FINAL PROGRAM

THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

40th STFM Annual Spring Conference

"Teaching for the Future of Family Medicine"

- Learn to teach best practices in the TransforMED model of care
- Learn from quality improvement research and practice-based networks
- Create new partnerships and models of collaboration
- Advocate for change in the health care system

April 24-29, 2007 • Hyatt Regency Chicago

PROGRAM COMMITTEE

James Tysinger, PhD, Chair
University of Texas HSC at San Antonio

Anthony Peter Catinella, MD
University of Utah

Karen Connell, MS
University of Illinois at Chicago

Sam Cullison, MD
Swedish/Providence Family Medicine Residency Program
Seattle, Wash

Alison Dobbie, MD
University of Texas, Southwestern Medical School

Susan Hadley, MD
Middlesex Hospital Family Medicine Residency Program
Middletown, Conn

Patrick McManus Jr, MD (AFMRD Liaison)
Thomas Jefferson University Hospital

Lisa Nash, DO
University of Texas Medical Branch at Galveston

Stephen Wilson, MD
UMPC St. Margaret Family Medicine
Pittsburgh, Pa

The Program Committee would like to acknowledge and thank the STFM Research and Membership Committees for their assistance in the review and planning processes for the 2007 conference.

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CONFERENCE HIGHLIGHTS:

- **STFM's Annual Showcase**—providing the best opportunity for camaraderie with colleagues in family medicine through meetings, informal gatherings, and social events.
- **Nearly 400 theme sessions, workshops, seminars, lecture-discussions, PEER papers, research papers, and research and scholastic posters**—a wide variety of presentations to help you gain new ideas and vital information to use in teaching.
- **Expanded Poster Session**—This year's conference will continue to provide two scholastic poster sessions, allowing for more presenters to participate at the conference. The first session is offered on Thursday and Friday, April 26-27, and the second session will be displayed Friday and Saturday, April 27-28. See pages 73-102 for a listing of the posters.
- **Networking**—ample quality time to make connections and contacts with your peers through common interest and special topic breakfasts, the research fair, and task force and group meetings.
- **Educational Resource and Career Opportunity Exhibits**—visit vendors and literature displays to see what's available to enhance your teaching, professional development, and work with residents and students.
- **Computer Café**—Conference attendees may visit the Annual Spring Conference's Computer Café at no additional charge. At the Computer Café, you can use our notebook computers and high-speed internet connection to check your e-mail and visit Web sites. Each computer also has Microsoft Office installed and is connected to a laser printer. So stop by the Computer Café to keep in touch, learn more by visiting related Web sites, or get some work done.

STFM PRESIDENT'S WELCOME

Dear STFM Members, Educators, Researchers, and Medical Colleagues!

It's my pleasure to welcome you to the 40th STFM Annual Spring Conference in Chicago, "the city that works" to teach, share, and dream the vision of a flourishing future of family medicine. In Chicago, we will share the food, music, water views, and inspiring messages of our colleagues. In Chicago, we will explore new ideas and challenge old ones. In Chicago we will feed our souls and nourish our intellect. Whether this is your first meeting, or your 40th, come to STFM to make and sustain the best lasting professional relationships of your life.

This year's theme is "Teaching for the Future of Family Medicine." The subthemes cover, we believe, the multiple dimensions of the steps that we must take to realize that future. The Program Committee has carefully crafted a brilliant program! Here are some highlights:

•Teaching best practices in the TransforMED model of care
In our first plenary, Terry McGeeney, MD, MBA, director of the AAFP TransforMED Project, will discuss lessons learned so far in the national demonstration project. A special track throughout the meeting will highlight best practices in the new model of care.

•Learning from quality improvement research and practice-based networks
James Mold, MD, MPH, professor and research director at the University of Oklahoma, will discuss the lessons learned in his 20+ years of work with practice-based "real world" networks. More than 50 presentations will cover the broad scope of family medicine research.

•Creating new partnerships and models of collaboration
More than 30 STFM special interest groups will meet to discuss common concerns, find shared solutions, and collaborate with their colleagues.

•Advocating for change in the health care system
Nationally recognized leaders in family medicine, including Robert Graham, MD; John Saultz, MD; Robert Phillips, MD, MSPH; Susan Schooley, MD; Kevin Grumbach, MD; Daniel Lasser, MD, MPH; and John Geyman, MD, will speak at the first Family Medicine Forum on Health Care Reform presented as a preconference workshop on April 25th.

Most important of all are the presentations from faculty members, like you, from all perspectives of family medicine and from all parts of the country. Please take a few minutes to review the impressive listing of program sessions provided by your colleagues before making your final decisions of what sessions to attend.

As a community of teachers of family medicine we come together at the 2007 STFM Annual Spring Conference. The challenges of practicing and renewing family medicine continue, but so do the rewards. Together, we will find solutions and renewal, and have a great time doing it!

I look forward to spending the week with each of you!

Sincerely,

Caryl J. Heaton, DO
STFM President

TUESDAY, APRIL 24

PRECONFERENCE WORKSHOPS:

Noon-2 pm — Preconference Workshop Registration ONLY—*Grand Ballroom Foyer*

1-5 pm and 7-8:30 pm — PR1: How Leaders Turn Dreams Into Reality: Successful Fund-raising in a Changing World—*Acapulco*

WEDNESDAY, APRIL 25

7:30 am-8 pm — Conference Registration—*Grand Ballroom Foyer'*

Noon-8 pm — Computer Cafe—*Grand Ballroom Foyer*

PRECONFERENCE WORKSHOPS:

8 am-5 pm — PR1: How Leaders Turn Dreams Into Reality: Successful Fund-raising in a Changing World—*Acapulco*

8 am-5 pm — PR2: A Family Medicine Forum on Health Care Reform—*Columbus A-B*
The Family Medicine Forum on Health Care Reform is supported in part by the AAFP Foundation.

8 am-5 pm — PR3: STFM Faculty Development Series Workshop III: Administrative and Management Skills for Academic Leadership—*Columbus K-L*

12:30-5:30 pm — PR5: Fun With Procedures! Learn How to Effectively Teach Procedures in Your Practice—*Grand Suite 3*

1-5 pm — PR4: STFM Faculty Development Series Workshop VII: Educational Scholarship: What's in Your...? — *Skyway 260*

5-6 pm — Meeting of the STFM Group Chairs and Board of Directors—*Columbus I-J*

6-7 pm — New Member/Attendee Orientation—*Grand Ballroom A-B*

7-8 pm — Welcoming Reception—*Grand Ballroom E-F*

7:30-9 pm — STFM Annual Poetry and Prose Reading—*Columbus G*
Jon Neher, MD and Kendalle Cobb, MD
Poetry and creative prose facilitate the expression of humanistic concerns about the doctor-patient encounter and allow emotional reflection on the themes of birth, growth, illness, suffering, and death. Participants in this workshop are invited to bring their own medical poems and prose to share with peers in a supportive environment that promotes professional bonding. The group will discuss sources of inspiration, how to incorporate expressive writing in teaching, and options for publication in medical journals.

THURSDAY, APRIL 26

7 am-7 pm — Conference Registration and STFM Computer Cafe—*Grand Ballroom Foyer*

7-8 am — Common Interest and Group Meeting Breakfasts (See page 12)—*Columbus Hall*

8:15-10 am — **Opening General Session**—*Grand Ballroom South*
President's Address: *Caryl Heaton, DO*
Plenary Address: "Moving Family Medicine Forward: Making Vision a Reality"
Terry McGeeney MD, MBA, TransforMED, Leawood, Kan

10-10:30 am — Refreshment Break—*Grand Ballroom Foyer*

10:30 am-Noon — Concurrent Educational Sessions

12:15-1:45 pm — Luncheon With Candidates' Speeches—*Grand Ballroom South*

2-5:30 pm — Concurrent Educational Sessions

3:30-4 pm — Refreshment Break *(Sponsored by the US Education Finance Group)*
Grand Ballroom Foyer

5:30-7 pm — **Opening Reception**—*Grand Ballroom North*
Educational Resource and Career Opportunity Exhibits with Research Fair and Scholastic Poster

7 pm — Dine-out Groups *(Each participant pays own; dining sign-up sheets are posted on the message board near the STFM Registration Desk. Groups will depart from STFM Registration Desk, Grand Ballroom Foyer)*

STFM extends a special thanks to the US Education Finance Group for their support of the Thursday afternoon refreshment break and conference notepads.

FRIDAY, APRIL 27

7 am-5:30 pm	Conference Registration and STFM Computer Cafe—*Grand Ballroom Foyer*
7-8 am	Special Topic Breakfasts—*Columbus Hall* (See pages 12-13)
8:15-10 am	**General Session**—*Grand Ballroom South* STFM Annual Business Meeting: "The State of STFM" Presentation of F. Marian Bishop Award: *Elizabeth Burns, MD, STFM Foundation President* Blanchard Memorial Lecture: "A Community Leading Change—Fulfilling the STFM Vision" *Kevin Grumbach, MD, University of California, San Francisco*
10-10:30 am	Refreshment Break in Display Area—*Grand Ballroom North*
10 am-5:30 pm	Research Fair, Scholastic Posters, and Educational Resource and Career Opportunity Exhibits *Grand Ballroom North*
10:30 am-Noon	Concurrent Educational Sessions
12:15-1:45 pm	Luncheon With Awards Presentations—*Grand Ballroom South*
2-5:30 pm	Concurrent Educational Sessions
3:30-4 pm	Refreshment Break in the Display Area—*Grand Ballroom North*
5:45-6:45 pm	STFM Group and Committee Meetings (See page 11)

SATURDAY, APRIL 28

6-7 am	Annual Marathonaki Fun Run/Walk (no charge—T-shirts to the first 150 runners/walkers)— *Group will meet in hotel lobby*
7-8 am	Breakfast With Exhibitors and Poster Presenters—*Grand Ballroom North*
7 am-5:30 pm	Conference Registration and STFM Computer Cafe—*Grand Ballroom Foyer*
8:15-10 am	**General Session**—*Grand Ballroom South* Curtis G. Hames Memorial Award Presentation STFM Best Research Paper Award Presentation Plenary Address: "Can Family Medicine Become a Learning Community?" *James Mold, MD, MPH, University of Oklahoma*
10-10:30 am	Refreshment Break in Display Area—*Grand Ballroom North*
10 am-1 pm	Research Fair, Scholastic Posters, and Educational Resource and Career Opportunity Exhibits— *Grand Ballroom North*
10:30 am-Noon	Concurrent Educational Sessions
Noon-1:30 pm	LUNCH ON OWN
12:30-1:30 pm	Optional Group Meetings (See page 11)
1 pm	Closing of Research Fair, Scholastic Posters, and Educational Resource and Career Opportunity Displays
1:45-5:15 pm	Concurrent Educational Sessions
3:15-3:45 pm	Refreshment Break—*Grand Ballroom Foyer*
9 pm-Midnight	After-dinner Dance Party—*Grand Ballroom South* and Coffee Lounge—*Columbus B* *(Open to all meeting attendees and guests!)*

SUNDAY, APRIL 29

7-7:30 am	Nondenominational Devotional Gathering—*Columbus A*
7-11:30 am	Conference Registration and STFM Computer Cafe—*Grand Ballroom Foyer*
7:30-8 am	Coffee Service (Muffins and beverage service only)—*Grand Ballroom Foyer*
8:15-9:45 am	Concurrent Educational Sessions
9:45-10 am	Refreshment Break—*Grand Ballroom Foyer*
10-11:30 am	**Closing General Session**—*Grand Ballroom North* Incoming President's Address: *John Rogers, MD, MPH* Plenary Address: "Why National Health Insurance Is the Obvious Prescription" *Claudia Fegan, MD, Fantus Health Center, Chicago*
11:30 am	Conference Adjourns

THURSDAY, APRIL 26

8:30-10 AM

"Moving Family Medicine Forward: Making Vision a Reality"—*Grand Ballroom South*

Terry McGeeney MD, MBA, TransforMED, Leawood, Kan

Moderator: James Tysinger, PhD

The Future of Family Medicine report painted an ominous picture for family medicine and primary care in the United States. If things did not change, the future of the specialty many of us have committed our lives to was bleak. It was also recognized that as family medicine goes, so goes the US health care system. The family medicine "family" viewed the FFM report not as gloom and doom, but a challenge to be accepted and met. FFM created a vision as to what family medicine should become and TransforMED has moved that vision to reality. The model of care described in the FFM report has now been clearly defined and is being implemented. A National Demonstration Project is ongoing to test the new model. A Residency National Demonstration Project, P4, is in progress to identify and test new innovative ways to train family physicians to empower them to practice the new model when they leave their residencies. Most importantly, family medicine has the opportunity to be a leader of innovation and progress in the US health care system. With leadership comes responsibility. The responsibility to succeed. During this presentation we will review the vision, update the progress, and renew the enthusiasm for the opportunities presented to us.

Dr McGeeney brings nearly 30 years of experience as a board-certified family physician and a solid understanding of the fundamentals of business management and health facilities organization and operations, which he acquired while earning a master's degree in health care administration from the University of Colorado. Most recently, Dr McGeeney served as assistant medical director and then medical director of the McFarland Clinic PC, central Iowa's largest physician-owned, multi-specialty clinic. The McFarland Clinic PC network of more than 200 health care providers annually serves more than 900,000 patients in 24 Iowa communities. A forward-practicing, patient-focused clinic, McFarland has in place many of the new model concepts, which were implemented under Dr McGeeney's leadership. A testament to the efficacy of these concepts, McFarland's family physicians' average income is significantly more than the national average.

As president and chief executive officer of TransforMED, Dr McGeeney serves as the leader, visionary, and key spokesperson for the company. The initial focus of TransforMED is to develop, implement, and evaluate a "proof-of-concept" National Demonstration Project to pilot test a new model of care in 20 family medicine practices of varying sizes across the country. Pilot practices will implement fully all elements of the new model and undergo thorough, real-time evaluation to determine empirically the model's impact on the quality of care and business performance. A final report is expected in early 2008.

Future plans call for TransforMED to expand its service offerings to primary care physicians across the country, providing them with fully integrated and prepackaged products and services, including expertise and experience implementing the new model with ease. By forging partnerships with technology vendors, developing customized and integrated product and service packages, refining existing products to meet family physicians' needs, and providing consultation, advice, and training to practices, TransforMED will assist primary care practices in transitioning to the new model of care.

FRIDAY, APRIL 27

8:30-10 AM

2007 Blanchard Memorial Lecture:

"A Community Leading Change–Fulfilling the STFM Vision"—*Grand Ballroom South*

Kevin Grumbach, MD, University of California, San Francisco

Moderators: Peter Catinella, MD and Elizabeth Burns, MD

The vision statement of STFM affirms the role of the Society as an agent of change: "We will be a community of educators, researchers, and clinicians leading change that measurably improves the health of all people." There tends to be broad agreement among STFM members about the overall panorama of this vision, a panorama featuring universal coverage for all Americans, a strong infrastructure for education and practice in family medicine, and new models of primary care that deliver accessible, effective, and efficient care. However, achieving consensus can be more challenging when it comes to more precisely defining what this future should look like and the strategies to achieve reforms. What is the best way to achieve universal coverage? Will family physicians of the future still be expected to "do it all," or will their work involve a very different set of tasks from those of the traditional family physician? Will a 2-year residency, a 4-year residency, or a residency of flexible duration best meet the training needs of the future? This presentation will concern itself less with attempting to provide answers to these questions, than with exploring how STFM can most productively promote a dialogue about how to fulfill its vision to "lead change." The presentation will address the need to define core values, accept the risks and uncertainties involved in creating transformative change, achieve civility of discourse that respects diversity of opinions, and challenge ourselves to heed Gandhi's call to "be the change you want to see in the world."

Kevin Grumbach, MD, is professor and chair of the Department of Family and Community Medicine at the University of California, San Francisco and chief of family and community medicine at San Francisco General Hospital. He is the director of the UCSF Center for California Health Workforce Studies, codirector of the UCSF Center for Excellence in Primary Care, and codirector of the Community Engagement Program for the UCSF Clinical Translational Science Institute. His research on topics such as primary care physician supply and access to care, racial and ethnic diversity in the health professions, and the impact of managed care on physicians have been published in major medical journals such as *The New England Journal of Medicine* and *Journal of*

the American Medical Association and cited widely in both health policy forums and the general media. With Tom Bodenheimer, he coauthored what has become the best-selling textbook on health policy, *Understanding Health Policy—A Clinical Approach*, and the recent book, *Improving Primary Care – Strategies and Tools for a Better Practice*. He received a Generalist Physician Faculty Scholar award from the Robert Wood Johnson Foundation, the Health Resources and Services Administration Award for Health Workforce Research on Diversity, and in 1997 was elected a member of the Institute of Medicine, National Academy of Sciences.

Dr Grumbach is cochair of the UCSF University-Community Partnership Council, and a founding member of the California Physicians' Alliance, the California chapter of Physicians for a National Health Program. He practices family medicine at the Family Health Center at San Francisco General Hospital.

SATURDAY, APRIL 28

8:30–10 AM

"Can Family Medicine Become a Learning Community?"—*Grand Ballroom South*

James Mold, MD, MPH, University of Oklahoma

Moderators: Karen Connell, MS, and Erik Lindbloom, MD, MPH

A "learning community" is one in which the members strive continually to improve what they are doing and feel an obligation to share what they have learned with all other members of the community. Learning that occurs as a result of systematic observation, analysis, and experimentation is called research. Using examples from his 12-year experience directing a practice-based research network in Oklahoma and several other stories, **James Mold, MD, MPH,** will attempt to make the case that family medicine is well-positioned to become a learning community. He will then discuss some of the steps we would need to take to accomplish it. In 1968, family medicine set out to revolutionize health care delivery in this country. Let the revolution resume!

Dr Mold received his MD degree from Duke and completed a family medicine residency at Highland Hospital/University of Rochester. He served for 6 months in a small village in rural Ghana, West Africa before joining a practice in Hillsborough, NC, where he practiced the full spectrum of family medicine for 6 years. He then joined the faculty in the Department of Family Medicine at the University of Oklahoma, focusing first on predoctoral education and then on developing geriatric training opportunities for the residents. During this time he completed a part-time geriatric fellowship offered through the University of North Carolina and obtained a Certificate of Added Qualifications in Geriatric Medicine. He directed Oklahoma's interdisciplinary Geriatric Education Center until 1992, when he accepted an endowed Chair of Geriatric Medicine at the University of Louisville. One year later, for family reasons, he returned to Oklahoma to begin a new career in research, including completion of the requirements for a Masters Degree in Public Health (Biostatistics), and the opportunity, because of a Title VII grant, to start a practice-based research network. Now with more than 300 members in 96 practices throughout the state, The Oklahoma Physicians Resource/Research Network (OKPRN) is recognized as one of the most successful and influential regional PBRNs in the country. Dr Mold is an author of approximately 100 peer-reviewed scientific papers, monographs, and book chapters.

SUNDAY, APRIL 29

10–11:30 AM

"Why National Health Insurance Is the Obvious Prescription"—*Grand Ballroom North*

Claudia Fegan, MD, Fantus Health Center, Chicago

Moderator: Susan Hadley, MD

There is broad consensus the present system for health care in the United States is not working, as evidenced by more than 46 million uninsured. Yet the United States spends close to $2 trillion a year on health care; at nearly $6,000 per capita we spend more than any other country in the world. With a work force of almost 10 million people, including 600,000 physicians and more than 2 million nurses, you would think we have the resources to provide care for those who need it.

The problem with American health care is our inability to see beyond employment-based financing. It stagnates the economy as people keep unwanted jobs to maintain insurance, while health resources hemorrhage into the private-insurance bureaucracy.

We spend enough on health care and we have enough resources, the obvious solution is a single-payer form of financing for national health insurance. The American people are not the barrier to this solution; they understand the problem. It is the powerful lobbyists representing the insurance, pharmaceutical, and medical industry who stand in the way. It is the responsibility of health care providers to speak out for solutions we know are right. We too represent a powerful force in this struggle.

Claudia Fegan, MD, is a board-certified internist who trained at Michael Reese Hospital in Chicago. She subsequently served as medical director for Michael Reese after becoming board certified in quality assurance, risk management, and utilization review. Dr Fegan left her successful private practice of 15 years to join the Cook County Bureau of Health Services in 2000. She currently serves as medical director for Fantus Health Center, a huge primary care clinic that serves more than 2,000 patients a day, part of the Ambulatory and Community Health Network of the Bureau. Dr Fegan is a past-president of Physicians for a National Health Program. She speaks extensively in this country and Canada about the impact of corporatization on the delivery of health care and the need for universal health care. She collaborated with Canadians Hugh and Pat Armstrong on Universal Healthcare: What the United States Can Learn from the Canadian Experience.

GENERAL CONFERENCE INFORMATION

CONFERENCE ACCOMMODATIONS

Hyatt Regency Chicago
151 East Wacker Drive
Chicago, IL 60601
Hotel Phone: 312-565-1234
Guest Fax: 312-239-4412

CHILD CARE

For scheduling information and fees, contact the Hyatt Regency's Concierge. Rates vary based on the number and ages of children needing care, and advance reservations are required.

FITNESS FACILITIES

The Hyatt Regency Chicago Health Club is located on the Bronze level, East Tower. The Health Club consists of state-of-the-art exercise equipment including numerous treadmills, stairmasters, and free-weights complimentary to hotel guests. The Hyatt Regency Health Club is open 24 hours a day, 7 days a week. All registered guests may access the Health Club with their room key.

RENTAL CAR DISCOUNT

Budget Rent A Car System, Inc, is the official rental car agency for this year's conference. For reservations, call Budget at 800-527-0700, or you can make your reservations online at www.budget.com. Be sure to use the following convention discount (BCD) code for our conference when making your reservation: U063655. Rates for the conference begin at $50/daily/ OR $181/weekly, with special weekend rates available beginning at $24 per day! Rates include unlimited mileage and are valid for up to 1 week before/after the conference.

GROUND/SHUTTLE TRANSPORTATION

CONTINENTAL AIRPORT EXPRESS

Continental Airport Express provides shuttle service for guests of the Hyatt Regency Chicago. Contact 312-454-7800 for additional information. Return shuttles to both airports may be picked up from the West Tower Lobby.

The O'Hare shuttle: The cost is $24 per person one-way.

The Midway shuttle: The cost is $19 per person one-way.

Please note that the shuttle will stop at other hotels en route to and from the airport.

TAXI CABS

If you wish to take a cab to the airport, estimate $40 to O'Hare, and $30 to Midway. A "shared cab" service is generally available to both airports.

PUBLIC TRANSPORTATION

To get to O'Hare you can take the Blue Line on the CTA and the cost is $1.75 each way. The closest stop to the hotel is at Clark and Lake, about a six-block walk or $5 cab ride.

To get to Midway you can take the Orange Line on the CTA and the cost is $1.75 each way. The closest stop to the hotel is at State and Lake, about a 4 block walk or $4 cab ride.

CAREER OPPORTUNITY EXHIBITS AND ADVERTISING

The 2007 Exhibit Hall will highlight departments and programs, educational resources, and career opportunities. Exhibits will open with a reception on Thursday, April 26, and will be displayed through 1 pm on Saturday, April 28.

BUSINESS SESSION

The STFM Annual Business Meeting will be held on Friday morning, April 27. The Business Meeting offers members the opportunity to learn about key Society activities and address issues of concern to the STFM Board of Directors. STFM members not registered for the conference can attend the Business Session without registering for the conference.

ELECTION PROCEDURES

The nominees for STFM office will be announced and nominations from the floor accepted during the luncheon on Thursday, April 26. Candidate speeches will also be given during the luncheon. Ballots will be included with the registration packets of members qualified to vote. Ballots must be turned in at the registration desk by 5:30 pm on Thursday. A majority vote, taken from votes cast at the meeting and from absentee ballots, will determine the election. Results will be announced at the Business Meeting on Friday morning, April 27.

STFM COMPUTER CAFE

STFM will be supplying a Computer Cafe for attendees to check their e-mails and keep in touch with their institutions while at the conference. The Computer Cafe will be located in the Grand Ballroom Foyer. For hours of operation, check the conference schedule on pages 4-5. We would like to thank the Hyatt Regency Chicago for providing the Internet access for the cafe.'

CELL PHONES AND PAGERS

Please mute cell phones and pagers at all STFM conference sessions and meal functions.

NO SMOKING POLICY

Smoking is not permitted at official STFM gatherings.

DINE OUTS

Join your friends and colleagues from the conference for an optional dinner on Thursday, April 26. Restaurant options will be available within walking distance from the hotel. Sign-up sheets will be posted on the conference message board at the STFM Registration Desk. Participants are responsible for their own meal costs.

CONFERENCE MEALS & SPECIAL ACTIVITIES

The following functions are included in your registration fee (no tickets needed):

- Continental breakfasts on Thursday, Friday, Saturday and coffee service on Sunday.
- Luncheons on Thursday and Friday
- Dance Party on Saturday

Additional meal tickets for spouses, guests, and children may be purchased at the STFM Registration Desk.

ATTENDEES WITH INFANTS OR SMALL CHILDREN

New for 2007! Conference participants traveling with young children may use this family area for nursing, eating, congregating, and networking. Child care will not be provided.

CME HOURS

This program has been reviewed and is acceptable for up to 30.75 Prescribed credit hours by the American Academy of Family Physicians. This includes 30.75 Prescribed and 1.5 Elective credits. Because some sessions run concurrently, no more than a total of 30.75 credits may be reported. This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the AAFP and the STFM. The AAFP is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing education for physicians. The AAFP designates this educational activity for a maximum of 30.75 hours in Category 1 credit towards the American Medical Association Physician's Recognition Award. Each physician should claim only those credit hours that he/she actually spent in the educational activity.

Sessions receiving Elective credit only:
L42B: Exploring Spiritual Values Through the Personal Narrative

AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to cmecomment@aafp.org

This program is approved by the American Osteopathic Association for Category 2 credits for DO participants.

For other credit, STFM will assist individuals by providing information needed to the extent possible.

STFM PAST PRESIDENTS

2005-2006	**William Mygdal, EdD**
2004–2005	**Jeannette South-Paul, MD**
2003–2004	**Carlos Moreno, MD, MSPH**
2002–2003	**Elizabeth Garrett, MD, MSPH**
2001–2002	**Denise Rodgers, MD**
2000–2001	**Stephen Bogdewic, PhD**
1999–2000	**Elizabeth Burns, MD, MA**
1998–1999	**John Frey III, MD**
1997–1998	**Joseph Hobbs, MD**
1996–1997	**Macaran Baird, MD, MS**
1995–1996	**Katherine Krause, MD**
1994–1995	**Janet Townsend, MD**
1993–1994	**Richard Holloway, PhD**
1992–1993	**Robert Davidson, MD, MPH**
1991–1992	**Marjorie Bowman, MD, MPA**
1990–1991	**Alan David, MD**
1989–1990	**David Schmidt, MD***
1988–1989	**Jack Colwill, MD**
1987–1988	**Jonathan Rodnick, MD**
1986–1987	**Joseph Scherger, MD, MPH**
1985–1986	**L. Thomas Wolff, MD**
1984–1985	**H. Thomas Wiegert, MD**
1983–1984	**John Arradondo, MD, MPH**
1982–1983	**Thomas Leaman, MD**
1981–1982	**F. Marian Bishop, PhD, MSPH***
1980–1981	**Edward Shahady, MD**
1979–1980	**William Kane, MD**
1978–1979	**Theodore Phillips, MD**
1977–1978	**L. Robert Martin, MD***
1975–1977	**Edward Ciriacy, MD***
1973–1975	**G. Gayle Stephens, MD**
1971–1973	**Leland Blanchard, MD***
1969–1971	**Lynn Carmichael, MD**

***deceased**

SESSION FORMATS

STFM's Annual Spring Conference offers a variety of session formats to satisfy differing needs. Here is a brief overview of the types of sessions available for your participation:

Workshops—Through this three-hour task-oriented, small-group educational experience, participants will acquire specific skills, ideas, and/or methodologies for teaching or applying in their clinic.

Theme Sessions—NEW—A 3-hour session organized around a current topic or issue of importance to family medicine education, including a collaboration of experts from multiple institutions.

Seminars—Ninety minutes of didactic presentation and audience discussion are involved in the exploration of ideas or information in these sessions.

Special Sessions—These sessions are usually 90-minute presentations solicited by the STFM Program Committee and/or Board of Directors, including forums for audience input and participatory experiences, related to the STFM mission, FFM model, and "hot topics" in family medicine education.

Lecture-Discussions—These presentations will provide 45 minutes of didactic presentation and discussion on a variety of types of topics; two of these sessions on a common topic are given consecutively in a 90-minute time slot.

Research Forums—Reports of rigorously designed and completed investigations are presented in 20-minute periods and are often grouped with plenary speakers for a concentrated focus on a specific research area.

PEER Sessions—Completed: These 20-minute presentations, followed by 5 minutes of discussion, will provide valuable data and information about completed teaching, curricular, clinical, or management research projects.

PEER Sessions—In Progress: These 10-minute presentations, followed by 5 minutes of discussion, will provide useful data and information about in-progress educational studies, curricular or clinical interventions, and/or management innovation projects.

Research Posters—On display during exhibit hall hours, these works provide an opportunity for one-on-one discussion of investigators' original research.

Scholastic Posters—On display during exhibit hall hours, these posters provide a one-on-one opportunity for the author to present innovative projects in family medicine education, administration, or clinical care.

SESSION EDUCATIONAL TRACKS

Throughout the development of this program, the needs of students, residents, and preceptors were considered. While you are the best judge of what meets your needs, please note sessions (denoted by the following codes) that may be especially valuable for you.

S = Student R = Resident P = Preceptor/Faculty
L = Leadership/Senior Faculty F = FFM B = Best Practice

Also note that sessions may be considered appropriate for multiple audiences, including students, residents, and/or preceptors. Thus, these sessions will have more than one code following their session title.

THE FUTURE OF FAMILY MEDICINE IMPLEMENTATION: STFM PRIORITY PROGRAMS AND HOW YOU CAN BE INVOLVED

Conference "Track" of Sessions Related to FFM:

STFM has a major role in the implementation of the Future of Family Medicine (FFM) Strategic Initiatives and has identified related sessions in this year's annual conference with the FFM logo next to the title. These sessions represent a number of the 10 strategic initiatives:

- Promoting a Sufficient Family Medicine Workforce
- Family Medicine Education
- Lifelong Learning
- New Model of Family Medicine
- Electronic Health Records
- Quality of Care
- Communication
- Enhancing the Science of Family Medicine
- Role of Family Medicine in Academic Health Centers
- Leadership and Advocacy

STFM is the lead organization for the educational initiative—Promoting a Sufficient Family Medicine Workforce. To guide STFM's effort, the Board created a Special Task Force on the Future of Family Medicine. The Special Task Force is working on four priority programs, and several of the identified sessions in this year's annual conference relate to these programs:

- Develop competency-based curricula to educate medical students, residents, and preceptors in the New Model
- Provide FFM programming at all STFM conferences
- Initiate premedical school recruitment
- Develop workforce preparedness curriculum for IMGs on communication skills and cultural competency

The Special Task Force (STF) is working with STFM groups and members, and other family medicine organizations, to implement these programs. Some of the presenters in the identified sessions have already contributed to STF efforts, such as the 2005 STFM preconference workshop, "Developing Future of Family Medicine New Model Practices in Residencies: Learning from Experience." The STF urges STFM groups and members to become informed about FFM initiatives and to become involved in moving FFM strategic initiatives and STFM priority programs forward. For more information, contact John Rogers, MD, MPH, MEd, FFM STF chair, 713-798-7744, jrogers@bcm.edu, or Stacy Brungardt, CAE, STFM, 800-274-2237, ext. 5406, sbrungardt@stfm.org.

GROUP MEETINGS

Friday April 27, 5:45–6:45 pm

Group On Abortion Training and Access—*Skyway 265*
Group On Adolescent Health Care—*Columbus E-F**
Group On Behavioral Science—*Grand Suite 2*
Group On Community Medicine—*Columbus H**
Group On Ethics and Humanities—*Columbian*
Group On Evidence-based Medicine—*Grand Suite 3*
Group On Faculty Development—*Columbus H**
Group On Family in Family Medicine—*Columbus C-D**
Group On Family-centered Perinatal Care—*Columbus C-D**
Group On Geriatrics—*Columbus E-F**
Group On Health Policy and Access—*Picasso*
Group On Hispanic Faculty/Latino Faculty—*Grand Suite 4*
Group On Information Technology—*Haymarket*
Group On Integrative Medicine—*Columbus I-J**
Group On Lesbian, Gay, and Bisexual Health—*Grand Suite 1*
Group On Minority and Multicultural Health—*Columbus G*
Group On Online Cases—*Columbus I-J**
Group On Pharmacotherapy—*Skyway 260**
Group On Primary Care Sports Medicine—*Skyway 260**
Group On Rural Health—*Columbus K-L**
Group On Spirituality—*Columbus K-L**
Group On Violence Education and Prevention—*Grand Suite 3**
Group On Women in Family Medicine—*Columbus A-B*
International Committee—*Soldier Field*

* Shared Meeting Rooms

OPEN COMMITTEE AND GROUP MEETINGS

Saturday April 28, 12:301:30 pm

Group On Abortion Training and Access—*Skyway 265*
Group On Adolescent Health Care—*Columbus E-F**
Group On Community Medicine—*Columbus H**
Group On Disabilities—*Skyway 269*
Group On Education Professionals in Family Medicine—*Soldier Field*
Group On Evidence-based Medicine—*Grand Suite 3*
Group On Faculty Development—*Columbus H**
Group On Family-centered Perinatal Care—*Gold Coast*
Group On Genetics—*Columbus E-F**
Group On Health Policy and Access—*Skyway 260*
Group On Hispanic Faculty/Latino Faculty—*Columbus A-B*
Group On Hospital Medicine & Procedural Training—*Grand Suite 5*
Group On Information Technology—*Haymarket*
Group On Integrative Medicine—*Columbus G*
Group On Minority and Multicultural Health—*Columbus C-D*
Group On Oral Health—*Picasso*
Group On Patient Education—*Grand Suite 4*
Group On Predoctoral Education—*Buckingham*
Group On Primary Care Sports Medicine—*Columbian*
Group On Residency Education—*Comisky*
Group On Women in Family Medicine—*Columbus I-J*
STFM Membership Committee—*Columbus K-L**
STFM Program Committee—*Columbus K-L**
STFM Research Committee—*Grand Suite 2*

* Shared Meeting Rooms

2007 STFM Annual Spring Conference Partners

STFM extends a special thank you to our 2007 conference partners for their support of the Welcoming Reception, participation in the Educational Resource Exhibits, and their wonderful hospitality while hosting us in their community.

Indiana University, Department of Family Medicine
Loyola University, Cook County-Loyola-Provident FMR, Chicago
MacNeal Family Medicine Residency Program, Berwyn, Ill
University of Chicago, Department of Family Medicine
University of Illinois, Chicago, Department of Family Medicine
University of Illinois, Rockford, Department of Family & Community Medicine
University of Illinois, Peoria, Department of Family & Community Medicine
University of Wisconsin, Department of Family Medicine
West Suburban Family Medicine Residency Program, River Forest, Ill

Thanks to the Hyatt Regency Chicago for its support of the Marathonaki Fun Run and the STFM Computer Cafe.

BREAKFASTS

COMMON INTEREST AND GROUP MEETING BREAKFASTS

Columbus Hall

THURSDAY, APRIL 26 7-8 AM

Group On Abortion Training and Access
Group On Adolescent Health Care
Group On Community Medicine
Group On Disabilities
Group On Ethics and Humanities
Group On Faculty Development
Group On Family in Family Medicine
Group On Family-centered Perinatal Care
Group On Fellows
Group On Health Policy and Access
Group On Hospital Medicine & Procedural Training
Group On Immunization Education
Group On Integrative Medicine
Group On Learner Portfolios
Group On Minority and Multicultural Health
Group On Nutrition Education
Group On Oral Health
Group On Osteopathic Family Medicine
Group On Predoctoral Education
Group On Residency Education
Group On Rural Health
Group On Spirituality
Group On Violence Education and Prevention
Group On Women in Family Medicine

Mark Your Calendars!

41st STFM Annual Spring Conference
April 30–May4, 2008
Baltimore Marriott Waterfront
Baltimore, MD

Call for Papers Submission Deadline:
September 12, 2007

Online submissions will be accepted at www.stfm.org beginning June 1st.

Conference Theme:
"Strengthen Core and Stimulate Progress: Assembling Patient-centered Medical Homes"

SPECIAL TOPIC BREAKFASTS

Columbus Hall

FRIDAY, APRIL 27 7-8 AM

B1: Family Medicine Fellows Forum
Anthony Viera, MD, MPH

B2: Advising Residents About Their Careers
Jack Valancy, MBA

B3: Mind-Body Techniques and Other Stress Management Programs for Residents and Faculty
Paula Gardiner, MD

B4: Organizing Smoke and Managing Chaos: Lessons From the Trials and Tribulations of Academic Leadership
Sim Galazka, MD

B5: Certified Nurse-Midwives as Residency Educators: A New Model of Collaboration
Coral Matus, MD; Dale Patterson, MD

B6: Curriculum for an Urban Family-centered Maternity Care Fellowship
Rebecca Williams, MD

B7: New Directions in Advance Health Care Planning
William Reichel, MD; David Doukas, MD

B8: Forging Connections Between Third- and Fourth-year Students and Family Medicine Departments
Nina O'Connor, MD; Anne Mounsey, MD

B9: Group on Pharmacotherapy—Review of Two Surveys
Connie Kraus, PharmD, BCPS; John Tovar, PharmD

B10: Centering Pregnancy: Group Visits for Prenatal Care
Carmen Strickland, MD

B11: Teaching and Learning Strategies for Resident Conferences
Andrea Franks, PharmD; Jeremy Thomas, PharmD

B12: Recruiting, Developing, and Rewarding Rural Preceptors
Helen Baker, PhD, MBA; Dennis Baker, PhD

B13: Personal Writing as a Tool for Physician Well-being
Jeffrey Ring, PhD; Jo Marie Reilly, MD

B14: Every Doc Can Do a Poster
Charles Henley, DO

B15: Data Sharing Among Family Medicine Residencies: Identifying Best Practices in Diabetes Management
Beth Damitz, MD; Sandra Olsen, MS; Judy Payne, MS

B16: Podcasting—How Does It Fit into Your Residency Program?
Beth Potter, MD; Janet Reschke

B17: Group Visit Curriculum: How to Teach and Establish Group Visits in Your Residency Program
Gregory Sawin, MD; Amy Cooley, MD; David Waters, PhD; Andrew Lockman, MD; John Franko, MD

B18: AIDS Care in the Family Practice Center
Rosemary Harris, MD

B19 : Engaging Medical Students to Publication
Michael Flanagan, MD; David Wakulchik, MD

B20: Data Sharing Among Family Medicine Residencies: Identifying Best Practices in Panel Management
Connie Kinnee, BSHCA; Ken Mace, MA, CMPE; Jesse DeGroat, MD

B21: Conflicts and Challenges in Competency-based Evaluation of Residents
Alan Wrightson, MD; Andrea Milam, MSEd; Shersten Killip, MD, MPH

B22: Fostering Reflection to Build the Best Possible Doctors Through Poetry, Song, and Painting
Johanna Shapiro, PhD; Marco Janaudis, MD; Maria Benedetto, MD; Elsi Carvalho, MD; Ariane Castro, MD; Thais Troll; Rebeca Jesumari

B23: The Family Practice Inquiries Network: Writing Evidence-based Reviews for Journals, Newsletters, and Handhelds
Richard Guthmann, MD

B24: Oral Contraceptive Pills—Over the Counter?
Linda Prine, MD; Sarah Nosal, MD; Melanie Canon, MD; Sarah Miller, MD

B25: Fresh Off the Boat: IMG Perspective of Joining a US Residency
Omar Minhas, MD; Tomislav Zeljko, MD

B26: Cultural Competence Training Program for Residents
Julie Nyquist, PhD; Jeffrey Ring, PhD; Suzanne Mitchell, MD

B27: Eliminating Disparities in Perinatal Health Outcomes: The Time Has Come for Individualized and Patient-centered Care
Mark Loafman, MD

B28: International Medical Education and Care: Belize and Beyond
Russell Robertson, MD

B29: Advocating for a Fundamental Reworking of the Health Care System
John Standridge, MD

B30: A Model of Collaboration in a Low Back Pain Patient in a Family Medicine Clinic
Gautam Desai, DO; Mary Guerrera, MD; Joan Hedgecock, MSPH; William Cox, DO

B31: Enhancing Medical Education Through a Fourth-year Service-learning Elective Emphasizing Practice Management
Wanda Gonsalves, MD; Amanda Jackson

B32: The Changing and Future Role of the Family Medicine Coordinator
Cynthia Villanueva, MS; Michelle Jeter

B33: Operative Obstetrics Training Track: How We Did It
Eduardo Scholcoff, MD; Adriana Tobar, MD; Socorro Milan-Flanigan, MD

B34: Embracing Our Communities Before Delivering Care to Our Patients: First-year Concepts in Family Medicine
Adriana Linares, MD, DrPH; Aliyah Morgan, MD, MPH

B35: Creating a Spanish-speaking Provider Network for Underserved Patients in Leon County
Jose Rodriguez, MD; George Barrio

B36: Scholarly Activity Success Through Collaboration and Partnerships
Jose Hinojosa, MD: Kristen Bene, MS

B37: A Medical Student Mini-course: Effective Interviewing of Adolescents
Maria Albright, MD

B38: Beyond COPC: Nurturing and Maintaining Longitudinal Collaborations With Community Agencies
Allen Perkins, MD, MPH

B39: Hospitalist Fellowships and the Future of Family Medicine
William Caire, MD

B40: Geriatric Home Care With a Clinic Practice
Sumathi Devarajan, MD; Kemte Ames, MD

STFM Recognition Award

Instituted in 1978, the STFM Recognition Award recognizes achievements that support the aims and principles of STFM and advance family medicine as a discipline. These achievements must have had a broad impact on family medicine education. Awardees may be STFM members or nonmembers.

The 2007 STFM Recognition Award Winner—Joseph Hobbs, MD, Medical College of Georgia

Dr Hobbs is professor and the Joseph W. Tollison, MD, Distinguished Chair of the Department of Family Medicine and vice dean for Primary Care and Community Affairs at the Medical College of Georgia's (MCG) School of Medicine. Dr Hobbs received a BS degree with a major in biology from Mercer University and a Doctor of Medicine degree from MCG in 1974. He completed a family medicine residency in 1977 at the Hospital and Clinics of MCG.

Dr Hobbs joined the faculty in the Department of Family Medicine at MCG in 1978, where he has served in various roles, including Family Medicine Residency Program Director, Predoctoral Education and Clerkship Director, and Family Medicine Inpatient Service Director. He developed a family medicine clerkship educational network of 19 full-time teaching sites serving approximately 180 medical students per year throughout the state of Georgia in group private practices in small, rural Georgia communities and associated hospitals, community family medicine residency programs, and community health centers that has been consistently maintained over 25 years. Dr Hobbs has served as a member of the Steering Committee for Georgia's Area Health Education Centers. He has also served two terms on the Society of Teachers of Family Medicine Board (as member-at-large and as president); coordinated the development of MCG's RWJ Generalist Physician Initiative Planning Grant and was a part of the implementation team when the full grants were awarded; and directed the Office of Generalist Physician Recruitment and Retention. He currently serves as a director of the American Board of Family Medicine and its Executive Committee, the Council on Graduate Medical Education, Board of Directors of the Association of Departments of Family Medicine (ADFM), and is ADFM's liaison to the Association of Family Medicine Organizations Predoctoral Education Subcommittee. Teaching and writing interests have been acid-base fluid and electrolyte disturbances, hospital medicine, and decentralized and distributed undergraduate medical education.

STFM Excellence in Education

The Excellence in Education Award, instituted by the STFM Board of Directors in 1978, is awarded to STFM members who have demonstrated personal excellence in family medicine education, with contributions acknowledged by learners and peers at the regional and national levels.

The 2007 STFM Excellence in Education Award Winner—Anita Taylor, MAEd, Oregon Health & Science University

Anita Taylor, MAEd, is associate professor of family medicine in the Department of Family Medicine at the Oregon Health and Science University (OHSU). Since 1984, she has been the faculty liaison to the OHSU Program of Excellence award-winning Family Medicine Interest Group. She also has been director of the Family Medicine Volunteer Faculty for 15 years.

As a member of the Dean's Office, she serves as the director of Career Advising for the 480 medical students at OHSU and OHSU Liaison to the Association of American Medical Colleges Careers in Medicine program. She was selected by her OHSU faculty peers to receive the OHSU Excellence in Education Award for Teaching in 2000.

She has been a member of the Society of Teachers of Family Medicine since 1978, serving on the Program and Faculty Development Committees. In recognition of her contributions to the American Academy of Family Physicians and family medicine education, Anita was awarded Honorary Membership in the American Academy of Family Physicians in October 2004. She received the Oregon Academy of Family Physicians' President's Recognition Award in 1999 and again in 2004.

The author of the book *How to Choose a Medical Specialty*, currently in its fourth edition, and a recognized authority on medical specialty choice, Ms. Taylor has been an invited speaker at national and international medical education meetings. She has served as a Visiting Professor at 24 medical schools and family medicine residency programs in the United States, South America, Europe, and Asia.

STFM Innovative Program Award

STFM honors excellence in an original educational program or activity for family medicine residents, students, or faculty. The award is intended to recognize a broad interpretation of innovative family medicine programs to include innovative residency programs, clerkships, services, curricula, or other activities that have had a significant, positive impact on family medicine education.

The 2007 STFM Innovative Program Award Winner—Smiles for Life: A National Oral Health Curriculum for Family Medicine

Smiles for Life is a comprehensive oral health curriculum for physicians developed by the STFM Group on Oral Health. It is designed to be implemented in either residencies or medical schools.

The curriculum is based on five PowerPoint modules covering core areas on oral health—Module 1: The relationship of oral and systemic health; Module 2: Child oral health; Module 3: Adult oral health; Module 4: Dental emergencies, and Module 5: Oral Health and the Pregnant Patient. Each module is designed to be presented in 50 minutes. Each slide is annotated with speaker notes and relevant references.

A variety of supporting materials are included with the curriculum. These include a comprehensive set of educational objectives based on the ACGME competencies, test questions, resources for further learning, and an implementation guide that includes a detailed outline of the modules. Pocket cards and PDA applications summarizing key point-of-care information on child oral health, adult oral health, and dental emergencies are also available, as are patient education posters suitable for exam or waiting room display.

The Steering Committee for this project is Alan Douglass, MD (Editor and Group Cochair); Wanda Gonsalves, MD; Russell Maier, MD (Group Cochair); Hugh Silk, MD; Nancy Stevens, MD, MPH; James Tysinger, PhD; A. Stevens Wrightson, MD.

For a complete listing of past award winners see inside back cover of this program.

STFM Advocate Award

Instituted in 2004, The STFM Advocate Award is designed to recognize excellence in the field of political advocacy. The STFM Advocate Award honors a member for outstanding work in political advocacy at the local, state, or national level. The recipient's efforts are not restricted to legislative work but cannot be solely individual patient advocacy.

The 2007 STFM Advocate Award Winner—The WWAMI Network of Family Medicine Residences

The WWAMI Network of Family Medicine Residencies has been awarded the 2007 Advocate Award for the creation of an advocacy network for legislative issues of concern to WWAMI residency programs. This network has already experienced success in its legislative endeavors and is actively pursuing additional legislative goals. The process for establishing this network has been clearly outlined by WWAMI and is available for replication and/or modification by other like-minded groups. This network serves as a model for other groups or organizations to develop an advocacy agenda and implement an advocacy strategy.

The WWAMI Network of Family Medicine residencies working together developed a comprehensive strategic plan that was conducted over 2 years. The goals were established through an open collaborative process. Two of the most important goals were to begin effective legislative advocacy through a structured legislative committee, and to explore collaboration with the community health center community around development of a new kind of education health center for family medicine residency training. The early successes, ongoing efforts, and import of these efforts are all a testament to the importance of such work.

Curtis G. Hames Research Award

The Curtis G. Hames Research Award is presented annually to acknowledge and honor those individuals whose careers exemplify dedication to research in family medicine. The late Dr Hames, for whom the award is named, was internationally recognized as a pioneer in family medicine research. The award is supported by the Hames Endowment of the Department of Family Medicine, Medical College of Georgia.

The 2007 Curtis G. Hames Research Award Winner—Peter Franks, MD

Dr Franks went to medical school in London, England. He came to the United States with his American wife, Beth, in 1976 and completed a family medicine residency at the University of Rochester, NY. Subsequently, after a fellowship, he joined the faculty in Rochester, where he remained for more than 20 years. He functioned in many guises there, including residency director, research director, medical director, and associate department chair. In 2000, he moved to Sacramento, California, to join the Department of Family and Community Medicine at the University of California, Davis, , and has remained there happily since then. His main roles now are to mentor primary care researchers, conduct his own research, and support general academic department functions. Dr Franks' research interests have been catholic, with emphases in three overlapping areas: disparities in health and health care; physician-patient communication; and health status measurement.

STFM Best Research Paper Award

Presented since 1989, the STFM Best Research Paper Award recognizes the best research paper by an STFM member published in a peer-reviewed journal between July 1, 2005, and June 30, 2006. Selection is based on the quality of the research and its potential impact.

The 2007 Research Paper Award Winner —
Physicians, Patients, and the Electronic Health Record: An Ethnographic Analysis

William Ventres, MD, MA; Addtional Authors: Sarah Kooienga, FNP; Ryan Marlin, MD, MPH;Peggy Nygren, MA; Valerie Stewart, PhD
(see page 74 for abstract)

STFM Foundation F. Marian Bishop Leadership Award

Established in 1990, the F. Marian Bishop Leadership Award is presented by the STFM Foundation to honor individuals who have significantly enhanced the academic credibility of family medicine by a sustained, long-term commitment to family medicine in academic settings.

The 2007 F. MarianBishop Leadership Award Winners—

Robert Taylor, MD

Robert Taylor, MD is professor emeritus of family medicine at Oregon Health & Science University. A board-certified family physician, Dr Taylor is a 1961 graduate of the Temple University School of Medicine. He trained in the United States Public Health Service Hospital at Norfolk, Virginia, and was in private family practice in New Paltz, New York for 14 years. In 1978, he joined the faculty of the Wake Forest University School of Medicine in Winston-Salem, North Carolina. In 1984, Dr Taylor moved to Oregon, where he served as chairman of the Departent of Family Medicine at Oregon Health & Science University until 1998. He is the author and editor of 24 medical reference books including *Family Medicne: Principles* and *Practice and TheManual of Family Medicine.*

Ed Ciriacy, MD

Ed Ciriacy, MD, was STFM president from 1975–1977 and former STFM Foundation trustee. He served in the Army Air Force during World War II and was a graduate of Pennsylvania State College and Temple University School of Medicine. After 1 year of internship and 1 year of surgery residency at Frankford and Temple Hospitals in Philadelphia, he began private practice as a family physician in Ely, Minn in 1954 where he tirelessly served the community as a family physician for more than 20 years. He was professor and head of the Department of Family Medicine and Community Health at the University of Minnesota from 1971–1995 and remained a professor in the department until he retired from the University in 1998. Under his leadership the department grew to include one of the largest family medicine residency programs in the country, educating a significant number of primary care physicians serving Minnesota and the nation. Under his leadership, in 1985 the department established UCare Minnesota, a very successful HMO. Dr Ciriacy was a powerful advocate for the specialty of family medicine. He was active in state and national medical associations, medical education organizations, and committees, and served as president of the Minnesota Academy of Family Physicians. Dr Ciriacy died died June 21, 2006.

MORNING SESSIONS

7-8 am — **Common Interest and Group Meeting Breakfasts**—*Columbus Hall*

8:15-10 am — **Opening General Session**—*Grand Ballroom South*

President's Address: *Caryl Heaton, DO*

Plenary Address: "Moving Family Medicine Forward: Making Vision a Reality"
Terry McGeeney, MD, MBA, TransforMED, Leawood, Kan

10-10:30 am — **Refreshment Break**—*Grand Ballroom Foyer*

10:30am-Noon

SEMINARS

S1: Spinning Straw Into Gold: Creating Academic Scholarship From Everyday Activity (P,L)—***Comisky***

S2: The Use of Games to Enhance Resident Education in Pharmacotherapy (B)—***Soldier Field***

S3: Precepting in the Age of the Electronic Health Record (P)—***Grand Suite 5***

S4: Developing a University-based Family Medicine Hospitalist Service: From Planning to Reality (P,L,B)—***Columbus G***

S5: How to Use Movie Clips to Promote Learners´ Reflection: A Successful Educational Experience in Brazil—***Picasso***

S6: Grading Evidence (S,R,P)—***Grand Suite 3***

S7: An Internet-based Curriculum in Botanical Medicine for Family Medicine Residents—***Columbus H***

S8: The Challenge of Woman-centered Maternity Care in the Future of Family Medicine (F)—***Skyway 260***

S9: Making the Best of Differences Between Traditionalist, Baby-Boom, Gen X, and Gen Y Faculty Members (L)—***Grand Suite 2***

LECTURE-DISCUSSIONS

L1A: The Family Medicine Rotation: A Longitudinal Curriculum in Behavioral Science, Community Medicine, and Practice Management
L1B: Integrating the Art of Behavioral Science Into Patient Care—The PDQ/APPS Experience—***Columbus A-B***

L2A: The South Carolina AHEC Web-based Core Curriculum for FM Residents
L2B: The National Core Curriculum for Family Medicine Residencies Project—***Columbus C-D***

L3A: Assessing Patient Complexity—Now What Do I Do? A Linked Educational and Clinical Intervention
L3B: Optimize, Switch, or Augment? Teaching the Recheck Antidepressant Visit to Family Medicine Residents—***Haymarket***

L4A: Beyond PowerPoint: Creative Presentations (P)
L4B: Teaching Patient Presentation Skills (P)—***Gold Coast***

L5A: Tools for E-mail Communication in Residency: Teaching Appropriate Usage of Physician-Patient E-mail (F,B)
L5B: RU Ready 4 NetGen?: Incorporating Emerging Technologies Into Residency Education—***Buckingham***

L6A: Your What Hurts? Prescribing Narcotics for Chronic (Non-cancer) Pain (R)
L6B: Managing Chronic Pain Without Pain: A Comprehensive Clinical and Educational Program for Family Medicine Residencies (R)—***Columbian***

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION A: Faculty, Resident, and Medical Student Issues—*Columbus E-F*

PA1: Effective Resident Procedure Certification, Certification System, and Procedure Data Analysis (R,P,L)

PA2: Medical Student Self-assessment of Change at the End of Freshman Year: A Qualitative Analysis (S,P)

PA3: Perspectives and Experiences of Minority Faculty at the University of California School of Medicine (P,L)

RESEARCH FORUMS

RESEARCH FORUM A: Maternity Care and Medical Legal Issues—*Columbus I-J*

RA1: Changes in Maternity Care Services Provided by Family Physicians in Oregon, 2002-2006

RA2: Association of Medical Legal Risk With Trends in Prenatal Care Practice Setting (P,L)

RA3: Fish Consumption Advisories and Fish Consumption Patterns in Women Presenting to a Family Medicine Center

RA4: Barriers and Motivators for Making Error Reports From Family Medicine Offices (B)

RESEARCH FORUM B: Diabetes and Cardiometabolic Risk—*Columbus K-L*

RB1: Association of Insulin Resistance With Prehypertension and Hypertension in a Nationally Representative Adult Population

RB2: What's Family Got to Do With Health?

RB3: Development of a Coronary Heart Disease Risk Score Based on Patient-reported Information

RB4: Functional Disability in Undiagnosed Diabetes

SPECIAL SESSION

SS3: Getting Your Proposal Accepted: Tips from the Reviewers—***Skyway 265***

During each time period, all sessions are offered concurrently, except for Research Forums, Lecture-Discussions, and PEER Sessions, which run consecutively.

