

Family Medicine Updates



Ann Fam Med 2025;23:84-85. <https://doi.org/10.1370/afm.240598>

STFM LAUNCHES A 2025-2029 STRATEGIC PLAN

In January 2025, the Society of Teachers of Family Medicine (STFM) launched a comprehensive 5-year strategic plan aimed at reinforcing its mission and vision to advance family medicine education to improve health through a community of teachers and scholars and to become the indispensable academic home for every family medicine educator (Figure 1).

The new strategic plan builds upon STFM's 2020-2024 achievements in helping residency programs meet new ACGME requirements, addressing the medical education challenges of the COVID-19 pandemic, promoting innovation in technology and training, and reducing racism in medical education. The latter half of the 2020-2024 strategy emphasized the implementation of competency-based medical education (CBME) and residency learning networks within family medicine residency programs, alongside the adoption of cutting-edge technologies, such as point-of-care ultrasound (POCUS) and artificial intelligence (AI).

Significant achievements over the last 5 years include:

- Collaboration with residency management software vendors to develop CBME mobile assessments
- Publishing joint guidelines for protected nonclinical time for faculty in family medicine residency programs
- Launching an STFM podcast
- Digitizing the *Family Medicine* journal
- Launching a virtual coaching program and an underrepresented in medicine (URM) mentorship program
- Creating a CAFM educational research alliance fellowship (CERA) and a URM scholarship-focused fellowship
- Implementation of an antiracism learning collaborative
- Development of curriculum for telemedicine, working within health systems, sub-internship, addiction medicine, global health, practice management, point-of-care ultrasound, and artificial intelligence

The new strategic planning process commenced in early 2024, guided by a diverse committee of STFM members and staff, led by Dr Linda Myerholtz, PhD. A collaborative,

iterative approach ensured comprehensive stakeholder engagement, incorporating insights from the STFM board of directors, committees, and collaboratives. Dr Myerholtz states:

"The strategic planning committee really valued the input from such a diverse group of stakeholders. We used this guidance to craft a plan that would be a road map for STFM — guiding how to invest resources to meet the needs of our members. Likewise, we needed to craft a plan that allowed for some flexibility so that STFM, while staying true to our mission and vision, can also adjust to address unanticipated opportunities and issues facing medical education over the next 5 years. I am proud of the thoughtful contributions of our members, staff, and strategic planning committee and the ultimate plan that was developed."

The new strategic plan is anchored by 5 pillars: professional and leadership development, workforce recruitment and retention, scholarship, health equity and antiracism, and advocacy. The objectives and tactics within each pillar build on STFM's previous accomplishments, ensuring excellence in training, leadership development, and creation of knowledge that improves family medicine education and teaching.

The plan introduces several strategic objectives that address emerging priorities in family medicine education. The "Big Rocks" of the strategy (top priorities) are:

- Leading the adoption, implementation, scholarship, and evaluation of ethical artificial intelligence (AI) in family medicine education
- Leading the adoption and implementation of POCUS in family medicine education

Figure 1. STFM 2025-2029 Strategic Plan



Other important areas of focus include

- Increasing the skill set of family medicine faculty and learners related to diversity, equity, inclusion, and accessibility
- Promoting the adoption of best practices of educational scholarship through the development of a Family Medicine Scholarship Academy
- Developing curriculum for teaching and assessing professionalism that is challenged by changes in technology, market forces, and health care delivery systems

Through this strategic roadmap, STFM reaffirms its commitment to shaping the future of family medicine education, ensuring that it remains responsive to the evolving needs of members and the communities they serve. The strategic plan can be found at stfm.org/strategicplan.

April Davies, MPH, Director of Strategic Priorities and Programs, STFM



Ann Fam Med 2025;23:85-86. <https://doi.org/10.1370/afm.240596>

RETURNING TO OUR VALUES: HOW TO CONTINUE DEIA EFFORTS IN AN EVER-CHANGING LANDSCAPE

The stark inequities in COVID-19 morbidity and mortality, coupled with the murder of George Floyd in 2020, resulted in broad support for our nation to refocus on advancing equity. Compelling evidence emerged that diversity, equity, inclusion, and anti-racism (DEIA) made good business sense, improved health outcomes, and enhanced belonging.^{1,2} As a result, many institutions began to do DEIA work. We did not expect this broad support to last, however, and the strategies and approach to DEIA have had to evolve as people grapple with the challenges of a post-pandemic world. DEIA pushback continues to grow, making this work even more challenging than it was in the past for chairs and department DEIA leaders. The ADFM Diversity, Equity and Inclusion Committee explored how best to assist members in navigating these challenges through virtual events that highlighted key strategies from department chairs, DEIA leaders, and faculty members engaged in these efforts. This commentary will outline how department members are responding to the evolving DEIA climate, considering both the unique challenges faced across the country and successful strategies.

On June 10, 2024, ADFM hosted a Hot Topic Discussion on “Strategies for Addressing DEI Pushback.” Four member departments, 3 of which are in states that have enacted laws or initiatives against DEIA, presented challenges related to DEIA efforts unique to their institution and how they addressed them.

Successful strategies presented include:

- Holistic admissions: Holistic review for admissions, focused on standardized behavioral questions and signaling, while hiding academic information. The example presented created a “CV Score” that uses items such as community college/associate degree, non-English language fluency, military service, other career, additional degrees to create a score that provides a more holistic view of an applicant.
- Advocacy and protection of admissions processes: Lobbying against “Do No Harm” legislation and the EDUCATE Act to restrict DEIA education in medical school, educating a board on the value of holistic admissions as described above, having a purposeful admissions committee, and ensuring family medicine representation on this committee.
- Language and job description changes: Changing roles and titles to reflect a broader position that aligns with other organizational priorities (eg, identifying and training physician candidates who are likely to serve local urban underserved and rural communities), instead of focusing specifically on DEIA initiatives.
- Working within the parameters of the law: If anti-DEIA laws have already been passed, move forward by continuing to build relationships (eg, wherever needed to form alliances and creatively co-create solutions where possible such as with legislators, health systems leaders, etc), identifying where there are overlapping priorities, and focusing on what is allowed to continue to meet the needs of patients and communities; for example, referencing socioeconomic status. Anti-DEIA laws may not inhibit federal funding, enabling working within the confines of state laws while continuing advocacy.

From these examples and audience discussion, we generated 6 broad strategies for consideration by departments of family medicine and others working in this space:

1. Work with national organizations, integrate the functions of DEIA into core activities, develop metrics and accountability, focus on shared goals, remember the business case, and continue to learn from each other.
2. Adjust tactics by adapting priorities, continuing to lead curricula, and staying compliant with new laws, while advocating for DEIA through permissible means.
3. Leverage leadership and testimonies, such as patient testimonies about the value of having physicians from their own communities,² to counter anti-DEIA laws and show its importance to curricular and health outcomes for ALL.
4. Engage with legislatures, university leadership, and communities by seeking to understand opponents’ perspectives, while also mobilizing through grassroots efforts and highlighting the economic impact of restrictive policies.
5. Advocate internally and provide support by promoting faculty and staff members from underrepresented groups, ensuring solidarity, encouraging cross-departmental collaboration and, where allowed, making DEIA work visible and transparent within the institution. The role of the department chair is particularly important in protecting, supporting, and promoting members who are doing this work.