

As We Teach and Transform

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This is my final STFM President's Column. During this past year I have had the opportunity to share some thoughts through this platform on many topics, including the language of family physician disempowerment, the loneliness epidemic, the misuse of patient portals, the disuse of behavioral tools in training, the missing family in family medicine, advocacy, our ambulatory scope of practice, and professionalism. Another matter however has been top of mind since last summer, and more so this calendar year.

Concern that governmental actions are hurting our patients and our communities now and for the foreseeable future seems like an unintentionally normalizing understatement. Systematic attacks on numerous societal institutions, safety regulations, and laws that protect the health of the public have been unrelenting. Our nation's harmed relationships with the international community and the demolition of numerous research efforts weaken our ability to prevent, manage, and cure treatable diseases. Our still-unfinished efforts to provide all Americans equal opportunities for biopsychosocial health are under direct attack. The list goes on and on.

Learning about the latest examples of performative cruelty each day is something that requires action from those of us who have relatively more agency than other citizens. What does an active response look like? How do we meet this moment? How do we best teach and model professional responsibility in this milieu?

Protecting others and acting proactively can take many forms. During our STFM listening sessions in March, there were thoughtful takes on this, including referencing other historical examples such as the different approaches taken during the civil rights movement. The specialty of family medicine (and STFM), the community health center movement, the civil rights movement, and government health insurance safety net programs such as Medicare and Medicaid, all came to fruition in the same years. This was not coincidental. Family medicine as a reform movement was created by committed people with

a vision, built on a fundamentally moral base. There was active debate and different perspectives on the best way forward, and this is still true today. We need to continue our professional family's discussions on how to best support our patients in this hour, to help create an effective way forward. Our professional oaths do not permit capitulation.

Admittedly, it can be overwhelming. It is easy to be paralyzed into seeming inaction while trying to figure out what to do. I believe a little self-grace is in order, as preparation follows contemplation and precedes action. But not for too long. While still attending to the macro side of current events, I suggest we start by focusing locally, in our daily work, which is readily within our power as family medicine educators.

The court of public opinion is still open. When the opportunity presents itself in a natural way, we can help its jury—our patients and our communities—better understand, for example, how extorting or punishing research institutions ultimately hurts them and their children. Are we teaching our residents and students how to explain this well? Information needs to be delivered in a respectful, health-related, active-listening context. To help counter misinformation, we need to redouble our efforts to further develop and support relationship-based continuity care that builds trust, particularly in those who are most susceptible. An example of good family physician communication is a recent online video¹ about approaching vaccine hesitancy that we can share and discuss with our learners.

Curricula needs to be adjusted to meet specific new demands. We need to re-educate ourselves to teach about diagnosis and treatment of conditions that we have seen only rarely (or not at all) in our own training and practice. Public health topics such as water fluoridation (knowing the arguments used on both sides of the issue) and how to prescribe fluoride supplementation is worthwhile, particularly in affected areas. There must be new attention on the diagnosis and treatment of measles, polio, meningitis, and other vaccine-preventable diseases. Our role in the mental health

safety net cannot be overstated; our patients' greatest need is often simply someone to be present and ask the open-ended question of how they are doing, not as small talk but as an entry into deeper dialogue.

Participating in advocacy² within or outside our professional organizations can be emphasized, including supporting the work of family medicine-based or other political action committees. Have you donated this year? Re-emphasize community engagement and encourage spending more time understanding the role of and working with community organizations that are trying to meet increased societal needs as the government withdraws support of the vulnerable. Students and residents can organize and participate in informational sessions and community-wide health initiatives as a tangible, active response.

The unwritten, hidden curriculum is even more important. The response of our training programs' faculty during the COVID-19 pandemic became part of that resident cohort's professional DNA, more than any acquired knowledge of the mechanism of action of mRNA vaccines. What was lost in other training experiences during the height of the pandemic was counterbalanced in part by the positive effect of experiencing some additional self-efficacy, teamwork, and mutual sacrifice that was required by the pandemic's extraordinary challenges. There may be some educational silver linings to be discovered while meeting the latest challenges, if we are open to the possibility.

FINALE

This past year as STFM president has indeed been an interesting adventure; the challenges facing our nation, health system, and world are orders of magnitude more than irksome, and certainly have impacted our members. These issues have demanded a greater-than-anticipated amount of our attention, but I believe we have also successfully continued our "usual work" as an organization developing new initiatives and continuously striving to improve the established ones that serve our mission.

STFM's core values—Diversity, Excellence, Integrity, Nurturing, Openness, and Relationships—are immutable and important touchstones as we make decisions in whatever sociopolitical environment we find ourselves. When in doubt in making difficult decisions, going back to our core values and mission has been helpful.

Looking ahead, our next STFM President, Steven Lin, MD, a national expert on artificial intelligence, will lead our Society in working to best teach and practice using this transformative technology. The timing is fantastic for all of us. Dr Lin will help lead us all through other challenges, both anticipated and unanticipated, and work with the executive committee, board, staff, and members to create new opportunities for all our members, and by extension our learners. This gives me great hope.

STFM is a special organization full of special people. This may sound trite, but it is true. One of the privileges

of serving on the board of directors is the opportunity to work with a staff that is so skilled, passionate about their work, and committed to our mission, vision, and values. Each of them is a content and operational expert in their area of responsibility. Our board members have been engaged, effective, and deeply mission-centric. STFM Executive Director and CEO Stacy Brungardt is an association exemplar who has an extraordinary leadership and managerial skill set that includes both technical and people skills and who represents us exceedingly well working with other organizations. Thank you also to all our STFM collaborative and task force leaders and members for your insights, hard work, and advancement of our strategic initiatives.

The most important measure of STFM's success is our members' daily work "in the trenches" of family medicine education. It is a difficult and meaningful vocation. To teach and ultimately help transform someone into a family physician transforms us also.

Thank you for giving me and our board of directors the sacred privilege of serving you and this interprofessional community of devoted teachers of family medicine during the past year. Being with friends and colleagues has made the journey even better than I had hoped it to be. Godspeed on your own journey.

REFERENCES

1. Varshavski M. Doctor Mike vs 20 Anti-Vaxxers. *YouTube*. 2025. <https://www.youtube.com/watch?v=o69BiOqY1Ec>.
2. Gravel JW. Using our agency—pushing forward and pushing back. *Fam Med*. 2025;57(1):1–3.