

are change agents, they do have influence and must be addressed."²

Family medicine has a history of uncomfortable relationships with AHCs. Many, but not all, AHCs vigorously resisted development of our specialty. A few, demonstrating a remarkable capacity for denial of reality, still do. Some AHCs actively obstruct needed reform of American health care. As one who has spent substantial portions of my career both in and out of AHCs, I have seen all of this and more firsthand. I am intimately familiar with the many challenges AHCs pose for our specialty.

Nonetheless, I believe AHCs need courageous leadership from family medicine. AHCs exert extraordinary influence on the shape of American health care through their pivotal roles in research, education, and patient care. No lasting transformation of American health care will occur without AHC participation, if not leadership. As Barbara Starfield said in her e-letter to the *Annals of Family Medicine*, the FFM report "is bold but not brave.... A brave stance regarding the role of family medicine requires confronting ... the iron grip that specialist and academic health centers have on health policy decisions."³

AHCs are also under tremendous stress and in need of change themselves. Fortunately, many family physicians are already changing AHCs across the country as department chairs, associate deans, medical directors, AHEC directors, course directors, research center directors, and deans. They are creating innovative programs that help patients and communities while demonstrating importance of family medicine to AHCs, not because of mandates from policy makers, but because family physicians deliver real value tested in the harsh and competitive world of the AHC. Family physicians are leading AHCs to develop new models of care and to create climates of excitement and rigor to invigorate our students, residents, and practicing family physicians.

The position of family medicine in AHCs has grown enormously in the last 30 years. Family medicine's AHC "glass" may be less than completely full, but it is definitely not as empty as when our discipline was founded. It is time for us to drop our sense of being downtrodden, misunderstood, unloved. If we are frustrated with our role in AHCs today, it may more because of self-defined limitations than lack of actual success or opportunity for further influence.

We should acknowledge our past and move on. Family physicians in AHCs need the support of the entire specialty as we challenge conventional wisdom, both our own and the AHCs'. Chairs of medical school departments of family medicine are major leaders of our discipline in AHCs and compose the membership

of ADFM. ADFM should accept a leadership role for efforts by family medicine to help transform AHCs.

I would suggest as an alternative to FFM Recommendation 7:

"Family physicians will lead transformation of AHCs to better meet the health care needs of the American people by driving reform in AHCs' clinical care to establish excellence in service, outcomes, safety, and improved health of communities; implementing research and health system development to achieve these goals; creating programs to help practicing family physicians implement the New Model of family medicine; and educating health care professionals to succeed in the reformed health care system of the future. ADFM will convene leadership of family medicine and AHCs to disseminate examples of successful family medicine leadership in AHCs and to implement sustained change in AHCs that will benefit family medicine, AHCs, and the health of the American people."

Michael K. Magill, MD

Professor and Chairman

Department of Family and Preventive Medicine
University of Utah School of Medicine

References

1. Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community [online]. Available at: http://www.annfammed.org/cgi/reprint/2/suppl_1/s3.
2. Roberts RG, Snape PS, Burke K, for the Task Force 5 Writing Group. Task Force Report 5: report of the task force on family medicine's role in shaping the future health care delivery system. Available at: http://www.annfammed.org/cgi/reprint/2/suppl_1/s88.
3. Starfield B. Whither family medicine [eletter]. http://www.annfammed.org/cgi/eletters/2/suppl_1/s3#483, April 6, 2004.



From the North American
Primary Care Research Group

Ann Fam Med 2004;2:375-376. DOI: 10.1370/afm.212.

FREQUENTLY ASKED QUESTIONS ABOUT FAMILY MEDICINE RESEARCH FOR MEDICAL STUDENTS AND RESIDENTS

The Future of Family Medicine report emphasizes the importance of research to all family physicians and the need to expose students and residents to research experiences in family medicine. The North American Primary Care Research Group (NAPCRG) is pleased to offer the following Frequently Asked Questions About Family Medicine Research for Medical Students and Residents as a tool to help introduce the next generation of family physicians to the vital role of primary

care research. You are welcome to copy this information and share it with others; however, please give appropriate credit to the authors and NAPCRG. These frequently asked questions (FAQs) are also available online as an Adobe Acrobat (PDF) file at <http://www.napcrg.org>.

The FAQs were authored by Frederick Chen, MD, MPH, an Atlantic fellow at the University College London; William Phillips, MD, MPH, a practicing family physician and researcher in Seattle, Wash, and the NAPCRG task force on increasing student and resident interest.

What Is Family Medicine Research?

Family medicine research is research done by family physicians about the patients and communities that they serve. This research covers the entire spectrum of clinical problems as well as the organization and delivery of primary care. Key research areas include:

- Studying the natural history of common problems and major diseases
- Understanding how patients, families, communities, and systems deal with health and illness
- Improving doctor-patient communication, decision making, and partnership
- Testing systems to improve patient satisfaction, safety, and outcomes

Family medicine research uses a combination of methods from the biomedical, health services, public health, and social sciences, which are often characterized by teamwork that is interdisciplinary, patient centered, and community based.

Why Should Family Physicians Do Research?

Research is a critical component to the continued growth and development of the field of family medicine. Most patient care occurs in the office of primary care physicians, but most research is done in academic medical centers. The community-based office is an ideal laboratory for the study of patients and their problems.

How Do Family Physicians Use Research?

Some family physicians do research; all use research. In everyday patient care, family physicians evaluate, select, recommend, and explain new information and clinical interventions.

What Role Can the Family Physician Play in Doing Research?

There are many opportunities for family physicians to contribute to the research enterprise, from simply collecting data for a large study to being the primary investigator of a project funded by the National Institutes of Health. Family physicians are needed at every

level. Every family physician should participate in the essential process of identifying and answering questions that change practice and improve the health of our patients.

How Do I Start Doing Research?

Organizations such as NAPCRG, the Society of Teachers of Family Medicine (STFM), the American Academy of Family Physicians (AAFP), and the AAFP Foundation provide opportunities for students, residents, and practicing family physicians to get involved in research. Many departments of family medicine in medical schools have student research programs, and all family practice residency programs include involvement in research. Start with a limited role that uses your current knowledge and matches your clinical interests. You can learn research methods, data analysis, writing, and presenting skills as you choose to expand your responsibilities. Most importantly, find a faculty mentor who can guide your interests and support your work.

How Can NAPCRG Help Me?

NAPCRG is the premier organization devoted to family medicine and primary care research. It is also a nurturing environment that welcomes and supports new researchers at all stages of their careers. The NAPCRG annual meeting (October 10 to 13, 2004, in Orlando, Fla) is the place to present your research, build skills through workshops, meet colleagues, and share in building the future of family medicine.

Resources

- <http://www.napcrg.org> – North American Primary Care Research Group
- <http://www.stfm.org> – Society of Teachers of Family Medicine
- <http://www.annfammed.org> – Annals of Family Medicine
- <http://www.aafp.org/x3201.xml> – American Academy of Family Physician's National Research Network
- <http://www.aafp.org/x19544.xml> – Federation of Practice Based Research Networks
- <http://www.aafpfoundation.org/x417.xml> – American Academy of Family Physicians Foundation

*Stacy H. Brungardt, CAE
NAPCRG Executive Director*