

these concepts, which include the biopsychosocial model; comprehensive, whole-person care; continuity of care; context of care; and coordination/complexity of care. Students will learn at a virtual clerkship site that has features of the future of family medicine's new model practices (EMR, team approach). The patient-centered medical home is woven into the cases. These objectives are actively modeled by the 5 preceptors in the practice, the students, and other members of the health care team. This style of caring for the virtual patients and family members is applied across all cases to illustrate a model practice.

fmCASES was developed to foster self-directed and independent study, emphasize and model clinical problem-solving, and teach an evidence-based and generalist approach. The cases utilize the ilnTime Learning System (ILS) Virtual Patient Pedagogy Blueprint. Simulating a patient encounter in the office, the case unfolds with the preceptor "teaching" the topic using direct and interactive teaching. It incorporates dialogue, questions and answers, and diagnostic networks to stimulate clinical reasoning and critical thinking. Hyperlinks, multimedia, and expert teaching are used to enhance the quality of the cases. The cases are designed to be learning tools to allow students to learn without negative consequences. Student logs are tracked, however, and data are available for evaluation of the cases as teaching tools.

fmCASES will help standardize the educational content and offer a consistent learning experience across training sites and times. It can be used for remediation for students. Outlines of the cases and a summary of the key teaching points will be provided at the end of the cases. This serves as a study guide for the students and a teaching guide for preceptors. The second phase of the project includes developing and refining families within clusters of cases, and teaching modules for common concepts/topics, such as evidence based medicine, cultural competencies, diversity, and communication skills.

### Collaboration

One of the exciting benefits of fmCASES is the ability to collaborate. Instead of working in silos, each teacher working separate from the other, and each discipline working alone, we will be collaborating with STFM colleagues from schools across the country, as well as colleagues from other disciplines. Pediatrics has successfully created and hosted CLIPP cases, and the majority of pediatric clerkships use them. Internal medicine is completing their SIMPLE (Simulated Internal Medicine Patient Learning Experience) cases using the same ilnTime Learning System. This creates a virtual patient curriculum spanning internal medicine, pediatrics, and family medicine under the umbrella of ilnTime. While

each discipline will have its own editorial board for their cases, there are excellent opportunities for the 3 disciplines to create a multi-disciplinary and multi-institutional research agenda. The future will bring continued opportunities for scholarship, an enhanced understanding of learning, and education promotion.

To learn more about the fmCASES, go to <http://www.fmcases.org/>. To learn more about ilnTime, visit <http://www.i-intime.org/index.html>.

*Shou Ling Leong, MD*  
*Pennsylvania State University*  
*Chair of the fmCASES Project Development Group*

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### VISION, VOICE, LEADERSHIP: ADFM'S NEXT PHASE

The Association of Departments of Family Medicine (ADFM) is evolving. ADFM's next phase is represented by our new logo with a tagline that captures our primary purpose: "Vision, Voice, Leadership." This symbol of the organization is our way of saying that ADFM is increasing its engagement with the issues facing family medicine, academia, and healthcare, while continuing to help Departments of Family Medicine succeed. ADFM is speaking with greater unity of voice on behalf of our members. It is focused on offering leadership and advocacy for our discipline and promoting development of new leaders, especially for Departments of Family Medicine. We summarize here briefly where ADFM has come from, how the organization works today, and where we envision it heading into the future.

### ADFM Early Days: Chair Support

ADFM was formed April 10, 1978, when a small band of department chairs signed the Articles of Incorporation.

**Table 1. Vision, Voice, and Leadership**

Vision	<ul style="list-style-type: none"> <li>• Improve the health and healthcare of the American public and the health care system</li> <li>• Improve FM departments, academic FM, and AHCs</li> </ul>
Voice	<ul style="list-style-type: none"> <li>• Articulate a coordinated, unified voice for family medicine in academic health centers and legislative bodies</li> <li>• Speak for the future of the discipline within the evolving health care system</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>• Find, prepare, coach, &amp; support future FM leaders to be effective chairs and FM advocates</li> <li>• Offer leadership to the "family" of family medicine in areas of strength for departments</li> </ul>

FM = family medicine; AHC = academic health center.

ration in Washington, DC ADFM's early years were typified by commiseration, support, and golf meetings of Generation One leaders, many of whom were clinician-educators thrust into leadership roles in an emerging clinical field.

**Generation 2: Chair Education**

A major turning point came through a Strategic Planning exercise in 1999. This process galvanized ADFM's move to become a more organized and productive organization characterized by organizational expansion, a growing sense of focus and purpose, and the finding of a voice for ADFM and its members within academic medicine. It paralleled the transition to Generation Two leaders who came from more academic roots and who aspired to be triple/quadruple threats (clinical care, education, research, and advocacy). ADFM added professional management with the appointment of Ardis K. Davis, MSW, as Executive Director in October 2004. ADFM annual meetings intensified, with chairs teaching chairs how to improve their departments. Leadership cycles were shortened, member participation increased dramatically, and Board committees addressed specific areas of departmental efforts, such as residency, pre-doctoral education, clinical practice, research, and legislative action. ADFM expanded participation by departmental senior administrators, began mentoring future chairs and developing senior leaders, and opened dialogue with academic and health care leaders from in- and outside of family medicine. In addition, ADFM helped advance a common voice for academic family medicine through the establishment of the Council of Academic Family Medicine (CAFM) and via coordination with the AAFP and ABFM.

**Generation 3: Leadership**

With the maturation of ADFM's administrative operation, in October 2008 the ADFM Board recognized it can now shift its attention from internal organizational topics to better address issues of critical importance to

Departments, the discipline, academic medicine, and the healthcare system. These sentiments led to a vision and mission process with the ADFM Board, facilitated by the outgoing and incoming presidents, with presentation and discussion with members at the February, 2009, Annual Meeting. This process led to ADFM's new tagline summarizing ADFM's purpose: "Vision, Voice, Leadership," and described in Table 1.

ADFM is stepping up to the plate to address critical issues for family medicine including:

- chair leadership pipeline
- primary care workforce
- patient-centered medical homes
- practice redesign
- RRC residency requirement revisions
- student interest in family medicine
- pre-doctoral education core curriculum project (C4)
- family medicine research including clinical and translational science awards (CTSAs)
  - academic health centers
  - health of communities
  - advocacy

As chairs of Departments of Family Medicine, we are passionate about joining with our colleagues across the family of family medicine in improving the health and well-being of individuals, families, and communities through clinical care, medical education, research, and advocacy. We must and will succeed in the "Generation Three" mission to ensure improvements in health and the future success of Departments of Family Medicine through Vision, Voice, and Leadership.

Written by the ADFM Executive Committee following the 2/09 Board meeting where the tag-line Vision/Voice/Leadership was conceived.

*Jeffrey Borkan, MD, PhD, President  
Michael Magill, MD, Immediate Past President,  
Maryjean Schenk, MD, MPH, President-Elect, and  
Ardis K. Davis, MSW, Executive Director for ADFM*



**From the Association  
of Family Medicine Residency Directors**

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**ADVOCACY: THE TIME IS NOW**

Listening to Dr Joe Scherger<sup>1</sup> recently, one understands that personal responsibility is required to create a functional health care system. "Creating" seems better than "reforming", for instance, because the function-