

Gathering Around the Table

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If you wanted the latest news about my family, you would likely find it around the dinner table. Gathering together gave us an opportunity to stay connected, share updates, and understand what was happening in one another's lives. Without intentionally setting aside time, we often duplicated efforts or operated without a full understanding of the day-to-day realities facing one another. Unless our extended family gathered periodically, it was difficult to appreciate what was happening across the extended family.

STFM and the "family of family medicine" organizations operate much the same way.

In July, the STFM Board of Directors met to review short- and long-term priorities, approve new initiatives, and receive updates on ongoing programs. Likewise, the Council of Academic Family Medicine (CAFM) convened in August, bringing together family medicine organizations to share updates, emerging challenges, and opportunities for collaboration. These conversations help communicate individual efforts on behalf of family medicine while also aligning around shared priorities for the future of our discipline.

For STFM, I am pleased to report many exciting developments. The Point-of-Care Ultrasound (POCUS) Task Force made substantial progress building consensus on POCUS competencies and curriculum in family medicine education. Three Delphi studies were completed addressing what to teach (applications), how to teach it (curriculum), and how to measure learning (assessment), resulting in ranked tiers for 52 POCUS applications. The task force submitted updated curricular guidelines to the American Academy of Family Physicians (AAFP), authored six manuscripts detailing their findings and recommendations, and partnered with the American Board of Family

Medicine (ABFM) and CAFM to align residency program standards across the specialty. Future plans include faculty development workshops at the Residency Leadership Summit and STFM's Annual Spring Conference, a webinar series launching in 2027, and integration of the Task Force's findings into STFM's virtual POCUS workshop this October. The group will update materials for STFM's POCUS Educator's Certificate Program¹ and TEACH POCUS modules,² and partner with the PRIME POCUS Learning Network³ to expand POCUS capacity among family medicine practitioners.

Artificial intelligence continues to evolve rapidly, and STFM has worked to respond thoughtfully rather than simply react to innovation. With generous support from the ABFM Foundation, STFM partnered with Stanford University, collaborated with the Association of Departments of Family Medicine (ADFM), and engaged the broader family medicine community to address fundamental questions about the impact and responsible use of AI. As a result, family medicine is emerging as a leader in this space. I want to extend special thanks to Dr Steven Lin and the STFM AI Task Force for their leadership and vision.

STFM will also launch the Medical Director Faculty Development Fellowship in September 2027 under the leadership of Dr John Malaty. Recognizing a critical need in this area, the fellowship will offer a dynamic curriculum spanning topics from graduate medical education finance to building and leading high-performing teams. This yearlong fellowship will help cultivate the next generation of effective leaders across the family medicine educator community.

Finally, I am excited to announce the development of the Behavioral Health Scope of Practice Task Force, led by Dr Meredith Williamson. This task

force will address the current lack of clear guidelines, recommendations, and expectations defining behavioral health practice within family medicine. I am confident that its work will provide valuable guidance to family physicians and health care teams striving to address the factors that most influence health outcomes.

Within our broader family, STFM continues to collaborate through CAFM with partner organizations including the Association of Family Medicine Residency Directors (AFMRD), ADFM, and North American Primary Care Research Group (NAPCRG), along with key liaisons from AAFP, American College of Osteopathic Family Physicians (ACOFP), and ABFM, to address challenges related to the family medicine Match. Each organization shared updates on its current initiatives and collaborative efforts to support residency programs and attract future family physicians.

Perhaps most importantly, these conversations created space for a much-needed recalibration. Together, we explored how our organizations can better align strategically, coordinate efforts, communicate consistently, and engage stakeholders across the continuum of medical education. At the Family Medicine Leadership Conference (FMLC*), resident voices and experiences were front and center, providing valuable insight into the Match while helping inform initiatives designed to showcase the strength, flexibility, and impact of a career in family medicine.

While we recognize that multiple factors continue to influence Match outcomes, I can attest that there is renewed energy across our organizations. We are working with greater intention, stronger coordination, and a shared commitment to moving the needle on this important issue. Progress may not always be immediately visible, but meaningful work is occurring throughout the family medicine community to create sustainable change.

I hope this provides a glimpse into what is happening not only within our immediate STFM family, but also throughout our extended family of organizations as well.

I am incredibly proud of our members. Every day, they invest their time, talent, and energy into developing one another, supporting learners, advancing the discipline of family medicine, and improving health care delivery. The sheer volume of innovative work taking place across our membership is remarkable. I could not begin to capture all of it

here, and that reality leaves me both proud and hopeful. I feel the same way about the work happening across our extended family of organizations.

And yet, there is still much work to be done, particularly around the family medicine Match. As I reflect on this challenge, I am reminded of a conversation with a fellow faculty member who asked, "How do you move a mountain?" Their answer was, "One rock at a time."

My answer was, "Dynamite!"

Both approaches are true with one emphasizing steady progress while minimizing collateral damage. The other creates rapid movement but carries the risk of unintended consequences. The most effective path forward likely requires a thoughtful blend of both, applied intentionally and strategically.

It is not always in my nature to be patient when change feels urgent. However, I have come to appreciate the wisdom of thoughtful strategy, coordinated action, and minimizing unnecessary harm. The takeaway for our family is simple: we are doing important work both within and beyond our organization. Although progress is not always visible in the moment, our collective efforts are creating meaningful momentum and will continue to generate lasting impact.

Family medicine is strong. Do not underestimate our ability to rise.

*FOOTNOTE

FMLC is a workgroup gathering of the following organizational representatives: STFM, AFMRD, ADFM, NAPCRG, AAFP, ACOFP, AAFP Foundation, and ABFM.

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