42ND STFM ANNUAL SPRING CONFERENCE

The Society of Teachers of Family Medicine

April 29-May 3, 2009
Hyatt Regency Denver

FINAL PROGRAM

42nd STFM Annual Spring Conference

April 29-May 3, 2009
Hyatt Regency Denver
Denver, CO

Transforming Education to Meet the Needs of the Personal Medical Home

✓ Transmitting the STFM Core Purpose to Learners Across the Continuum

✓ Identifying and Teaching the Knowledge, Skills, and Attitudes Learners Need Within the Personal Medical Home

✓ Developing and Implementing New Curricula for the Personal Medical Home: Lessons Learned

✓ Evaluating Competence in Providing the Personal Medical Home: Best Practices

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CONFERENCE HIGHLIGHTS

STFM's Annual Showcase—providing the best opportunity for camaraderie with colleagues in family medicine through education, meetings, informal gatherings, and social events.

Patient-centered Medical Home—We are offering a number of sessions related to the PCMH. Look for the session track MH, which highlights them.

Expanded Poster Session—This year's conference will continue to provide two scholastic poster sessions—as well as research, special P4 poster displays and osteopathic resident posters too!

Networking—Participants continue to rank networking as the most important factor for their attendance at the conference. Make connections and contacts with your peers through common interest and special topic breakfasts, the poster sessions, exhibit hall and group meetings, and optional community service project.

STFM Village— STFM will feature our programs, products, and learning opportunities in the STFM Village. The STFM Village will include incentives for members to pay it forward by donating in various ways: to the STFM Foundation, uploading curricula or other resources to STFM's Resource Library, sponsoring an STFM membership, or participating in a variety of projects.

Educational Resources and Career Opportunity Exhibits—Visit with exhibitors and discover helpful literature displays to see what's available to enhance your teaching, professional development, and work with residents and students in family medicine.

Computer Cafe—Conference attendees may use the conference's Computer Cafe at no additional charge. At the Computer Cafe, you can 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 Cafe to keep in touch, or to get some work done while you're away from the office!

Practical, Innovative Sessions—This conference offers numerous session sharing practical information on best practices that can help you in your day-to-day work.

STFM PRESIDENT'S WELCOME

Scott Fields, MD

Dear Colleagues,

Welcome to Denver and the STFM 42nd Annual Spring Conference. It is a time to share your new ideas and learn from others, while reconnecting with valued colleagues and friends and meeting new peers, all in hopes of reshaping the future of family medicine education.

The theme for this conference Transforming Education to Meet the Needs of the Personal Medical Home acknowledges the importance of the concepts surrounding the Patient-centered Medical Home, yet the reality that what we do every day as family medicine educators may need to change. This conference will focus on these changes. The STFM Program and Research committees have developed a program that is sure to both challenge and motivate you.

Presentations in the following areas will provide us with the knowledge and skills that will allow us to effectively revise our educational programs to reinforce the principles of the Patient-centered Medical Home, and better prepare our future family physicians.

1. Transmitting the STFM Core Purpose to learners across the continuum. The core purpose of STFM is Advancing Family Medicine to Improve Health Through a Community of Teachers and Scholars. The core values included with this purpose include: integrity, relationship-centered, openness, nurturing, learning, and excellence. This conference will embody these values.

2. Identifying and teaching the knowledge, skills, and attitudes learners need within the patient-centered medical home. What content needs to be the focus of our educators and learners within the Patient-centered Medical Home?

3. Developing and implementing new curricula for the Patient-centered Medical Home: lessons learned. What methods are most effective to teach this content?

4. Evaluating competence in providing the Patient-centered Medical Home: best practices. How do you evaluate the effectiveness of these new curricular components?

As you face the day-to-day challenges within your home institution, this conference will be critical to providing you with focus, new energy, and valuable new ideas to help you move your programs forward. We are entering a time of increasing uncertainty, and family medicine has a critical role to play in the future of our communities. Our commitment to excellence in our educational programs means that STFM will serve as your personal academic home.

Scott Fields, MD
STFM President

WEDNESDAY, APRIL 29

7:30 am–8 pm **Conference Registration**—*Centennial Foyer*

PRECONFERENCE WORKSHOPS:
All preconference workshops require preregistration. See STFM Registration Desk for availability and fees.

8 am–5 pm
Mineral A
PR1: Facing Down our Demons: A Writing Workshop for Family Medicine Faculty
Lucy Candib, MD; Valerie Gilchrist, MD; Sayantani Das Gupta, MD, MPH; Mindy Smith, MD, MS
Supported by the STFM Foundation Group Project. Includes refreshments and workshop materials.

8:30 am–5 pm
Mineral B
PR2: Osteopathic Medicine: Contributions for the Future of Family Medicine
Lisa Nash, DO; Marguerite Elliott, DO, MS; Don Peska, DO; Alphonse Mehany, DO; Frank Papa, DO; Victor Sierpina, MD; Erica Lovett, MD; Peter Curka, DO; Helen Luce, DO; Mark Robinson, DO
Includes refreshments and workshop materials.

9 am–5 pm
Mineral C
PR3: Five Minutes to Change: Practical Counseling Skills for the Primary Care Provider
Alexander Blount, EdD; Frank Domino, MD; Benjamin Miller, PsyD; Daniel Mullin, PsyD; Carlos Cappas, PsyD
Includes refreshments and workshop materials.

1–5 pm
Mineral F
PR4: STFM Faculty Development Series Workshop VII—Educational Scholarship: What's in Your…?
Deborah Simpson, PhD, Janice Benson, MD; Frances Biagioli, MD; Alice Fornari, EdD, RD; Suzanne Gehl, MD; Melly Goodell, MD; Jennifer Griffiths, MD; Linda Meurer, MD, MPH; Jeffrey Morzinski PhD, MSW; Beth Musil, PharmD; Dean Seehusen, MD, MPH
Includes refreshments and workshop materials.

1–5 pm
Mineral D
PR5: Defining Educational Priorities for the Family in Family Medicine: The Soul of the Patient-centered Medical Home
Conveners: Victoria Gorski, MD, chair of STFM Group on the Family in Family Medicine; Patricia Lebensohn, MD
Includes refreshments and workshop materials.

1–5 pm
Mineral E
PR6: Building the Patient-Centered Medical Home: An STFM and TransforMED Learning Collaborative
Elaine Skoch, RN, MN, EMBA, CNAA, BC; Shelly Phinney, MBA
Includes ongoing communication, coaching, and consulting services from TransforMED facilitators, refreshments, and workshop materials.

11 am–3:30 pm **Community Service Project: Get Into the Pipeline…Help Create the Next Wave of Family Doctors.**
Bus loads at 10:45 am at Hyatt front door
The Colorado AHEC and STFM has organized this half-day service learning program, What's a Family Doctor?. It will have you working with the Aurora Lights high school students on a host of family physician activities - from suturing to reading X-rays, to taking on the colon in a state-of-the-art colonoscopy simulator. This activity will take place at the new University of Colorado Denver Anschutz Medical Campus.

Noon–8 pm **STFM Computer Cafe**
Centennial Foyer

5–6 pm **Meeting of the STFM Group Chairs and Board of Directors**
Centennial B

6–7 pm **New Member/Attendee Orientation**
Centennial A

7–8 pm **Welcoming Reception**
Centennial Foyer

7:30–9 pm **STFM Annual Poetry and Prose Reading**
Centennial C
Jon Neher, MD; 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 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 30

7 am–7 pm
Centennial Foyer
Conference Registration and STFM Computer Cafe

7–8 am
Capitol Ballroom
Common Interest and Group Meeting Breakfasts (*See lists on pages 15-17)*

8:15–10 am
Centennial A-D
Opening General Session
STFM President's Address: *Scott Fields, MD, Oregon Health & Science University*
AAFP President's Greetings—*Ted Epperly, MD*

Plenary Address:
Psychosocial Health Care as the Binding Matrix for an Integrated Medical Home
Frank deGruy, MD, University of Colorado Health Science Center, Denver

10–10:30 am
Centennial E-H
Refreshment Break and STFM Village

10:30 am–Noon
Concurrent Educational Sessions
(See session grid on pages 22-23, abstracts on pages 34-39)

12:15–1:45 pm
Centennial A-D
Luncheon With Candidates' Speeches

2–5:30 pm
Concurrent Educational Sessions
(See session grid on pages 23-25, abstracts on pages 39-49)

3:30–4 pm
Centennial Foyer
Refreshment Break

5:30–7 pm
Centennial E-H
Opening Reception With Posters, Exhibits, and STFM Village

7 pm
Depart from Hotel Lobby
Dine-out Groups
(Each participant pays own; dining sign-up sheets are posted near the STFM Registration Desk)

Thanks to our 2009 Conference Partners

Gold Partner

Colorado Health Foundation

Silver Partners

University of Colorado HSC Department of Family Medicine

Wolters Kluwer Health/ 5-Minute Clinical Consult

Bronze Partners

Caring for Colorado Foundation

The Colorado Trust

Colorado Association of Family Medicine Residencies

Hyatt Regency Denver Convention Center

FRIDAY, MAY 1

7–8 am
Capitol Ballroom
Special Topic Breakfasts *(See list on pages 16-17)*

7 am–5:30 pm
Centennial Foyer
Conference Registration and STFM Computer Cafe

8:15–10 am
Centennial A-D
General Session
STFM Annual Business Meeting: The State of STFM
Presentation of F. Marian Bishop Award—*Macaran Baird, MD, MS, STFM Foundation President*

Blanchard Memorial Lecture:
The Challenge of Practice Variations and the Future of Primary Care
John Wennberg, MD, MPH, The Dartmouth Institute for Health Policy and Clinical Practice

10–10:30 am
Centennial E-H
Refreshment Break With Exhibits, Posters, and STFM Village

10 am–5:30 pm
Centennial E-H
Research and Scholastic Posters, and Educational Resource and Career Opportunity Exhibits

10:30 am–Noon
Concurrent Educational Sessions *(See session grid on pages 25-26, abstracts on pages 50-55)*

12:15–1:45 pm
Centennial A-D
Luncheon With Awards Presentations

2–5:30 pm
Concurrent Educational Sessions *(See session grid on pages 27-28, abstracts on pages 55-63)*

3:30–4 pm
Centennial E-H
Refreshment Break With Exhibits, Posters and STFM Village

5:45–6:45 pm
STFM Group, Task Force, and Committee Meetings *(See meeting list on page 14)*

8 pm
Capitol 4
The Obama Administration and Health Care: The First 100 Days and Beyond
Robert Crittenden, MD, MPH, Herndon Alliance; Jerry Kruse, MD, MSPH, STFM Legislative Affairs Committee Chair; Hope Wittenberg, MA, STFM Government Relations Director
As we begin our STFM annual meeting the Obama Administration will have just completed its first 100 days in office. This milestone event is a good time to assess the new Administration's aims, goals, successes, and perhaps failures regarding health care reform and other health-related initiatives. We will look at what funds may be accessible by STFM members from the implementation of the Stimulus bill, named the American Recovery and Reinvestment Act (ARRA), as well as other opportunities that may be present as Congress and the Administration move forward on health care reform. Please come prepared with your thoughts and questions. We hope to have a lively, interactive discussion.

Dr Crittenden is cofounder of the Herndon Alliance. It is a nationwide non-partisan coalition of more than 100 minority, faith, labor, advocacy, business, and health care provider organizations. In 2005, the Herndon Alliance was established as a coalition of national and state based advocacy, labor, faith, provider, and business groups. The common vision was to reframe the health care reform discussion from one that was policy driven to one that is 'values-based' and would help a larger portion of the population understand how they could improve affordability and security in their own health care coverage. Our goal was to increase the base of support for health care reform leading to quality and affordable health care for all. Dr Crittenden received the STFM Advocate Award in 2006.

SATURDAY, MAY 2

6–7 am — **Annual Marathonaki Fun Run**—*Group will depart from Hyatt Lobby*

7–7:30 am
Mineral G
Yoga for the Mind and Body
Led by Richard Usatine, MD
Come practice Yoga to relax your mind and body. This will be a gentle Yoga session that anyone can do without being a human pretzel. Emphasis will be on breathing and asanas (poses) that are good for the low back.

7–8 am
Centennial E-H
Breakfast With Exhibitors, Posters, and the STFM Village

7 am–5:30 pm
Centennial Foyer
Conference Registration and STFM Computer Cafe

8:15–10 am
Centennial A-D
General Session
Curtis G. Hames Award Presentation
and STFM Best Research Paper Award Presentation
James Gill, MD, MPH, chair, STFM Research Committee

Plenary Address:
Involving All Family Medicine Residency Programs in Research: Embracing Your Inner Geek
Sandra Burge, PhD, University of Texas Health Science Center, San Antonio

10–10:30 am
Centennial E-H
Refreshment Break with Posters and Exhibits and STFM Village
Research and Scholastic Posters, and Educational Resource and Career Opportunity Displays will close after this break.

10:30 am–Noon — **Concurrent Educational Sessions** *(See session grid on pages 29-30, abstracts on pages 64-69)*

Noon–1:30 pm — **Lunch on Your Own**

12:30–1:30 pm — **Group Meetings** *(See meeting list on page 14)*

1:45–5:15 pm — **Concurrent Educational Sessions** *(See session grid on pages 30-32, abstracts on pages 69-79)*

3:15–3:45 pm
Centennial Foyer
Refreshment Break

9 pm–Midnight
Capitol Ballroom
After-dinner Dance Party (Open to all meeting attendees and guests!)

SUNDAY, MAY 3

7–7:30 am — **Devotional Gathering**
Quartz A

7am–Noon — **Conference Registration and STFM Computer Cafe**
Centennial Foyer

7:30–8 am — **Coffee and Muffin Service**
Centennial Foyer

8:15–9:45 am — **Concurrent Educational Sessions** *(See session grid on pages 32-33, abstracts on pages 80-83)*

9:45–10 am — **Refreshment Break**
Centennial Foyer

10–11:30 am — **Closing General Session**
Centennial A-D
Incoming President's Address: *Terrence Steyer, MD, Medical University of South Carolina*

Plenary Address:
A Personal Medical Home—For Some or for All?
Jeannette South-Paul, MD, University of Pittsburgh

11:30 am — **Conference Adjourns**

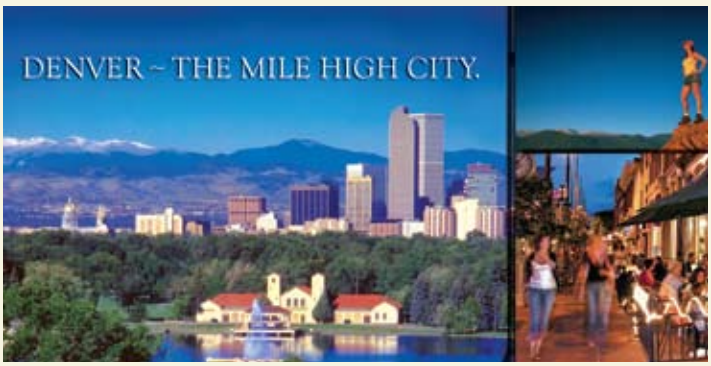
DENVER

The perfect blend of outdoor adventure and urban sophistication. That's the duality locals love about the Mile High City. With snowcapped peaks providing a spectacular backdrop, Denver is as refined as it is laid-back. It's a place where aerospace engineers rub elbows with rock climbers at local brewpubs, at art festivals, or while strolling their favorite pedestrian mall. And with 300 days of sunshine per year, it's easy to see why people fall in love with Denver the first time they visit.

