Most of us belong to multiple organizations . . .

Your time and talents are valuable, and there are many worthy causes that could benefit from both. But, if you are like me, and you always felt that STFM was your home-base organization, you might have wondered about how to get more involved in the Society. My mission today is to explain the anatomy and physiology of STFM and invite you to join the brilliant and creative people that keep this organization moving forward.

I have been a member of the Society since 1985. I like to say I’m a “card carrying” member, which (I believe) means I am active, committed, and attend at least one meeting every year. As membership committee chair for 5 years, I actually tried to get an STFM membership card with “member since . . .” on it. I was proud of continuous membership, and I believe others are too. But I realized I was wrong about the cards. It really doesn’t matter how long you’ve been a member. If you feel passionate about family medicine education and would like to be more involved, or even if you are just curious about how STFM works—read on.

STFM Governance and Structure

STFM has a Board of Directors that sets policy and directs the administrative staff. The Board of Directors has voting and non-voting members, but all members participate, usually vigorously, in its discussions and deliberation. The voting members are president, past president, president-elect, secretary-treasurer, the folks you have elected—two CAS (Association of American Medical Colleges Council of Academic Societies) representatives, and the three members-at-large. That’s nine voting members. The other Board members are the chairs of the six “standing” STFM committees: Communications, Education, Legislative Affairs, Membership, Program, and Research. The executive director is an ex-officio member of the Board. That’s 16 members of the Board of Directors.

The by-laws of the Society state that the role of the Board is to “manage the affairs of the corporation.” STFM is a not-for-profit corporation of the state of Missouri. The Board of Directors has the “authority and responsibility to act for the Society between meetings of the members.” Since the general membership of the Society has only one business meeting (at the Annual Spring Conference), the Board makes most policy decisions for the Society. Some are mandated by the by-laws, but most of the discussions of the Board arise from the ideas of committees, the president(s), and of course our executive director and staff and our members.

STFM Committees

The volunteer members of the standing committees put their time and energy into fulfilling the responsibilities of each committee.
Communications Committee and the Membership Committee (Betsy Naumberg, MD, and Sim Galazka, MD, respectively). Both these new chairs had previously been members of their respective committees. Committee chairs are often selected on the recommendations of the outgoing chair; he or she may be in the best position to judge how the committee will best be served by a current member. The truth is that many excellent committee members are not chosen for committee chair, simply because there are so many exceptional people from which to select.

**Nominations Committee**

Each year the Nominations Committee of STFM nominates two candidates for president-elect, two for a new member-at-large, and two for either the secretary-treasurer or one for the CAS representative. You will notice that the Nominations Committee is not a “standing” committee with representation on the Board. The STFM president appoints one member to the Nominations Committee each year. All appointments are voted on by the Board of Directors. At the risk of insulting three friends, I will say that Nominations Committee members are usually senior members of STFM. They are often past presidents or recognized experts and leaders in the Society. The current Nominations Committee includes Denise Rodgers, MD; Mark Quirk, EdD; and Betsy Garrett, MD, MSPH.

**Leadership Incubation for STFM**

At the back of each Board book (the book sent to each Board member prior to our meetings) is the list of STFM Group leaders. We keep this list handy to quickly remind ourselves of the diversity of talents and interest within the Society. We also use it to see the names of the individuals leading those groups. Groups and their leaders are the natural training ground for STFM leadership. The Nominations Committee, chairs, and staff look for folks active in the leadership of groups as potential future committee and Board members. The activity levels of the groups may rise and fall over time. This is natural, and we have all seen it. But, when a group is active and dynamic, most of the Board is very aware. We look at those group leaders and think, “They must be doing something right.”

The role of the groups in STFM cannot be overemphasized. Most members value the Society because of the chance to network with individuals who have shared interests and needs. The groups are the greatest source of this coming together as a community. We often get requests for more “group time” at meetings. I sometimes think we could hold a meeting that would be nothing but group meetings, and we’d still have a big turnout!

So, the second take-home message for getting involved in STFM is to get involved in the group of your choice. If you don’t see one that grabs you, then start a new one! The groups make the society rich and responsive, and they provide a nexus for sharing information, enthusiasm, and best practices. If your passion, your time, and your ability extends beyond one group, all the better!

There are other ways to participate in STFM. I’ve listed a few other options, with the appropriate contacts, in Table 1. Participation in the Steering Committees for the Conference on Families and Health, Conference on Practice Improvement, or the Forum for Behavioral Science is an excellent way to share your enthusiasm for a particular meeting. Writing and reviewing for *Family Medicine* or the Family Medicine Digital Resources Library (FMDRL) are critically important skills for the discipline.

**One Person’s Experience**

As I have said, I joined STFM in 1985 and was a member in the early days of the groups. I believe that I started two groups that had meaning for me. I knew nothing about the standing committees before I was invited to be on one. I knew nothing about the Nominations Committee before I was on the Board. I don’t think I am the only STFM president who had such a miserable lack of understanding of the organization they would eventually lead, but maybe so. My hope is that this helps illuminate the process and that future presidents will have it right from the start.

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**Table 1**

**Ways to Get Involved With STFM**

<table>
<thead>
<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Serve as a Family Medicine Committee chair (<a href="http://www.stfm.org/annualreport/index.htm">www.stfm.org/annualreport/index.htm</a>)</td>
</tr>
<tr>
<td>Serve as a Family Medicine</td>
</tr>
<tr>
<td>Editorial Board member Barry Weiss (<a href="mailto:bdweiss@u.arizona.edu">bdweiss@u.arizona.edu</a>)</td>
</tr>
<tr>
<td>Review manuscripts for Family Medicine Barry Weiss (<a href="mailto:bdweiss@u.arizona.edu">bdweiss@u.arizona.edu</a>)</td>
</tr>
<tr>
<td>Write book reviews for Family Medicine Cathleen Morrow (<a href="mailto:cmorrow@mainegeneral.org">cmorrow@mainegeneral.org</a>)</td>
</tr>
<tr>
<td>Serve as an reviewer or a group editor for STFM’s Family Medicine Digital Resources Library Richard Usatine (<a href="mailto:usatine@uthscsa.edu">usatine@uthscsa.edu</a>) or Traci Nolte (<a href="mailto:tnolte@stfm.org">tnolte@stfm.org</a>)</td>
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</tbody>
</table>

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