Session Educational Tracks:
S=Student
R=Resident
P=Preceptor/Faculty
L=Leadership/Senior Faculty
F=FFM
B=Best Practice

AFTERNOON SESSIONS

12:15-1:45 pm Luncheon With Candidates' Speeches—*Grand Ballroom South*

2-3:30 pm

SEMINARS

S10: Implementing Pay-for-Performance in a FM Residency: Managing Benefits and Burdens (B)—***Columbus K-L***

S11: Using Technology In Educational Settings 101 (B)—***Columbus C-D***

S12: Theme Days: An Interactive Alternative to Resident Conferences—***Columbus G***

S13: Prepared for the Wilds of Medicine: Teaching Principles of Adult Learning in Non-classroom Settings—***Picasso***

LECTURE-DISCUSSIONS

L7A: Using Simulated Patients to Enhance Residents' Skills Working With Interpreters (P)
L7B: The Stealth SP: What Do Residents Do When They Don't Know We're Watching? (P)—***Comisky***

L8A: Accelerated Geriatrics Fellowship: A Needed Training Option (L)
L8B: Using Phone Logs to Improve the Care of Nursing Home Patients By Family Medicine Residents—***Grand Suite 3***

L9A: An Academic Scorecard: Quantifying Your Work and Staying Out of Jail (P,L)
L9B: Leadership Development in Family Medicine Residencies: Focus Tracks in Teaching, Research, Policy, and Underserved Care (P,L)—***Skyway 260***

L10A: Teaching Family Medicine Residents Practice-based Learning and Improvement Using a Chronic Disease Model (P,L)
L10B: Dual Impact: Merging Quality Improvement and Resident Curriculum Development: A Family Medicine Inpatient Service Model (P,L)—***Haymarket***

L11A: Family Medicine Proceduralists and Hospitalists: Ashes of the Past or the Phoenix of Family Medicine
L11B: Hospital Fellowships in a Family Medicine Residency (L)—***Gold Coast***

PEER PAPERS - IN PROGRESS

PEER SESSION B: Research And Scholarship—*Columbus E-F*

PB1: Mayo Clinic and the Family Physicians' Inquiries Network: Partnering for Scholarship in Academic Family Medicine (L,P)

PB2: Pediatric Influenza Vaccination Compliance

PB3: Risky Behaviors in Family Practices: What Do Patients Want to Change? (S,R,P)

PB4: Perceptions of Contracting the HIV Virus: Results of National Health Interview Survey Data 2000-2003

PB5: Ambulatory Clinic Screening for Asymptomatic Abdominal Aortic Aneurysm in African Americans Ages 40-65 Years

PB6: The Effect of Didactic Learning in a Family Medicine Clerkship on Students' Clinical Skills (P)

RESEARCH FORUMS

RESEARCH FORUM C: Distinguished Papers—*Columbus I-J*

RC1: Pilot RCT of a Tailored Interactive Multimedia Computer Program to Encourage Colorectal Cancer Screening (P)

RC2: Literacy Demands and Formatting Characteristics of Opioid Contracts

2-5:30 pm

WORKSHOPS

W1: "Career Narratives" Faculty Development by Sharing, Reflecting, and Planning Career Paths—***Columbus A-B***

W2: Spilling Ink—An Expert's Guide to Getting Your Work Published (S,R,P,L)—***Grand Suite 2***

W3: Pregnancy Options Counseling (B)—***Soldier Field***

W4: Teaching Geriatrics in Family Medicine: Sharing Tools Developed Under Reynolds Grants (P)—***Buckingham***

W5: Evidence-based Patient-centered Care: STFM Participatory Research Project Findings and Discussion—***Columbian***

W6: Teaching the SMART (Sideline Management Assessment Response Techniques) Course—***Skyway 265***

3:30-4 pm Refreshment Break—*Grand Ballroom Foyer*

4-5:30 pm

SEMINARS

S14: Balancing Personal Beliefs and Professional Responsibilities in Resident Education: Strategies for Working With "Opt-Out" Provisions—***Comisky***

S15: Transitioning Into Academic Medicine (R,P)—***Grand Suite 3***

S16: Identifying and Caring for Survivors of Torture—***Piscasso***

S17: The Return of the JEDI: Being Productive in a Digital World (S,R,P,L,F,B)—***Gold Coast***

LECTURE-DISCUSSIONS

L12A: Teaching the Future for Chronic Disease Care Management in Family Medicine (F,B)
L12B: Incorporating Characteristics of the "New Model Practice" Via Chronic Disease Management in Family Medicine Residency (F,B)—***Haymarket***

L13A: PBL&I For Teachers: Learning Portfolios to Enhance Teaching Expertise (B)
L13B: Developing A Portfolio-based Curriculum to Enhance Self-directed Competency-based Residency Learning and Evaluation (B)—***Columbus C-D***

L14A: Influenza Vaccine Rationing
L22B: From Worst to First: Attaining Excellence in Childhood Immunizations in Statewide Residency Clinics Using QI —***Columbus G***

L15A: How Can a 20-year Collaboration With Community Agencies Change to Prepare Students for TransforMED?
L15B: On-site Student Formative Feedback: Linking Academic and Community Faculty (S,P)—***Skyway 260***

PEER PAPERS - IN PROGRESS

PEER SESSION C: Underserved Care—*Columbus E-F*

PC1: Effect of a Longitudinal Third-year Pathway in Underserved Care on Students' Knowledge and Skills (R,P)

PC2: Enhancing Provider Communication With Low-literacy Patients (S,R)

PC3: Innovations in Teaching the Core Competencies: Development of a Homeless Care Clinic (P)

PC4: Development and Outcomes of a Medication Access Program at a Free Urban Primary Care Clinic

PC5: A COPC Response to a Murder—Collaborating With the Community

PC6: Home Visits Analyzed: Are Medical Students' Views of People With Disabilites Transformed? (S,P,B)

RESEARCH FORUMS

RESEARCH FORUM D: Physician-Patient Communication—*Columbus K-L*

RD1: Unmet Psychosocial Needs and Use of Complementary and Alternative Medicine Among Cancer Survivors

RD2: High-utilizing Patients With Medically Unexplained Symptoms: Can the Reflecting Interview Help? (R,P)

RD3: Adherence to Physician Recommendations for Cancer Screening in Obese Women

RD4: Interpersonal Continuity of Care and Cancer Screening Among Health Plan Enrollees

RESEARCH FORUM E: Community Health Centers—*Columbus I-J*

RE1: The Community Health Center-Family Medicine Residency Affiliation: A Qualitative Analysis (R,P,L)

RE2: Thirty Years of Residency Training: Characteristics Associated With Practice in Health Professions Shortage Areas

RE3: Perceptions of Quality Among Community Health Center Physicians Working in a Pay for Performance Environment (P,L)

RE4: Physician Dispensing in a Community Health Center: A Case Study

5:30-7 pm Opening Reception—*Grand Ballroom North*
Educational Resource and Career Opportunity Exhibits With Research Fair and Scholastic Posters

SESSION EDUCATIONAL TRACKS:
S=Student R=Resident P=Preceptor/Faculty
L=Leadership/Senior Faculty F=FFM B=Best Practice

10:30 AM–NOON

SEMINARS

S1: Spinning Straw Into Gold: Creating Academic Scholarship From Everyday Activity (P,L)—*Comisky*

Janet Fleetwood, PhD; Susan Pollart, MD

Given the pressures of patient care and seemingly endless paperwork, few family medicine physicians have time to pursue the scholarly activities needed for academic success. This seminar focuses on "spinning straw into gold;" turning what family medicine physicians already do into scholarship that "counts" toward academic advancement. High-quality scholarship advances family medicine, enhances medical education, and improves patient care. By broadening participants' conception of scholarship to include scholarship of discovery, integration, application, and teaching, we will see how scholarly pursuits can coincide with current responsibilities. After identifying myths about scholarly work and illustrating this broader conception of "scholarship," we'll strategize in small groups using vignettes. Then participants will work in dyads to reframe their own activities as potential scholarship, delineating steps for achievement.

S2: The Use of Games to Enhance Resident Education in Pharmacotherapy (B)—*Soldier Field*

Maryellen Goodell, MD; Beth Musil, PharmD, RPH; Michelle Hilaire, PharmD

Principles of adult education advocate incorporating multiple teaching styles into medical education. However, traditional education outside of direct patient care is overwhelmingly in the form of didactic lectures. We will present the use of several games that provide a fun and interactive environment for instructing learners in pharmacotherapy. Participants will view and participate in computerized examples modeled after the television shows "Jeopardy," "Family Feud," and "$10,000 Pyramid." We will also discuss the advantages and disadvantages of this type of instruction, the application to other areas of curriculum, and how Accreditation Council for Graduate Medical Education (ACGME) competencies are met. Participants will receive a CD-ROM that includes one full game session (content developed by the authors) to test and demonstrate features of the application for later use.

S3: Precepting in the Age of the Electronic Health Record (P)—*Grand Suite 5*

Sandra Sauereisen, MD, MPH; Mark Knox, MD

Studies have revealed striking patterns of differences among physician behaviors—including body position, eye contact, and division of attention between patient and computer—while using computers to access electronic health records (EHRs) during patient encounters. These differences may have profound impacts on the doctor-patient relationship. Anecdotal evidence suggests that the presence of EHR also impacts teacher-learner encounters; however, we were unable to find any literature about the impact of EHRs on preceptor-resident encounters. In this seminar, participants will explore the impact of EHRs on the precepting encounter from the perspective of the resident, medical student, and attending; discuss preliminary results of our small multi-method study of impact of EHR on precepting, and practice/assess some different techniques for incorporating EHRs into precepting.

S4: Developing a University-based Family Medicine Hospitalist Service: From Planning to Reality (P,L,B)—*Columbus G*

Jasen Gundersen, MD; Jeremy Golding, MD; Shannon Jenkins, MD

The University of Massachusetts Department of Family Medicine created a Family Medicine Hospitalist Service to provide clinical service to community physicians and to offer education to its residents. As one of the few academic family physician hospitalist services in the country, we have worked to build a service that incorporates excellent patient care, quality improvement, service to the hospital and education, and support to our residents. The planning, incorporation, and novel approaches to hospitalist work with an eye toward fiscal responsibility are key to a successful service. The Family Physician Hospitalist Service provides resident education, supervision, and mentoring. It has led to a sub-internship hospitalist track, a procedure service, and a lecture series on core medical topics.

S5: How to Use Movie Clips to Promote Learners´ Reflection: A Successful Educational Experience in Brazil—*Picasso*

Pablo Blasco, MD, PhD; Graziela Moreto, MD; Marcelo Levites, MD; Adriana Roncoletta, MD; Marco Janaudis, MD

Experienced family medicine educators have long recognized how engaging learners emotionally and promoting their reflection are essential elements of stimulating useful discussions about values and ethics. Since 2000, the Brazilian Society of Family Medicine has developed a cinematic teaching methodology, focused on movie clips and comments: a useful educational experience because it stimulates a reflective attitude in the learner. Movies provide a quick and direct teaching scenario in which emotions are presented with accessibility. Bringing clips from different movies fits well with the dynamic and emotional nature of students' lived experience. This seminar aims to share our experience in building movie clips: how to select specific scenes from several movies and what types of comments could be added to enhance the viewing experience.

S6: Grading Evidence (S,R,P)—*Grand Suite 3*

Jon Neher, MD; John Epling, MD; Sean Gaskie, MD, MPH; Fred Tudiver, MD; Valerie King, MD, MPH

To provide medical care according to the best available evidence, one needs to know how to compare and "grade" clinical studies and guidelines. This skill has taken on greater importance in the electronic era as vast quantities of data can be accessed in seconds. This session will focus on the Center

for Evidence-based Medicine (CEBM) tables and family medicine's Strength of Recommendation Taxonomy (SORT) as tools for rating the quality of data and clinical recommendations. Attendees will obtain working knowledge in how to use evidence rating scales for sifting through the evidence that is immediately applicable to teaching, academic writing, and clinical practice.

S7: An Internet-based Curriculum in Botanical Medicine for Family Medicine Residents—*Columbus H*

Benjamin Kligler, MD, MPH; Victoria Maizes, MD; Tieraona Lowdog, MD; Robert Saper, MD, MPH

Between 12% and 40% of US patients are using botanical medicines, and most physicians feel unprepared to discuss this use with patients or to teach about it to their learners. This session will demonstrate a Web-based botanical medicine educational intervention for residents focusing on the evidence-based use of herbals for treatment of menopausal symptoms. We will discuss the preliminary findings from a national pilot of this intervention at 10 residency programs looking at the impact on resident knowledge and competence regarding botanical medicine and on the documentation of discussion of herbal medicines in the patient record. Using the lessons from this experience, we will invite participants to discuss the content and feasibility of a broader Web-based curriculum in integrative medicine for residents.

S8: The Challenge of Woman-centered Maternity Care in the Future of Family Medicine (F)—*Skyway 260*

Lucy Candib, MD; Sara Shields, MD, MS

Highly technical and mechanized approaches characterize today's maternity settings. Medical and nursing care attend to procedures, protocols, and standards. Often the woman herself gets lost in the process. Family medicine, with our focus on the patient, has the potential to persist in offering to the woman and demanding of the system maternity care that centers around the woman in her family context. To do so, we need to be explicit about the characteristics of woman-centered maternity care and the practices and policies that are essential to transform the standard of care. This seminar will allow participants to reflect as a group on the forces working against this model and to promote practical strategies useful to make teaching and practicing woman-centered maternity care a reality.

S9: Making the Best of Differences Between Traditionalist, Baby-Boom, Gen X, and Gen Y Faculty Members (L)—*Grand Suite 2*

Anne Walling, MB, ChB

Academic programs face unprecedented changes over the next decade as the members of the large "baby boom" generation move toward retirement, leadership transitions to "generation X," and institutions compete to recruit and develop "generation Y and millenials." The business literature indicates significant differences in career attitudes, patterns of work, and communication styles among these different generations—differences that could seriously hamper the functioning of departments and the professional advancement and productivity of individuals. This session explores how the anticipated generational changes are impacting academic faculties and how units could adapt to provide an academic environment in which members of four or more generations can achieve professional success collectively and as individuals.

LECTURE-DISCUSSIONS

L1A: The Family Medicine Rotation: A Longitudinal Curriculum in Behavioral Science, Community Medicine, and Practice Management—*Columbus A-B*

John Brill, MD, MPH; Alan Wolkenstein, MSW; Hamilton Jeyaraj, MD

The Accreditation Council for Graduate Medical Education (ACGME) calls for training in behavioral science, community medicine, and practice management, but offers significant freedom in implementing this training. Such teaching creates unique challenges to educators. Residents may believe they are less tangible, urgent, or important than other experiences; training time suffers from competing priorities; expertise may be lacking; and there is no consensus on a best approach. We developed the family medicine curriculum to integrate training in these areas through application to the most common office visits for family physicians. The 3-year, 6-week per year rotations include problem-based learning, small-group experiential learning, pharmacy cases, care management, and community resources. The presenters will discuss development and implementation of this curriculum, challenges, anticipated and unanticipated benefits, and outcomes.

L1B: Integrating the Art of Behavioral Science Into Patient Care—The PDQ/APPS Experience—*Columbus A-B*

Doug Knutson, MD; Joan Simon, PhD; Scott Merryman, MD

The TransforMED model of care challenges family medicine teachers to place patients at center stage and develop new collaborations. For residency behavioral science, this means integrating evidence-based practice with the art of affecting behavioral change, embedding a "whole-person view" in the curriculum, and making learning immediately applicable. This lecture-discussion will highlight two collaborative educational processes that meet this challenge: (1) Psychiatry Discussion and Questions (PDQ) and (2) Applied Psychology for Physicians Series (APPS). The 18-month PDQ/APPS curriculum, piloted in 2005/2006, was developed by family physicians, a clinical psychologist, and psychiatrists. The modules include team learning, role-play vignettes, and videos. Session attendees will be introduced to the PDQ/APPS process through active engagement in a module and will discuss the lessons learned and residents' response.

Lecture-Discussions continued on next page

10:30 AM–NOON

LECTURE-DISCUSSIONS CONT'D

L2A: The South Carolina AHEC Web-based Core Curriculum for Family Medicine Residents—*Columbus C-D*

Peter Carek, MD, MS; Lori Dickerson, PharmD; Stoney Abercrombie, MD; Gary Goforth, MD; Jamee Lucas, MD

Family medicine residency programs are working to integrate the teaching and assessment of core competencies in residency education. A Web-based core curriculum was developed by the South Carolina Area Health Education Consortium Family Medicine Residency Programs to address assessment of the medical knowledge core competencies. Participants will learn how the Accreditation Council for Graduate Medical Education Outcome Project was used to develop competencies in pharmacotherapy, internal medicine, emergency medicine, sports medicine, pediatrics, and behavioral medicine and will view and "walk through" portions of the curriculum. The audience will see how residents complete self-assessment quizzes for each topic area. Finally, an evaluation of the curriculum by residents and faculty will be presented.

L2B: The National Core Curriculum for Family Medicine Residencies Project—*Columbus C-D*

Michael Tuggy, MD

The Core Curriculum for Family Medicine Residencies Project is now underway. A consortion of programs from across the country, including the WWAMI Network of the Pacific Northwest states, are collaborating together to create an online competency-based curriculum for use by all programs across the country. The presentation will demonstate the Web-based curriculum of Swedish Family Medicine-First Hill Program, which is the prototype for the national core curriculum.

L3A: Assessing Patient Complexity—Now What Do I Do? A Linked Educational and Clinical Intervention—*Haymarket*

Macaran Baird, MD, MS; Charles Peek, PhD

Faculty and residents are well aware of their "complex" patients, often experiencing them as difficult, stressful, or time-consuming. This is a challenge for both care and precepting. While clinicians can easily tell which patients are "complex," they often don't know exactly how they are complex and what to do about it. This session presents a practical but systematic algorithm and tool for action-focused assessment of patient complexity (regardless of diagnosis) in family medicine residencies, applying it to both care and precepting. Dimensions of complexity include severity and diagnostic challenge, distress and readiness to engage, social support, participation, organization of care, and patient-clinician relationships. Significant small-group practice with clinical and precepting scenarios is done, along with a snapshot of applications in North America and Europe.

L3B: Optimize, Switch, or Augment? Teaching the Recheck Antidepressant Visit to Family Medicine Residents—*Haymarket*

Karen Blackman, MD; Karen Vangorder, MD

Many family physicians are comfortable choosing an initial antidepressant for anxiety or depressive disorders but are not certain how to manage recheck visits with incomplete responses or side effects. We will offer an approach to teaching residents the art and science of the recheck visit for patients on these medications. We will present a rationale for why family physicians should learn to navigate the antidepressants. We will offer a structured approach to the interview and decision-making at the recheck visit. The core content regarding antidepressants, which makes good decision making possible, will be presented as tables that can be used for reference. The audience will join in case exercises where a patient is returning to see the family physician after the initial antidepressant choice.

L4A: Beyond PowerPoint: Creative Presentations (P)—*Gold Coast*

Jennifer Frank, MD

PowerPoint is an effective and useful tool for presenting information to learners. It allows for an organized format offering features that can be used to make presentations visually interesting or to emphasize key points. However, PowerPoint is often not used to its full potential or is used for presentations that would be better served with a less formal or different style of presentation. The expectation by both presenters and learners that PowerPoint will be used has led to predictable lectures that fail to convey key information. With creative thinking, presentations can transcend the typical PowerPoint format. Developing board games, using bingo cards, drawing on the board, and role playing can maximize learning, increase audience participation, and, most importantly, keep a presentation interesting.

L4B: Teaching Patient Presentation Skills (P)—*Gold Coast*

Alison Dobbie, MD; James Tysinger, PhD

Many medical students and new residents struggle with patient presentations in the ambulatory setting. They often have the most difficulty in constructing a differential diagnosis for the undifferentiated patient and formulating assessments and plans. Clerkship and residency directors frequently recognize these deficiencies, but they may lack the teaching and learning tools to improve their learners' patient presentation skills in the clinic setting. In this lecture-discussion, the presenters will share interactive instructional materials aimed at teaching and assessing students and residents' oral presentation skills. Participants can adapt these materials to present a workshop on presentation skills in their settings.

L5A: Tools for E-mail Communication in Residency: Teaching Appropriate Usage of Physician-Patient E-mail (F,B)—*Buckingham*

Heather Paladine, MD; Brett White, MD; Katrina Miller, MD

E-mail communication is accessible to a majority of the general public, and many patients would prefer to contact their physician electronically with medical questions. As family medicine practices implement the new model of care, electronic communications will become more routine. However, there are also potential pitfalls to e-mail communication, including breach of confidentiality, patient safety, and miscommunication. As resident physicians are developing their future practice habits, family medicine faculty should ensure that guidelines

for e-mail communication are part of the curriculum. In this group discussion, we will review data on physician e-mail with patients, including data on resident communication with their patients. We will examine the published guidelines for safe, confidential e-mail communication and present an "e-mail curriculum" for implementation in the residency setting.

L5B: RU Ready 4 NetGen?: Incorporating Emerging Technologies Into Residency Education—*Buckingham*

Melissa Stiles, MD; Beth Potter, MD; Janet Reschke; Anne-Marie Lozeau, MD

Medical education needs to adapt to the emerging technologies students are utilizing and the newer ways of learning. According to the 2006 Horizon Report, social computing and personal broadcasting are two technologies that have the greatest potential to change education. This session will discuss the ways NetGen (a.k.a. Gen Y) students learn and explore ways to incorporate emerging technologies into residency education.

L6A: Your What Hurts? Prescribing Narcotics for Chronic (Non-cancer) Pain (R)—*Columbian*

Sandra Miller, MD; Kathy Phan, MD

Chronic pain has been identified by our residents and alumni as one of the most stressful conditions they have to treat, and they feel poorly prepared to manage these cases. Attitudes toward pain patients vary greatly, from "Give them what they want" to "Get rid of them altogether." After a careful chart review revealed extreme inconsistency with our "policy" in prescribing controlled substances, we devised a clinical tool to assist physicians in treating these patients. This session will focus on prevalent attitudes and issues around the use of controlled substances. We will describe our intervention in the form of a Prescribing Packet, which includes materials for adjuvant therapies, informed consents, records received and reviewed, prescribing contracts, behavioral evaluations, and referrals.

L6B: Managing Chronic Pain Without Pain: A Comprehensive Clinical and Educational Program for Family Medicine Residencies (R)—*Columbian*

Robert Darios, MD; Kenneth Thompson, MD; Raechel Goldbort, DO

The ongoing management of chronic nonmalignant pain is a difficult problem for most residency programs. Many residency programs work with an underserved population in which chronic nonmalignant pain is overrepresented. Our residency has developed a multidisciplinary, comprehensive pain management program that serves as a model for patient care and resident education. The program was developed by first surveying the pain literature and then establishing a baseline standard of care, which encompasses a comprehensive approach to pain management. Many modalities besides opioid medications are considered. In the year this program has been in place, our compliance with the standard of care has increased dramatically, as has resident comfort with dealing with chronic pain patients.

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION A: FACULTY, RESIDENT, AND MEDICAL STUDENT ISSUES—*Columbus E-F*

Moderator: Lisa Nash, DO

PA1: Effective Resident Procedure Certification, Certification System, and Procedure Data Analysis (R,P,L)

Haijun Wang, MS; Jane Corboy, MD

Procedure evaluations and procedure certification by faculty have been added to our procedure logging system to monitor how well residents perform during their procedures. This paper analyzes 3,053 procedures, 556 procedure evaluations and 75 certified procedures collected from July 1, 2005, to June 30, 2006. The results of the procedure analysis indicate that the importance of recording procedure during residency is not recognized equally among the residents. The procedure certification data analysis supports that the procedure evaluation is valid and can help understanding the performance of the residents. The importance of recording the procedure should be stressed that some administrative measures may need to be enforced.

PA2: Medical Student Self-assessment of Change at the End of Freshman Year: A Qualitative Analysis (S,P)

Christine Jerpbak, MD

Previous research findings on change in medical students have been concerning because empathy declines and cynicism, depression, anxiety, alcohol consumption, and burnout increase. This data was collected through questionnaires and used quantitative research methods in the analysis. We asked our freshman medical students to respond to the open-ended question, "How are you different now, at the end of your first year of medical school, than you were at the beginning?" We coded 128 responses using NVivo® qualitative data analysis software and found that two thirds of the responses had an overall positive tone. A number of themes consistently emerged. We will summarize our findings and share insightful passages from students that illustrate their change.

PA3: Perspectives and Experiences of Minority Faculty at the University of California School of Medicine (P,L)

Megan Mahoney, MD; Elisabeth Wilson, MD, MPH

Purpose: To guide diversity efforts in our family medicine department, we sought input from minority faculty at the University of California-San Francisco. Methods: One-on-one interviews with minority faculty members were audiotaped, transcribed, and reviewed using qualitative methods to identify themes. Outcomes: Participants included 36 faculty representing a full spectrum of clinical departments, academic ranks, and ethnic minority groups. Minority faculty are overburdened with departments' expectations to participate in diversity efforts. The low number of senior minority faculty causes fragmentation of mentorship among junior minority facutly. Intraracial social networking is difficult due to lack of critical mass, while other networks seem elusive, such as the "old boys network." Implications: Soliciting input from minority faculty can facilitate the development of diversity programs in family medicine departments.

10:30 AM–NOON

RESEARCH FORUMS

RESEARCH FORUM A: MATERNITY CARE AND MEDICAL LEGAL ISSUES—*Columbus I-J*

Moderator: Peter Smith, MD

RA1: Changes in Maternity Care Services Provided by Family Physicians in Oregon, 2002-2006

Ariel Smits, MD, MPH; Lisa Dodson, MD

Introduction: Controversy exists about maternity care training in family medicine residencies due to declining rates of maternity care by family physicians. Methods: Survey of all active family physicians in Oregon in 2002 and 2006. Results: In 2002, 723 family physicians responded (53.0% response rate); in 2006, 774 responded (55.1% response rate). Family physicians are significantly less likely to provide any maternity care services in 2006 compared to 2002. Malpractice premiums remain the most cited reason for stopping maternity care while skill level/training remains a minor reason for stopping. Discussion: Training programs designed to increase the number of family physicians in maternity care will likely have less of an impact than national and state policy changes aimed at reducing financial barriers to such care.

RA2: Association of Medical Legal Risk With Trends in Prenatal Care Practice Setting (P,L)

Donna Cohen, MD; Andrew Coco, MD, MS

Objective: Compare regional trends in rates of high-risk prenatal visits to hospital outpatient departments and physicians' offices. Methods: Analysis of prenatal visits in National Ambulatory and National Hospital Ambulatory Medical Care Surveys, 1997 to 2004 (n=21,873). Results: Proportion of high-risk prenatal visits seen in hospital outpatient departments increased from 21% in 1997-1998 to 38% in 2003-2004 (P<.001) in high medical legal risk regions (South and Northeast) and decreased from 17% in 1997-1998 to 11% in 2003-2004 (P<.001) in lower legal risk regions (Midwest and West). Conclusions: There has been a substantial reallocation of high-risk prenatal visits from physicians' offices to safety net settings in regions of high legal risk where access to care may be limited.

RA3: Fish Consumption Advisories and Fish Consumption Patterns in Women Presenting to a Family Medicine Center

Ivar Frithsen, MD

Objectives: To determine awareness of fish consumption advisories and fish consumption patterns among women in Charleston, South Carolina. Methods: Researchers from three departments at the Medical University of South Carolina (MUSC) developed a survey that was completed by women presenting to the MUSC Family Medicine Center during the summer of 2006. Results: There is an overall lack of awareness concerning fish consumption advisories with apparent racial and socioeconomic disparities in advisory knowledge. Respondents generally consume fish at levels that are within the limits of the latest federal advisory. Conclusions: Further investigation into disparities in awareness of fish consumption advisories is necessary to improve future educational interventions. Women who are considered at risk of harm from contaminants eat less fish than current guidelines suggest.

RA4: Barriers and Motivators for Making Error Reports From Family Medicine Offices (B)

Nancy Elder, MD, MSPH

Objectives: To identify barriers and motivators for error reporting by family physicians and their office staffs who participated in an 8-month error reporting study. Design: Qualitative focus group study, analyzed using the editing method. Participants: 139 physicians and their staff from eight practices of the American Academy of Family Physicians National Research Network who took part in 18 focus groups. Results: Commonly mentioned barriers to reporting were the high burden of effort to report and lack of clarity regarding the requested information. The most commonly mentioned motivator was perceived benefit. Successful error reporting systems for physicians' offices will need to have low reporting burden and clarity regarding the information requested, provide direct benefit through feedback useful to reporters, and take into account error severity.

RESEARCH FORUM B: DIABETES AND CARDIOMETABOLIC RISK—*Columbus K-L*

Moderator: Richelle Koopman, MD, MS

RB1: Association of Insulin Resistance With Prehypertension and Hypertension in a Nationally Representative Adult Population

Marty Player, MD

Objective: Prehypertension is associated with increased risk of cardiovascular disease and progression to hypertension. Insulin resistance (IR) represents underlying metabolic dysfunction. Our purpose is to examine the association between prehypertension and IR. Methods: Data from the National Health and Nutrition Examination Survey (NHANES) 1999-2002 was used to determine odds of insulin resistance by fasting insulin >12.2 or homeostasis model assessment (HOMA) ≥ 2.6 among nondiabetic adults ages 20 to 80 years across blood pressure categories. Results: Compared to normotensives, odds of IR was 50% higher for prehypertensive individuals by both IR measures; fasting insulin (OR 1.51, 95% CI 1.02-2.26), and HOMA (OR 1.57 95% CI 1.15-2.14) even after adjusting for covariates. Conclusion: Prehypertension is associated with higher insulin resistance, which may confer additional disease risk.

RB2: What's Family Got to Do With Health?

Julie Schirmer, MSW

Purpose: This forum presents final results of a project testing the influence of family participation in a 6-week psycho-educational group on patients with diabetes. Methods: Using a pretest and posttest design, 197 participants with diabetes were randomly assigned to treatment groups with or without family participation. Indicators included blood sugar levels, health status, self-management behaviors, self-efficacy, and use of medical services. Results: Lack of family participation was associated with better blood sugar levels. High perceived criticism was associated with poorer blood levels, self-efficacy,

and specific health status variables. Conclusions: The results indicate that family dynamics play a stronger role than the presence of family in the provision of health care as provided in the CDSM groups. This has implications for practicing physicians.

RB3: Development of a Coronary Heart Disease Risk Score Based on Patient Reported Information

Arch Mainous, PhD

Objective: To develop a coronary heart disease (CHD) risk score based on patient self-reports. Methods: We used data from the Atherosclerosis Risk In Communities study, a prospective cohort of individuals ages 45-64 at baseline, to develop a measure (HEART score) for 10-year risk for CHD (n=14,343). The variables evaluated for inclusion were age, history of diabetes, history of hypercholesterolemia, history of hypertension, family history of CHD, smoking, physical activity, and body mass index (BMI). Results: The area under the curve for the HEART score was not significantly different from the Framingham Risk Score (FRS) among both men (*P*=.20) and women (*P*=.97). The HEART score and FRS were moderately correlated for both men (r=.63) and women (r=.64). Conclusions: The HEART score identifies 10-year risk for CHD events based on self-report data.

RB4: Functional Disability in Undiagnosed Diabetes

Richelle Koopman, MD, MS

Objective: Examine functional disability in undiagnosed diabetes. Method: Analysis of NHANES 1999-2002 data for adults age ≥ 20. Undiagnosed diabetes was defined as no history of diabetes plus fasting glucose ≥ 126 mg/dl. We compared undiagnosed to diagnosed and no diabetes using 2 tests for self-reported visual, activity, and work limitations, then used logistic regression to adjust for age, body mass index (BMI), gender, and race/ethnicity. Results: There was no difference in proportion of people with any measured disability comparing undiagnosed and diagnosed diabetes. Compared to no diabetes, those with undiagnosed diabetes were more likely to report trouble seeing (29.2% versus 17.5%), shortness of breath on stairs (46.9% versus 32.8%), and out of work (44.3% versus 26.1%). Conclusions: Self-perceived disability occurs early, even before clinical diagnosis of diabetes.

SPECIAL SESSION

SS3: "Getting Your Proposal Accepted: Tips from the Reviewers"—*Skyway 265*

Caroline Richardson, MD; Anthony Viera, MD; Karen Connell,MS: Peter Catinella, MD

Ever submitted a proposal for this meeting and wondered why it was not accepted? In this session, members from the STFM Program and Research Committees will describe how they review proposals and explain why they commonly reject proposals. Participants will then work with either Research or Program Committee members to assess a "mock" proposal, identify ways it could be improved, and defend their accept/reject decision. Participants will also have opportunities to ask committee members questions about the review process. Novice presenters and anyone who seeks clarification of submission guidelines will find this session especially valuable.

2–3:30 PM

SEMINARS

S10: Implementing Pay-for-Performance in a FM Residency: Managing Benefits and Burdens (B)

Columbus K-L

David Satin, MD; Macaran Baird, MD, MS; Peter Harper, MD, MPH; Laura Pattison, MD; Maya Miley, MD

With Medicare and Medicaid on the verge of releasing their nationwide pay-for-performance (P4P) program and family medicine residencies facing increasing financial pressure, implementing P4P quality initiatives will soon be a necessity. This session will (1) present data-driven arguments for the timely adoption of P4P, (2) describe how to practically implement P4P in a residency program, (3) provide pro and con resident perspectives on P4P within their program, and (4) offer an evidence-based review of the moral, social, and clinical benefits and burdens of P4P. Each part (1-4) will examine financial, clinical, and educational dimensions of P4P. Participants will engage in a sampling of small- and large-group discussions that model residency-wide exercises required to successfully implement P4P within a residency program.

S11: Using Technology in Educational Settings 101 (B)—*Columbus C-D*

Elizabeth Ryan, EdD

This session teaches participants how to build an HTML document to use in undergraduate, graduate education, and/or faculty development programs. Applications of building HTML documents to use in educational settings include but are not limited to: case-based problems, disseminating goals and objectives, electronic portfolios, and webportals. Participants will learn basic skills of building an HTML document and practical applications. Specifically, by the end of the lecture, participants will be shown how to insert images, photos, and tables, link to text/documents/objects, and format text style and background color. Additionally, the session reviews an array of resources that range from free to expensive and provides a handout outlining the steps for the skills outlined above.

S12: Theme Days: An Interactive Alternative to Resident Conferences—*Columbus G*

Erika Ringdahl, MD; Cari Worley, MD; Kristen Deane, MD

We created a new conference format in response to poor attendance at non-interactive letures and a desire to teach evidence-based recommendations. A list of essential family medicine topics inspired monthly "Theme Days," which cycle every 3 years. Each Theme Day begins with a 5-minute case presentation that features teaching points to be addressed during the day. Residents rotate through four "hands-on" stations, each led by a different faculty member. The half day ends with a procedural workshop, a board review, and the case wrap-up. Related material (links to clinical guidelines, patient education resources, point-of-care tools) is incorporated into our dynamic and constantly evolving Web site to provide our residents with the most current and up-to-date information.

Seminars continued on next page

2–3:30 PM

SEMINARS CONT'D

S13: Prepared for the Wilds of Medicine: Teaching Principles of Adult Learning in Non-classroom Settings—*Picasso*

Christina Holt, MD; Peggy Cyr, MD

Utilizing the content of wilderness medicine and outdoor leadership skills training, this session will present methods of offering medical information in non-classroom and non-clinical settings. The participants will be lead through several scenarios requiring goal setting, evaluation of knowledge, teamwork, and on-the-spot medical decision making that will stimulate the learning cycle. Evaluation of scenarios will allow the learners to recognize their habitual learning methods and to try out new methods of interacting in teaching and learning settings.

LECTURE-DISCUSSIONS

L7A: Using Simulated Patients to Enhance Residents' Skills Working With Interpreters (P)—*Comisky*

Gregory Maskarinec, PhD; Allen Hixon, MD; Lee Buenconsejo-Lum, MD

Objective standardized learning experiences can evaluate and teach resident cross-cultural skills while evaluating residents on the Accreditation Council for Graduate Medical Education (ACGME) "six competencies." Two Pacific Island simulated patients (SPs)were paired with interpreters to improve interns' skills of interviewing patients who do not speak English. Preceptors and patients evaluate the exercise, and their evaluations are compared with residents' self-evaluations. Residents are taught that the crucial skill with every patient is to establish and communicate trust through a willingness not only to ask questions but, most importantly, to be genuinely responsive to clues that patients offer. SPs can be designed not only as tools to evaluate the six ACGME competencies but also as teaching tools for sensitive patient care issues.

L7B: The Stealth SP: What Do Residents Do When They Don't Know We're Watching? (P)—*Comisky*

Jane Corboy, MD; Tai Chang, MA

Standardized patient (SP) examinations provide useful measures of clinical performance. Since 1999, the Baylor Family Medicine Residency Program has utilized an SP-based clinical performance examination for residents at each level of training, enabling us to analyze residents' progression in the development of specific competencies. Beginning in 2004, we added an unannounced SP component. Do residents do as well when they don't know we're watching? Presenters will describe the findings regarding residents' performance in the Accreditation Council for Graduate Medical Education core competency areas of patient care and interpersonal and communication skills, as measured by a six-station CPX, compared to an unannounced SP visit. Participants will discuss the differences in performance in the two assessments and the implications for resident educators and program directors.

L8A: Accelerated Geriatrics Fellowship: A Needed Training Option (L)—*Grand Suite 3*

John Standridge, MD; Saifullah Afridi, MD; Robert Zylstra, EdD, LCSW

The need for an innovative approach to geriatrics training is acute and significant. At a time when the demographics of an aging population threaten to overwhelm financial and manpower resources, the number of board-certified geriatricians available for practice or academics is declining at an alarming rate. High levels of medical school debt and other pressure may discourage residents from considering fellowship training. In an accelerated geriatrics fellowship, the last 6 months of residency training and the first 6 months of the geriatrics fellowship would occur concomitantly, providing overlapping rotations such as geriatrics, urology, and neurology. An additional 6 months of geriatrics fellowship training would occur after residency graduation, completing the 1-year geriatrics fellowship and qualifying the resident to sit for the CAQ in geriatric medicine.

L8B: Using Phone Logs to Improve the Care of Nursing Home Patients By Family Medicine Residents—*Grand Suite 3*

Laura Goldman, MD; Thomas Hines, MD

The 85-year-old age group is the fastest growing demographic in the United States. Today's family medicine resident will need the skills to provide high-quality care to long-term care patients. Most long-term care facilities rely on telephone management of acute medical issues involving their often frail patients. At Boston University, we designed a nursing home practice for our residents to include first-call for nights and weekends. We reviewed more than 100 phone notes for documentation and quality measures and then conducted an analysis of the results. The results were used for immediate feedback, to design a teaching intervention on telephone management for the residents, and in the implementation of guidelines for nursing home coverage that was used by the residents and faculty alike.

L9A: An Academic Scorecard: Quantifying Your Work and Staying Out of Jail (P,L)—*Skyway 260*

George Kikano, MD, CPE

The faculty in academic medical centers have complex roles: to balance commitment to teaching, administrative tasks, and clinical work while advancing the academic mission. When faced with financial pressures on departments and medical schools, the institutional leadership must be able to quantify and reward productivity in each of the domains of these multiple academic roles. In addition, it is becoming important to demonstrate compliance with regulatory agencies that oversee teaching and research activities. We present a model developed at the Department of Family Medicine of University Hospitals Case Medical Center used to measure and report faculty activities in these various academic domains. This model has been well-received by faculty members and praised by institutional leadership.

L9B: Leadership Development in Family Medicine Residencies: Focus Tracks in Teaching, Research, Policy, and Underserved Care (P,L)—*Skyway 260*

Carl Morris, MD; Judith Pauwels, MD; Robert Crittenden, MD, MPH; Belinda Fu, MD

The effective transformation of the US health care system will require primary care physicians to play an integral role in the formation of policy, system reform, and provision of community-based health strategies. Family physicians with skills and interest in research, policy, teaching, and community medicine will need to be trained to provide the leadership necessary to advocate for such change. The development of focus curricular tracks during family medicine residency training in the areas of research, policy, teaching, and community medicine will facilitate the development of such leaders. The University of Washington Family Medicine Residency has 6 years of experience with the development and implementation of such tracks. This interactive session will help educators in family medicine develop similar training opportunities.

L10A: Teaching Family Medicine Residents Practice-based Learning and Improvement Using a Chronic Disease Model (P,L)—*Haymarket*

Adrienne Ables, PharmD; Robert McDonald, MD

Practice-based learning and improvement is one of the six core competencies that the Accreditation Council on Graduate Medical Education has established as a necessary part of family medicine residency training. We will describe the development, implementation, and evaluation of a formal chart review process within the context of a pharmacotherapy rotation. Residents performed a random chart review on five of their patients with one of six chronic diseases. The chart review tool was based on current published guidelines. The results were discussed with the course director, and a follow-up chart review was performed every 6 months thereafter to measure improvement. Eighteen-month data from this curriculum will be presented. Additionally, participants will have the opportunity to begin to design a similar curriculum for use within their own programs.

L10B: Dual Impact: Merging Quality Improvement and Resident Curriculum Development: A Family Medicine Inpatient Service Model (P,L)—*Haymarket*

Mary Murphy, MD; Todd May, MD

Continuous quality improvement (CQI) programs seek to improve patient care by using data to influence physician behavior. We initiated a CQI program reviewing all cases resulting in death, intensive care unit transfer, and a predefined set of adverse outcomes on the family medicine inpatient service at San Francisco General Hospital. We undertook this project with the goals of (1) improving patient care by immediate feedback to clinicians and (2) to identify areas of concentration for broader inpatient curriculum development. This session will highlight the steps involved in creating a CQI monitoring program using a family medicine inpatient service model and will discuss opportunities for curriculum development focusing on learning issues identified via CQI data. Participants also will be asked to share their experiences with incorporating CQI methods into residency curriculum.

L11A: Family Medicine Proceduralists and Hospitalists: Ashes of the Past or the Phoenix of Family Medicine—*Gold Coast*

Stuart Forman, MD; William Ellert, MD

Recommendations from a Phoenix Summit: The STFM Group on Hospital Medicine and Procedural Training had a summit in Phoenix in January to discuss how to enhance procedural and hospital training in residency programs. This session will discuss the findings and recommendations from that meeting. Should residencies have mandatory procedural training? Should residents be required to demonstrate hospital competency in order to graduate? What effect does diverse residency requirements have on future credentialing and privileges for attendings? Should there be recognized, specialized advanced certification for "procedurally enhanced" residencies and their graduates? We will also discuss these questions and the development of an online procedural training resource. *This presentation is sponsored by the STFM Group on Hospital Medicine and Procedural Training*.

L11B: Hospital Fellowships in a Family Medicine Residency (L)—*Gold Coast*

William Caire, MD

Hospital medicine is a fast-growing discipline. Many hospitals are encouraging that all inpatient care is managed by hospitalists. A certificate of added qualification in hospital medicine may become a reality. Family medicine should position itself as an advocate for family physicians in this discipline. This session will focus on Corpus Christi Family Medicine Residency's implementation of a hospitalist fellowship. The fellowship aims to train graduates in a best practices model using the core competencies established by the Society of Hospital Medicine. In addition, the fellowship's collaboration with the residency program improves resident development through exposure to the core competencies and through new educational partnerships with hospital administration and case/quality management.

2–3:30 PM

PEER PAPERS - IN PROGRESS

PEER SESSION B: RESEARCH AND SCHOLARSHIP *Columbus E-F*

Moderator: Stephen Wilson, MD, MPH

PB1: Mayo Clinic and the Family Physicians' Inquiries Network: Partnering for Scholarship in Academic Family Medicine (L,P)

Carmen Strickland, MD

Background: Family medicine faculty are increasingly expected to produce scholarly work. The Family Physicians Inquiries Network (FPIN) provides a supportive infrastructure for the development of scholarship. Objective: Involvement in FPIN is expected to increase scholarship within the Mayo Department of Family Medicine by 25% over 2 years. Methods: Experienced faculty mentor peers as coauthors of Clinical Inquiries (CI). The number of publications and time invested will be recorded. Results: Between March 2005 and June 2006, two CIs have been published, and five are in progress. Eight faculty have been involved in one or more papers. Conclusion: Participation in FPIN has increased scholarly activity among Mayo Family Medicine faculty by >50% in 18 months. Faculty report improved confidence in critical appraisal and writing skills.

PB2: Pediatric Influenza Vaccination Compliance

Kameron Klosterman, MD

Background: The American Academy of Family Physicians now recommends annual influenza vaccines for all children ages 6 months to 5 years. The aim of this study is to evaluate and attempt to improve compliance with this recommendation at a family medicine residency program. Methods: An electronic medical record review was performed. Inclusion criteria was age 6-24 months during the initial study period and 6 months-5 years in the follow-up period. The time frame was flu season 2006 and 2007. Results: CFM residents and faculty had only 21% and 18% of eligible children vaccinated respectively. Conclusion: Both faculty and residents failed to vaccinate the majority of children. Multiple educational interventions were undertaken, and a follow-up chart review is pending.

PB3: Risky Behaviors in Family Practices: What Do Patients Want to Change? (S,R,P)

Katrina Donahue, MD, MPH; Philip Sloane, MD, MPH; Madeline Mitchell; Thayer White, MS

Objective: Describe patients' interest in discussing diet, physical activity, and tobacco and alcohol use with their physician. Methods: Patients presenting to six family practices in the North Carolina Family Medicine Research Network used a tablet computer to assess the four health behaviors and their interest in change. Descriptive data and analyses were performed on data entered by patients. Outcomes: Eighty-six percent of patients (n=541) were at risk for one of the four behaviors. Of those at risk, 78.5% with poor diet, 84.5% physically inactive, 71.6% smokers, and 42.7% risky drinkers were interested in further discussion with their physician. Implications: Most patients at risk for these health behaviors are interested in further discussion with their physician. Efficient, effective ways are needed to address these behaviors.

PB4: Perceptions of Contracting the HIV Virus: Results of National Health Interview Survey Data 2000-2003

Denise Young, MD, MPH

Purpose: To determine the US population's perception of their chances of contracting the HIV virus. To examine the prevalence of disclosed risky behaviors. To compare perceptions to risk of contracting HIV across racial/ethnic and gender groups. Methods: A retrospective study of the National Health Interview Survey. Results: A total of 5.3 million people believe they have low/no chance of contracting HIV but also engage in risky behaviors. Conclusions: A significant proportion of the US population engages in risky behaviors and believe their chances of contracting HIV are low or none. This disconnect between behavior and perceived risk ultimately contributes to the spread of HIV. Public health and health care professionals should target prevention efforts toward this subpopulation to impact the rate of new infections in this country.

PB5: Ambulatory Clinic Screening for Asymptomatic Abdominal Aortic Aneurysm in African Americans Ages 40-65 Years

Charles Edoigiawerie, MD; Chukwueloka Ikedionwu, MD

It has been demonstrated that the mortality associated with ruptured abdominal aortic aneurysm (AAA) in the general population has increased. The main risk factors include male sex, Caucasian race, and tobacco use. The USPSTF recommends screening this population at age 65+ via single ultrasound. There is insufficient epidemiologic data to support similar screening in African Americans. Our study hypothesizes that utilizing ultrasound scanning as a screening tool in African Americans ages 40-65 will allow for early intervention and thereby reduce fatal outcomes. The project was conducted using researcher-administered questionnaire and followed by bedside ultrasounds of randomly selected African Americans ages 40-65 at an underserved clinic in Chicago. The project is ongoing. Our goal is to develop specific screening guidelines for this target population

PB6: The Effect of Didactic Learning in a Family Medicine Clerkship on Students' Clinical Skills (P)

Anne Mounsey, MD

Most clerkships have a combination of didactic teaching and direct clinical experience. To our knowledge, there are no studies that evaluate the effect of didactic teaching in a clerkship on clinical management skills. This study is a randomized controlled trial designed to evaluate the added benefit in clinical knowledge and management skills of diabetic patients, in those students who attend a diabetic case-based lecture. The subjects are 144 third-year clerkship students who will be randomized into an intervention group who attend the lecture and a control group who do not. The outcomes are knowledge assessment evaluated by a written test and clinical skills assessment evaluated through a videotaped encounter with a standardized patient presenting for a diabetic follow-up appointment.

RESEARCH FORUMS

RESEARCH FORUM C: DISTINGUISHED PAPERS—*Columbus I-J*

Moderator: Erik Lindbloom, MD, MSPH

RC1: Pilot RCT of a Tailored Interactive Multimedia Computer Program to Encourage Colorectal Cancer Screening (P)

Anthony Jerant, MD

Objectives: We developed a personally tailored interactive multimedia computer program (IMCP) to encourage colorectal cancer (CRC) screening and evaluated its use in primary care offices. Methods: Randomized controlled pilot trial evaluating the effects of a personally tailored (to patient self-efficacy, perceived barriers, and readiness) CRC screening IMCP as compared with a non-tailored IMCP control. Results: Compared with control (n=25), the experimental group (n=24) had a significant increase in CRC screening self-efficacy (*P*=.025), a significantly greater likelihood of moving to a more-advanced stage of readiness for screening (*P*=.037), and a trend toward fewer perceived barriers to screening (*P*=.15). Conclusions: Personally tailored IMCPs can be deployed in busy primary care offices to modify key mediators of CRC screening behavior.

RC2: Literacy Demands and Formatting Characteristics of Opioid Contracts

Lorraine Wallace, PhD; Steven Roskos, MD; Amy Keenum, DO, PharmD

Objective: To examine the literacy demands and formatting characteristics of opioid contracts (OCs) currently used throughout the United States. Methods: A random sample of American Pain Society members were contacted and asked to send a current copy of an OC used in their clinical practice to the researchers. OCs were evaluated for readability and formatting characteristics (typographical and layout features). Results: The mean SMOG reading grade level of OCs was 13.8±1.3 (range=10 to 17). Font size ranged from 6 to 16 (mean=11.0±1.4). Active voice was used throughout 48.8% OCs. Conclusions: Most of the OCs reviewed presented information at much too high a reading grade level and with formatting characteristics that would likely it difficult for the average patient to fully comprehend.

2–5:30 PM

WORKSHOPS

W1: "Career Narratives" Faculty Development by Sharing, Reflecting, and Planning Career Paths

Columbus A-B

Olasupo Olagundoye, MD; Carman Whiting, MD; Deborah Witt, MD; Patricia Lebensohn, MD; Denise Rodgers, MD; Carlos Moreno, MD, MSPH; Mark Johnson, MD, MPH; Alicia Monroe, MD; Janet Townsend, MD; Crystal Cash, MD; Charles Mouton, MD, MS; Wanda Gonsalves, MD; Letitia Hazel, MD

Minority faculty recruitment, retention, and career advancement remain issues of concern for the Group on Minority and Multicultural Health. This session is dedicated to sharing career narratives from a diverse panel of senior and mid-level faculty. Junior faculty participants will have an opportunity to understand the various paths involved in academic careers, as well as reflect on their own careers developing a 2-5 year plan for career advancement. Family medicine faculty who mentor underrepresented minority junior faculty at their institutions are encouraged to attend and participate in this workshop by sharing their experiences and addressing the various challenges with the goal of gaining new insights into this important issue. This session will also address current trends of minority faculty recruitment and retention in academic medicine.

W2: Spilling Ink—An Expert's Guide to Getting Your Work Published (S,R,P,L)—*Grand Suite 2*

Mark Ebell, MD, MS; Allen Shaughnessy, PharmD; Kenneth Lin, MD

Writing well, communicating effectively, and getting your work published are critical for academic success. Unfortunately, they aren't taught in medical school or residency! In this session, experts in medical publishing will teach you (1) who's who at the typical medical journal, (2) the ins and outs of the editorial process, (3) tips for writing and communicating effectively so your work has the best possible chance of getting published, and (4) choosing the right journal for your work. Interactive exercises will help you improve your skills. Editors will save time to help participants strategize about their ideas for articles.

W3: Pregnancy Options Counseling (B)—*Soldier Field*

Inna Gutman, MD; Corinne Blum, MD; Emily Jackson, MD

An important moment in the lives of many families is the decision to continue or end a pregnancy. This session asks the question: how can family physicians assist their patients in making the often difficult choice? This session will empower participants to address this question and equip them with resources to successfully practice unbiased and complete options counseling. Participants will learn from themselves, each other, and the presenters with the goal of improving techniques for patient-centered options counseling through role-playing, sharing of personal experiences, reviewing recent research findings, and developing strategies for care. Informational resources, including provider and patient education materials that may be used in the process of options counseling, will be discussed.

Workshops continued on next page

CONCURRENT EDUCATIONAL SESSIONS

2–5:30 PM
WORKSHOPS CONT'D

W4: Teaching Geriatrics in Family Medicine: Sharing Tools Developed Under Reynolds Grants (P)—*Buckingham*

Seema Modi, MD; Deanna Willis, MD, MBA; Bruce Naughton, MD; Paula Podrazik, MD; Stacie Levine, MD

Realizing the immediacy of educating practicing physicians and physicians-in-training in geriatrics, the Donald W. Reynolds Foundation granted 30 medical institutions funds to develop geriatric education materials to increase skills and abilities of physicians of all levels. This session presents a sampling of the fruit of these grants. Grantees from three grantee institutions will present education materials and curricula featuring ideal products for training family physicians and integrating geriatrics into family medicine curricula. All materials presented were created collaboratively by geriatrics and family physicians. Materials presented, as well as other geriatrics medical education tools, are housed on the Portal of Geriatric Online Education at www.pogoe.org.

W5: Evidence-based Patient-centered Care: STFM Participatory Research Project Findings & Discussion—*Columbian*

Elisabeth Backer, MD; Naomi Lacy, PhD; Forrest Lang, MD; Jennifer Hoock, MD

This session is in response to the request from the Group on Evidence-based Medicine (EBM) and Patient-centered Care (PCC) to continue the dialogue initiated at the 2006 STFM Annual Spring Conference. It is an outflow of the STFM Participatory Research Project findings, which sought to explore what constitutes evidence-based patient-centered care (EBPCC) and to identify strategies for overcoming challenges and barriers with regard to its implementation. The session will include discussions on the current views and paradigms regarding EBM and PCC, a presentation of models that conceptualize the integration of evidence-based patient-centered care, and subsequent small- and large-group discussions on how EBPCC should be further defined, implemented, and taught

W6: Teaching the SMART (Sideline Management Assessment Response Techniques) Course—*Skyway 265*

Michael Petrizzi, MD

A study published last year demonstrated that despite 10 years of extensive effort that less than 15% of Chicago area high schools had a team physician. Many other studies corroborate that conclusion. Family physicians can fill that need. The SMART (Sideline Management Assessment Response Techniques) course is designed to teach physicians the hands-on skills necessary to be both competent and confident in their ability to serve the community on the sideline. An extensive evidence-based syllabus has been developed. The American Medical Society of Sports Medicine and the American Academy of Family Physicians have offered the workshop at their respective national meetings. This workshop helps faculty to teach the SMART course to residents and students.

4–5:30 PM
SEMINARS

S14: Balancing Personal Beliefs and Professional Responsibilities in Resident Education: Strategies for Working With "Opt-Out" Provisions—*Comisky*

Melissa Nothnagle, MD; Vanita Kumar, MD; Suzan Goodman, MD, MPH; Larry Leeman, MD, MPH

Many ethical dilemmas arise from controversial areas of medicine, where faculty must distinguish personally held values from those of both residents and patients. Examples include circumcision, palliative care, contraception, and abortion. Using these examples, we will explore challenges, ways to tailor program curricula, and approaches to training residents who choose to limit or opt out of exposure to controversial areas of medical care. The group will generate strategies for adapting curricula and exploring alternatives for learners in ways that respect both personal, resident, and patient values and needs. A group exercise will provide experience with a method of helping learners explore personal values.

S15: Transitioning Into Academic Medicine (R,P)—*Grand Suite 3*

Dan Sepdham, MD; Manjula Julka, MD; Laura Hofmann, MD

The transition into academic medicine presents multiple challenges for new faculty members. Many articles describe these transitional difficulties from an institutional perspective; however, few articles focus on approaches and strategies for junior faculty to address these challenges. In this seminar, three new faculty members from residency, private practice, and the military will discuss difficulties encountered during the transition process and possible methods for overcoming these challenges. In small-group discussions, participants will (1) identify the top challenges they face as junior faculty members transitioning into academic medicine from other environments, (2) develop strategies for handling these challenges in their own careers, and (3) create action plans to implement these strategies in their home institutions.

S16: Identifying and Caring for Survivors of Torture—*Picasso*

James Sanders, MD, MPH; Mary Fabri, PsyD; Marianne Joyce, LCSW; Lisa Koop, JD

For family physicians who have immigrants within their practices populations, it is important to understand the nature of torture, the risk factors for having suffered torture, the manner by which to identify a survivor of torture, and how to begin to address the special mental health and physical needs that torture survivors have. This case-based session will teach the participant skills that can be used in the primary care setting. The presentation will include a description of the historical, epidemiological, legal, medical, and psychological contexts of the evaluations by a multi-disciplinary panel. The presenters will describe common symptoms and physical findings of torture, a common-sense approach to the examination of torture survivors, and how physicians might become involved in ongoing care of survivors.

CONCURRENT EDUCATIONAL SESSIONS

S17: The Return of the JEDI: Being Productive in a Digital World (S,R,P,L,F,B)—*Gold Coast*

John Bachman, MD

Dr Bachman presented the plenary talk on the Hero's Journey 1 year ago. Dressed as a JEDI, he talked about being a JEDI (Journeyer in Electronic Digital Information) and the challenges ahead. This presentation will discuss factors of how to be productive in a digital environment. Residency programs and private practices can lose a great deal of money with electronic medical records (EMRs). The presentation is highly interactive and focuses on workflow. Movies and pictures from several family practices are shown. The presentation shows how clinicians need to spend time doing high touch and not being a slave to the computer.