Denver is also a city of neighborhoods, each with its own unique charm. Be sure to leave time in your visit to explore the independent boutiques, galleries, and restaurants nestled in areas outside the vibrant downtown. With a diverse population, there is something for everyone. With a rich history dating back to the mid-1800s, Denver just celebrated its 150th birthday in November, 2008.

The mild climate surprises many people; don't be fooled by the occasional winter flurry—Denver is nestled at the base of the Rockies, not in them.

For complete information about Denver, visit www.denver.org.



It takes a Village...

…to advance family medicine
…to improve health
…to create community among teachers and scholars

All medical societies have house booths at their meetings.

STFM has a community.

Visit our community, the STFM Village. We'll be in the exhibit hall on breaks (after each plenary session).

Visit the STFM Village to…

Donate to the STFM Foundation
- Your donation is tax deductible in '09.
- Your contribution is forever.

Create the clerkship experience
- Shape the future of family medicine by reviewing and giving your input on C4, the discipline's FM clerkship curriculum.

Get credit for your work.
- Upload your best on STFM's Resource Library.

Shape the future of family medicine.
- Explore STFM's initiatives related to the PCMH.

Hob-nob with the movers & shakers of predoc education
- Check out the work of PDDI graduates.

Play editor for the day
- Volunteer to serve as a Family Medicine reviewer.

Pay it forward in the Village
- Put your community preceptors in membership
- Commit to renewing your 2010 membership
- Commit to attending the 2010 Annual Meeting in Vancouver

All these activities in the Village will earn you tickets into a drawing for prizes to be awarded Friday, Saturday and Sunday:
- Wii
- $25 Amazon gift card (three to be given away)
- A registration to an STFM meeting in 2010
- An Amazon Kindle

Frank deGruy, MD, MSFM, is the Woodward-Chisholm Professor and chair of the Department of Family Medicine at the University of Colorado, a position he has held since 1999. Dr deGruy is chair of the Board of Directors of the Family Physicians' Inquiries Network and the president of the Collaborative Family Healthcare Association. He recently completed a 5-year stint as the chair of the National Advisory Committee for the Robert Wood Johnson Foundation's Depression in Primary Care program.

He serves on the University of Michigan Depression Center's Scientific Advisory Board and is on the steering committee of the National Network of Depression Centers. He serves on the editorial boards of ***Families, Systems and Health***, the ***Annals of Family Medicine***, and the Primary Care Companion to the ***Journal of Clinical Psychiatry***. He has reviewed more than 1000 grant applications for the NIMH, AHRQ, and the Robert Wood Johnson Foundation, and has conducted formal consultations at 19 departments of family medicine across the country. He has authored over 150 papers, chapters, books, editorials, and reviews, and has been the principal investigator on more than $5 million of research and training grants.

THURSDAY, APRIL 30

8:15-10 am

Centennial Ballroom A-D

Psychosocial Health Care as the Binding Matrix for an Integrated Medical Home

Frank deGruy, MD, University of Colorado Health Science Center, Denver

As we rush to coordinate care in the Patient-centered Medical Home, we risk excluding one of the more difficult but most important ingredients: psychosocial care. It's hard enough pulling together a practice that expands accessibility, offers evidence-based preventive services, and hews to acceptable chronic disease protocols. But layer onto that mental health care, health behavior change, and true patient empowerment, and we've got a tall order—particularly since the resources necessary to properly accommodate these elements are somewhat inaccessible.

It turns out that once the hard elements of the medical home are seated in a psychosocial context, a certain fluent coherence emerges that can make care more effective and rewarding, and less expensive and difficult. Surprisingly, once such integration occurs, a number of other difficulties of medical home creation will have been mitigated—difficulties such as team functioning, communication, and patient centeredness. After a brief rationale for inclusion of this dimension into our medical home coordination efforts, this talk will describe several models of successful integration across a range of settings, with particular attention to the financial and economic barriers to this integration. We will hear how these barriers have been negotiated and consider what acceptable financial conditions look like. Finally, an educational template will be offered to train clinicians for work under such integrated conditions.

Learning Objectives:

1) Understand the centrality of mental health care and health behavior change in any meaningful formulation of medical home.
2) Understand the difficulties and benefits of a medical home that integrates psychosocial care into its structure.
3) Understand the educational mandates that follow from such an integrated medical home.

Moderator: James Tysinger, PhD, 2009 Conference Chair

Special thanks to the Colorado Health Foundation, our Gold Partner, for funding a Webcast of Dr deGruy's plenary address.

FRIDAY, MAY 1

8:15-10 am

Centennial Ballroom A-D

2009 Blanchard Memorial Lecture: The Challenge of Practice Variations and the Future of Primary Care

John Wennberg, MD, MPH, The Dartmouth Institute for Health Policy and Clinical Practice

Today, the future of primary care and the role its clinicians will play in health care reform is under active debate. An understanding of unwarranted variation in health care delivery provides the basis for defining new roles and responsibilities for health care professionals. The critical issues facing the nation are: 1) poor care coordination and overuse of acute care hospitals in managing chronic illness (in light of evidence that greater care intensity doesn't produce better outcomes), and 2) misuse of discretionary procedures and screening exams that do not reflect the wants and needs of the individual patient.

The remedy for unwarranted variation in the management of chronic illness includes care coordination among providers and across sectors of care—ambulatory care, home health care, and institutionalized care, including acute care hospitals. Remedies for unwarranted variation in preference-sensitive treatments require that informed patient choice become the standard for defining medical necessity.

My thesis is that primary care physicians are the best situated among health care professionals to take responsibility for coordinating the care of the chronically ill and for ensuring that patients are fully informed about treatment options and helped to make decisions that correspond to their needs and value tradeoffs. In this role, the primary care physician becomes essential to any national effort to reduce unwarranted practice variation and improve the quality of care. But to undertake this new responsibility and achieve these goals, the leadership of primary care must link this vision of the future of primary care to the emerging concept of the patient-centered medical home and work to ensure that changes in reimbursement systems make it possible.

Moderator: Macaran Baird, MD, MS, STFM Foundation President

John Wennberg, MD, MPH, is the Peggy Y. Thomson Chair in the Evaluative Clinical Sciences and founder and director emeritus of The Dartmouth Institute for Health Policy and Clinical Practice. He has been a professor in the Department of Community and Family Medicine since 1980 and in the Department of Medicine since 1989. He is a graduate of Stanford University and the McGill Medical School. Wennberg and colleague Al Mulley are cofounders of the Foundation for Informed Medical Decision Making, a nonprofit corporation providing objective scientific information to patients about their treatment choices using interactive media.

Dr Wennberg is the founding editor of The Dartmouth Atlas of Health Care, which examines the patterns of medical resource intensity and utilization in the United States. The Atlas project has also reported on patterns of end-of-life care, inequities in the Medicare reimbursement system, and the underuse of preventive care.

Sandra Burge, PhD, is a social scientist and tenured professor in the Department of Family and Community Medicine at the University of Texas Health Science Center at San Antonio. For more than 20 years, Dr Burge has taught behavioral science and research methods to medical students, family medicine residents, fellows, and faculty. In 1997, she obtained HRSA funding to start a new collaboration—the Residency Research Network of Texas (RRNeT). Starting with five affiliated family medicine residency programs, the network now includes nine programs located in eight Texas cities, including two on the Texas-Mexico border. RRNeT research has addressed a wide array of primary care issues including complementary medicine use, diabetes self-care, medication adherence, firearm safety, adolescent preventive health, health behaviors, and chronic pain.

Dr Burge is an active member of the Society of Teachers of Family Medicine. She served as chair of the Research Committee from 1995 to 1999, and currently is a cochair for the Group on Teaching Research in Residency, and the associate editor of the Family Medicine Digital Resources Library. She also serves on the Board of Directors of the North American Primary Care Research Group as chair of the Nominations Committee.

SATURDAY, MAY 2

8:15-10 am

Centennial Ballroom A-D

Involving All Family Medicine Residency Programs in Research: Embracing Your Inner Geek

Sandra Burge, PhD, University of Texas Health Science Center, San Antonio

The 2004 report on the Future of Family Medicine asserted that Participation in the generation of new knowledge must become integral to the activities of all family physicians and, therefore, should be incorporated into family medicine training. In July 2007, the Accreditation Council for Graduate Medical Education strengthened its requirement for research curriculum in family medicine, stating Each program must provide supervised experiences for all residents in scholarly activities... However, few residency faculty outside of academic centers conduct and publish research, and only about half of US family medicine residency programs require research of their residents. Many things inhibit research activity in our residency programs, including competing priorities, and lack of time, training, and research resources.

This presentation will describe strategies for developing residency faculty and residents' scholarly activity, featuring one model in particular: a research network of residency programs. Dr Burge will describe the mission, policies, infrastructure, processes and outcomes of the Residency Research Network of Texas (RRNeT). This network, now 11 years old, includes nine residency programs with 90 family physician faculty and 260 family medicine residents who see 250,000 patients per year. Residency-based research networks bring together a critical mass of research-interested peers to energize each other, learn from each other, and share the responsibilities of conceiving, designing, conducting, analyzing, interpreting, and disseminating research studies. RRNeT's experience has demonstrated that community-based residency faculty and residents can ask and answer important research questions with major responsibility for every step from design to publication.

Moderator: James Gill, MD, MPH, STFM Research Committee Chair

SUNDAY, MAY 3

10 – 11:30 am

Centennial Ballroom A-D

A Personal Medical Home – for Some or for All?

Jeannette South-Paul, MD, University of Pittsburgh

The personal medical home as a foundation for our health care system has been endorsed by primary care groups and academic family medicine organizations as a way to make quality health care affordable and accessible. Evaluations of several Patient-centered Medical Home models confirm earlier findings of improved outcomes and satisfaction. At the same time, the US health care system is struggling as health care costs continue to grow faster than the economy. Furthermore, more than 47 million Americans are uninsured—a number that is rising with the increased weakening of the economy. Continued funding for the Medicare program is being accomplished through cutbacks in services, decreasing reimbursements to physicians and increased beneficiary premiums. Federal and state governments are reducing Medicaid benefits and coverage, while costs continue to escalate.

Many young physicians face substantial medical education debts. The median indebtedness of medical school students varies from $120,000 (students in public medical schools) to $160,000 (students attending private medical schools). Changing workforce dynamics such as the insufficient numbers of young physicians entering primary care and increasing numbers of older physicians expressing plans to discontinue practice provide further challenges to the delivery of primary care services. At the same time, the demographics of the US populations continues to shift with respect to race, ethnicity, socioeconomic status, educational attainment, and other indicators that influence health status.

Will personal medical homes be available to the uninsured, to underrepresented minorities, to many groups currently suffering from profound health and health care disparities? How will the health care teams essential to the implementation of medical homes be funded? How must our medical education and training adapt in order to ensure adequate care for every patient in this rapidly changing economic and health care environment? We will examine the requirements for success of this concept, the unique needs of the most vulnerable, and the policies and practices needed to ensure implementation.

Moderator: David Henderson, MD

Jeannette South-Paul, MD assumed the position of professor and chair of family medicine at the University of Pittsburgh School of Medicine in July 2001 following a 22 year active duty career in the US Army. She is responsible for the educational, research, and clinical activities of the undergraduate and graduate medical education, faculty medicine, and community arms of four family medicine residencies and nine ambulatory clinical sites in Allegheny County, Pennsylvania. She has been a strong advocate for care of the underserved in western Pennsylvania and elimination of health disparities. She is a practicing family physician, to include maternity care, as well as an academician with specific research interests in the areas of cultural competence, maternity care, and health disparities in the community.

Dr South-Paul serves as the director of the Center for Primary Care Community-based Research in the Department of Family Medicine. She is a past president of the Society of Teachers of Family Medicine (STFM) and has served on numerous committees of the STFM, the American Academy of Family Physicians, the Association of American Medical Colleges, as well as currently serves on a committee looking at reproductive health programs for the Institute of Medicine. She was chosen as a McCann Scholar for mentoring in 2004. She received the AMA's Pride in the Profession award in 2007. She has been selected as one of 50 Women of Influence in Allegheny County twice by the New Pittsburgh Courier (2004 and 2008).

Hotel Information

Hyatt Regency Denver
650 15th Street
Denver, Colorado 80202

Guest Phone: 303-436-1234
Guest Fax: 303-486-4450

Fitness Facilities

The Hyatt Regency Denver offers guests a cardio theatre with headphones, stair climbers, exercise cycles, cable weights, free weights, and sauna. And, be sure to revel in panoramic mountain views through a wall of floor-to-ceiling windows in their pool room. The indoor, heated lap pool provides a peaceful setting for your daily swim. Take in the view of the mountains as you relax in a comfortable lounge chair—what a wonderful way to refresh and recharge for a few hours on your fun-filled Denver vacation. Hours: 6 am-10 pm.

Rental Car Discount

Budget Rent A Car System, Inc, is the official rental car agency for this year's conference. For reservations, please call Budget at 800-772-3773, or you can make your reservations online at www.budget.com. **Please be sure to ask for convention discount code: U063655.** Car rental rates include unlimited mileage and are valid for up to 1 week before/after the conference. Special weekend rates may also be available.

Ground/Shuttle Transportation

Super Shuttle provides roundtrip transportation between the Denver Airport and the Hyatt Regency hotel. The cost is $32 round-trip or $19 each way, and reservations can be made in advance by calling 800-258-3826 or visiting www.supershuttle.com. Group code: LBMD6.

Taxi fares are approximately $43–$52 one-way between the airport and hotel/downtown.

Child Care

For scheduling information and fees, contact the Hyatt's Concierge at 303-436-1234. Rates vary based on the number and ages of children needing care, and advance reservations are required.

Career Opportunity Exhibits and Advertising

The 2009 Exhibit Hall will highlight educational resource and career opportunities. Exhibits will open with a reception on Thursday, April 30, and will be displayed through the morning refreshment break on Saturday, May 2.

Election Procedures

Be a part of the democratic process and participate in STFM officer elections! During the luncheon on Thursday, April 30, the nominees for STFM office will be announced, and nominations from the floor will be accepted. Listen to the candidate speeches during the luncheon to hear their ideas on how they would lead the Society into the future. Ballots will be included with the registration packets of members qualified to vote. Your dues must be current for 2009 to participate in the elections. 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, May 1.

Business Session

The STFM Annual Business Meeting will be held on Friday morning, May 1. Be the first to hear the results of the STFM elections and congratulate the officers elected. The Business Meeting also offers members the opportunity to learn about key Society activities and address issues of concern to the STFM Board of Directors. STFM members not attending the conference can attend the Business Session without registering for the conference.

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.

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 Centennial Foyer. For hours of operation, check the conference schedule listed on pages 4-8. We would like to than the Hyatt Regency Denver for their support of the Computer Cafe.

