

teachable moments with students cycling through their offices," said Gretchen Dickinson, MD, STFM Membership Committee Member.

This information-rich Web site delivers videos, tips, answers to frequently asked questions, and links to in-depth information on topics such as:

- Preparing a practice team for a student or resident
- Integrating a student into office routines
- Setting expectations
- Teaching strategies
- Giving feedback
- Evaluating learners
- Billing issues

### Relationship Building

TeachingPhysician.org keeps medical schools and residency programs connected to their community preceptors. Each month, the system sends an e-mail to preceptors with a link to resources for the "Precepting Topic of the Month." Preceptors can earn continuing medical education credits for visiting the site and reviewing the content.

### How it Works

TeachingPhysician.org offers medical schools and residency programs subscription plans to cover all their preceptors. Subscription fees are determined by the number of preceptors. Schools/programs with up to 20 preceptors can purchase a yearly subscription for \$800. Those with more than 20 preceptors purchase an unlimited subscription at \$1,900.

Once a department or program signs up, the Web site sends out a customized e-mail notifying all preceptors that their sponsoring institution has purchased a subscription for them to this content-rich resource. The e-mail also provides log-in information and prompts preceptors to create passwords.

"TeachingPhysician.org is a win-win for the preceptor and his or her sponsoring department or program," said Sally Weaver, PhD, chair of the STFM Membership Committee. "Preceptors are better prepared to provide instruction to students and residents. And the department or program establishes regular communication with their volunteer faculty, who are critical to its success."

For details, visit <http://TeachingPhysician.org> or contact Mary Theobald at [mltheobald@stfm.org](mailto:mltheobald@stfm.org).

Traci Nolte

### References

1. Latessa R, Beaty N, Colvin G, Landis S, Janes C. Family medicine community preceptors: different from other physician specialties? *Fam Med*. 2008;40(2):96-101.



From the Association  
of Departments of  
Family Medicine,

on behalf of all the CAFM organizations, ADFM, AFMRD,  
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## THE COUNCIL OF ACADEMIC FAMILY MEDICINE (CAFM): WHERE ACADEMIC FAMILY MEDICINE SPEAKS AND ACTS AS ONE

Academic family medicine in the United States is primarily represented by 4 organizations, each with their own mission, vision, goals, and membership criteria: the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Research Group (NAPCRG), and the Society of Teachers of Family Medicine (STFM). Although each organization's uniqueness has allowed it to secure notable achievements, there is a long standing impression that working together on strategic initiatives, coordinating overlapping and duplicative efforts, and speaking with one voice would provide new opportunities and facilitate greater impact. It was with this spirit that the 4 academic family medicine organizations officially launched the Council of Academic Family Medicine (CAFM) in January 2008.<sup>1</sup>

Despite CAFM's rapid development and successes and its significant potential, it has remained relatively obscure to the rank and file academic family physicians, as well as to the organizations outside of family medicine. Getting the word out on its current initiatives and future potential is an important part of its growth and development.

CAFM was started as a council of leaders—rather than a distinct new organization—with each organization represented by their president elect, president, past president, and executive director. This leadership structure respects the unique governance of each organization while providing ongoing and active opportunities to take action on issues of common priority and interest. CAFM also partners with the American Academy of Family Physicians (AAFP) and American Board of Family Medicine (ABFM) to address issues important to the discipline and to the stakeholders of academic family medicine. To enable this partnering, the AAFP and ABFM each have an appointed liaison to CAFM who participate in face-to-face meetings and selected projects.

The goals of CAFM are to:

- Provide a unified voice for academic family medicine; while providing a unified voice, CAFM preserves distinctive voices of current constituencies
- Provide a structure for working together more effectively
- Provide a place for outside organizations to come to collaborate

Current CAFM Priority projects are divided into 2 categories, broadly focused and targeted. Projects may be initiated and run by CAFM, spearheaded by joint efforts of a combination of constituent organizations, or led by a single group.

### Broadly Focused Current CAFM Priority Projects Advocacy for Family Medicine

In the current fast-paced legislative environment, academic family medicine is ever more frequently called upon for its opinion, and as the leaders of the organization have witnessed, speaking with one voice is hugely important. CAFM, working alone and also in concert with the American Academy of Family Physicians through AFMAC (Academic Family Medicine Advocacy Committee) has been active in coordinating the advocacy efforts of the family of family medicine on a myriad of letters, relationship building, and strategic decisions. A recent example of our collective voice being heard was in the revised rules on Accountable Care Organizations put out by the CMS. Other outreach efforts have included the American Association of Medical Colleges, the Patient Centered Primary Care Collaborative, various national committees and organizations, as well as Congress, the Administration, and numerous agencies.

### Research Advocacy for Primary Care

Research advocacy is a new area for CAFM and it has endorsed four strategies that support increased funding for primary care research.

### Patient-centered Medical Home

- Defining what academic family medicine needs to do to prepare our learners for the PCMH environment
- Defining and advocating for the role of mental health in the medical home
- Engagement with the Patient Centered Primary Care Collaborative

### Targeted CAFM Priority Projects

CAFM Resident Competency Measurement Task Force Overview and Update (STFM, lead organization)

Task Force Charge: Identifying, developing, disseminating, and providing training to residency pro-

grams on improved ways of measuring competency in residents in order to satisfy expected new RC-FM requirements.

### Family Medicine Residency Innovations Task Force (AFMRD, lead organization)

Task Force Charge: Develop a set of recommendations to the family of family medicine regarding ways it can innovate graduate medical education

### CAFM Educational Research Alliance (CERA) (STFM, lead organization)

The vision of the CAFM Educational Research Alliance is for family medicine faculty to engage in medical education research while creating collaborations that will enhance the quality of research and increase the number of faculty engaging in high quality medical education research.

CAFM is evolving, though its final form is far from determined. Some elements, such as advocacy, have developed significantly since its inception in 2008, while others, like its infrastructure, remains skeletal. What appears clear, however, is that it provides a unique forum for communication, coordination, and collaboration—moving academic family medicine and the family of family medicine ever closer to achieving its goals: training the next generation, producing new knowledge, and improving the health and well-being of the population.

*Jeffrey Borkan, MD, PhD, Ardis Davis, MSW*

*This commentary was written by the Chair of the Council of Academic Family Medicine and CAFM Executive Staff*

### Reference

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### CLEARED FOR TAKEOFF: THE 4-YEAR FAMILY MEDICINE RESIDENCY PILOT

"Fasten your seatbelts. We are ready for takeoff." This declaration, usually coming from the aircraft crew, could also be used to launch the 4-year residency pilot. The