

Table 1. Oversight Committee

Annie Rutter, MD, Oversight committee chair	Assistant Professor and Director of Medical Student Education, Albany Medical College
James Ballard, EdD, MS	Executive Director, Indiana AHEC Network; Associate Professor, Department of Family Medicine, Indiana University School of Medicine
Adrian Billings, MD, PhD,	Chief Medical Officer, Presidio County Health Services; Chief of Staff, Big Bend Regional Medical Center
Shobhi Chheda, MD, MPH	President Elect, Clerkship Directors in Internal Medicine (CDIM); Assistant Dean of Medical Education, Department of Medicine, University of Wisconsin School of Medicine
Joyce Knestrick, PhD, C-FNP	President, American Association of Nurse Practitioners (AANP)
Mark Loafman, MD, MPH	Chair, Department of Family and Community Medicine, Cook County Health and Hospitals System
Diane Padden, PhD, CRNP	Vice President of Professional Practice and Partnerships, American Association of Nurse Practitioners (AANP)
Michael Powe	Vice President, Reimbursement & Professional Advocacy, American Academy of PAs (AAPA)
Scott Shipman, MD, MPH	Director of Primary Care Affairs and Workforce Analysis, Association of American Medical Colleges (AAMC)
Beat Steiner, MD, MPH	President Elect, Society of Teachers of Family Medicine (STFM); Assistant Dean of Clinical Education, University of North Carolina School of Medicine
Vince WinklerPrins, MD	Assistant Vice President for Student Health, Georgetown University, Division of Student Affairs
Hope Wittenberg, MA	Director, Government Relations, Council of Academic Family Medicine (CAFM)
Olivia Ziegler, PA	Chief Assessment Officer, Physician Assistant Education Association (PAEA)
Mary Theobald, Project Director	Vice President of Communications and Programs, Society of Teachers of Family Medicine (STFM)
Project Managers	
Melissa Abuel	Project Manager, Society of Teachers of Family Medicine (STFM)
Emily Walters	Writer/Project Manager, Society of Teachers of Family Medicine (STFM)
Emily Yunker, MPA, PMP	Physician Assistant Education Association (PAEA)

also developing timelines and setting tactic-specific metrics for success. Simultaneously, staff is seeking funding to support the work.

Annie Rutter, MD,

Preceptor Expansion Oversight Committee Chair

Mary Theobald, MBA, Preceptor Expansion Project Director

References

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ADFM IS TURNING 40!

The Association of Departments of Family Medicine (ADFM) is turning 40 next year! Founded in April 1978 with Paul Young, MD, as the first ADFM President, ADFM's founding vision was to organize departments of family medicine to lead transformation of medical education, research, and health care to improve the health of the nation. We are planning a big birthday celebration in conjunction with our 2018 Winter meeting from February 21-24, 2018, in Washington, DC, where we were incorporated, to commemorate our "birthplace." Previous and current members, including chairs and administrators and other senior department leaders, will gather to learn, lead, and celebrate.

The 2018 Winter meeting theme, "*Back to the Future: Mindful of Where We Have Been, Resilient in Where we are Going*" is noteworthy given the evolutionary phases of ADFM. What originally began as an organization providing "chair support" and commiseration for "Generation One" leaders in academic family medicine departments evolved, as part of strategic planning in 1999, to an organization characterized by "chair education."¹ Beginning in 2009, ADFM entered its current developmental phase focused on "leadership" following the Board's articulation of a logo and tagline: "Vision, Voice, Leadership." This vision included giving voice to a key member of our department leadership teams, our administrators. Department administrators joined ADFM in 2010, increasing our membership by over 50%. In 2012, with a refined mission, vision and goals, ADFM launched its first 3-year strategic plan,² and then our second in 2015.

Our focus on leadership stems from an awareness of the critical need for family medicine leaders now and continuing into the foreseeable future. There are over 150 departments of family medicine at medical schools across the country and as many as 15% to 20% of chair positions are open at any given point. Many schools and health systems are expanding and new schools are opening, with an even greater need for chairs and family medicine leaders. Who will step forward and what are we "leading into"? Over the past 40 years we have seen the emergence of the World Wide Web, sequencing the human genome, electronic health records, and an alphabet soup of organizations (eg, HIPAA, ACOs, and the ACA). There is a critical need for family medi-

ciné's current and future leaders to guide the use of new tools and new "ways of doing things" in the context of the valued relationship-based care that is at the core of our discipline.

