission, the work, and the community of the Society of Teachers of Family Medicine. Let us think and then act for change in medicine. My e-mail is Caryl@stfm.org or heaton@umdnj.

edu. I would very much like to hear your thoughts and responses to these ideas.

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