

Hospital FMR, Lancaster, PA. He began his teaching career in Utah where he maintained a continuity practice in a federally qualified health center in Salt Lake City, Utah for 20 years. From 1993 to 2002, he also served as division chief and residency program director for Family Medicine at the University of Utah.

Dr Ratcliffe has always had an interest in maternal child health, particularly in the area of low birth weight/prematurity prevention. His textbook, *Family Medicine Obstetrics*, is required reading for family physicians all around the world providing obstetric care. He is also the founder of the Family Medicine Education Consortium IMPLICIT Network, a practice-based continuous quality improvement network of family medicine residency programs in the Eastern United States. He is an original contributor to the Advanced Life Support in Obstetrics Course and taught in numerous courses over the past 25 years. He has been a regular presence on the faculty and as a course director for the AAFP Family-Centered Maternity Care Conference.

2017 Lynn and Joan Carmichael STFM Recognition Award

Named in honor of Lynn and Joan Carmichael, this award is presented to an STFM member or nonmember for outstanding service to family medicine education, including enhancing resources available for its support, defending or supporting its objectives, serving as an outstanding role model, or providing other notable service to the discipline. The 2017 Lynn and Joan Carmichael STFM Recognition Award Winner is Jerry Kruse, MD, MSPH, dean and provost of Southern Illinois University School of Medicine and CEO of SIU Healthcare.

A national advocate for innovation in medical education and the advancement of health care systems, Dr Kruse's focus is to fulfill the Triple Aim + 1: medical education and health care that are more effective, efficient, equitable, and enjoyable for all. He embraces the rapid changes in technology and communication, in health care delivery, in medical education, and in biomedical research.

Dr Kruse has held positions with many national organizations to represent primary care, graduate education, address quality issues, and advance the changing health care workforce. These include the Society of Teachers of Family Medicine (president 2012–2013), Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, and the North American Primary Care Research Group. He is a member of the Board of Directors for the American Board of Family Medicine and for Family Medicine for America's Health. He has served on the Council on Graduate Medical Education, the leading health care workforce policy body that advised Health

and Human Services Secretaries Michael Leavitt and Kathleen Sebelius and the health care legislation authorizing committees of Congress.

To learn more about all STFM awards and scholarships, visit <http://www.stfm.org/CareerDevelopment/Awards>.

Traci Nolte, CAE
STFM Director of Publications and Community

Reference

1. Ferrer RL, Burge SK, Palmer RF, Cruz I; RRNeT Investigators. Practical opportunities for healthy diet and physical activity: relationship to intentions, behaviors, and body mass index. *Ann Fam Med*. 2016; 14(2):109-116.



Ann Fam Med 2017;15:386-387. <https://doi.org/10.1370/afm.2114>.

ONE YEAR OF ADFM'S JOY IN PRACTICE INITIATIVE

As health care transformation accelerates in the United States, the problem of physician burnout has worsened and is now receiving national attention. In family medicine, wellness, burnout, and resilience among our care teams were topics of considerable interest at the last several ADFM Winter Meetings. In 2016, discussions around the implications of physician and staff burnout for our Departments of Family Medicine (DFMs) and what DFMs can do to create practices that enhance wellness and support individual and team resilience became a major theme of the meeting. Christine Sinsky, MD, Vice President for Professional Satisfaction at the American Medical Association, presented on "Joy in Practice," and after a very enthusiastic response to her presentation, ADFM was challenged to consider how we as an organization can work collaboratively to learn how better to do this in our academic environments.

