

munity building and English language instruction. Her MPH thesis research focused on workforce needs in antenatal care clinics in Côte d'Ivoire.

Brianne is excited for the next stage of her journey in family medicine and for the opportunities to build compassionate, longitudinal relationships with patients and families. She hopes to dedicate her life to creating, improving, and providing comprehensive primary care programs with strong maternal-child health services in rural areas throughout the world.

**Darrin Nichols** is a 4th-year medical student at West Virginia University School of Medicine. Darrin graduated *summa cum laude* from West Virginia University (WVU) with a Bachelor of Arts in Biology.

Since beginning medical school, Darrin has continued to win awards and accolades. In 2014, 2015, and 2016 he was the recipient of the West Virginia University Institute for Community and Rural Health Scholarship, which recognizes students who are dedicated to becoming primary care providers in rural or underserved areas of West Virginia. Earlier this year he was elected to the Alpha Omega Alpha Medical Honor Society and the Gold Humanism Honor Society. Darrin has been involved in a number of research projects, including ongoing current research focusing on diabetes education in underserved populations. He has designed an educational workbook that participants will follow throughout the course of a program developed with other WVU medical students and volunteers. He has served as President of Stepping Stones and Student Coordinator of MUSHROOM, programs at WVU that involve medical students and local physicians conducting street rounds to provide basic necessities and medical care to the unsheltered populations of Martinsburg, WV and Morgantown, WV, respectively. Darrin is also the medical student coordinator of the Prevention of the Abuse of Substances in Students (PASS) Program for his local high school—a program he designed and obtained grant funding for with the collaboration of a local rural physician. Darrin was recently awarded the 2016 WVU School of Medicine, Eastern Division Community Health Outreach Award. He has also been named a Rural Scholar in the Department of Family Medicine at WVU School of Medicine, Charleston Division, a designation given to students dedicated to becoming family physicians and provides acceptance into the Charleston Area Medical Center Family Medicine residency program.

After residency, Darrin hopes to return to his hometown in West Virginia to practice as a family physician and to continue to provide education to students interested in family medicine, just as his mentors have done for him.

*Jane Ireland, ABFM*



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## INVITATION TO BE PART OF STFM'S 50TH ANNIVERSARY CELEBRATION

It's now been 50 years since Lynn Carmichael sent a letter to Gayle Stephens asking if he'd be interested in helping to form an "organization of physicians engaged in teaching family medicine in the medical schools in order to promulgate family medicine as a medical discipline." This communication led to Lynn Carmichael convening 26 early leaders in family medicine at the Hilton Hotel in New York City.

Anyone who has turned 50 knows that this milestone year provides us an opportunity to reflect on our past, embrace our current place in the world, and define our path to stay healthy, fit, energetic, and productive well into the future.

An STFM task force and STFM staff have spent the past year planning for this anniversary, guided by these general principles:

- This will be a yearlong celebration
- This yearlong celebration will be relevant to both senior faculty who have been significantly invested in STFM as well as new faculty who are just getting to know STFM
- This will be fun!

We invite you to be part of the celebration. Here are ways you can do that:

- Attend an STFM conference. The STFM Annual Spring Conference, the Conference on Medical Student Education, and the Conference on Practice Improvement will all have 50th anniversary themes woven into programming and other on-site activities. Attend and be part of the discussions, the exhibits, and the parties!
- Share an STFM story. Look for our video booths at conferences, or use your cell phone to record a favorite STFM memory. We'll add it to our video wall. Or type your story into our online memory book.
- Read the *Family Medicine* dedicated issue (coming later this year), which will comprise a series of scholarly articles about ways STFM has shaped the discipline.
- Write a blog post! Share your thoughts on the past, present, and/or future of family medicine education.
- Peruse the interactive timeline on the STFM website to learn about key points in STFM's history.
- Contribute to the new STFM Wikipedia page. This collaborative project will benefit from the knowledge and creativity of the masses.

• Tweet! Use the hashtag #stfm50th to share your anniversary year experiences and your feelings about reaching the big 5-0!

Look for the 50th anniversary logo on printed and online materials. Learn more and join in the fun at <http://www.stfm.org/50thAnniversary>.

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## THE LAST 5 YEARS OF THE MU/ADFM NEW CHAIRS WORKSHOP

Leaders in academic medicine are confronted with constant change. Chairs in family medicine, often instrumental during this dynamic time, require training to be successful leaders.

First started in the 1990s, there was a hiatus in the University of Missouri (MU) workshops until 5 years ago when the leadership development mission of the Association of Departments of Family Medicine (ADFM) provided an ideal situation for helping train the next generations of family medicine leaders.

As reported in 2013, (<http://www.annfammed.org/content/11/5/483>) this program was originally conceived by Michael Hosokawa, EdD and Jack Colwill, MD in the 1990s in order to help train the second generation of family medicine department chairs. With a "third generation" of chairs now upon us, it is imperative to continue our training efforts. With changing funding streams to support traditional academic missions and increasing reliance on clinical income, the current generations of academic chairs have a different job.<sup>1</sup> We might even say that we are now training the "fourth generation" of family medicine chairs.

While many of today's challenges may differ from those in the 1990s, the stories told by our recent participants still describe the struggles of managing the interpersonal and human component of the work, while ensuring the infrastructure to support the larger

enterprise. Evaluations over the past 5 years suggest that the 2 most highly valued aspects of the workshop are the case-based, problem-oriented focus on individual challenges and the interpersonal relationships built within each class of learners and faculty. As one participant wrote, the best component of the workshop was "being able to discuss the issues of being a chair with other chairs who really do 'get it' with respect to the challenges we are facing... and getting lots of input and ideas about how to address the challenges." Another highlighted how, "getting to know the people there [was the best component of the workshop]—relationships always outlast specific knowledge."

ADFM tracks incoming interim and permanent chairs while offering a variety of training opportunities of much shorter duration and intensity than the New Chairs Workshop at Missouri. Since 2011, we have been able to engage about one-quarter of our new chairs in this more intense experience, with 25 participants out of a total of 95 new chairs coming on board.

Outside of the case-based problem sessions noted above, the workshop includes presentations and discussions led by a current and former chair at MU and a consultant senior family medicine chair, a Vice chancellor, as well as other MU faculty. Recently, we introduced competencies for chairs and other family medicine leaders<sup>2</sup> into the program, enabling participants to assess their own strengths and areas for continuous improvement on their respective leadership development pathways. One participant wrote, "this program combines the right mix of time spent listening, engaging in group and one-on-one discussions, social interactions and professional interactions... the content was helpful and spanned the breadth of all the things we need to know."

The overall program has an almost perfect rating; of the 25 participants over the last 5 years, 24 gave the program a "5" on a 1 to 5 scale (with 1 = poor and 5 = excellent) and the other gave it a "4". Across all 5 years, no session received an average below a "4" on the 1 to 5 scale, and there are only 2 responses below a "3 (neutral)" for any session across all 5 years.

This evaluation data strongly suggests that we extend this training opportunity and continue to encourage as much participation among new family medicine department chairs as possible. As one of the participants put it, "[I] can't imagine a new chair NOT attending this event. It should be part of every chair's hiring package. The [money] invested will reap [more money] in 'downstream revenue' for any dean or CMO."

MU and the ADFM look forward to help train the "fourth generation" of Family Medicine Chairs as we evolve and improve the New Chairs Workshop.