Dine Outs

Join your friends and colleagues from the conference for an optional dinner on Thursday, April 30. 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

The following functions are included in your registration fee (no tickets needed)
• Continential Breakfasts on Thursday, Friday, Saturday, and coffee and muffin service on Sunday.
• Luncheons on Thursday and Friday.
Additional meal tickets for spouses, guests, and children may be purchased at the STFM Registration Desk

CME Hours

This activity has been reviewed and is acceptable for up to 29.25 Prescribed credit(s) by the American Academy of Family Physicians.Of these credits, 1.50 conform to the AAFP criteria for evidence-based CME clinical content. The session approved for EB CME credit is S13: STFM Smiles for Life 2 Oral Health Curriculum: How to Implement It in Your Program

CME credit has been increased to reflect 2 for 1 credit for only the EB CME portion. When reporting AAFP credit, report total Prescribed and Elective credit for this activity. It is not necessary to label credit as evidence-based CME for reporting purposes. The EB CME credit awarded for this activity was based on practice recommendations that were the most current with the strongest level of evidence available at the time this activity was approved. Since clinical research is ongoing, AAFP recommends that learners verify sources and review these and other recommendations prior to implementation into practice.

This program is approved by the American Osteopathic Association for Category 2 credits for DO participants. PR2: “Osteopathic Medicine: Contributions for the Future of Family Medicine” has been approved for 7 Hours Category 1A, AOA credit for physicians.

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 3-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—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-long 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 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.

GROUP MEETINGS & BREAKFASTS

Friday, May 1, 5:45-6:45 pm

GROUP MEETINGS

(Due to space limitations and additional STFM Group requests this year, some STFM Groups will be required to share rooms for their Group meetings.)

Abortion Access and Training—*Agate B*

Behavioral Science—*Granite A*

Care of Infants and Children—*Agate A*

Community Medicine—*Mineral B*

Education Professionals in Family Medicine—*Mineral B*

Ethics and Humanities—*Granite C*

Faculty Development—*Capitol 6*

Family-centered Maternity Care—*Granite B*

Family in Family Medicine—*Mineral A*

Global Health—*Mineral D*

Health Policy and Access—*Mineral C*

Integrative Medicine—*Mineral G*

Minority and Multicultural Health—*Mineral F*

Patient-centered Medical Home—*Capitol 5*

Primary Care Sports Medicine—*Quartz A*

Rural Health—*Mineral E*

Spirituality—*Quartz B*

Student-run Free Clinics—Mineral E

Teaching Research in Residency and the STFM Research Committee—*Capitol 2*

Women in Family Medicine—*Agate C*

Saturday, May 2, 12:30–1:30 pm

GROUP MEETINGS

(Due to space limitations and additional STFM Group requests this year, some STFM Groups will be required to share rooms for their Group meetings.)

Abortion Access and Training—*Quartz B*

Addictions—*Quartz A*

Challenging Learner—*Granite A*

Community Medicine—*Capitol 5*

Continuous Healing Relationships—*Mineral D*

Faculty Development—*Capitol 2*

Family Medicine Pipeline—*Capitol 3*

Global Health—*Mineral E*

Hospital Medicine and Procedural Training—*Mineral F*

Immunization Education—*Granite B*

Integrative Medicine—Granite C

Minority and Multicultural Health—Mineral G

Nutrition Education—*Agate C*

Pain Management and Palliative Care—*Mineral C*

Patient-centered Medical Home—*Capitol 4*

Pharmacotherapy—*Agate B*

Violence Education and Prevention—*Agate A*

Women in Family Medicine—*Mineral B*

Communications Committee—*Marble*

Membership Committee—*Sandstone*

Program Committee—*Capitol 6*

Thursday, April 30, 7-8 am

COMMON INTEREST BREAKFASTS

Room: Capitol Ballroom

Abortion Access and Training

Adolescent Health Care

Chairs' Meeting for Behavioral Health Related Groups

Community Medicine

Ethics and Humanities

Faculty Development

Family-centered Maternity Care

Family Medicine Pipeline

FMIG Faculty Advisors: Sharing Challenges and Successes

Health Policy and Access

Hospital Medicine and Procedural Training

Integrative Medicine

Learner Portfolios

Minority and Multicultural Health

Nutrition Education

Oral Health

Personal Advocacy for Health Care Reform

Predoctoral Academic Coordinators

Predoctoral Education

Rural Health

Spirituality

Students and Residents: Involvement and Growth in STFM

Violence Education and Prevention

Women in Family Medicine

Facebook, Blogs and Twitter: Using Social Media in Medical Education—*Mineral A*

STFM PAST PRESIDENTS

2007-2008	John Rogers, MD, MPH, MEd
2006–2007	Caryl Heaton, DO
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

Friday, May 1; 7-8 am

SPECIAL TOPIC BREAKFASTS

Room: Capitol Ballrom

B1: How to Establish a Multidisciplinary Academic and Evaluations Committee in Your Institution
Maili Velez-Dalla Tor, MD; Ana Bejinez-Eastman, MD

B2: Collaborative Care of the Patient With Chronic Pain: Misery Loves Company!
Laurie Ivey, PsyD; Eric Groce, DO

B3: Precepting Students in Clinic
David Power, MD, MPH

B4: Retrospective Chart Review Assessment: Is It Useful for Journal Club and Research?
Bharat Gopal, MD; Nancy Barrett, EdD

B5: Continuing Accreditation of Predoctoral Osteopathic Medical College—Lessons Learned
Helen Baker, PhD, MBA

B6: Supplementing Student Experiential Learning at Community-based Training Sites
Robert Bulik, PhD

B7: Taking a Health-oriented Approach in the Primary Care Medical Home
James Rindfleisch, MD, MPhil; David Rakel, MD; Luke Fortney, MD

B8: Designing Retreats to Build a Sense of Community Between Faculty and Residents in Academic Settings
Agatha Parks-Savage, EdD, LPC, RN; Sahira Humadi, MD

B9: Challenging Conversations In the Medical Home: Strategies for Effective Teams
Karen Kingsolver, PhD; Brian Halstater, MD; Viviana Martinez-Bianchi, MD; Gloria Trujillo, MD

B10: Walking the Talk: Making Our Workplaces Breastfeeding Friendly
Jennifer Griffiths, MD

B11: Exploring the Role of Dual-trained Faculty in Family Medicine Education
Pam Webber, MD

B12: Coordinating Resident Educational Conferences: Who, What, When, Where, Why, How?
Kristen Bene, MS; Deric McIntosh, DO

B13: Helping Family Medicine Residents Address Important End-of-life Issues With Their Patients
Kevin Ache, DO; Lorraine Wallace, PhD

B14: A Model Women's Health Free Clinic: Innovations in Expanding Teaching and Access to Care
Honor MacNaughton, MD; Linda Prine, MD; Anjali Gudi

B15: Build Your Own Classroom—Creating Your Own Online Learning Space
William Cayley Jr, MD

B16: GE Centricity EHR in Family Medicine Residencies
M. Lee Chambliss, MD, MSPH

B17: Addressing the Complexity of Assessing SBP and PBLI Throughout Resident Training
Alice Fornari, EdD, RD

B18: Program Support for Pregnant Residents
Sarina Schrager, MD, MS; Teresa Kulie, MD; Amy Groff, DO; Sarah Fox, MD

B19: Teaching Residents and Office Staff Self-Management In a Medical Home
Edward Shahady, MD; Helena Karnani, MD

B20: Caring for Refugee Populations: A Model for Family Medicine Resident Education
Amiesha Panchal, MD; Fern Hauck, MD, MS

B21: Advocating for the Maternal-Child Health of Teen Mothers: A High School-Medical School Collaboration
Julie Taylor, MD, MSc; Alicja Kreczko; Darcy Broughton; Susanna Magee, MD

B22: Poverty Medicine Curriculum
Bechara Choucair, MD; Elizabeth Ryan, EdD; Catharine Smith, BA

B23: Quality Improvement At the Heart of Residency Education
Brian Arndt, MD; Kirsten Rindfleisch, MD; Stephanie Berkson, MPA; Terri Carufel-Wert, RN

B24: Join the REDI Collaborative—Advance a Multisite Clinical Evaluation System With National Potential
Gary Reichard, MD; Wendy Orm, MD

B25: Primary Care-based Integrative Oncology–Creating a Patient-centered Medical Home for Cancer Survivors
Jun Mao, MD, MSCE; Kevin Mathews, MD

B26: Hippocratic Oaths: Professionalism Teaching Tool In the Medical Home
Jo Marie Reilly, MD; Jeffrey Ring, PhD

B27: Expanded Indications for IUD Use: Lessons for the Personal Medical Home
Norma Jo Waxman, MD; Vanita Kumar, MD; Jennifer Blair, MD

B28: Kalombo Mwane: AIDS
Richa Goyal, MD

B29: Moving Beyond Forms: Teaching End-of-life Care as an Ongoing Process
Stephen Hanson, PhD; David Doukas, MD

B30: Overhauling Community Medicine: A Tale From the Heartland!
Farion Williams, MD; Sherry Falsetti, PhD; Leslie Filer, RN, BSN, LCSW

B31: P4 Residents Share Their Experiences
Annamarie Meeuwsen, MD; David Clampitt, MD

B32: Capturing Our History: A Center for the History of Family Medicine Interview With Bill Shore
William Ventres, MD, MA

B33: Distributive Education: Exploring Options
John Delzell, MD, MSPH; Heidi Chumley, MD; Joshua Freeman, MD; Scott Moser, MD

B34: Finding a Medical Home: Transitioning Youth With Disabilities Into Adult Health Care
Laurie Woodard, MD

B35: Weaving Population and Public Health Principles Into a Family Medicine Residency
Konstantinos Deligiannidis, MD, MPH; Suzanne Cashman, ScD; Stacy Potts, MD; Warren Ferguson, MD

B36: Integrating Pharmacotherapy Principles Into the Family Medicine Residency Curriculu
Jacintha Cauffield, PharmD; Jonathan Ference, PharmD

B37: Group Visits and Centering Health Care
Carmen Strickland, MD

B38: Laying the Foundation for the PCMH: P4 Curriculum Redesign to Increase Content and Efficiency
Daniel Burke, MD; Katherine Miller, MD; Linda Montgomery, MD; John Nagle, MPA

B39: Increasing Patient Visit Time: Lessons From a Suburban Community-based Practice
Donald Pine, MD

B40: Improving Training in Community Medicine
Cristy Page, MD, MPH; Thomas Koonce, MD MPH

B41: Incentives for Faculty Providing Maternity Care
Richard Lord, MD; Carmen Strickland, MD; Lisa Cassidy-Vu, MD

B42: Chaos and Complexity Science In Family Medicine
Stefan Topolski, MD

B43: Putting Our Stories on the Web, in Pulse--Voices From the Heart of Medicine
Paul Gross, MD

B44: Training Family Medicine Residents In a Community Health Center: The Denver Health Experience
Lucy Loomis, MD, MSPH; Katherine Miller, MD; Daniel Burke, MD

B45: Treating Stress-related Disorders During a Primary Care Office Visit With Brief Upright Behavioral Relaxation Training
Victoria Kubal, MS

STFM Recognition Award

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

The 2009 STFM Recognition Award Winner—Denise Rodgers, MD

Denise Rodgers, MD, is the provost and executive vice president for the University of Medicine and Dentistry of New Jersey (UMDNJ). She is also a professor of family medicine at the UMDNJ-Robert Wood Johnson Medical School. Dr Rodgers has overall responsibility for the educational, research, and clinical activities occurring in all eight of the schools of UMDNJ. She has a strong interest in inter-professional education and health care as a mechanism to improve patient outcomes. Dr Rodgers is particularly interested in leveraging the resources of UMDNJ as a statewide asset to improve the health of all New Jersey residents, with special attention to minority and underserved populations.

Prior to becoming executive vice president, Dr Rodgers served as university chief of staff for UMDNJ from September 2005 to April 2006. She served as senior associate dean for Community Health at UMDNJ-Robert Wood Johnson Medical School from 1997 to 2005. Before coming to RWJMS, Dr Rodgers was professor and vice chair in the Department of Family and Community Medicine at the University of California, San Francisco (UCSF). She was also director of the UCSF-San Francisco General Hospital (SFGH) Family Practice Residency Program and chief of service in Family and Community Medicine at SFGH.

Dr Rodgers has served on a number of local, statewide, and national committees. She is currently vice chair of the New Jersey Department of Health and Senior Services Office of Minority and Multicultural Health Advisory Commission and serves on the Governor's Council on HIV/AIDS and Related Blood-borne Pathogens.

Dr Rodgers received her bachelor of arts degree in psychobiology from Oberlin College. She graduated from Michigan State University College of Human Medicine and completed her family medicine training in the Residency Program in Social Medicine at Montefiore Medical Center in the Bronx. Dr Rodgers is board certified in family medicine and is a diplomate of the American Academy of Family Physicians.

STFM Excellence in Education Award

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 2009 STFM Recognition Award Winner—Laurel Milberg, PhD

Laurel Milberg, PhD, is Behavioral Science and Education Development director at the Forbes Family Medicine Residency Program where she conducts Balint seminars on the doctor-patient relationship and faculty development workshops in clinical teaching in addition to teaching the behavioral science curriculum. She is clinical associate professor of family medicine at the University of Pittsburgh School of Medicine, where she developed and directed the Patient Interviewing course using simulated patients to train medical students, residents, and faculty to improve their clinical interpersonal and communication skills. As education director of the Institute for Doctor-Patient Communication at the University of Pittsburgh School of Medicine, she designed and teaches a course to train faculty and fellows in an experiential method used to teach medical history taking and doctor-patient communication. A founding member of the American Balint Society, she has served as its secretary, treasurer, president, and chair of the Credentialing Coordinating Committee, which oversees the training, supervision, and credentialing of Balint group leaders nationwide. She has served on the STFM Nominating Committee, the Steering Committee for the Group on the Family, and Program Committee for the Conference on Families and Health, which she chaired in 2001. She served as team leader, developing the curriculum, faculty, and conducting the first two STFM Academies for International Medical Graduates entering US family medicine residencies.

Dr Milberg received her undergraduate degree from Washington University in St Louis and her PhD from the University of Pittsburgh. She also holds an advanced training certificate in family therapy from the University of Pittsburgh, School of Social Work. She has been married to Daniel for 40 years and has two grown and married children, Colin and Jessica.

STFM Innovative Program Award

STFM honors excellence in an original education program or activity for family medicine residents, students, or faculty. This 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 2009 STFM Innovative Program Award Winner—The Family Medicine Digital Resources Library

The Family Medicine Digital Resources Library (FMDRL) was founded in 2004 through a grant from the National Library of Medicine, and was among the first web-based curriculum repositories. FMDRL's mission is to support and enhance the sharing and collaborative development of educational resources among family medicine educators through a digital library that includes resources for all levels of family medicine education.

Since 2005, the site has had more than 80,000 visitors viewing more than 1/2 million pages. The site has international importance with more than 11,000 visits from more than 163 countries and territories. To date, FMDRL contains more than 1,600 resources. Thirty-five resources on FMDRL have been download more 1,000 times each. FMDRL also offers work areas for groups to connect, design curricula, and work on collaborative projects.

This award recognizes the work and energy of the entire FMDRL team, but particularly **Jacob Reider, MD,** Albany Medical College, **Richard Usatine, MD,** University of Texas HSC at San Antonio, **Helen Baker, PhD, MBA,** West Virginia School of Osteopathic Medicine**,** and **Traci Nolte, CAE,** Society of Teachers of Family Medicine, who were the creative force that brought this excellent educational resource to fruition.