LECTURE-DISCUSSIONS

L12A: Teaching the Future for Chronic Disease Care Management in Family Medicine (F,B)—*Haymarket*

Anne Sullivan, MD; Alison Abreu, MD

Effective chronic disease management is a necessary skill for all family physicians; however, our traditional training has poorly focused on how to coordinate the necessary multi-disciplinary involvement and understand the unique psychosocial needs of the patient. Our education has also not focused on the requirement for evaluating care in the context of current clinic organization, regarding improvement and outcomes for this challenging patient group. We have implemented new resident education, including block month and longitudinal curriculum to address the above goals and propose to share our experiences as well as discuss general applications for all family medicine programs.

L12B: Incorporating Characteristics of the "New Model Practice" Via Chronic Disease Management in Family Medicine Residency (F,B)—*Haymarket*

Larry Halverson, MD; Daniel Sontheimer, MD, MBA

In 2003, this residency program initiated a chronic disease quality improvement project. Processes involved addressing the six elements of a chronic disease management model. Rapid cycle change methodology was used. Characteristics of the New Model of Family Medicine, as described by the Future of Family Medicine project were incorporated as the project progressed. Advanced information systems, team care approaches, and emphasis on quality and care that was provided in a community context generated significant practice improvements. Tracking data from our diabetes registry suggests efforts have been effective and persistent. This effort produced a number of residency goals simultaneously. Faculty, residents, and clinic staff persons have adopted elements of the Future of Family Medicine, learned chronic disease management principles, and have been involved in quality improvement processes.

L13A: PBL&I for Teachers: Learning Portfolios to Enhance Teaching Expertise (B)—*Columbus C-D*

Deborah Simpson, PhD; Kayleen Papin, MD; Susanne Krasovich, MD; Sital Bhargava, DO; Jennifer Griffiths, MD; Linda Meurer, MD, MPH

Learning portfolios are emerging as a common tool for demonstrating the Accreditation Council for Graduate Medical Education practice-based learning and improvement (PBL&I) competency in residency education. However, its use as a PBL&I tool explicitly focused on developing teaching expertise is limited. This lecture-discussion will review the key elements of a Teacher's Learning Portfolio drawn from the literature on portfolios, expertise, and deliberate practice. The utility and feasibility of learning portfolios for teachers, constructed based on the elements of deliberate practice (eg, clear goals, repeated practice, feedback with knowledge of outcomes, self-assessment, coaching) to improve specific teaching skills, will be demonstrated using inclusions from selected teachers' learning portfolios. Session attendees will discuss the strengths, weaknesses, opportunities, and threats associated with learning portfolios for faculty and residents to inform future study and use.

L13B: Developing a Portfolio-based Curriculum to Enhance Self-directed Competency-based Residency Learning and Evaluation (B)—*Columbus C-D*

Jeffrey Mathieu, MD; Susan Mathieu, MD

The Future of Family Medicine (FFM) report challenges us to reshape residency education in the TransforMED model of care, which emphasizes individualizing our curricula to the learners' needs, using competency as the measure for evaluation, and promoting an evidence-based approach to patient care within a biopsychosocial context. This session demonstrates how a portfolio-based model can be used both to teach curricular content and assess overall performance in residency. The presenters will illustrate this technique using portfolio curricula developed to teach and evaluate gynecologic, obstetrical, and geriatric care. A summary portfolio for documenting overall resident growth toward competence will be presented. Attendees will also see how this method can be used to incorporate compliance with evaluation of Accreditation Council for Graduate Medical Education general competencies.

Lecture-discussions continued on next page

4–5:30 PM

LECTURE-DISCUSSIONS CONT'D

L14A: Influenza Vaccine Rationing—*Columbus G*

Richard Zimmerman, MD, MPH

Rationing of scarce vaccine supplies will likely be required when the next pandemic occurs, raising the questions about how to ration and upon what principles. Because influenza pandemics have differing mortality patterns, such as the 1918 pandemic's "W"-shaped curve that affected healthy young adults, the particular pattern should inform rationing. Competing ethical principles for vaccine rationing are utilitarianism and egalitarianism. Vaccine manufacturers and essential health care workers can be justified with either principle. Utilitarian principles of choosing based on social worth or those in whom vaccination is most likely to medically succeed raise substantial justice issues. Egalitarian principles of medical neediness and random chance avoid justice concerns and are proposed.

L22B From Worst to First: Attaining Excellence in Childhood Immunizations in Statewide Residency Clinics Using QI—*Columbus G*

Margaret Dugan, MS, FNP; Sue Kaletka, MPH; Byron Crouse, MD; James Davis, MD, MS

University of Wisconsin (UW) Department of Family Medicine (DFM) Residency Clinics were reported to have low rates of immunization for 2-year-old children in a UW health study. A quality improvement (QI) team with membership across four UW residencies and eight clinics was commissioned accountable to DFM leadership to address barriers and oversee effective interventions. This lecture will discuss use of an accelerated QI model, the implementation of a computerized immunization registry (RECIN), and significant changes to the entire process for providing childhood immunization care and enhancing resident education. Outcomes improved significantly, and we are now institutional leaders in immunization practices, with all clinics at or above the HEDIS 90th percentile. Clinical roles have changed, educational content has evolved, and commitment to systematic health promotion has been realized.

L15A: How Can a 20-year Collaboration With Community Agencies Change to Prepare Students for TransforMED?—*Skyway 260*

Anne Walling, MB, CHB; Anita Nance, MSW

The TansforMED model and P4 project (Preparing the Personal Physician for Practice) challenge educators to enable learners to develop new skills in many areas currently addressed during the community module of a required geriatrics clerkship. This module fulfills an important curricular role built on experience and relationships established over 20 years. This session explores how the module's successes and resources could be utilized to better serve the new model of care without compromising curricular obligations or jeopardizing relationships with community partners. The session focuses on the questions: what have we learned from 20 years' experience about running a successful community services module? And, how can the module adapt to optimally address the core components of the new model of care?

L15B: On-site Student Formative Feedback: Linking Academic and Community Faculty (S,P)—*Skyway 260*

Barbara Tobias, MD; Sherry Weathers; Sarah Pritts, MD

The best family medicine education takes place in the community. Typically, however, only a few faculty members know the majority of community preceptors. Consistent and strong relationships with community preceptors are critical for clerkship success; however, site visits for recruitment and retention are time consuming and often inconvenient for the busy community preceptor. This session will explore a novel approach to strengthening the partnership between academic predoctoral faculty and the community preceptor by integrating a task-specific site visit—reviewing formative feedback evaluations with students on-site by academic faculty. This highly evaluated experience accomplishes both increased opportunity for feedback on students' clinical performance as well as bridging the town-gown gap.

PEER PAPERS - IN PROGRESS

PEER SESSION C: UNDERSERVED CARE—*Columbus E-F*

Moderator: Patrick McManus, MD

PC1: Effect of a Longitudinal Third-year Pathway in Underserved Care on Students' Knowledge and Skills (R,P)

William Huang, MD; Ana Malinow, MD

With the increasing number of patients with poor access to health care, medical schools have a responsibility to train students to care for patients in underserved settings. In this session, we will present the educational outcomes of a third-year longitudinal pathway in underserved care that we have offered since 2003. Students rated seminars/journal clubs on different underserved care topics highly. Each year, students conducted a project addressing a relevant underserved care issue. In 2005-2006, students' ratings of their knowledge and skills in a number of areas significantly improved by the end of the pathway. Examples include their knowledge of the current health care system and their skill in assessing an underserved patient's biomedical and social issues.

PC2: Enhancing Provider Communication With Low-literacy Patients (S,R)

Charlotte Nath, RN, EdD, CDE; Jeannie Sperry, PhD; George Fredrick, MD; Elaine Mason, MEd

A communication curriculum designed to enhance provider communication with patients with limited literacy has been imbedded into the existing residency curriculum. Relatively budget-neutral evaluative techniques have been developed to assess Accreditation Council for Graduate Medical Education core competencies related to patient care (effective, caring communication), interpersonal and communication skills (effective, nonverbal, listening skills, feedback), professionalism (cultural sensitivity), and systems-based practice (remove literacy-related barriers or ameliorate deficiencies). At the end of 1 year, assessments were made on the variables of skills, attitude, and knowledge related to communication with persons with limited literacy and/or limited health literacy as well as persons of cultural uniqueness. The first set of disease outcome variables has been collected on patients seen by family medicine residents. Knowledge and attitudes have improved.

PC3: Innovations in Teaching the Core Competencies: Development of a Homeless Care Clinic (P)

Jeannie Sperry, PhD; George Fredrick, MD; David Deci, MD; Karen Fitzpatrick, MD

An innovative interdisciplinary curriculum to enhance communication skills has been interwoven into the existing residency curriculum. Residents provide basic on-the-street medical care to homeless individuals as part of a volunteer interdisciplinary team. A Homeless Care Clinic, staffed by residents and medical and psychologist faculty, has been developed to offer comprehensive follow-up care. Learners are engaged in caring for persons with complicated medical and psychiatric problems, developing interdisciplinary collaborative partnerships and navigating health care and social service systems. Assessments of trainees at end of year one include changes in attitudes toward homelessness and Accreditation Council for Graduate Medical Education (ACGME) core competencies related to patient care, interpersonal and communication skills, professionalism, and systems-based practice. Year two assessment additionally includes videotaped observation of communication skills.

PC4: Development and Outcomes of a Medication Access Program at a Free Urban Primary Care Clinic

Lauren Fields, PharmD

Birmingham Clinic is one of several free primary care clinics for the uninsured and underinsured of Pittsburgh, Pa. Many of the patients treated have chronic medical conditions, and all lack prescription insurance. The pharmaceutical care program provides free medications for patients at the clinic, focusing on receiving free medications through patient medication assistance programs (PMAPs). The PMAPs are funded and administered by pharmaceutical companies for uninsured, low-income patients. By promoting the PMAPs at the clinic and developing a process for navigation though this system, the pharmaceutical care program has helped more than 100 patients receive more than $80,000 worth of medications in 9 months. Family physicians can utilize programs such as this to provide a reliable method for medication procurement that patients both need and deserve.

PC5: A COPC Response to a Murder—Collaborating With the Community

Maria Hervada-Page, MSS; Bradley Smith, MD

Philadelphia, along with many other urban communities, continues to experience an increase in gun violence. Jefferson has a longstanding relationship with a community center in North Philadelphia, Honickman Learning Center, where much of our community-oriented primary care (COPC) curriculum takes place. This past summer, the adolescent son of a staff member of the community center was murdered two blocks from the center. In response, the residency was asked to facilitate groups regarding grief for the children/adolescents of the center. This session will present/discuss (1) the implementation and format of the grief groups, (2) educational benefits and challenges of the experience, (3) follow-up of the grief groups, and (4) adjustments to the COPC curriculum when collaborating with the community.

PC6: Home Visits Analyzed: Are Medical Students' Views of People With Disabilites Transformed? (S,P,B)

Laurie Woodard, MD; Kira Zwygart, MD; Benjamin Graffam, PhD

Persons with disabilities, as described in a 2005 Surgeon General Call to Action, are a large but underserved segment of the US population. They often lack a personal medical home, experience disease-centered rather than patient-centered care, and encounter various access challenges. By including health issues of patients with disabilities in core medical school curricula, physicians' attitudes and behavior, often reflective of prevailing societal biases, may be changed, removing some barriers to health for this population. The University of South Florida has instituted a home visit program as part of a new, required clerkship module about persons with disabilities. Analysis of this assignment to date, using narrative qualitative research techniques, reveals the mostly positive impact and implications of this educational intervention, for both students and future patients.

4–5:30 PM

RESEARCH FORUMS

RESEARCH FORUM D: PHYSICIAN-PATIENT COMMUNICATION—*Columbus K-L*

Moderator: Caroline Richardson, MD

RD1: Unmet Psychosocial Needs and Use of Complementary and Alternative Medicine Among Cancer Survivors

Jun Mao, MD, MSCE

Objective: To characterize how complementary and alternative medicine (CAM) use among cancer survivors (CS) relates to their perceived unmet needs in the existing cancer treatment/support system. Methods: A cross-sectional survey study among 614 CS identified through Pennsylvania cancer registry. Results: Among study participants, 58% reported CAM use in the past year, and 27% used three or more therapies. Participants who identified an unmet need following cancer diagnosis were 63% more likely to report CAM use than those without unmet need ($P<.001$). Unmet need remained as the only independent predictor of CAM in a multivariate logistic regression model. Conclusion: The strong association between unmet needs and CAM use suggests that integrating CAM into the existing system may better address the diverse needs among CS.

RD2: High-utilizing Patients With Medically Unexplained Symptoms: Can the Reflecting Interview Help? (R,P)

Norman Rasmussen, EdD; David Agerter, MD; Alan Smith, PhD; Joseph Furst, MD; Macaran Baird, MD, MS

Objective: The objective was to determine the effect of an innovative reflecting interview on health care utilization, physical health, mental function, and health care satisfaction of high utilizing primary care patients with medically unexplained symptoms. Methods: Primary care patients who met study criteria were randomly assigned to intervention (reflecting interview) and control groups. Outcomes were measured at 4 weeks, 6 months, and 1 year after the intervention. Results: High utilizing patients with unexplained medical symptoms who participated in a reflective interview had reduced total health care costs, despite a modest increase in outpatient clinic visits. Conclusions: Participation in a reflecting interview and regular visits with a primary care clinician can decrease health care use without adversely affecting patient satisfaction with quality of care.

RD3: Adherence to Physician Recommendations for Cancer Screening in Obese Women

Jeanne Ferrante, MD

Objectives: This study evaluated associations between body mass index and receipt of and adherence to physician recommendations for mammography and Pap smear. Methods: We analyzed data from the 2000 National Health Interview Survey (8,289 women ages 40-74 years). Results: Obese women were as likely as normal-weight women to receive physician recommendations for mammography and Pap smear. Severely obese women were less likely to adhere to physician recommendation for mammography (OR 0.49, 95% CI=0.32-0.76). Women in all obese categories were less likely to adhere to physician recommendation for Pap smear (ORs ranged from 0.17-0.28; P<.001). Conclusions: Obese women are less likely to adhere to physician recommendations. Alternative strategies are needed to make cancer screening more comfortable and acceptable for this high-risk group.

RD4: Interpersonal Continuity of Care and Cancer Screening Among Health Plan Enrollees

Joshua Fenton, MD, MPH

Objective: To determine whether continuity of care is associated with cancer screening within a Washington State health plan. Methods: Among enrollees eligible for colorectal, breast, or prostate cancer screening in 2002-2003 (n=41,614), we measured continuity as the proportion of primary care visits that were with the most visited provider. Outcomes included fecal occult blood testing (FOBT), lower endoscopy, screening mammography, and prostate specific antigen (PSA) testing. Results: Incidences of FOBT, screening mammography, and PSA testing were similar regardless of continuity. Greater continuity, however, was associated with significantly reduced incidence of lower endoscopy ($P<.001$). Conclusions: Within an integrated health system, primary care continuity is associated with little difference in breast and prostate cancer screening incidence, but patients with higher continuity are less likely to receive endoscopic colorectal cancer screening.

RESEARCH FORUM E: COMMUNITY HEALTH CENTERS—*Columbus I-J*

Moderator: Fredrick Chen, MD, MPH

RE1: The Community Health Center-Family Medicine Residency Affiliation: A Qualitative Analysis (R,P,L)

Carl Morris, MD; Frederick Chen, MD, MPH

Objective: To evaluate the Community Health Center-Family Medicine Residency (CHC-FMR) affiliation. Methods: Twenty-six on-site 1-hour key informant interviews were thematically labeled independently in an open-coding technique. Results: Two major themes—mission and money—and six minor themes—leadership, governing institutional barriers, recruitment, improved quality of care, enhanced teaching environment, and administrative challenges—were identified. Conclusion: The FQHC-FMR affiliation is a relationship drawn together by a shared mission of service to the underserved and a need to improve economic stability and hindered by governing institutional regulations and administrative challenges. The success or failure of this relationship has and will rely on strong leadership, development of a shared mission of education and service, and innovation and flexibility by the organizations that govern them respectively.

RE2: Thirty Years of Residency Training: Characteristics Associated With Practice in Health Professions Shortage Areas

Warren Ferguson, MD; Suzanne Cashman, ScD; Judith Savageau, MPH; Daniel Lasser, MD, MPH

Objective: Analyze relationships between residency health center practice type and likelihood of practice in Health Professions Shortage Area (HPSA). Methods: Mail survey to all graduates of one family medicine residency about practice locations and types, practice population, influences on practice choice, and sociodemographic characteristics. Results: Training in a federally funded community health center (FQHC) had a statistically significant association with the likelihood of practice in a HPSA ($P<.001$). Training in a rural residency site was statistically significantly associated with initial ($P=.04$) and current ($P=.02$) rural practice. Interest in the underserved at the beginning of residency and a National Health Service Corps commitment also correlated with practice in an HPSA. Conclusion: Residency training with underserved practices increases the likelihood of practice in an underserved setting.

RE3: Perceptions of Quality Among Community Health Center Physicians Working in a Pay for Performance Environment (P,L)

Michael Mendoza, MD, MPH; Sandy Smith, PhD; John Hickner, MD, MSc

Background and Objectives: National experts have defined quality care despite little research eliciting clinicians' perspectives about it. This study explored primary care clinicians' beliefs about the elements of quality care. Methods: Structured interviews were conducted with 12 primary care clinicians. Transcripts were coded independently by two researchers. Responses to questions about quality were analyzed and major themes derived from the data. Results: Clinicians' beliefs about quality are consistent with the elements advanced by the Institute of Medicine. All interviewees mentioned that high-quality care should be effective, and most mentioned that it should be patient centered, timely, and efficient. Equitability and safety were mentioned by a minority of interviewees. Conclusions: Primary care clinicians' beliefs about quality are consistent with experts' definitions but deemphasize safety and equitability.

RE4: Physician Dispensing in a Community Health Center: A Case Study

Stephanie Donald; John Hickner, MD, MSc; Sandy Smith, PhD

Objective: To assess a physician dispensing program enabling access to medications for low income patients. Methods: A multi-method case study, using interviews, observation, and program database analysis, of the Physician Dispensing Program (PDP) at the Brandon Family Health Center (BFHC) in Chicago. Results: Physicians, staff, and patients gave in-depth interviews about the PDP at BFHC. Five themes emerged from the interviews: cost of PDP, time, PDP as an alternative to public hospitals, adherence and continuity, and major limitations of PDP. Medications dispensed through the PDP cost much less than private pharmacies. Conclusions: The PDP is a cost-effective, convenient way to increase patient adherence and provides an alternative to public hospitals for selected patients who can afford the discounted medications.

MORNING SESSIONS

7-8 am	**Special Topic Breakfasts**—*Columbus Hall*
8:15-10 am	**General Session**—*Grand Ballroom South* STFM Annual Business Meeting: "The State of STFM" Presentation of F. Marian Bishop Award: *Elizabeth Burns, MD, STFM Foundation President* Blanchard Memorial Lecture: "A Community Leading Change—Fulfilling the STFM Vision" *Kevin Grumbach, MD, University of California, San Francisco*
10-10:30 am	**Refreshment Break in Display Area**—*Grand Ballroom North*

10:30 am-Noon

SEMINARS

S18: The Native American Talking Circle as a Tool for Cross-cultural Learning—***Soldier Field***

S19: What Editors Want (To See in Manuscripts Submitted to Journals) (R,P,L)—***Grand Suite 5***

S20: Developing Core Competencies in Spirituality and Patient Care for Family Medicine Residency Education—***Haymarket***

S21: Strategies for Addressing Physician and Patient Barriers to Implementing the TransforMED Model of Care (F,B)—***Columbus A-B***

S22: The Maternal-Child Health of Junior Women Faculty (P,L)—***Picasso***

S23: A Few Good Residents: Bringing a Quality Improvement Curriculum Into the Real World (R,P,B)—***Buckingham***

S24: Explaining Your Residency Teaching on "60 Minutes:" Reengineering the Curriculum Using Clinical Competency Modules—***Comisky***

S25: Tough Choices: Struggles to Create a Family Medicine Residency for the Future (F)—***Columbus I-J***

S26: Student Interest—What Can Medical School Faculty Do? (S,P)—***Columbus C-D***

S27: Negotiating a Fair Employment Agreement (R,P,L)—***Columbian***

LECTURE-DISCUSSIONS

L16A: Boston, Bloemfontein, and Maseru: A Tri-national Family Medicine Residency Training Partnership
L16B: Promoting the Future of Family Medicine (F)—***Columbus H***

L17A: Learning to Listen to Ourselves: Teaching Patient-centered Language in Reproductive Health
L17B: Achieving Treatment Goals in Diabetes Mellitus Management: Patient-centered Collaborative Diabetes Program for Primary Care—***Skyway 260***

L18A: Teaching Practice-based Learning and Quality Improvement Through Audit and Feedback
L18B: Can We Kill Many Birds With One Stone? (One CQI Project Covers Multiple Educational Objectives)—***Columbus G***

L19A: Using Inquiry-based Quality Improvement Instruction to Develop Multidimensional Clinician-Scholars
L19B: Using FMDRL: STFM's Free Online Toolset for Collaboration and Resource Sharing—***Grand Suite 3***

L20A: Well Woman Exam
L20B: Assessing the Uterus in Pregnancy and Labor —***Grand Suite 2***

L21A: Collegiality Among Family Physicians and Specialists: Can We Teach It?
L21B: Assessing Reflective Practice Curricula: Process Versus Outcomes—***Gold Coast***

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION D: Chronic Disease Issues *Columbus E-F*

PD1: Primary Care's Impact on Health Outcomes: Does It Matter How We Measure Primary Care? (F)

PD2: Physician Perceptions About Collaborating With Chronic Disease Care Managers (F)

PD3: Chronic Disease, Willingness to Change, and Physician Prevention Advice (F)

RESEARCH FORUMS

RESEARCH FORUM F: Research in Residency —*Columbus K-L*

During each time period, all sessions are offered concurrently, except for Research Forums, Lecture-Discussions, and PEER Sessions, which run consecutively.

Session Educational Tracks:
S=Student
R=Resident
P=Preceptor/Faculty
L=Leadership/Senior Faculty
F=FFM
B=Best Practice

AFTERNOON SESSIONS

12:15-1:45 pm **Luncheon With Awards Presentation**—*Grand Ballroom South*

2-3:30 pm

SEMINARS

S28: Techniques for Terrible Presentations: How to Ensure You Are Never Asked to Lecture Again (P)—***Columbus G***

S29: Circumcision Model and Competency Evaluation for the Residents (S,R,P)—***Columbus H***

S30: Dr Smith Goes to Washington: A FM Advocacy Primer (S,R,P,L)—***Soldier Field***

S31: Virtue Ethics: Theory and Pedagogy of Physician Identity Formation—***Skyway 265***

S32: The Master Clinician: Assessing and Teaching Clinical Competence—***Columbus I-J***

S33: How to Use the Media to Your Advantage: Practical Tips for Family Physicians—***Picasso***

LECTURE-DISCUSSIONS

L22A: Family Medicine Residency Clinical Consortium: A Data-sharing Collaborative
L14B: Prescribing for the Uninsured: Ethics, Evidence, and Systems-based Practice—***Grand Suite 3***

L23A: An Innovative UCLA Program to Increase the Number of Hispanic Family Medicine Residents in California
L23B: IMG Boot Camp—***Skyway 260***

L24A: Applying Quality Improvement Concepts: Creating a Teen-friendly Clinic in a Family Medicine Residency Clinic (R,P,L)
L24B: Improving Quality of Care in Family Medicine Residencies: Baseline Findings From the I3 Collaborative—***Gold Coast***

L25A: Developmental and Competency Performance Assessment: A Resident Evaluation Form Assessing Competency for Patient Care/Medical Knowledge
L25B: The Greater Debater: Meeting Systems-based Practice Competencies Using a Unique Resident Debate Format—***Haymarket***

PEER PAPERS - IN PROGRESS

PEER SESSION E: Disease Management and Intervention—*Columbus E-F*

PE1: Frontline Diabetes: An Innovative Curriculum in Diabetes Management (P)

PE2: Health Education Combined With a Streamlined Patient Assistance Program Process Improves Cardiovascular Risk

PE3: Cooperative Health Care Clinic Targeting Cardiometabolic Risk: An Interdisciplinary Partnership (F)

PE4: Identifying Postpartum Depression at the Well-child Visit: Treatment Successes and Barriers (S,R)

PE5: Mommies Plus: A Comprehensive, Gestational Nutrition and Fitness Program for Latinas (B)

PE6: Confidence Through Collaboration: Multidisciplinary Geriatric Home Visits (F)

RESEARCH FORUMS

RESEARCH FORUM G: Research and QI—*Columbus K-L*

2-5:30 pm

WORKSHOPS

W7: Reach and Teach: The Creative Application of New Technology in Family Medicine—***Buckingham***

W8: Using EBM to Answer CAM Questions and How to Teach It (B)—***Comisky***

W9: Hands-on Introduction to Osteopathic Manipulative Treatment and Acupuncture in a Case of Low Back Pain (S,R,P)—***Columbian***

W10: Sequential Teaching Models for Third- and Fourth-degree Perineal Laceration Repair —***Grand Suite 2***

THEME SESSIONS

T1: Preparing for the Future of Family Medicine: Teaching Patient-centered End-of-life Care (P,F)—***Columbus C-D***

T2: Teaching Women's Reproductive Health Care—***Columbus A-B***

3:30-4 pm **Refreshment Break in the Display Area**—*Grand Ballroom North*

4-5:30 pm

SEMINARS

S34: Current Deliberations of the Council on Graduate Medical Education: Implications for Family Medicine (L)—***Columbus G***

S35: A Multidisciplinary Approach to Teaching NIH Grant Writing: Creating New Collaborative Partnerships (P,L)—***Grand Suite 3***

S36: Unclogging the Pipeline: Problems and Solutions to Improve the Quality of the Family Physician Workforce (F)—***Skyway 260***

S37: Ceremony and Celebration: Recreating Family Medicine Residency—***Haymarket***

S38: Preparation of Family Medicine Residents and Medical Students Interested in International Experiences (S,R,P)—***Soldier Field***

LECTURE-DISCUSSIONS

L26A: Cultural Competence Is a Two-way Street
L26B: Implementing Cultural Medicine Curricula: A Tale of Two Residencies—***Picasso***

L27B: A Patient-oriented Web-based Medical Humanities Curriculum—***Skyway 265***

L28A: The EMR In Medical Education: What Role Do the Students Play? (S,F)
L28B: The Electronic Medical Record: How to Do It Better and Lessons Learned (F)—***Columbus H***

L29A: Discussing Medical Errors: The Rebirth of a Family Medicine M&M Conference (R,L,F)
L29B: Methods in Reducing Medical Error (F)—***Gold Coast***

PEER PAPERS-IN PROGRESS

PEER SESSION F: Assessment—*Columbus E-F*

PF1: A Model of International Collaboration in Clinical Skills Evaluation (P)

PF2: Simulated Office Visit Skill Stations: Early Competency Assessment of New Interns (P)

PF3: Design and Implementation of Student Portfolios for Undergraduate Medical Education (P)

PF4: Prevention and Quality Improvement in Rural Medical Education (P)

PF5: Formulary Use Improves Physician Comfort With Resource Allocation (P)

PF6: Gateway Assessment in Undergraduate Medical Education: Implementing a New System for Assessment (P)

RESEARCH FORUMS

RESEARCH FORUM H: Adolescents and Students—*Columbus K-L*

RH1: HITS Screening in Pediatric Population and Development of Universal HITS (P)

RH2: Sexual Orientation and Risk Factors for Suicide Ideation and Attempts Among Adolecents and Young Adults

RH3: Factors Affecting Research Participation in African American College Students (R,P)

RH4: The Teen Medical Academy: A Family Medicine Residency Program Increases Access to Medical Careers (P,L)

RESEARCH FORUM I: Infectious Diseases—*Columbus I-J*

RI1: Alternative Strategies for Adult Pneumococcal Polysaccharide Vaccination: A Markov Analysis (S,R,P)

RI2: An Evaluation of Imunization Education Resources by Family Medicine Residency Directors (S,R,P)

RI3: Sufficiently Important Difference for Common Cold: Severity Reduction (S,R,P)

RI4: Antibiotics Do Not Improve the Quality of Life of Patients With Nonspecific Upper Respiratory Infections (S,R,P)

5:45-6:45 pm **STFM Group and Committee Meetings** ***(See page 11)***

SESSION EDUCATIONAL TRACKS:
S=Student R=Resident P=Preceptor/Faculty
L=Leadership/Senior Faculty F=FFM B=Best Practice

10:30 AM-NOON

SEMINARS

S18: The Native American Talking Circle as a Tool for Cross-cultural Learning—*Soldier Field*

Barbara Doty, MD; Ray Pastorino, PhD, JD; Jennet Hermiston, MD

This session will provide an interactive Native Elder Healing Circle led by experienced faculty from the Alaska Family Medicine Residency. This communication method can be used by participants for teaching cross-cultural issues. Leaders will demonstrate application of the healing circle as a teaching tool for residents and medical students. Participants will gain first-hand knowledge of this powerful form of communication and will learn applications of the healing circle for teaching and patient/group settings. The workshop includes a brief overview of the residency program's integration of the talking circle methodology into its behavioral science curriculum and the program's utilization of native elders as instructors in cross-cultural communication.

S19: What Editors Want (To See in Manuscripts Submitted to Journals) (R,P,L)—*Grand Suite 5*

Barry Weiss, MD; Michael Magill, MD; Mindy Smith, MD, MS

In this seminar, the editors of *Family Medicine* will share with participants what they like to see in manuscripts submitted to the journal. They will also share what they don't like to see, citing common problems found in manuscripts. After the editors present this information, participants will have the opportunity to ask questions of the editors about any and all issues related to publishing in medical journals. Finally, participants can bring with them (on a flash drive) a manuscript on which they are working, and if time allows, these manuscripts will undergo group review by seminar by participants.

S20: Developing Core Competencies in Spirituality and Patient Care for Family Medicine Residency Education—*Haymarket*

Gowri Anandarajah, MD; Frederic Craigie, PhD; Lucille Marchand, BSN, MD; Timothy Daaleman, DO, MPH; Robert Hatch, MD, MPH; Stephen Kliewer, DMin; Richard Hobbs, MD; Dana King, MD

The last decade has seen an exponential rise in evidence supporting the important role spirituality plays in patient care. Although there is a wealth of experience in curriculum development nationwide, both at the medical school and residency levels, there still remains no clear consensus regarding core competencies in this subject. The STFM Group on Spirituality is developing core competencies specifically tailored for family medicine residency education. In this seminar, presenters will provide a proposal for competencies, based on a review of curricular development nationwide and the substantial experience of group members. In small-group sessions, participants will be actively involved in critically evaluating and refining these competencies. Core competencies will form the rational basis for future development of curricula in spirituality and medicine.

S21: Strategies for Addressing Physician and Patient Barriers to Implementing the TransforMED Model of Care (F,B)—*Columbus A-B*

Edward Shahady, MD

The TransforMED model calls for several innovations that require changes in physician behavior and values and in the way patients perceive and obtain care. For the past 4 years (2003-2007), the Florida Academy of Family Physicians Foundation has been conducting a project that includes many of the elements of TransforMED. The project named the Diabetes Master Clinician Program (DMCP) focuses on diabetes through the use of a Web-based registry, group visits, and enhanced patient education materials. More than 5,000 patients are in the registry, and 65 clinicians are enrolled in the program. This interactive seminar will utilize the 4-year experience of the DMCPs program to discuss the physician and patient barriers identified with implementation and provide suggested strategies for addressing these barriers.

S22: The Maternal-Child Health of Junior Women Faculty (P,L)—*Picasso*

Julie Taylor, MD, MSc; Melissa Nothnagle, MD; Susanna Magee, MD

Careers in academic medicine can be extremely demanding. Most institutions use a promotion timeline based on full-time employment. There are fewer women than men in academic medicine, and women are less likely to be promoted. Balancing a young family with the significant logistical and time demands of a junior faculty position is therefore a daunting endeavor, particularly with scarce role models. This session will provide, collaboratively, an opportunity for junior women faculty who are mothers of young children (or plan to be) to explore strategies for personal and family success and satisfaction with respect to maternal-child health issues. Specifically, we will discuss preconception planning and fertility, pregnancy and maternity leave, and breast-feeding and child care within the constraints of an academic career.

S23: A Few Good Residents: Bringing a Quality Improvement Curriculum Into The Real World (R,P,B)—*Buckingham*

Gregory Garrison, MD; Robert Flinchbaugh, DO; Marc Matthews, MD

Quality improvement is a key characteristic of the new model of family medicine. The Residency Review Committee requires that we teach quality improvement, and pay-for-performance is increasingly becoming reality. To answer these needs, we developed an innovative longitudinal quality improvement curriculum during which residents implement a project and monitor the results. Through this project, they learn the essentials of quality improvement, including the Plan-Do-Study-Act (PDSA)

cycle. In this session, participants will learn about our approach through an interactive "mini-PDSA cycle" that will demonstrate the key elements of our curriculum.

S24: Explaining Your Residency Teaching on "60 Minutes:" Reengineering the Curriculum Using Clinical Competency Modules—*Comisky*

Allen Shaughnessy, PharmD; Kristen Goodell, MD

Imagine "60 Minutes" demanding to know how you know that the graduates you produce are "good doctors." Could you? Do good doctors have to be evaluated like art—"I know one when I seen one"—or can we define what it is to be a good doctor? With this idea in mind, we have developed an approach to curriculum that is learner centered, competency based, and provides progressive, sequential learning of medical knowledge and skills. We will share our 2-year experience with defining the skills, knowledge, and behaviors of competent family physicians in 37 clinical competency modules, with defined objectives, learning methods, assessment of competency, and tracking of progress. We will outline our approach and lead participants through exercises illustrating the process we use.

S25: Tough Choices: Struggles to Create a Family Medicine Residency for the Future (F)—*Columbus I-J*

Victoria Kaprielian, MD; Margaret Gradison, MD; Brian Halstater, MD; Viviana Martinez-Bianchi, MD; Lloyd Michener, MD; Samuel Warburton, MD

In May 2006, the family medicine community was shaken by the announcement that the Duke Family Medicine Residency Program would stop accepting new residents. In the turmoil and lengthy discussions that ensued, it became apparent that many family medicine programs are facing very similar problems, yet choose very different approaches to dealing with them. This seminar will provide opportunity for frank discussion of several acute challenges in family medicine education, including declining residency applicant pool and accreditation requirements that conflict with emerging models of practice. We will outline reasons to increase emphasis in family medicine training on population and community health and describe successful initial efforts. Participants will debate strategies for addressing the challenges and propose next steps.

S26: Student Interest—What Can Medical School Faculty Do? (S,P)—*Columbus C-D*

Robert Baldor, MD; Mark Quirk, EdD; Michael Ennis, MD; Randa Kutob, MD, MPH

Students' interest in family medicine as a discipline has reached a 10-year low, with less than 10% of US graduates currently seeking family medicine spots; this is reflected by having less than 40% of family medicine residencies being filled by US graduates. While a number of surveys have looked at reasons for declining student interest, the answers are multifactoral. Medical school faculty are left with the dilemma of how to encourage students to select family medicine as a career choice while they are involved in required educational programs such as the third-year family medicine clerkship. This seminar will explore means for medical school faculty and their community-based preceptors to appropriately encourage student interest in the discipline of family medicine.

S27: Negotiating a Fair Employment Agreement (R,P,L)—*Columbian*

Jack Valancy, MBA

A fair employment agreement meets the needs of both physician and employer, without exposing either to undue risks. Participants will analyze a specimen employment agreement to assess the risks of common critical issues and learn negotiating strategies for mitigating risks such as vague duties, schedule and location, complex compensation formulae and performance measures, malpractice tail insurance premium payment, and punitive restrictive covenants. Secure, productive physician employment relationships may facilitate practices' adoption of the best practices in the TransforMED model of care, and physicians' pursuit of their individual continuing professional development programs.

LECTURE-DISCUSSIONS

L16A: Boston, Bloemfontein, and Maseru: A Tri-national Family Medicine Residency Training Partnership—*Columbus H*

William Bicknell, MD, MPH; Brian Jack, MD

We will present the case and plans for family medicine residency training in Lesotho as an essential and central step in developing a long-term, sustainable system of care at the district hospital level. Training will be broader than typically the case in the United States. For example, there will be substantial training in surgery, public health, and management. The development, nurturing, and management of the partnership with the public and private sectors in Lesotho, the Department of Family Medicine at the University of the Free State, and Boston University will be discussed. The Lesotho Family Medicine physician training program holds out the promise of being a model for any limited resource country, demonstrates the benefits of multinational collaboration, and has the potential for replication.

L16B: Promoting the Future of Family Medicine (F)—*Columbus H*

Pablo Blasco, MD, PhD; Arnulfo Irigoyen-Coria, MD; Joshua Freeman, MD; Marcelo Levites, MD; Marco Janaudis, MD; Graziela Moreto, MD

Although family medicine exists as a specialty in most American countries, most do not have a true academic organization. In 2005, the Pan-American Association for Academic Family Medicine was founded and a new journal, the *Pan-American Family Medicine Clinics*, was created to meet this need. This journal is innovative in that its emphasis is on contributions from young doctors and residents in training, who are the main authors. As they share their own experiences in learning and in practice, it creates a bond and a reality of family medicine for them, their teachers, and the students who follow them.

Lecture-Discussions continued on next page

10:30 AM-NOON

LECTURE-DISCUSSIONS CONT'D

L17A: Learning to Listen to Ourselves: Teaching Patient-centered Language in Reproductive Health—*Skyway 260*

Marji Gold, MD; Vanita Kumar, MD; Justine Wu, MD

During training, clinicians learn to speak the "language" of medicine to communicate with their professional colleagues. However, little attention is given to the communication skills needed to translate both medical terms and "street talk" into words patients understand and that are respectful and empowering. This skill is particularly challenging in the context of reproductive health care, given traditional societal stigmata associated with sexuality. In this interactive session, we will use role-plays and case studies as a springboard for discussion to develop strategies to teach our learners how to use patient-centered, culturally appropriate language within the context of reproductive health.

L17B: Achieving Treatment Goals in Diabetes Mellitus Management: Patient-centered Collaborative Diabetes Program for Primary Care—*Skyway 260*

Maria Gibson, MD, PhD; Lori Dickerson, PharmD; William Hueston, MD; Leah Jacobson, MD; Sarah Schrader, PharmD

Given its significant clinical and economic impact on health care, diabetes is a focus of multiple disease management programs. Studies have shown that team changes and case management have produced more robust enhancements. These principles were incorporated in a Patient-centered Collaborative Diabetes Program (PCCDP), intended to improve patient outcomes while avoiding unnecessary health care cost. Attendees will be introduced to PCCDP established at the MUSC Department of Family Medicine and managed in shared care relationships between patients and team of practitioners (nurse, pharmacist, nutritionist, psychologist, and physician) in individual and group visits. This lecture-discussion will highlight the outcomes of the patient-centered collaborative approach on glycemic control, standards of diabetes care, psychosocial functioning, patient satisfaction, and practice income.

L18A: Teaching Practice-based Learning and Quality Improvement Through Audit and Feedback—*Columbus G*

Shersten Killip, MD, MPH; Andrea Milam, MSEd

In order to teach the Accreditation Council for Graduate Medical Education competency of practice-based learning, the University of Kentucky Family Medicine Residency has developed an evidence-based self-audit-and-feedback program, done six times a year, and led by teams of one faculty member and two senior residents. The project teaches residents search and appraisal skills, assimilation and dissemination skills, design and execution of an evidence-based chart audit, and prepares them for lifelong practice-based learning. Topics are chosen to teach quality improvement in the setting of chronic illness. Audits are repeated on a yearly basis to document impact. Session attendees will learn about the practicalities of instituting such a program, lessons learned in the process by our program, and will join in a discussion of future directions for this novel program.

L18B: Can We Kill Many Birds With One Stone? (One CQI Project Covers Multiple Educational Objectives)—*Columbus G*

Tadao Okada, MD, MPH

The medicine and the postgraduate education in our time require two major paradigm shifts—outcome-based medicine and outcome-based medical education. The decline with reimbursement and push for clinical work demands less didactic time and more learning at work. The presenter hopes to share many successes at our residency training by implementing a few continuous quality improvement projects led by residents that resulted in improved outcomes (diabetes, smoking, waiting time, and pneumovax) and meeting many Accreditation Council for Graduate Medical Education objectives (19 competences in all six areas). Besides, those were achieved through working as a team. The participants will be able to identify a few factors for successful implementation of the project, benefit of this type of project, and some ideas they can try at their home.

L19A: Using Inquiry-based Quality Improvement Instruction to Develop Multidimensional Clinician-Scholars—*Grand Suite 3*

Memoona Hasnain, MD, MHPE, PhD; Mark Potter, MD; John Rogers, MPH

Although the new Accreditation Council for Graduate Medical Education Program Requirements lay increased emphasis on research and quality improvement education in resident training, residency programs are struggling to meet these requirements. We have developed an innovative inquiry-based model for research instruction, which uses quality improvement projects to develop multi-dimensional clinician-scholars. Retrospective resident self-assessment of pre-program and post-program skill and knowledge levels (rated on a 5-point Likert scale) indicates that four of five survey categories (research skills, communication skills, future directives, and EBM and quality improvement knowledge) improved significantly ($P<.05$). A fifth category, resident self-confidence, did not show a statistically significant improvement. Two-year program content and process data, including attitudinal and qualitative input, call for tapping the potential of using quality improvement to enhance resident research and critical appraisal skills.

L19B: Using FMDRL: STFM's Free Online Toolset For Collaboration and Resource Sharing—*Grand Suite 3*

Jacob Reider, MD; Richard Usatine, MD; Sandra Burge, PhD; Traci Nolte; David Ross

The Family Medicine Digital Resources Library (FMDRL) is STFM's free online toolset for family physicians, faculty, residents, and students. STFM members use FMDRL to build, collaborate, discuss, and share. This session will introduce attendees to the many functions of FMDRL and will provide an overview of our history and future as we shape this valuable software to meet the needs of STFM's membership. Attendees will learn how to upload resources for sharing or peer review, create a Web site, set up a discussion board or listserve, or search our indexed library of teaching and learning resources.

CONCURRENT EDUCATIONAL SESSIONS

L20A: Well Woman Exam—*Grand Suite 2*

Ruth Lesnewski, MD, MS; Susan Rubin, MD; Sarah Miller, MD

How does 21st century family medicine accommodate the check-up? Updating this largely outmoded ritual of American medical practice requires making the check-up simultaneously patient centered and evidence based. Given the many factors that influence patients' expectations (from television ads for new medications to e-mail alerts advocating screening for obscure cancers)—and the shifting body of evidence regarding the risks and benefits of our standard interventions—how do we decide what a check-up actually entails? This session aims to engage participants in a productive conversation about the best possible uses of the well-woman exam and to review the USPTF, AAFP, ACS, and ACOG screening guidelines for well women visits.

L20B: Assessing the Uterus in Pregnancy and Labor—*Grand Suite 2*

Mari Bentley, MD, MPH; Katherine Gergen-Barnett, MD

Accurate pregnancy dating is essential, yet clinicians are often uncomfortable using the bimanual exam to size the uterus. Family physicians learn this fundamental skill during residency training, but formal curriculum on the topic is sparse. This session presents "Assessing the Uterus in Pregnancy and Labor," which has been implemented since 2003 at a family medicine residency. Participants will review how to teach early learners (1) to prepare for the exam, (2) normal pelvic anatomy and uterine milestones, and (3) specific examination techniques for finding the uterus. This provides a method for correlating physical findings with specific gestational ages. During the discussion, participants will discuss their own experiences teaching this exam, share lessons learned on handling sensitive situations, and critique the curriculum itself.

L21A: Collegiality Among Family Physicians and Specialists: Can We Teach It?—*Gold Coast*

Preston Smith, MD

There have been recent calls for a renewal of professionalism in medicine and calls for curricular reform in the teaching of professionalism. Also there are widespread calls for interprofessional education while there is good evidence about the decline of collegiality within medicine. We are challenged with attracting students to family medicine who report that collegiality is a factor in their career decisions. This involves issues of prestige and respect but most importantly affects the collaboration needed between family physician and specialist to provide optimum patient care. This lecture-discussion will review the obstacles to collegiality, the literature on teaching collegiality, the cognitive basis of teaching professionalism compared to role modeling, and develop some recommendations for the teaching of professionalism.

L21B: Assessing Reflective Practice Curricula: Process Versus Outcomes—*Gold Coast*

Desiree Lie, MD, MSEd; Felicia Cohn, PhD; Johanna Shapiro, PhD; Lee Ann Leung; John Boker, PhD

Reflective practice (RP) has variable definitions in medical education and can include reading, group discussion, written narratives, and other artistic expressions as instructional methods. The goal of RP is often stated in terms of professional development and lifelong learning through the critical examination of self and others. The assessment of such curricula is challenged by the lack of expected concrete behavioral outcomes and a primary focus on attitudes. We will present an analytic methodology as a framework for measuring student learning in RP and its implications for developing RP curricula. The audience will be asked to share methodologies for examining RP curricula. A guideline for conducting needs assessment and selecting the best teaching strategy will be offered.

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION D: CHRONIC DISEASE ISSUES

Columbus E-F

Moderator: Lisa Nash, DO

PD1: Primary Care's Impact on Health Outcomes: Does It Matter How We Measure Primary Care? (F)

Richard Lord, MD

Over the past 15 years, there have been a number of studies that have estimated the impact of primary care on different health outcomes for the US population. This research on the health outcomes of primary care has measured primary care by the sum of family physicians, pediatricians, and general internists per 10,000 population. These three specialties while meeting the Institute of Medicine's definition of primary care have differences in training, populations served, and therefore may have different impacts on health outcomes. These differences make it inappropriate to combine these as a measure of primary care and may affect the estimated effect of primary care on health outcomes. This research studies the question: does it matter how primary care is measured when assessing health outcomes?

PD2: Physician Perceptions About Collaborating With Chronic Disease Care Managers (F)

George Bergus, MD, MEd; Alison Abreu, MD

The Chronic Care Model employs care managers to improve information flow between patients and providers. Since 2001, we have used this model to enhance depression care. This presentation reports on faculty and resident perceptions about care managers. Thirty-nine (85%) physicians completed surveys containing Likert scale and open-ended questions about collaborating with care managers. All physicians knew of the care managers, and all but one found the care managers easily accessible. While 93% of the physicians found the care managers' patient notes useful, nearly half (49%) did not use this information in making treatment decisions. Two physicians expressed concerns about using information they had not personally collected. These findings suggest some physicians need additional training in order to make full use of the Chronic Care Model.

PEER papers continued on next page

10:30 AM-NOON

PEER PAPERS - COMPLETED PROJECTS CONT'D

PEER SESSION D: CHRONIC DISEASE ISSUES

Columbus E-F

PD3: Chronic Disease, Willingness to Change, and Physician Prevention Advice (F)

Philip Sloane, MD, MPH; Cara Davidson; Katrina Donahue, MD; Madeline Mitchell

Problem: Stopping unhealthy behaviors requires both patient willingness and health care provider assistance. We sought to determine if chronic disease diagnosis and patient willingness to change influenced physician prevention advice. Methods: As part of a practice-based CQI intervention in office practice, patients were screened in waiting rooms regarding unhealthy behaviors and willingness to change. Those who consented were telephoned after the visit. Outcomes: No significant relationship was observed between a chronic disease diagnosis and patient being in the "active" stage of behavior change. However, individuals with a chronic disease diagnosis tended to be more likely to receive written materials and be referred to outside resources. Implications: These data suggest that physicians recognize the link between unhealthy behaviors and chronic illness more than do patients.

RESEARCH FORUMS

RESEARCH FORUM F: RESEARCH IN RESIDENCY

Columbus K-L

Moderator: Frederick Chen, MD, MPH

RF1 Research in Residency

Frederick Chen, MD, MPH; Sally Weaver, PhD, MD; Peter Carek, MD, MS; Sandra Burge, PhD

This session will examine the importance of residency training to introduce family physicians to the principles of research and evaluation, focus on residency participation in PBRNs, the importance of research to the new model of family medicine and the role of evaluation in the new P4 residency redesign sites.

2–3:30 PM

SEMINARS

S28: Techniques for Terrible Presentations: How to Ensure You Are Never Asked to Lecture Again (P)—*Columbus G*

Scott Kinkade, MD, MSPH

Everyone has endured bad lectures and attended presentations where almost nothing was learned or retained. Participants will learn proven techniques to guarantee that their lectures are not only poorly regarded but also do not generate true learning. These tips will be followed up by reviewing the worst scientific lecture of all time and then two excellent lectures by academic imposters. For those wishing to avoid using any effective lecture skills, the elements of effective presentations, including evidence-based recommendations for communicating effectively and engaging the audience, will be reviewed. This entertaining, tongue-in-cheek session will give participants opportunities to discuss techniques that work and will be helpful to them in their own presentations.

S29: Circumcision Model and Competency Evaluation for the Residents (S,R,P)—*Columbus H*

John Brill, MD, MPH; Brian Wallace, MD

Circumcision is one of the most common procedures performed by family physicians and a recommended procedure for residents. Few models or simulators exist for training. A model representing neonatal genitalia was constructed using a clay base with a cocktail wiener covered by a surgical glove attached via a small wooden dowel. A competency checklist is used to review obtaining informed consent, dorsal penile nerve block, use of the Gomco clamp, and management of common problems. This model has been used to train three groups of residents and students. Post-test/pre-posttest assessment found significant improvement in knowledge and comfort in performance. Ninety percent of participants were deemed competent in all 15 areas of the checklist. The easily replicable model was felt to reasonably model the neonatal genitalia.

S30: Dr Smith Goes to Washington: A Family Medicine Advocacy Primer (S,R,P,L)—*Soldier Field*

Terrence Steyer, MD; Howard Rabinowitz, MD; Hope Wittenberg, MA

Federal legislation actively impacts academic family medicine on a recurring basis. As family physician educators, we serve as leaders in our communities and need to serve as role models to our patients and learners, especially in the area of legislative advocacy. During this session, the chair of STFM's Legislative Affairs Committee, the STFM director of Government Relations—our lobbyist, and fellows from the Robert Wood Johnson Health Policy Fellowship program will discuss the federal legislative process and ways to become involved with it. Effective advocacy and lobbying strategies will be discussed from the role of a legislative staffer, a concerned constituent, and a lobbyist.

S31: Virtue Ethics: Theory and Pedagogy of Physician Identity Formation—*Skyway 265*

Anne Housholder, MTS

Virtue ethics has significant pedagogical value for medical students and residents' identity formation. A number of forces at work in the medical community (eg, pharmaceutical gifts, limiting practices based on compensation, offering non-medically necessary services) are difficult to address in classical principlist medical ethics. In preparing for complex ethical challenges, medical students and residents create their own identities as physicians, which are strongly influenced by the imbedded ethics and virtues of their mentors. Virtue ethics connects one's declarative ethics with the embedded virtues displayed in actions and practices. This seminar will present virtue ethics as a theoretical framework for small-group reflection on aligning the theories and virtues physician teachers wish to convey with the concrete practices of primary care medicine that shape physician's identities.

CONCURRENT EDUCATIONAL SESSIONS

S32: The Master Clinician: Assessing and Teaching Clinical Competence—*Columbus I-J*

Kim Marvel, PhD; Kristen Bene, MS; David Marchant, MD

The Accreditation Council for Graduate Medical Education requirement for competency-based evaluation has challenged many programs to seek effective methods to assess resident clinic competencies and address identified deficits. In this session, we present the results of a 3-year Master Clinician Project from our residency program. We will define intern clinical competencies, describe how we teach the competencies at the beginning of the intern year, demonstrate how to apply a shadowing method in which a faculty directly observes a series of patient visits and assesses intern skills on a 21-item rating scale, and share related teaching resources we have developed to address identified skill deficits. A videotaped intern-patient office visit will allow participants to apply the rating tool. Additionally, we will describe how we use the data for intern promotion decisions.

S33: How to Use the Media to Your Advantage: Practical Tips for Family Physicians—*Picasso*

Lee Radosh, MD; Jodi Radosh, PhD

Health care issues often make the news. Reporters often call on family physicians (especially in academic medicine) for their insights. Similarly, physicians may want to disseminate information to the news media; the free publicity can improve a community's health, advertise a practice, and gain much-needed "PR." However, many physicians feel uncomfortable being placed in the spotlight. Skills needed can be easily and readily learned. The goal of this session is to give the participants basic skills with regard to interacting with the media. The overall objective is for participants to get comfortable both being interviewed by the media and contacting the media themselves. The presenters have extensive experience both utilizing and teaching these skills

LECTURE-DISCUSSIONS

L22A: Family Medicine Residency Clinical Consortium: A Data-sharing Collaborative—*Grand Suite 3*

Beth Damitz, MD; Sandra Olsen, MS

Best-practice data in medicine is readily available. However, the majority of data is from practices predominantly funded by commercial payers. Residency practices generally have a different payer mix and are dominated by self-pay and government-subsidized insurers. The Accreditation Council for Graduate Medical Education competencies emphasize quality improvement. To meet these competencies, residencies are forced to use best practice data not reflective of their reality. The Family Medicine Residency Clinical Consortium (FMRCC), a new data-sharing collaborative, conducted its initial pilot survey among participating programs. We will summarize the results, review the plans for the next survey, and discuss the benefits/costs of participating in the FMRCC.

L14B: Prescribing for the Uninsured: Ethics, Evidence, and Systems-based Practice—*Grand Suite 3*

William Cayley, MD

As medical education increasingly emphasizes systems-based practice, educators, learners, and clinicians face the challenge of advocating for appropriate care of those who are underinsured or uninsured. Family physicians caring for these patients in the larger context of their life situation must balance the competing demands of quality care, financial realities, and ethical decision making when patients are unable to afford medically necessary testing and treatment. This presentation will survey current ethical thinking on care of the underinsured and uninsured, will use case studies to explore the ways ethics and evidence-based medicine inform care for the underinsured and uninsured, and will explore strategies for educating learners to effectively care for and advocate on behalf of those who lack adequate health insurance.

L23A: An Innovative UCLA Program to Increase the Number of Hispanic Family Medicine Residents in California—*Skyway 260*

Michelle Bholat, MD, MPH; Patrick Dowling, MD, MPH

Hispanics represent 31% of California's population, yet only 4% of the physician workforce, thus creating a large cultural/linguistic gap. In spite of aggressive "pipeline" programs, California graduates only 100 Hispanic physicians each year. International medical graduates (IMGs) represent 25% of the nation's workforce. Although Hispanics represent 48% of the nation's immigrants, not one Latin American country is among the top 10 countries of origin of US IMGs. Between 450 and 2,500 unlicensed Hispanic IMGs live in Los Angeles. We have developed an innovative curriculum to prepare these IMGs to pass the USMLEs and compete in the NRMP. In doing so, we will change the health care system by increasing the diversity of the workforce. During this session, we will discuss our curriculum and outcomes.

L23B: IMG Boot Camp—*Skyway 260*

Robert Solomon, MD; Beverlee Ciccone, PhD; David Fox, MD

As the percentage of international medial graduates (IMGs) entering our family medicine residency has steadily increased over the past decade, we have developed an appreciation of many of the positive attributes these residents bring to the program, especially strong motivation and work ethic. Concurrently our awareness and understanding of the many challenges IMGs face in adjusting to a US residency has also grown. This year, we lengthened our orientation period to 1 month to allow us to better assess particular needs of a mainly internationally trained first-year class. We will present a model of our "IMG Boot Camp" that will discuss specific areas that were addressed, including gaps in medical knowledge base, ability to effectively present cases, interviewing and communication skills, and psychosocial awareness. Other difficulties addressed involve relationships with attendings, peers, and other hospital staff and helping to overcome obstacles in establishing relationships with our patient population.

Lecture-Discussions continued on next page

10:30 AM-NOON

LECTURE-DISCUSSIONS CONT'D

L24A: Applying Quality Improvement Concepts: Creating a Teen-friendly Clinic in a Family Medicine Residency Clinic (R,P,L)—*Gold Coast*

Ellen Chen, MD; William Shore, MD

Family medicine residencies are often challenged with creating practices that serve adolescents within the context of a traditional family medicine clinic. This session will focus on the role of quality improvement curriculum concepts in the successful creation of a "teen-friendly" clinic at an urban family medicine residency program. Using this case example, the importance of (1) the engagement of a resident-led multidisciplinary team in PDSA cycles to identify and address the challenges of attracting more adolescent patients, (2) collaboration with clinic management, health plans, and other clinical services, and (3) continuous quality improvement studies performed by medical students will be highlighted. Session attendees will discuss these curriculum components and successful strategies to develop teen-focused services within a family medicine residency program clinic.

