disparities. Three sessions related to this topic were extremely well received at the recent STFM annual meeting in Atlanta, and this theme will continue to be explored in future meetings.

Another area where family medicine researchers and educators can make a sizable scholarly contribution is educational research. Family medicine faculty members often play large roles in medical school, residency, and fellowship education. There is a tremendous opportunity to look at curricular outcomes objectively and disseminate the results to other educators. The STFM Research Committee is developing both a full-day workshop (for the 2004 STFM Predoctoral Conference in January) and a skills-building session (for the 2004 STFM Annual Spring Conference in May) that will help the development of educational research projects. These sessions will address such concepts as formulating educational research questions, designing studies, and publishing results.

The image of family medicine research and researchers needs to be improved. Research is vital to the survival of family medicine, and the perceived value of our research to the health care system, practicing clinicians, academic centers, research funders, the public, and other constituencies needs to be increased. Ideally, everyone involved in family medicine would have a role in our research mission as investigators, participants, or active consumers. Although we have made some strides in these areas during the recent years, this ongoing concern will continue to receive attention from STFM and our other family medicine organizations.

The STFM Research Committee will take primary responsibility for planning activities aimed at impacting these and other issues from the AFMO Research Strategic Plan and for coordinating STFM’s activities with those of our other family medicine organizations. We also hope, however, that all STFM groups and members will pay attention to the AFMO Research Strategic Plan and for coordinating STFM’s activities with those of our other family medicine organizations.

The family medicine departments in US medical schools are diverse, eclectic, and in transition. Whereas almost all maintain the historic focus on training medical students and residents, others are homes to large research programs and practice networks, and many are experimenting with innovative methods of improving patient and community outcomes. Computerized medical records, open-access scheduling systems, and better methods of helping patients change behaviors are being tested and improved in many sites, while others are experimenting with systems for improving the postdischarge care of high-risk patients or the utility of workplace-based primary care. Educational methods are in flux as well, as more restrictive requirements in training are imposed, and as knowledge and skills in evidence-based practice and communication becomes increasingly important.

If you have not checked to see what your family medicine department is doing, and what you might learn or how you may help, you may wish to get in touch. The current listing of the academic department chairs is displayed below. Full contact information is always available at the Association of Departments of Family Medicine Web site, at http://www.adfammed.org/.

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References