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 or members 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 2009 STFM Advocate Winners—Drs Green, Pugno, and Jones for Their Advocacy for Innovative Family Medicine Residency Education in the Patient-centered Medical Home.

Larry Green, MD, is professor of Family Medicine and the Epperson-Zorn Chair for Innovation in Family Medicine at the University of Colorado, Denver. In 1999, he became the founding director of the Robert Graham Center, Washington, DC. He served on the Steering Committee of the Future of Family Medicine Project. He directed the Robert Wood Johnson Foundation's Prescription for Health national program focused on incorporating health behavior change in redesigned primary care practices. He is cochair of the Preparing the Personal Physician for Practice (P4) Initiative. He is chair-elect of the Board of Directors of the American Board of Family Medicine and a member of the Institute of Medicine.

Perry Pugno, MD, MPH, CPE, is currently the director of the Division of Medical Education for the American Academy of Family Physicians, and the director of Residency Program Solutions. After service with the National Health Service Corps, Dr Pugno became a residency director, and accumulated more than 20 years experience in that role. His professional background also includes trauma center director, hospital chief medical officer, public health officer, vice president of a large integrated health system, and medical director of a health plan.

Samuel Jones, MD, is program director at the Fairfax Family Practice Center Residency Program and also serves as vice chair for the Department of Family Medicine at the Inova Fairfax Hospital. He has served on the Board of Directors of the Association of Family Medicine Residency Directors. He also served as liaison to the AAFP's Commission on Governmental Advocacy and chair of the AFMRD Legislative Committee, and as co-chair of the Preparing the Personal Physician for Practice (P4) Initiative. In 2008, he was elected to the Board of Directors of the American Board of Family Medicine.

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 2009 Curtis G. Hames Award Winner—Lillian Gelberg, MD, MSPH

Lillian Gelberg, MD, MSPH, is a professor of family medicine and chair of the Community Engagement and Research Program in the Clinical Translational Science Institute at the David Geffen School of Medicine, professor of Public Health of the Department of Health Services Research in School of Public Health at at University of California, Los Angeles, and a member of the Institute of Medicine of the National Academy of Sciences. She is a health services researcher and family physician who conducts community-academic partnered research on the health, access to care, quality of care, and health promotion/disease prevention of homeless and other vulnerable populations. She earned her BA from UCLA, MD from Harvard, and MSPH, from the UCLA School of Public Health.

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 F. Marian Bishop Leadership Award Winner—Warren Heffron, MD

Warren Heffron, MD, is a family physician and educator. He has been at the University of New Mexico for 41 years and was the founding program director of the residency program and served for 12 years as professor and chair of the Department of Family Medicine.

He served on the board of directors for STFM and the STFM Foundation and was president of the STFM Foundation from 2000–2003. He has been a long-time member of the STFM Group on Global Health (formerly the International Committee).

He was vice president of the AAFP and president of the ABFM and Christian Medical and Dental Society. Dr Heffron served on the Residency Review Committee for family medicine and was a RAP consultant for 17 years. He has been president of the New Mexico Medical Society and the New Mexico AAFP.

Currently he is part time at UNM and involved in consulting and teaching in family medicine residency programs in resource-poor countries, the majority of them in missionary hospitals or settings.

Best Research Paper Award

Presented since 1988, the STFM Best Research Paper Award recognizes the best research paper by an STFM member published in a peer-reviewed journal between July 1, 2007 and June 30, 2008. Selection is based on the quality of the research and its potential impact.

The 2009 Best Research Paper Award Winner— Timing of Repeat Colonoscopy: Disparity Between Guidelines and Endoscopists' Recommendation—*Alex Krist, MD, MS; Resa Jones, MPH, PhD; Steven Woolf, MD, MPH; Sarah Woessner, MD; Daniel Merenstein, MD; J. William Kerns, MD; Walter Foliaco, MD; Paul Jackson, MD*

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The Program Committee would like to acknowledge our wonderful STFM member volunteer reviewers for their assistance in the review and planning process for the 2009 conference: **Crystal Cash**, MD; **Catherine Churgay,** MD; **Sue Doty**, PhD, MD; **Karen Connell**, MS; **Kathryn Fraser**, PhD; **Craig Gjerde**, PhD; **Amy Keenum**, DO, PharmD; **Rebecca Malouin**, PhD, MPH; **Heather Paladine**, MD; **Paul Paulman**, MD; **Saria Saccocio**, MD; **Joanne Williams**, MD, MPH; **Stephen Wilson**, MD, MPH; **Robert Zylstra**, EdD, LCSW.

THURSDAY, APRIL 30

7–8 am

Common Interest and Group Meeting Breakfasts—*Capitol Ballroom*
(see list page 14)

8:15–10 am

Dr. deGruy

Opening General Session—*Centennial Ballroom A-D*
AAFP President's Greetings—*Ted Epperly, MD*
STFM President's Address: *Scott Fields, MD, Oregon Health & Science University*

Plenary Address:
Psychosocial Health Care as the Binding Matrix for an Integrated Medical Home
Frank deGruy, MD, University of Colorado Health Science Center, Denver

10–10:30 am Refreshment Break & STFM Village—*Centennial Ballroom E-H*

10:30 am – Noon

SEMINARS

S1: Managing the Medical Home When New Evidence Challenges Pay for Performance Guidelines [MH,R,P]—***Capitol 5***

S2: Cost-effective Treatment of Chronic Disease for the Uninsured/Underinsured Patient [MH,R,P]—***Mineral E***

S3: Your Manuscript Through the Eyes of an Editor [R,P,S]—***Capitol 6***

S4: REDI: A Multi-residency Evaluation System That Provides Unprecedented Data About Residents' Clinical Competence [R,P]—***Capitol 7***

S5: Group Visits to Empower Patients and Address Barriers to Effective Diabetes Care [MH,R,P]—***Mineral A***

S6: The 7 Habits for Highly Effective People: Foundation for the Patient-centered Medical Home [MH,R,P]—***Capitol 3***

S7: Cancelled

S51: Leadership Skills to Promote Culture Change in Academic Health Centers [L,P]—***Capitol 2***

SESSION TRACKS

L = Leadership/Senior Faculty
MH = Patient-centered Medical Home
FM = Behavioral and Family Health
S = Student
R = Resident
P = Preceptor/Faculty

LECTURE-DISCUSSIONS

L1A: Film In Multicultural Medical Education [MH,P,R,S,FH]
L1B: Cinemeducation for Finding Jedi People Among Medical Students: Promoting Leaders for the FFM—***Agate A***

L2A: Helping Parents Reach a Healthy Relationship With a Substance Abusing Adolescent [FM]
L2B: Teaching The Teacher: Tools for Teaching Adolescent Health In Family Medicine Including Video Vignettes, Clinical Cases, and Competency-based E-learning—***Agate B***

L3A: Leadership Development for Fellows, Residents, and Faculty
L3B: Retention of Residency Faculty in Family Medicine Through Faculty Development Fellowship Training and Current Challenges—***Mineral F***

L4A: Teaching Obstetrics in the Third Millennium—the Nebraska Experience—An Operational/Practical Approach [P,MH]
L4B: Teaching Group Prenatal Care to Residents [P,R,S]—***Granite C***

L5A: Leaving Home: Preparing for a Leave of Absence [P]
L5B: How Many Doctors Do We Need Here Anyway?—***Mineral G***

L6A: All I Needed to Know But Didn't: Assessing and Remediating at the Beginning of Residency
L6B: Second-year Readiness: Are Interns Ready to Transition Into a Supervisory Role? [P,R]—***Granite A***

L7A: Integrating Chronic Disease Care Resident Education With Clinic Transformation Into the Personal Medical Home [MH,P,R]
L7B: The Gripe Model for Precepting Chronic Disease Visits [MH,P]—***Granite B***

L8A: The Use of Web-based Modules to Teach Family Medicine Principles to Third-year Medical Students [P]
L8B: Maximizing Outcomes, Minimizing Risk: Decision Making in a Patient-centered World [P]—***Mineral D***

L9A: Strengthening the Medical Home by Getting to Know the Neighbors: An Exploration of Community Healers [P,R]
L9B: Integrating Medical Spanish and Cultural Competency Into a Family Medicine Residency Curriculum [P]—***Agate C***

Note: Lecture-Discussions A&B are held in the same room and are 45 minutes each.

10:30am – Noon *continued…*

PEER PAPERS – COMPLETED PROJECTS

PEER SESSION A: Training Issues in Men's and Women's Health —Mineral C

PA1: Gender Disparity in the Gynecologic Training Experience at a Family Medicine Residency Program [L,R,P]
PA2: Primary Care Urology and Men's Health: Development of a Niche Curriculum in Family Medicine [L,R,P]
PA3: The Impact of Clinical Prompts on Prenatal Care at Two Family Medicine Teaching Clinics [L,R,P]

PEER PAPERS – IN PROGRESS

PEER SESSION B: Clinical Research—Mineral B

PB1: Quality of Pain Assessments In Non-verbal Geriatric Patients by Residents and Nursing Staff [L,R,P,S]
PB2: When Your Patients Are Smoking for Two: Results From Interviews With Pregnant Women Who Smoke [L,R,P,S]
PB3: Reining in the Pain [L,R,P,S]
PB4: The Impact of Medication Management Visits With a Pharmacist on Hospitalization Rate in Polypharmacy Patients [L,R,P,S]
PB5: Diabetic Patients' Barriers to Optimal Blood Sugar Control [L,R,P,S]

RESEARCH FORUM A:

Distinguished Papers—Capitol 1

RA1: Understanding Adult Vaccination In Urban, Lower Socioeconomic Settings: Influence of the Physician and Prevention Systems
RA2: A Medical Home Versus Temporary Housing: The Importance of a Stable Usual Source of Care [MH]

SPECIAL SESSION

SS1: FFM Update: STFM's Contributions to Teaching The Primary Care Medical Home—*Capitol 4*

12:15–1:45 pm Luncheon With Candidates' Speeches—*Centennial Ballroom A-D*

2 – 3:30 pm

SEMINARS

S7: Cancelled

S8: Aware Medicine: Self-exploration, Self-care, and Mindfulness in Residency Training [R,P,FM]—*Capitol 2*

S9: You Passed! A Promotion Criteria Approach to Evaluating Competency Throughout the Training Cycle [R,P]—*Capitol 3*

S10: Espirit de Corps—What Makes It and Breaks It? Leadership Training in Morale Competency [L,R,P]—*Capitol 5*

S11: Using Powerpoint Games to Have Fun While Learning [R,P]—*Capitol 6*

S12: Creation of a Medical Home for High-risk Obstetric Patients Within a Residency Program [MH,R,P]—*Capitol 7*

LECTURE-DISCUSSIONS

L10A: Integrated Primary Care: Implementation and Outcomes in a Family Medicine Residency Program [FM]
L10B: Integrative Family Medicine for the Underserved: Lessons From the Santa Rosa Fellowship [P]—*Mineral D*

L11A: Teaching Quality Improvement in and for the Medical Home: A Longitudinal Curriculum for Residency Programs
L11B: The Learning Coach: Using Electronic Portfolios to Promote Self-directed Learning in Residency [P]—*Mineral E*

L12A: Storytelling, Oncology, and Medical Communication Analysis of Cancer Patients' Stories [MH,FH,S,R,P]
L12B: Teaching Lifelong Self-appraisal Skills: Evaluation, Reflection and Validation [P,R,S]—*Granite C*

L13A: The Patient-centered Medical Home: Lessons Learned From a New Family Medicine Clerkship Curriculum
L13B: Evaluating Impact of a Multicultural Interclerkship on Students' Skills, Knowledge, and Awareness [MH,P]—*Mineral F*

L14A: The Predoc Consultation: How an External Review Can Inform Change [P, L]
L14B: A Summer Preceptorship in Family Medicine: An Early Medical Student Experience—*Mineral G*

L15A: Using Standardized Patient Instructors to Train Medical Students for Weight Management and Physical Activity Counseling [P]
L15B: Bariatric Surgery: Nutritional Consequences for Health—*Granite A*

L16A: EMR Vendor Collaboration and Utilizing Real-time EMR-based Performance Reports for Continuous Quality Improvement Training [MH,P]
L16B: Protecting the Medical Home Involving Learners in Creating and Implementing an EMR Disaster Recovery Plan [MH,P,R]—*Granite B*

THURSDAY, APRIL 30 *continued...*

2 – 3:30 pm *continued...*

PEER PAPERS – IN PROGRESS

PEER SESSION C: Underserved Care/Community-based Research*—*Capitol 4

PC1: Adult Homeless Patients at a Chicago Urban Community Hospital: Health Care Utilization and Discharge Planning [L,R,P,MH,S]
PC2: Diabetes in Food Bank Recipients: A Needs Assessment and Pilot Study
PC3: Waukesha Smiles—Dental Outreach to Low-income Children [L,R,P,MH,S]
PC4: Admission and Respiratory Illness Severity Predictors in Heroin and Cocaine Using Patients in an Urban Population [L,R,P,MH,S]
PC5: Collateral Effects of Nurse Navigation [L,R,P,S]

RESEARCH FORUM B:

Special Research Session
Capitol 1

RB1: Evaluating Innovation: Measuring the Benefits of Health IT Interventions [MH]

2 – 5:30 pm

WORKSHOPS

W1: Including the Family in Integrated Primary Care for the Medical Home [FM,L,MH,P,R,S]—***Agate A***

W2: Teaching the Smart (Sideline Management Assessment Response Techniques) Workshop [MH,P,R,S]—***Agate B***

W3: An Evidence-based Approach to Managing Patients with Chronic Pain Using the Chronic Care Model [FM,L,MH,P,R,S]—***Agate C***

OPTIONAL SESSION

SS2: STFM Leadership Workshop: Leadership—A Question of Alignment [L]—***Mineral A***
(Note: This session requires an extra fee and preregistration. See page 44)

3:30–4 pm Refreshment Break—***Centennial Foyer***

4 – 5:30 pm

SEMINARS

S13: STFM Smiles for Life 2 Oral Health Curriculum: How to Implement It in Your Program [L,R,P]—***Capitol 3***

S14: Integrative Medicine in Residency Curriculum: First-year Implementation and Evaluation [R,P]—***Capitol 2***

S15: Teaching Residents How to Do Family Conferences for 30 Years: Thoughts, Reflections, and Future Directions [R,P,FM]—***Quartz A***

S16: Building a Medical Home Through a Chronic Disease Registry and Practice Teams [MH,R,P]—***Capitol 5***

S17: Caring for the Medically Homeless: Teaching Quality, Continuity, and Coordination of Care for the Poor [R,P,S]—***Capitol 6***

LECTURE-DISCUSSIONS

L17A: Improving Care in the Medical Home Through Resident Scholarship [P,R]
L17B: End-of-rotation Evaluations for Residents: Transition to Behaviorally-anchored Rating Scales for Core Rotations—***Mineral D***

L18A: What Should Family Medicine Residents Learn About Mood and Anxiety Disorders? [P,R]
L18B: Adult and Pediatric Antidepressant Black Box Warnings: Rationale, Clinical Implications, and Effects on Patient Care [P,R,S]—***Granite C***

