

STFM—Two Histories

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We don't see things as they are, we see them as we are.—Anais Nin¹

We are very fortunate for two reasons. The first is that we chose careers in family medicine, a field filled with a rich history and deep relationships. The second reason is that we are active in the Society of Teachers of Family Medicine (STFM), an organization filled with love and respect for its members. STFM provides a group of friendships and connections that take us beyond our local work environment.

The 50-year history of STFM is people who graced each decade, creating a daring new field in academic medicine. This article describes two personal histories of being part of the STFM story. One (JES) has been active for 40 years while the other (KTE) is a new young leader. The contrast of these histories provides a mosaic of the relationships and experiences that are the essence of STFM.

JES

I entered STFM by serendipitously becoming the first resident member of the board of directors in 1977. The founders of STFM were all there: Lynn Carmichael, Gayle Stephens, Edward Ciriacy, Marion Bishop, and many others. Leland Blanchard, had passed away but I met him in California and witnessed his mild-mannered leadership. The counterculture phase of family medicine was in full swing and STFM in its youth was a very exciting organization. We hung on the written and spoken words of the scholar and prophet Gayle Stephens.^{2,3} Many other more concrete authors followed the lead of my most important mentor, John Geyman, who started the *Journal of Family Practice* in 1973. STFM's journal started as a newsletter, *Family Medicine Teacher*.

One of my most precious moments was watching Lynn Carmichael and Gayle Stephens strategize about how family physicians could be trained by family physicians exclusively and not be co-opted by the culture of other specialists. Two articles stand out for me as typifying the struggle of this time. Tom Wolf, program director at Syracuse and the youngest member of the original group at the New York meeting in 1967, wrote about swimming with sharks,⁴ the struggle of relating to other specialties that did not respect you. Ed Shahady wrote *Do Our Residents Belong to Us?* about how the requirements for residency has the family medicine residents on other specialty "turf" more than in family medicine.⁵

Twenty years ago I wrote about three phases of academic family medicine.⁶ The 1970s was a counterculture phase where family medicine played a reform role in medical education and health care by focusing on the humanistic qualities of the physician and the nature of illness. From the beginning STFM embraced psychologists to teach medical students, residents and faculty behavioral medicine. Scholars in medical education, such as Carole Bland from Minnesota, pioneered family medicine faculty development.⁷

During the 1980s an evolutionary change in family medicine education became palpable. The counterculture phase was being replaced by a *parity phase* where departments of family medicine and residency programs strived to prove that they were as good as or better than the other specialties. Many departments and programs were successful and STFM played an important guiding role sharing techniques and strategies. John Geyman, Robert Taylor,

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and others led in the description of successful departments in family medicine.^{8,9}

The traditional medicine school continued to be a hostile environment for family medicine in most places creating a “fortress” mentality of us versus them. Family medicine and STFM were going from adolescence to early adulthood. As president of STFM in 1986, I did not resonate well with the fortress mentality and looked forward to what came next.

During the 1990s managed care became a pervasive force and rapidly primary care became important again in American medicine. STFM, departments of family medicine, and residency programs had more than a 20-year history and were maturing. That was the time to begin an *integration phase* and show leadership in medical schools and hospitals that had residency programs. Marion Bishop did more than anyone in the 1980s to bring about the integration of family medicine in medical schools that flourished in the 1990s and continues today. Marion led the 25-year celebration of STFM in 1992 and that wonderful history was captured.¹⁰

The energy level and quality leadership in STFM has continued right into early decades of the 21st century. The STFM staff has been exceptional and Roger Sherwood followed by Stacy Brungardt has provided great continuity. Now is the time for the millennial generation to assume the mantle of leadership for STFM and family medicine in general. We are a far more diverse specialty and organization than when the founders got all this going. KTE is a great example of such a fresh new leader.

KTE

My story with STFM began in 2014 when I enrolled in the STFM digital chalk program otherwise known as residency faculty boot camp which is a platform created to make available faculty development resources.¹¹ I had access to STFM digital chalk resource for 1 year and in January 2015 I received my certificate of completion. As a new member, I had access to other various STFM membership benefits such as *STFM Messenger*, newsletters, journals, workshop, and conferences.