L24B: Improving Quality of Care in Family Medicine Residencies: Baseline Findings From the I3 Collaborative—*Gold Coast*

Warren Newton, MD, MPH; Alfred Reid, MA; Elizabeth Baxley, MD; Holbrook Raynal, MD, DHA; Michele Stanek, MHS; Sam Weir, MD

Improving quality of chronic disease care is critical for family medicine and for the health care system but making dramatic improvements in clinical care requires major systems changes. This is difficult in private practice settings and even more difficult in academic settings. The purpose of the I3 collaborative is to achieve dramatic improvement of care of diabetes and congestive heart failure among family medicine residencies in North Carolina and South Carolina. The I3 project is a "breakthrough"-type collaborative, with facilitation and an emphasis on data systems, along with attention to both clinical and educational outcomes. We will report project design, results of initial recruitment, organizational support of quality, baseline quality of care, and early learnings from the 10 residencies in the collaborative.

L25A: Developmental and Competency Performance Assessment: A Resident Evaluation Form Assessing Competency for Patient Care/Medical Knowledge—*Haymarket*

Alice Fornari, EdD; Mary Duggan, MD; Eliana Korin, DiplPsic; Joanne Dempster, MD; Mark Polisar, MD

In response to the Accreditation Council for Graduate Medical Education mandate to align residency education and evaluation processes to measure competency, the Montefiore residency program is revising their evaluation forms used for formative and summative assessment of residents. Challenges include covering all six competencies, distinguishing developmental milestones over 3 years of training for each competency, and using clear and descriptive anchors to reliably evaluate and support this developmental approach to the assessment process. We will describe the process our medical and psychosocial faculty used to develop and pilot this new evaluation tool with residents. This session will focus on the "developmental" approach we created to assess residents, including a description of anchors specific for the medical knowledge/patient care competency areas. The form developed will be shared with participants.

L25B: The Greater Debater: Meeting Systems-based Practice Competencies Using a Unique Resident Debate Format—*Haymarket*

Mark Boyd, MD; Martha Knighton, MD

Preparing resident physicians to address inadequacies and inequities in the current health care delivery system for the ultimate goal of improved health care for all patients requires an understanding of current "issues" in medicine. In an effort to create future family physicians who are advocates and transformation agents for a new, improved health care system and to meet the Accreditation Council for Graduate Medical Education competency requirements in systems-based practice, our residents have participated in a unique series of "medical issues" debates. This lecture-discussion will review the formation, delivery, and evaluation of those debates. Session attendees will learn the components necessary to produce a successful series of debates and have the opportunity to brainstorm other creative means for ensuring that resident physicians meet their systems-based practice competencies.

2–3:30 PM

PEER PAPERS - IN PROGRESS

PEER SESSION E: DISEASE MANAGEMENT AND INTERVENTION—*Columbus E-F*

Moderator: James Tysinger, PhD

PE1: Frontline Diabetes: An Innovative Curriculum in Diabetes Management (P)

Peter Carek, MD, MS; Elissa Palmer, MD; Paul Callaway, MD

Diabetes mellitus is a chronic illness that affects more than 18 million Americans. Several studies involving physician surveys, chart audits, and reviews of administrative databases have shown that the quality of diabetes care by primary care providers is often suboptimal. To address this problem, Frontline Diabetes was established. Through an educational initiative established by the Association of Family Medicine Residency Directors, this project examines whether an intensive one and one-half day workshop addressing the care of patients with diabetes mellitus improves the knowledge of family medicine residents regarding the diagnosis, evaluation, and management of diabetes mellitus as well as the practice patterns and compliance with quality care indicators. To date, the results have trended toward improvement in both these areas.

PE2: Health Education Combined With a Streamlined Patient Assistance Program Process Improves Cardiovascular Risk

Bennett Shenker, MD

Medication access is a growing problem in the United States. Many patients underuse medications due to cost. Patient Assistance Programs (PAP) provide free or low-cost medications to low-income patients. However, these programs are difficult to

access and require frequent reapplications. Our novel program uses a nurse educator to provide ongoing health education and ensure uninterrupted refills of prescriptions using a software database to manage PAP. The goal of the program is to improve cardiovascular risk factors in the underserved. Preliminary analysis shows that participants in the program had significant improvements in total cholesterol, LDL, triglycerides, and hemoglobin A1c. The program includes many elements of the Chronic Care Model. Our model may have broad implications for cardiovascular risk management in the underserved.

PE3: Cooperative Health Care Clinic Targeting Cardiometabolic Risk: An Interdisciplinary Partnership (F)

William Dunn, PharmD; Jeremy Thomas, PharmD; Andrea Franks, PharmD; Raymond Walker, MD, MBA

Cardiovascular disease is the leading cause of morbidity and mortality in the United States. Our family medicine clinic has a high prevalence of cardiometabolic risk factors, including diabetes, hypertension, hyperlipidemia, and obesity. In an effort to provide intensive education and management, we are piloting an interdisciplinary Cooperative Health Care Clinic (CHCC) as a new model of care targeting this cluster of cardiometabolic risk factors. Our Cardiometabolic Risk CHCC consists of six biweekly, interactive, interdisciplinary educational sessions followed by an individual physician visit. Outcomes include A1c, weight, body mass index (BMI), fasting lipid profile, blood pressure, waist circumference, Framingham 10-year Coronary Heart Disease Risk, and patient satisfaction. Our hypothesis is that CHCC focusing on self-management education, lifestyle, and optimal pharmacotherapy regimens will reduce our patients' cardiometabolic risk.

PE4: Identifying Postpartum Depression at the Well-child Visit: Treatment Successes and Barriers (S,R)

Margaret Wiedmann, MD

At least 12% of women experience postpartum depression (PPD). In half, their depression lasts throughout the first postpartum year. PPD often goes undetected, resulting in significant maternal distress and higher rates of social and cognitive delay in their children. At our FPC, despite a newborn population of more than 400 infants/year, we typically had identified and treated only a handful of mothers with PPD. Using a validated, highly effective screening tool, the Edinburgh Postnatal Depression Scale at each of the first three well-child visits, we were able to identify five to eight times as many mothers with PPD. Treatment and counseling has been offered to all mothers identified with PPD. We discovered initiation of care has it's own set of challenges in almost half of women with PPD.

PE5: Mommies Plus: A Comprehensive, Gestational Nutrition and Fitness Program for Latinas (B)

Jo Marie Reilly, MD

Mommie's Plus provides the pregnant women of White Memorial Family Practice Residency Program resources to educate themselves/their families about nutrition and fitness during pregnancy in a culturally appropriate manner. Our goal is to demonstrate that strong gestational diet and exercise counseling in bilingual, group classes reduce women's total pregnancy weight gain, infant birth weights, and infant and maternal pregnancy complications to include GDM (gestational diabetes) compared to a control group of nonparticipants. Studies have shown the ill effects of both GDM and excessive weight gain on birth outcomes. By controlling weight gain through group exercise and nutrition classes, we hope to demonstrate improved birth outcomes and maternal health. This is a unique and innovative model for prenatal care service delivery/quality improvement.

PE6: Confidence Through Collaboration: Multidisciplinary Geriatric Home Visits (F)

Christine Jacobs, MD

Multidisciplinary geriatric care, particularly in home visits, is essential as the elderly population increases with a relative physician shortage. Family physicians require both interpersonal and clinical skill in the care of seniors and the ability to work as part of a multidisciplinary team. For more than 10 years, the UIC/IMMC Family Medicine Residency geriatric outreach program has given resident physicians a rigorous and collaborative immersion in elder care. Each resident completes on average 80 longitudinal home visits or nursing home visits teamed with a geriatric nurse practitioner. Lectures and reading materials are complementary. Surveys and interviews with residents reveal increasing physician confidence in geriatrics yearly. This geriatric program illustrates the value and sustainability of multidisciplinary collaboration in training physicians for home visits and nursing home care.

RESEARCH FORUMS

RESEARCH FORUM G: RESEARCH AND QI

Columbus K-L

Moderator: Naomi Lacy, PhD

RG1: Research and QI

James Mold, MD, MPH: Jim Gill, MD, MPH; David Meyers, MD

The objective of this session is to foster dialog about the relationship between quality improvement and research and how they can inform one another. Although research and quality improvement have been considered different activities, they have a lot in common and the boundaries between the two are not necessarily readily apparent. In this session, our three panel members will discuss the boundary between quality improvement and research, what each could contribute to the other, and how STFM could foster those contributions. The second half of this session will be an open discussion between the audience, the panel members, and members of the STFM Research Committee.

2-5:30 PM

WORKSHOPS

W7: Best Presentation from the 2006 STFM Northeast Region Meeting—Reach and Teach: The Creative Application of New Technology in Family Medicine—*Buckingham*

Jennifer Middleton, MD; Timothy Wallace, DO

Amazing technology, once accessible only to Hollywood, is now only a trip to the local computer store away. If the average consumer can use a digital video camera and basic computer equipment to produce high-quality videos, so can family physicians. The potential applications for family medicine are virtually limitless. Our residency program is seeking new and creative ways to reach patients, teach medical students, and instruct residents and faculty using video. One example is a resident/fellow-produced sitcom, "White Coats," airing on local public access. In this exciting and visually stimulating workshop, we will demonstrate simple ways to use this technology regarding filming, editing, and production. We will also explore creative ways of delivering medical information to patients and health care professionals.

W8: Using EBM to Answer CAM Questions and How to Teach It (B)—*Comisky*

Brian Alper, MD, MSPH; Jun Mao, MD; Kevin Mathews, MD; Desiree Lie, MD, MSEd; Eugene Mochan, PhD, DO

Integrative medicine, which combines complementary and alternative medicine (CAM) and traditional medicine principles, is of great public interest. Many practitioners and learners want more education on integrative medicine, and educators would benefit from frameworks and strategies for teaching integrative medicine within clinical education. Evidence-based medicine (EBM) educators have used teaching models that simulate point-of-care teaching with group exercises to introduce learners to useful tools and strategies and model the process. The STFM Group on Integrative Medicine and the Group on EBM are collaborating to define and practice supportive methods for using EBM exercises to teach integrative medicine concepts. This teaching model provides exposure to useful sources and efficient strategies for answering CAM questions during practice. Educators will experience this teaching model and discuss adaptations for local use.

W9: Hands-on Introduction to Osteopathic Manipulative Treatment and Acupuncture in a Case of Low Back Pain (S,R,P)—*Columbian*

Gautam Desai, DO; Mary Guerrera, MD; William Cox, DO; Joan Hedgecock, MSPH

Osteopathic manipulative therapy (OMT), acupuncture, and lower back pain are three facets of this workshop directly relevant to family medicine clinicians and educators, as they address the public's growing use of complementary and alternative medicine (CAM). This alliance between osteopathic and allopathic medicine, as well as acupuncture, creates a new partnership and model of collaboration. An integrated approach to treating LBP, a commonly encountered condition, serves as a case example. Participants will learn about OMT and acupuncture, two common CAM modalities by both direct observation and hands-on participation. The safety, efficacy, and precautions/contraindications of these techniques will be addressed. Acupuncture and different types of OMT will be presented to enable learners to better discuss these modalities with colleagues and patients.

W10: Sequential Teaching Models for Third- and Fourth-degree Perineal Laceration Repair—*Grand Suite 2*

Montiel Rosenthal, MD

The models presented in this workshop prepare the resident learner to maximize kinesthetic skills in working with innovative 3-D models. The participants will be presented with information on the development and research of the Sequential Teaching Models for third- and fourth-degree perineal laceration repair and their use in three family medicine residency programs. They will have the opportunity to work with each of the models and will be offered suggestions as to preclinical procedural training with their own residents.

THEME SESSIONS

T1: Preparing for the Future of Family Medicine: Teaching Patient-centered End-of-life Care (P,F)—*Columbus C-D*

Seema Modi, MD; Nancy Havas, MD; Michael Rosenthal, MD; Steven Zweig, MD; Charles Mouton, MD, MS; William Reichel, MD; David Doukas, MD; Philip Whitecar, MD; Alan Douglass, MD; Patrick Jonas, MD; Linda Blust, MD

As the population ages, the number of people living with chronic disease is expected to grow exponentially. Family physicians must meet the needs of dying patients and families as these patients approach the end of life. Improving medical student and resident education in end-of-life care is essential to changing the current discordance between patient wishes and delivered care. Studies show that patients view a "good death" experience as one that is met through features integrated into the Future of Family Medicine project's new model of care; these features of the new model of care should be incorporated into family medicine residency curriculum. This session will feature didactic and interactive presentations on patient-centered end-of-life care and physician education.

T2: Teaching Women's Reproductive Health Care—*Columbus A-B*

Linda Prine, MD; Marji Gold, MD; Suzan Goodman, MD, MPH; Monique Thiry-Zaragoza, MD; Debra Stulberg, MD; Christine Delendorf, MD; Susan Rubin, MD; Susan Hadley, MD; Vanita Kumar, MD; Peter Sawires, MA; Kristin Moore, MPA

The Group on Abortion Training and Access aims to meet the reproductive health needs of American women within the family medicine home. To address the problem of unintended pregnancy, we promote proactive contraceptive care, including the procedural skills of IUD insertion and contraceptive implant insertions, while also teaching abortion care. In this way, we help to prepare a workforce of family physicians able to meet the full scope of their patients' reproductive health needs. This session will provide an opportunity for our group (now with more than 450 subscribers to our listserve) to come together to share our teaching methods, research projects, and policy and advocacy efforts.

4-5:30 PM

SEMINARS

S34: Current Deliberations of the Council on Graduate Medical Education: Implications for Family Medicine (L)—*Columbus G*

Russell Robertson, MD; Robert Phillips, MD, MSPH

An awareness of current policies regarding graduate medical education financing and care for underserved patient populations is essential for future planning for departments of family medicine and their residencies. This session will review recommendations under development from the September 2006 meeting of the Council on Graduate Medical Education (COGME): flexibility in graduate medical education (GME) financing and new strategies to increase the provision of medical care to vulnerable populations and communities. The presenters will review past COGME recommendations on GME, Association of American Medical Colleges workforce planning recommendations, and current deliberations at the Medicare Payment Advisory Commission on GME financing. The intent is to construct a discussion in the context of a declared physician shortage with a goal of flexing GME resources to not only increase physician production but to increase diversity and improve distribution.

S35: A Multidisciplinary Approach to Teaching NIH Grant Writing: Creating New Collaborative Partnerships (P,L)—*Grand Suite 3*

Kaethe Ferguson, MS, EdD; John Ullian, PhD; Christine Matson, MD; Andrew Balas, MD, PhD

With revenues for such programs as Title VII shrinking, family physicians must seek alternative funding for research and curriculum development. To help their faculty, graduate students, post-docs, and residents from a variety of health sciences fields write competitive NIH proposals, a 9-hour course was developed collaboratively at Eastern Virginia Medical School and Old Dominion University. Course presenters included NIH grantees and reviewers from both institutions. In addition to learning about grantwriting, participants had the opportunity to share their research interests, find collaborators outside their fields, and learn how to initiate mentoring relationships. At this session, the presenters will provide a concise description of the course, then facilitate discussions about how a collaborative multidisciplinary course like this can best help family physicians.

S36: Unclogging the Pipeline: Problems and Solutions to Improve the Quality of the Family Physician Workforce (F)—*Skyway 260*

Janice Benson, MD; Deanna Willis, MD, MBA; Joshua Freeman, MD

The last several years have seen a series of excellent studies demonstrating the major impact on the health of communities of family physicians and a new projection of a shortage of physicians in the next decade with calls for larger medical school enrollments. These developments contrast with the trend of fewer AMGs entering family medicine. How can this trend be reversed? Using an innovative town hall format, this seminar will (1) explore the dynamics of the physician workforce, (2) contrast the position papers by the major primary care specialties, (3) share data and best practices on the pipeline from community to college to medical school admissions, and (4) engage in open discussion on these issues and finally vote on—and commit to working on—strategies for family medicine to follow to reverse current pipeline trends.

S37: Ceremony and Celebration: Recreating Family Medicine Residency—*Haymarket*

Glenda Stockwell, PhD; Reid Blackwelder, MD

By the time physicians finish residency they may be cynical, wounded, and dehumanized. An emphasis on "medical expertise" overshadows the importance of helping physicians maintain their "vision" of why they become doctors. Changes in medical education are needed to emphasize the importance of "finding meaning" in medicine. Our program has consistently incorporated ceremonies, celebration, creativity, and rites of passage in our residency to help residents learn the importance of acknowledging and understanding the changes they go through. During this presentation and open discussion, participants will be invited to consider the issue of "finding meaning" and its' importance in medical education. Every participant will leave the session with several ideas they can immediately implement in their programs.

S38: Preparation of Family Medicine Residents and Medical Students Interested in International Experiences (S,R,P)—*Soldier Field*

Inis Bardella, MD; Barbara Doty, MD; Eric Clarkson

Resident and medical student international experiences are educationally valuable. The AAFP recognizes this and provides a resource for these experiences, "Special Considerations in the Preparation of Family Medicine Residents and Medical Students Interested in International Experiences." Application of the information in the 2006 revision of this resource should improve resident and medical student international experiences. This seminar will provide participants with an opportunity to examine the newly revised AAFP resource "Special Considerations in the Preparation of Family Medicine Residents and Medical Students Interested in International Experiences," discuss application and implementation of the recommendations with Commission on Education members actively involved in resident and student international experiences, and develop plans for application of this resource to their program's resident/medical student international experiences.

4-5:30 PM

LECTURE-DISCUSSIONS

L26A: Cultural Competence Is a Two-way Street—*Picasso*

Rosemary Harris, MD; Florence Gelo, DMin

Family medicine is fast becoming an international specialty as residents from various homelands are rapidly acculturated to life and practice in the United States. Cultural competence for these residents needs to include calibration to help them assimilate to the greater culture around them in addition to the culture of medicine in the United States and the cultural values inherent in their patients. A survey on cultural competence for all new residents will be reviewed, with an emphasis on spiritual and personal issues that can interfere with the physician-patient relationship for residents. Follow-up surveys during training will also be advocated to monitor progress.

L26B: Implementing Cultural Medicine Curricula: A Tale of Two Residencies—*Picasso*

Jeffrey Ring, PhD; Julie Nyquist, PhD; Alan Roth, DO

This session serves as a resource and support to faculty looking to implement and/or enhance their residency cultural medicine curriculum. Participants will have the opportunity to hear from two programs regarding the successes in and pitfalls to implementing a successful curriculum. The session will be experiential in part, and there will be ample time for questions and discussion.

L27B: A Patient-oriented Web-based Medical Humanities Curriculum—*Skyway 265*

Caroline Wellbery, MD

This session will show participants how to integrate humanities content into their clinical teaching by using a peer-reviewed Web-based resource of stories, video clips, music, and visual art. Participants will learn to navigate the Web site and to search for materials using key words or topics. Next, participants will discuss how these patient-focused materials can be incorporated into the clinical curriculum. Examples from the author's own experience will show how the Web site content can be integrated into basic science, clinical, and doctor-patient courses or used as a comprehensive tutorial. The Web site's ease of use, multidisciplinary emphasis, and national reach make it a model for collaborative work that extends well beyond its subject matter. Participants will receive a CD-ROM with sample pages and a handout.

L28A: The EMR In Medical Education: What Role Do the Students Play? (S,F)—*Columbus H*

Aaron Michelfelder, MD; Micheal Macken, MD; Kayhan Parsi, MD, PhD

Has the electronic medical record (EMR) decreased your teaching time with medical students? Or even worse, has the EMR interfered with your patient-physician relationship? It is well known that the EMR does play a role in the patient encounter. At national conferences, it is clear that educators are not only struggling with this issue but also with the issue of the EMR in medical student education. In this session, a model will be presented for directly involving medical students in answering the question of how best to use the EMR in the patient encounter, after which a discussion of the participants will explore the uses of the EMR in medical student education and provide a forum by which participants can share ideas and experiences.

L28B: The Electronic Medical Record: How to Do It Better and Lessons Learned (F)—*Columbus H*

Jennifer Frank, MD

Adopting the electronic medical record (EMR) is a key tenet of the Future of Family Medicine recommendations as well as a stated goal of our government leadership. In theory, the EMR has the potential to improve patient safety, provider efficiency, and both patient and physician satisfaction. In practice, the EMR can be a disappointment and can even fail to be fully implemented. Numerous obstacles exist to the smooth implementation of an EMR, including lack of comfort with computers, static processes and office flow, unrealistic expectations, and financial pressures. However, with solid preparation, advance planning, and flexibility, EMRs can be successfully integrated into clinical practice and have the potential to significantly improve the care we provide to our patients.

L29A: Discussing Medical Errors: The Rebirth of a Family Medicine M&M Conference (R,L,F)—*Gold Coast*

Richard Guthmann, MD; Steven Zuckerman, PhD; Nickole Dooley, DO; Kiran Joshi, MD

Medical errors, and the way physicians do not address them, have emerged in research as a significant risk to patient safety. For family medicine educators, they also represent an untapped resource for learning. In this session, we will present our restructuring of M&M Conference in ways that made it safe for faculty and residents to discuss errors that occur in their practices. Participants became able to describe their feelings about their errors, as well as the impact they had on the illness, the patient, and the family. In discussing their errors with colleagues, physicians found themselves better able to learn from their mistakes. The increased emotional involvement of both presenter and participants has made this conference one of the most popular in our program.

L29B: Methods in Reducing Medical Error (F)—*Gold Coast*

Stephen Stripe, MD; Shirley Cole-Harding, PhD; Vicki Michaels, PhD

Between 44,000 and 98,000 people die each year due to medical error, with a cost of between $17 billion and $29 billion (Institute of Medicine, 2000). Currently most methods of reducing medical error have focused on organizational interventions. Little emphasis has been placed on addressing human factors that increase the risk of errors. Aviation accidents have been reduced by 10% to 50% since introducing a program helping pilots become aware of and change attitudes that may result in unsafe decisions. In a pilot study, training with a medical model adapted from the aviation model reduced residents' errors up to 40%. This presentation will propose that both methods should be used in future programs to reduce medical error.

PEER PAPERS - IN PROGRESS

PEER SESSION F: ASSESSMENT—*Columbus E-F*

Moderator: Karen Connell, MS

PF1: A Model of International Collaboration in Clinical Skills Evaluation (P)

Valerie Hearns, MD; Janet Lindemann, MD

The University of Manitoba, University of North Dakota, and University of South Dakota embarked on a collaborative project to develop two cases for the objective structured clinical examination (OSCE). With our similarities, by writing OSCE cases with a common design and scoring format, we could see a reduction in costs and time through sharing. Issues of faculty versus standardized patients as examiners could be assessed. Case reliability and validity across campuses could be assessed. Two cases were implemented during the 2005 OSCE at each medical school. Of the 366 stations scored, there were no statistically significant differences when comparing standardized patients and faculty raters. These same two cases were also used in the 2006 OSCE at each school. Those results are still under analysis.

PF2: Simulated Office Visit Skill Stations: Early Competency Assessment of New Interns (P)

Deborah Taylor, PhD

Family medicine residency programs accepting medical students from globally diverse allopathic and osteopathic medical schools all face the challenge of trying to complete a timely assessment of the needs of learners and develop individualized educational plans (IEPs) to help learners, when needed, fill in gaps in educational and clinical experience. We will present a pilot project, accomplished with few institutional resources, to develop an outpatient clinical competency assessment tool for use during intern orientation. A CD of the tool will be distributed to each attendee in an effort to demonstrate good kindergarten skills (sharing) and, in turn, minimize the need for each residency to "reinvent the wheel."

PF3: Design and Implementation of Student Portfolios for Undergraduate Medical Education (P)

Andrea Milam, MSEd; Carol Hustedde, PhD; Paul Dassow, MD; David Rudy, MD

Portfolios have become a worthy educational strategy to coach and assess students' ability to self-reflect (Driessen et al, 2003). While more prevalent in graduate medical education, few reports exist that describe portfolios as an educational intervention at the undergraduate level. This presentation will describe the design of learning objectives, content, and assessment of the portfolio as it functions within a new M1 course at our institution, Patient-centered Medicine. The portfolio is intended to guide the growth of first-year students longitudinally and document their increasing competence as a physician-learner. We will describe the portfolio evaluation rubric used by the small-group facilitators and will report on initial formative data that describes learner performance as a function of portfolio and course objectives.

PF4: Prevention and Quality Improvement in Rural Medical Education (P)

John Epling, MD; James Greenwald, MD

Education in evidence-based preventive services and quality improvement are essential tools for medical students. This presentation presents a pilot educational initiative in which students assigned to rural family physician preceptors design and implement a clinical quality improvement project over 9 months in their preceptors' offices. The projects are designed in collaboration with the preceptors and office staff. An online course management system is used to facilitate communication and feedback between the course directors and the students at the rural sites. Evaluation of this pilot initiative will concentrate on the content and quality of the projects and on student and preceptor feedback concerning the initiative, with the goal of designing more results-focused evaluation for the next iteration.

PF5: Formulary Use Improves Physician Comfort With Resource Allocation (P)

Shannon Bolon, MD; Catherine Metheney, MD

There is little published on teaching judicious use of health care resources. We designed an intervention to teach residents about resource allocation based on a local initiative to decrease Medicaid expenditure by encouraging use of formulary medications. Participants' baseline opinions of resource allocation and knowledge of proton pump inhibitors was assessed. A lecture was given on dyspepsia treatment, formularies, and addressing patient expectations. Patients with dyspepsia were identified, and their prescribed medication, insurance carrier, and formulary provided. After 12 weeks, participants reported improved ability to address patients' treatment expectations (53%) and use formularies (42%). Percentage of patients on formulary proton pump inhibitors was unchanged. Our results suggest that increasing awareness of formularies can improve physician self-reported skill and comfort with addressing resource allocation.

PF6: Gateway Assessment in Undergraduate Medical Education: Implementing a New System for Assessment (P)

Christopher Reznich, PhD; Mary Noel, MPH, PhD, RD; Rebecca Henry, PhD

Faculty at the College of Human Medicine, Michigan State University, with grant support from the Health Resources and Services Administration, have begun the development and pilot testing of an integrated program of "gateway assessments" to evaluate our students' mastery of clinical skills. A gateway assessment development team was convened to design a set of clinical scenarios to test student competence in the areas of communication, history-taking, physical exam, and note writing. The exam was administered using a Web-based test management system including digital video capture and real-time score reporting. The results of the recent year 3 OSCE indicate that students generally perform well on communication (all examinees, all cases mean: 91%) and history taking (mean: 84%), but less well on physical examination (mean: 66%) and post-encounter note writing (mean: 49%).

4-5:30 PM

RESEARCH FORUMS

RESEARCH FORUM H: ADOLESCENTS AND STUDENTS—*Columbus K-L*

Moderator: Michael Crouch, MD, MSPH

RH1: HITS Screening in Pediatric Population and Development of Universal HITS (P)

Amer Shakil, MD; James Sinacore, PhD

Objectives: To validate the HITS screening tool in pediatric population. Methods: In Phase I, concurrent validity of HITS was tested with 169 subjects who completed both the HITS and a pediatric form of the CTS. In Phase II, construct validity was assessed. Results: Concurrent validity was good, r =.72, $P< .0005$). Children scoring above 7 on the HITS were classified as victims with ODA® ($P<.05$). Subgroup analyses revealed that predictive values for victims increased across age groups. Conclusions: In our previous studies with adults, HITS differentiated victimized adults from routine patients; a current pediatric study shows that HITS was able to demonstrate statistical significance only in higher age group of 15-18 years but does not appear to differentiate in younger age groups.

RH2: Sexual Orientation and Risk Factors for Suicide Ideation and Attempts Among Adolescents and Young Adults

Vincent Silenzio, MPH, MD

Objective: To examine whether elevated rates of suicide ideation (SI) and suicide attempts (SA) in sexual minority youth are attributable to more potent effects of known predictors. Methods: We studied predictors of SI/SA in LGB and non-LGB respondents using regression analyses of data from the national Add Health study. Interaction terms examined whether predictors were more strongly associated with adverse outcomes in either group. Results: LGB respondents were more likely to report SI or SA in the prior year. In non-LGB youth, drug use was more strongly associated with SI, and emotional distress was more strongly associated with SA. Conclusions: LGB respondents report higher rates of SI and SA overall. Drug use and emotional distress were more strongly associated with adverse outcomes in non-LGB respondents.

RH3: Factors Affecting Research Participation in African American College Students (R,P)

Vanessa Diaz, MD, MS

Objective: Evaluate factors affecting participation of African American (AA) college students in medical research. Methods: Two hundred students attending a historically black college (HBC) completed surveys, including the Trust in Medical Researchers Scale (TMRS) and evaluating likelihood of participation in medical research within 6 months. Differences by race of investigator or institution conducting the study were compared with Wilcoxon Signed-Rank tests. Logistic regressions evaluating the likelihood of participation included gender, TMRS, prior participation, and family/friend participation. Results: Respondents were more likely to participate in a study if conducted by an HBC or AA investigator. Respondents with more trust and those without prior participation were more likely to participate. Conclusions: Race concordance with investigators, trust in medical researchers, and past participation impact likelihood of future participation in this population.

RH4: The Teen Medical Academy: A Family Medicine Residency Program Increases Access to Medical Careers (P,L)

Manuel Oscos-Sanchez, MD; Sandra Burge, PhD

Objectives: Evaluate the impact of the Teen Medical Academy (TMA) on self-efficacy, achievement motivation, and sense of belongingness as related to medical careers. Methods: Mail survey of inner-city educationally disadvantaged minority students that applied to the TMA. Results: Participation in the TMA was associated with greater confidence in the ability to become a doctor (P=.002), a greater sense of fit and belongingness among doctors (P=.001), and an increased commitment to pursue a health career (P=.006). Conclusions: The TMA is a positive step in addressing the lack of access to medical careers among minority populations. Programs such as the TMA can be implemented throughout the United States and offer a new model of collaboration between inner-city communities and family medicine residency programs.

RESEARCH FORUM I: INFECTIOUS DISEASES–

Columbus I-J

Moderator: Norman Oliver, MD

RI1: Alternative Strategies for Adult Pneumococcal Polysaccharide Vaccination: A Markov Analysis (S,R,P)

Richard Zimmerman, MD, MPH

Introduction: Pneumococcal polysaccharide vaccine (PPV) is currently recommended for persons at age 65; we tested other strategies. Methods: Markov modeling was used to examine seven PPV strategies: no vaccination, one vaccination (age 50 or 65), two vaccinations (50/65 or 65/80), three vaccinations (50/65/80), or four vaccinations (50/60/70/80). Data sources included the Active Bacterial Core Surveillance System and an expert panel. Results of Base-case Analysis: Vaccination at age 50 prevented more lifetime IPD cases (736/100,000) than vaccination at age 65 (716/100,000) and was more cost-effective. Incremental cost-effectiveness of two vaccinations at 50 and 65 was $38,851/QALY and of four vaccinations at 50, 60, 70, and 80 was $54,451/QALY. Conclusions: Two or four PPVs beginning at age 50 are clinically and economically reasonable strategies.

RI2: An Evaluation of Immunization Education Resources by Family Medicine Residency Directors (S,R,P)

Richard Zimmerman, MD, MPH

Objective: To evaluate immunization teaching resources developed by the STFM Group on Immunization Education. Methods: From a mailed survey to 456 family medicine residency directors across the United States, 261 responses were analyzed to determine frequencies and differences from 2001 to 2005. Results: More than 80% reported satisfaction with immunization teaching resources. The popularity of bound resources decreased from 2001 to 2005, while immunization Web sites increased in importance. The journal supplement, "Vaccines Across the Lifespan, 2005" was less frequently read in 2005 than in 2001, but quality ratings remained high. Use of www.ImmunizationEd.org and the Shots software for both desktop and hand-held computers has increased. Conclusion: Electronic immunization teaching resources are increasingly popular among family medicine residencies, and their use is expected to continue.

RI3: Sufficiently Important Difference for Common Cold: Severity Reduction (S,R,P)

Bruce Barrett, MD, PhD

Background: Sufficiently important difference (SID) is the smallest benefit that an intervention would require to justify costs and risks. Methods: Benefit harm trade-off interviews assessed SID for four common cold treatments. Results: A total of 253 people with colds participated. A scenario based on vitamin C provided an SID of 25% (95% CI=0.23,0.27). For echinacea, SID was 32% (0.30,0.34). For zinc, SID was 47% (0.43,0.51). For the unlicensed antiviral pleconaril, SID was 57% (0.53,0.61). Multivariate analyses suggested: (1) between-scenario differences were not due to chance, (2) severity of illness at time of interview did not predict SID, and (3) SID was not influenced by age, gender, tobacco, ethnicity, income, or education. Conclusions: Depending on treatment specifics, people want a 25% to 57% reduction in overall severity to justify costs and risks of popular cold treatments.

RI4: Antibiotics Do Not Improve the Quality of Life of Patients With Nonspecific Upper Respiratory Infections (S,R,P)

George Bergus, MD, MAEd

Introduction: We studied whether antibiotics impacted health-related quality of life (HRQOL) of patients seeking medical care for upper respiratory infections (URI). Methods: Adults seeking care for acute respiratory symptoms were eligible for this study. Decisions to prescribe antibiotics were left to their physicians. Subjects completed the Quality of Well-being questionnaire on enrollment and on days 3, 7, 14, and 28. Analysis was undertaken using repeated measures ANOVA. Results: Seventy-three patients with a mean age of 35.8 years (range 1877) were enrolled. The mean HRQOL of subjects improved during the follow-up period (P<.001). Receiving an antibiotic at the initial visit did not influence subsequent HRQOL reported by subjects (P= .78). Conclusion: The use of antibiotics by patients with URI does not positively influence HRQOL.

MORNING SESSIONS

6-7 am **Annual Marathonaki Fun Run/Walk**—*Meet in Hotel Lobby*

7-8 am **Breakfast With Exhibitors and Poster Presenters**—*Grand Ballroom North*

8:15-10 am **General Session**—*Grand Ballroom South*
Presentation of the Curtis G. Hames Memorial Award

Presentation of the STFM Best Research Paper Award

Plenary Address: "Can Family Medicine Become a Learning Community?"
James Mold, MD, MPH, University of Oklahoma

10-10:30 am **Refreshment Break in Display Area**—*Grand Ballroom North*

10:30 am-Noon

SEMINARS

S39: "When I'm 64": Faculty Development for Senior Faculty—And Those Who Will Be (L)—***Columbus C-D***

S40: Do Our Stories Have the Power to Change Health Care?—***Grand Suite 2***

S41: Medical Education Research: Catch the Rising Tide (P,L)—***Comisky***

S42: Cinema and the Speculum: Using Popular Film Clips to Teach Patient-centered Language and Behavior—***Soldier Field***

S43: The Cost of Financing Medical Training in the United States, Using Publicly Available Data (S,R,P,L)—***Buckingham***

S44: Family Medicine and Evidence-based Medicine: Is The Romance Over?—***Grand Suite 3***

S45: Writing for "Innovations in Family Medicine Education"—***Skyway 260***

S46: Journal Club Revisited—Getting Comfortable With the Medical Literature—***Columbian***

LECTURE-DISCUSSIONS

L30A: A New Choice for Teaching Residents COPC – Community Health Outcomes Improved By Collaborative Education
L30B: Promoting Childhood Literacy in Family Medicine Residency Programs: Creating New Partnerships to Benefit The Community (B)—***Grand Suite 5***

L31A: Practical Strategies for Prostate Cancer Screening Discussions: A Working Session
L31B: Planning And Implementing A Group Weight Loss Program (B)—***Picasso***

L32A: Never Eat Shredded Wheat: Using a Wellness Compass Program to Prevent Intern Burnout
L32B: Teaching Outstanding Medical Learners—***Haymarket***

L33A: Training Residents to Become Primary Care Consultants
L33B: Development and Experience With Virtual Consultations at Mayo Clinic (F)—***Columbus G***

L34A: A Systematic Approach for First-year Resident Orientation: The Importance of Competency Pre-assessment
L34B: Observation-based Evaluation Tools for Family Medicine Residencies—***Columbus H***

L35A: Digital Family Medical History Database for Research and Clinical Care (F)
L35B: Producing Scholarly Products From Tough Leadership Jobs (L,B)—***Gold Coast***

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION G: Curricular Interventions—*Columbus K-L*

PG1: Can We Teach Cultural Humility? Report of a Multicomponent Cultural Competence Curriculum

PG2: Effectiveness of a Curriculum in Child Abuse and Neglect in Family Medicine Training

PG3: The Effect of a Complementary Medicine Rotation on Knowledge, Practice Style, and Attitude Toward CAM

PEER SESSION H: Public Health Issues—*Columbus I-J*

PH1: Putting the "Participatory" Into Participatory Research (P,L)

PH2: The Leadership Seminar Series: An Innovative Public Health Leadership Training Program

PH3: Culture and Health Education in Rural Areas: Assessing Health Education Delivery Preferences of Hispanics

RESEARCH FORUMS

RESEARCH FORUM J
Columbus E-F

RJ1: Curtis Hames Award Winner Presentation: Reducing Disparities Downstream: Prospects & Problems

RJ2: Best Research Paper Award Winner Presentation: Physicians, Patients, and the Electronic Health Record: An Ethnographic Analysis

SPECIAL SESSION

Columbus A-B

SS1A: STFM Innovative Program Award Winner Presentation

SS1B: STFM Advocacy Award Winner Presentation

During each time period, all sessions are offered concurrently, except for Research Forums, Lecture-Discussions, and PEER Sessions, which run consecutively.

Session Educational Tracks:
S=Student
R=Resident
P=Preceptor/Faculty
L=Leadership/Senior Faculty
F=FFM
B=Best Practice

AFTERNOON SESSIONS

Noon-1:30 pm — **LUNCH ON OWN—Last Chance to Visit Posters and Exhibits Open Until 1 pm**—*Grand Ballroom North*

12:30-1:30 pm — **"Optional" Group Meetings** **(See Page 11)**

1:45-3:15 pm

SEMINARS

S47: Increasing Scholarly Activity In Your Residency Program: Lessons Learned From The Front Line (P,L)—***Columbus C-D***

S48: Teaching Residents to Use Motivational Interviewing Techniques and Writing Innovative Behavioral Prescriptions With Patients (R,P)—***Buckingham***

S49: Skills for Procedure Training—Faculty Development in IUD Insertion (P)—***Soldier Field***

S50: Two Career Development Opportunities: The RWJ Health Policy Fellowship and the STFM Bishop Fellowship (L)—***Columbus A-B***

S51: Primary Care House Calls: A Paradigm Shift in Care, Education, and Research for Family Medicine (S,R,P) —***Comisky***

S52: Beyond Barefoot Doctors: The Challenge of Training Family Physicians for the World's Largest Country (B)—***Columbus H***

LECTURE-DISCUSSIONS

L36A: Quality of Care Through the Lens of the Single Payer National Health Insurance Model
L36B: Teaching Health Policy: Engaging and Empowering Learners—***Grand Suite 2***

L37A: Creating Pathways to Partnerships for Change: Teaching Program Logic Models for Planning Faculty Development Projects
L37B: Teaching and the Bottom Line (P,L,B)—***Grand Suite 3***

L38A: An Experiential and Relevant Genetics Curriculum for Primary Care
L38B: The Future Is the Family: Generational and Genetic Thinking in Family Medicine (B)—***Skyway 260***

L39A: High Fidelity Simulation Uses in Undergraduate Medical Education
L39B: Enhancing Specialized Skills in Family Medicine—A Successful Interdepartmental Privileging Process in Operative Obstetrics—***Gold Coast***

PEER PAPERS - IN PROGRESS

PEER SESSION I: Curricula For Medical Students—*Columbus K-L*

PI1: Educational Strategies to Train Medical Students on Eliminating Contextual Barriers to Health Care (P)

PI2: Advocating for Change in the Health Care System—A Medical Student Clinical Innovation (S,P)

PI3: Facilitating an Environment that Supports Complementary and Alternative Medicine Curricula in Medical School (P)

PI4: Cardiovascular Disease Prevention and Treatment in a Family Medicine Clerkship (P,B)

PI5: Creating an Integrated Osteoporosis Curriculum for Medical Students Through Interdisciplinary Collaboration (P)

PI6: A Longitudinal Analysis of a Curriculum Map for Teaching EBM to PharmD Students (P)

RESEARCH FORUMS

RESEARCH FORUM K: How Did You Do That Study?—*Columbus E-F*

RK1: Quality of Lipid Management in Outpatient Care: A National Study Using EHRs (P,L)

RK2: Effect of a High-fiber Diet versus a Fiber-supplement Diet on C-reactive Protein (P,L)

1:45-5:15 pm

WORKSHOPS

W11: Evidence-based Musculoskeletal Examination—Faculty Development for Competence in Teaching Musculoskeletal Examination Techniques (S,R,P)—***Picasso***

W12: Teaching Residents Humanity Skills Through Structured Live Observation and Videotape Review of Patient Visits—***Haymarket***

W13: How to Sponsor Local ALSO Instructor/Refresher Courses (L)—***Columbian***

W14: CQI For Doctors: An ACGME-compliant Continuous Quality Improvement Residency Curriculum You Can Do at Home! (P,L)—***Columbus G***

THEME SESSIONS

T3: OM 602—A Mini-course in Osteopathic Medicine for the Allopathic Physician (S,R,P)—***Grand Suite 5***

T4: Facilitating Healthy Behavior Change: From Evidence-based Guidelines to Experience-based Learning—***Columbus I-J***

3:15-3:45 pm — **Refreshment Break**—*Grand Ballroom Foyer*

3:45-5:15 pm

SEMINARS

S53: Enhancing Quality by Changing Organizational Culture: Lessons From a TransforMED Practice and Academic Department (S,R,P)—***Columbus A-B***

S54: Integrative End-of-life Care: Combining Conventional and Alternative Evidence-based Medicine—***Buckingham***

S55: Integrative Family Medicine Fellowship: Fourth-year Curriculum, Evaluation and Impact on Sponsoring Family Medicine Departments—***Soldier Field***

S56: Update on the US Preventive Services Task Force: New Recommendations, Methodologies, and Tools (S,R,P)—***Gold Coast***

S57: Time Management in the Information Age (P,L)—***Comisky***

LECTURE-DISCUSSIONS

L40A: A Collaborative Model For Maternity Care
L40B: New IUD Indications and More-timely Initiation—***Columbus H***

L41A: Nutrition and Lifestyle Recommendations: 2006 American Heart Association Revision
L41B: Changing Behavior Using Personalized Exercise and Nutrition Prescriptions for Patients at Cardiovascular Risk—***Skyway 260***

L42A: Using Qualitative Research to Make Sense of Student Narratives—***Grand Suite 2***

L43A: PELS Show and Tell: Our Answer to ED-2 And ED-8
L43B: Physician and Pharmacist Collaboration: Three Models That Enhance Resident Education (P,L)—***Grand Suite 3***

PEER PAPERS-IN PROGRESS

PEER SESSION J: Doctor-Patient Issues and International Residency—*Columbus C-D*

PJ1: Addressing Discrimination in Health Care: Experiential Cultural Competence Curriculum (F)

PJ2: Using the Aeronautical Model to Decrease Medical Error in Family Medicine Residents: A Pilot Study (F)

PJ3: The Fitness Residency Program: Preparing Brazil's Leaders for the Future of Family Medicine (F,B)

PJ4: Teaching Doctor-Patient Communication Skills Through Web-based Clinical Cases

PJ5: The Influence of a Physician's Culture of Origin on Patient-centered Communication Skills

PJ6: Trading Places: Developing Professional Empathy Through Personal Experience (B)

RESEARCH FORUMS

RESEARCH FORUM L: Rural Health—*Columbus E-F*

RL1: What Makes a Culturally Sensitive Rural Provider?

RL2: Is Rural Residency a Risk Factor for Childhood Obesity?

RL3: Adolescent Tobacco Use: Is Rural Residency a Risk Factor?

RL4: Perspectives From Parents: A Narrative Analysis of Survey Comments About Children's Access to Health Care

SPECIAL SESSION

SS2: Priming the Pipeline, Preparing for the Future (F,B)—***Columbus K-L***

9 pm-Midnight — **After-dinner Dance Party**—*Grand Ballroom South* **& Coffee Lounge**—*Columbus B*

SESSION EDUCATIONAL TRACKS:
S=Student R=Resident P=Preceptor/Faculty
L=Leadership/Senior Faculty F=FFM B=Best Practice

10:30 AM-NOON

SEMINARS

S39: "When I'm 64": Faculty Development for Senior Faculty—And Those Who Will Be (L)—*Columbus C-D*

Jeffrey Stearns, MD; Carole Bland, PhD; John Frey, MD; Jonathan Rodnick, MD; William Shore, MD

With the majority of higher education faculty aged over 55, it is essential to facilitate the ongoing vitality of these seasoned individuals. These academic "baby boomers" are entering a period of reflection and planning for transitions. (Paul McCartney is 64 this year!) With increasing longevity, and the elimination of mandatory retirement age, adults need to stay mentally and physically healthy and professionally engaged. The goal of this seminar is to discuss career trajectory issues of faculty, with a focus on faculty development relating to senior faculty. Senior faculty will lead a series of discussions relating to transitions, finding your niche, senior faculty development needs, mentoring, and how can STFM support this process.

S40: Do Our Stories Have the Power to Change Health Care?—*Grand Suite 2*

Paul Gross, MD

While our stories are often seen as vehicles for personal healing and growth, they are also means of imparting our personal experiences—and truths. When artfully expressed, these accounts can powerfully influence others. If broadcast to a wider audience, might our stories galvanize a profession and public grown fed up with health care as it is? Do our stories have the power to change our health care system? In this seminar, participants will briefly listen to and discuss written pieces that have served as vehicles for social change. Each will then have the opportunity to write and share a personal story that might one day catalyze a change in others.

S41: Medical Education Research: Catch the Rising Tide (P,L)—*Comisky*

Elizabeth Steiner, MD; Mark Quirk, EdD; Frederick Chen, MD, MPH

There is increasing awareness of the need for high-quality research in medical education to better understand which educational techniques and curricula actual affect patient outcomes. However, this field is fraught with challenges, including battles for curricular time, lack of interest among medical educators in studying these issues rigorously, lack of sample sizes adequate to interpret findings, competing time commitments of medical educators, and learner misunderstandings about participating in this type of research. The presenters all have extensive experience in medical education research and will discuss opportunities, study methods, challenges, and ways to overcome barriers in planning and conducting medical education research, developing clear process and outcome measures (patient-centered when possible), writing proposals, project implementation, and data analysis. Methods of increasing educational research will be discussed.

S42: Cinema and the Speculum: Using Popular Film Clips to Teach Patient-centered Language and Behavior—*Soldier Field*

Marji Gold, MD; Sayantani Das Gupta, MD, MPH

Pelvic exam training requires trainees to learn both technical and interpersonal skills. Acquiring both sets of skills during real clinical encounters, or with gynecologic teaching associates, is often challenging. Viewing narrative film clips allows patient-centered language and behavior to be learned in an emotionally safe environment divorced from interpersonal or clinical expectations. Films portraying pelvic exams allow learners to examine cultural notions about power and vulnerability, perceptions of sexuality in medical culture, and boundary issues between patients and medical caregivers. This session will provide participants with a framework for using movie clips to teach patient-centered care. We will present clips from a wide range of genres—horror, drama, and comedy—to allow participants to practice working with these teaching tools.

S43: The Cost of Financing Medical Training in the United States, Using Publicly Available Data (S,R,P,L)—*Buckingham*

Martey Dodoo, PhD

There is currently debate on whether to expand the US physician workforce and how to finance it. Whether an expansion is achieved through development of new training programs or expansion of current programs, the financing options seem limited. There is little in the literature on the total and marginal methods for determining the actual cost of financing medical education. To contribute effectively to this debate, there is the need for educators to understand the financing system. In this seminar, we will use data available on the Robert Graham Center, AAMC, CMS, and ACGME Web sites to illustrate the financing system and highlight some shortfalls in payments to teaching hospitals.

S44: Family Medicine and Evidence-based Medicine: Is The Romance Over?—*Grand Suite 3*

Lucy Candib, MD; Matthew Silva, PharmD

Evidence-based medicine (EBM) has provoked new evaluations of contemporary medical practice and transformed the way that family physicians look at the medical literature, make decisions about clinical care, and approach the Future of Family Medicine project. Nevertheless, a growing literature points to some drawbacks of EBM, as it is conducted, interpreted, and used in practice. The emerging critiques include the assessments that EBM prioritizes certain kinds of "truth" over others through its hierarchy of knowledge, incorporates yet obscures bias in its own structure, preferentially addresses technical and pharmaceutical interventions, and denies the importance of the experiential aspect of illness. This interactive seminar will allow participants to explore various critiques of EBM and consider potential correctives for the conduct of teaching, clinical work, and research.

CONCURRENT EDUCATIONAL SESSIONS

S45: Writing for "Innovations in Family Medicine Education"—*Skyway 260*

Alison Dobbie, MD; Joshua Freeman, MD

Many STFM members implement innovative educational projects and present them at Society meetings. Unfortunately, few of these papers progress to publication. To encourage more faculty to publish their projects, *Family Medicine* introduced its "Innovations in Family Medicine Education" section. Papers in this section are short (about 1,000 words), with only one figure or table. The research methodology and evaluation need not be as stringent as in the main body of the journal. In this seminar, the editors of "Innovations" explain the section's instructions for authors, discuss the educational projects that are suitable for publication, and provide guidelines to help participants structure and format articles. Participants will write a structural draft suitable for "Innovations" and will be encouraged to submit the finished article.

S46: Journal Club Revisited—Getting Comfortable With the Medical Literature—*Columbian*

Karin Kalkstein, MD; Andrea Maritato, MD

Many family physicians have never quite gotten over their fear of journal club. This seminar aims to increase participants' skills and confidence in confronting primary medical literature. This seminar will be divided into three parts: (1) Finding the article. What types of searches will get the most applicable information? How can we move from Google to Medline, and when is Google good enough? (2) Reading the article. As often happens in journal club, the article will be chosen by the presenter but not read by the other participants in advance. The discussion will encourage audience participation and comment. (3) Opening the statistical black box. We will focus on using statistics rather than "doing" them and aim to reduce anxiety about numerical analyses.

LECTURE-DISCUSSIONS

L30A: A New Choice for Teaching Residents COPC–Community Health Outcomes Improved By Collaborative Education—*Grand Suite 5*

Afreen Pappa, MD; Nancy Weller, DrPH; Jane Corboy, MD; Thomas Gavagan, MD, MPH

Training in community medicine is both valued by family medicine educators and a requirement of the ACGME for family medicine training. How such training is provided differs across programs with variable success reported in the literature. Competing clinical and didactic training needs often make it difficult to fit a meaningful community medicine/COPC curriculum into the training program. This session describes the successes and pitfalls of the first years of a longitudinal 2-year COPC curriculum. In addition, presenters will discuss how collaboration with the St. Luke's Episcopal Health Charities (SLEHC) organization and incorporation of the Houston Healthy Neighborhood Initiatives (HNI) Model was used to teach residents Community Health Assessment methods. Evaluation data, resident feedback, the HNI model and lessons learned will be shared with the participants.

L30B: Promoting Childhood Literacy in Family Medicine Residency Programs: Creating New Partnerships to Benefit The Community (B)—*Grand Suite 5*

Jacqueline Weaver-Agostoni, DO; Jonathan Han, MD

Approximately 40% of adults in the United States are illiterate, and educators and developmental psychologists consider reading out loud to children to be the "single most important activity to promote success in reading." Since 2004, UPMC Family Medicine Residency Programs have been promoting childhood literacy by distributing developmentally appropriate books to children between the ages of 6 months and 12 years. Original start-up funds were provided by Reach Out and Read, a national nonprofit organization, with later expansion of the program made possible through grant support and the creation of new community partnerships. In addition to providing a valuable service to patients, residents have become skilled in using these books as part of their pediatric care and have gained a better understanding of childhood development.

L31A: Practical Strategies for Prostate Cancer Screening Discussions: A Working Session—*Picasso*

Kelly Fryer-Edwards, PhD; Susan Trinidad, MA

Informed decision making (IDM) has been advocated for a number of clinical preventive services, but it is challenging for family physicians to implement this recommendation in the current primary care context. Time constraints, liability concerns, and reimbursement issues can be significant barriers. For some decisions—such as whether to be screened for prostate cancer—the picture is further complicated by gaps in the evidence and controversy among experts. This session will present a time-efficient, yet evidence-based, approach to IDM for discussing preventive services. Participants will have an opportunity to practice using the AIDD (Assess-Inform-Discuss-Decide) model and offer feedback on the model. We will also discuss strategies to address other common challenges within prostate cancer screening discussions.

L31B: Planning and Implementing a Group Weight Loss Program—*Picasso*

Samuel Grief, MD; Maria Devens, PhD; Maureen Gecht, MPH

The Future of Family Medicine project has identified patient education in a group format as a potentially novel way to extend health care to patients with chronic medical conditions, including obesity. This lecture-discussion will introduce participants to strategies used in the implementation, administration, and continued promotion of an academic, interdisciplinary group weight loss program that focuses on changing obese patients' mindset about their nutrition and lifestyle, through a series of group discussion sessions. Lecture-discussion attendees will discuss key issues in organizing a group weight loss program, become familiar with how to use an "action plan" in group medical visits as part of promoting patient self-management, and acquire information about how to facilitate a group weight loss program.

Lecture-Discussions continued on next page

10:30 AM-NOON

LECTURE-DISCUSSIONS

L32A: Never Eat Shredded Wheat: Using a Wellness Compass Program to Prevent Intern Burnout—*Haymarket*

Heather Kirkpatrick, PhD; Maria Fimiani, PsyD; Mark Vogel, PhD; Richard Labaere, DO

It is well documented that residents experience high levels of stress, which at times leads to burnout. Our project (in its second year) addresses burnout through a wellness curriculum consisting of four half-day retreats during internship. The curriculum presents a model akin to a compass, in which balance among all four points is deemed important for overall health and wellness: nutrition, exercise, social support, and a wellness plan. Retreats emphasize acquiring knowledge and practice in each of the four areas. Interns leave retreats with an individualized wellness plan to implement that is then modified in future retreats. Longitudinal data on burnout and wellness among our interns, as well as conceptual and practical issues involved in designing an implementing an intern wellness program, will be presented.

L32B: Teaching Outstanding Medical Learners—*Haymarket*

Dean Seehusen, MD, MPH; Fred Miser, MD

Outstanding medical learners are a recently described subset of medical learners with special educational needs. Outstanding medical learners belong to a group known as "gifted adults" and have common characteristics that set them apart from other learners. Teaching these learners may be difficult or intimidating. Educators who understand the characteristics of these learners will be better equipped to meet the challenges unique to teaching this group. Participants in this session will be given specific guidance on how to unlock the potential of these learners through the creation of individualized educational curricula. Participants will also be given an opportunity to share their experiences regarding this group of learners. Educational interventions that have worked, as well as those that haven't, will be discussed.

L33A: Training Residents to Become Primary Care Consultants—*Columbus G*

Shira Shavit, MD; Elena Tootell, MD

Fewer medical school graduates are choosing primary care specialties, and there is a growing deficit of physicians able to care for chronically ill patients in the United States. Family medicine must take the lead in teaching residents to fill new roles in primary care and develop programs to teach residents to act as consultants for nurse practitioners and physician assistants. This lecture-discussion will highlight new skills that primary care residents need to learn to become medical consultants. Session attendees will become familiar with the new roles of primary care physicians, identify ways in which primary care physicians can act as medical consultants, and understand the skills necessary to teach consultation proficiencies to the primary care provider.

L33B: Development and Experience With Virtual Consultations at Mayo Clinic (F)—*Columbus G*

Kurt Angstman, MD

In the environment of a vertically integrated tertiary care center, primary care of the employees of Mayo Foundation in Rochester, Minn, involves family medicine, pediatric, and internal medicine providers. With increased pressures on continuing with the highest quality of care, yet maintaining the per member/per month costs to the institution, "Virtual Consultations" were developed to improve our employee/patient access to secondary and tertiary specialists, without increasing actual physical consultations. Virtual consultations are referrals from a patient's primary care provider. They can be made to one of many specialty areas at the institution. The patient's primary care provider is responsible for contacting the patient and implementing any changes or ordering further evaluation.

L34A: A Systematic Approach for First-year Resident Orientation: The Importance of Competency Preassessment—*Columbus H*

Anna Richie, MD; Janet Albers, MD

For the past 9 years, Southern Illinois University Family and Community Residency Program in Springfield, Ill, has constructed a 4-week orientation to assess the skills of the new residents, allowing prompt recognition of deficiencies to make appropriate adjustments in the rotational schedule. This system sets up success for the residents, the patients, and the residency program. The beginning of the orientation focuses on preassessment evaluations while the final weeks of the orientation strengthen the areas of lowest competencies. A self-assessment, In-service Training Exam, simulated patients, and objective structured clinical exam (OSCE) stations evaluate competencies. During this session, we will discuss the importance of orientation schedules, preassessment examinations, competency evaluations, and examples of successful remediations secondary to a structured process from day one of residency.