L19A: The Personal Medical Home and Its Effects on Maternity Care [P,R]
L19B: Integrating Comprehensive Reproductive Care Into the Medical Home [P,R]—***Mineral E***

L20A: The Medical Home: Redefining the Doctor-Patient Relationship in a Changing Health Care Environment [P,R,S,MH]
L20B: Evaluating Resident Interpersonal Competence in the Personal Medical Home [MH,R,P]—***Mineral F***

L21A: Community Skin Screenings: Improving Education and Community Health [P,R,S]
L21B: Faculty Development for Competence in Teaching the Musculoskeletal Examination: An Evidence-based Approach—***Granite B***

L22A: Lessons Learned: Creating A Personal Medical Home Internationally
L22B: Training Family Physicians in HIV Medicine: The Sioux City, Iowa, and Kijabe, Kenya, Experience [P]—***Granite A***

L23A: The Smart Personal Care Plan: Centerpiece of Our Patient-centered Medical Home Curriculum [MH,P]
L23B: What Place for Race in the Personal Medical Home? [MH,P,R,S—***Mineral G***

4 – 5:30 pm *continued…*

PEER PAPERS – IN PROGRESS

PEER SESSION D: Resident Teaching–EMR/Billing—Capitol 4

PD1: The Impact of Electronic Medical Record Information Prompts on Resident Education and Patient Counseling [L,S,R,P,MH]
PD2: Developing a Billing and Coding Curriculum for Family Medicine Residents [L,S,R,P]
PD3: Electronic Web Sign-out as an Interactive Tool to Improve Patient Safety [L,MH,R,P]
PD4: The Next Generation of Advance Care Planning: Do Electronic Templates Help Residents Initiate Discussions? [L,R,P]
PD5: Planned Care on a Dime: Engaging Providers to Use Asthma Management Plans in an EMR [L,S,R,P]

RESEARCH FORUM C:

Women's Health—Capitol 1

RC1: An Obstetrical Challenge: Psychosocial and Medical Complications Associated With the Delivery of Stillborn Infants
RC2: Availability of Trial of Labor After Cesarean Services in Oregon
RC3: The Association Between Onion Consumption and Bone Mineral Density in Non-Hispanic White Women
RC4: The Influence of Gender on Adults Admitted for Asthma

RESEARCH FORUM D:

Mental Health—Capitol 7

RD1: Improving Early Prenatal Depression Screening: An Implicit Network Study
RD2: Postpartum Depression Screening Using the Two-item PHQ-2 Compared With the Edinburgh Postpartum Depression Scale
RD3: The Reinvention of Depression Instruments
RD4: Attitudes of Family Physicians Toward the Use of Opioids in the Management of Chronic Pain

5:30 – 7 pm Opening Reception with Exhibits, Posters, and STFM Village—*Centennial E-H*

FRIDAY, MAY 1

7–8 am **Special Topic Breakfasts—*Capitol Ballroom***

8:15–10 am **General Session—*Centennial Ballroom A-D***
STFM Annual Business Meeting: The State of STFM
Presentation of F. Marian Bishop Award—*Macaran Baird, MD, MS, STFM Foundation President*


Dr. Wennberg

Blanchard Memorial Lecture:
The Challenge of Practice Variations and the Future of Primary Care
John Wennberg, MD, MPH, The Dartmouth Institute for Health Policy and Clinical Practice

10–10:30 am Refreshment Break With Exhibits, Posters, and STFM Village —*Centennial Ballroom E-H*

10:30 am – Noon

SEMINARS

S18: Best Presentation from the STFM NorthEast Region Meeting: Using Centering Pregnancy to Teach Prenatal Care: Implementing Group Prenatal Care in a Family Medicine Residency—***Capitol 5***

S19: Poems, Pictures, Plays, and Paintings: Working Through Difficult Physician-Patient Relationships Using the Arts [R,S,P,FM]—***Quartz A***

S20: Career Development Needs of Senior Faculty In Family Medicine [L,P]—***Mineral A***

S21: Is Your Use of Feedback Evidence Based? [R,P]—***Mineral C***

S22: Medical School Expansion, Primary Care, and Policy: Engaging Primary Care Educators in Evidence-based Advocacy [R,P]—***Mineral E***

S23: The 4-year Residency: An Emerging Model for Excellence in Family Medicine Education [R,P]—***Capitol 6***

LECTURE-DISCUSSIONS

L24A: Practice Management Training for the Real World [P,R]
L24B: Making it All Click: Use of Audience Response Systems in Resident Education—***Granite A***

L25A: Health Policy: Experiential Learning Through the Robert Wood Johnson Health Policy Fellowship [P,L]
L25B: Exposing Students to Health Policy on a Family Medicine Clerkship—***Mineral D***

L26A: Integrating Simulation Into Education [P]
L26B: The Home Visit: A Perfect Setting for Teaching Palliative Medicine Principles [FM]—***Granite B***

L27A: Strategies for Teaching Residents Pregnancy Options Counseling
L27B: Crisis In Prenatal Documentation: A Resident-led Quality Improvement Intervention—***Granite C***

L28A: A Curriculum for Teaching Electronic Patient Communication to Family Medicine Residents [P,R]
L28B: Electronic Health Communication: An Educational Program for This Cornerstone of the Patient-centered Medical Home [P]—***Mineral B***

L29A: Promoting Adherence to Contraception Through Patient-centered Counseling
L29B: Family Physicians Doing Poorly at Contraceptive Care: Lessons to Be Learned—***Agate C***

L30A: The One-Point-Five-Minute Preceptor Model: Integrating an Assessment Tool Into the Precepting Encounter [P]
L30B: Working With Complexity: Co-teaching for Success [FM]—***Agate A***

L31A: Faculty Improvement of Domestic Violence Curricula: Identifying and Treating Male Perpetrators [FM]
L31B: An Ethical Framework for Physicians to Learn the Knowledge and Skills to Address Domestic Violence [P,FM]—***Agate B***

L32A: Taking a Good Look At Ourselves – The Evaluation of a Family Medicine Clerkship [P]
L32B: Evaluating an Ambulatory Care Ultrasound Curriculum in the Family Medicine Clerkship—***Mineral G***

L54A: Applying for NCQA Recognition As a Patient-centered Medical Home: The Duke Family Medicine Center Experience [MH,P]—***Mineral F*** *(10:30-11:15 am)*

Note: Lecture-Discussions A&B are held in the same room and are 45 minutes each.

PEER PAPERS – COMPLETED PROJECTS

PEER SESSION E: Family Medicine Education: Local and Global Reflections—Capitol 2

PE1: Chronic Illness Care Education: Reflections on a Longitudinal Interprofessional Mentorship Experience [L,R,P]
PE2: Teaching Residents Well-child Care in the Personal Medical Home: A Longitudinal Curriculum [L,R,P, MH]
PE3: Attitudes About Family Medicine Among Brazilian Medical Students

PEER PAPERS – IN PROGRESS

PEER SESSION F: Resident/ Student Evaluation—Capitol 3

PF1: Using 360 Degree Evaluations In a Sensitivity/Specificity Approach to Assess ACGME Competencies [L,R,P]
PF2: A Journey From Rotational based Evaluations to a Global Competency-based System [L,S,R,P]
PF3: Locus of Control and Self-efficacy Measures as Predictors of Family Medicine Resident's Academic Performance [L,R,P]
PF4: Measuring Medical Students' Attitudes and Self-efficacy Regarding Patient-centered Medicine [L,S,R,P,MH]
PF5: Evaluation of Medical Students' Statistical Knowledge [L,S,R]

RESEARCH FORUM E:

Special Research Session—Capitol 1

RE1: Statistics 101 for Family Medicine

SPECIAL SESSION

SS6: What is Core? - Second Cut – Clerkship Core Content Curriculum: The C4 Project—***Capitol 4***

12:15–1:45 pm Luncheon With Awards Presentations—*Centennial Ballroom A-D*

2 – 3:30 pm

SEMINARS

S24: Now What Do I Do? Taking Stuff From Here and Bringing It Home Effectively [R,P,S,FM]—***Mineral C***

S25: Updating the Check-up [R,P,MH]—***Granite B***

S26: How to Create an Online Portfolio That Supports Learning [R,P,S]—***Mineral E***

S27: Clinical Simulation in Family Medicine to Address the ACGME Core Competencies [R,P]—***Capitol 6***

S28: Integrating Early Pregnancy Ultrasound Into the Medical Home [R,P]—***Granite A***

S29: Making It Meaningful: A Spirituality In Medicine Curriculum for Family Medicine Residents [R,P,FM]—***Quartz A***

S30: Teaching Concepts of the Patient-centered Personal Medical Home Using Interprofessional Education in Family Medicine [MH,R,P]—***Mineral A***

LECTURE-DISCUSSIONS

L33A: Teaching Culture, Context, Health Literacy, and Motivational Interviewing in Underserved Patient Populations to Medical Students [P,R,FM]
L33B: Beyond Cultural Competence: Teaching Cross-cultural Communication for the New Medical Home [MH]—***Mineral D***

L34A: Responding to Realities: The Family Medicine Mission at the Forefront of the Institution's Strategic Initiatives [P,L]
L34B: Living In the Cloud: Adapting Web 2.0 for Medical Education and Information Management [P,R]—***Mineral B***

L35A: Lessons Learned About the Patient-centered Medical Home From the Continuum-of-care [MH]
L35B: The Integrated Residency Program: One Approach to a 4-year Residency Curriculum [P,L]—***Mineral F***

L36A: If You Hear Hoofbeats, What Is It?: Interesting Family Medicine Cases From Kenya
L36B: How STFM Changed Our Lives: Ten-year Brazilian Experience as Possible Inspiration for Spreading Family Medicine Abroad—***Mineral G***

PEER PAPERS – IN PROGRESS

PEER SESSION G: Faculty/Resident Development—Capitol 3

PG1: A Structured Protocol Based on the Finer Model to Increase Academic Clinical Faculty Research Productivity [L,P]
PG2: Leadership Practices Among Emerging Leaders in Family Medicine [L,S,R,P]
PG3: Redesigned Faculty Development Fellowship: How Faculty Teach Learners to Practice in Patient-centered Medical Homes [L,S,R,P]
PG4: Longitudinal Leadership Training for Chief Residents [L,R,P]
PG5: Are You Ready for Private Practice? [L,R]

RESEARCH FORUM F:

Special Research Session—Capitol 1

RF1: Designing Effective Surveys and Questionnaires

SPECIAL SESSION

SS3: STFM Innovative Program Award and Advocacy Award Winners' Presentations—***Capitol 2***

2 – 5:30 pm

THEME SESSION

T1: Feedback and Competency Assessment for Procedure Training 101 [L,MH,P,R]—***Granite C***

WORKSHOPS

W4: The Center for Academic Achievement: A Multidisciplinary, Multifaceted Approach to Improved Learner—***Agate B***

W5: Facilitation Skills for Group Medical Visit Leaders [FM,L,MH,P,R,S]—***Agate A***

W6: To Be Or Not to Be a Chair—A Question Worth Asking? [FM,L,R—***Agate C***

SESSION TRACKS

L = Leadership/Senior Faculty
MH = Patient-centered Medical Home
FM = Behavioral and Family Health
S = Student
R = Resident
P = Preceptor/Faculty

3:30–4 pm Refreshment Break With Exhibits, Posters, and STFM Village —*Centennial Ballroom E-H*

4 – 5:30 pm

SEMINARS

S31: Teaching Patient- and Family-centered Self-management Skills in the Context of a Mini-group Medical Visit [MH,P,R,FM]—***Capitol 2***

S32: Using Audience Response Systems to Transform Teaching [R,P]—***Quartz A***

S33: Dealing With Difficult Faculty [P]—***Capitol 6***

S34: Identifying and Resolving Conflict—Helping Residents Learn the Basics [R,S,P]—***Granite B***

S35: Takes Two to Tango: Using Non-verbal Communication Skills From Dance to Enhance Primary Care [MH,P,R,FM]—***Mineral G***

S36: Buried in Their Laptops? Managing the Impact of Electronic Health Records on Communication Skills [MH,P,R]—***Granite A***

SESSION TRACKS

L = Leadership/Senior Faculty
MH = Patient-centered Medical Home
FM = Behavioral and Family Health
S = Student
R = Resident
P = Preceptor/Faculty

LECTURE-DISCUSSIONS

L37A: Bridging the Distance: A Distance-learning Master's Degree as a Group Faculty Development Activity [P]
L37B: Faculty Development in Transforming Traditional Lecture Material to Online Instructional Delivery [P]—***Mineral B***

L38A: Overcoming the Obstacles of a Chronic Care Model Implementation for a Family Medicine Residency Program [MH,P]
L38B: Chronic Disease Management: From Clinic to Longitudinal Curriculum—***Mineral C***

L39A: Improving Reproductive Health Education for Family Medicine Residents
L39B: Share: A Community-based Sexual and Reproductive Health Curriculum Using an Interdisciplinary Approach [P,R,S,MH]—***Mineral D***

L40A: Cancelled
L40B: Submitting an NIH Grant: Lessons Learned From First Timers [P]—***Mineral E*** *(4:45-5:30 pm)*

L41A: Just-in-Time Morning Report With Evidence-based Medicine [P,R,S]
L41B: Evidence-based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making—***Mineral A***

L42A: The STFM IMG Academies: Faculty Development Opportunities [P,L]
L42B: When You've Seen One…: A Bishop Fellow Compares Structure and Function of Public AHCs [P,L]—***Mineral F***

PEER PAPERS – IN PROGRESS

PEER SESSION H: Resident Teaching*—*Capitol 3

PH1: Readying Residents for Ethics and Professionalism in the Medical Home: A Curricular Work in Progress [L,MH,S,R,P]
PH2: Magic Eight Ball Or Coin Toss: How and When Residents Choose Areas of Special Interest [L,S,R,P]
PH3: Learning Should Be Fun [L,S,R,P]
PH4: Improving the Efficiency of Education in a Family Medicine Residency Program [L,R,P]
PH5: Educating FPs and PAs for Shared Medical Decision Making: Promoting the Team in the PCMH [MH]

RESEARCH FORUM G:

Family Medicine, the NIH, and CAM*—*Capitol 1

RG1: Off the Roadmap? Family Medicine's Grant Funding and Committee Representation at NIH
RG2: Family Medicine, the NIH, and the Medical Research Roadmap: Perspectives From Inside NIH
RG3: Integrating Complementary and Alternative Medicine Into Breast Cancer Survivorship Care
RG4: Demographics and End-of-life Care Attitudes of Students Electing to Attend the Healer's Art Course

5:45–6:45 pm STFM Group and Committee Meetings (See page 14)

8 pm The Obama Administration: The First 100 Days and Beyond—*Capitol 4*

SATURDAY, MAY 2

6-7 am **Annual Marathonaki Fun Run**—*Group will depart from Hyatt Lobby*

7-7:30 am **Yoga for the Mind and Body**

7–8 am **Breakfast With Exhibitors, Posters, and the STFM Village**—*Centennial Ballroom E-H*

8:15–10 am **General Session**—*Centennial Ballroom A-D*


Dr. Burge

Curtis G. Hames Memorial Award Presentation and STFM Best Research Paper Award Presentation—James Gill, MD, MPH, chair, STFM Research Committee

