



### From the Association of Departments of Family Medicine

*Ann Fam Med* 2004;2:281. DOI: 10.1370/afm.207.

## THE END OF NORMALCY

There was nothing normal about the recent meeting of the Association of Departments of Family Medicine. The meeting itself was innovative, with presentations and discussions about new clinical models, including systems of care for communities and for employers; better methods of assessing faculty performance; balancing clinical productivity and clinical education; international opportunities; and better communication with deans, faculty, and other members of the family medicine family. Special sessions were held on common management and leadership challenges for chairs, while other sessions focused on developing similar programs for faculty and on development opportunities. The Future of Family Medicine project was the subject of considerable thought and debate, including the need for more discussion within the "family" about the needs and concerns of academic departments and what departments can realistically achieve given the larger problems of our health care system.

Many departments expressed frustration and disappointment at declining student interest in the face of growing success in gaining curriculum time and placing faculty in dean's offices. There was agreement, however, that student interest in a discipline is not the only sign of departmental achievement. The clinical volume and productivity of the faculty, number of grants awarded and articles published, number of students and classes taught, and student evaluations are more common standards by which departments are judged. On these criteria, many departments are doing quite well.

Clinical office redesign is turning into a topic of interest, partially because of the work of the Institute for Healthcare Improvement, with which many departments participate, but also because of growing interest across schools to find ways to deliver better, safer care. Organizing and packaging primary care services in ways that are attractive to local employers and insurers is a theme being pursued by several departments.

Research within family medicine departments is growing, with more than 10 departments receiving \$1 million or more each year in NIH support, while the reported total NIH funding to family medicine departments is just less than \$40 million. The number of departments with substantial NIH support is undoubtedly much higher, as schools are inconsistent in coding primary departments.

The innovations at the meeting were not restricted to the departments themselves. The ADFM membership also approved revisions in the membership criteria, including full membership for some chairs of osteopathic departments, as well as some satellite and regional campus chairs, who share the challenges of working within the full scope of academic medicine. In addition, ADFM is pursuing hiring its first executive director, added standing committees, and shortened the term of the president, so that more members can serve in leadership capacities. If there is a shadow to the growing stature of the academic departments, it is in the small but increasingly visible differences between the departments and the wider discipline. In part, this divergence reflects the maturity of the discipline, as well as of the departments themselves, and of our ability to respectfully hold different opinions and perspectives. But it also represents a potential fault line that could expand into a town-gown divide. Departments must adapt to institutional expectations, even at the risk of creating stress with their practicing colleagues. But unthinking adaptation can lead to loss of the core social mission of family medicine and the opportunity for needed change in how students and residents are taught and how patients are cared for. The norm for ADFM meetings will likely continue to be exploration of innovative clinical, research, and educational programs; continued celebration of departmental successes; and continued discussion about ways in which we can work together to improve the care of all.

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### From the Association of Family Practice Residency Directors

*Ann Fam Med* 2004;2:281-282. DOI: 10.1370/afm.208.

## TEACHING TOMORROW'S LEADERS, TODAY

As family medicine educators, it is our responsibility to teach the content and culture of our specialty to the next generation of family physicians. The publication of the Future of Family Medicine (FFM) report provides a landmark document for residency directors to help fulfill that responsibility. At an organizational level, the Association of Family Practice Residency Directors (AFPRD) has committed itself to leading the implementation of the FFM recommendation concerning family medicine education.

FFM calls for a period of innovation and experimentation in residency education. It reemphasizes the