The following new Board members will each serve a 5-year term:

Christine C. Matson, MD is Professor and Chair of the Department of Family and Community Medicine at Eastern Virginia Medical School. She has served as Director of the Family Medicine Residency Program and Co-Director of the Family Medicine/Internal Medicine Combined Residency Program in Norfolk, Virginia. Dr. Matson will serve the ABFM on the Research and Development Committee and the MC-FP Committee.

David W. Mercer, MD is the McLaughlin Professor and Chairman of the Department of Surgery at the University of Nebraska Medical Center in Omaha. He is also a member of the Board of Directors of the American Board of Surgery. Dr. Mercer will serve the ABFM on the Credentials Committee and the MC-FP Committee.

Marcia J. Nielsen, PhD, MPH is the first public member to serve on the ABFM's Board of Directors. She was recently named the Executive Director of the Patient Centered Primary Care Collaborative. Dr. Nielsen previously served as the Vice Chancellor for Public Affairs at Kansas University Medical Center. Dr. Nielsen will serve the ABFM on the Credentials Committee and the Communications/Publications Committee.

Keith L. Stelter, MD is the Associate Director of the Mankato Family Medicine Residency Program in Mankato, MN and an instructor with the Rural Physician Associate Program of the University of Minnesota Medical School. Dr. Stelter will serve the ABFM on the Operations Committee and the Examination Committee.

The remaining current members of the Board are: Howard Blanchette, MD of Valhalla, New York; Laura Brooks, MD of Lynchburg, Virginia; Alan K. David, MD of Milwaukee, Wisconsin; Susan C. Day, MD of Philadelphia, Pennsylvania; Jimmy H. Hara, MD of Los Angeles, California; Carlos Roberto Jaén, MD of San Antonio, Texas; James Kennedy, MD of Winter Park, Colorado; Warren P. Newton, MD of Chapel Hill, North Carolina; and Kailie R. Shaw, MD of Tampa, Florida.

Jane Ireland

From the Society of Teachers of Family Medicine

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STFM COLLABORATES WITH PAEA TO PROMOTE INTERPROFESSIONAL EDUCATION

The Society of Teachers of Family Medicine (STFM) and the Physician Assistant Education Association (PAEA) have released a joint position paper addressing interprofessional education. "Physician assistants have a long history of collaboration with family medicine. Through this project, our primary academic organizations have created a strong framework for future interprofessional education efforts by our disciplines," said Perry Dickinson, MD, STFM representative to the PAEA/STFM Joint Paper Workgroup.

The Joint Position Paper "Educating Primary Care Teams for the Future: Family Medicine and Physician Assistant Interprofessional Education" was published in the most recent *Journal of Physician Assistant Education* and was also featured in STFM's President's Column in the September issue of *Family Medicine*.

In the paper, PAEA and STFM outline how they will collaborate to develop innovative models of interprofessional health care education and serve as a unified voice to transmit the new models to a wide audience. "There is great opportunity inherent in new models of primary care that emphasize team-based care, and family medicine and physician assistant educators are ideally situated to provide leadership for educational programs that prepare health professionals to work more effectively in teams," said Dr. Dickinson.

PAEA/STFM recommend increased educational collaboration, with an ultimate goal of expanding the availability of primary care teams who train and practice together. The organizations developed the following position statements:

1. PAEA/STFM believe that the United States' future primary care workforce needs are best met through the training and deployment of

integrated teams of health professionals who provide and coordinate care within a patient-centered model.
2. PAEA/STFM recommend the development and integration of new interprofessional curricula for medical and PA students and family medicine residents.
3. PAEA/STFM recommend that medical schools, PA programs, and family medicine residencies expand the use of interprofessional clinical sites for students and residents, where they will learn how to efficiently and effectively provide patient-centered, team-based care as members of future patient-centered medical homes.
4. PAEA/STFM encourage the development of federal and private funding sources from family medicine and PA programs to create innovative interprofessional curricula that would result in expansion and increased effectiveness of patient-centered medical homes.
5. PAEA/STFM encourage collaboration with other health professions and disciplines to expand the scope of interprofessional team education and practice.

"The members of the PAEA/STFM Joint Position Paper workgroup valued collaboration and understood our professions' interconnected history and shared vision for team training of future primary care clinicians. They worked hard to create a paper that reflects these concepts and to help frame the discussion for future collaboration between our 2 disciplines," said Dave Keahey, MSPH, PA-C, chair of the Joint Paper Workgroup. Other members of the workgroup included: Perry Dickinson, MD; Karen Hills, MS, PA-C; Victoria Kaprielian, MD; Kevin Lohenry, PhD, PA-C; Gail Marion, PhD, PA-C; Traci Nolte, CAE; Michel Statler, MLA, PA-C; and Anne Walsh, PA-C, MMSc.

"When professions focus on their common ground—common interests, common mission, and common vision—it results in shared commitment. For STFM and PAEA, our commitment is to jointly evolve education in the name of our patients, looking at new educational models in the PCMH, clinical education, and in the classroom," said Timi Barwick, PAEA executive director. "Our work is just beginning."

Traci Nolte, CAE
Director of Publications and Community
Society of Teachers of Family Medicine

From the Association of Departments of Family Medicine

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ADFM'S MISSION, VISION, AND GOALS: FOUNDATION OF OUR NEW 3-YEAR STRATEGIC PLAN

Two years ago, with the passage of the Affordable Care Act, the leadership of ADFM began to think strategically about the direction for our organization during these unprecedented times. The new health care reform contained specific programs to enhance payment for primary care services, promote development of medical homes, expand use of health care technology, fuel growth of community health centers and FQHCs, and promote delivery of preventive services as well as many other important changes. We recognized that new payment mechanisms would emerge both from federal health reform and from elective evolution of the commercial market. Virtually every one of these new ideas relied then, and continues to rely now, on the availability of high functioning primary care, far in excess of existing primary care services.

As we considered how to take advantage of the many opportunities while maintaining our fundamental goal to serve departments of family medicine, the ADFM Executive Committee, in consultation with the Board of Directors, identified 5 challenges facing ADFM: (1) managing the growth of ADFM including the increasing complexity of membership involving both chairs and administrators of departments of family medicine; (2) diversifying our services to help both chairs and administrators perform their jobs more effectively; (3) growing our very limited resources; (4) focusing our work to have maximal influence during this unprecedented time; and (5) maximizing our collaborative relationships within and outside family medicine to help create a better future.

Two priorities emerged for ADFM as the leadership and board considered how to address these challenges: (1) to help departments of family medicine do a better job; and (2) to impact the external environment in a way that leverages our departments' skill sets, expertise, and competencies to improve public health. In November 2010, we engaged our members to carefully consider how best to organize ADFM to address these priorities. These critical conversations confirmed the importance of maintaining both the strength of our winter meeting and our advocacy col-