L34B: Observation-based Evaluation Tools for Family Medicine Residencies—*Columbus H*

Lisa Nash, DO; Michael Callaway, MS; Becky Hamilton; Clarence Williams, MD

The Accreditation Council for Graduate Medical Education Outcomes Project is a long-term initiative to increase emphasis on educational outcomes in the accreditation of residency education programs. Toward that end, the ACGME has phased in increasing requirements for residency programs to incorporate improved competency-based evaluation tools. This presentation outlines a set of observation-based tools currently utilized in the University of Texas Medical Branch at Galveston Family Medicine Residency. These tools consist of a set of behavioral and performance measures based on the six competencies, low- or no-cost standardized patient experiences, reflective exercises, and others, which will be described during the presentation. Copies of specific tools will be provided to participants for potential use in their programs.

CONCURRENT EDUCATIONAL SESSIONS

L35A: Digital Family Medical History Database for Research and Clinical Care (F)—*Gold Coast*

Louise Acheson, MD, MS

In most clinical encounters there is not time to collect family histories and construct genograms, and the information may not be easy to retrieve or analyze. We have developed a Web-based tool, which includes a self-administered family history questionnaire, familial cancer risk analysis, digital family tree, personal report, and searchable database. Can this tool help to make familial risk information and graphical family trees more accessible? After demonstrating the GREAT tool and describing its proposed uses in our institution, this presentation will be open to discussion about whether and how this tool could be useful to researchers and educators in the audience.

L35B: Producing Scholarly Products From Tough Leadership Jobs (L,B)—*Gold Coast*

Jeffrey Morzinski, PhD, MSW; William Geiger, MD; Maryellen Goodell, MD; James Slawson, MD; Michael Mazzone, MD; Linda Meurer, MD, MPH

Family medicine must continue to demonstrate excellence in leadership practice across medical schools, clinics, and communities, a priority emphasized by the Future of Family Medicine report. But, taking on tough leadership roles in academic family medicine can be a major risk to one's career! The actual experience of many community-based, junior faculty leaders has been to put scholarship and promotion prospects on hold during a crucial phase of their careers. This session presents a practical, four-stage model to guide faculty-leaders to collect and organize career-valuable evidence about their work on tough leadership assignments. Discussion will focus on how faculty leaders can overcome barriers and build opportunities to produce scholarship that results in academic rewards, strong communities, and a healthy future for family medicine.

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION G: CURRICULAR INTERVENTIONS—*Columbus K-L*

Moderator: Patrick McManus, MD

PG1: Can We Teach Cultural Humility? Report of a Multi-component Cultural Competence Curriculum

Colleen Fogarty, MD; Barbara Gawinski, PhD; Alan Lorenz, MD

We will present outcomes from a newly developed cultural competence curriculum developed for family medicine residents. The curriculum includes (1) a psychosocial seminar series using culturally diverse case scenarios across the family lifecycle, (2) reflective practitioner seminar using reflective writing and discussion, and (3) direct observation of clinical encounters to provide real-time feedback and evaluation in the course of the residents' routine outpatient practice. Over the 2-year project, 17 residents from two classes participated in the curriculum and evaluation. Videotape analysis using the Measure of Patient-centered Communication did not find improved resident-patient communication. Qualitative analysis of residents' written narrative reflection on challenging and rewarding cross-cultural clinical encounters demonstrated most residents increased their level of cultural competence over the period studied.

PG2: Effectiveness of a Curriculum in Child Abuse and Neglect in Family Medicine Training

Janey Purvis, MD

The family physician who provides health care to children is in a crucial position to screen for and identify child abuse and neglect, a problem that is pervasive, potentially devastating, and surprisingly common. Training in child abuse in family medicine residencies is limited, leaving most graduating family physicians without the skills to recognize or report suspicions of abuse. A curriculum in Child Abuse and Neglect was developed and implemented into a family medicine residency program. Evaluation of the curriculum was performed 3 years after implementation. Results reveal that education in child abuse during residency improves knowledge and the likelihood of reporting, with the inherant potential of improving intervention and prevention of the long-term sequelae of child abuse and neglect.

PG3: The Effect of a Complementary Medicine Rotation on Knowledge, Practice Style, and Attitude Toward CAM

Donald Novey, MD

Fifty-seven residents over a 4-year period participated in a 1-month block rotation in integrative medicine. They received a highly structured curriculum consisting of a formal lecture series, hands-on patient care with complementary and alternative medicine (CAM) practitioners, discussion, a structured reading program, and opportunities to experience the CAM therapies themselves. Pre- and post-rotation assessments were made on attitudes toward CAM, knowledge base for each therapeutic modality, and on practice and referral style. Essay responses were also elicited post rotation. Attitude toward CAM became more positive, knowledge base measurably improved, and practice style altered to include referral to CAM modalities as part of daily practice. The change in practice style persisted over the 2-year period residents were tracked after completing the rotation.

10:30 AM-NOON

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION H: PUBLIC HEALTH ISSUES—*Columbus I-J*

Moderator: Susan Hadley, MD

PH1: Putting the "Participatory" Into Participatory Research (P,L)

James Sanders, MD, MPH; Mary-Jo Baisch, PhD, RN

Objective: Begun in 2003, the Riverwest Health Initiative (RHI) is a process-driven enterprise that draws inspiration from the Institute of Medicine's Community Health Improvement Process model and classical community-oriented primary care teaching. Methods: In addition to relying on local epidemiologic data, RHI members used a community survey instrument to identify local health priorities. Results: Health priorities, as identified by the community, were significantly different from those anticipated by the RHI's membership: health care access, food insecurity, emotional stress, insecurity/violence. Conclusions: Community involvement is an essential, but often overlooked, first step in community health. Interventions driven by both epidemiological data and community-based participatory action encourage community involvement at all stages of the program's cycle and support community investment in the process and results.

PH2: The Leadership Seminar Series: An Innovative Public Health Leadership Training Program

Terrence Steyer, MD; Shadia Garrison, MPH; Ronald Mito, DDS; Stewart Babbott, MD

Over the past decade, there has been a decline in the percentage of physicians and dentists who pursue advanced training in public health. At the same time, the United States aims to improve the population's health by working toward the goals of Healthy People 2010. To help accomplish these goals, the Leadership Seminar Series (LSS) was developed. The goal of the LSS was to advance the training of primary care residents and faculty physicians and dentists to meet the needs of the public through improved leadership, communication and advocacy skills, and knowledge of health policy and public health. This session will discuss the results of this program and will help participants to design their own local curricula for teaching learners needed public health skills.

PH3: Culture and Health Education in Rural Areas: Assessing Health Education Delivery Preferences of Hispanics

Sergio Cristancho, PhD; Marcela Garces, MSPH; Karen Peters, DrPH; Benjamin Mueller, MS

Increased involvement of rural family physicians in health education is a keystone to decrease health disparity. However, language and cultural differences in health education delivery preference for some minority groups are not well understood, posing a challenge to effective family medicine cultural competency education. This paper presents results from 788 surveys and 19 focus groups conducted in rural Illinois communities with growing Hispanic population, indicating an overall preference for face-to-face interventions in community and clinical settings. Variations in preference for various health education strategies based on acculturation, education, and age suggest the importance of implementing culturally based interventions tailored to different Hispanic subgroups and individual characteristics. Results are analyzed using the collectivism and individualism cross-cultural framework highlighting implications of these findings for family medicine education.

RESEARCH FORUMS

RESEARCH FORUM J: CURTIS HAMES AWARD/ BEST RESEARCH PAPER—*Columbus E-F*

Moderator: Erik Lindbloom, MD, MSPH

RJ1: Curtis Hames Award Winner Presentation: Reducing Disparities Downstream: Prospects & Problems

Peter Franks, MB, BS

RJ2: Best Research Paper Award Winner Presentation: Physicians, Patients, and the Electronic Health Record: An Ethnographic Analysis

William Ventres, MD, MA

(see abstract on page 74)

SPECIAL SESSION

Columbus A-B

SS1A: Innovative Program Award Winner Presentation: Smiles for Life: The STFM National Oral Health Curriculum—How to Implement It at Your Program

Alan Douglass, MD; Wanda Gonsalves, MD; Russell Maier, MD; Hugh Silk, MD; James Tysinger, PhD; Alan Wrightson, MD

Although oral health significantly impacts overall health, few programs train learners to recognize and prevent oral problems in children and adults. To address this deficit and aide compliance with new RRC education requirements in oral health, STFM's Group on Oral Health created a national oral health curriculum including educational objectives, five PowerPoint modules, test questions, resources for further learning, PDA applications and patient education materials. The curriculum addresses oral health's relationship to systemic health, infant and adult oral health, oral issues in pregnancy, and dental emergencies. Materials are available for download at www.stfm.org/oralhealth. Facilitators will briefly discuss linkages between oral and overall health, and highlight key points from teaching materials. Participants will then formulate strategies for implementing the curriculum at their own programs.

SS1B: Advocacy Award Winner Presentation: Advocacy Efforts of the WWAMI Network of Family Medicine Residencies

Harold Johnston, MD; Nancy Stevens, MD, MPH; Ardis Davis, MSW

The WWAMI Network of family medicine residencies working together developed a comprehensive strategic plan which was conducted over two years. The goals were established through an open collaborative process. Two of the most important goals were to begin effective legislative advocacy through a structured legislative committee, and to explore collaboration with

the community health center community around development of a new kind of education health center for family medicine residency training. The early successes, ongoing efforts, import of these efforts, and several keys to successful completion of the strategic plan will be discussed, including commitment by the network members, sophisticated administrative support, and continued focus on the goals.

1:45-3:15 PM

SEMINARS

S47: Increasing Scholarly Activity in Your Residency Program: Lessons Learned From The Front Line (P,L)—*Columbus C-D*

Terrence Steyer, MD; Peter Carek, MD, MS; Lori Dickerson, PharmD; Leah Jacobson, MD

With increasing expectations for family medicine residencies to have scholarly activity, program directors are being asked to develop more-extensive academic activities for their programs. The faculty of a successful community-based academic family medicine residency will present ways that they have increased the scholarly activity in their program. These include a mandatory resident research experience, utilization of secondary data that all residencies must compile, and ways to increase faculty's academic productivity. Strategies and implementation methods will be discussed.

S48: Teaching Residents to Use Motivational Interviewing Techniques and Writing Innovative Behavioral Prescriptions With Patients (R,P)—*Buckingham*

Michelle Domanchuk, APN; Georgeann Russell, PhD; Kenneth Blair, MD; Scott Levin, MD

This session presents a curriculum strategy for teaching residents how to use motivational interviewing to increase the likelihood of self-directed behavioral change by patients. In the context of motivational interviewing, a format for writing a "behavioral prescription" on a specially adapted Behavioral Prescription and Prescription Steps pad is illustrated. Participants will learn how to encourage residents to elicit active participation from the patient. Participants will also be shown a system for rating residents' skill in writing a behavioral prescription. Problem solving when patients do not meet their set goals will also be addressed.

S49: Skills for Procedure Training—Faculty Development in IUD Insertion (P)—*Soldier Field*

Linda Prine, MD; Julie Sicilia-May, MD; Ginger Gillespie, MD; Vanita Kumar, MD; Marji Gold, MD

Teaching procedure skills is a special aspect of family medicine education. This seminar will focus on training faculty to teach procedures, including techniques for breaking skills down into clear steps and observable "competencies" and ways to ensure patient safety while respecting the learner's need to be seen as a competent clinician. We will include approaches to giving feedback to trainers in training in the context of patient care and teaching. In addition, the future of family medicine includes the need for a prepared workforce. The percentage of women using IUDs for contraception in the United States has doubled and is expected to continue to increase with new expanded indications. Being trained in this highly efficacious method enables family physicians to serve their patients without having to refer.

S50: Two Career Development Opportunities: The RWJ Health Policy Fellowship and the STFM Bishop Fellowship (L)—*Columbus A-B*

Howard Rabinowitz, MD; Michael Painter, JD, MD; Robert Graham, MD; Carole Bland, PhD

With increasing numbers of family physicians taking leadership positions throughout medicine, it is important for more to develop leadership skills. Two career development programs are the RWJ Health Policy Fellowship and the STFM Foundation Bishop Fellowship. The 3-year mid-career Health Policy Fellowship, conducted by the Institute of Medicine, includes a first year in Washington, DC, with a 3-month series of high-level health policy seminars, followed by full-time work in a US Congressional office. The Bishop Fellowship prepares senior academic family physicians and family medicine educators for a career in higher-level academic administration. Two family physicians who completed the Health Policy Fellowship and two family medicine faculty who direct the Bishop Fellowship will describe these programs. Adequate discussion time will be provided.

S51: Primary Care House Calls: A Paradigm Shift in Care, Education, and Research for Family Medicine (S,R,P)—*Comisky*

Steven Landers, MD, MPH: George Kikano, MD, CPE; Brent Feorene, MBA

Each day in the United States, 5,600 people turn 65. For the frailest seniors, the current health care system, focused on acute and episodic care, has difficulty meeting their needs, resulting in fragmented and delayed crisis care. A new care delivery paradigm is necessary for this population, one that brings primary medical care into the home and works collaboratively with other health care and psychosocial support providers to manage and coordinate care. Attendees will learn about the importance of the house call model of care and the key issues based on the experiences at UHC/CASE. Topic tables will be used for discussion in three areas: clinical care, research/education, and the business model.

S52: Beyond Barefoot Doctors: The Challenge of Training Family Physicians for the World's Largest Country (B)—*Columbus H*

Kenneth Kushner, PhD; Kathleen Klink, MD; Susan Lin, PhD; Xueping Du, MD; Wan Nian Liang, PhD

China's health care system has undergone significant changes in the last 2 decades. Largely unknown to the Western world is the emerging mode of delivering primary care to community residents in both urban and rural areas by trained generalists in China. Although in an early developmental stage, family medicine has great potential to improve health care access, prevention, and public health. Westerners have the opportunity, if not an obligation, to work with the Chinese to develop a primary care system that can fulfill the health needs of its population. Participant will understand the history of family medicine in China, its role in recent health care reforms, and opportunities for Western physicians to collaborate in teaching and research.

1:45-3:15 PM

LECTURE-DISCUSSIONS

L36A: Quality of Care Through the Lens of the Single Payer National Health Insurance Model—*Grand Suite 2*

Kenneth Saffier, MD; Gordon Schiff, MD

Health care financing reform becomes more compelling each year with millions more uninsured and underinsured Americans. Recent surveys show the majority of the public and growing numbers of employers and physicians favor a single payer national health insurance (NHI) system. Yet movement toward this alternative financing approach has been stalled. We need to develop a better understanding of the ramifications of NHI on quality and the future of family medicine, going beyond the more superficial "access" rationale. Several specific areas pertaining to quality as they would be envisioned under NHI will be presented and discussed: prevention, continuity, pay for performance, malpractice, processes improvement, and teamwork. How NHI can address the quality goals of the IOM Chasm report will be explored.

L36B: Teaching Health Policy: Engaging and Empowering Learners—*Grand Suite 2*

Deanna Willis, MD, MBA; Eric Henley, MD, MPH

The United States faces growing crises on a number of fronts: from caring for medically underserved populations to financing health care. Academic family medicine faces the challenge of educating our medical students and residents about health policy issues and how they impact the health care system. This lecture-discussion will highlight two educational approaches to health policy education that have been developed by presenters. Session attendees will discuss how participants can incorporate health policy into their own curricula.

L37A: Creating Pathways to Partnerships for Change: Teaching Program Logic Models for Planning Faculty Development Projects—*Grand Suite 3*

Eve Pinsker, PhD; Janice Benson, MD; Alicia Vazquez, MD; Corinne Blum, MD

Program logic models are a tool increasingly used in the strategic planning and evaluation of community health initiatives. In our urban public health system-based Family Practice Faculty Development Center, teaching program logic modeling has helped our learners design the incremental steps necessary to achieve their larger goals, including building relationships with other health professionals and community partners. We also have found logic models helpful in demonstrating to practice-based physicians the place of research in community health interventions. Faculty and former fellows will share our experiences in teaching program logic models and discuss how evaluation has shaped our curriculum. Audience members will learn the elements of basic logic models, practice applying them to their own initiatives, and receive handouts and resources for their own programs.

L37B: Teaching and the Bottom Line (P,L,B)

Grand Suite 3

Peter Forman, MD; Neil Mitnick, DO

The health care system requires productivity and efficiency to survive in this age of decreased reimbursement. Having recently changed from an institutionally supported practice to a private practice, the partnership of the residency program and the predoc program was essential in creating an educational and financially successful practice. We will discuss teaching methods, lessons learned, and mistakes made in adapting a faculty practice to a private practice while maintaining high standards for resident and student education. The use of electronic health records as teaching tools, effective time management, and methods to improve revenue generation while teaching residents and students will be discussed. Lastly, we will present the benefits both financial and personal to the faculty, as well as the benefits to the learner in this new model.

L38A: An Experiential and Relevant Genetics Curriculum for Primary Care—*Skyway 260*

Lili Church, MD; Valerie Ross, MS

Incorporating the growing information about genetic testing into primary care practice is a significant challenge. Few models exist for training residents in the essentials of primary care genetics. Collaborating with other specialties and medical schools, our family medicine residency developed and evaluated two key curricular innovations: (1) a 3-hour case-based, experiential workshop introducing residents to Web-based resources aimed specifically at primary care providers and (2) a 1-week interactive clinical rotation in genetics. Both components address key medical issues related to cancer screening, prenatal testing, and common genetics disorders. Both also address genetics-related ethical, legal, and social issues likely to present in primary care. We will share curricular materials and our experiences making genetics relevant to trainees. Discussion will focus on audience questions and curriculum development.

L38B: The Future is the Family: Generational and Genetic Thinking in Family Medicine—*Skyway 260*

Adam Wilikofsky, PhD; Jeffrey Martin, MD

Assessing a patient's symptoms and behaviors without understanding the context in which they occur inevitably leads to misunderstandings, miscommunications, and suboptimal care. New developments in the field of genetics have re-sensitized the medical profession as a whole (and family medicine in particular) to the importance of family history in terms of existing patterns of disease. This newfound emphasis should not stop there. We also need to reexamine the social, environmental, and behavioral factors that affect the patient and other members of his system. As part of a federally funded study, we developed standardized cases that highlight the value of this family-centric model. The successes and shortcomings of our physicians suggest future directions for training and practice across the entire discipline of family medicine.

L39A: High Fidelity Simulation Uses in Undergraduate Medical Education—*Gold Coast*

Stephen Quintero, MD; Jose Rodriguez, MD

High fidelity medical patient simulators have traditionally been developed and used to model and facilitate training in anesthesia, emergency care, graduate medical, and paramedical service training. Traditionally their role in undergraduate medical training had been limited. As more health care institutions and academic centers develop their programs to include high-fidelity simulators, more opportunities arise to expose medical students to simulations. This presentation probes the uses of high fidelity simulation in undergraduate medical training.

L39B: Enhancing Specialized Skills in Family Medicine—A Successful Interdepartmental Privileging Process in Operative Obstetrics—*Gold Coast*

Johanna Warren, MD; Scott Fields, MD; Lisa Dodson, MD

Family medicine is a dynamic specialty with an incredible scope of practice. Challenges arise when our desire to obtain specialized skills and privileges overlaps with those of other colleagues and departments. This lecture-discussion will use a successful interdepartmental privileging process in operative obstetrics at an academic university hospital to identify and understand those challenges, share tools developed by the presenters, and discuss educational strategies used to merge resident training with the privileging process. Session attendees will be invited to use this as an example, then focus on challenges that may exist in their own practices and departments, as well as how to assist residents in obtaining varied skill sets and privileges upon completion of their training.

PEER PAPERS - IN PROGRESS

PEER SESSION I: CURRICULA FOR MEDICAL STUDENTS—*Columbus K-L*

Moderator: Alison Dobbie, MD

PI1: Educational Strategies to Train Medical Students on Eliminating Contextual Barriers to Health Care (P)

Bruce Britton, MD; Christine Matson, MD

Eastern Virginia Medical School's Department of Family and Community Medicine used new case-based learning experiences using short video scenarios, active learning with standardized patients, and new and enhanced community-based rotations with an emphasis in the areas of physical and mental health of adolescents, women, and the elderly. The learning experience also featured health literacy as a major focus within the cultural and contextual competency theme. A before and after rotation validated inventory on students' cultural competency was completed to assess effectiveness of the training.

PI2: Advocating for Change in the Health Care System—A Medical Student Clinical Innovation (S,P)

Adriana Padilla, MD; Susan Hughes, MS

Academic medicine is advocating for innovation in medical education at all levels. Family medicine is in the best position to know how transformation of old systems must occur to meet the future health needs of the public. Family medicine principles and transformation goals are ideal in assisting academic medicine to redesign medical education. Using principles of acute and chronic care outpatient management, an Adult Interdisciplinary Clinic that is student run and patient centered was created collaboratively to run longitudinally within the traditional clinical core clerkship requirements. Components of the innovation will be discussed. Evaluation tools including comparison group assessments will be presented. Implications for medical education redesign will be summarized.

PI3: Facilitating an Environment that Supports Complementary and Alternative Medicine Curricula in Medical School (P)

Stergios Roussos, PhD, MPH

The increasing prevalence of complementary and alternative medicine (CAM) use in the United States demands improved CAM competence among health professionals. Incorporating CAM in medical curricula is acknowledged as an important training strategy for upcoming physicians. Since 2003, a collaborative initiative has been facilitating and studying the process of incorporating and supporting CAM education in six US medical schools. Schools were selected based on criteria likely to influence CAM incorporation into curricula and were provided with a small annual financial stipend and ongoing advisory support through a national panel of CAM and curricula experts. Early lessons and findings are shared from the mixed-methods evaluation, with a focus on administration, faculty, and student recommendations for useful incorporation of CAM into medical school education.

PI4: Cardiovascular Disease Prevention and Treatment in a Family Medicine Clerkship (P,B)

Bonnie Jortberg, MS, RD, CDE; David Gaspar, MD

Cardiovascular disease (CVD) is the leading cause of death in the United States, yet primary prevention is seldom taught in medical school. This presentation will discuss the development and implementation of a new curriculum integrated into the third-year family medicine clerkship (FMC) on prevention and treatment of CVD. The curriculum brings together evidence-based guidelines that impact CVD and teaches medical students and their preceptors to utilize these guidelines with patients in community-based practices. Students conduct CVD intervention education sessions with at-risk patients during their FMC rotation. To promote a consistent message, students and preceptors participate in parallel training in the use of CVD prevention materials and strategies. Effectiveness of the curriculum and patient outcomes will be presented.

PEER Papers continued on next page

PEER PAPERS - IN PROGRESS CONT'D

PEER SESSION I: CURRICULA FOR MEDICAL STUDENTS—*Columbus K-L*

PI5: Creating an Integrated Osteoporosis Curriculum for Medical Students Through Interdisciplinary Collaboration (P)

Melissa Nothnagle, MD; Kelly McGarry, MD

Despite known preventive strategies, available screening guidelines, and effective pharmacologic treatments, osteoporosis remains underdiagnosed and undertreated by physicians. An assessment of women's health education at Brown Medical School identified osteoporosis as an area that was inadequately addressed. We proposed a curriculum to improve medical student competency in caring for women at risk for osteoporosis. Our interdisciplinary team created an integrated curriculum on osteoporosis and bone health beginning in the first year. The curriculum includes knowledge of bone physiology and pathophysiology, patient-centered counseling skills, application of screening guidelines, diagnostic test interpretation, and treatment. Its impact will be evaluated using Objective Structured Clinical Exams (OSCEs). Successful implementation of this curriculum will serve as a pilot for an integrated women's health curriculum.

PI6: A Longitudinal Analysis of a Curriculum Map for Teaching Evidence-based Medicine to PharmD Students (P)

Connie Kraus, PharmD, BCPS; Beth Martin, PhD

Educational goals for health professional students now include application of evidence-based principles in practice. Educational interventions should result in students' ability to confidently apply knowledge and skills learned. Early analysis of a longitudinal curriculum map for teaching EBM is described. Students from two separate graduating classes will be followed over a 3-year sequence of EBM education sessions. A knowledge assessment questionnaire, a survey measuring current skills and confidence using EBM principles, and reported clinical inquiry grades will be used to evaluate learning outcomes. Preliminary data suggests improved knowledge after training and students' viewing EBM skills as necessary for practice. As professional schools explore strategies to teach EBM, research to determine best methods for improving learner-centered outcomes will be of value.

RESEARCH FORUMS

RESEARCH FORUM K: HOW DID YOU DO THAT STUDY? —*Columbus E-F*

Moderator: Richelle Koopman, MD, MS

These two studies will be presented by the investigators in extended format with an in-depth discussion of barriers and solutions faced in conducting the research.

RK1: Quality of Lipid Managment in Outpatient Care: A National Study Using Electronic Health Records (P,L)

James Gill, MD, MPH

Objective: To examine lipid management in a large national outpatient network. Methods: This cross-sectional study included 1,385,242 active patients ages 20-79 years in a national network of more than 5,000 providers using electronic health records (EHRs). Appropriate lipid management was determined according to guidelines of the National Cholesterol Education Program (NCEP). Results: Lipid testing was adequate for 62% of high-risk, 67% of moderate-risk, and 36% of low-risk patients. Lipid goals were achieved in 65%, 66%, and 90%, while medications were appropriately prescribed for 70%, 47%, and 48% of these three risk groups, respectively. Conclusions: There is significant room for improvement in lipid management, particularly among high-risk patients. National EHR networks are excellent vehicles for conducting large-scale studies in outpatient quality of care.

RK2: Effect of a High-fiber Diet Versus a Fiber Supplement Diet on C-reactive Protein (P,L)

Dana King, MD

The purpose of this study was to determine whether a fiber-supplemented diet would reduce inflammation compared to a diet naturally high in fiber. This was a randomized cross-over trial of a high fiber DASH diet versus a fiber-supplemented diet (both 30 g/day) for 3 weeks each in 35 adults. Overall, mean C-reactive protein (CRP) changed from 4.4mg/L to 3.8mg/L (-13.7%, P=.046) on the high-fiber diet and to 3.6mg/L (-18.1%) on the fiber-supplemented diet (P=.025). However, CRP decreased more in the lean normotensive participants (-30% to -40%, P<.05) than in obese hypertensive participants (-10%, P>.05). In conclusion, the results demonstrate that a diet high in fiber, whether achieved naturally or from a supplement, can reduce levels of CRP but is more effective in lean individuals.

1:45–5:15 PM

WORKSHOPS

W11: Evidence-based Musculoskeletal Examination—Faculty Development for Competence in Teaching Musculoskeletal Examination Techniques (S,R,P)—*Picasso*

Diana Heiman, MD; Thomas Trojian, MD, MMB; Sean Bryan, MD; Eugene Hong, MD; John Turner, MD

Musculoskeletal complaints make up nearly 10% of visits to primary care offices. Proper examination techniques are essential to correct diagnosis. Currently, not many residency programs across the country have sports medicine-trained faculty to teach these techniques to residents. We propose to offer a 3-hour small-group workshop with mini-lectures on evidence-based

examination techniques of the knee, shoulder, and ankle. These are workshops that are each individually performed at our respective residency programs, helping our own faculty and residents to become competent in musculoskeletal examination techniques and also to understand the value of these techniques in isolation and in combination in diagnosing specific injuries/problems.

W12: Teaching Residents Humanity Skills Through Structured Live Observation and Videotape Review of Patient Visits—*Haymarket*

Frank DonDiego, MD; Michol Polson, PhD; Lorne Campbell, MD

A frequent complaint about physicians concerns the perceived lack of demonstrative empathy by physicians in routine medical visits. Developing empathetic relationship skills may become a low priority for many residents struggling to absorb medical knowledge and skills, while learning time management, billing skills, etc. This presentation trains medical educators to teach residents to develop "parallel tracking" skills for engaging patients in empathic relationships through a structured videotape review process. We introduce the "I Care Questions" model to facilitate demonstrative caring through effective structured listening, emotional triage, and potential action steps for distressed patients. We present also the "Structured Visit Logistical Model" overviewing 13 logistical components of routine visits to train residents to improve their medical skills or patient relationship dynamics within specific logistical components.

W13: How to Sponsor Local ALSO Instructor/Refresher Courses (L)—*Columbian*

Eugene Bailey, MD; Madelyn Pollock, MD; Diana Winslow, RN, BSN

The American Academy of Family Physicians (AAFP) supports the administration of 140 Advanced Life Support in Obstetrics (ALSO®) Provider Courses each year, training more than 3,000 providers. To support those who want to maintain their provider status, or go on to be Approved ALSO® Instructors, the ALSO® Advisory Board has approved allowing local institutions to administer ALSO® Instructor/Refresher Courses. Previously, only the AAFP was allowed to sponsor these courses. The ALSO® Advisory Board has determined core competencies for each of the two courses, including clinical content, hands-on skills, faculty development, how to give feedback, and how to incorporate the use of mannequins and other equipment.

W14: CQI For Doctors: An ACGME-compliant Continuous Quality Improvement Residency Curriculum You Can Do at Home! (P,L)—*Columbus G*

Lee Erickson, MD; Gwen Breuer, DO; Rowena Pingul-Ravano, MD

The Accreditation Council for Graduate Medical Education (ACMGE) competency requirements in practice-based learning and improvement and systems-based practice demand that we teach and demonstrate that our residents can perform and achieve quality improvement. Implementing a formal continuous quality improvement (CQI) curriculum is an elegant way to teach these essential skills, to comply with the ACGME requirements, and to improve outcomes in your practice. This workshop introduces participants to a longitudinal CQI curriculum and teaches basic skills needed to implement and run the curriculum within a residency program. Workshop participants have hands-on experience as members of a mock CQI team, using useful tools and techniques to tackle a sample problem. Participants are provided with take-home materials that can be used to implement CQI in their own residency departments.

THEME SESSIONS

T3: OM 602—A Mini-course in Osteopathic Medicine for the Allopathic Physician (S,R,P)—*Grand Suite 5*

Marguerite Elliott, DO, MS; David Yens, PhD; Charles Henley, DO, MPH; Howard Teitelbaum, DO, PhD; Eugene Mochan, PhD, DO

A small group of osteopathic family physicians have been STFM participants for many years. Their contribution of presentations increased to 17 during the 2006 conference. Allopathic STFM members have some knowledge of osteopathic medicine but may not be aware of specific principles/practices of osteopathic medicine, the education of osteopathic physicians, what research says about osteopathic medicine, or how to establish a dual-accredited residency program. While isolated programs on these topics have been included in previous meetings, the increase in collaborative efforts between osteopathic and allopathic family physician/practice organizations sets the stage for a comprehensive look at osteopathic family medicine. This program will look at a broad spectrum of osteopathic medicine, from training/education through manipulation methods to research and be presented by leaders in this field.

T4: Facilitating Healthy Behavior Change: From Evidence-based Guidelines to Experience-based Learning—*Columbus I-J*

Gail Marion, PA, PhD; Richard Botelho, MD; Mary Talen, PhD; Michael Floyd, EdD; Kathy Zoppi, PhD, MPH; Forrest Lang, MD

This theme session will provide a synthetic framework for addressing the complexity and challenges of behavior change that practitioners face in their daily practice. This session will address three innovative approaches that focus on (1) changing physicians, (2) changing practitioner-patient interactions, and (3) changing patients.

3:45-5:15 PM

SEMINARS

S53: Enhancing Quality by Changing Organizational Culture: Lessons From a TransforMED Practice and Academic Department (S,R,P)—*Columbus A-B*

Sim Galazka, MD; Lisa Rollins, PhD; Daniel McCarter, MD

Leadership in the current academic medical environment is difficult at best. Leaders are required to use data to lead their organizations. Key data for effective change includes understanding group process, norms-organizational culture. The Group Management Questionaire developed by Dr Rod Napier is a tool for leaders to take the cultural pulse of their organization. It is thorough enough to provide good information but simple enough that it can be administered on a regular basis to assess change. Participants will have the opportunity to learn about this instrument as used to support change in an academic department and a TransforMED teaching practice. Participants will be able to assess application of this tool in their own institution.

S54: Integrative End-of-life Care: Combining Conventional and Alternative Evidence-based Medicine—*Buckingham*

Lucille Marchand, BSN, MD

Integrative palliative care encompasses whole person, relationship-centered care using evidence-based conventional, complementary, and alternative approaches with an emphasis on health and healing. Goals of care include optimizing quality of life, relief of distressing symptoms, and effective life closure. Integrative palliative medicine calls us to be creative and innovative in the care of dying patients, expanding options to enhance healing, maintain hope, and improve well-being in a unique way for each individual. This session will present the evidence for a new, expanded model of end-of-life care. Participants will apply this knowledge to cases in their own practices and report back to the larger group for discussion.

S55: Integrative Family Medicine Fellowship: Fourth-year Curriculum, Evaluation and Impact on Sponsoring Family Medicine Departments—*Soldier Field*

Meg Hayes, MD; Mari Ricker, MD; Sapna Chaudhary, DO; James Rindfleisch, MD, MPHIL; Eric Lovett, MD; Deirdre Donovan, MD

The Future of Family Medicine report and the American Academy of Family Physicians (AAFP) practice redesign project, TransforMED, call for innovation and evaluation of experimental programs to prepare family medicine graduates for the medicine of tomorrow in the context of a personal medical home. The Integrative Family Medicine Fellowship, a consortium of six family medicine training programs, is a 4-year program that combines training in integrative medicine with conventional family medicine residency training. Initiated in 2004, the first cohort of residents completed their fellowship in July 2006. During this presentation, fellowship faculty and graduates will present the experience of the fourth year of training, an evaluation of that experience, and report on how the fellowship impacted the six training programs and departments of family medicine that undertook this innovation.

S56: Update on the US Preventive Services Task Force: New Recommendations, Methodologies, and Tools (S,R,P)—*Gold Coast*

Michael Lefevre, MD, MSPH; Bruce Calonge, MD, MPH; David Meyers, MD

The US Preventive Services Task Force (USPSTF) is the leading independent panel of nationally renowned, non-federal experts in evidence-based prevention. Its recommendations are considered the "gold standard" for clinical preventive services. Each year the USPSTF publishes recommendations on nine or more topics and in 2006 updated its recommendation methodology, terminology, and format. USPSTF members and Agency for Healthcare Research and Quality staff will provide a brief review of recent recommendations and engage participants in an exercise exploring the methodologies the USPSTF uses to synthesize the available evidence and create clinical recommendation statements. The session will conclude with a show and tell of USPSTF resources, including the annual pocket guide, electronic preventive services selector, and adult timeline and a group discussion of how these may be incorporated into family medicine teaching.

S57: Time Management in the Information Age (P,L)—*Comisky*

Joseph Scherger, MD, MPH

Time management has become a greater problem during the Information Age. Faculty are spending 1-2 hours daily doing e-mail and other online activities. In general, faculty work schedules have not adjusted to these new realities. Faculty often do their e-mail from home at late hours. Personal and family time has become compromised. This presentation will explore successful methods of time management to achieve professional success and personal life balance. The audience will contribute in small groups to develop a list of successful methods of time management. Group presentations will be made to the entire audience. The presentor will present the elements of successful time management and methods he has used successfully.

LECTURE-DISCUSSIONS

L40A: A Collaborative Model for Maternity Care—*Columbus H*

Christine Pecci, MD; Miriam Hoffman, MD; Mari Bentley, MD; Brian Jack, MD

This year, a new model of care was implemented for maternity care at our hospital. In our model, family physicians, OB-GYNs, and midwives work together as a collaborative team to share responsibilities. Each provider group brings unique strengths, resulting in a team able to provide excellent comprehensive care for our patients. Because competency is vital to the success of this model, all providers are invested in ensuring and improving skills in themselves as well as others. This model also provides opportunities for resident teaching and role modeling in a tertiary care setting. Role modeling is important for medical student education and may encourage recruitment

of students with an interest in maternity care to consider choosing family medicine as a career.

L40B: New IUD Indications and More-timely Initiation—*Columbus H*

Suzan Goodman, MD, MPH; Norma Jo Waxman, MD; Susan Hadley, MD

IUDs are a highly effective and safe contraceptive method, with equal or better effectiveness than tubal sterilization, yet only 1% of reproductive-aged US women use IUDs, compared to 20%-25% in many other countries. This session will present recent evidence-based labeling changes for the copper IUD (Paragard) and studies of the Levonorgestrel-releasing IUD (Mirena), which indicate the potential for expanded use of these long-term, reversible methods. We will explore who are candidates for IUD insertion, delineate relative versus absolute contraindications, clarify common misperceptions and simplified screening criteria, and strategize more timely initiation of intrauterine contraception.

L41A: Nutrition and Lifestyle Recommendations: 2006 American Heart Association Revision—*Skyway 260*

Roger Shewmake, PhD, LN

Improving diet and lifestyle is a critical component of the American Heart Association (AHA) strategy for cardiovascular disease and risk reduction. Food has a major impact on several modifiable risk factors. Healthy dietary practices are based on overall pattern of food intake. AHA goals include overall healthy diet; healthy body weight; recommended levels of lipo-proteins, blood pressure, and blood glucose; physically active; avoid use of and exposure to tobacco; a balanced caloric intake and expenditure, with consumption of a diet rich in vegetables, fruits, fiber, fish, and limited saturated fat, trans fats, and cholesterol. The session is intended to provide physicians and health education experts an opportunity to better understand and utilize the latest science-based nutrition and physical activity recommendations. Patient education materials will be reviewed.

L41B: Changing Behavior Using Personalized Exercise and Nutrition Prescriptions for Patients at Cardiovascular Risk—*Skyway 260*

John Monteleone, MD, MPH; Miriam Mott-Smith, FNP, MPH; Mohammad Nezami, MD

The Healthy Lifestyle Clinic was developed at UCSF Fresno Family Health Center to help patients with chronic diseases change exercise and nutrition behaviors. Patients with diabetes, hypertension, obesity, and hyperlipidemia were referred to the clinic by their primary physicians. The primary clinical approach was to make behavior change more personalized and self-directed in a comfortable environment. The initial and subsequent patient visits included nutritional assessment, anthropometric measurements, and fitness testing. Once data were collected, patients were educated, motivated to change, realistic goals were set, individual prescriptions were self-written, and patients agreed to be held accountable for their decisions and actions. A computerized tracking system was used to follow each patient. When personal end points were reached, patients had exit nutritional assessments and post-fitness tests.

L42A: Using Qualitative Research to Make Sense of Student Narratives—*Grand Suite 2*

Kira Zwygart, MD; Laurie Woodard, MD; Benjamin Graffam, PhD

Qualitative methods are becoming more accepted within medical research. However, the breadth of qualitative methods, combined with a lack of qualitative research training of medical educators, translates into a lack of understanding of this research style. Narrative research exploring the writings of medical students as they reflect on their experiences offers an excellent framework for evaluating both the students and their clinical assignment. This session will highlight the process of conducting narrative research within the parameters of home visits to patients. Attendees will be introduced to the assignment objectives as well as the coding procedures used to explore the reflective content, and they will attempt coding of student narratives. The process of coding and the use of narrative research within clinical rotations will be discussed.

L43A: PELS Show and Tell: Our Answer to Ed-2 and Ed-8—*Grand Suite 3*

Christine Jerpbak, MD; Fred Markham, MD

All medical schools must address a number of educational directives for Liaison Committee on Medical Education (LCME) accreditation. Our institution's solution to ED-2 and ED-8 is PELS: Patient Encounter Logging System. This is a personal digital assistant (PDA)-based program in which clerkship students enter demographic data on each patient they encounter and respond to a series of prompts about history, PE, counseling, skills, supervision, and diagnoses. We conduct a mid-rotation PELS session and view students' summary data to ensure they are on track to meet their expected numbers. We will briefly discuss the development of the program and recent major revisions; we will use an emulator to demonstrate how the program works, enter sample patient data, and show mid- and end-of-rotation summary data of a typical clerkship experience.

L43B: Physician and Pharmacist Collaboration: Three Models That Enhance Resident Education (P,L)—*Grand Suite 3*

Allen Last, MD, MPH; Jonathan Ference, PharmD; Stephen Wilson, MD, MPH; Patricia Klatt, PharmD; Heather Sakely, PharmD; Beth Musil, PharmD, RPH

The Institute of Medicine's Health Care Quality Initiative calls for a reformation of health professionals' education and a redesigning of care delivery. Collaboration with clinical pharmacists may help us achieve these goals. Clinical pharmacist involvement with patient care has been shown to improve outcomes in those with chronic disease states. Clinical pharmacists also have the ability to positively impact the quality of pharmacotherapeutic education received by residents. Although numerous physician-pharmacist collaboration models exist, few have been described. This lecture-discussion will highlight different models of collaboration with clinical pharmacists at three separate residency programs as they relate to resident education. Session attendees will gain an understanding of the advantages of incorporating a clinical pharmacist into residency training as well as barriers that exist.

PEER PAPERS - IN PROGRESS

PEER SESSION J: DOCTOR-PATIENT ISSUES AND INTERNATIONAL RESIDENCY

Columbus C-D

Moderator: Peter Catinella, MD

PJ1: Addressing Discrimination in Health Care: Experiential Cultural Competence Curriculum (B)

Agueda Hernandez, MD; David Brown, MD

Discrimination by health professionals plays a significant role in the etiology of health disparities. Broad-based approaches including cultural competence training are needed to eradicate health disparities. An experiential curriculum that promotes provider self-assessment and examination of bias coupled with a patient-centered approach to care and exploration of social determinants of health has been implemented in an urban university-based family medicine residency program with a diverse patient base. In preliminary results, residents reported an increased awareness of personal biases and of cultural aspects of patient care. Discomfort with race-themed content highlights a need to include training for managing psychological stress and conflict. Results also indicate a need for further exploration of practical tools for patient-centered care and addressing institutional factors that may promote discrimination.

PJ2: Using the Aeronautical Model to Decrease Medical Error in Family Medicine Residents: A Pilot Study (F)

Stephen Stripe, MD; Shirley Cole-Harding, PhD; Vicki Michaels, PhD

The Institute of Medicine in 1999 showed that 44,000 to 98,000 people die and $17 billion to $29 billion are spent due to medical error every year. The Federal Aviation Administration has decreased pilot error by 10%-50% by using a cognitive approach. Medicine in contrast has been trying to develop primarily systems approach. Adapting the aviation model to medicine may have a similar effect. Residents in a family medicine program were asked to report errors for 1 month. The aviation model was adapted and taught to the residents in two sessions. They were then asked to report errors for an additional month. Overall reduction in error averaged 40.2%.

PJ3: The Fitness Residency Program: Preparing Brazil's Leaders for the Future of Family Medicine (F,B)

Thais Pinheiro, MD; Marcelo Levites, MD; Caue Monaco, MD; Tatyana Pinto, MD; Elsi Carvalho, MD

The FITNESS Program is an innovative 3-year family medicine residency program directed by the Brazilian Society of Family Medicine. This program combines the apprenticeship model with structured "hands-on" learning to give learners patient care experiences in community settings. Our faculty mentors instill their passion for patient care and teaching in learners so that they become family medicine teachers. Our approach to family medicine training in Brazil includes many of the components proposed in the Future of Family Medicine report. These components help us build a strong training program that will enhance the future for our patients, community, specialty, and ourselves. In the presentation, we will share the details of our program and solicit guidance from participants to improve family medicine training in Brazil.

PJ4: Teaching Doctor-Patient Communication Skills Through Web-based Clinical Cases

Robert Bulik, PhD; Gurjeet Shokar, MD

Despite technological advances, history-taking and the physical examination remain a major component of clinical competence and diagnostic ability. Previous studies estimated that 50%-70% of diagnoses were dependent on the quality of data collection and integration, and that poor communication accounts for many diagnostic errors. However, for many patients, lack of good communication skills is a major obstacle. If there is a breakdown in doctor-patient communication, errors will occur, and optimal health care will not be provided. To supplement the communication skills training provided to first-year medical students, we developed two Web-based clinical cases with embedded video of a portrayed doctor-patient interaction, using the framework of conversation analysis. We have conducted an initial faculty peer review of these cases and obtained feedback from students.

PJ5: The Influence of a Physician's Culture of Origin on Patient-centered Communication Skills

Sherry Falsetti, PhD; Sergio Cristancho, PhD; Farion Williams, MD

Little research or residency education focuses on the impact of the provider's culture related to communication skills and cultural competency. However, many family medicine residents are from diverse cultural backgrounds, and many are international medical graduates (IMGs). We are assessing cultural background along five dimensions of culture (power distance, masculinity/femininity, individualism/collectivism, uncertainty avoidance, and short-/long-term orientation). Based on these dimensions, predictions can be made about cultural differences in communication that could provide increased understanding of the influence of culture. Patient assessments of residents' cultural and communication competency are also examined. We will have data on 38 residents, 38 standardized patients, and 140 clinic patients. Results of this study have implications for improving family medicine residency training of IMGs.

PJ6: Trading Places: Developing Professional Empathy Through Personal Experience (B)

Susanne Krasovich, MD; Linda Douglas, MD; Barbara Murphy, RNC, NP

Residency accrediting agencies mandate evaluation of competency in communication skills and professionalism, both of which include empathy. Residents may struggle with empathy, especially with challenging patients. Prior research reports a decline in empathy from medical school through residency. Two studies suggest that simulated (experiential) curricula increased residents' self-assessed empathy. We designed an experiential curriculum to test the hypothesis that personally experiencing "diabetes" would increase empathy for diabetic patients and would be feasible and well accepted. Residents were "diagnosed" with diabetes, followed a diabetic diet, checked blood sugars, and administered "insulin" (saline). Questions were provided for discussion. Residents reported that this experience improved their understanding of barriers

to adherence in diabetes and ability to provide patient-centered care. We describe this innovative curriculum and preliminary responses.

RESEARCH FORUMS

RESEARCH FORUM L: RURAL HEALTH

Columbus E-F

Moderator: Naomi Lacy, PhD

RL1: What Makes a Culturally Sensitive Rural Provider?

Kelley Withy, MD

Objective: To learn from rural community members what cultural sensitivity means in the rural setting. Methods: Focus groups were held in five rural communities asking what qualities indicated cultural sensitivity and lack thereof, as well as how this can be taught. Results: The best rural providers demonstrate excellent one-on-one patient relationships (communication skills, respect, empathy, good "bedside manners"), willingness to come out from behind the professional façade and become fully involved in the community (participating in community activities, understanding community values), and hire from the community. Conclusion: Community involvement was a much more important aspect of rural patient care than has previously been described in urban medical care settings and should be addressed in training future health care providers.

RL2: Is Rural Residency a Risk Factor for Childhood Obesity?

May Lutfiyya, PhD; Martin Lipsky, MD

Introduction: To examine the hypothesis that living in a rural area is a risk factor for childhood obesity. Methods: Univariate, bivariate, and multivariate analyses were performed on 2004 National Survey of Children's Heath data. Results: Logistic regression revealed that overweight children > 5 years were more likely to live in rural rather metropolitan areas. They were also more likely than their urban counterparts to be Caucasian, live in households at < 200% of the federal poverty level, have no health insurance, have received no preventive health care in the past year, be female, use a computer for non-school work >3 hours daily, and watch TV for >3 hours daily. Conclusions: Living in rural areas is a risk factor for obesity among children.

RL3: Adolescent Tobacco Use: Is Rural Residency a Risk Factor?

May Lutfiyya, PhD; Kunal Shah; Mark Johnson, MD; Robert Bales, MD, MPH; Isaac Cha, PharmD, BCPS; Cynthia McGrath, MS, FNP; Martin Lipsky, MD

Introduction: To examine the hypothesis: rural residency is a risk factor for tobacco use among adolescents. Methods: Univariate, bivariate, and multivariate analyses were performed on merged 1997-2003 Youth Risk Behavior Survey (YRBS) data. Results: Multivariate analyses revealed that adolescents who became daily smokers were more likely to have first tried smoking when they were 12 or younger (OR=2.547) and to have smoked at school in the past 30 days (OR=10.204). They were less likely to be female (OR=.811); African American (OR=.241), Hispanic (OR=.353), Asian/Pacific Islander (OR=.467), or other race/ethnicity (OR=.657) than Caucasian; as well as suburban (OR=.338) or urban (OR=.330) residents than rural ones. Conclusions: Rural residency was shown to be a risk factor for becoming a regular smoker among US youth.

RL4: Perspectives From Parents: A Narrative Analysis of Survey Comments About Children's Access to Health Care

Jennifer DeVoe, MD, DPhil

Background: In a statewide survey of low-income families designed to learn about accessing children's health care, nearly 25% of respondents wrote substantial comments at the end of the survey. Methods: Mail-return survey of a stratified, random sample of families with children eligible for public health insurance. Narrative analysis of 722 responses to an open-ended question using immersion/crystallization techniques, assisted by NVivo qualitative software. Principal Findings: Content themes included concern about lack of parental health insurance coverage, costs of medical care, accessing health care services, and keeping insurance coverage. Emotionally, respondents expressed fear, stress, and despair. Some articulated gratitude and relief. Conclusions: Parents of low-income children worry about maintaining health insurance for their families. Those with coverage are concerned about costs and have difficulty accessing services.

SPECIAL SESSION

SS2: Priming the Pipeline, Preparing for the Future (F,B)—*Columbus K-L*

John Rogers, MD, MPH, MEd; Janice Benson, MD; Stacy Brungardt, CAE; Caryl Heaton, DO; Charles Mouton, MD; William Mygdal, EdD; Terrence Steyer, MD; Jeff Susman, MD; James Tysinger, PhD; Deborah Witt, MD

In 2005, the Board created a special task force to coordinate STFM's response to the Future of Family Medicine, including the leadership of the FFM objective to "Promote a Sufficient Family Medicine Workforce". The Task Force is also developing a competency-based curriculum that will support teaching of new model competencies. This session will showcase the progress of the priority projects and provide members opportunity to comment and become involved in this work. Three projects will be highlighted: (1) Development of competency-based instructional units for the new model focusing on quality improvement, the new model, the EHR, advanced access, group visits, and EBM (2) Creation of the FutureFamilyDocs program, a multifaceted approach to promote mentoring between family physicians and young people in their practice communities to increase their eventual entry into Family Medicine. This project includes an innovative Web presence, www.futurefamilydocs.org. (3) Development of two unique 2-day programs to prepare IMGs for residency training: IMG Pre-Application Program to prepare participants for interviews in family medicine residency programs, and IMG Pre-Matriculation Program to better prepare individuals accepted into a family medicine residency program about the essentials of graduate medical education and the US health care system. This presentation will include an initial overview, large group discussion, and smaller breakout sessions to foster feedback and outline opportunities to enhance STFM's leadership for the FFM.

MORNING SESSIONS

7-7:30 am **Nondenominational Devotional Gathering**—*Columbus A*

7:30-8 am **Coffee Service**—*Grand Ballroom Foyer*

8:15-9:45 am

SEMINARS

S58: Palliative Care and Family Medicine: Collaborative Education for Better Chronic Care—***Gold Coast***

S59: Using Anatomical Models as a Means of Teaching Soft Tissue and Joint Aspiration and Injection (P)—***Columbian***

S60: Developing Physician-Nonphysician Educator Working Teams: Strategies and Principles (F,B)—***Columbus C-D***

S61: FPIN: A "Quiver of One" for Achieving Resident and Faculty Scholarship (R,P,L)—***Grand Suite 5***

S62: Teaching Primary Care Educators to Craft Evidence-based Advocacy Portfolios Using Geographic Data—***Grand Suite 3***

S63: Management of Miscarriage in the Family Medicine Residency Setting (S,R,P)—***Haymarket***

S64: Using the Internet to Quickly Answer Clinical Questions (R,P,B)—***Buckingham***

S65: Lifestyle Medicine: Therapeutic Lifestyle Change in Family Medicine Training—***Soldier Field***

LECTURE-DISCUSSIONS

L44A: Enhancing Learning of Skin Disease Diagnosis With an Electronic, Interactive Photo Quiz (B)
L44B: Who Is Competent to Perform Procedures? A Novel Evaluation Tool for Resident Education (P)—***Columbus G***

L45A: Godzilla Versus King Kong: Battle of the Residencies—How We Made It Work (L)
L45B: Advancing to Advanced-access Scheduling: Evaluating Implementation in an Urban Underserved Latino Residency Clinic (R,P)—***Picasso***

L46A: Meeting LCME ED-2 Guidelines—Gaining Consensus, Building for the Future
L46B: Curricular Reform: A Multidisciplinary School-wide Approach—***Columbus A-B***

L47A: Creating the UW Underserved Pathway
L47B: Medical-Legal Partnerships: An Innovative Strategy to Promote Patient Health (P,L)—***Comisky***

L48A: Combining the Scores You Have to Create the Scores You Need
L48B: Do You Know the Reliability of Ratings By Faculty in Your Program? (P,L)—***Columbus H***

PEER PAPERS-IN-PROGRESS

PEER SESSION K: Curricula For Residents—*Columbus K-L*

PK1: Residents as Future Teachers: A Longitudinal Curriculum in Precepting Skills for Third-year Family Medicine Residents (R,P)

PK2: Core Procedures—An Urban Family Medicine Needs Assessment and the Development of a Model Curriculum (P)

PK3: The Stroke, Hypertension, and Prostate Education Intervention Team (Shape-It): Community-based Education for African American Men

PK4: Using the Electronic Health Record in a Clinical Trial

PK5: Toward Valid Assessment of ACGME Core Competencies in Family Medicine Residency Training (P)

PK6: Introduction of a Curriculum in the Primary Care of NICU Graduates for Family Medicine Residents (P)

PEER PAPERS-COMPLETED PROJECTS

PEER SESSION L: International Health—*Columbus I-J*

PL1: The Health Status of Recently Arrived Karen (Burmese) Refugees

PL2: A Novel Family Medicine Training Program in the Republic of Georgia

PL3: Somali Women's Fears of Obstetrical Interventions in the United States

RESEARCH FORUMS

RESEARCH FORUM M: Medical Education—*Columbus E-F*

RM1: Does a Research Requirement Affect Match Rates for Family Medicine Residency Programs? (P,L)

RM2: Ultrasound Training and Medical Student's Competence and Confidence With Abdominal Examination.

RM3: Four Health Risk Behaviors in Family Medicine Patients: Correlates of Interest in Change

RM4: Publish or Perish Survey (POPS): Factors Related to Publication Among Fellowship Graduates (R,P,L)

10-11:30 am **Closing General Session**—*Grand Ballroom North*

Incoming President's Address: John Rogers, MD, MPH

Plenary Address: "Why National Health Insurance Is the Obvious Prescription"
Claudia Fegan, MD, Fantus Health Center, Chicago

11:30 am **Conference Adjourns**

During each time period, all sessions are offered concurrently, except for Research Forums, Lecture-Discussions, and PEER Sessions, which run consecutively.

Session Educational Tracks:
S=Student
R=Resident
P=Preceptor/Faculty
L=Leadership/Senior Faculty
F=FFM
B=Best Practice

CONCURRENT EDUCATIONAL SESSIONS

SESSION EDUCATIONAL TRACKS:
S=Student R=Resident P=Preceptor/Faculty
L=Leadership/Senior Faculty F=FFM B=Best Practice

8:15–9:45 AM

SEMINARS

S58: Palliative Care and Family Medicine: Collaborative Education for Better Chronic Care (B)—*Gold Coast*
Christine Arenson, MD; Alan Roth, DO; Laurence Bauer, MSW, MEd

There is a growing need to provide better care for people living with advanced chronic disease and for those near the end of life. Family physicians are ideally situated to lead the interdisciplinary teams that provide optimum palliative care for these patients and their families, throughout their illness as well as near the end of life. Accreditation Council for Graduate Medical Education (ACGME) recognition of palliative care medicine as a distinct discipline, sponsored by 11 boards including the American Board of Family Medicine, provides an exciting opportunity for family medicine educators to become national leaders in educating future physicians and other health professionals in this important element of a transformed health care system. This seminar will detail the accreditation process in palliative care medicine and explore models of student, resident, fellowship, and interdisciplinary education.

S59: Using Anatomical Models as a Means of Teaching Soft Tissue and Joint Aspiration and Injection (P)—*Columbian*
Matthew Hale, MD, MPH; Richard Usatine, MD

With heightened participation in sports and a physically active aging population, musculoskeletal maladies are some of the most common health problems in the United States. This is reflected in the approximately 102 million visits annually to physicians' offices for a musculoskeletal condition or injury. Consequently, recognition and appropriate treatment of these conditions are skills essential for the family physician. Unfortunately, efforts to ensure competency in such skills are often lacking in predoctoral education. During this session, we will introduce the use of anatomical models as a means to instruct learners in the performance of soft tissue and joint aspirations and injections—a clinical skill set useful in the diagnosis as well as adjunctive treatment of many common musculoskeletal problems encountered in primary care.