Plenary Address:
Involving All Family Medicine Residency Programs in Research: Embracing Your Inner Geek
Sandra Burge, PhD, University of Texas Health Science Center, San Antonio

10 –10:30 am Refreshment Break With Exhibits and Posters and STFM Village —*Centennial Ballroom E-H*

10:30 am – Noon

SEMINARS

S37: Developing Practice Guidelines for the US Preventive Services Task Force [MH,R,P]—*Capitol 7*

S38: Self-care and Avoiding Burnout: The Importance of Faculty Role-modeling and Programmatic Support [R,P]—*Capitol 6*

S39: Medical Family Therapy: Expanding the Basics to Strengthen the Medical Home [MH,P,R,FM]—*Mineral C*

S40: Teaching Residents to Lead Mini-group Medical Visits: Overcoming Challenges and Evaluating Successes [MH,P,R]—*Mineral E*

S41: Walking a Mile: An Experiential Empathy Rejuvenating Curriculum for Medical Learners [P,R]—*Mineral G*

S42: Share Your Work and Build Community Using STFM's Family Medicine Digital Resources Library [R,P]—*Mineral F*

S43: Writing a Successful Title VII Training Grant Application [P]—*Capitol 5*

S44: Managing Pandora's Box: Teaching Residents to Use i Care Questions in the Medical Home Visit [MH,P,R]—*Mineral D*

LECTURE-DISCUSSIONS

L43A: Helping the Family Cope With Chronic Illness—MS as a Case Example [FM]
L43B: Health Coaches, Registries and Panel Managers, Oh My!: Matching Chronic Care Redesign to Educational Development [MH,P]—*Granite A*

L44A: The Pennsylvania Chronic Care Practice and Reimbursement Redesign Initiative [P,MH]
L44B: Many Paths to Success: One Medical School's Approach to Multiple Curricular Pathways [P]—*Granite B*

L45A: The South Carolina AHEC Annual Resident Research Symposium [P, R]
L45B: The Nuts and Bolts of Doing Research at a Community-based Rural Program [P,R]—*Granite C*

L46A: Transforming Our Residency to Meet the Needs of the Personal Medical Home: Successes and Failures
L46B: A Day in the Life… A Simulated Reality Residency Orientation Experience [P]—*Mineral B*

L47A: The Effect of a Medical Student Administered CVD Risk Assessment on Patient Health Outcomes [P,R,S]
L47B: Implementing an Anticoagulation Clinic in the PCMH: Medical, Educational, and Financial Outcomes [MH]—*Agate B*

L48A: Clinical Pharmacists as Educators: Preparing Residents to Provide Personal Medical Homes [P]
L48B: Collaborative Care Through Collaborative Education: Integration of Pharmacy Residents Into a Physician Faculty Development Fellowship [MH,P,R]—*Agate C*

L49A: The Allergy List of the 21st Century: Pharmacogenetics and the Personal Medical Home [P]
L49B: Tools for Teaching Safe and Effective Narcotic Prescribing—*Agate A*

PEER PAPERS – COMPLETED PROJECTS

PEER SESSION I: Advances in Learner-centered Education—*Capitol 2*

PI1: Online, Self-paced Learning Modules in the Family Medicine Residency: A Pilot Intervention [L,R,P]
PI2: Listening to Our Learners: Resident Perceptions of a Learner-driven Evidence-based Medicine Curriculum [L,R,P]
PI3: Developing Competency Standards Through Narrative Reflection [L,R,P]

SATURDAY, MAY 2 *continued...*

10:30 am – Noon *continued...*

PEER PAPERS –IN PROGRESS

PEER SESSION J: Resident Teaching—Capitol 3

PJ1: Implementation of Oral Health Curriculum and Patient Education in an Urban Family Medicine Center [L,MH,S,R,P,FM]

PJ2: Improving Diabetes Education in Family Medicine [L,MH,S,R,P]

PJ3: Improving Competency in Musculoskeletal Medicine Through PGY1 Clinical Rotation in Sports Medicine [L,S,R,P]

PJ4: Differences in Perception of Pain Between Patients and Their Resident Physicians: Reasons and Solutions [L,S,R,P]

PJ5: The Spirituality Core Competency of Compassionate Patient Care: Using Qualitative Data to Inform Curricula Development [L,S,R,P,MH]

RESEARCH FORUM H:

Special Research Session—Capitol 1

RH1: Best Research Paper Presentation

RH2: Curtis Hames Award Winner Presentation

Noon – 1:30 pm Lunch On Your Own

12:30 – 1:30 pm Optional Group Meetings ***(See page 14)***

1:45 – 3:15 pm

SEMINARS

S45: Maintaining Inpatient Medicine and Maternity Care Within Family Medicine [MH,P,R]—***Mineral C***

S46: Survivors In the Medical Home: Exploring How Personal Abuse Histories Affect Clinicians, Teachers, and Learners [R,P,FM]—***Mineral F***

S47: Primary Care and Disorganized Medicine: Unraveling the Mess [R,P,MH,S]—***Capitol 7***

S48: Fifty-five Word Stories: Small Jewels for Personal Reflection and Teaching [R,S,P]—***Mineral G***

S49: Reinvigorating Pediatric Care and Training in Family Medicine Residencies: A 360 Approach [R,P]—***Capitol 6***

S50: Fitwits®: Using Games to Learn About Portion, Nutrition, and Health Choices [R,P,S]—***Quartz A***

LECTURE-DISCUSSIONS

L50A: Transitioning OB Clinic Patients Into a Medical Home: Challenges and Strategies

L50B: Listen and Respond: Resident Comments About OB [P,R]—***Granite C***

L51A: Physician Transitions Within the Medical Home: Applied Strategies to Safeguard Continuous Care [P, R,FH,MH]

L51B: Residency Closure: Lessons Learned [P]—***Mineral B***

L52A: Establishing a Geriatric Assessment Clinic In a Residency Training Program [P]

L52B: Integrating the Personal Medical Home Into a Nursing Home Curriculum [P,MH]—***Agate A***

L53A: Chemistry of Continuity Teamwork: Mixing Problem Solving Skills With Balint Style Fusion [P,FM]

L53B: What Is a Medical Home Without a Family? Interprofessional Education for Collaborative Patient-centered Care [P,M,H,FM]—***Mineral D***

L54B: Integrating NCQA Guidelines Into the Patient-centered Medical Home: A Case Report [MH,P]—***Granite A*** *(2:30-3:15 pm)*

L55A: Developing a Resident-driven Teaching Elective in a Residency Program.

L55B: Resolving the Identity Crisis: Exploring the Role of Chief Resident in a Family Medicine Residency [P, R]—***Granite B***

Note: Lecture-Discussions A&B are held in the same room and are 45 minutes each.

SESSION TRACKS

L = Leadership/Senior Faculty
MH = Patient-centered Medical Home
FM = Behavioral and Family Health
S = Student
R = Resident
P = Preceptor/Faculty

1:45 – 3:15 pm *continued…*

PEER PAPERS – IN PROGRESS

PEER SESSION K: Resident Teaching—Community Based—Capitol 2

PK1: Community Action Research Experience Program: Residency Training in Primary Care [L,S,R,P]
PK2: Multiple Perspective Evaluation of a Public Health Communication Exercise at an Adult Senior Center [L,FM,S,R,P]
PK3: Redesigning Family Medicine Home Visits: A 2-year Study [L,S,R,P, MH,FM]
PK4: Development of an Expanded New Resident Orientation Program: Addressing the Needs of Diverse Learners [L,R,P]
PK5: An Innovative Clinical Trial Pharmacotherapy/research Rotation in a Family Medicine Training Program [L,S,R,P]

RESEARCH FORUM I:

Special Research Session—Capitol 1

RI1: Preparing the Personal Physician for Practice (P4)

RESEARCH FORUM J:

Patient-centered Medical Home—Capitol 3

RJ1: Addressing Multiple Health Risk Behaviors: Lessons for the Medical Home From the Combo Study [MH]
: Characteristics of the Patient-centered Medical Home and Receipt of Preventive Health Services [MH]
RJ2: Cancelled
RJ3: A Medical Assistant-based Program to Promote Healthy Behaviors in Primary Care [MH]
RJ4: Understanding the Costs of Quality Measurement Data Collection and Reporting in Primary Care Practices [MH]

1:45 – 5:15 pm

THEME SESSION

T2: Portfolio Smorgasbord: Exploring Portfolio Experiences From Across the Country [FM,L,R]—***Agate B***

WORKSHOP

W7: Spilling Ink: How to Write for Publication [FM,L,MH,R,S]—***Agate C***

SPECIAL SESSION

SS4: Lessons From the Field: How to Use What We Are Learning About Enhancing Clinical Revenue in Family Medicine Departments and Residencies—***Capitol 4***

3:15–3:45 pm Refreshment Break—*Centennial Foyer*

3:45 – 5:15 pm

SEMINARS

S52: Home Sweet Medical Home: Using Interdisciplinary Training to Bring the Personal Medical Home to Life [MH]—***Capitol 5***

S53: The Metacognitive Micro-skills: Helping Residents Avoid Common Cognitive Errors Through Analysis of Clinical Reasoning [R,P,S]—***Capitol 6***

S54: Enhancing Residency Training Using a Model of Group Well-child Care [R,P]—***Mineral C***

S55: Care of Cancer Survivors By Primary Care Physicians [MH,P,R]—***Mineral G***

S56: New Courses from AAFP ALSO®-Basic Life Support in Obstetrics (BLSO®) and Global ALSO® [R,P]—***Mineral E***

LECTURE-DISCUSSIONS

L56A: Integrating Palliative Care Into Family Medicine Training
L56B: Did You Leave Your Personal Medical Home Satisfied?—***Mineral D***

L57A: Dietary Supplements: A Toolbox for Curricular And Clinical Integration
L57B: Developing National Guidelines On Integrative Medicine for Family Residency Programs—***Granite A***

L58A: Lights, Camera, Action (or Contemplation): Evaluating Residents Health Behavior Change Skills With Standardized Patients [P,R]
L58B: The Impact of Patient Panels on Access, Continuity, and Quality in Family Medicine Teaching Practices—***Granite B***

L59A: Core Content of Behavioral Medicine: From Principles to Practice [FM]
L59B: Boundary Crossings; An Interactive Discussion [P,R,S]—***Granite C***

L60A: Incorporating Your Advisor Program Into the Curriculum: The Best of Both Worlds! [P]
L60B: Avoiding Pitfalls in an Expanded Resident Orientation Program: Addressing Needs of Diverse Learners [P]—***Mineral B***

L61A: Just For Us—A Medical Home at Home [P,MH,FH]
L61B: Chaos Theory and Complexity Science—Keys to Make the Best Medical Home Even Better—***Mineral F***

SATURDAY, MAY 2 *continued…*

3:45 – 5:15 pm *continued…*

PEER PAPERS – IN PROGRESS

PEER SESSION L: Student Teaching—Curriculum Development—Capitol 2

PL1: A Family Medicine Clerkship Curriculum in Medication Errors: Progress Report [L,S,R,P]
PL2: Family Physicians and Global Health: A Qualitative Study of Exemplars to Guide Curriculum Development [L,MH,S,R,P]
PL3: Evaluation of Effective Teaching of Musculoskeletal Medicine Across the Medical School Curriculum [L,S,P]
PL4: Teaching Humanities Through Music: Experience With Medical Students [L,S,R,P]
PL5: Policy in Action—An Innovative Introductory Seminar for Medical Students [L,S]

RESEARCH FORUM K:

Geriatrics and Domestic Violence—Capitol 1

RK1: The Validity and Feasibility of Tools to Detect Elder Abuse and Neglect: A Systematic Review
RK2: Elder Abuse Risk and Profile of Reported Cases in Milwaukee County
RK3: Cost and Effectiveness of Intimate Partner Violence Intervention in Primary Care Settings
RK4: Internet Searching for Health Information Among Older Adults With Diabetes

RESEARCH FORUM L:

Infectious Disease—Capitol 3

RL1: A Community Intervention to Decrease Latino Adults' Use of Antibiotics for Self-medication
RL2: Cost Effectiveness of Pneumococcal Polysaccharide Vaccination Strategies in the Elderly
RL3: Pandemic Influenza Preparedness: Surge Capacity and Triage to Encourage Influenza Self Care at Home
RL4: Availability of Antibiotics for Purchase Without a Prescription on the Internet

SPECIAL SESSION

SS5: Getting Your Proposal Accepted: Tips From the Reviewers—***Agate A***

SUNDAY, MAY 3

7-7:30 am Devotional Gathering—*Quartz A*

7:30–8 am Coffee and Muffin Service—*Centennial Foyer*

8:15 – 9:45 am

SEMINARS

S57: Transforming Your Presentation Into a Publication [R,P]—***Mineral F***

S58: Exercise in Personal Medical Home: An Innovative Resource for Healthier Living [MH,P,R]—***Granite B***

S59: The Patient-centered Interview and the EHR: Opportunity or Disconnect? [MH,P,R]—***Mineral G***

S60: Beyond Journal Club: Developing an Approach to Fostering Residents' Medical Decision Making [P,R]—***Granite A***

S61: Chronic Disease Medical Metaphors, Frames, and Reframes: Advanced Persuasion Communication Techniques With Patients [MH,P,R]—***Granite C***

LECTURE-DISCUSSIONS

L62A: Family Meetings: Teaching Residents Through a Competency-based Module [FM]
L62B: The Family Medical Visit: Bringing the Family Back to Family Medicine [FM]—***Mineral B***

L63A: E-visits, Websites, and Portals: Health Information Technology for the PCMH
L63B: Implementing an Integrated EHR: Challenges Faced and Lessons Learned—***Mineral C***

L64A: Care of Underserved Patients: Using Complexity Theory to Enhance Patient Care and Resident Capability [FM]
L64B: What You Don't Know, Can Hurt You: Avoiding Medical Malpractice!—***Mineral D***

L65A: Developing Diabetes Registries for Residents: Preparing Residents to Work In Practice-based Research Networks [MH,P,R]
L65B: Meeting RRC Requirements for Research & Scholarship: An Introduction to the FPIN Approach—***Mineral E***

8:15 – 9:45 am *continued...*

PEER PAPERS – COMPLETED PROJECTS

PEER SESSION M: Family Medicine Research: Implications for Teaching and Practice*—*Capitol 6

PM1: Effect of a Spanish-language Diabetes Education Intervention on Symptoms of Depression [L,R,P,S]
PM2: Clinical Characteristics of Non-group A Streptococcal Pharyngitis [L,R,P,S]
PM3: Exploration of the Efficacy of the Patient Health Questionnaire in Screening for Perinatal Depression [L,R,P,S]

PEER PAPERS – IN PROGRESS

PEER SESSION N: Student Teaching*—*Capitol 5

PN1: Fostering Patient-centeredness in Our Learners—The Legacy Teachers Program [L,S,R,P,MH]
PN2: Medical Student Perceptions of Pharmaceutical Marketing and Sample Use During a Rural Ambulatory Clerkship [L,S,R,P]
PN3: The Effect of Seminar Duration on Students' Ability to Conduct Ambulatory Visits [L,S]
PN4: Pipeline Kit to Boost Student Interest in Family Medicine [L,S,P]
PN5: AAFP Web-based Educational Forum—Stimulating Student Interest in Family Medicine [L,S]

RESEARCH FORUM M:

Pediatric Issues and Attitudes Toward Obesity*—*Capitol 7

RM1: Cancelled
RM2: Management of Acute Otitis Media After Publication of the 2004 AAP/AAFP Clinical Practice Guideline
RM3: Family Physician Trends in the Provision of Well-child Visits Under 2 Years of Age
RM4: Kids Insurance Dynamics and Access to Services

9:45–10 am Refreshment Break*—Centennial Foyer*

10–11:30 am

Closing General Session*—Centennial Ballroom A-D*
Incoming President's Address: Terrence Steyer, MD, Medical University of South Carolina

Dr. South-Paul

Plenary Address:
A Personal Medical Home—For Some or for All?
Jeannette South-Paul, MD, University of Pittsburgh

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 throughout the conference schedule (denoted by the following codes) that may be especially valuable for you.