In 2015, an email went out to all STFM members soliciting applicants for the STFM 50th Anniversary Task Force. Initially, I thought it would be a fruitless effort for me to apply since I was relatively new to the organization and my chance of being selected was relatively small. However, I went ahead and submitted my resume for consideration for

the position. I remember vividly how surprised and excited I was the day I received an email from Mary Theobald, STFM vice president of communication and programs, that I had been selected as a member of the nine-person 50th Anniversary Task Force in June of 2015. This was a door opener for me to get involved with STFM. The task force’s responsibility was to prioritize celebration ideas and coordinate the STFM 50th Anniversary celebration activities for the year 2017.¹² It gave me great pleasure to work with LeeAnne Denny, Colleen Fogarty, Maureen Grissom, Daniel Ostergaard, Roger Sherwood, David Swee, Michele Vaca, William Ventres, and the Task Force Chair Joseph Scherger. All had their histories of how STFM impacted and enhanced their careers, and what they gave to the organization. Mary Theobald, and STFM Executive Director Stacy Brungardt, who herself had been with the organization for more than 20 years, motivated me to continue on my journey with STFM. One key lesson learned from this leadership opportunity was that to become involved with STFM, all you need is aspiration and availability, it does not matter how long you have been with the organization.

In May, 2016, I attended my first STFM Annual Spring Conference where I co-presented a work in progress project and a seminar titled “The RADISH project: Re-Admissions: Interdisciplinary strategies to decrease early re-hospitalization” as part of my faculty development fellowship requirement.¹² Not only was I able to share my work with family medicine colleagues, but I also learned from them. The most interesting part of the conference was the STFM Awards Program where award recipients were recognized for the work they did and the impact made on STFM and family medicine. I was particularly intrigued by the speech given by Andrew Bazemore, who received the award for the best research paper “More Comprehensive Care Among Family Physicians, is Associated with Lower Costs and Fewer Hospitalizations” published in the *Annals of Family Medicine*.¹³

During the 2016 STFM Annual Spring Conference, I attended the STFM Group on Minority and Multicultural Health meeting which sparked my interest to be involved. In September of the same year, I became one of the 10 steering committee members of the STFM Group on Minority and Multicultural Health. I have enjoyed working with group pioneers such as Judy Washington, Marji Gold, and others who have been great leaders and mentors.

One of the many missions of this group which I am also passionate about is improving faculty development of underrepresented minorities (URM) in academic family medicine. José E. Rodríguez, and his colleagues rightly pointed out in their 2014 paper that there is strong evidence that faculty development and mentoring program increases retention, productivity, and promotion of URM faculty.¹⁴

An article by STFM president Samuel Cullison, “Why Mentorship Is Important to You and Family Medicine,”¹⁵ encouraged me to pursue a new academic focus. Despite the perceived benefit of mentorship, it is disheartening that a majority of teachers of family medicine do not have someone they can address as their mentor. Margaret Riley, also buttressed concern in 2014 that there is insufficient mentoring in family medicine.¹⁶ As a teacher of family medicine, my long term career goal is focused positively impacting medical students and residents to be more involved in scholastic and leadership activities through mentoring.

During 2015–2016, I developed a mentoring-mentee relationship with a second-year family medicine resident from the University of North Carolina Chapel-Hill, Catherine Coe. I supported her with her project throughout and I was excited when “More than Coughs and Colds!—Increasing Undergraduate Students’ Exposure to Family Medicine” was accepted for presentation at the February, 2017 STFM Conference on Medical Student Education.¹⁷ In January, 2017, Dr Coe received an STFM Faculty of Tomorrow Resident Scholarship.¹⁸ To see my mentee attain such level of leadership in the field of family medicine is quite rewarding.

Not only has STFM impacted me as a learner, a mentor and a teacher, it has also impacted the lives of many family medicine residents through the Faculty for Tomorrow Resident Scholarship and STFM Resident Teacher Award.^{18,19} Programs such as these bolster residents’ interest and commitment to family medicine education, and it encourages their participation in various STFM programs.

Although I have only been with the organization for 3 years, I consider myself as part of the present, future, and someday past of STFM. I know my generation that has become involved with STFM feel the same and are committed to furthering the history of this great organization.

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