S60: Developing Physician-Nonphysician Educator Working Teams: Strategies and Principles (F,B)—*Columbus C-D*
Dennis Baker, PhD; Julie Robbs, MA; Amber Barnhart, MD; Luanne Stockton; James Tysinger, PhD; Anthony Costa, MD

Physicians and nonphysician educators can collaborate effectively and efficiently on many educational and administrative projects. The synergy of the physician-nonphysician educator team is essential for quality predoctoral and postdoctoral education and for the growth of the family medicine specialty. This seminar will provide examples of successful team efforts and will focus on how they can work together to produce quality educational and administrative products. Participants will examine the types of projects that physicians and nonphysicians can work on together. Using case studies, participants will generate strategies for optimizing collaboration when physicians and nonphysician educators work together. These principles and strategies will be recorded and shared on the listserv of the Group on Education Professionals and the Group on Faculty Development.

S61: FPIN: A "Quiver of One" for Achieving Resident and Faculty Scholarship (R,P,L)—*Grand Suite 5*
Peter Smith, MD; Nancy Stevens, MD, MPH

In 2002, residency scholarship was one of the top three reasons for citations by the Residency Review Committee (RRC) in Family Medicine. This number is likely to increase in light of the new requirements that "Each program must provide supervised experiences for all residents in scholarly activities..." The Family Physicians Inquiries Network (FPIN) has developed efficient tools and workshops that can assist your program in meeting all the new RRC scholarship requirements, including: "formal instruction and practical experience" for residents and the mandatory "undertaking of scholarly projects," "establishing and maintaining an environment of inquiry and scholarship," and faculty development. Using examples from existing programs, we will briefly review the various projects and discuss how FPIN can function as a "quiver-of-one" for meeting your program's goals for scholarship.

S62: Teaching Primary Care Educators to Craft Evidence-based Advocacy Portfolios Using Geographic Data—*Grand Suite 3*
Andrew Bazemore, MD; Robert Phillips, MD, MSPH; Xingyou Zhang, PhD; Hope Wittenberg, MA

State and local policymakers are critical to the survival of primary care education, yet educators are struggling to convey the dire straits facing the primary care pipeline. Desperately needed is evidence-driven advocacy relevant to regional needs. Health Landscape is an interactive Web atlas that allows health professionals, policy makers, academic researchers, and planners to combine, analyze, and display information in ways that promote understanding and improvement of health and health care. It is a resource that turns graduate and clinical data into a depiction of service. This session will introduce Health Landscape and train attendees defining communities and crafting advocacy messages for their regions. The session will include a case study of how a residency program has used Health Landscape to customize their advocacy message.

Seminars continued on next page

8:15–9:45 AM

SEMINARS CONT'D

S63: Management of Miscarriage in the Family Medicine Residency Setting (S,R,P)—*Haymarket*

Yael Swica, MD; Vanita Kumar, MD; Larry Leeman, MD, MPH

Spontaneous abortion, the loss of a pregnancy without outside intervention before 20 weeks gestation, affects up to 20% of recognized pregnancies in the United States. Family physicians care for pregnant women, yet patients with first-trimester complications are often referred to specialists. In the setting of spontaneous abortion, family physicians can provide continuity of care, ongoing contraceptive services, and emotional support and counseling during a difficult time. This session will discuss management options for first-trimester miscarriage: expectant management, vaginal misoprostol, and uterine aspiration. We will review the evidence for each option, including discussion from a biopsychosocial perspective. A hands-on uterine aspiration demonstration, using a papaya model, will introduce participants to the use of manual vacuum aspiration for completion of first-trimester miscarriage.

S64: Using the Internet to Quickly Answer Clinical Questions (R,P,B)—*Buckingham*

Brian Alper, MD, MSPH; Beth Potter, MD; Anne-Marie Lozeau, MD

Health care professionals find it challenging to quickly obtain useful information. The volume and lack of organization of information on the Internet can make finding information appear impractical. This seminar will introduce efficient ways to use the Internet to meet clinician and patient information needs, covering useful Web sites in the first 45 minutes and useful strategies in the latter 45 minutes. Additional opportunities for hands-on experience may occur in Computer Cafe or after the conference using handouts with practice questions.

S65: Lifestyle Medicine: Therapeutic Lifestyle Change in Family Medicine Training—*Soldier Field*

Wayne Dysinger, MD; Jamie Osborn, MD; Kathleen Jones, MA; Pam Webber, MD; Debbi Barnett, FNP

Evidence supporting lifestyle change as an effective treatment for many diseases continues to mount. Lifestyle medicine is a medical approach that utilizes lifestyle interventions in both the prevention and treatment of disease. As an emerging field of study, lifestyle medicine represents a step forward in integrating therapeutic lifestyle change and the practice of medicine. This session will describe lifestyle medicine, including best practices and evidence-based approaches, and will offer multiple perspectives on teaching lifestyle medicine in the context of family medicine training. Dialogue around the role of lifestyle medicine in both chronic disease care and the future of family medicine will be encouraged. Participants will be invited to explore how lifestyle medicine might be integrated within their own training programs, utilizing resources already in place.

LECTURE-DISCUSSIONS

L44A: Enhancing Learning of Skin Disease Diagnosis With an Electronic, Interactive Photo Quiz (B)—*Columbus G*

Andrew Schechtman, MD

Learning to diagnose skin diseases is often a hit-or-miss proposition in family medicine training. Many important skin diseases are sufficiently infrequent that they may never be encountered by a given resident over the course of a 3-year residency. This lecture-discussion will describe the use of an electronic, interactive photo quiz to augment residents' exposure to dermatology cases and to encourage self-directed learning. Three distinct approaches for creating an electronic photo quiz, each making use of different technology, will be introduced, including word processor, blog, and Web publishing methods.

L44B: Who Is Competent to Perform Procedures: A Novel Evaluation Tool for Resident Education (P)—*Columbus G*

John Andazola, MD; Dale Patterson, MD

Procedural training in family medicine occurs longitudinally over 3 years of residency. At the end of this time period it is expected that residents be proficient in a number of procedures. There is, however, no standard curriculum or evaluation method to determine and measure procedural competency. The Accreditation Council for Graduate Medical Education Toolbox of Assessment Methods suggests several methods of evaluating competency in procedures. We will discuss a competency-based procedure curriculum with an innovative, competency-based global rating system designed to attest to the learner's competency and proficiency in procedures. This new global rating scale can be used longitudinally with the end measure being competency of a specific procedure.

L45A: Godzilla Versus King Kong: Battle of the Residencies—How We Made It Work (L)—*Picasso*

Mark Schifferns, CPA; David Marchant, MD; Marcia Snook, RN, BSN

With the new requirements of practice management, providing 100 hours of training to residents can present many challenges. During this session, we will demonstrate the power of pooling your resources to combine experience and technology in the presentation of practice management skills. This involves bringing multiple residencies together to enhance learning through interaction and educational competition. The session will highlight a variety of tools and methods that will engage and facilitate better learning of practice management skills. Included are benchmarking materials, interactive tools, management references, and methods to involve your community business leaders.

L45B: Advancing to Advanced-access Scheduling: Evaluating Implementation in an Urban Underserved Latino Residency Clinic (R,P)—*Picasso*

Alicia Vazquez, MD; Eve Pinsker, PhD

The advanced access model of patient scheduling is a patient-centered system of health care delivery that provides the opportunity for same-day appointments with primary care providers, maximizes productivity and efficiency, and improves patient and staff satisfaction. Presenters will share their process

evaluation of the implementation of Advanced Access in a family medicine residency center in an urban, underserved, Latino community utilizing narrative-based focus groups. Audience members will learn focus-group techniques useful in process evaluation through participating in facilitated discussion of their own experiences in implementing new scheduling systems. Participants will discuss how Advanced Access can assist their family medicine clinics transform to a "new model" of care.

L46A: Meeting LCME ED-2 Guidelines—Gaining Consensus, Building for the Future—*Columbus A-B*

Elizabeth Garrett, MD, MSPH; Kimberly Hoffman, PhD

The Liaison Committee on Medical Education ED2 requirement has prompted discussion and innovation as medical schools and clerkships have developed a variety of approaches to meeting this requirement. The presenters will share the response of their medical school to this challenge. All seven clinical clerkships agreed on a unified Web-based approach that allows for a high level of consistency while still providing flexibility within each clerkship. Three categories of entries were developed with the ability of students and clerkship directors to regularly track progress in achieving the clerkship requirements. We will share 9 months of data and discuss our future plans for this powerful tool.

L46B: Curricular Reform: A Multidisciplinary School-wide Approach—*Columbus A-B*

John George, PhD; Shou Ling Leong, MD

A comprehensive review of the third-year curriculum revealed many deficiencies, as well as a need to integrate many new Liaison Committee on Medical Education (LCME)-suggested orphan topics. Since the new content was not clerkship/specialty specific, a new design was created allowing for four 1-week Islands of Education scheduled across the third year. The Islands were Advanced Diagnostics, Advanced Therapeutics, Communication and Professionalism, and Systems-based Practice. Interdisciplinary planning committees were formed representing multiple departments to plan and implement the Islands. This model demonstrates how interdepartmental collaboration can produce quality education offerings that both strengthens the curricula and gets buy-in from faculty and students. The key to this new model was the leadership of the family medicine department and its collaborative approach to educational innovation.

L47A: Creating the UW Underserved Pathway—*Comisky*

Frederick Chen, MD, MPH; Amanda Keerbs, MD, MSHS; Jennifer Earle

A curriculum pathway helps students who have an interest in a particular community or aspect of medicine to organize their courses, clinical rotations, and volunteer opportunities. The University of Washington School of Medicine has started a new underserved pathway to support students who are interested in careers in underserved communities. The pathway emphasizes students' preclinical and clinical experiences with the underserved, as well as (1) getting to know physicians who are making it work in those settings and (2) understanding that there is a "knowledge base" and unique issues to caring for the underserved. Participants will learn about the process of creating the Underserved Pathway and will share their experiences with similar programs at their institutions.

L47B: Medical-Legal Partnerships: An Innovative Strategy to Promote Patient Health (P,L,B)—*Comisky*

Patricia Lebensohn, MD; Edward Paul, MD; Anne Ryan, JD; Ellen Lawton, JD

The Tucson Family Advocacy Program (TFAP) is a multidisciplinary partnership of family physicians, lawyers, and social workers collaborating to improve patient health. Family physicians often recognize the effect of social factors (eg, inadequate food, housing, education) on the health of vulnerable patients but face barriers to addressing them. By providing free legal services to low-income patients in a family medicine setting, lawyers help families before they experience the stressful crises that undermine health. TFAP accomplishes this through (1) direct provision of legal assistance, (2) education of health care providers, and (3) systemic advocacy. TFAP is modeled on the innovative advocacy program in pediatrics at Boston Medical Center, Medical-Legal Partnership for Children, and is the first to incorporate this model in a family medicine setting.

L48A: Combining the Scores You Have to Create the Scores You Need —*Columbus H*

Michael Callaway, MS; Lisa Nash, DO

All scores used to guide progress decisions should be both valid and reliable. There are legitimate concerns about the reliability and/or validity of scores from the most widely used assessments in family medicine residency education—rating forms completed by faculty and the American Board of Family Medicine In-training Examination. By applying simple statistical procedures, it is possible to create composite scores that are more reliable and valid than any of the individual scores in the composite. This session will describe the rationale and procedure for creating score composites and the procedures for calculating the reliability of composite scores. The procedures described require only a basic knowledge of statistics and the ability to perform basic arithmetic operations (add, subtract, multiply, and divide) with a calculator.

L48B: Do You Know the Reliability of Ratings By Faculty in Your Program? (P,L)—*Columbus H*

Michael Callaway, MS; Lisa Nash, DO

The numerous innovations in assessment over recent years have served to complement, not replace, faculty ratings of resident performance. Faculty-completed rating forms describing resident performance continue to be the most frequently used method of assessment in graduate medical education. The enduring popularity of faculty ratings speak to the relative ease of implementation and perceived validity of faculty ratings. As with all assessments, faculty ratings should achieve appropriate levels of reliability before being used to guide progress decisions. This session will describe reliability as applied to faculty ratings, minimum acceptable levels of reliability, and a simple Web-based calculator for estimating reliability using ANOVA methods (no statistical expertise needed). Discussion will involve participants in strategies to improve the reliability of ratings by faculty.

8:15–9:45 AM

PEER PAPERS - IN-PROGRESS

PEER SESSION K: CURRICULA FOR RESIDENTS

Columbus K-L

Moderator: Stephen Wilson, MD, MPH

PK1: Residents as Future Teachers: A Longitudinal Curriculum in Precepting Skills for Third-year Family Medicine Residents (R,P)

Adam Dimitrov, MD

Background and Objectives: The goal of the Residents as Future Teachers (RAFT) curriculum is that third-year family medicine residents will demonstrate competency and comfort in their precepting skills. Methods: During pilot testing, six third-year residents participated in a half-day workshop in which they were taught the One Minute Preceptor model. Each resident then participated in one RAFT clinic session serving as a preceptor for a medical student. Results: Five of the six third-year residents demonstrated mastery of the One-Minute Preceptor model. Residents felt they provided better teaching than in regular clinic sessions. Conclusions: The RAFT program is an enjoyable, effective curriculum by which upper-level residents can gain comfort and competency in precepting skills, while enhancing medical students' learning experiences.

PK2: Core Procedures—An Urban Family Medicine Needs Assessment and the Development of a Model Curriculum (P)

Sarah Lowenthal, MD

Urban family medicine residencies (UFMRs) lack clear guidelines defining the procedures that should be included in their curricula. The purpose of this project is twofold: (1) to survey Bay Area family physicians to identify 10 "core procedures" to be taught in our UFMR and (2) to develop a pilot curriculum that will train residents in these "core procedures." We will use an online tool, E-value, to analyze the effects of these curricular changes. This project is sponsored by the STFM Group on Hospital Medicine and Procedural Training. It is presented by a chief resident at the UCSF/SFGH Family and Community Medicine Residency.

PK3: The Stroke, Hypertension, and Prostate Education Intervention Team (Shape-It): Community-based Education for African American Men

Michael Rosenthal, MD

Introduction: The Stroke Hypertension and Prostate Education Intervention Team (SHAPE-IT) is an innovative community health strategy to provide information and education on stroke and prostate cancer for African American men in Philadelphia. The program is a creative method of addressing gaps in health care to underserved populations and making health education relevant for them. Methods: Advisory panel and focus group findings led to a group education program in which participants receive information pertaining to risk reduction, screening, and decision-making. Pre- and post-comparison surveys measure perceptions, beliefs, and reactions to the program. Outcomes and Implications: To date, 448 men have participated. Preliminary analysis shows increase in knowledge and strong acceptance of the model. The SHAPE-IT model has the potential to impact the well-being of African American men.

PK4: Using the Electronic Health Record in a Clinical Trial

Sarah Nosal, MD; Linda Prine, MD

Three of our family practices are participating in a clinical trial, comparing the efficacy of the oral versus buccal route of administration of misoprostol after mifepristone for pregnancy termination up to 63 days. Our arm of the research study is unique because we are using our electronic health record (EHR) to gather the patient data and outcomes. This presentation is not intended to present the actual outcomes of the study but rather to report on the value of the EHR in performing a clinical trial. We found that using the EHR ensures untampered-with data collection as well as symmetry in reporting and standardization of patient care during the clinical trial.

PK5: Toward Valid Assessment of ACGME Core Competencies in Family Medicine Residency Training (P)

Karen Connell, MS; Memoona Hasnain, MD, MHPE, PhD; James Sinacore, PhD

There is a paucity of research on the psychometric properties of tools used to assess the six required Accreditation Council for Graduate Medical Education competencies. Building on previous research that established instrument reliability and guided refinement of a competency-based clinical evaluation tool, the authors investigated the validity of the refined tool. Results indicate positive correlations between residents' category scores for patient care, medical knowledge, practice-based learning and improvement, and professionalism and an overall clinical competence rating, thus demonstrating concurrent validity. Further, residents' total and category scores increased consistently across the 3 years, suggesting discriminant validity. Analyses will be replicated with another data set to confirm results. Future work will investigate the relative strengths of two response formats (Visual Analog versus Likert) for the tool.

PK6: Introduction of a Curriculum in the Primary Care of NICU Graduates for Family Medicine Residents (P)

Claude Gauthier, MD

Family physicians receive little formal training in the primary care of NICU graduates. A longitudinal curriculum addressing this deficiency has recently been developed at our residency program. The core of this curriculum involves pairing residents with recently born premature infants, who they follow through their NICU journey and for whom they provide primary care upon discharge. Additional curricular elements include participation in NICU follow-up clinic and a didactic program. Individual resident and overall program evaluation will be based on success in achieving many of the Accreditation Council for Graduate Medical Education competencies, measured via a number of assessment tools, though no outcomes are yet available for this new program. This curriculum may serve as a model for teaching the medical home concept for children with complex health care needs.

CONCURRENT EDUCATIONAL SESSIONS

PEER PAPERS - COMPLETED PROJECTS

PEER SESSION L: INTERNATIONAL HEALTH

Columbus I-J

Moderator: Alison Dobbie, MD

PL1: The Health Status of Recently Arrived Karen (Burmese) Refugees

David Power, MD, MPH; Kristi Schneider

Since 2004, there has been a dramatic increase in the number of Karen refugees relocated to the United States and, within Minnesota, to Ramsey County. Numerous Karen refugees were presenting to our primary care clinic, but there was little known about this group. To better understand the health status of these new arrivals, a detailed chart review was performed, and information regarding demographics, lifestyle choices, vaccination, PPD status, hepatitis B status, chronic disease prevalence, parasitic infection, contraception, mental health, and interpreter use was collected. This study identified 322 Karen patients and therefore is well positioned to create a profile of this group. An initial health care profile of these Karen refugees is presented here. Ongoing resettlement of Karen in the United States is anticipated.

PL2: A Novel Family Medicine Training Program in the Republic of Georgia

James Sanders, MD, MPH

The Republic of Georgia offers an account of how a country with dwindling resources can address the health needs of its population in a cost-enlightened manner. Methods: In 1999, Georgia initiated a program to retrain practicing physicians to become family physicians. At two locations, the official family medicine curriculum was augmented to include a model of chronic disease management. Results: At these two training sites, patients have benefited through lower morbidity and mortality, the physician learners have performed above their peer group on standardized testing, and all of this has been achieved in a cost-effective manner. Conclusion: Family medicine training programs in resource-poor settings can incorporate chronic disease management models into their curriculum and achieve high-quality patient care outcomes.

PL3: Somali Women's Fears of Obstetrical Interventions in the United States

Elizabeth Brown, MD; Colleen Fogarty, MD; Christina Holt, MD; Jennifer Carroll, MD, MPH

Purpose: We assessed beliefs and experiences about obstetrical care among Somali women in the United States. Methods: Individual, in-depth interviews with 34 Somali women in Rochester, NY. Questions explored positive and negative experiences with prenatal and birth experiences in Africa and the United States. Interviews were audiotaped, transcribed, coded, and analyzed using grounded theory. Results: Seventy-four percent of participants (n=25) expressed opposition, and 47% (n=16) expressed fear of cesarean sections. The most prominent explanation was fear of death. Other key themes were preference for natural or traditional African approaches to birth practices and resistance to other common US interventions such as induction for post-dates pregnancy. Conclusion: Communication addressing fear of obstetrical interventions may improve quality of care to Somali women.

RESEARCH FORUMS

RESEARCH FORUM M: MEDICAL EDUCATION

Columbus E-F

Moderator: Anthony Viera, MD

RM1: Does a Research Requirement Affect Match Rates for Family Medicine Residency Programs? (P,L)

Peter Carek, MD, MS; Terrence Steyer, MD

Objective: To examine the relationship between residency programs with a research requirement and initial fill rates in the National Resident Matching Program (NRMP). Methods: Information from the American Academy of Family Physicians and the NRMP were used to calculate initial Match rates. The relationship between the presence of a research requirement and fill rates was analyzed using analysis of variance and multivariate analysis. Results: No significant difference in the initial Match rates (academic year 2005 and 5-year aggregate) was noted between programs with or without a research requirement. The association did not change after controlling for program location, structure, and size (P=.6541 and P=.3194, respectively). Conclusions: A research requirement in a family medicine residency program does not significantly affect initial Match rates in the NRMP.

RM2: Ultrasound Training and Medical Student's Competence and Confidence With Abdominal Examination.

Mari Egan, MD, MHPE

Objective: To assess the added value of ultrasound training to promote first-year medical students' competence and confidence when learning the abdominal examination. Methods: Randomized trial of 170 first-year medical students with a wait-list control group with students randomized to one of two groups: immediate ultrasound or delayed ultrasound. Results: Proficiency in physical examination technique assessed by standardized patient (SP) checklist showed no improvement at Time1 but at Time2 the delayed ultrasound group showed significant improvement. Students underestimated SP liver sizes, and estimates were not affected by ultrasound training. Student confidence in both groups improved from baseline to Time1 and Time2. Conclusions: Ultrasound training as an adjunct to traditional means may improve student physical examination technique after students have acquired familiarity with basic exam maneuvers.

Research Forum continued on next page

RESEARCH FORUMS CONT'D

RESEARCH FORUM M: MEDICAL EDUCATION

Columbus E-F

RM3: Four Health Risk Behaviors in Family Medicine Patients: Correlates of Interest in Change

Sandra Burge, PhD; David Weigle, PhD

Four health behaviors have a large influence on population health: smoking, alcohol misuse, physical inactivity, and diet. Objective: In this study, we sought to examine prevalence of unhealthy behaviors in family medicine patients and examine predictors of patients' interest in change. Methods: In 2006, the Residency Research Network of Texas (RRNeT) surveyed 1,171 patients to determine patients' health behaviors, interest in change, and health and demographic correlates. We examined four groups of patients: smokers, "unsafe" drinkers, overweight inactive people, and overweight people with unhealthy diets. Results: Across four health behaviors, age, health status, and ethnic background had consistent and significant influence on patients' interest in healthy change. Seniors were less interested in change, while minorities and people with ill health were more interested.

RM4: Publish or Perish Survey (POPS): Factors Related to Publication Among Fellowship Graduates (R,P,L)

Mindy Smith, MD, MS; Henry Barry, MD

Objective: To understand factors related to publication among fellowship graduates. Methods: We surveyed Michigan State University Primary Care Faculty Development Fellowship graduates from 2000-2004 via e-mail about demographics, publications, colleague relationships, and their research environment. We report descriptive statistics and Spearman rank correlation coefficients to explore associations between publication and other factors. Results: Response rate is 51%. Nineteen fellows (41%) had published at least one paper, and six had published the results of their fellowship project. Barriers included time, assistance, inability to complete the project, and rejection of a paper. We found significant correlations between publication and department research emphasis and expectation for publication. Conclusion: There are remediable barriers to publication by former fellows that may be addressed during and after training.

A GUIDED TOUR OF RESEARCH—*at This Year's Annual Spring Conference*

Welcome to STFM's Annual Spring Conference in Chicago (Go White Sox!). I am happy to present a brief walk-through of some of the research-oriented offerings at this year's conference. After the conference formally kicks off on Thursday morning with the Opening General Session, we will begin the first of 10 general research forums, which continue through Sunday. Two of these forums will give extra time to the best reviewed submissions (Thursday afternoon, "Distinguished Papers") and those with innovative methods (Saturday afternoon, "How Did You Do That Study?"). Thursday morning will also feature a joint session from the Program Committee and Research Committee with reviewers offering tips for successful conference submissions. The exhibit hall opens Thursday evening, including original research posters from approximately 50 projects. The posters will remain on display through Saturday morning, including our Best Paper Award winner and Honorable Mention recipients, as well as fellows' and residents' works in progress. Please try to stop by and share your feedback. On Friday, the Research Committee has coordinated two sessions focusing on important areas where we can build our research capacity. Friday morning's session will address research in residency programs, and Friday afternoon's session will tackle the interface between research and quality improvement.

Research will fill the "big room" several times during the conference, with all four plenary addresses focusing on topics that depend on community- and practice-based research to further their progress. On Saturday morning, the General Session will begin with the presentations of the Best Paper Award and the Curtis G. Hames Award. The plenary address that follows from Dr. Jim Mold will draw upon his experience in practice-based research, proposing a learning community that continually improves itself. The subsequent forum session features presentations by the Hames Award and Best Paper Award winners, and these talks always draw a large crowd and stimulating discussion. Listed below are more details about all of these offerings, as well as other presentations that may interest the research-minded. Note also that many of the other PEER papers, workshops, seminars and lecture-discussions may include research projects as part of their sessions.

The Research Committee hopes you have a great time at the conference and an exciting stay in Chicago. May I suggest some cheese popcorn at Garrett's, a stuffed pizza at Giordano's, and a cardiac catheterization at one of Chicago's many fine hospitals? Also, be sure to take a walk down Michigan Avenue and enjoy the flowers I've been planting all week.

Erik Lindbloom, MD, MSPH
Chair, STFM Research Committee

Original Research Findings

Thursday	10:30 am–12 pm	Maternity Care and Medical Legal Issues
	10:30 am-–12 pm	Diabetes and Cardiometabolic Risk
	2–3:30 pm	Distinguished Papers
	2–5:30 pm	STFM Participatory Research Project Findings and Discussion
	4–5:30 pm	Community Health Centers
		Physician-Patient Communication
	5:30–7 pm	Opening Reception—Research and Scholastic Posters
Friday	10 am–5:30 pm	Research/Scholastic Posters
		(breakfast 7-8 am; refreshments 10–10:30 am, 3:30–4 pm)
	4–5:30 pm	Adolescents and Students
		Infectious Diseases
Saturday	10 am–1 pm	Research / Scholastic Posters *(refreshments 10-10:30 am)*
	10:30 am–12 pm	Hames Award and Best Paper Award Winners
	1:45–3:15 pm	How Did You Do That Study?
	3:45–5:15 pm	Rural Health
Sunday	8:15–9:45 am	Research Projects in Medical Education

Special Sessions

Thursday	10:30 am–12 pm	Getting Your Proposal Accepted
	2–3:30 pm	Distinguished Papers
Friday	10:30 am–12 pm	Research in Residency
	2–3:30 pm	Research and Quality Improvement
Saturday	8:30–10 pm	1) Curtis G. Hames and Best Research Paper Awards
		2) Plenary: "Can Family Medicine Become a Learning Community?" James Mold, MD, MPH
	10:30 am–12 pm	Presentations by Best Resarch Paper and Hames Award winners
	12:30-1:30 pm	Open Research Committee Meeting
	3:45-5:15 pm	Priming the Pipeline, Preparing for the Future
		Update on US Preventive Services Task Force

Building Capacity for Research

Thursday	10:30 am–12 pm	Creating Academic Scholarship from Everyday Activity
	2:45–3:30 pm	Leadership Development in Residencies
Friday	7-8 am	Special Topic Breakfasts: Family Mediicine Fellows Forum, Engaging Medical Students to Publication, The Family Physicians Inquiries Network, Scholarly Activity Success Through Collaboration and Partnerships
	10:30 am–12 pm	Research in Residency
	10:30–11 am	Putting the "Participatory" Into Participatory Research
	2–3:30 pm	Research and Quality Improvement
Saturday	8:30–10 am	Plenary: "Can Family Medicine Become a Learning Community?" James Mold, MD, MPH
	10:30am–12 pm	Medical Education Research: Catch the Rising Tide
	1:45–3:15 pm	Increasing Scholarly Activity in Your Residency
	3:45–4:30 pm	Using Qualitative Research to Make Sense of Student Narratives
Sunday	8:15–9:45 am	FPIN: A "Quiver of One" for Achieving Resident and Faculty Scholarship

Writing, Critical Review, and Presentation

Thursday	10:30 am–12 pm	Getting Your Proposal Accepted
		Grading Evidence
	10:30–11:15 am	Beyond PowerPoint: Creative Presentation
	2–5:30 pm	Spilling Ink – An Expert's Guide to Getting Published
	4-5:30 pm	Return of the JEDI: Being Productive in a Digital World
Friday	7–8 pm	Special Topic Breakfasts: Engaging Medical Students to Publication, The Family Physicians Inquiries Network, Scholarly Activity Success Through Collaboration and Partnerships
	10:30 am–12 pm	What Editors Want
	2–3:30 pm	Techniques for Terrible Presentations
Saturday	10:30 am–12 pm	Writing for "Innovations in Family Medicine Education"
	10:30 am–12 pm	Journal Club Revisited
	11:15 am–12 pm	Producing Scholarly Products from Tough Leadership Jobs
Sunday	8:15–9:45 am	FPIN: A "Quiver of One" for Achieving Resident and Faculty Scholarship

Posters will be displayed in conjunction with the Thursday evening Opening Reception of the Educational Resource and Career Opportunity Exhibits. Posters will remain on display until 1pm on Saturday.

RESEARCH POSTERS

RP1: Best Research Paper Award and Honorable Mentions—*Grand Ballroom North*

WINNING PAPER

RP1A Physicians, Patients, and the Electronic Health Record: An Ethnographic Analysis

William Ventres, MD, MA; Addtional Authors: Sarah Kooienga, FNP; Ryan Marlin, MD, MPH; Peggy Nygren, MA; Valerie Stewart, PhD

Purpose: The objectives of this study were to identify factors that influence the manner by which physicians use the EHR with patients. Methods: This ethnographic study included four qualitative components: 80 hours of participant observation; individual interview with 52 patients, 12 office staff members, 23 physicians, and one nurse practitioner; videotaped reviews of 29 clinical encounters; and 5 focus group interviews. Main outcome measures were factors that influence how physicians use the EHR qualitatively derived through serial reviews of data. Results: Study identified 14 factors that influence how EHRs are used and perceived. These factors were categorized into four thematic domains: (1) spatial, (2) relational, (3) educational, and (4) structural. Conclusions: This study found that the introduction of EHRs into practice influences multiple cognitive and social dimensions of the clinical encounter. It brings into focus important questions that through further inquiry can determine how to make best use of the EHR to enhance therapeutic relationships.

(Ann Fam Med 2006;4:124-31. DOI: 10.1370/afm.425)

HONORABLE MENITON

RP1B: Telephone Care Management to Improve Cancer Screening Among Low-income Women: A Randomized, Controlled Trial

Allen Dietrich, MD; Additional Authors: Jonathan Tobin, PhD; Andrea Cassells, MPH; Christina Robinson, MS; Mary Greene, MS; Carol Sox, Engr; Michael Beach, MD, PhD; Katherine DuHamel, PhD; Richard Young, MD, MPH

Background: Minority and low-income women receive fewer cancer screenings than other women. Objective: To evaluate the effect of a telephone support intervention to increase rates of breast, cervical, and colorectal cancer screening among minority and low-income women. Design: Randomized, controlled trial conducted between November 2001 and April 2004. Setting: Eleven community and migrant health centers in New York City. Patients: A total of 1,413 women who were overdue for cancer screening. Intervention: Over 18 months, women assigned to the intervention group received an average of four calls from prevention care managers, and women assigned to the control group received usual care. Follow-up data were available for 99% of women, and 91% of the intervention group received at least one call. Measurements: Medical record documentation of mammography, Papanicolaou testing, and colorectal cancer screening according to US Preventive Services Task Force recommendations. Results: The proportion of women who had mammography increased from 0.58 to 0.68 with the intervention and decreased from 0.60 to 0.58 with usual care; the proportion who had Papanicolaou testing increased from 0.71 to 0.78 with the intervention and was unchanged with usual care, and the proportion who had colorectal screening increased from 0.39 to 0.63 with the intervention and from 0.39 to 0.50 with usual care. The difference in the change in screening rates between groups was 0.12 for mammography (95% CI=0.06 to 0.19), 0.07 for Papanicolaou testing (95% CI=0.01 to 0.12), and 0.13 for colorectal screening (95% CI=0.07 to 0.19). The proportion of women who were up to date for the three tests increased from 0.21 to 0.43 with the intervention. Limitations: Participants were from one city and had access to a regular source of care. Medical records may not have captured all cancer screenings. Conclusions: Telephone support can improve cancer screening rates among women who visit community and migrant health centers. The intervention seems to be well suited to health plans, large medical groups, and other organizations that seek to increase cancer screening rates and to address disparities in care.

(Ann Intern Med 2006;144:563-71.)

HONORABLE MENITON

RP1C: Do Pacifiers Reduce the Risk of Sudden Infant Death Syndrome? A Meta-analysis

Fern Hauck, MD, MS; Additional Authors: Olanrewaju Omojokun, MD; Mir Siadaty, MD, MS

Objective: Pacifier use has been reported to be associated with a reduced risk of sudden infant death syndrome (SIDS), but most countries around the world, including the United States, have been reluctant to recommend the use of pacifiers because of concerns about possible adverse effects. This meta-analysis was undertaken to quantify and evaluate the protective effect of pacifiers against SIDS and to make a recommendation on the use of pacifiers to prevent SIDS. Methods: We searched the Medline database (January 1966 to May 2004) to collect data on pacifier use and its association with SIDS, morbidity, or other adverse effects. The search strategy included published articles in English with the Medical Subject Headings terms “sudden infant death syndrome” and “pacifier” and the key words “dummy” and “soother.” Combining searches resulted in 384 abstracts, which were all read and evaluated for inclusion. For the meta-analysis, articles with data on the relationship between pacifier use and SIDS risk were limited to published original case-control studies, because no prospective observational reports were found; nine articles met these criteria. Two independent reviewers evaluated each study on the basis of the six criteria developed by the American Academy of Pediatrics Task Force on Infant Positioning and SIDS; in cases of disagreement, a third reviewer evaluated the study, and a consensus opinion was reached. We developed a script to calculate the summary odds ratio (SOR) by using the reported ORs and respective confidence intervals (CI) to weight the ORs. We then pooled them together to compute the SOR. We performed the Breslow-Day test for the homogeneity of ORs, Cochran-Mantel-Haenszel test for the null hypothesis of no effect (OR=1), and the Mantel-Haenszel common OR estimate. The consistency of findings was evaluated, and the overall potential benefits of pacifier use were weighed against the potential risks. Our recommendation is based

on the taxonomy of the 5-point (A-E) scale adopted by the US Preventive Services Task Force. Results: Seven studies were included in the metanalysis. The SOR calculated the usual pacifier use (with univariate ORs), which is 0.90 (95% CI=0.79–1.03) and 0.71 (95% CI=0.59–0.85) with multivariate ORs. For pacifier use during last sleep, the SORs calculated using univariate and multivariate ORs are 0.47 (95% CI=0.40–0.55) and 0.39 (95% CI=0.31–0.50), respectively. Conclusions: Published case-control studies demonstrate a significant reduced risk of SIDS with pacifier use, particularly when placed for sleep. Encouraging pacifier use is likely to be beneficial on a population-wide basis: one SIDS death could be prevented to every 2,733 (95% CI=2,416–3,334) infants who use a pacifier when placed for sleep (number needed to treat), based on the US SIDS rate and the last-sleep multivariate SOR resulting from this analysis. Therefore, we recommend that pacifiers be offered to infants as a potential method to reduce the risk of SIDS. The pacifier should be offered to the infant when being placed for all sleep episodes, including daytime naps and nighttime sleeps. This is a US Preventive Services Task Force level B strength of recommendation based on the consistency of findings and the likelihood that the beneficial effects will outweigh any potential negative effects. In consideration of potential adverse effects, we recommend pacifier use for infants up to 1 year of age, which includes the peak ages for SIDS risk and the period in which the infant's need for sucking is highest. For breastfed infants, pacifiers should be introduced after breastfeeding has been well established.

(Pediatrics 2005;116:e716-e723.)

HONORABLE MENITON

RP1D Long-term Retention of Graduates From a Program to Increase the Supply

Howard Rabinowitz, MD; Additional Authors: James Diamond, PhD; Fred Markham, MD; Carol Rabinowitz

Purpose: To determine the long-term retention of rural family physicians graduating from the Physician Shortage Area Program (PSAP) of Jefferson Medical College. Methods: Of the 1,937 Jefferson graduates from the classes of 1978–1986, the authors identified those practicing rural family medicine when their practice location was first determined. The number and percent of PSAP and non-PSAP graduates practicing family medicine in the same rural area in 2002 were then identified and compared to the number of those graduates practicing rural family medicine when they were first located in practice 11–16 years earlier. Results: After 11–16 years, 68% (26/38) of the PSAP graduates were still practicing family medicine in the same rural area, compared with 46% (25/54) of their non-PSAP peers (P=.03). Survival analysis showed that PSAP graduates practice family medicine in the same rural locality longer than non-PSAP graduates (*P*=.04). Conclusions: These results are the first to show long-term primary care retention that is longer than the median duration. This outcome combined with previously published outcomes show that the PSAP represents the only program that has resulted in multifold increases in both recruitment (eightfold) and long-term retention (at least 11–16 years). In light of recent national recommendations to increase the total enrollment in medical schools, allocating some of this growth to developing and expanding programs similar to the PSAP would make a substantial and long-lasting impact on the rural physician workforce.

(Acad Med 2005;80:728-32.)

RESEARCH POSTERS

Grand Ballroom North

RP2: The Duke University Family Medicine Residency Program Closure Impact Study: A Geographic Analysis

Xingyou Zhang, PhD; Robert Phillips, MD, MSPH

Objective: To assess and depict the legacy effect of the Duke residency program as it ends its nearly 25 years of training new physicians. Methods: Use of GIS to identify counties capturing 70% of Duke graduates, those in Health Professions Shortage Areas (HPSAs), and those that would become one with removal of Duke graduates. Results: Seventy-one counties in 24 states fall within Duke's footprint, 24 of which are in North Carolina. Nine counties fall exclusively within Duke's footprint or are shared by only one other program; 17.5% of graduates are in an HPSA and 16.7% are rural. Sixteen more become HPSAs without Duke graduates. Conclusions: The Duke residency program has had an important impact on the US physician workforce, and its closure may put some communities at risk.

RP3: Using the Tool for Assessing Cultural Competency Training in Seven US Medical Schools

Desiree Lie, MD, MSEd; Additional Authors: John Boker, PhD; Christopher DeGannes, MD; Paula Henderson, MD; Donna Elliot, MD, EdD; Sonia Crandall, PhD, MS; Cheryl Kodjo, MD; Lisa Hark, PhD, RD

The Tool for Assessing Cultural Competency Training (TACCT) is a 67-item measure developed by the Association of American Medical Colleges presented in a checklist format. Each item represents a knowledge, skill, or attitude for cultural competency (CC). Items are organized into five broad domains. It was administered to senior students (n ~700) and course directors (n~180) at seven US schools. Percentage positive ("yes") responses were computed for respondents at each school and in the aggregate. The intraclass correlation coefficient (ICC) across all TACCT items was computed to estimate concordance between students and faculty. ICC was high (aggregate mean for all seven schools=0.90, range 0.70-0.90) and between-school similarities in curricular areas covered were identified. Three broad areas least addressed in the curriculum were health disparities, stereotyping, and community service.

Research Posters continued on next page

RP4: Reasons Patients Choose the Emergency Department for Non-urgent Care Instead of Their Regular Physician

David Beckmann

Background: Many emergency department (ED) visits are for nonurgent medical conditions, and many of these patients have a primary care physician (PCP). Methods: We interviewed 20 ED patients and 15 Community Health Center (CHC) patients, all with PCPs and nonurgent medical conditions to determine why each group sought care for their recent illness in each setting. Results: Patients chose the ED because of non-availability of their physician, referral, quality, urgency, convenience, and familiarity. Patients choose the CHC because of cost, waiting time in the ED, and familiarity with their PCP as reasons for not going to the ED. Conclusions: There are a variety of reasons patients choose the ED over their CHC, and programs to reduce ED utilization for nonurgent medical problems should take these into account.

RP5: Screening Recommendations for Primary Care of Adults With Intellectual Disabilities

Joanne Wilkinson, MD

Adults with intellectual disabilities (ID) need coordinated, evidence-based primary care. It is not known whether current screening guidelines should be adjusted for these patients. Fourteen preventive recommendations from the USPSTF were examined along with a systematic literature review for data on the prevalence of the conditions in adults with ID. Adults with ID have more risk factors for obesity, hypertension, diabetes, and smoking. Osteoporosis is more common in adults with ID. Most cancers have a longer detectable preclinical phase, though cervical cancer is much less common in women with ID. Data are lacking, but the rates of and risk factors for many common conditions appear slightly different in adults with ID. Screening should be adjusted accordingly. Practical strategies for accomplishing screening tests are also discussed.

RP6: Medical School Programs That Increase Rural Physician Supply: Potential Impact of a National Replication Project

Howard Rabinowitz, MD

Introduction: A small number of medical schools have developed programs that have increased the rural physician supply, though little is known regarding their overall impact. Methods: A systematic literature review of these programs' outcomes was undertaken and used to develop a model of the projected impact of replicating them at every medical school. Results: The weighted outcome of 2,508 graduates from six programs entering rural practice ranged from 53%-64%. If all medical schools developed a similar program for 10 students per class, this would result in 11,390 rural physicians over the next decade, double the current number produced during that time (5,130). Conclusion: Replication of successful rural medical school programs has the potential to have a major national impact on the rural physician shortage.

RP7: The Accuracy of Community-based Automated Sphygmomanometers

James Sanders, MD, MPH; Anna Witt, MD

Objective: To ascertain the accuracy of free automated sphygmomanometers commonly located in community-based pharmacies. Methods: Six different automated sphygmomanometers located in six different local pharmacies within either the 53212 or the 53211 zip codes were compared to the "gold standard" of trained performers using a manual device. Results: The data show that, on the whole, the automated sphygmomanometers tended to over-diagnose systolic hypertension (false positive) and under-diagnose diastolic hypertension (false negative). Conclusion: Despite the availability and access that these automated devices afford to the public, initial data suggests that they do not perform to standards necessary to screen for or manage hypertensive disease. The overall lack of sensitivity and specificity associated with automated sphygmomanometers suggests that physicians counsel their patients carefully about their use.

RP8: The Careers of Primary Care Sports Medicine Physicians: A Survey Study

Adam Bennett, MD

Objective: This study examined the scope of practice, career satisfaction, and self-perceived skills of primary care sports medicine (PCSM) family physicians. Methods: A survey instrument was developed and mailed to the study group containing questions about demographics, scope of practice, and career satisfaction. Descriptive statistics were calculated, and a chi-square analysis was used to explore relationships among salary and age, provision of fracture care, participation as a surgical assistant, or practice location. Results: Of 523 physicians, 373 completed surveys, a 71% response rate. More than 90% reported career satisfaction, with most attributing satisfaction to their fellowship. Conclusions: PCSM fellowship-trained family physicians express a high degree of career satisfaction. As PCSM evolves, it will be important to study the synergy with orthopedics and define the role of PCSM physicians.

RP9: An Opportunity for Improved Communication With Proxies: A Tube Feeding Decision Aid

Jeannie Sperry, PhD; Additional Author: Emily Bower

Substitute decision makers may be in a position to make "preference-sensitive" decisions for their loved one. One example is whether to approve tube feeding. The present study evaluated the only known tube feeding decision aid for substitute decision makers (Mitchell, Tetroe, and O'Conner, 2001). Sixty adults completed a pre-intervention questionnaire, read an active control brochure or the intervention decision aid, and completed a post-intervention questionnaire. The experimental group demonstrated increased knowledge and decisional conflict at posttest. Most participants reported being in favor of tube feeding at posttest (experimental 52%, control 67%). This tube feeding decision aid was effective in helping the proxies make better-informed decisions. More research is needed about factors to promote decreased decisional conflict.

RP10: A Comparison of Anticoagulation Management

Manjushree Deshpande, MD; Koryn Van Ittersum, MD; Stephen Wampler, MD

Background: This study's objective was to analyze the difference in INR management between a dedicated anticoagulation clinic vs. a family medicine clinic. Methods: A retrospective chart review was performed of patients receiving continuous warfarin between January 2001 and December 2002—54 patients at the Chelsea Family Practice Center and 72 patients at the University of Michigan Anticoagulation Clinic. Results: Statistical significance was found favoring the Anticoagulation Clinic in the difference between number of times greater than 2 weeks past the next recommended draw (*P*=.00), number of times greater than 8 weeks between draws (*P*=.00), and number of times INR was less than 1.5 or greater than 4.0. (P=.02). Conclusions: Warfarin management was better optimized in a dedicated anticoagulation clinic.

RP11: Decision Stage in Colorectal Cancer Screening

Heather Fagan, MD; Randa Sifri, MD; Ronald Myers, PhD

Objective: To determine test-specific decision stage for colorectal cancer screening in a private practice population and African Americans. Method: Cross-sectional analysis. Results: In the overall group (n=102), 15 (15%) had a higher decision stage for stool blood testing (SBT) versus colonoscopy, 41 (40%) had a higher decision stage for colonoscopy, and 46 (45%) reported equal decision stage for the tests. In the subgroup of African Americans (n=26), four (15%) had a higher decision stage for SBT versus colonoscopy, 12 (46%) had a higher decision stage for colonoscopy, and 10 (39%) reported equal decision stage for the two tests. Conclusions: Most participants, including African Americans, either preferred screening colonoscopy over SBT or did not differ in preference for one test as compared to the other.

RP12: Community Colorectal Cancer Awareness and Screening Study

Peter Reynolds, MD

Objectives: This study assessed community rates of colorectal cancer screening relative to other common cancer screening tests. Methods: A total of 933 patients at five primary care practice sites were evaluated using a self-administered survey instrument. Attainment of colorectal cancer screening goals was defined as self-reported fecal occult blood test (FOBT) within 2 years or either flexible sigmoidoscopy (FS), barium enema (BE), or colonoscopy (CS) within 10 years. Results: Overall, 72.0 ± 3.3% of respondents ages 50 and over reported attainment of colorectal cancer screening goals (FBOT 27.5%, FS 20.5%, BE 18.3%, CS 57.0%). Of eligible women or men, 81.8% had a mammogram, 73.0% had a Pap smear, and 68.9% had a PSA test within 2 years. Conclusions: Colorectal cancer screening rates surpassed expectations.

RP13: Improving Asthma Management Through an EMR-based Quality Initiative

Nancy Misicko, MD

Objective: This study's objective was to improve the quality of care of asthmatic patients by determining the effectiveness of an EMR-based educational intervention on provider's severity classification of asthma and management of pharmacologic treatment. Methods: We implemented residency asthma education, an EMR asthma component form, and data feedback to providers. Measurements included documentation of asthma assessment, classification, and long-term controller medication prescription for patients with persistent asthma. Results: Documentation of asthma classification improved from 9.5% to 54%. Long-term controller prescription for persistent asthmatics remained stable at 91%. The percentage of asthma patients with an assessment decreased from 76% to 71%. Conclusions: An EMR-based educational initiative can facilitate documentation and classification of asthma and serve as a tool in data collection and evaluation.

RP14: Assessment of Chronic Illness Care: Identifying Facilitators and Barriers to Improving Care in the I3 Family Medicine Teaching Practices

Elizabeth Baxley, MD; Alfred Reid, MA

Objective: Evaluate barriers to chronic care delivery for 10 residencies participating in a quality improvement collaborative. Methods: Programs completed a baseline survey that included demographic characteristics, the Assessment of Chronic Illness Care (ACIC), and perceived barriers to quality improvement. They subsequently participated in open-ended interviews to clarify survey findings. Results: An overall ACIC score of 4.7 (range: 3.1-6.2) indicates basic support for chronic illness care. Complexity of mission, academic culture, and complacency were the most significant barriers. Interviews clarified the meaning of survey findings and revealed additional important sources of variation. Conclusions: Survey results represent a realistic baseline assessment of programs participating in the collaborative. ACIC scores indicate a common starting point, but variations provide opportunities for collaborative members to learn from each other.

Research Posters continued on next page

RP15: Evaluating the Effectiveness of Counseling Practicum in Improving Physician-Patient Communication Skills

Shobha Pais, PhD; Kathy Zoppi, PhD, MPH; Mary Dankoski, PhD; Scott Renshaw, MD; Dustin Wright, MS

Objective: This study evaluated the effectiveness of practicum training in improving communication and counseling skills of family medicine residents. Methods: Eighteen patients and 21 residents completed questionnaires assessing patient-physician alliance, physician empathy, and physician counseling skills. Physicians' medical encounters and practicum counseling sessions were rated. Results: Patients perceived a stronger physician-patient relationship compared to physicians. Physicians' strengths included providing patients with information and portraying genuineness and acceptance. Conversely, they struggled with working collaboratively with patients, assisting them in acquiring coping skills, and expressing empathy. Physician skills ratings showed an upward trend from their first-year medical encounters to the practicum counseling session. Conclusion: Counseling practicum can be a viable teaching method to develop the Accreditation Council for Graduate Medical Education core competencies in interpersonal and communication skills and patient care.

RP16: Mothers' Acceptability of Infant Providers Discussing Contraception: Comparison of Family Medicine and Pediatric Practices

Betsey Sorensen, MD; Robyn Latessa, MD; Blake Fagan, MD

Objective: To determine if mothers who brought their infants to family physicians versus pediatricians had similar views on the acceptability of having their infants' providers discuss contraception with them at their infants' well-child checks. Methods: Cross-sectional, convenience sample survey of 114 mothers at a family medicine office and 87 mothers at a pediatrician's office accompanying their child at well visits up to 17 months old. Results: Mothers (86% versus 78%) felt comfortable talking with their infants' providers about contraception and would be likely (84% versus 82%) to accept the advice of their infants' providers to see their doctors regarding contraception or (76% versus 68%) to use a prescription from their infants' providers for contraception. Conclusions: Mothers are comfortable talking with infant providers about contraception.

RP17: Urinary Tract Infection in Older Women—Is Age Alone a Marker of Complication?

Michael Grover, DO; Jesse Bracamonte, DO; Anup Kanodia, MD

Objective: Evaluate management of women >65 years old with urinary tract infection (UTI) symptoms. Method: Secondary analysis of data from previous study regarding management of UTI. Results: Twenty-six percent of UTI patients were >65 and otherwise medically uncomplicated while 21% were complicated elders. E. coli was a pathogen in 81% of uncomplicated elders' and 54% of complicated elders' cultures. E. coli sensitivity rate to TMP/SMX in both groups was 86%. Antibiotic treatment rarely needed to be changed due to culture results. Conclusions: Culture results in UTI patients change based on medical complication, not age. TMP/SMX is an effective treatment choice in appropriately selected patients. Older patients being medically complicated did not result in reduced sensitivity of E. coli to TMP/SMX but was associated with increased rate of other pathogens.

RP18: Awareness of Body Weight Status Among Family Medicine Clinic Patients

Jihad Irani, MD

Objectives: Determine the prevalence of accurate perceptions of body weight status and assess awareness of risk and willingness to change. Design: Cross-sectional survey of 356 clinic patients. Methods: Patient questionnaire and chart review. Results: Of those with BMI>25, 57% underestimated their weight status. Eighty-six percent of obese and more than 90% of morbidly obese recognized their weight increased risk and wanted to change. Overweight who inaccurately underclassified did neither. Conclusion: Inaccurate self-perception of weight status among those with BMI>25 was common. Most with BMI>30 were aware their weight increased risk and were willing to change. Most with BMI 25-29.9 who underclassified their weight status were unaware of their increased risk. This subgroup may benefit from intervention to increase awareness.

RP19: Frequency of Attendance at Religious Services and Cause-specific Mortality in a US National Cohort

Dana King, MD

Objective: To determine whether increased frequency of attendance at religious services is associated with cause-related mortality. Methods: Analysis of the NHANES III from 1988 to 2000, including 14,223 adults and 2,033 deaths. Results: At baseline, 26.1% reported attending religious services weekly and 8.6% more than weekly. Compared to non-attenders, the age-adjusted hazard ratio (HR) for cardiovascular deaths for weekly attenders was 0.77 (95% CI 0.63–0.94), and for more-than-weekly attenders was 0.76 (95% CI 0.57–1.02). The HRs for cancer death were 0.84 (95% CI 0.65–1.10) and 0.39 (95% CI 0.26–0.59). After adjusting for all confounders, the HR for more-than-weekly attenders remained significant for cancer death (HR 0.41, 95%CI 0.27–0.63). Conclusions. After controlling for confounders, attendance at religious services is associated with cause-related mortality from cancer.

RESEARCH POSTERS

THURSDAY, APRIL 26 - SATURDAY, APRIL 28

RP20: Tips for a Successful Research Submission

Erik Lindbloom, MD; Naomi Lacy, PhD

Each year the STFM Research Committee receives around 100 submissions to review for the Annual Spring Conference. This poster will outline the review process and share the qualities that reviewers look for, potentially increasing your likelihood to get a submission accepted. These tips should help you in submitting your work to other conferences and journals as well.

RP21: Career Development Awards for Aspiring Researchers

Caroline Richardson; Erik Lindbloom, MD

A variety of junior and mid-level faculty research funding opportunities are available, and this poster presents the details of many of these programs. Grants from the National Institutes of Health, the Robert Wood Johnson Foundation, and the American Cancer Society are among those presented.

RP22: The Grant Generating Project

Co-sponsored by many family medicine organizations, the Grant Generating Project has graduated a host of family medicine faculty members who have achieved great success in securing funding for their work. This poster outlines the GGP's past success, current application process, and future curriculum.

FELLOWS WORKS-IN-PROGRESS POSTERS

Grand Ballroom North

FP1: Cervical Cancer Screening Practices Among Family Physicians and Their Attitudes Toward Conflicting Guidelines

Bianca Chiara, MD; Irina Erlikh, MD; Arifa Siddiqui, MD

Rationale: There are conflicting guidelines concerning cervical cancer screening published by different organizations, including ACOG, ACS and USPSTF. Family physicians find themselves at the fore-front of responsibility for carrying out cervical cancer screening practices and faced with necessity to incorporate different guidelines into their daily practices. Objective: To find out how the existing guidelines are being incorporated into family physicians' cervical cancer screening practices. Methods: Focus groups will be conducted across four categories of physicians based on training level and academic affiliation. Practice preferences, attitudes and actual screening practices will be noted and data will be analyzed by qualitative methods.

FP2: Evolution of Qualitative Interviews of Physicians with Different Rates of Colon Cancer Screening

Cathleen (Katie) O'Farrell, MD

Context: There is wide variability among clinicians' practice performance scores for the completion of colorectal cancer screening (CRCS) tests by their patients. Objectives: Determine the message components of a provider's self reported conversation with patients regarding CRCS. Use the message components determined in initial interviews to evolve the probes used in subsequent interviews, using the probes that elicit the most specific distinct message components. By the end of the project, determine which provider message components are associated with a measurable high or low rate of CRCS test completion by that provider's patients. Design: Performance measures for CRCS based on HEDIS criteria. Providers with very high or low scores invited for interviews. Results: See poster for preliminary results.

FP3: Chlamydia Associated With Cervical Intraepithelial Neoplasia and Cancer: A Systematic Review

Steven Wolfe, DO

Persistence of human papillomavirus (HPV) infection is a proven cause of cervical intraepithelial neoplasia (CIN) and cervical cancer. Yet, the role of other sexual transmitted diseases (STDs), specifically Chlamydia trachomatis, remains unclear. With the new HPV vaccine potentially eliminating 70% of cervical cancer, other less established associations of CIN and cervical cancer will need to be defined. We identified 16 research articles addressing the association of Chlamydia with CIN and cervical cancer, all of which adjusted for the presence of HPV. Only two articles also adjusted for cigarette smoking, which is also associated with CIN and cervical cancer. Preliminary results of the analysis demonstrate an association of Chlamydia with CIN and cervical cancer. Final results will be reported at the conference.

FP4: Bupropion and Nicotine Replacement Therapy versus Nicotine Replacement Alone for Smoking Cessation

Jacquelyn Nystrom, MD, MPH

Background and Objectives: Nicotine replacement therapy and Buproprion are widely used to improve smoking quit rates, but the effect on quit rates of both therapies used together is not clearly defined. This study compares the 6 month quit rates of smokers who used combination therapy versus nicotine replacement alone. Methods: In a retrospective case-controlled chart review, smokers will be considered cases if they used combination therapy, and controls if nicotine replacement therapy was used alone. An odds ratio will be calculated. Results: Pilot data using 85 patients have revealed a 6 month quit rate of 83.5 %. Previous nationally published quit rates using Buproprion or nicotine replacement therapy have approximated 30%. Conclusions: Combination therapy improves quit rates over either pharmacologic therapy used alone.

FP5: Evaluation of Smoking Cessation at the Family Medicine Center

Kerry Hynes, MD

Smoking is the leading preventable cause of death in the US, yet smoking cessation advice is not consistently given by physicians. We compared patient and physician perceptions regarding smoking cessation attempts. Hypotheses were as follows: cessation of smoking is not addressed at every visit with smokers; physicians overestimate frequency of addressing smoking cessation; and, most patients believe their physician can help with smoking cessation. A questionnaire was administered to a convenient sample of 50 patients who identified themselves as current smokers and all 18 physicians at a family medicine residency clinic. Physicians underestimated the number of quit attempts per patient, patients currently considering quitting smoking, and visits at which smoking cessation is addressed. Overall, physician practices can be improved to assist patients with smoking cessation.