- Leadership/Senior Faculty = (L)
- Behavioral and Family Health = (FM)
- Resident = (R)
- Patient-centered Medical Home = (MH)
- Student = (S)
- Preceptor/Faculty = (P)

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.

Thursday, April 30; 10:30 AM–NOON

SEMINARS

S1: Managing the Medical Home When New Evidence Challenges Pay for Performance Guidelines [MH,R,P]

David Satin, MD; Roli Dwivedi, MBBS; Carrie Link, MD; Justin Miles, BSc

On February 6, 2008, the NIH announced that the intense blood sugar lowering arm of the Action to Control the Cardiovascular Risk of Diabetes (ACCORD) trial was abruptly halted due to an increase in that group's cardiovascular deaths. Overnight, clinicians and residents began questioning the appropriateness of following a P4P guideline of A1c <7.0. This session will (1) explain how this common P4P guideline may contradict the latest evidence, (2) summarize more than 200 P4P articles placing this issue in context, (3) provide data-driven resident perspectives on the challenge of practicing evidence-based-medicine under P4P, and (4) offer a practical approach to managing disputes over controversial P4P guidelines within a residency program. Participants will engage in small- and large-group discussions that model residency exercises.

Room: Capitol 5

S2: Cost-effective Treatment of Chronic Disease for the Uninsured/underinsured Patient [MH,R,P]

Beth Musil, PharmD; Melly Goodell, MD

Many family medicine residency programs provide care to patients who are under/uninsured and lack the ability to pay for medications. This session will review current available resources for practical, cost-effective prescribing for uninsured and low-income patients with chronic disease and will compare their advantages and limitations. It will also highlight the comprehensive educational implementation process used in our clinic. Participants will be provided with an updateable tool for comparing coverage across the generic programs, useful Web sites, and the means for a broad approach to prescribing in this population. The session will use actual patient examples drawn from a primarily homeless population that compare costs, demonstrate improved chronic disease control with improved medication access, and illustrate a rational and comprehensive approach to prescribing in this population.

Room: Mineral E

S3: Your Manuscript Through the Eyes of an Editor [S,P,R]

Barry Weiss, MD; Arch Mainous III, PhD; Mindy Smith, MD, MS

The editors of *Family Medicine* will lead a seminar in which they explain how they view and evaluate manuscripts submitted to the journal. They will discuss (1) how they decide, in a matter of seconds, if a paper is a candidate for publication, (2) how they select reviewers, (3) how they arrive at decisions when reviewers' opinions differ, and (4) what they think when authors don't do what is requested in a revision. They will also share their perceptions on the state of research on family medicine education, based on seeing thousands of papers on that topic. Finally, there will be ample time for participants to ask questions of the editors. This seminar will be useful to both novice and experienced authors.

Room: Capitol 6

S4: REDI: A Multi-residency Evaluation System That Provides Unprecedented Data About Residents' Clinical Competence [R]

Gary Reichard, MD; Wendy Orm, MD

In 2003, Phoenix Baptist Residency developed the Real-time Evaluation of Doctor's Independence system (REDI)—a point-of-care computer-based evaluation tool. By graduation, residents accumulate approximately 700 evaluations of clinical competence in the office. REDI meets the definition of a valid data-driven system required by ACGME. REDI uses performance-based evaluation rather than teasing out interrelated competencies. This increases usability, validity, and reliability with the potential for a multisite system, national standards, and data for research into the learning and precepting process. Six residencies are now using REDI in a collaborative effort to develop the system. We will review the rationale, design, and outcomes of the REDI system, including implementation at multiple sites. The group will discuss implications, invite additional collaborators, and propose future strategies.

Room: Capitol 7

S5: Group Visits to Empower Patients and Address Barriers to Effective Diabetes Care [MH,R,P]

Edward Shahady, MD

Traditional diabetes care is not achieving the quality of care needed to reduce the burden of diabetes. Nationally, less than 33% to 48% of patients achieve goals for HBA1c, LDL, and BP. Only 7% achieve goal for all three indicators at the same time. Alternative means of delivering care are needed to help patients achieve their diabetes goals. Group visits are an innovative and effective strategy for effective diabetes care. This interactive seminar, based on 5 years of experience with group visits, will include addressing barriers to effective care, value of group visits, and conducting and charging for group visits. A live group visit will be included. Participants will play roles as members of a diabetes group visit, and group facilitation skills will be modeled.

Room: Mineral A

S6: The 7 Habits for Highly Effective People: Foundation for the Patient-centered Medical Home [MH,R,P]

James Gosney Jr, MD,MPH; Bruce Britton, MD; Kevin Miller, Senior Consultant

Family medicine is quickly moving toward the practice paradigm of the Patient-centered Medical Home (PCMH). Competency-based curricula have been developed in areas including the chronic care model (CCM) to provide learners with the knowledge and skills required for functioning well in a PCMH. Just as effective self-management empowers patients to determine their care in the CCM, effective self-management enables family physicians to provide optimal care and instruction in the PCMH. Franklin Covey's The 7 Habits of Highly Effective People is a proven principle-based curriculum in personal and organizational effectiveness that is available to guide family medicine educators during this transformational period. This seminar will introduce participants to the 7 Habits within the contexts of achieving an effective work/life balance and serving as foundation for the PCMH.

Room: Capitol 3

S51: Leadership Skills to Promote Culture Change In Academic Health Centers

Jeri Hepworth, PhD; Susan McDaniel, PhD; Stephen Bogdewic, PhD; Richard Holloway, PhD

This interactive seminar will highlight the pivotal role for leaders in academic health centers. Based on their collaboration, the presenters will identify leadership skills that help create climate changes necessary for new approaches to education, collaborative research and clinical models, including the medical home. Brief presentations will address factors that contribute to the psychological experience of faculty and to the systemic pressures for faculty and leaders of academic health centers. We will share frameworks that assess psychological health of faculty and of the institution. Participants will use these frameworks to discuss faculty and system development efforts that may be implemented in their own academic systems and identify how family medicine leaders can be effective change agents in this necessary transformation.

Room: Capitol 2

LECTURE-DISCUSSIONS

L1A: Film In Multicultural Medical Education [MH,P,R,S,FH]

Leslie Everts, MD; Laura Byroade, DO; Shannon Keel, MD

VIdeo has been used for medical education in the past. Cinemeducation as coined by Matthew Alexander, PhD, has involved the use of commercially made films for educating residents and medical students in the psychosocial aspects of medicine. We sought an innovative way to educate residents in caring for our international, multicultural patient population. In our project, we used the process of making a video documentary about our multicultural patients as an educational tool. This presentation will review the film making process including selection of patients, interview process and video production. We will discuss the challenges, barriers and solutions encountered during the process.

L1B: Cinemeducation for Finding Jedi People Among Medical Students: Promoting Leaders for the FFM

Pablo Blasco, MD, PhD; Graziela Moreto, MD; Maria Auxiliadora De Benedetto, MD; Thais Raquel Pinheiro

Although family medicine is not yet officially a discipline in Brazil, strong student interest can significantly contribute to a movement that will assure formal acceptance of the discipline. Since 1997 SOBRAMFA – Brazilian Society of Family Medicine has spread the family medicine philosophy among medical students. One of the most valuable strategies developed by SOBRAMFA is that related to Cinematic Teaching described in this session. In this ten-year-cinema-teaching-project more than 4000 medical students have being involved and some of them are by now family doctors and integrate de current SOBRAMFA Board of Directors. Through this experience, those students who decided to bring up family medicine have transformed themselves into real leaders and in some way made this goal a mission for their lives.

Room: Agate A

L2A: Helping Parents Reach a Healthy Relationship With a Substance Abusing Adolescent [FM]

David Boyle, PhD

The parent-adolescent relationship remains one of the most important and powerful factors in the treatment of adolescent drug abuse. This presentation will explore several treatment issues health care professionals can use while helping parents who are caring for an adolescent drug abuser, such as understanding that drug abuse is a serious medical condition, not just a bad habit. Secondly, several ineffective and effective methods of discipline, or correction, will be discussed. Finally, since drug abuse of an adolescent can be one of the most stressful events in a marital/partner relationship, participants will learn techniques that can be used to strengthen this relationship during this type of urgent situation.

L2B: Teaching the Teacher: Tools for Teaching Adolescent Health In Family Medicine Including Video Vignettes, Clinical Cases and Competency Based E-learning

Abbas Hyderi, MD, MPH; Kaiyti Duffy, MPH; Francesco Leanza, MD

Family medicine physicians are ideal health care providers for adolescents given their ability to follow patients from childhood through adulthood. However, guidelines about what training in Adolescent Medicine should entail are limited. To help train residency program directors and practicing physicians, Physicians for Reproductive Choice (PRCH) has developed the Adolescent Reproductive Health Education Project (ARHEP). ARHEP is sponsored by thirteen leading medical, legal, and academic organizations, including SAM, ACOG, and NASPAG. The project includes a thirteen module curriculum that addresses adolescent health care needs and includes standardized video case vignettes. Additionally, ARHEP features a case and competency-based e-learning component intended for individual use. In this session, presenters will solicit feedback from participants and offer strategies for how these resources can be utilized in family medicine residency training.

Room: Agate B

L3A: Leadership Development for Fellows, Residents, and Faculty

David Quillen, MD

Leadership development has been traditionally taught to people who are in leadership positions or interested in becoming leaders. Our experience with leadership development has been with fellows, residents, and faculty. We have found leadership skills useful in a variety of situations including direct patient care, teaching sessions, and small groups. Our curriculum uses a combination f lectures, focused readings, and mentorship sessions. We also focus on leadership characteristics, competencies, and understanding and evaluating leadership success. We will review our curriculum, reading list, and philosophy of teaching leadership skills to fellows, residents, and faculty.

L3B: Retention of Residency Faculty In Family Medicine Through Faculty Development Fellowship Training and Current Challenges [P]

Jennifer Hoock, MD; Ardis Davis, MSW; Nancy Stevens, MD, MPH; Denise Lishner, MSW

Recent information on retention of medical school faculty reveals 2 of 5 faculty leave academic medicine within 10 years. This elucidates a concern about faculty retention in general and about the pipeline of academic family medicine specifically. Recent survey data from graduates of the University of Washington Residency Network Faculty Development Fellowship show that almost 70% of past fellows are working as faculty. Furthermore, more than 75% of the respondents report no plans to leave academic medicine in the foreseeable future. We will: 1) present follow-up data on fellows' roles and professional activities as well as their views on the impact of our fellowship program in their careers; and 2) frame discussion around the role of such programs in retaining academic family medicine faculty.

Room: Mineral F

Thursday, April 30; 10:30 AM–NOON

LECTURE-DISCUSSIONS Cont'd

L4A: Teaching Obstetrics In the Third Millennium—the Nebraska Experience—an Operational/Practical Approach [MH,P]

David Harnisch, MD

The University of Nebraska Department of Family Medicine has developed a unique operational curriculum for the teaching of obstetrics. Encumbered with large distances between training sites, we have adopted a number of curricular tools to enable rapid, complete, and efficient dissemination of information, tracking of events, and providing assistance to our residents present and past. We have as well started an obstetrical outreach program to other obstetrical providers in the state. This lecture then will present a brief history of the program, our curriculum, and the curricular tools. The results of our educational approach are attested to by the improvement in our residents' Inservice Training Exam scores in obstetrics from 2003 to 2007 and the number of our graduates performing operative obstetrics in rural Nebraska.

L4B: Teaching Group Prenatal Care to Residents [S,P,R]

Wendy Barr, MD, MPH, MSCE; Sarah Miller, MD; Alyssa Luddy, MD; Elizabeth McCormick, MD; Natasha Kelly, DO; Jillian Woodruff, MD; Marc Levin, MD

This session will address the development and evaluation of a curriculum to teach group prenatal care using Centering Pregnancy in a residency practice. The New Model for Family Medicine lists group visits as an element to creating a cost effective, patient-centered medical home. This model will need to be taught and used in residencies if we expect graduates to practice using this model. We will present the curriculum developed to teach residents to facilitate Centering Pregnancy groups and present the initial evaluation of this model in a residency practice. This session will help participants develop their own curriculums for teaching and evaluating the impact of group care in their residency practices.

Room: Granite C

L5A: Leaving Home: Preparing for a Leave of Absence [P]

Ann Evensen, MD

Thoughtful preparation for a leave of absence from medical practice will protect hospital privileges, increase patient safety and satisfaction, and preserve workplace relationships. Depending on a physician's type of practice, a leave plan may incorporate six components: (1) determination of employer's rules and financial implications of leave, (2) arrangement of coverage for call and clinic responsibilities, (3) notification of patients and allied health organizations, (4) management of in-boxes, (5) protection of hospital privileges, and 6) preparation for the return to practice. Participants will be provided with a framework for creating a leave plan. Using feedback from the group and personal reflection, participants will refine the plan to meet their individual needs. Suggestions for managing unplanned leaves will also be provided.

L5B: How Many Doctors Do We Need Here Anyway?

Kelley Withy, MD, PhD

The estimate of physician need has fluctuated drastically over the decades, and now is projected to be leading to a severe shortfall. In particular, the primary care workforce need is under recognized as evidenced by the deficit seen in Massachusetts when universal coverage was introduced. So, how do we really know what our need for physicians is and how do we plan? Is there an ideal number or is it the current level of use? In this session you will learn a simple way to calculate ranges for need in your area based on national and international assessments, local population information, economic conditions and insurance mix.

Room: Mineral G

L6A: All I Needed to Know But Didn't: Assessing and Remediating At the Beginning of Residency

Joseph Gravel, MD

Medical schools still use the fire hydrant method of knowledge acquisition resulting in students not always catching the most important drops. FM residents come from a wide variety of training backgrounds with varying curricular emphasis and degrees of competency assessment prior to graduation. In addition, much of medical school emphasizes subspecialty care, while short-changing skills and knowledge areas important to be well-prepared for family medicine residency training. Consequently even the best medical students come to residency with gaps in basic skills that are not apparent at orientation. Our program has created a process by which these gaps can be quickly identified and remediated. Participants will share their own experiences and develop an implementation strategy for early competency assessment and remediation in their own programs.

