PRESIDENT'S
COLUMN

Leadership for the Future of Family Medicine: STFM's People and Power

Jeri Hepworth, PhD

(Fam Med 2011;43(6):442-4.)

I am grateful for the opportunity and honor to serve as president of our STFM. I will use the President's Columns to consider pressing issues affecting family medicine education and highlight innovations and new directions in leadership and advocacy for family medicine. This initial column is an adaptation of my incoming president's address at the 2011 Annual Spring Conference, in which l outline my commitments, values, and priorities for this next year.

Serving as president is not only an honor but a responsibility—one so great that I cannot do it alone. Therefore this column will not describe what I and the STFM Board plan to accomplish. Instead I ask for assistance and for us to think more about what we all can accomplish together.

A grand vision guides me and many of us throughout our careers. We want family medicine and primary care to be the centerpiece, not only of our health care systems, but of our medical education systems. This is not grandiose. This is sane.

This became even clearer for me 2 weeks before our annual meeting. With no warning, I quickly became very sick after a flight home, and within 2 days was hospitalized for the next 5 days with pylonephritis, bacteriosis, and later, pneumonia. Though I didn't think I needed the education, I learned much about being a patient. Mostly I learned how our fear can truly be mediated by those who provide our care. I was fortunate to be cared for by a family physician, David Jaworski, MD, who happened to be a long ago graduate of our residency. I am healing well, but I am even more certain that when any of us have health crises, we need family physicians to be there with us.

We in academic family medicine are the ones to ensure that there will be enough family physicians for all. STFM helps us do this by bringing together people, ideas, resources, and a common voice. As a family therapist, I think about how we can make family medicine more impactful by making changes at both the organizational and individual levels. So, my priorities this year are to work hard on both levels. I will continue to develop our organization's leadership and advocacy opportunities, and I will encourage all members to recognize opportunities for advocacy and maximize leadership in your many settings. The values that enable these priorities are vision, responsibility, collaboration, and joy.

Our Organization

STFM is a healthy organization. The more I learn about the workings of STFM, the more I am impressed. There is clear vision, sufficient finances, people-focused management, continual assessment, and exciting growth of programs and services. Our executive director, Stacy Brungardt, CAE, in all interactions, upholds an example that is mirrored by the rest of the staff. They provide a high bar for us on the Board.

Especially since the Future of Family Medicine report, STFM presidents have coordinated themes to help move STFM in a unified direction. Patient-centered Medical Homes (PCMHs), leadership for medical education and for PCMHs, collaborative practice, and interprofessional training are still significant initiatives. So too are the urgent priorities to create a national curriculum for family medicine medical education, respond to the new residency curriculum guidelines, and coordinate effective resources to facilitate teamwork and help practices move toward PCMHs. And, what about our advocacy role in national health care reform?

Here is the vision and responsibility part. Our Board is engaged in a strategic planning process, and we appreciate how many have and will participate in these conversations. By the end of this year, we will have a well-communicated plan, consistent with STFM's value of transparency, with concise statements of direction and intention. My commitment is to help advance and communicate concise organizational goals to inform others and facilitate our ability to align new activities with our consensual vision. Enhancing our organization's

leadership in external settings requires that we all clearly communicate the same central messages.

We don't do it alone—collaboration. STFM has strong effective collaborations with the other academic family medicine organizations, coordinated by CAFM, and with the AAFP, as well as with others in nursing, primary care, and mental health. We advocate nationally for more effective, patient-centered, and accessible health care and education. We strategically coordinate to ensure that effective representatives of family medicine are appointed to national commissions and are at the tables where decisions are made about our health care system. My commitment is to help STFM increase opportunities for advocacy—for our collective voices to influence directions of medical education, and therefore the future of health care.

STFM provides opportunities for collaborations among us—for support, inspiration, challenge, and meaningful relationships. I remember two things from an early Family in Family Medicine conference in 1984. First was traveling cross-country while being quite pregnant with our daughter Katie. Second was when Don Ransom, PhD, encouraged me to turn my presentation into a publication. Perry Dickinson, MD, wrote about Don in a recent President's Column on "Is There Room for the Family in Our Medical Home?"[1] Dr Ransom was a visionary early leader, who insisted that the specialty of family medicine be more than general practice and provided compelling arguments about how inclusion of the patient's family and context of care should frame the theoretical basis for our discipline.

I can still remember how powerful it was, as a young professional, to have Don's recognition and encouragement. Similarly, as a pregnant woman in the early 1980s, I was particularly attuned to questions about inclusion and acceptance. My early experiences convinced me that STFM would support both my professional and personal passions. I hope that all members have similar stories of their experiences in STFM.

STFM creates opportunities for joy! Our meetings are fun. Our colleagues are stimulating. Member surveys consistently identify personal and professional networking as a valued benefit, and our staff continues to find creative ways to increase networking. My commitment in this area is personal. I want to lead our organization with joy, to maximize diversity of opinion and collaboration in decision making, and to be open to any of you who want my ear.