FP7: Environmental Tobacco Smoke Incidence in the Family Practice Population

Robert Quattlebaum, MD; Frampton Henderson, MD

Parental smoking occurs in 25-43% of parents, but physicians only ask about environmental tobacco smoke (ETS) in half of office visits. The purpose of this project in progress is to determine the rate of ETS in the MUSC Family Medicine patients, and determine the rate of physician counseling within the practice. The population is parents of children aged less than 2 years. An ETS screen will be embedded into the electronic medical record well child templates. The incidence of ETS and the frequency of cessation counseling will be obtained by chart review conducted every 2 weeks. If a significant population is found to be routinely exposed to ETS, an intervention to provide counseling to providers and parents will be designed and evaluated.

FP8: Training in End-of-Life Care in Medical School

Lisa Vargish, MD, MS; Sandy Smith, PhD; Don Scott, MD, MHS; Rita Gorawara-Bhat, PhD

Background: Many medical schools are addressing End-of-life Care (EOLC) within their curriculum. In order to enhance EOLC curriculum at the University of Chicago, a learner's needs assessment was performed. Purpose: To evaluate EOLC educational needs and current EOLC curriculum. Methods: Medical students participated in an online survey and focus group session asking questions about exposure to, importance of learning, and confidence in performing EOLC skills compared to other medical skills (OMS). Results: The survey showed students rated EOLC skills more highly than OMS, despite lower confidence in performing EOLC. Focus group participants complemented these results, reporting needs for systematic teaching of EOLC skills. Conclusions: Despite low confidence in performing EOLC skills, students rated EOLC skills as very important and expressed a vital need for them.

FP9: Knowledge of Diabetes Mellitus Care Guidelines Among Family Medicine Residents

Gretchen Dickson, MD; George Harris, MD, MS; Ethan Richard, DO

Clear understanding of diabetes mellitus care guidelines is essential for a resident physician to ensure that patients receive appropriate high quality care. A survey of 39 family medicine residents in a community-based, university-affiliated program revealed that knowledge of diabetic care guidelines varies significantly with training year. Knowledge of correct tetanus vaccination frequency and acceptable systolic blood pressure in non-diabetics increased from PGY-1 to PGY-3 classes. However, knowledge of appropriate TSH testing frequency, acceptable A1C levels for stable type I and type II diabetics as well as acceptable postprandial glucose levels decreased from PGY-1 to PGY-3 classes. Such decline may reflect that as residents increase their clinical experience their response regarding guidelines are more reflective of their clinical actions than abstract knowledge.

FP10: Evaluation of a Family Medicine Residency in the Care of Patients with Diabetes

Gretchen Dickson, MD; George Harris, MD, MS; Ethan Richard, DO

Quality of care initiatives have increased dramatically in recent years, especially in examining diabetic care. However, many studies have focused on the performance of private clinics or faculty practices rather than studying the quality of care offered by resident physicians. Many assume that resident clinics provide lower quality of care because of lack of clinical experience, increase in patient non-compliance or increase in patient acuity. In order to determine the quality of care offered by a community-based, university-affiliated family medicine residency program, a chart review of 115 patients cared for in a resident run clinic was undertaken. The average A1C was 7.37 with average LDL of 91. Hence, resident-run family medicine clinics can provide high quality care to diabetic patients.

FP11: Management of Hyperglycemia in Newly Diagnosed Type 2 Diabetes at the Family Medicine Center

Mary Beth Latayan, MD

Type-2 diabetes is epidemic - 35% US adults. Achieving glycemic goals can substantially reduce morbidity. Study purposes: (1) evaluate treatment of type-2 diabetic, and, (2) evaluate and compare attendings' and residents', attitudes and practices. Retrospective chart review (N=96) and physician survey (N=20). Residents and attendings differences: comfort level in managing patients and insulin levels; perceived barriers initiating insulin (lack of knowledge, 44% residents 11% attendings, and patient resistance/readiness, 45% attendings, 0% residents). Newly-diagnosed type-2 diabetics started on metformin alone did poorly at achieving 7.%. Combination drug therapy must be initiated early in disease process. Newly-diagnosed type-2 diabetics who have progressed to triple oral antidiabetic drug therapy have the highest mean HbA1C of 8.8. There was resistance among patients and providers initiating insulin therapy.

FP12: IN STRIDE: Innovation in Student Teaching and Resident Instruction for Diabetes Education

Michelle Roett, MD, MPH

"IN STRIDE" will prepare future physicians for the challenges of diabetes. Targeted experiences for medical students and family medicine residents will introduce approaches to: teaching self-management skills; addressing contributing psychosocial factors; and quality improvement. A student course will introduce adult learning styles, cultural and linguistic competency, and the influence of health literacy on teaching self-management skills. A resident curriculum will concentrate on quality improvement in diabetes care with introductions to performance measurement and incentives. Residents will also lead student exercises. Online evaluative mechanisms will assess closure of educational gaps. "IN STRIDE" will result in: improved knowledge and clinical skills; the development of online educational modules for students and residents; continuing education for faculty; and patient educational materials adapted for health literacy, cultural and linguistic competence.

FP13: Is Postpartum Depression Under Diagnosed in an Urban Minority Population in Hoboken, NJ

Nicole Tully, MD; Additional Author: Imane Bentahar, MD

Research Question: Is postpartum depression under-diagnosed in an urban minority population in Hoboken, NJ? Objective: Our goal is to determine the prevalence of postpartum depression in an urban community in Hoboken, NJ, by using EPDS, compare it to the rates before implementing the EPDS and to determine if PPD was under-diagnosed. Methods: A chart review will be done to record rates of PPD diagnosis from 1/06 to 12/06. All postpartum patients will receive EPDS starting 1/15/07. Another chart review will be done 3 months later to record the rates of diagnosis. Rates of depression will be compared. Age and ethnicity will be considered as co-variates.

FP14: Distant Vision Impairment Is Associated With Depression in Older Mexican Americans

Jesus Garcia-Gallegos, MD, PhD

We used data are from the Hispanic EPESE to determine the association between distant vision impairment and depressive symptoms (CES-D= Center for Epidemiologic Studies Depression Scale). Corrected bilateral distant vision was the main independent variable. In full adjusted linear regression models, distant vision impairment was significantly associated with higher CES-D scores at baseline (β=1.78 SE=0.53, p <0.001), 2 (β=2.72 SE=0.49, p <0.0001), 5 (β=1.21 SE=0.59, p <0.05), 7 (β=1.35 SE=0.54, p <0.05), and 11 years (β=2.64 SE=0.79, p <0.001). In a full adjusted mixed model, there was a cross-sectional association through the 11 years of follow-up between distant vision impairment and higher CES-D scores (estimate= 1.427, SE=0.25, p<0.0001). In conclusion, older Mexican Americans with distant vision impairment were more likely to present higher depression scores.

FP15: Diagnosing Iron Deficiency in Children

Sital Bhargava, DO; Linda Meurer, MD, MPH

Various tests have been used to diagnose iron deficiency, but no consensus has been achieved on which diagnostic approach is the best test. We will conduct a systematic review of diagnostic tests for iron deficiency in young children in order to obtain overall estimates of test sensitivity and specificity. We hope to help with the development of guidelines for the diagnosis of iron deficiency in young children.

FP16: Assessing Access and Barriers to Prenatal Care and Impact on Perinatal Outcomes

Grace Park, MD

Studies have shown a positive relationship between comprehensive prenatal care and reduction in preterm labor and potentially infant mortality, especially in high-risk populations: adolescents, low socioeconomic blacks and Hispanics. This study will assess the timing of entrance and perceived barriers to prenatal care and impact on perinatal outcomes in a Medicaid population with limited available prenatal providers in a midsize city. Prenatal patients at a local non-profit health center will be surveyed to identify perceived barriers to seeking early care. A chart review of an equivalent group will compare the birth outcomes of early versus late prenatal care cohorts. Survey analysis will provide descriptive statistics of perceived barriers to care and the chart review will describe birth outcomes as relates to timing of prenatal care.

FP17: Contraceptive Self-Efficacy Among Female Adolescents

Amy Yosha, MD; Additional Authors: Sarah Prager, MA, MD; Anna Kaminski, MS, MD

Many strategies that aim to reduce unintended pregnancy focus on providing information rather than exploring attitudes and behaviors. Examining contraceptive self-efficacy among female adolescents at different points in their reproductive lives offers us a unique insight into levels of contraceptive motivation. Contraceptive self-efficacy (CSE) refers to the level of conviction that one can control sexual and contraceptive situations to achieve contraceptive protection. Using a self-administered, anonymous survey, I hope to assess contraceptive self-efficacy among adolescents presenting for terminations, pregnancy testing, and contraception at an urban family planning clinic. I plan to analyze the results of the surveys by looking for associations between CSE and various contraceptive patterns. The goal of this research is ultimately to develop interventions meant to improve CSE and decrease unintended pregnancy.

FP18: Evaluation of Factors Associated With Health-related Quality of Life in COPD Patients

Pompeyo Chavez, MD

Context: COPD is a leading cause of mortality in the US. Despite its impact in quality of life few studies in the US have compared HRQL with guideline recommended treatments. Purpose: To evaluate the factors associated with health related quality of life in COPD patients attending a primary care clinic. Design: Cross sectional Survey and Medical Record Review. Participants: One hundred and fifteen patients with COPD confirmed by spirometry. Instrument: The St. George's Respiratory Questionnaire will be used as patients self report. Any changes in therapy, smoking status or spirometry testing will be collected in a data abstraction form. Outcomes: To establish the health related quality of life of the patients with confirmed COPD. To determine which factors are associated with HRQL in COPD patients.

FP19: Has Our Understanding of the Metabolic Syndrome Translated Into Improved Clinical Practice?

Dhrumil Shah, MD; Cintas Fidel, MD

Rationale: Early recognition and management of the metabolic syndrome leads to improved patient outcomes. Objective: To identify if family physicians are recognizing and managing metabolic syndrome as recommended. Methods: Randomly assigned retrospective anonymous charts review derived from adult urban minority patient population will be conducted. Charts will be abstracted for each component of the metabolic syndrome and management that physicians are implementing. Data will be analyzed to determine whether clusters of metabolic risk factors are recognized and managed appropriately as recommended. Age, gender, race and other demographic variables will be incorporated in the study.

FRP20: Optimal Dosing of Candida Antigen for Treatment of the Common Wart

Sara Bruns, DO

There are several ways to treat common warts including freezing, caustic applications, excision and injection of Candida antigen. Using Candida antigen has been shown to be beneficial, but the optimal dose has not been studied. The working hypothesis of this study is that those patients receiving 0.2 cc of Candida antigen will have more complete resolution of their primary warts than those patients receiving 0.1 cc. Patients were assigned to a randomized, computer-generated list. The primary wart was injected at the base. Preliminary data shows patients injected with 0.1 cc had 57.1% resolution of the injected wart, while 84.6% of those injected with 0.2 cc had resolution of the injected wart.

FP21: Coincidence of Hip Adductor Inflexibility and Hyperpronation in Adolescent Male Athletes

Jim Winger, MD

Musculoskeletal overuse injuries represent a large portion of office visits. One risk factor for adolescent athletes is that flat feet predisposes, via anatomic misalignment, to inflexibility of their groin muscles. Validation of this relationship may lead to further injury prevention. The purpose was to evaluate any association between hyperpronated feet and hip adductor inflexibility and effect of orthotics Observation study is proposed with 400 males (age 15-18). Physicians evaluated hip adductor flexibility (90 degrees or more) or inflexibility (less than 90 degrees) via FABER test. Results (with 200 of 400 to date) failed to show statistical association between hyperpronated feet and inflexibility of hip adductor musculature, regardless of orthotics. With projected sample of 400, a clinical difference of 10% will be statistically significant.

FP22: Use of Complementary and Alternative Medicine for Back Pain: Factors Associated With Perception of Helpfulness

Anup Kanodia, MD

Background: Use of complementary and alternative medicine (CAM) for the treatment of back pain is common, but little is known about factors associated with improvement. Methods: We used data from the 2002 National Health Interview Survey (NHIS) and examined the associations between perceived helpfulness of CAM therapies and socio-demographic and clinical factors, specific CAM modalities, and reasons for CAM use. Results: Approximately 6% of US population used CAM to treat their lower back pain and 60% perceived "a great deal" of benefit. Factors associated with increased benefit were: being elderly, female, less than a high school education, private insurance, positive self-reported health status, disbelief in conventional treatment, and self-referral to CAM. Conclusions: We identified specific factors associated with perceived benefit from CAM for back pain

FP23: How Effective Are Health Care Providers at Appropriately Screening and Treating Prenatal Patients With Tuberculosis

Julia Ejiogu, MD

Rationale: Due to the emergence of Multidrug resistant Tuberculosis, expansion of HIV infection, increasing immigration of women of child bearing age from countries with high incidence of

TB, the prenatal setting presents an opportunity to screen for and prevent maternal Tuberculosis and its effects on the newborn. Objective: Are health care providers promptly identifying and properly managing prenatal patients with high risk for LatentTB infection. Methods: Retrospective chart review of the prenatal population of a community health center in 1999 and 2005 will be used. Data analysis will encompass availability of screening with Tuberculin skin testing, proper documentation of treatment and follow up. Age, gender, ethnicity, and other demographic variables will be included in the study.

FP24: Physicians' Perspectives on Newly Implemented Electronic Records in Hospital Setting—Mayo Clinic Jacksonville Hospital Experience

Paula Salas, MD; Timothy Davlantes, MD

An electronic medical record (EMR) system has replaced paper-based medical records in the Mayo Clinic Jacksonville (MCJ) hospital. Previous studies investigating physicians' experiences regarding EMR mostly referred to outpatient based EMR. Results: Indicated ambivalence and frustration towards EMR. We intend to analyze physicians' perspectives regarding newly-implemented EMR in a hospital setting. Methods: The survey containing 12 statements using a 5-point Likert scale will be anonymous and self-administered through intranet. MCJ physicians will be asked to identify themselves as attending or resident/fellow physicians. Statistical analysis will follow. Clinical implications: The survey results may help to identify barriers to physicians' acceptance and may help to achieve better longitudinal patient care and facilitate education.

FP25: A Site-based, Brief Curriculum to Prepare Health Care Providers for an International Medical Mission

Shannon Bolon, MD

A destination-specific tutorial may be a convenient way to improve the quality of care delivered and participant satisfaction on an international medical mission. Database and organization website review failed to reveal a model curriculum with this purpose. I propose to use concise community assessment tools to construct a six-hour curriculum, based on Global Health Education Consortium recommendations, to prepare health care providers for an international medical mission to a specific community. The Shoulder to Shoulder Pittsburgh/San Jose, Inc. clinic in San Jose del Negrito, Honduras will serve as the prototype. Comparing participant and community perception of the quality of delivered health care before and after curriculum introduction will assess curriculum impact.

FP26: Clinical Inertia in Hypertension Management at an Urban Safety Net Hospital

Lauren DeAlleaume, MD

Objective: To determine patient, clinician and health care system factors associated with clinical inertia in underserved patients at an urban safety net institution. Background: Only 29% of adults with hypertension have their blood pressure controlled to target. Clinical Inertia i.e. clinician failure to initiate or intensify therapy when indicated, is one factor in poor rates of blood pressure control. Methods: Retrospective cohort study using electronic medical record and pharmacy databases. Variables associated with clinical inertia will be determined using a mixed effects linear regression model. Variables in the model include stage and type of hypertension, degree of blood pressure elevation, number and type of antihypertensive medications, adherence, visit type, time between visits, continuity, language concordance, diabetes, and demographic characteristics. Results: Presented at the poster session.

FP27: AMSA Humanism in Medicine Retreats: A Healthy Complement to Medical School Curriculum?

Amy Yang; Annastasia Kovscek, MD; Ilana Seidel

The 2004 AAMC report discussed the need for innovations in medical school education promoting humanism in medicine, including student well-being. This pilot quantitative study investigates student's self-reported changes in behaviors and attitudes towards well-being, after participation in an integrative, experiential Humanistic Medicine retreat, organized by students leaders at AMSA. For this study, voluntary surveys were administered immediately prior to, and 3 months following, each retreat. There was a 50% response rate; of the respondents, 59% were female, 52% were in their first or second year of medical school, and 59% were Caucasian. Results indicated students gained skill in self-care and coping mechanisms post-retreat. While initial results were promising, further evaluation is needed to address the short and long term effects of these experiential retreats.

FP28: Determination of Normal Spleen Size in College Age Athletes

John Hulvey, MD

The proposed research project stems from the paucity of data in the family medicine and sports medicine literature on what constitutes a normal spleen size in the college athlete. The relevance of this topic is in determining when an athlete with splenomegaly may safely return to contact sports. The study goal will be to determine normal spleen size in college athletes, its variation over time, and how size relates to BMI. The study cohort will consist of 50 College of Charleston Athletes. Sonographic measurements will be taken on three separate dates at one month intervals. Spleen dimensions will then be correlated with BMI and Analysis of Variants will be used to measure the mean differences between successive spleen sizes.

FP29: The Influence of Patient and Injury Characteristics on Efficacy of Subacromial Steroid Injection-

Nicholas Finley, MD

Background: Various studies have investigated the efficacy of steroid joint injections. However, outcomes show wide variation and are limited by small study populations. Hypothesis: Certain patient characteristics and historical factors of shoulder pain can be identified and will help better predict the efficacy of subacromial steroid injection. Methods: This trial is being coordinated as a multicenter prospective observational trial. Two family medicine residencies with sports medicine interest and one sports medicine private office will study a population of 250 patients ranging from age 18-70. Data collection includes patient demographics as well as pain duration, functional status (Quick DASH survey), examiner's diagnosis, physical therapy use, smoking, and narcotic medicine requirement. Results: Outcomes will assess pain level, range of motion, and functional status improvement.

FP30: Determinants of Military Medical Student Interest in Family Medicine

Irene Rosen, MD

Family medicine (FM) has seen a decline in interested applicants over the past several years. By identifying the factors that have most influenced students to choose FM, we can focus our recruitment efforts in a way that will attract more qualified applicants in the future. The purpose of this study is to systematically evaluate the factors that affect today's military medical students' choice of medical specialty. An electronic survey of 311 Uniformed Services University of the Health Sciences and Health Professions Scholarship Program students showed that students choosing FM are motivated by different factors than students choosing other specialties, and we may influence student recruitment by focusing on the strengths of our specialty and highlighting these strengths during clinical rotations.

FP31: Patient Self-education: Where Do Our Patients Go for Health-related Information?

Michael Bakheet, MD; Peter Warren Jr, MS; Ralph Gillies, PhD

Introduction: In 2003, 62% of American households had computers; 55% had Internet access. Increasingly, Americans are consulting Web sites for medical information. We assessed patients' medical information sources and perceived importance. Methods: 160 patients at a family medicine (FM) clinic were approached; 116 patients (72.5%) completed the survey [Mean age 47.3 years (SD=14.6, 19-81), 66.1% female, 42.7% African American and 49.1% Caucasian]. Results: 56.1% accessed Web sites at least daily; 70.2% reported at least intermediate computer skills. For health concerns, patients consulted physicians most, followed by friends/family and Web sites. Significant racial differences were also found. Discussion: Family medicine patients have similar computer and Internet access as the general population. Physicians continue to be primary sources for medical information, but patients are also seeking information elsewhere, which may affect treatment adherence.

FP32: Health Literacy as Measured by the Newest Vital Sign

Lisa Shah, DO; Patricia West, PhD, RN; Katarzyna Bremmeyr, MD

Introduction: Determining patients' health literacy is a major challenge for primary care physicians. The purpose of this study is to test the "Newest Vital Sign (NVS)," an assessment instrument measuring health literacy. Methods: The NVS will be administered to a broad cross section of 1000 primary care patients from various clinical settings. Patients' demographic information and health information will also be collected. Statistical analysis will be performed to determine correlations between NSV scores and BMI, smoking habits, age, and gender and education level. Predicted Results: Thus far, we have recruited over 600 participants. It is predicted that the NVS will be easily and rapidly administered in the primary care settings. After scoring the NSV and comparing the results among different subjects, patterns will be detected.

FP33: Developing a Rapid Phone-based Physical Activity Measurement for Older Adults

Charles Mayer, MD

Objective: To develop the first rapid older adult phone-based physical activity questionnaire (OATPAQ) for use in clinic, research and public health settings. Methods: The strengths of the validated, written Rapid Assessment of Physical Activity (RAPA) was used to create a phone-based questionnaire (OATPAQ). A cross-sectional study design with community-based older adults was piloted to improve the questionnaire and to compare it with the written RAPA. Results: 46 older adults (mean age 72) completed the OATPAQ and written surveys. Four successively improved versions of OATPAQ were developed. A Spearman's correlation coefficient of .66 and a Kappa statistic of .52 were found. Conclusions: The OATPAQ represents a good starting point for developing a useful phone-based physical activity survey for older adults.

FP34: Physician's Awareness of Prevalence and Side Effects of Herbal Remedies Used in Our Communities

Sheryl Abraham, MD

Approximately one-third of Americans use alternative methods. The current approach of physicians is essentially "don't ask, don't tell". When patients do report their use, physicians tend not to record this information. The attitudes and knowledge of physicians related to herbal remedies and its utilization by their patients were collected in this study. Patients were asked about the use of alternative medicines and to disclose that information to the physicians. The number of physicians asking their patients about herbal use is less than 10% during clinical encounters, estimating the use by their patients to be less than 10%. When polling the patients, the prevalence of use was around 30-40%. We recommend efforts be made by doctors to evaluate polypharmacy since overlooking it may impact healthcare adversely.

FP35: Patients as Partners: Developing a Chronic Illness Care Curriculum for Family Practice Residents

Gail Patrick, MD, MPP

Background: The needs of patients with chronic medical conditions are not well met within our current medical system. The Future of Family Medicine report advocates for changes

in practice at all levels, including medical education, to address this deficiency, using methods consistent with the chronic care model. Currently, few published reports exist regarding training in chronic care principles for residents. Methods:The purpose of this project is to assess the extent to which family practice residents incorporate principles of the chronic care model in daily practice, with the aim of developing and evaluating a curriculum, including interactive workshops, to enhance these skills. Anticipated Results: The workshops will provide residents with a new approach to the management of chronic conditions to improve patient care.

FP36: An Oral Health Family Medicine Residency Curriculum Impact on Resident Attitudes and Intent to Practice

Rosalia Mendoza, MD, MPH

The CDC reports that dental caries are perhaps the most prevalent of infectious disease among children. US medical education has traditionally provided very limited training in oral health (OH) care to primary care providers in training. This is a prospective experimental study of the relationship between implementation of an OH curriculum and the impact on resident attitudes and intent to practice in a University of California San Francisco Family Medicine (FM) residency training program. Second year FM residents will be compared with 3rd year residents and recent alumni controls at one and two year intervals, with a sample size of 52 participants. Outcomes variables include provider attitudes, and comfort level and intent to practice OH screening techniques.

FP37: A Longitudinal Curriculum in Family-oriented Primary Care for Family Medicine Residents

Amy Odom, DO

There is a growing body of evidence that suggests family involvement or lack of involvement in patient care affects outcomes. National health organizations and the Accreditation Council on Graduate Medical Education recognize the need for family-oriented health care. To fill this need I am developing a curriculum on family-oriented primary care, the modules of which will be delivered over the three-year course of the residency. The units teach both core skills and content. Residents will be assessed, not only on their knowledge, but also on their performance of these skills. The pilot unit on performing a family-oriented interview with an individual patient will be presented to 15 residents in March 2007.

FP38: Open-access Scheduling Decreases Continuity of Care

Kathy Phan, MD; Steven Brown, MD

Open-access scheduling does not change continuity in a family medicine residency clinic. Objective: Continuity of care is valued in family medicine training. We examined interpersonal continuity in a family medicine residency clinic under open access scheduling compared to traditional scheduling. Methods: Review of patient visits in 2001-2002 during traditional scheduling compared to visits in 2004-2005 during open access scheduling. Calculation and comparison of mean values of the usual provider index (UPC) and the modified continuity index (MMCI) for a sample of eligible patients. Results: The average UPC in 2001-2002 was 0.555 and was 0.528 in 2004-2005. The average MMCI was 0.468 in 2001-2002 and was 0.434 in 2004-2005. Conclusion: Open access scheduling resulted in no change in continuity.

Expanded Poster Session—*This year's conference continues to provide two innovative scholastic poster sessions, allowing for more presenters to participate in the conference. The first session will be displayed at Thursday evening's Research Fair and Educational Exhibits, and Friday morning's refreshment break. The second session will be displayed at Friday afternoon's refreshment break, and Saturday's breakfast and open lunch. Presenters will be available during scheduled times to discuss their poster presentations.*

SESSION 1:

THURSDAY, APRIL 26 5:30–7 PM AND FRIDAY, APRIL 27 10-10:30 AM

Grand Ballroom North

SP1: What Is Wrong With Telling Residents About My Health Issues if It Helps in Teaching?
Alan Wolkenstein, MSW; Brian Wallace, MD

Problem: Although family physicians share personal health information with patients, limited information exists regarding faculty sharing health histories in teaching. Importance: To determine faculty's attitudes about using personal health information in teaching residents. Description: Convenience sample of family medicine faculty from two residency sites and The STFM Forum (n=40) completed a survey (10-item attitude scale with an item about the frequency of participants' actual disclosures). A faculty development session was conducted. Data was collected using five video precepting encounters (generated by the research participants) in which faculty self-revealed to residents. Summary: 39/40 participants reported they used their personal health issues in teaching. However, there was division regarding ethics, boundaries, and benefits/risks. The faculty development session revealed parallel concerns as stated above.

SP2: "Let's Have a Clinic:" A Collaborative Project Providing Free Care to Children and Youth
Mary Wagner, MD

The University of Minnesota/Methodist Hospital Family Medicine Residency Family Practice Center has a high adult outpatient volume and relatively low numbers of children and adolescent patients; meanwhile, the community in which it is located had children and teens with unmet needs for health care. We will describe an innovative collaboration between our residency and community to provide a free clinic, staffed by residents, which both provides for the health care needs of the youth in our city as well as increases the training in child and adolescent medicine and community health for our residents. The poster will describe how the clinic was developed and funded, how issues of confidentiality and continuity are addressed, and what potential barriers might be faced with the development of similar clinics.

SP3: Homeless Outreach: A Student-driven Model for the Future of Family Medicine
David Deci, MD

Much has been written with regard to the Future of Family Medicine and the elucidation of core attributes and skill sets that future family physicians need to possess. Articulating and demonstrating these principles within the curriculum is a daunting task. Using a student-driven and street-based outreach to the homeless, key concepts such as health care access, coordination and comprehensiveness of care, compassionate nonjudgmental service, and patient centeredness are brought to life in ways that are both meaningful and visceral for students. This poster will outline the manner in which this particular service learning can transform the lives of both students and homeless clients. The impact that community connectedness, peer mentoring, and role modeling in a collaborative environment has on students is described.

SP4: Enhance Well Child Care Education Using a Pediatric Literacy Intervention (Reach Out And Read)
Suki Tepperberg, MD, MPH

Family medicine residents and physicians are a powerful and direct source of health education in urban and rural underserved communities. A growing body of research demonstrates that literacy promotion in the primary care setting offers a unique opportunity to affect parental behavior and stimulate parental practices, which promote early reading-related behaviors, language development, and other school-readiness skills. These literacy skills are key components to the future school success and better medical and economic health for these families. Training residents using a coordinated approach to child development will enhance their confidence and abilities in caring for young families. The Reach Out and Read office-based intervention is one such coordinated approach for consideration.

SP5: Value Innovation in Office Practice and the Future of Family Medicine (B)
Scott Fields, MD; John Saultz, MD; Jennifer Lochner, MD

Family medicine needs to engage in a process of value innovation. Value without innovation won't differentiate yourself. Innovation without value is often technology driven but not something that will be paid for by the public. Value innovation includes driving down costs, while increasing value to the customer. We need to develop a personal medical home that is compelling to patients, engenders commitment, and helps patients feel connected, yet is financially sustainable. By focusing on patient-centered practice and value innovation, it is possible to transform care to our patients.

SP6: Get Wired!: Incorporating Medcasts Into the Residency Curriculum
Melissa Stiles, MD; Kathleen Walsh, DO

Medcasting (podcasting and videocasting) will be one of the primary mediums for medical education in the next 5 to 10 years. There is a broad range of uses for medcasting within family medicine. This poster will focus on utilizing podcasting as an adjunct to the geriatric curriculum for family medicine residents. This poster will cover the basics of developing a podcast and the potential for medcasting within family medicine.

SESSION 1

SP7: Is the Family in? A New Approach to Home-visit Training in Family Medicine Residency

Avra Goldman, MD; Alysa Veidis, NP

Objective: We have developed a home visit training program within our residency that reflects the full spectrum of family medicine. Methods: Over the course of their 3 years, our residents participate regularly in home visits with a faculty member, nurse practitioner, and a clinical pharmacist. Residents choose patients from their panels and visit them with the team. Results: Over the course of the 7 years of our residency, our home visit program has evolved into one that ranges from the care of the newborn and new mother to the care of the dying and all issues in between. Patient and residents' satisfaction is very high. Implications: Home visit training that incorporates patients through the life cycle has great value for the learner and great efficacy for the patients.

SP8: Creating Personal Evidence About Behavior Change: Improve Your Health Habits Before Helping Others

Richard Botelho, MD

Evidence-based, brief interventions for reducing risk behaviors in primary care address only superficial change and work for 2%-20% of patients. What can practitioners do when these interventions fail? Experience-based learning can complement and address the limitations of evidence-based guidelines. Patients can become the researchers of their own behavior change and create their own personal evidence about change. Structured learning exercises can help patients explore deep change: understanding emotional resistance; changing perceptions about risks, benefits, and harms; examining motives; and changing values. Practitioners need first-hand experience of creating their own personal evidence about healthy behavior change, before they can effectively guide patients through the same process.

SP9: Ethical Implications of Collaborative Practice in Primary Care and Psychology

Aubree Guiffre, MS

The emerging field of primary care psychology is far-reaching and offers innumerable experiences for psychologists in health care delivery and policy reform. Collaboration between biomedical and behavioral health professionals, the ethical responsibilities of physicians and psychologists, and potential ethical issues that may arise as a by-product of this collaborative force are important clinical issues for providers to consider. This paper will address the collaborative relationship between physicians and psychologists, several common standards each professional ethics codes espouse, and the areas of potential ethical violations, including respect for patient's autonomy, confidentiality, and informed consent and boundaries of competence in practice. Additionally, it will consider an acculturation model for bridging the professional and ethical complexities in each profession.

SP10: Case-based Clinical Problem Solving and Evidence-based Medicine

William Cayley, MD

As medical students enter clinical training, they must learn to integrate medical knowledge into patient care. Our primary care clerkship uses weekly case discussions to educate students in the clinical application of evidence-based medicine (EBM). Students are asked weekly to present evidence-based answers to questions arising from real-life clinical experience and to critique both the quality and clinical applicability of the evidence. This poster will describe the implementation and evaluation of the case-based curriculum in EBM, including review of students' evaluations, discussion of students' qualitative feedback, and the implications of that feedback for further curricular development in evidence-based medicine education.

SP11: Initiation of an OB Ultrasound Experience for Residents Within a Family Medicine Clinic Setting

Anne-Marie Lozeau, MD

Family physicians are important in the delivery of obstetrical care. Our faculty believes that it is important for us as teachers of family medicine to do everything we can to assist our residents' comfort with continuing to provide obstetrical care to their patients as they move into their future practice settings. We feel that teaching the residents basic obstetrical ultrasound skills will enhance their comfort with taking care of obstetrical patients. We also believe that for residents who move on to practice in a rural setting, it will allow them to provide needed services that may not be easily accessible otherwise. Formal teaching of basic obstetrical ultrasound skills is something that is attainable for all family medicine residency programs.

SP12: Samples: Method to Improve Patient Safety and Provider Satisfaction

Michelle Hilaire, PharmD; David Marchant, MD; Marcia Snook, RN, BSN

Sample medications have become a mainstay in some residency programs for providing care for the underserved. JCAHO-accredited facilities are mandated to log medication, dose, amount, lot number, and expiration date to ensure patient safety in the event of a manufacturer recall. We have developed a sample program that follows JCAHO requirements and allows for patient counseling on all medication samples dispensed. A pager system was developed to allow for accurate logging and dispensing of samples that are tracked using Excel® log sheets. Providers in our clinic have found this program to be easier to use since an up-to-date list of current sample medications can be accessed from their computers while seeing patients instead of having to search through cabinets of medications.

SP13: Does Your Organization Have an Auto-immune Disorder? Overcoming Immunity to Change and Transformation

Peter Ham, MD; Daniel McCarter, MD; Nina O'Connor, MD

The complex organizations of medicine in general and academic family medicine in particular require increasing ability to change. As we know from asking patients to change behavior, there is a tendency to resist even clearly beneficial change. Often adaptive, these self-protective mechanisms may become auto-immune disorders that must be diagnosed for transformational change to occur. The model presented below invites individuals and organizations to self-diagnose and consider turning off the immune system. Based on 2 years of experience at UVA, we provide an example of clinical practice change in narcotic prescribing behavior and a chance for participants to explore this new technique.

SP14: The MF2 Program: Exposing Students to the Real Life of Family Physicians Through a Mini-fellowship

Joshua Freeman, MD; Pablo Blasco, MD, PhD; Adriana Roncoletta, MD; Thais Troll; Lucia Buss; Nelia Mendonca

Family medicine is not taught in Brazilian medical schools, and there are no family medicine faculty. Thus, promoting the discipline of family medicine in undergraduate medical students and encouraging them to choose family medicine as their career is a challenge. The Mini-Fellowship in Family Medicine provides an opportunity for medical students to work with Brazilian Society of Family Medicine physicians in a wide variety of clinical settings, to learn family medicine core values, and expose them to the real life of family physicians.

SP15: Preparing Learners for the Future Practice: The Group Medical Visit

Wadie Najm, MD, MSEd; Desiree Lie, MD, MSEd; David Morohashi, MD; Hector Llenderrozos, MD, MPH

Purpose: To evaluate the impact of participating in group medical visits on knowledge and understanding of chronic diseases and cultural issues. Rationale: The Future of Family Medicine report urges a change in the training of future physicians to respond to the complex medical, cultural, and administrative issues facing family medicine. Method: Third-year medical students complete a questionnaire before and after participating in a group medical visit focusing on diabetes among Hispanic patients. They are directed to write a reflection on their experience and to participate in debriefing. Results: Sixty-three students would have participated in this evaluation by March 2007. Data will be tabulated, and simple comparative analysis will be completed. Results will inform the role of group medical visits in improving student knowledge of chronic disease care.

SP16: Using an Office Poster Contest to Simultaneously Educate Residents and Patients and Boost Resident Morale

Jacqueline Weaver-Agostoni, DO; Ann McGaffey, MD; Jennifer Middleton, MD

Studies have suggested that morale is low among residents. Boosting morale is important for family medicine. Various strategies exist to accomplish this, but few have the added benefit of incorporating patient and provider education. Since 2003, our family health center has been holding an annual poster contest. Competing groups, composed of health care professionals and office staff, submit homemade posters dedicated to that year's medical focus. Posters are displayed in the waiting room, where votes for the best one are cast by anyone who sees them. After 2 months, winners are announced and prizes awarded. This project was originally meant to be a creative way to boost adult immunization rates through patient and provider education but proved to have the added benefit of increasing office morale.

SP17: Improving Office Efficiency Using Six Sigma and Factory Physics: Future or Folly? (B)

Deanna Willis, MD, MBA

Answering the telephones, registering patients, and scheduling appointments are tasks that family physician offices do thousands of times each year. The inevitable telephone call or registration that "takes too long"—or "no-show rate" that is too high—are problems that frustrate the office, but most offices do little to plan for those variations. Using six sigma and factory physics principles, we undertook projects to identify mechanisms to maximize efficiency in each of these areas. This poster will show results of these projects. The poster will describe available techniques, the applicability of the techniques in an office setting, and whether or not family medicine would benefit from building capacity in these skills and with what resources such capacity could be built.

SP18: Family Medicine Clinic Observation Activity

Nancy Barrett, EdD; Bharat Gopal, MD

Problem/Purpose: How can residents increase their appreciation of the Medical Office Assistant (MOA), Medical Administrative Assistant (MAA), and Registered Nurse (RN) roles in clinic functioning? Importance to family medicine: Providing an organized opportunity for residents to interact with health care professionals may help residents develop a more-effective management style in the future. Description of the Activity: Each resident completed a "before" survey of perceived task difficulty. Residents then spent 6 hours observing and practicing specific MOA, MAA, and RN tasks. Upon completion, residents identified the most difficult aspects, skills needed, potential barriers, and ways physicians could make tasks easier. Summary of Results. Resident narrative suggests increased sensitivity to staff tasks. Aggregate data identify practical opportunities for improved clinic functioning.

SP19: The Integrative Medicine Fellowship and Beyond

Erica Lovett, MD; Mari Ricker, MD

Family physicians have a responsibility to respond to evolving views of health care among their patients, including complementary and alternative medicine (CAM). Six family medicine programs created a pilot fellowship to meet this growing need. The goal of the fellowship is not to create a new family medicine subspecialty or certificate of added qualification; rather, it is to educate family physicians who practice medicine in an integrative manner that responds to the expressed needs of their patients. The first graduates are now mostly practicing in other family medicine residencies. The official fellowship is limited in its enrollment, but the concepts may be taught in any residency. We will review the integrative medicine fellowship and demonstrate how to bring the basic concepts home to your program.

SP20: BMI: The Sixth Vital Sign

Cathryn Savoca, MD, JD

Introduction: A 6-month quality improvement initiative was undertaken to improve the documentation of BMI and the diagnosis of obesity in a residency practice. Methods: Staff and physicians were asked to record a height and weight on all patients as well as check the box to calculate BMI in the electronic medical record (EMR). The physicians made the diagnosis of obesity for any BMI >30. Results: Eighty-seven percent of patients seen had a recorded BMI, compared to 24% of patients seen over the prior year. The rate of diagnosis of obesity improved from 1.8% to 7.2%. Conclusion: By establishing BMI documentation as a required vital sign in our office for a 6-month time period, we were able to identify more of our obese patients.

SP21: Death Certificates: A Part of Life

Ann Rodden, DO

Purpose: To improve the level of knowledge regarding death certificate completion by resident and attending physicians at a family medicine residency training program. Methods: A total of 52 resident and attending physicians were asked to complete an online survey with pretest, intervention, and posttest. Tests were scored by the Mid America Heart Institute Death Certificate Scoring System. Results: Fifty-seven percent of physicians responded, and 18 (35%) completed both surveys. A statistically significant improvement in overall knowledge scores from 22.0 to 24.7 (P=0.01) occurred. Resident scores changed from a suboptimal (17.7) to an optimal posttest score (23, P=0.03). Conclusions: An online education intervention may be useful in a residency training program to assist in the overall education in correct completion of death certificates.

SP22: Academic Boot Camp

Manjula Julka, MD; Dan Sepdham, MD; Laura Hofmann, MD; Alison Dobbie, MD

Problem: New faculty often lack academic skills training, familiarity with university environments, and peer support. Our Academic Boot Camp addressed these needs in several skills-based sessions over 3 months. Importance: This intervention may impact faculty satisfaction, retention, and advancement. Description: In 24 biweekly skills-based sessions, three new faculty formed a peer support group, acquired academic skills, and gained familiarity with university environments. Outcomes: Faculty delivered a peer-evaluated lecture, submitted STFM abstracts, started FPIN projects, identified areas of scholarly focus and mentors, and compiled academic CVs. They reported high satisfaction, increased confidence, and enhanced academic skills. Implications: The Academic Boot Camp was successful. We recommend the model to other family medicine departments.

SP23: Using the Arts to Teach Professionalism

Robin Winter, MD, MMM; Bruce Birnberg, MSW

The Accreditation Council for Graduate Medical Education requires all residencies to teach professionalism as a core competency. Existing curricula focus on intellectual approaches, utilizing lectures and clinical vignettes. None have incorporated creative media such as art or video. Using a variety of media to teach professionalism, we have engaged residents emotionally and evoked their passion and ideals in an innovative educational offering. This poster will describe all of the media we used, illustrate our methodology, and empower faculty to shape their own innovations in the difficult-to-teach arena of professionalism.

SP24: Problem-based Learning in Residency Education: An Evolving Model

David Marchant, MD; Kim Marvel, PhD

Problem-based learning (PBL) has been used successfully in medical schools to help students develop their medical decision-making skills. Is this teaching method feasible at the residency level? This poster will present a PBL format that has evolved from 3 years of application during resident educational conferences. It will describe the steps to developing effective teaching cases, methods for encouraging residents to actively participate, and strategies for using information technology during PBL sessions to answer resident-generated learning issues. This poster will present preliminary data showing resident opinions about this teaching approach.

SP25: Developing a Health Workforce Needs Assessment

Kelley Withy, MD

To demonstrate the training need for family physicians in rural areas of a geographically isolated state, mapping software was used to demonstrate the supply of family physicians in rural areas. Training patterns were used to demonstrate expected future distribution of providers. In addition, claims data, patient demographics, and population projections were used to map and project future demand for rural physicians. The mismatch is large and demonstrates need for additional recruitment, retention, and training of rural family physicians. This poster will describe the methods for performing such research as well as for accomplishing recruitment and retention.

SP26: The Incarcerated Family Medicine Patient—From Clinic to the Cell Block

Shira Shavit, MD; Lori Kohler, MD; Elena Tootell, MD

In urban areas, family medicine residents care for the city's vulnerable populations, including those at high risk for incarceration. Patients disappear only to return from prisons and jails with poorly controlled chronic diseases. To address this abrupt disruption in continuity, a focus in correctional medicine was developed by the Department of Family and Community Medicine at UCSF, in collaboration with primary care medicine and nurse practitioner training programs. Residents and students care for patients in the prisons and follow them in community practices when they parole. By providing direct care, inside and outside of the prisons, learners create new partnerships and develop unique models of collaboration between correctional and community providers, address the public health needs of this hidden population, and become advocates for change.

SP27: Teaching Old Dogs New Tricks: Communication Skills Training for Experienced Clinicians

Gretchen Lovett, PhD; Gail Swarm, DO; Helen Baker, PhD, MBA

Current models of health care communication are poorly understood and implemented by experienced clinicians. The importance of learning and refining communication skills has been established as a need for health care providers at all levels. Consensus on the set of skills that constitutes good health care communication has never been higher. In WV, these skills have been embraced by medical educators largely in the preclinical curriculum. But, our students leave us for what is probably the most inherently formative medical education experience that they will meet: namely clinical rotations. A workshop model is used to justify, validate, and develop these skills among our state's preceptors. Changes in attitudinal shifts, as well as cognitive knowledge and applied skill in the domain of communication skills, are noted.

SP28: Cross-cultural Communication for End-of-life Care: Teaching and Practice

Daniel Bluestein, MD, MS, CMD; Agatha Parks-Savage, EdD, LPC, RN

Discussion of code status is essential to care of older adults. Such discussions are hindered by cultural differences between patients and providers. Thus, family medicine educators must possess cross-cultural clinical skills for end-of-life care themselves and offer training and role-modeling in this area. Based on a successful predoctoral education program, this poster will offer an exportable template for such training that is both clinical review and educators' resource. It defines the extent of end-of-life care disparities, describes cultural variation in end-of-life-care preferences, and a theoretical basis for ineffective communication. Suggestions for programmatic interventions and for effective individual cross-cultural communication will be presented while video clips illustrating "bad" and "good" approaches.

SP29: The Next Step in EBM: Teaching Information Mastery

Allen Shaughnessy, PharmD; Kristen Goodell, MD

Many residencies and medical schools have begun teaching learners the basic skills of evidence-based medicine (EBM). What makes us think graduates armed with these EBM skills will use them? This poster will explore the main concepts of information mastery, an evidence-based method of improving medical practice by finding and using the most valid and relevant information in the course of everyday practice. This poster will provide a better understanding of the concepts and of interest of teachers of EBM who are feeling that something is missing in their approach.

SP30: Evaluation of an Interdisciplinary Rural Health Professions Student Preceptorship: Lessons for Family Medicine

Karen Peters, DrPH; Benjamin Mueller, MS; Howard Zeitz, MD; Michael Glasser, PhD; Martin MacDowell, DrPH, MBA

Inequalities in health status are associated with the maldistribution/imbalance of the health professions workforce. One method to address this workforce issue is to establish interdicisplinary health professional student training opportunities. The participation of family medicine medical students provides them with exposure to communities, a current emphasis in primary care training. A 6-week rural interdisciplinary preceptorship involving students from six health disciplines has been implemented. Findings indicate that students are able to explain the roles of team members in the prevention and care management of chronic disease, recognize the advantages of providing team-based health care, and demonstrate team skills in delivering health care to individuals, families, and communities. Interdisciplinary education programs have implications for increasing the likelihood of recruitment and retention in rural communities.

SP31: Inpatient Education: The Core Competencies in Hospital Medicine in Family Medicine Resident Training (B)

Jasen Gundersen, MD; Jeremy Golding, MD; Shannon Jenkins, MD

The Core Competencies in Hospital Medicine were published this past January by the Society of Hospital Medicine and may represent the new benchmark for the skill set required of inpatient care. They form an educational framework for inpatient competency that can be carried across all specialties. The Family Medicine Hospitalist Service has used these competencies to create a lecture series designed to teach each of the specified areas. These lecture series are incorporated into the inpatient rotation of the Family Medicine Residency at UMASS. They are also available online for review throughout the year. Following the lecture series, each of the residents will be tested and have their charts reviewed to assure they are meeting each of the competencies.

SP32: New Drugs 2007: Learning and Teaching About New Drugs From the Group on Pharmacotherapy

Jeremy Thomas, PharmD; Andrea Franks, PharmD; Michelle Hilaire, PharmD; Adrienne Ables, PharmD; Allen Pelletier, MD

In addition to the massive drug repertoire already available, approximately 25 to 35 new drugs are marketed each year. Residents and faculty are faced with vast amounts of information to assimilate in the drug selection process. We intend to propose three

avenues by which educators may present new medications to learners. We will provide an overview of the decision-making process regarding new drugs, specifically what sources of drug information should be used, where they can be found, and what are the potential barriers to effective delivery of new drug information. In the process, we will present new medications relevant to family medicine.

SP33: What's a Librarian Got to Do With It? Interdisciplinary Collaboration in EBM Curricula

Kristin Hitchcock; Jill Mayer; Sarah Safranek; Dolores Judkins

Collaboration with librarians enriches curricula in academic family medicine departments. Faculty, fellows, and residents write structured review articles that answer questions submitted by practicing physicians to the Family Physicians Inquiries Network. Librarian coauthors complete mandatory, protocol-based literature searches that are central to the review methodology. Librarians also provide instruction on effectively searching for clinical information in online databases. Curriculum integration ensures relevance and provides learning context. Participating physicians build information-savvy search and appraisal skills, which better equip them for evidence-based practice and scholarly activities. Collaboration has led to stronger ties between librarians and departments and improved support of educational programs. Numbers of published articles and positive feedback from program faculty demonstrate the success of this model, which could be adopted at other institutions.

SP34: Internet Usage and Applicability of Internet-based Patient Education at a Federally Qualified Health Center

Vikram Arora, MD

In today's competitive world, physician-patient communication is not on an ideal platform. To improve the existing communication gap, we need to reach into patients' homes and provide continuous access to health services. Using Internet and online resources is one mode of accomplishing that goal. However, multiple physicians have raised concerns about Internet usage by poorer, less-educated people. We are thus undertaking a "need and feasibility assessment" project, in which patients would be handed out a survey pertaining to their Internet usage. It would be undertaken in a federally qualified health center, dealing primarily with low socio-economic population. Using the information obtained, we plan to implement a patient education and/or communication Web site.

SP35: Clustered Didactics—An Innovative Approach to Delivering Didactic Curriculum in a Residency Program

Michelle Grosch, MA; Melissa Stiles, MD

In 2006, the Madison Residency Program began piloting clustered didactic weeks into the curriculum. Prior to this, most of the didactic curriculum has been based on a 2-year rolling seminar series for the second- and third-year residents. This has been a large group format, and residents may miss seminars if they are on an inpatient rotation. Each second- and third-year resident now have one clustered didactic week per year based on when they do the rotations of focus. By clustering a set of topics into smaller groups, problem-based learning and procedure skills can more effectively be taught. Areas of focus for this year are: gynecology, practice management, geriatrics, and musculoskeletal. A competency evaluation will also be developed and integrated into each session.

SP36: Teaching Team Care for the Future of Family Medicine (B)

Alexander Blount, EdD

The concept of a team approach to providing medical care is not new. It has gained new relevance, however, with the dissemination of the chronic care model and population-based care. It is one of the eight cornerstones of the TransforMED model. This poster will review some of the classic ideas about the team approach and examine how these ideas have evolved in the presence of behavioral health services as part of primary care. Examples of training structures, both in precepting and in patient care, that prepare physicians for team care will be displayed. The poster will also look at the way the addition of a third person to the primary care visit can improve the doctor-patient relationship in difficult situations.

SP37: Family Medicine Clinic Multidisciplinary Experiential Workshop in Cross-cultural Awareness and Clinical Policies

Michael Temporal, MD

Crosscultural awareness draws on individual experiences and integrates them with the realities of the clinical setting. The Saint Louis University Family Medicine Residency is a combined civilian-military training program at a community hospital including 40 residents, 15 faculty, and nearly 50 support and nursing staff. This intervention sought to integrate mandatory training in clinical policies and procedures with cultural competency awareness. A 3-hour workshop facilitated by physician faculty included experiential scenarios as patients and providers with a variety of handicaps and cultural conditions. Directed group discussion highlighted the limitations, expectations, and possible solutions to meet the needs of those different than ourselves. An additional activity integrated clinical JCAHO requirements. Pre-activity and post-activity surveys demonstrated improved awareness approaching those of diverse backgrounds.

SP38: Low Back Pain During Pregnancy and Osteopathic Manipulative Treatment

Zishan Alam, DO; Sherry Falsetti, PhD

About 33% to 66% of women will experience low back pain during their pregnancy due to the physiological changes that occur on the musculoskeletal system. Past research on low back pain has demonstrated decreased use of medications if osteopathic manipulation (OM) is used as an adjunct. The purpose of this research is to study the use of OM for low back pain during pregnancy, which has not been documented before. Pregnant women with low back pain will be divided into two groups: traditional (using only medications) and OM (using manipulation as an adjunct to medications). Both groups will complete questionnaires concerning their low back pain, the limitations of daily functions due to the low back pain, and satisfaction with their managements.

SP40: Helping Educators Address the Development of Appropriate Curriculum for Headache Education (HEADACHE) Project

Suzanne Simons, MS

More than 45 million Americans suffer from chronic, recurrent headache, and an estimated 70% are dissatisfied with their medical care. Primary care physicians are also often dissatisfied with their training in management of headache patients. The national Helping Educators Address the Development of Appropriate Curriculum in Headache Education (HEADACHE) Project was initiated in spring 2003 to support the development of educationally sound curricula to enhance the knowledge, skills, and attitudes of medical students in the assessment, treatment, and support of headache patients. Grants ($15,000 each) were awarded to Case Western Reserve University, University of Virginia, University of Oklahoma-Tulsa, and University of Southern California. This poster session will share curricular tools from across the demonstration schools.

SP41: A Communication Intervention—Family Meetings in the Intensive Care Unit

Pamela Horst, MD; Nisha Singh, MD

To enhance the quality of care in the Intensive Care Unit (ICU), family meetings are scheduled for patients at high risk of death or significant morbidity to promote understanding of the disease process, clarify values of the patient, and establish goals of care. These meetings will contribute to improved satisfaction with care for survivors, better deaths for those who expire, and provide a forum for residents to learn how to conduct a family meeting. A screening/documentation tool, information on tracking the impact of the meetings on quality of care, and the resident evaluation tool, all of which are transferrable to other institutions will be displayed.

SP42: A New Model of Care: A Patient With Multiple Sclerosis as a Prototype

Sachin Dixit, MD

This project will describe a collaborative patient-physician planned program of special services and their effects for an underserved patient with multiple sclerosis. In keeping with recommendations of the Future of Family Medicine Report, the project offers an example of a new model of care for chronically ill underserved patients who cannot be treated in regular office visits. The project recognizes the interdependence and interplay among the patient with chronic disease, the family, and the community. It includes monthly home visits, meetings with family members, identification and integration of community resources, and ongoing assessment of patient progress from both the physician and patient perspective. Both psychosocial and functional assessments over approximately a 1-year period will be summarized.

SP43: PBL-in-Action: Problem-based Learning in the Ambulatory Primary Care Setting

Christie Newton, MD, CCFP

Background: Literature supports case-based problem-based learning (PBL) to teach health care trainees about inter-professional practice. "PBL-in-Action," also known as "Clinical PBL," is an innovative approach that utilizes real patients rather than contrived cases in the PBL context. Objectives: To describe the development, implementation, and evaluation of PBL-in-Action and to present preliminary data from the UBC Health Clinic. Methods: Following a literature review and an environmental scan of existing clinical PBL initiatives, the PBL-in-Action course and evaluation were developed. In January 2007, the University of British Columbia Health Clinic will pilot and evaluate an interprofessional PBL-in-Action approach. Results: Course outline, implementation, and evaluation will be presented. Discussion: Introduction of this innovative inter-professional PBL-in-Action approach will significantly benefit both the students and the patients.

SP44: Healthy Schools/Healthy Families: A School-based Partnership Program for Pediatric Obesity Prevention

Anita Softness, MD

Childhood obesity has emerged as a major health risk in the United States. Healthy Schools Healthy Families is a partnership program at Columbia University Medical Center designed to improve the health of elementary school children and their families in Northern Manhattan. A coalition of educators, parents, health care providers, and community leaders design ongoing obesity prevention programs in five elementary schools in Washington Heights/Harlem that meet the specific needs of their school communities. Goals include assisting schools meet established city standards regarding nutrition and physical activity, enhancing physical activity programs to include daily physical activity, creating school staff and parent wellness programs, engaging the school food service unit, and identifying and developing resources to promote healthy lifestyles in the school and surrounding community.

SP45: A New Curriculum for Chronic Nonmalignant Pain Management

John Whitham, DO; Gerald Kizerian, PhD

This poster describes a new residency curriculum in managing chronic nonmalignant pain. Chronic pain is a seriously disabling problem frequently seen in family medicine. Second-year residents in one Texas program will participate in a multidisciplinary chronic pain clinic during their 4-week Behavioral Science Rotation to learn evidence-based methods for managing chronic nonmalignant pain. The clinic is conducted within the family medicine clinic by primary care physicians in conjunction with a psychologist with the added benefits of multiple disciplines in the evaluation and management of chronic pain patients. The curriculum is being evaluated in a 3-year project in the Residency Research Network of Texas.

SP46: Family Medicine D-Service: "Built to Deliver in Every Way;" Maternity Care Delivered by Family Physicians

Jessica Flynn, MD; Valerie King, MD, MPH; Scott Fields, MD

If comprehensive maternity and newborn care is a core aspect of family medicine residency education and training, then it is critical to have a vibrant maternity care experience with family physician role models. Often, supporting resident development of routine inpatient maternity care skills and acquisition of evidence-based knowledge while supporting their participation in the birth and newborn care with sufficient quality and volume to engender competence is challenging. This poster will describe an innovative approach to maternity care curriculum developed and implemented by the Oregon Health and Sciences University Family Medicine Residency directly to address these challenges. Attributes of this intensive maternity care curriculum and the impact of its implementation on the care of patients and resident education will be displayed.

SP47: Patient-centered Contraceptive Care and Evidence-based Practice: An Odd Couple? (B)

Debra Stulberg, MD; Joquetta Paige, MD; Norma Jo Waxman, MD

Two of the central precepts of the TransforMED model of care are the patient at center stage and evidence-based care with a focus on quality. Effective family planning has been rigorously demonstrated to improve both maternal and children's health indicators. Yet, provider communication skills and systematic health care delivery problems continue to prevent effective contraceptive care. Further, this problem disproportionately affects poor families and communities of color. This poster will improve physicians' ability to provide successful contraceptive care to their patients by discussing communication skills, with a focus on effective counseling for culturally diverse patient communities and offering realistic strategies to transform outpatient practice settings to ensure patients' access to evidence-based contraceptive care.