At our 40th birthday celebration, we will acknowledge our roots and continue to learn from the wealth of experience provided by many past chairs and administrators ("heritage members") who will attend this unique, integrated program. We also plan to challenge the future with sessions around introducing clinical innovations, the interface of technology and primary care, and "culture by design." Imagine what will happen over the next 10 years—what technology will appear and how can we lever that technology to best meet societal needs? More importantly, how can we lead against such threats to our nation's health as xenophobia and environmental degradation?

In addition to our programming, we promise a wonderful annual dinner of fun, reminiscing, music from over the decades, and yes, singing. All past chairs and administrators are invited and we hope that many can make this "must attend" event!

We will be collecting ADFM memorabilia and are establishing a new Heritage Speaker Fund. If you have any photos, books, or other memorabilia to share or if you have questions about contributions to the "heritage speaker" fund, please contact Priscilla Noland, ADFM's Administrative Director at: pnoland@adfm.org.

*Valerie Gilchrist, Ardis Davis, Chelley Alexander,
Amanda Weidner, Priscilla Noland*

References

1. Borkan J, et al. Vision, Voice, Leadership: ADFM's Next Phase. *Ann Fam Med*. 2009;7(4):375-376. <http://www.annfammed.org/content/7/4/375.full>.
2. Campbell T, et al. ADFM's Mission, Vision and Goals: Foundation of our New 3-Year Strategic Plan. *Ann Fam Med*. 2012;10(5):471-472. <http://www.annfammed.org/content/10/5/471.full>.



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MEETING SCHOLARLY ACTIVITY REQUIREMENTS IN A FAMILY MEDICINE RESIDENCY PROGRAM

Scholarship is an essential component of a family medicine residency program evidenced by the requirements outlined by the Accreditation Council of

Graduate Medical Education (ACGME) Review Committee - Family Medicine (RC-FM).¹ These guidelines require faculty to establish and maintain an environment of inquiry and scholarship with an active research component and residents to complete 2 scholarly activities, at least 1 of which should be a quality improvement project. In addition, the curriculum should include basic principles of research. Unfortunately, the area of faculty scholarship is the most common "Area for Improvement" and the area of scholarly activities is the fourth most common citation by the RC-FM.²

Family medicine research is critical because its results enable us to provide better quality care for our patients and allow us as a discipline to move closer to achieving the Triple Aim of "better health, better health care, and affordable cost."³⁻⁵ In a family medicine residency program, research can help create a culture of curiosity and inquiry.⁴ Residents provided training in research are more likely to continue with scholarly pursuits after graduation.⁶

However, scholarship incorporates more than research. A residency program can embrace the expanded definition of scholarship to enhance its outcome. Academic work includes the scholarship of discovery, of integration, of application, and of teaching.⁷ An evidence-based review article for a family medicine audience is an example of the scholarship of integration, while publication of quality improvement work demonstrates the scholarship of application. The scholarship of teaching is a vibrant research area in the family medicine community. All 4 scholarly areas have potential to improve care for our patients and the education of learners in family medicine in a way that classic bench or disease-oriented clinical research might not.

Factors associated with increased resident scholarly output include: dedicated research time, resident recognition for scholarship, a local research day, academic advancement linked to scholarship for faculty, and residency director involved in research.⁸ Faculty skills and involvement in research, accessible research professionals, a specific curriculum, and a research committee are also likely to be important for scholarly production.⁹⁻¹⁰ Resident scholarly activity requirements can be met by disseminating quality improvement projects, also required by the ACGME.¹¹

There are many ways to disseminate scholarly work, including presentations and publications. Presentations can be oral (seminars, lectures, workshop) or by poster. There are numerous national meetings where scholarly activity is presented including: the Annual Spring Conference of the Society of Teachers of Family Medicine (STFM), the STFM Conference on Practice Improvement, the North American Primary Care Research Group Annual Meeting, the American Academy of