Our Members—Our Leaders

This section could also be titled "Power to the People." The urgency for our increased involvement has never been greater. Our health care system is still broken, with partial fixes perceived as threatening to many. Many of our states, academic health centers, and hospitals have financial and directional crises. Uncertainty and fear permeates our health care systems that instead should be focused on care.

Family medicine doesn't have all the answers, but we have longstanding priorities that can be levers for leadership. Each of us has a slightly nuanced list, but in general, they include creating access for all, ensuring a sufficient number of primary care physicians, insisting that the emerging care systems will prioritize prevention and healing, and creating partnerships among patients, families, and health care teams in their communities

Not only do we have the just and right vision. We have the ideal skills to lead and make this vision real. Steve Spann, MD, MBA, recently identified how his skills as a family physician prepared him to be dean. His MBA certainly came in handy, but much of his effectiveness was due to his ability to listen, negotiate, reframe, and consider another's readiness for change. These are characteristics of emotional intelligence. They also describe good doctoring, good teaching, and good leading.

Not all of us will or should be deans. But it is not an accident that many in family medicine are being asked to take on leadership roles in our medical schools, hospitals, and health care agencies. The skills of family physician educators are needed at all levels, and we can no longer wait to be asked. The stakes are too high. Because we are passionate about medical education and the future of health care, we have a responsibility to seek these increased leadership positions. When we sit on the Search Committee for the Chair of Medicine, for example, candidates must discuss their ideas about primary care and not only nephrology research. Getting on these influential committees is intentional leadership.

We don't have to hold formal positions to be leaders. In all settings, we are being watched. Learners look for our "hidden curriculum" and messages we unwittingly convey about our effectiveness and satisfaction. Students are not the only ones who are watching. Families that we care for and community leaders with whom we work are also voters and decision makers, who can help ensure that family medicine and primary care are central to health care changes. As leaders, we have responsibility to lead by example. This means we look for opportunities to share our joy and passion.

As leaders, we can prepare. What if each of us develops a short "elevator speech" so we can respond when neighbors discuss their frustration with health care reform debates? Instead of adding to the discouragement, what if we describe how family medicine has responses for accessible, compassionate, effective care? What if we note that parallel to the political discussions are exciting developments by industry and insurers that are based on primary care? Responding with hope and with experience is also intentional leadership.

Effective leadership means that we make sure that we have the skills to perform the roles. It means that we are careful about inconsistencies and promises not kept.

So my requests are that we capitalize on our power and use it to increase our influence—locally and nationally. There are multiple options:

- Take a few minutes to think about leadership possibilities in your setting and write a small personal commitment statement.
- Meet with a colleague and share your commitment so you can have reinforcement.
- Take the STFM Online Advocacy Training, and encourage others to do so.
- Contact your legislators regarding family medicine issues, and let us know about it.
- Assess what new leadership skills or assistance you need.
- Sign up for leadership training opportunities at STFM and at your local institutions.
- Highlight faculty, student, and resident leadership. Start a faculty leadership book discussion or perhaps create an inspirational panel such as what was showcased at the annual meeting.
- Share your stories of advocacy and new directions in leadership. I will highlight members' stories in some of the President Columns in *Family Medicine* and other STFM forums. I encourage you to share your best practices in presentations at next year's annual meeting.

As president-elect, I have enjoyed increasing my advocacy, partly because I can represent family medicine with no hesitancy. This is in contrast to how I sometimes hold back from advancing my own work. Many of us are reluctant to toot our own horns. But, advocacy for family medicine isn't about me or any of us. It's about the future of health care. We can speak for family medicine with no self-conscious ambivalence. It's a real joy.

Along with the values of vision, responsibility, collaboration, and joy is another value that makes these possible—sustainability. We are going to be on this path for a while, which means we need to attend to self-care. We can't be joyous, intentional leaders if we feel chronically overburdened.

I'm reminded of the long and snowy winter that we just finished in the Northeast. As some of our roofs caved in from too much snow, we lost some longstanding, precarious, but iconic barns and other structures. Our family's home had minor structural damage, since in 30 years, we never had to remove snow from a roof. We didn't know we were carrying too much of a burden!

Certainly we attend to prevention and avoid overwhelming stress. But sometimes we don't notice the loads we are carrying. In my home, contractors will remove an interior wall and add additional vertical support beams. Interestingly, the contractor term for beams that are added to existing beams for extra support is "sistering"!

So, my sisters and brothers, the metaphors are obvious. We need the support of each other to do this work. STFM provides strong leadership and each of you are strong leaders, who are needed to support others. With your leadership, we will ensure the growth of compassionate, effective family medicine—for our patients, families, and communities. There is nothing more important than ensuring that excellent family doctors and primary care health care teams are there when people need them. I look forward to collaborating with you all during this next exciting year.

References

1. Dickinson WP. Is there room for the family in our medical home? Fam Med 2011;43(3):207-9.

CORRESPONDENCE: Address correspondence to Dr Hepworth, University of Connecticut St Francis Hospital Family Medicine Residency, Department of Family Medicine, 99 Woodland Street, Hartford, CT 06105-2756. 860-714-6526. Fax: 860-714-8079. jhepwort@stfranciscare.org.