SP48: Training Residents for Leadership in Quality Improvement: Longitudinal Outpatient Practice Improvement Rotation (B)

Seth Rubin, MD; Phillip Phelps, LCSW; Bruce Block, MD

Teachers of family medicine have been challenged to refine their curricula to train residents in continuous practice enhancement activities that foster high-quality, personalized patient care and practice team satisfaction. In response to this challenge, the family medicine residency program at UPMC Shadyside Hospital developed and implemented a Longitudinal Outpatient Practice Improvement Rotation (LOPIR). Curriculum developers created four faculty-resident-staff teams that concentrate on chronic disease or health promotion activities at the Family Health Center. Residents review pertinent literature, evaluate practice-based outcome data, make presentations to the residency, and design and execute research interventions. This poster will describe how residents learn through the LOPIR experience and how the faculty evaluate outcomes.

SP49: Improving Somali Refugee Prenatal Care in Family Medicine Residency: A Model for Group Prenatal Care

Colleen Cagno, MD

The Family Medicine Center at the University of Arizona Family Medicine Residency serves as the first point of medical care for refugees resettling in Tucson, Ariz. A Group Prenatal Care Program was launched in March 2006 to improve the health status of Somali pregnant women due to high rates of morbidity and two fetal demises. We have implemented a bimonthly program involving residents to provide early, high-quality culturally competent prenatal care for Somali refugees. The program is both responsive to individual patient needs and emphasizes group education by residents. The program has improved our residency-based practice efficiency and resident understanding of providing community-responsive prenatal care to a high-risk population.

SP50: Attitudes of New Mexico Physicians Toward Gay and Lesbian Colleagues: A 10-year Follow-up Study

Cecilia Tellez, MD

Introduction: Physician attitudes toward gay and lesbian colleagues impact the work and study environment. Prior studies document professional discrimination and report significant personal and professional consequences when they disclose their homosexual orientation. The purpose of this study is to describe the attitudes of New Mexico physicians toward gay men and lesbians and to compare them to a 1996 study. Methods: We mailed a self-administered, confidential questionnaire to 4,109 physicians. The survey consists of demographic items and attitudinal questions. Results: We will use quantitative analysis to identify demographic and social variables associated with positive and negative attitudes toward gay men and lesbians. Conclusion: We expect to find that New Mexico physicians' attitudes toward gay men and lesbians have changed favorably during the past 10 years.

SP51: Developing a Chronic Disease Management Curriculum

Laurel Woods, MD

The University of Washington School of Medicine's Department of Family Medicine is introducing a chronic disease management curriculum focusing on diabetes. The Group Health Family Medicine Residency, as part of a managed care organization, has been collaborating as a test site for developing this curriculum. We have used our organization's resources to help develop the following: (1) a strategy for recruiting and systematically managing diabetic patients, (2) a flowsheet for gathering patient information that references ADA guidelines; and (3) resources including a health behavior change module. The outcomes to date include patient unwillingness to participate due to time constraints and students wishing more-explicit instructions. These outcomes have led us to explore patient incentives and to provide model interactions to the students.

SP52: Incorporating Acupuncture Into the Medical School Curriculum: An Innovative, Successful Model

Mary Guerrera, MD

Over the past several years, the University of Connecticut School of Medicine has incorporated acupuncture into the required, third-year medical school curriculum during an inter-clerkship "Home Week." This half-day session includes a didactic, evidence-based medicine presentation as well as direct demonstrations and hands-on experiences, with a small faculty-to-student ratio. Evaluation data show that medical students find the session useful and recommend it be continued as part of their educational offerings. This poster will share curricular details of this model including the evaluation tool as well as our successes, challenges, and strategies for incorporating the session into the standard curriculum. In addition, resources specific to curricular development in acupuncture will be offered.

SP53: Development of a Resident Resource for Evidence-based Recommendations in Maternity Care

Maura McLaughlin, MD; Fern Hauck, MD, MS

Residents caring for obstetrical patients currently lack a resource that allows them point-of-care access to evidence-based recommendations in the area of maternity care. Residency programs also lack a way to effectively document that residents have achieved competency in all commonly encountered clinical situations in maternity care. This project addresses both of these needs by development of a resident resource for evidence-based recommendations in maternity care. This resource, available in paper and Web-based formats, will include recommendations classified according to the Strength of Recommendation Taxonomy (SORT) criteria and a checklist that will enable residents to directly document the clinical situations they have encountered and managed and thus will aid residency programs in documenting competency in accordance with Accreditation Council for Graduate Medical Education requirements.

SP54: Pediatric Overweight Program (Pop!): A Georgetown Family Medicine Residency/Unity Health Care, Inc, Washington, DC Partnership

Christina Gillespie, MD, MPH;Marcy Oppenheimer, MD, JD; Uma Jayaraman, MD

Obesity is one of the most challenging issues affecting the health of American children today. Statistics alarmingly indicate that approximately 20% of America's children are overweight and are therefore on the path to a myriad of obesity-related chronic illnesses. Through a partnership project between Georgetown University's Family Medicine Residency and Unity Health Care, an urban community health center system, we implemented a collaborative model for educating overweight children and their caregivers on healthy eating, exercise, and behavior change in a culturally appropriate manner. This pilot program offers practical strategies for community partnering as well as an innovative curriculum to positively impact childhood obesity.

SESSION 2:

FRIDAY, APRIL 27 3:15-3:45 PM AND
SATURDAY, APRIL 28
7–8 AM, 10–10:30 AM, & 12–1 PM

SP55: Improving Counseling and Prescription of Emergency Contraception With the EMR Versus an Educational Seminar (B)

Gretchen Mockler, MD; Kim Painter, MD, MPH; Nicole Kirchen, MD

Current evidence indicates that emergency contraception (EC) is underutilized by physicians caring for patients and patients themselves. To combat the problem, this group identified specific barriers that faculty and residents perceived to prescribing EC. Physicians were found to be uncertain about the safety and efficacy profiles of EC and about the time period within which EC could be used. The Center decided to utilize its electronic medical record (EMR) to help overcome these barriers by adding automatic reminders for providers to discuss EC and an educational seminar on EC for faculty and residents. Rates of EC counseling and prescription writing among faculty and residents will be compared before and after the EMR intervention and before and after the educational seminar.

SP56: Tools To Assess Patients' Functional Health Literacy Skills

Lorraine Wallace, PhD

Nearly one third of all adults in the United States have below basic or basic health literacy skills. Patients with limited health literacy skills are routinely encountered in clinical practice, but they are not always identified by family physicians. A collection of valid and reliable health literacy assessments tools has been developed for use in both research endeavors (eg, Rapid Estimate of Adult Literacy in Medicine) and busy clinical settings (eg, Newest Vital Sign). The purpose of this poster is to (1) describe various health literacy assessments tools currently available in English and other languages and (2) discuss the advantages and disadvantages of using these tools in various clinical settings.

SP57: Implementation of a Church-based Diabetes Prevention Program

Monique Davis-Smith, MD; John Boltri, MD; Monica Cornelius, MPH

Diabetes is a leading cause of morbidity and mortality in the United States. However, screening for diabetes risk in primary care offices does not occur on a regular basis. Studies also show that individuals identified at increased risk for diabetes are frequently not evaluated for diabetes during the primary care doctor's visit. This poster will highlight the implementation and outcomes of a church-based diabetes prevention program developed by the presenters and accepted in several peer-reviewed repositories.

SESSION 2

SP58: Implementation of a Chronic Disease Management Rotation for Family Medicine Residents

Thomas Balsbaugh, MD; Bridget Levich, RN, MSN; Sue Barton, PhD; James Nuovo, MD

This poster presentation will describe the implementation of a Chronic Illness Management rotation. Because traditional medical education has focused on acute illness instead of chronic illness, family medicine residents need a focused experience to explore the innovations and paradigm shift necessary for high-quality chronic illness care. Residents in this rotation learn motivational interviewing, population management tools including patient registries, team-based care, and integration of evidence-based guidelines into clinical practice. The poster will display a block schedule for a rotation, descriptions of each teaching activity, and curricular tools to assist teaching. Facilitating factors and barriers to implementation will be described. We will also display a survey given to the residents at the beginning and end of the rotation.

SP59: Experience Developing an HIV Curriculum at the Aga Khan University Family Medicine Residency Program In Tanzania

Stephanie Tache, MD, MPH

The HIV/AIDS epidemic is disproportionately affecting Sub-Saharan populations. Tanzania has not escaped the onslaught, and the rate limiting factor to getting more people on anti-retroviral medications is the lack of trained health care personnel in the country. As part of a US government-funded HIV capacity building program, the University of California-San Francisco and the Aga Khan University Family Medicine Residency Program in Tanzania jointly developed an HIV/AIDS curriculum. The eight-module curriculum is based on the Tanzanian National AIDS Control Program guidelines and uses pedagogic techniques, which are new for teaching residents in Tanzania, such as problem-oriented patient cases and the use of learning issues to promote interactive learning. This curriculum development is an example of HIV capacity building in resource-poor settings.

SP60: Teaching Non-cancer Chronic Pain Management: Sharing Our Perils and Pitfalls in a Residency Training Population

Robert McDonald, MD

Chronic pain is becoming a topic of great concern to primary care physicians, with an estimated 15%-20% of the US population affected. As teachers of family medicine, we cannot ignore this teaching opportunity. In a residency patient population, who and how to appropriately treat presents its own set of challenges. This poster will allow us to explore and share our experiences, both positive and negative, concerning teaching and practicing chronic pain management. Our experience with the development of a chronic pain curriculum and lecture series, research on resident attitudes toward pain management, research concerning the use of a chronic pain diary, and the recent development of a patient admission criteria and an opioid screening questionnaire will be presented.

SP61: Educating Health Care Professionals About Health Literacy

Susan Labuda-Schrop, MS; Ellen Whiting, MEd; Luanne Stockton; Brian Pendleton, PhD; Anthony Costa, MD

Although clinicians recognize the impact of literacy on health, few have had formal education on the impact of patients' ability to read, understand, and act on health information or how to modify interactions with patients accordingly. Interactive self-instructional modules can be used to educate health care professionals about literacy and health literacy so that they are better able to recognize literacy problems in patients, respond appropriately, and evaluate patient education materials for readability to improve communication with all patients and families. This poster will describe and display our five-module CD-ROM, "Health Literacy in Patient Care: Helping Your Patients Understand," which provides a convenient way to educate medical professionals about the importance of and how to adjust verbal and written communication to meet patients' needs.

SP62: Teaching Patient-centered Care, Personal and Professional Growth, and Community Medicine Values

Rhonda Kewney, LCSW; Shirley Longlett, MS; Maria Vazquez-Scott, MD

Family medicine residents are often overwhelmed by the numerous responsibilities they have to fulfill and the many expectations associated with being a "good family doctor." They struggle to develop their professional identity as they try to balance personal and family responsibilities. Quincy Family Medicine Program has developed a two-part rotation series to teach skills, knowledge, and attitudes consistent with family medicine values. These rotations focus on developing patient- and community-sensitive relationships while maintaining personal resilience and professional integrity. The curriculum integrates public health, community medicine, and medical interviewing skills with emphasis on personal and professional development. Rotation curricula and teaching strategies will be presented, and participants will discuss strategies to implement similar curricula into their own residencies.

SP63: A Research Collaboration Between the Department of Family Medicine and a TransforMED Demonstration Site

John McCall, PhD; Beulah Ashbrook, EdD, Susan Nelson, MD; John Midtling, MD, MS

The Future of Family Medicine project seeks to develop a health care delivery system that focuses on the whole person. The Department of Family Medicine is directly involved with a national TransforMED demonstration site (Harbor of Health) as a new partnership and model of collaboration. This collaborative partnership includes student training and clinical research. The site utilizes an integrative medicine approach to health care delivery. This poster focuses on a survey of the knowledge, beliefs, and use of integrative medicine by statewide preceptors, clerkship medical students, and Harbor of Health patients. Methods and preliminary results are fully described.

SP64: The Utility of Video Feedback and its Effect on Subsequent Evaluees' Standardized Patient Case Performance

David Gaspar, MD; Bonnie Jortberg, MS, RD, CDE; Adah Chung, MEd

A balance exists between providing students performance data on their summative assessments while at the same time preserving the integrity of the test. This can be especially problematic when using standardized patient (SP) cases. This study will examine the use of a brief videotape feedback session provided to year III clerkship students immediately following a three-station clinical practice exam using SPs. This method was evaluated to assess its effectiveness as a learning opportunity and to assess its effect on the scores in subsequent groups being evaluated throughout the year. Preliminary data suggest students view the video as a useful learning tool. Scores through the year do not appear to rise even though the core elements of each case are provided in the videotape.

SP65: Innovative Women's Health Training: Sexual Histories and Contraceptive Procedures With Gynecologic Teaching Associate/Faculty Collaboration

Elizabeth Feldman, MD; Terri Kapsalis, PhD

Procedural training is an important component of family medicine residency training. Residents particularly value adequate preparation for sexual history taking and gynecologic procedures. For more than 10 years, women trained as GTAs—gynecologic teaching associates—and residency faculty have collaborated to provide a hands-on workshop for interns in taking a sexual history, counseling about contraceptive choices, fitting a diaphragm, and inserting an intrauterine device. Residents learn anatomic landmarks for diaphragm fitting and receive behavioral feedback on their bimanual exam techniques from the GTAs, who teach a group of three to four interns utilizing their own bodies for demonstration. Faculty teach IUD insertions using IUDs and plastic uterine models. All instructors provide didactics collaboratively. Residents consistently evaluate this workshop very highly and recommend its continuation.

SP66: Developing Online Tests to Assess Resident's Medical Knowledge

Lee Chambliss, MD, MSPH

Recent Residency Review Committee guidelines mandate objective valid evaluations of residents. Multiple-choice tests are a preferred evaluation tool to assess medical knowledge. This poster will present simple inexpensive approaches to developing medical knowledge tests and online mechanisms for testing, tracking, and presenting results.

SP67: A System for Program Monitoring of Individual Resident Progress Toward ACGME-based Competencies

Julita McPherson-Campbell, MD; Karen Colinet, MPH; Camilla Larsen, MD; Debbie Donelson, MD; Gail Floyd, MD; Rama Rothe, MS; Karen Connell, MS

Residency programs are expected to monitor residents' achievement of the Accreditation Council for Graduate Medical Education (ACGME) competencies. However, there are few reported systems regarding how to accomplish this goal. We designed a system for timely gathering and use of rotation evaluations to track each resident's progress across rotations on ACGME-based competencies. The faculty developed 33 program-specific competencies, based on the ACGME core competencies. Each rotation evaluates 10 of the 33 competencies. An electronic system ensures timely return of completed evaluations. Evaluation data are translated to a grid that shows the pattern of individual resident's performance on each program competency across rotations. The system enables periodic feedback to each resident regarding their progress toward expected program competencies. It also provides guidance for the program regarding needed curricular improvement.

SP68: Planned and Mini-group Visits as Solutions to Chronic Care Delivery in Primary Care Settings

Devin Sawyer, MD; Jeannette Perkins, MN, ARNP

As more patients struggle with chronic disease, planned and mini-group visits emerge as promising alternatives to chronic care management. Planned visits are performed by medical assistants prior to routine visits and include blood pressure, weight and foot checks, routine laboratory tests, immunizations, referrals, and goal setting. They provide physicians with current health measures and patient goals, hence allowing more time for dialogue during individual and mini-group appointments. Mini-group visits occur when a physician meets with three patients at a time with the same chronic illness (ie, diabetes mellitus) for approximately 1 hour. Blood pressure, HbA1c, weight, LDL, medications, history, challenges, and successes are discussed. Though the purpose of the mini-group visit is medical care, patients experience peer support and increased confidence to manage their disease.

SP69: Transforming for the FFM: Collaborating to Innovate Combined Training in Family Medicine and Preventive Medicine

Jamie Osborn, MD; Wayne Dysinger, MD

Loma Linda University is a fertile environment for collaborative innovation. Family medicine, preventive medicine, and the School of Public Health partnered to pioneer a unique 4-year combined Family and Preventive Program. Curriculum expectations exceed all 10 Future of Family Medicine recommendations, as espoused in the TransforMED model. As residents become experts in chronic disease care and population medicine, they become uniquely positioned to lead system changes and advocate for better systems of care. Initial recruitment data suggests that the collaborative effort will revitalize our program.

SP70: Enhancing MCH Curriculum: Collaboration Between a Student-run Elective and the National Rocking Chair Project

Susanna Magee, MD; Julie Taylor, MD, MSc; Anna Groskin, MHS; Lindsay Kuroki

The Brown M.O.M.S. Program is a student-run elective matching medical students striving to learn more about the process of pregnancy and childbirth with a mother-to-be. Students attend required lectures and accompany the mother to her prenatal appointments and delivery. The Rocking Chair Project is a home-visit program sponsored by the American Academy of Family Physicians Foundation that delivers the gift of a rocking chair to a

needy mother. Students learn about the home visit through an educational session provided by Brown family medicine faculty. The student then completes a home visit after the delivery and assembles a rocking chair, symbolizing the strength of the maternal-child bond. While this provides an important gift for the mom, it also imparts crucial information regarding infant safety and care.

SP71: Web-based Exercises With Case Study Teaching Health Literacy, Cultural Humility, and Use of Behavioral Prescription

Michelle Domanchuk, APN; Margaret Cassey, MPH, RN, BC; Scott Yen, MD; Harry Piotrowski, MS; Georgeann Russell, PhD; Kenneth Blair, MD; Scott Levin, MD

A Web-based exercise was used with case study focused on patient education using components of health literacy, cultural humility, Healthy People 2010 objectives, and a behavioral prescription. A total of 24 internal medicine and 24 family medicince resident scores. 80.1% before [B], 90.5% after [A] identified three+ appropriate health literacy cues ($P<.05$); all residents correctly identified two+ cultural factors; 26.2% B and 52.4% A, included seven criteria in behavioral prescription ($P<.05$); 95.2% used appropriate Web-based patient education materials; 61.9% addressed one+ of 10 leading national health indicators. A 1-hour guided Web-based exercise with emphasis on repeated tasks with before and after self-assessments demonstrated effectiveness at several levels. Residents were able to address the top 10 2010 health indicators and make adjustments identifying health literacy cues as well Behavioral Prescription Steps.

SP72: Defining Scholarly Activity in Family Medicine

Kristen Bene, MS; Jose Hinojosa, MD

Although scholarly activity is required of all family medicine residency programs, current information about the kinds of activities considered scholarly is limited. Accreditation Council for Graduate Medical Education program requirements define scholarly activity rather broadly to include publications, presentations, clinical discussions and rounds, and supervision of resident research. However, researchers studying the area of scholarship and faculty productivity tend to define it more narrowly. A Web-based survey was conducted of all family medicine residency programs; 173 programs responded. Results showed a high level of consistency across programs as to what is considered "scholarly activity," though there were some unexpected findings based on program type. The audience will be invited to share their own programs' interpretations of the definition of scholarly activity.

SP73: Teaching Cross-cultural Efficacy in Maternity Care (B)

Suzanne Eidson-Ton, MD, MS; Larry Leeman, MD, MPH

Cultural competency training is included as an important aspect of the Accreditation Council for Graduate Medical Education (ACGME) core competencies. This poster will describe cultural competency training around the specific clinical situation of maternity care. Pregnancy and childbirth are arguably one of the most culturally influenced times in many people's lives. Thus, cultural efficacy is particularly important for maternity care providers. The poster will show the importance of cultural humility, in our interaction with patients, as well as with learners.

SP74: Using NCQA Recognition as a Tool for Development of Chronic Disease Management (B)

Stuart Goldman, MD

The Family Medicine Residency Program at Advocate Lutheran General Hospital participated in the NCQA Recognition for Diabetes Mellitus and Heart/Stroke. The model used by NCQA is documentation of quality process indicators that exceed preset thresholds. Diabetic and cardiovascular patients of family physician faculty were evaluated over a 1-year period. Eight of eight of these faculty achieved recognition for diabetes and two of six in cardiovascular disease. This model will now be used for resident education and evaluation.

SP75: Intern Orientation to the Outpatient Clinic: A Longitudinal Approach

Jeannette Perkins, ARNP; Devin Sawyer, MD

During the whirlwind of "orientation," Interns are given a tour and overview of the Family Medicine Center. Following this, they are whisked off to spend the majority of their time in the hospital on inpatient rotations. Their experience of clinical practice is fragmented and frustrating. Structuring the Intern Orientation as a longitudinal experience creates an integrated learning experience. Orientation is spread out over the first nine clinic sessions, with each session designed to support developing outpatient skills, promote panel continuity, enhance professional relationships, and establish collegial mentoring. This poster will address development and implementation of our curriculum.

SP76: Research in a Community-based Residency Program: Developing a Curriculum Under the New RRC Guidelines

Wendy Barr, MD, MPH, MSCE; Sharon See, PharmD, BCPS

The revised Family Medicine Residency Review Committee (RRC) guidelines now state that all residents must participate in scholarly activities during their residency. This mandate challenges community-based residency programs where research is not routinely done to provide meaningful and useful research teaching and activities for their residents. The Beth Israel Residency in Urban Family Practice developed a research and EBM curriculum to address the new RRC requirement and aimed at residents who plan on clinical practice after graduation that addresses the core competencies of practice-based learning and improvement and systems-based practice. The curriculum includes a didactic component and evidence-based medicine (EBM) project, journal club, and a 2-3 year scholarly activity project. It is in its first year of implementation and undergoing evaluation.

SP77: Changing the Conversation: Morbidity and Mortality Conference as a Systems-based Practice Exercise

Chuck Carter, MD; Jamee Lucas, MD

Traditional morbidity and mortality (M&M) conferences focus on patient-care errors as individual events by individual physicians. The Quality Chasm Report, Accreditation Council for Graduate Medical Education (ACGME) competencies, and Future of Family Medicine report highlight the need for systems-based understanding of error. We redesigned inpatient M&M, placing systems-based practice as its centerpiece. Inpatient deaths from each service month are assessed for system contribution to error. Further, each inpatient team must select a "systems issue" that affected quality of care. They must analyze the issue, discuss it with the practice, and propose a solution. Our poster will present the conference template and highlight areas where this innovation led to hospital-wide care improvement and error reduction. We will also present preliminary data on educational outcomes.

SP78: Use of Simulators and Patient Instructors to Affect Student Anxiety During Intimate Clinical Examinations

Mari Egan, MD, MHPE; Carla Pugh, MD, PhD

Our purpose was to identify and address medical student learning needs when acquiring intimate clinical exam skills. A survey was designed to assess medical student anxiety and comfort in performing clinical breast, pelvic, and the male urogenital exam. The survey was administered to 175 second-year medical studenets in a required course. The preexisting curriculum was modified to include a variety of simulated models of the female breast, pelvic, and prostate exam along with the patient instructor experience. The most common causes of student anxiety were "hurting the patient," "missing a lesion," "the intimate nature of the exam," and "general performance anxiety." The mean baseline comfort level for detecting abnormalities progressed. Simulated breasts, pelvic, and prostate models and patient instructors may significantly relieve student anxiety when learning and performing intimate clinical examinations.

SP79: Teaching Self-directed Learning Skills: Resident Satisfaction With a Longitudinal Pediatric Curriculum Intervention

Kristel Leubner, DO; Sally Weaver, PhD, MD

Due to resident requests for even more education in the care of children and adolescents, our large residency program developed a new, longitudinal educational module in pediatrics. This curriculum project requires that residents review a wide range of pediatric topics and summarize their findings in a question and answer format. The curriculum is intended to teach more self-directed learning to young physicians. Evaluation of this project found that greater than 80% of residents were satisfied with the curriculum, and many had ideas for improving the process. Several residents admitted to not following the project deadlines, but most felt that the topics covered adequately reflected the pediatric questions on their In-training Board Exams.

SP80: Digitized Images for Improving Dermatology Teaching

Mihir Parikh, MD

This project was to develop a digitized dermatological images system during adult learning-centered precepted sessions in the county clinic setting, since dermatology has been documented as a weak area among family medicine residency training programs. The goal was to teach via digital photography to see if the concete experience learning style was better than usual adult learning styles for dermatology cases. We found in our limited sample and short follow-up that using this method was not helpful.

SP81: Diagnosis and Management of ADHD Using an Online Toolkit

David Agerter, MD; Norman Rasmussen, EdD, LP; Nathan Jacobson, DO; Marla Dewitt-Tesch

According to a recent study of Minnesota family physicians, a majority of this group is not aware of the AAP guidelines for diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Recently, an ADHD assessment and treatment toolkit was made available online. The intention was to provide relevant, easily accessible diagnostic criteria and algorithms for treatment of ADHD. After being available for 2 years, a survey was distributed to family medicine residents and consultants to ascertain the use and utility of the toolkit. The majority who use it found it very useful. These results suggest that if concise and appropriate guidelines are available to primary care providers, diagnosis and management of ADHD and comorbid problems may be more likely to occur in the primary care setting.

SP82: Training Family Medicine Resident Physicians Anticoagulation Management: A Collaborative Chronic Disease Management Model (B)

Jaime Hornecker, PharmD; Karen Wildman, MD; Beth Robitaille, MD; Michael Miller, DO

Family physician and pharmacy faculty from the University of Wyoming Family Medicine Residency Program have collaborated to develop an anticoagulation management clinic that is in its third year of existence. While one of the clinic's primary goals is to provide management of anticoagulation to our patients, another major focus is educating residents for their future encounters with patients receiving anticoagulant therapy. Residents rotate through the anticoagulation clinic to fulfill requirements of their geriatric rotation during the intern year. Features of their experience include a case-based orientation to anticoagulation management, exposure to point-of-care testing, and INR management and providing extensive patient education. Residents are also introduced to managing chronic disease via collaborative practice.

SP83: The Impact of a Focused Pharmacotherapy/Research Rotation in a Family Medicine Residency Training Program

Sarah Shrader, PharmD; Julie Murphy, PharmD; Audrey Montooth, MD

This study evaluated the impact that a focused pharmacotherapy/research rotation precepted by a pharmacist had on family medicine residents' knowledge base. Topics were selected based

on Accreditation Council for Graduate Medical Education requirements in family medicine. Residents completed a 20-question pretest and posttest; the differences in mean scores were evaluated using a paired t test. Fourteen family medicine residents were included in the study. Overall, the mean score on the pretest was 10.07 compared to 14.5 on the posttest ($P<.0001$). Our results suggest that a focused pharmacotherapy/research rotation, precepted by a pharmacist, significantly increases residents' knowledge base of these topics. Collaborations between departments of pharmacy in hospitals or colleges of pharmacy and family medicine residency programs can help provide these structured pharmacotherapy/research rotation opportunities for family medicine residents.

SP84: Unequal Opportunities: Mentoring the Gap to Doctoring

Crystal Cash, MD; Louvenia Ward, MSN

In responding to the Sullivan report, the Department of Family Medicine at Provident Hospital of Cook County reached out to a reformatted neighborhood junior and senior high school to develop a health care careers partnership. This community linkage with the Daniel Hale Williams Preparatory School of Medicine created "The Future Doctors of America Club"(FDA), a longitudinal mentorship program composed of physicians and residents from the Cook County-Loyola-Provident Family Medicine Residency. After conducting a medical interest survey with students and their parents, the FDA was formed with those students desiring to participate. The development of this school-hospital-medical school partnership has after 1 year demonstrated increased interest among participants in health care careers. Residents participate in FDA activities during their community rotation, giving them opportunities to observe and model.

SP85: Third-year Family Medicine Preceptor Grades: Differences Between Community, Faculty, and Residency Evaluations of Student Performance

Bruce Gebhardt, MD; Robert Ellis, MD

Our community preceptors get little training in student evaluation. Their evaluations contribute greatly to a student's grade. Do community preceptors' evaluations compare to faculty's? Data was collected for one academic year during the required family medicine clerkship. Data included preceptor final student evaluation, student test grade, and student in-depth patient study paper grade. Data was entered into Excel and analyzed. The average grade for community preceptors was 90%, residency preceptors 87%, and faculty 87%. This difference between community and residency/faculty grade average was statistically significant. There was no difference between the groups in test or paper grades. This data confirms one previous study that community preceptors on average grade higher than residency or predoctoral faculty. There is no difference in other measures of student performance.

SP86: Residents' Hemoglobin A1c Profiles: "Are Residents Delivering Good Care?"

Yar Pye, MD; Christine Black, DO; Randy Wang; Myint Tin, MD

Little information is available about how residents responded differently to interventions of quality improvement in diabetic care. The objective of our project is to measure residents' performance by providing their hemoglobin A1C (HbA1C) profiles compared to the whole clinic in 0, 6th, 12th, and 18th months. In June 2005, average HbA1C (calculated from last known values within 6 months) of diabetic non-pregnant adult patients from residents' panels and the clinic were 7.8 each, and good controlled groups (HbA1C 7 or below) were 35% and 40%. Average HbA1C, % of patients with known HbA1C, and good controlled groups of residents in December 2005 and June 2006 were modestly better to those of the clinic. This project may be useful for practice-based learning and improvement competency.

SP87: Writing Effective Letters of Recommendation for Promotion and Tenure

Anne Neale, PhD, MPH; Linda Roth, PhD; Stephen Lerner, MD

Promotion and tenure (P&T) of academic family physicians is key to developing a pipeline of faculty and their trainees who are prepared to address the nation's health care needs. Letters of recommendation (LOR) are a critical component of the P&T process. Few family physicians have served on school or university P&T committees, which provide the opportunity to scrutinize a variety of LOR and observe how these are interpreted during P&T deliberations. Yet many family medicine academics who have achieved promotion in rank are solicited to write LOR for their national colleagues. This poster will review current standards and expectations for LOR and provide examples of wording that can either help or hinder a candidate.

SP88: Analysis of In-training Exam Can Improve Test Taking Skills and Performance on ABFM Exams

Gloria Sanchez, MD

The American Board of Family Medicine (ABFM) In-training Exam (ITE) has been used as a predictor of performance and passage of the ABFM Certification Exam (Reploge, 2004). Given the importance of board certification, our department decided to implement a new curriculum. We evaluated how our program was preparing our residents for Certification Exam (CE) and began to implement ITE exposure and analysis starting at intern orientation. We hypothesize that by providing our residents with longitudinal structured study time, they will improve performance on the ABFM CE.

SP90: Incorporating Service-learning in Medical School Education

Jenny Walker, MD, MSW, MPH; Meryl McNeal, PhD; Riba Kelsey-Harris, MD; Jan Gottlieb, MD; Paul Juarez, MD

Many medical schools have initiated experiences to expose medical students to community-based experiences beyond the walls of their classrooms and clinical sites. These include collecting demographics, performing community health assessments, or working on community-related research or targeted interventions. Some institutions also have students participate in health fairs or similar activities. These help the students better appreciate their patients' communities but often at "a distance." Concerns have arisen about the relationship between students as learners in communities struggling to improve health status and those communities themselves. Several institutions have initiated service learning components in their community health curriculum to simultaneously address the communities' and the students' needs. We will look at five of these initiatives.

SP91: Is the Centering Pregnancy Model Meeting the Goals of the Future of Family Medicine Project?

Marie McCarthy, MD

"Centering Pregnancy" is an innovative model for group prenatal care that incorporates key aspects of the New Model of practice advocated in the Future of Family Medicine Report, including patient-centered care, a multidisciplinary team approach, and quality and safety. The purpose of this study is to evaluate the impact of a "Centering" program on patients and providers at an urban residency training site. Postpartum women who received individual care, postpartum women who participated in "Centering," and providers will be surveyed to assess satisfaction and outcomes. Feedback from "Centering" participants has been positive. If the formal project evaluation supports "Centering" as a preferred approach to prenatal care, we will advocate for plans to incorporate this innovative model of group prenatal care at all program residency training sites.

SP92: Incorporating Research Into a Longitudinal Family Medicine Clerkship: Reflections on an M3 Practice-based Research Network

May Lutfiyya, PhD; Cynthia McGrath, MS, FNP; Patricia Huerta, MD; Eric Henley, MD, MPH; Robert Bales, MD, MPH; Isaac Cha, PharmD, BCPS; Daniel Choi; Yogi Patel; Christina Tragos

Practice-based Research Networks (PBRNs) have proven themselves to be feasible as well as productive contributors to clinical primary care research. We describe the effort to create and incorporate a PBRN into the third year of a longitudinal family medicine clerkship to engage medical students in primary care clinical research efforts. The poster will describe the success of the PBRN in completing its inaugural research project and how a similar endeavor might be incorporated into a clerkship structured as a block rotation.

SP93: Collaborative Portfolio Development Toward Community, Advocacy, and Leadership

Alan Wrightson, MD; Andrea Milam, MSEd; William Melahn, MD; Shersten Killip, MD, MPH; Sarrah Parrish, MD

This poster represents a departure from mainstream thinking about design, development, and implementation of the resident portfolio as an educational intervention and for the assessment of resident competency. Our portfolio was originally implemented for these purposes in an urban academic medical center. Recently, we partnered with our community-based faculty to expand it to more directly support outcomes in our rural track; specifically toward training in community, advocacy, and leadership skills. The poster will describe this process, outcomes realized, lessons learned, and experience first-hand how collaborative portfolio development can become the medium for faculty development and program evaluation. As initiatives such as TransforMED intersect with resident education, the portfolio holds promise as a viable method to develop resident learning toward the New Model of Care.

SP94: Cross-cultural Curriculum for Family Medicine Residents

Indumathi Kuncharapu, MD; Becky Hamilton; Lisa Nash, DO; Ronald Williams, MEd, MS; Leah Fanuiel; Brenda Wilson; William Mygdal, EdD

The principal rationale for the inclusion of cultural competence curriculum in family medicine residency is the need to provide quality continuity health care through effective communication to the patients of diverse racial, cultural, linguistic, religious, and socioeconomic backgrounds. Cultural competency is an essential skill for family physicians because of increasing ethnic diversity among patient populations. An in-house survey of faculty and residents at our university family medicine center helped identify perceptions of cultural competency and gaps in cultural training issues. A formal curriculum was developed in cultural competence in alignment with Accreditation Council for Graduate Medical Education core educational needs. We developed a system of integrating the guidelines into various existing educational strategies. This poster will report our experience with the implementation of cross-cultural curriculum and evaluation methods for the past 2 years.

SP95: What Makes a Successful Residency Journal Club?

Heather Paladine, MD; Elizabeth Clark, MD, MPH; Abbas Hyderi, MD, MPH; John Rugge, MD, MPH

Journal clubs are a common part of family medicine residencies' teaching curricula. Increasingly, journal club has been used as a forum to teach critical appraisal skills and epidemiology/biostatistics topics as well as to review the current literature. These sessions fulfill the Residency Review Committee (RRC) requirements for formal review and analysis of scientific data. Based on a review of the literature, the poster will review the factors that increase the chance of a successful journal club. We review a successful, long-running model of journal club and provide tools from this model for those who would like to start or modify journal club sessions at their own institutions.

SP96: Journey Into Meaning—Life Course and Pivotal Experiences of Family Physicians Who Practice in Underserved Communities

Janice Benson, MD; Eve Pinsker, PhD; Gene Combs, MD; Alicia Vazquez, MD

As policy makers debate the way to enhance the number of US medical graduates entering primary care, workforce projections predict an increasing maldistribution of physicians. One family medicine residency training program has achieved a remarkable, consistent rate of graduating more than 50% into medically underserved practice sites—double the "best practice" Health Resources and Services Administration (HRSA) goal for health professions. How do they do this? This poster will explore the case study of one family medicine residency, explore its characteristics that support this outcome, share narratives of graduates enhanced by qualitative analysis of the stories, and mapping.

SP97: Pilot Program in Medical Education for the Urban Underserved

Elisabeth Wilson, MD, MPH

Family and Community Medicine at the University of California San Francisco (UCSF) is taking a leadership role in the development and implementation of the pilot Program in Medical Education for the Urban Underserved (PRIME-US). The purpose of the program is to produce physicians dedicated to reducing disparities in the health of and health care in urban underserved communities. To fully evaluate PRIME-US, we have developed a prospective study design including both formative and summative measures, as well as quantitative and qualitative methods. Students are being tracked in three groups over time with surveys, interviews, and focus groups. Data from participating faculty and community members is also being collected. We look forward to producing rigorous medical education research evaluating the impact and efficacy of PRIME-US.

SP98: The Usefulness of the OSCE in Evaluation of Mid-career Integrative Medicine Providers

Mary Koithan, PhD; Victoria Maizes, MD

Two single-station objective structured clinical examinations (OSCEs) were tested in a sample of 102 integrative medicine fellows. This project evaluated the usefulness of the OSCE as an evaluation strategy and will determine if performance varied by personal/professional characteristics. Individual (42%-100%) and aggregate/group item scores (0%-100%) indicated that the OSCE differentiated individual fellows by competency and identified programmatic strengths/weaknesses. Participants indicated that the OSCE was relevant and useful in their practice (94.3%; 91.2%) and helped them assess personal competence in specific skill sets (91.2%). During fall 2006, demographic data will be used to determine whether (1) degree of expertise/placement in career (mid-career or resident and length of time in practice), (2) provider type (family medicine versus specialty practice), (3) length of clinical internal medicine mentorship, and (4) other professional/personal characteristics affect skills.

SP99: Neighborhood Walking Tours to Enhance Community-based Medical Education

Elisabeth Wilson, MD, MPH; Khanh Trinh; Jolene Collins

Medical students interested in working with urban underserved populations need to learn firsthand about the communities they will serve in the future. The new pilot Program in Medical Education for the Urban Underserved (PRIME-US) at the University of California-San Francisco incorporates community-based education through placement in safety-net clinics and longitudinal community projects. To enhance this curriculum and encourage engagement and reflection, we designed walking tours of San Francisco's underserved neighborhoods. These tours introduce students to the people, landscape, and resources of the communities and are supplemented with written guides, fact sheets, and brief visits to community organizations. Neighborhood walking tours are a unique and innovative addition to a community-based medical education curriculum.

SP100: Mentorship for Students Caring for the Urban Underserved

Elisabeth Wilson, MD, MPH; Khan Amna; Virginia Dzul-Church

Mentorship is needed to effectively nurture students interested in careers dedicated to the care of the underserved, especially racial/ethnic minorities and those from disadvantaged backgrounds who may be more likely to pursue these careers and less likely to find appropriate mentorship. We designed a mentorship program for the new University of California-San Francisco pilot Program in Medical Education for the Urban Underserved (PRIME-US), a track designed to produce physician leaders in the care of urban underserved communities. The mentorship program includes formally assigned faculty and peer mentors, as well as numerous informal mentorship opportunities. Trainings, guidelines, and support structures have been developed for both students and faculty. Mentorship is critical to the success of PRIME-US and our program could serve as a model for other curricular initiatives.

SP101: Promote Healthy Behavior Change and Self-care of Chronic Diseases: Using the Concept of Motivational Practice

Richard Botelho, MD

Changing practitioner and patient behavior is the most important determinant of health care outcomes. Evidence-based, brief interventions for reducing risk behaviors in primary care address only superficial change and work for 2%-20% of patients. What can practitioners do when these interventions fail? They can use the concept of motivational practice to help patients become the researchers of their own behavior change and create their own personal evidence about deep change. This process involves practitioners learning how to change their own professional role (from a health adviser to a motivational guide) so that they can interact more effectively with patients to (1) clarify their issues about change, (2) lower their emotional resistance, and (3) enhance their motivation to implement an effective action plan.

SP102: Back to School: Creating School-based Initiatives to Expand Resident Education Into Community Settings

Shaila Serpas, MD; Maribel Flores, MD

Schools are under increasing pressure to improve student academic performance. Our residency program has found local schools to be very willing partners in creating programs to improve the health of their students. This poster will discuss specific examples of our school-based initiatives, including opening two clinics, classroom-based educational series, youth into health careers mentoring, and after-school exercise programs. These are educational opportunities for residents that also fulfill the Accreditation Council for Graduate Medical Education core competency requirements. The poster will outline specific steps involved in developing, implementing, and sustaining these school-based initiatives.

SP103: Integration of Early Abortion Services Into Primary Care: Perspectives From Patients at an Abortion Clinic

Emily Godfrey, MD, MPH; Susan Rubin, MD; Erica Smith

First-trimester induced abortion is one of the most commonly performed surgical procedures in the United States. In addition, it is low risk, particularly in comparison to other procedures performed by family physicians, such as vaginal term delivery. Patient preferences for receiving early abortion services within a primary care setting, however, are not well documented. The purposed pilot study consists of a one-on-one survey with women in early pregnancy who are about to have an abortion at a free-standing abortion clinic in Chicago. The survey allows us to explore interactions these women may have had with their primary care providers and if given the choice, would have preferred to have their abortion procedure by their primary care provider in the primary care clinic.

SP104: Innovative HIV/HCV Correctional Medicine Elective for Family Medicine Residents at University of California, San Francisco

Megan Mahoney, MD; Larry Boly, MD; Virginia Cafaro, MD; Lori Kohler, MD

Purpose: To train family medicine residents in management and consultation for HIV and HIV/HCV co-infected incarcerated persons. Importance to family medicine education: California prisons suffer from a lack of adequately trained primary care physicians. Family medicine residents are exposed to prison health care and HIV/HCV outpatient treatment through telemedicine and in prison-based clinics. Description of the innovation: Family medicine residents are offered an elective in correctional medicine. Residents are mentored in the care of HIV/HCV in a large population of incarcerated men and women. Residents are also trained to serve as primary care consultants and the use of telemedicine to expand access to care. Evaluation data: Curriculum evaluations include direct written feedback and recruitment of graduates into correctional medicine.

SP105: Impacting Residents' Attitudes About Caring for the Elderly Through Workshops

Theresa Nevarez, MD, MBA

By 2050, the US population over the age of 65 is projected to reach more than 70 million. The family medicine practitioner will need to have the skills to care for the elderly patient and feel comfortable with the "feared" elderly patient with multiple co-morbid illnesses. Our residents have expressed apprehension and lack of self confidence in their medical and diagnostic skills of geriatric patients. During the PGY-2 year, 16 hours of interactive workshops during a 4-week block format were introduced. Currently, 23 residents have been surveyed about their medical knowledge and attitudes regarding providing care of the geriatric patient and how the workshop format was conducive to increasing their knowledge and changing their attitudes.

SP106: I'm Just a Bill...But I Want to be a Law: Advocacy Skills for Clinicians

Michelle Adler, MD, MPH; Abbas Hyderi, MD, MPH

A core tenet of family medicine is the physician's role in advocating for improved health. Family physicians are respected within their communities and are looked to for leadership in health policy. Most family physicians, however, do not receive specific training in advocacy. This poster aims to provide family physicians with a basic understanding of the policy-making process and teach skills necessary for effective health policy advocacy. It will outline a health policy framework using a real-life bill the presenters authored and moved through the Oregon legislature. This poster will describe how to advocate for priority health issues affecting patients and communities.

SP107: Performance Improvement Portfolio for Family Medicine Residents

Jennifer Naticchia, MD; Dyanne Westerberg, DO; Rhodaline Tootell, MD

Family physicians need to promote quality care to help patients obtain good health outcomes. Additionally, trends in practice are moving toward "pay-for-performance" models. Family medicine residents should learn to evaluate their performance with the goal of improving patient outcomes. Residents were asked to complete a performance improvement portfolio in which they documented statistics on their practices. Outcomes measured were chosen by the faculty or system or payors. While some residents observed an improvement in goals assessed, others had mixed results. Nevertheless, residents uniformly felt that this was a useful method of self-evaluation and contributed to their understanding of how to improve their practice.

PRESENTERS' INDEX

LISTED BY NAME, INSTITUTION AND SESSION

B ..... Special Topic Breakfast
PA-PL ..... PEER Paper
RA-RM ..... Research Forum
S ..... Seminar
SS ..... Special Session
T ..... Theme Session
L ..... Lecture-Doscussion
PR ..... Preconference Workshop
RP ..... Research Poster
SP ..... Scholastic Poster
W ..... Workshop

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Blanchard Lectures

A charter member of STFM, Leland Blanchard, MD, was a major contributor to the development of family medicine in the United States. Following his death in 1978, the STFM Foundation established the Leland B. Blanchard Memorial Lecture. Contributions to the STFM Foundation help support this lecture and the development of the Blanchard collection of family medicine materials.

Leland B. Blanchard Memorial Lectures

2006 The Challenging Face of Primary Care—*Barbara Starfield, MD, MPH*
2005 The End of the Beginning: The Redesign Imperative in FM—*Joseph Scherger, MD, MPH*
2004 Academia and the Care of the Chronically Ill—*Edward Wagner, MD, WA*
2003 Family Medicine and the Surgeon General Who Listened—*David Satcher MD, PhD*
2002 Medical Education for Compassion and Meaning: Stressproofing the Young—*Rachel Naomi Remen, MD*
2001 Practical Idealism: What's Rembrandt Got to Do With It?"—*Ruth Hart, MD*
2000 Genes, Diseases, and the Practice of Medicine in the Year 2000—*Holmes Morton, MD*
1999 Everything I Learned About Leadership From Sitting Around the Dining Room Table—*John Molidor, PhD*
1998 Social Responsibilities of Faculty in Family Medicine—*Audrey Manley, MD, MPH*
1997 From the Valley Floor to the Mountain Peak: FM on the Move—*Nancy Wilson Dickey, MD*
1996 Family Medicine in the Way Station Called Managed Care—*William Jacott, MD*
1995 The Community Origins of Family Practice—*Theodore Phillips, MD*
1994 Medical Education, Status, and Scholarship:Reassessing What Is Valued as Scholarly Work—*R. Eugene Rice, PhD*
1993 The Reemergence of the Generalist as Researcher—*Sheldon Greenfield, MD*
1992 STFM: The Once and Future—*Lynn Carmichael, MD*
1991 Caring and Curing: Striking the Right Balance—*Daniel Callahan, PhD*
1990 Leadership in Family Medicine—*Fitzhugh Mayo, MD*
1989 The Primary Care Physician and Resource Allocation: What Is the Job Description—*Christine Cassel, MD*
1988 Health Care in the Future: A Federal Perspective—*US Senator Orrin Hatch*
1987 Healthy Families: An Essential Investment for a Successful Nation—*Willis Goldbeck*
1986 Rites of Spring for FM: Discontent, Discon-tinuity, and Discovery—*Robert Graham, MD*
1985 Barnacles, Ballast, and Balance—*B. Lewis Barnett, Jr, M*
1984 What's True About What's New?—*G. Gayle Stephens, MD*
1983 Competition—*Paul Brucker, MD*
1982 FM's Golden Opportunity: Will the Challenge Be Accepted?—*Curtis Hames, MD*
1981 The Doctor's Image—*John Lister, MA, MD*
1980 Truth Telling in Medicine—*Sissela Bok, PhD*
1979 The Willard Report Revisited—*C.H. William Ruhe, MD*

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Recognition Award Recipients

2006 Joshua Freeman, MD
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2003 Thomas Schwenk, MD
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2001 Jay Siwek, MD
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Jane Westberg, PhD
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1996 Anthony Vuturo, MD, MPH
1995 Joseph Tollison, MD
1994 Peter Coggan, MD, MSEd
Robert Massad, MD
1993 Robert Van Citters, MD
John Lein, MD
1992 Annie Lea Shuster
1991 James Jones, MD
1990 Rosemarie Sweeney, MPA
1989 Eugene Farley, Jr, MD, MPH
1987 Thomas Leaman, MD
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John Frey, MD
1985 David Sundwall, MD
William Burnett, MA
1984 Edward Shahady, MD
Nicholas Pisacano, MD
1981 Richard Moy, MD
1978 Robert Knouss, MD

Innovative Program Award Recipients

2006 Gurjeet Shokar, MD
Robert Bulik, PhD
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Sanford Kimmel, MD
Donald Middleton, MD
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2003 Marji Gold, MD
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David Slawson, MD
2001 Perry Pugno, MD, MPH
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1999 Jeffrey Stearns, MD
1998 Richard Zimmerman, MD, MPH
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1997 Susan Skochelak, MD
1996 James Damos, MD
1995 Scott Fields, MD
William Toffler, MD
1994 Luis Samaniego, MD
1993 No award given
1992 Patrick McBride, MD
1991 Frank Dornfest, MD
1990 H. John Blossom, MD
Diane Plorde McCann, MD
1989 Peter Curtis, MD
1988 Thomas Campbell, MD
Susan McDaniel, PhD
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Advocate Award Recipients

2006 Robert Crittenden, MD, MPH
2005 Daniel Onion, MD
2004 Jeffrey Cain, MD

Excellence in Education Award Recipients

2006 Mark Quirk, EdD
2005 John Pfenninger, MD
2004 William Anderson, PhD
2003 William Mygdal, EdD
2002 Cynthia Haq, MD
2001 Deborah Simpson, PhD
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1999 Stephen Bogdewic, PhD
1998 Frank Hale, PhD
1997 Marian Stuart, PhD
1996 Norman Kahn, Jr, MD
1995 Robert Blake, Jr, MD
1994 Joel Merenstein, MD
1993 Lucy Candib, MD
Wm. MacMillan Rodney, MD
1992 Michael Gordon, PhD
1991 Larry Culpepper, MD,MPH
Dona Harris, PhD
1990 Jack Froom, MD
Gabriel Smilkstein, MD
1989 Carole Bland, PhD
Robert Taylor, MD
1988 Jack Medalie, MD, MPH
Katharine Munning, PhD
1987 Nikitas Zervanos, MD
1986 Jack Colwill, MD
William Reichel, MD
1985 Jorge Prieto, MD
Donald Ransom, PhD
1984 Robert Davidson, MD, MPH
1983 B. Lewis Barnett, Jr, MD
Arthur Kaufman, MD
Fitzhugh Mayo, MD
1982 Frank Snope, MD
1981 Hiram Curry, MD
Theodore Phillips, MD
1980 John Geyman, MD
G. Gayle Stephens, MD
1979 F. Marian Bishop, PhD, MSPH
Ian McWhinney, MD
Thomas Stern, MD
1978 Lynn Carmichael, MD

F. Marian Bishop Leadership Award Recipients

2006 John Frey, MD
2005 G. Gayle Stephens, MD
2004 John Geyman, MD
2003 Robert Avant, MD
2002 Jack Colwill, MD
2001 Marjorie Bowman, MD, MPA
2000 Robert Graham, MD
1999 William Jacott, MD
1998 Paul Young, MD
1997 Paul Brucker, MD
1996 B. Lewis Barnett, Jr, MD
1995 Reginald Perkin, MD
1994 Daniel Ostergaard, MD
1993 David Satcher, MD
1992 Robert Rakel, MD
1991 Thomas Stern, MD
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Curtis Hames Research Award Recipients

2006 Jack Colwill, MD
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2002 Julian Tudor Hart, MD
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1998 Larry Green, MD
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1993 Paul Frame, MD
1992 Gerald Perkoff, MD
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1990 John Geyman, MD
1989 Ian McWhinney, MD
1988 Jack Medalie, MD, MPH
1987 Jack Froom, MD
1986 Kerr White, MD
1985 Maurice Wood, MD

Research Paper Award Recipients

2006 Allen Dietrich, MD; Thomas Oxman MD, John Williams Jr, MD, MHS; et al
2005 Charles Mouton, MD, MS; Rebecca Rodabough, MS; Susan Rovi, PhD; et al
2004 Joseph DiFranza, MD; Judith Savageau, MPH; Nancy Rigotti, MD; et al
2003 David Mehr, MD, MS; Ellen Binder, MD; Robin Kruse, PhD; et al
2002 Kurt Stange, MD, PhD; Susan Flocke, PhD; Meredith Goodwin, MS; et al
2001 Kevin Grumbach, MD; Joe Selby, MD, MPH; Cheryl Damberg, PhD; et al
2000 Allen Dietrich, MD; Ardis Olson, MD; Carol Hill Sox, Engr; et al
1999 Kurt Stange, MD, PhD; Stephen Zyzanski, PhD; Carlos Jaen, MD, PhD; et al
1998 Michael Fleming, MD, MPH; Kristen Barry, PhD; Linda Baier Manwell; et al
1997 Daniel Longo, ScD; Ross Brownson, PhD; Jane Johnson, MA; et al
1996 Alfred Tallia, MD, MPH; David Swee, MD; Robin Winter, MD; et al
1995 Bernard Ewigman, MD, MSPH; James Crane, MD; Fredric Frigoletto, MD; et al
1994 Michael Klein, MD; Robert Gauthier, MD; Sally Jorgenson, MD; et al
1993 Paul Fischer, MD; Meyer Schwartz, MD; John Richards, Jr, MD; Adam Goldstein, MD; Tina Rojas
1992 Thomas Nesbitt, MD, MPH; Frederick Connell, MD, MPH; L. Gary Hart,PhD; Roger Rosenblatt, MD, MPH
1991 William Wadland, MD, MS; Dennis Plante, MD
1990 Paul Fischer, MD; John Richards, MD; Earl Berman, MD; Dean Drugman, PhD
1989 Allen Dietrich, MD; Eugene Nelson, DSc; John Kirk, MD; Michael Zubkoff, PhD; Gerald O'Connor, PhD, DSc

HYATT REGENCY CHICAGO GUIDE

- 27 **Acapulco** West Tower, Gold Level
- 1 **Addams** West Tower, Silver Level
- 27 **Atlanta** West Tower, Gold Level
- 7 **Bell Desk** East Tower, Blue Level
- 6 **BIG Bar** East Tower, Blue Level
- 21 **Buckingham** West Tower, Bronze Level
- 1 **Burnham** West Tower, Silver Level
- 20 **Business Center** East Tower, Bronze Level
- 21 **Columbian** West Tower, Bronze Level
- 22 **Columbus Hall** (Rooms A-L) East Tower, Gold Level
- 21 **Comiskey** West Tower, Bronze Level
- 3 **Concierge** East Tower, Blue Level
- 5 **Connie's Ristorante n' Pub** West Tower, Blue Level
- 17 **Crystal Ballroom** West Tower, Green Level
- 1 **DuSable** West Tower, Silver Level
- 16 **East Tower Main Entrance** East Tower, Green Level
- 25 **East Tower Parking** East Tower, Gold Level
- 1 **Field** West Tower, Silver Level
- 19 **Fitness Center** East Tower, Bronze Level
- 4 **Front Desk** East Tower, Blue Level
- 15 **Gift Shop** East Tower, Green Level
- 21 **Gold Coast** West Tower, Bronze Level
- 4 **Gold Passport** East Tower, Blue Level
- 24 **Grand Ballroom** East Tower, Gold Level
- 23 **Grand Ballroom, Registration** East Tower, Gold Level
- 26 **Grand Suites** (1-5) East Tower, Gold Level
- 12 **Hard Drive** East Tower, Green Level
- 21 **Haymarket** West Tower, Bronze Level
- 27 **Hong Kong** West Tower, Gold Level
- 1 **Horner** West Tower, Silver Level
- 13 **J's Express** East Tower, Green Level
- 1 **McCormick** West Tower, Silver Level
- 11 **Networks Bar & Grill** East Tower, Green Level
- 27 **New Orleans** West Tower, Gold Level
- 1 **Ogden** West Tower, Silver Level
- 30 **Package Pick-up** East Tower, Purple Level
- 21 **Picasso** West Tower, Bronze Level
- 10 **Plaza Ballroom** East Tower, Green Level
- 28 **Regency Ballroom** West Tower, Gold Level
- 29 **Riverside Center** East Tower, Purple Level
- 18 **Sales, Catering & Convention Services Departments** East Tower, Bronze Level
- 27 **San Francisco** West Tower, Gold Level
- 1 **Sandburg** West Tower, Silver Level
- 2 **Skyway Conference Center** East Tower, Blue Level
- 21 **Soldier Field** West Tower, Bronze Level
- 31 **Stetson Conference Center** West Tower, Purple Level
- 9 **Stetson's Chop House & Bar** East Tower, Green Level
- 27 **Toronto** West Tower, Gold Level
- 14 **Transportation Desk** East Tower, Green Level
- 8 **Truffles** West Tower, Blue Level
- 21 **Water Tower** West Tower, Bronze Level
- 32 **West Tower Parking** West Tower, Purple Level
- 1 **Wright** West Tower, Silver Level
- 21 **Wrigley** West Tower, Bronze Level

Blue Level
- Front Desk
- Skyway Conference Center

Green Level
- Lobby
- Restaurants

Bronze Level
- Business Center
- Fitness Center
- Enterprise Rent-A-Car
- Hyatt Human Resource Dept.

Gold Level
- Grand Ballroom
- Columbus Hall
- Grand Suites 1-5 Offices A & B

Purple Level
- Riverside Center
- Guest Package Pickup

Silver Level
- Third Floor Meeting Rooms

Blue Level
- Connie's Ristorante n' Pub
- Truffles

Green Level
- Crystal Ballroom

Bronze Level
- West Tower Meeting Rooms

Gold Level
- Regency Ballroom
- International Meeting Rooms

Purple Level
- Stetson Conference Center
- West Tower Parking

Escalators/Elevators

Escalators between floors are indicated in gray. Elevators are conveniently located throughout the hotel for guests with disabilities or where no escalator is present.

Crossing Between Towers

Cross between towers via the Skyway on the Blue Level or the Concourse on the Bronze Level. You may also cross on the Green Level via the crosswalk on Stetson Avenue.