Within ADFM's 2015-2018 strategic plan, 2 goals are related to finding joy in practice: (1) assisting DFMs to transform their clinical delivery enterprise to advance higher care quality; and (2) leadership development with a specific focus on programs to build resilience of chairs, of administrators, and in DFMs to realize the full potential of Family Medicine for America's Health (FMAHealth). Following the 2016 Winter Meeting, the ADFM Healthcare Delivery Transformation (HCdT) Committee was tasked with finding strategies for cre-

ating a collaborative effort around joy in practice for ADFM. Achieving "joy" in what we do to advance care is one facet of being able to sustain our efforts at providing improved health. This effort, ADFM's "Joy in Practice Initiative," has included the creation of a new listserv for individuals in departments who are interested in collaborating and learning more about efforts around the country to support wellness in DFMs. We have also reached out to colleagues in the Society of General Internal Medicine to join our initiative.

The cornerstone of the Initiative is a series of quarterly webinars presented by individuals from the ADFM community and our partners. Each webinar showcases innovative practice features intended to improve system and individual wellness and increase satisfaction with practice. To date, webinar topics have included various methods of team documentation (scribing); an update on the AAMC's Coordinating Optimal Referral Experiences program and the background on the e-consultation strategy; strategies on optimizing team care; using EHR data to quantify "spend" on EHR tasks; and a method for panel size weighting. ADFM has made these webinars available to all who are interested; watch the webinars, join the listserv for conversation and announcements of future webinars, and learn more here: <http://www.adfm.org/Members/Webinarsresources>.

An additional feature of the Initiative was the intent to highlight efforts underway by individual departments at the 2017 Winter Meeting. This led to a very successful and well-received overall meeting theme of "Joy and Effectiveness in the Work of Family Medicine: Now and in the Future." Sessions focused not only on joy in practice, but on joy in each of the main aspects included in a DFM's mission: research, education, clinical care, and the administrative infrastructure to keep all of these pieces moving. More about the 2017 Winter Meeting can be found in ADFM's commentary in the May/June 2017 issue of the *Annals of Family Medicine*.

ADFM has several DFM Chairs and leaders involved in the Association of Chiefs and Leaders of General Internal Medicine's WELL (Wellness Engaged Longitudinal Leaders) Program and we have been promoting the AMA's STEPS Forward effort as a resource. We look forward to future collaborations around similar efforts and hope that our own efforts can be a resource to the Family of Family Medicine.

All these initiatives can and will help with the problem of physician burnout, and help us get the joy back in doing what we do best, providing the very best in care for our patients, their families, and our communities.

Amanda Weidner, MPH, Ardis Davis, MSW, Michael Jeremiah, MD, and Alfred Tallia, MD, MPH, on behalf of ADFM's Healthcare Delivery Transformation Committee



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FIFTY YEARS OF FAMILY MEDICINE

Fifty years ago, a revolution was occurring in American health care. Patients were becoming aware of the implications of the increasing subspecialization of medicine. Leaders were organizing to create the new specialty of family practice to largely replace the general practitioner. Pioneer physicians were leaving their practices, entering the world of academic medicine and beginning to create the very first family practice residency programs. Medical students began seeking a specialty that allowed them to serve their patients in the context of their communities. An awareness of the needs of our nation's underserved was emerging and our youngest physicians began to rise to meet these needs.

Family practice programs sprang up around the country led by those we now recognize as the founders of our discipline: Lynn Carmichael, Roger Lienke, Gene Farley, G. Gayle Stephens, and many others. Finally, in 1968, the "Special Requirements for Residency Training in Family Practice" were approved by the Liaison Committee for specialty Boards, the Advisory Board for Medical Specialties, and the American Medical Association (AMA) Council on Medical Education.

As approved by the House of Delegates of the AMA at its Clinical Convention in December 1968:

Residencies in family practice should be specifically designed to meet the needs of graduates intending to become family physicians. The family physician is defined as one who: 1) serves as the physicians of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's health care services; and 4) accepts responsibility for the total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit. In short, family physicians must be prepared to fill a unique and specific functional role in the delivery of modern comprehensive health services.

Using those requirements, 15 family practice programs received provisional approval in 1968. These pioneer programs offered a 3-year curriculum of "essentials" in