

and a Directory of Diplomates, as well as a frequently asked questions section.

The second section will be accessible only by Diplomates using an ID and a password. This section contains 4 components including the following:

Portfolio. Diplomates will be able to track their personal progress throughout their respective certification/recertification and/or MC-FP cycle. They will also be able to access their unique portfolios, which contain their personal and professional history.

Specific MC-FP Requirements. Diplomates will be able to review their specific requirements for participation in MC-FP, including the available fee schedules for participation.

MC-FP On-Line Tutorials. Tutorials are available for Self-Assessment Modules (SAMs) and Computer-Based Assessment System (CBAS).

Self-Assessment. Each Diplomate will be able to demonstrate knowledge of specific disease domains through the completion of clinical SAMs and patient simulation modules during each MC-FP cycle.

The Board's new Web portal, <http://www.abfp.org>, promises to provide each Diplomate with efficient and immediate access to the information they need, from the comfort of their home or office at a time of their choosing.



From the Society of
Teachers of Family Medicine

STFM RESPONSIBILITIES FOR AFMO RESEARCH STRATEGIC PLAN

The Academic Family Medicine Organizations (AFMO) Research Subcommittee has developed a strategic plan for building research capacity within our discipline. The first step in the development of the strategic plan involved the generation of a document attempting to answer the question, "What does it mean to build research capacity?"¹ Using that document as a conceptual framework, the subcommittee developed an AFMO Research Strategic Plan, which has been endorsed by the leadership of all of the member organizations. A structure was developed for monitoring the accomplishment of the various aspects of the strategic plan, and an action plan was developed by asking each organization to choose and take responsibility for specific items from the strategic plan that fit with the organization's mission, interests, and activities. The AFMO Research Subcommittee provides oversight of the plan. The subcommittee monitors progress on the goals and facilitates interorganizational efforts on

implementation and development strategies of shared goals. The NAPCRG and AAFP boards have agreed to provide staff support to assist the AFMO Research Subcommittee in this oversight process.

The AFMO Research Strategic Plan provides a general template for the STFM Research Committee to review and consider as it develops and prioritizes research capacity-building sessions and other research-oriented sessions for the annual spring conference. The plan can be helpful for various STFM groups and committees, including the STFM Board of Directors, in guiding decisions regarding research issues. In addition, STFM has taken particular responsibility for several aspects of the strategic plan that were deemed especially relevant to our membership.

One way of conceptualizing the training of family medicine researchers is that it occurs in stages, with different objectives for learners at the various educational stages. STFM has historically taken particular responsibility for predoctoral education; therefore, it is appropriate for STFM to take a lead role in those portions of the research strategic plan dealing with medical students and predoctoral program directors.

Medical students need exposure to positive models of family medicine research so that those students with research interest will not choose other disciplines with the misperception that they cannot have a viable research career in family medicine. Also, many students interested in family medicine might think of research only in terms of basic bench research. Exposure to research that answers questions relevant to the daily practice of primary care medicine could spark an interest in future research participation in such students, whether as investigators or as active members of a practice-based research network.

Predocutorial directors have a key role in presenting positive models of family medicine research to our medical students, and many of them might have little background in research. Predocutorial directors themselves should have a solid understanding of the scope of family medicine research, and successful programs and methods for exposing students to our research and researchers should be widely disseminated.

One important area of research that is ripe for attention from family medicine researchers is the investigation of health disparities based on race or ethnicity and the development of interventions to correct such disparities. STFM has a long history of leadership in this area, and this topic is of considerable interest for many STFM members. The STFM Research Committee has already sponsored a number of special sessions dealing with the availability of funding for research on health disparities and the delineation of the important questions for family medicine research regarding health

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 take advantage of opportunities to further our discipline's research mission.

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References

1. North American Primary Care Research Group Committee on Building Research Capacity, Academic Family Medicine Organizations Research Subcommittee. What does it mean to build research capacity? *Fam Med*. 2002;34:678-681.



From the Association of
Departments of Family Medicine

ACADEMIC FAMILY MEDICINE CHAIRS

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/>.

*Lloyd Michener, MD
Duke University*

ALABAMA

**University of Alabama,
Birmingham**

Michael T. Harrington, MD

University of Alabama, Huntsville

Alan Maxwell, MD

University of Alabama, Tuscaloosa

William Owings, MD

University of South Alabama

E. Lee Taylor, MD

ARIZONA

University of Arizona

Tamsen Lynn Bassford, MD

ARKANSAS

**University of Arkansas for the
Medical Sciences**

Geoffrey Goldsmith, MD, MPH

CALIFORNIA

University of California, Davis

Klea Bertakis, MD, MPH

**University of California,
Los Angeles**

Patrick Dowling, MD, MPH

**University of California,
San Francisco**

Kevin Grumbach, MD

**University of Southern
California**

Ricardo Hahn, MD

**University of California,
San Diego**

Gene Kallenberg,

**University of California,
Irvine**

Kathryn Larsen, MD

Loma Linda University

John Testerman, MD, PhD

COLORADO

University of Colorado

Frank deGruy, III, MD, MSFM

CONNECTICUT

University of Connecticut

Robert Cushman, MD

DISTRICT OF COLUMBIA

Georgetown University

Jay Siwek, MD