L6B: Second-year Readiness: Are Interns Ready to Transition Into a Supervisory Role? [P,R]

Maili Velez-Dalla Tor, MD; Ana Bejinez-Eastman, MD

Traditionally, the end of the academic year may be a cause for anxiety among residency program faculty. One of the main concerns is whether first-year residents are ready to transition into their new supervisory roles. Faculty at the Presbyterian Intercommunity Family Medicine Residency designed an evaluation tool that quantifies Second Year Readiness. First-year residents undergo an examination consisting of a case-based, objective written examination in addition to direct observation of role-playing scenarios. Upon completion of the quantitative tool, our Academic and Evaluations Committee assign specific educational prescriptions that enhance our residents' supervisory capabilities. Implementation of this tool allowed our program to identify whether residents' medical knowledge reflects their supervision skills.

Room: Granite A

L7A: Integrating Chronic Disease Care Resident Education With Clinic Transformation Into the Personal Medical Home [MH,R,P]

Anne Sullivan, MD

Managing the care of patients with chronic diseases is the 800-pound gorilla in the room that will drive health care costs and policy in the 21st century. Teaching family medicine residents these chronic disease care management skills is the 800-pound young gorilla in the room ready to go out into the world. In this session, we will review our 4-year experience with introducing and refining a tripartite chronic disease care educational curriculum, culminating with the transformation of our Family Care Center into a team format with nurse managers to better incorporate the ideals of the personal medical home.

L7B:The Gripe Model for Precepting Chronic Disease Visits [MH,P]

Dean Seehusen, MD, MPH; Aaron Saguil, MD

Teaching residents and students during ambulatory clinics is a significant responsibility. It has been recommended that teachers use a systematic method when precepting in the precious minutes between and after patient encounters: diagnose the learner, diagnose the patient, and deliver specific teaching and actionable feedback. Several such models exist for the acute visit; however, no model has been designed specifically for chronic disease encounters. The GRIPE model fulfills this need. GRIPE stands for: Guidelines and Goals, Reflect on the patient, Interventions, Prevention, Pain, and Palliation, and Effective feedback. This lecture-discussion will teach the structure of, theory behind, and use of the GRIPE model for chronic disease precepting.

Room: Granite B

L8A: The Use of Web-based Modules to Teach Family Medicine Principles to Third-year Medical Students [P]

Pablo Joo, MD; Sharon Krackov, Ed.D.; Michelle Hall, MA; Edgar Figueroa, MD, MPH

In our primary care clerkship, students spend 5 weeks at one of 22 clinical practices. We developed five Web-based modules to standardize their curriculum. Each module focuses on a common primary care topic. The curriculum for each module was developed by the following process: (1) An education specialist assisted writing measurable competency-based learning objectives and assured sound educational methods, (2) The project leader developed content enabling learners to achieve the objectives, (3) Disciplinary experts functioned as content editors, and (4) Education technology specialists provided technical resources, interactive Web learning methods, and effective Web-page design. We assessed project effectiveness through student essays, content exams, course ratings, and learner self-assessments. Our data demonstrate student learning and satisfaction with this modality. The curriculum, implementation, and evaluations will be presented.

L8B: Maximizing Outcomes, Minimizing Risk: Decision Making in a Patient-centered World [P]

Robert Darios, MD; Karen VanGorder, MD

Game theory describes two possible strategies: Minimax, or playing not to lose, is when the worst case scenario is so bad that your goal is to avoid it, even if it means a less than optimal outcome. The converse, Maximin, is where you go for the win. You try to maximize the best possible outcome. These strategies have clear analogies in medical decision making. For example, one may opt for doing every test or treatment in hopes of avoiding the worst possible outcome. Or one may risk that worst case outcome for the goal of a more desirable outcome. In this presentation, we will explore how these different strategies play out in medical decision making and give participants tools for helping patients make good decisions.

Room: Mineral D

L9A: Strengthening the Medical Home by Getting to Know the Neighbors: An Exploration of Community Healers

Jeffrey Ring, PhD; Jo Marie Reilly, MD

This presentation will describe an orientation activity in which residents are given prearranged appointments with a variety of community healers ranging from foot reflexologists and iridologists to Mayan bonesetters and Trager practitioners. Residents attend these simultaneous sessions as patients, observing the practitioners, practice settings, and interventions. Provocative debriefing discussions address the nature of healing, the empirical versus experiential aspects of healing, empowerment to collaborate with complementary/alternative healers, and the importance of resident self-care and well-being. The feedback from participating interns has been overwhelmingly positive. They report feeling nurtured by the program, excited about the creative nature of the experience, and even report some tension symptom reduction. Participants in this presentation will receive guidance and materials to facilitate the development of similar programs.

L9B: Integrating Medical Spanish and Cultural Competency Into a Family Medicine Residency Curriculum [P]

Raul Trejo, MD

The Scripps Family Practice Residency Program serves a poor Spanish-speaking community along the US-Mexico border. To address the language and cultural barriers faced by our patients, the program has developed a series of sessions that promote Spanish language and cultural competency skills for residents. Each session covers challenging cases encountered in outpatient family medicine. They include a discussion of relevant colloquialisms and cultural concepts as well as the vocabulary necessary for accurate history-taking, physical exam performance, and patient education on the diagnosis and treatment. Speaking skills are practiced through an observed role-play of clinical encounters, with the residents taking on the roles of patient and physician. Feedback is given during the role-playing so that participants may immediately apply the knowledge and practice the skills introduced.

Room: Agate C

Thursday, April 30; 10:30 AM–NOON

PEER PAPERS-COMPLETED PROJECTS

PEER SESSION A: Training Issues in Men's and Women's Health

Room: Mineral C
Moderator: David Henderson, MD

PA1: Gender Disparity in the Gynecologic Training Experience at a Family Medicine Residency Program [P,R,L]

Esgar Guarin, MD; Scott Krugman, MD, MS

Introduction: Appropriate gynecologic residency training is fundamental for the education of family physicians. Hypothesis: There are gender disparities in the gynecologic training of family medicine residents. Methods and Design: Retrospective study of 3,415 resident GYN office encounters. Chi-square, and Wilcoxon p value calculation for office visits per provider. Annual alumni survey for graduates' perception of their gynecological training, and in-service examination performance reported. Results: Wilcoxon p values were calculated comparing male vs. female providers: acute visits (P=0.0005), preventive visits (P=0.0014), and the total of female GYN-related visits (P=0.0003). Discussion: There was evidence of significant gender-based statistical differences in the number of gynecologic visits amongst residents. And appropriate strategies need to be implemented to avoid despair training of resident physicians.

PA2: Primary Care Urology and Men's Health: Development of a Niche Curriculum In Family Medicine [P,R,L]

Joel Heidelbaugh, MD

The development of a primary care urology and men's health curriculum is both novel and innovative. Dedicated required teaching of this subject area is lacking in most medical school and family medicine curricula. The educational goals of this curriculum are to improve knowledge base and comfort level in assessing patients with conditions related to primary care urology and multidisciplinary men's health, and to improve comfort level in performing male genitourinary examinations. Establishing dedicated primary care urology and men's health clinics within family medicine allows students and residents to evaluate patients and allow for one-on-one directed teaching. This collaboration between the departments of family medicine and urology can serve as a model for the development of other niche curricula and specialty clinics at other institutions.

PA3: The Impact of Clinical Prompts on Prenatal Care at Two Family Medicine Teaching Clinics [P,R,L]

Maggie Riley, MD

This study assessed the effect of automated prenatal care reminders on adherence to standards of prenatal care by resident and attending family physicians at two family medicine teaching clinics. Chart reviews were done on prenatal patients during a baseline period and then again after prenatal care reminders based on the University of Michigan prenatal care guideline were instituted. Adherence to prenatal care standards at baseline was found to be low. Overall adherence was significantly increased by the clinical reminder intervention, with particular improvement in offering early screening for genetic abnormalities, sexually transmitted infection screening, and influenza vaccination. These results support the use of prenatal care reminders as an effective way to aid family medicine resident and attending physicians in meeting prenatal care standards.

PEER PAPERS-IN PROGRESS

PEER SESSION B: Clinical Research

Room: Mineral B
Moderator: Memoona Hasnain, MD, MPHE, PhD

PB1: Quality of Pain Assessments In Non-verbal Geriatric Patients By Residents and Nursing Staff [S,P,R,L]

Farideh Zonouzi-Zadeh, MD; Preeti Lekhra, MD; Kiran Rayalam, MD, MPH; Frederick Lambert, MD, MPH, FAAFP

Objectives: To study the difference in the assessment of pain by residents and nursing staff and compare it to the assessment done by an attending physician, in non-verbal patients who have dementia or are on a ventilator. Methodology: Fifty patients will be randomly assigned to residents and nursing staff for pain assessment and the results blinded to the attending. Later an attending that specializes in pain medicine will assess pain in the same patients and the results will be compared. Validated pain scales (PAINAD, PACSLAC, and DOLOPLUS2) will be used to look for statistically significant difference among the two groups. Conclusion: Formal training in pain assessment to residents and nursing staff can improve the quality of pain assessment, particularly in non-verbal patients.

PB2: When Your Patients Are Smoking For Two: Results From Interviews With Pregnant Women Who Smoke [S,P,R,L]

Laura Miller, MD

Smoking during pregnancy is known to be associated with poor prenatal outcomes such as pre-term delivery and low birth weight. Despite the research and implementation of numerous smoking cessation interventions, tobacco use during pregnancy remains a notable public health concern. Family medicine educators and resident physicians often encounter patients that smoke during pregnancy. This session will review the results of a qualitative study of one-on-one interviews with pregnant women examining barriers to smoking cessation in pregnancy. Study methodology, outcomes, and future implications for the development of community-based participatory research interventions will also be discussed in the context of residency education.

PB3: Reining In the Pain [S,P,R,L]

Steven Ashmead, MD; Philip Baty, MD; John VanSchagen, MD

Chronic pain is a commonly managed problem in the family medicine office. Only 15% of primary care physicians enjoy treating patients with chronic pain. Residency practices, because of the unique patient demographics and practitioner inexperience, can be especially challenged in the provision of chronic pain management. Grand Rapids Family Medicine Residency elected to provide pain care in a more systematic approach using the Chronic Disease Model of patient care. In order to document practice improvement, the implementation was done in conjunction with a study to measure provider and patient satisfaction. Patient outcomes will be evaluated by monitoring patient functional assessment. Presentation will discuss process of development, implementation and initial data collection.

PB4: The Impact of Medication Management Visits With a Pharmacist On Hospitalization Rate In Polypharmacy Patients [S,P,R,L]

Rachelle Busby, PharmD

Pharmacist integration into the outpatient clinic setting remains challenging. Medication management clinics have existed at UPMC St. Margaret Family Health Centers for several years. A prospective randomized study will be performed to as-

sess if medication management services led by a pharmacist decrease the rate of hospitalizations in patients taking nine or more medications. An evaluation of this pharmacist-run medication management program will determine its impact on patient care and health care costs. The objectives of this presentation are to give a brief description of the medication management program at UPMC St. Margaret, discuss results of the study so far, and receive feedback and ideas from the audience. The audience will gain valuable ideas for utilizing pharmacists in their own family medicine clinics.

PB5: Diabetic Patients' Barriers to Optimal Blood Sugar Control [S,P,R,L]

Michael King, MD; Victor Tovar, MD; Allison Vann, MD; Trace Julsen, MD; Elizabeth Tovar, PhD, RN, FNP-C

The importance of effectively addressing chronic illness is paramount as future medical paradigm shifts evolve around chronic disease management. Diabetic patients make up a great portion of this chronically ill patient base. This preliminary study focuses on identifying diabetic patient barriers through a survey administered in clinic. Three major barriers were identified which include: problems accessing their PCP, lack of symptom recognition during hyperglycemic episodes, and a general dislike towards exercise. Understanding barriers these patients have to achieving good glucose control can help in developing tools and interventions to overcome them. This is an important step in implementing the Chronic Care Model to help revolutionize primary care practices in the future.

RESEARCH FORUM A: Distinguished Papers

Room: Capitol 1

Moderator: James Gill, MD, MPH

RA1: Understanding Adult Vaccination In Urban, Lower Socioeconomic Settings: Influence of the Physician and Prevention Systems

Richard Zimmerman, MD, MPH

Background: Rates of administration of pneumococcal polysaccharide vaccine (PPV) and of influenza vaccine are relatively low. Methods: PPV and influenza vaccination rates were determined in a sample of 2021 elderly (>65 years) patients who received care from 30 physicians. Hierarchical linear modeling (HLM) analyses was used. Results: The overall influenza vaccination rate was 51.9% ranging from 22% to 96%. Patient race (*P*= .003) and age (*P*=.002) were associated with influenza vaccination. In HLM analyses for influenza vaccination, the pair with the strongest association with vaccination was use of standing orders (P<.001) and average observed time that the physician spent in the exam room, regardless of visit type (*P*=.02). Conclusions: Vaccination rates vary widely in urban settings and are associated with practice characteristics.

RA2: A Medical Home Versus Temporary Housing: The Importance of a Stable Usual Source of Care

Jennifer DeVoe, MD, DPhil; John Saultz, MD; Lisa Krois, MPH

Objective: To examine unmet health care needs among a low-income population of children who changed their usual source of care (USC) for insurance reasons. Design and Methods: Cross-sectional, multivariable analyses of mail-return surveys from Oregon's food stamp program in January 2005. Independent variable: did a child's USC change for insurance reasons? Dependent variables: unmet needs, access difficulties. Results: Nearly 23% of children changed their USC. Children who had changed were similar to children without a USC—both had significantly higher rates of unmet need than children with a stable USC. Conclusions: This study highlights the importance of ensuring stability with a USC. In our zeal to move people into new medical homes, we need to be wary of harming quality by disrupting existing care relationships.

Room: Capitol 1

SPECIAL SESSION

SS1: FFM Update: STFM's Contributions to Teaching the Primary Care Medical Home

William Mygdal, EdD; Janice Benson, MD; Caryl Heaton, DO; Charles Mouton, MD, MS; John Rogers, MD, MPH, MEd; Terrence Steyer, MD; Jeff Susman, MD; James Tysinger, PhD; Deborah Witt, MD; Kathy Zoppi, PhD, MPH

Over the past 4 years STFM has committed itself as an organization to helping realize the ideas embodied in the Future of Family Medicine vision, which has now evolved into Primary Care Medical Home. Through its Special Task Force, STFM has developed four priority projects including (1) competency-based instructional units teaching the new model, (2) the Student Interest Pipeline Program, (3) International Medical Graduate (IMG) Academies and (4) a Leadership Development Initiative. This presentation will include project overviews, large-group discussions, and small-group sessions. Come to this session to learn about what has been done, what tools are available to assist your teaching, and how you can support continuing efforts to realize the future of our discipline.\

Room: Capitol 4

Thursday, April 30; 2–3:30 pm

SEMINARS

S7: Cancelled

S8: Aware Medicine: Self-exploration, Self-care, and Mindfulness in Residency Training [R,P,FM]

James Rindfleisch, MD, MPhil; Luke Fortney, MD; David Rakel, MD

Since 2006, residents at the University of Wisconsin have participated in the Aware Medicine Curriculum, a curriculum designed to bring mindfulness/meditation, self-awareness, and an understanding of the beliefs of others into residency training. In this seminar, participants will learn how the curriculum uses multiple methods, including Web-based and experiential learning, to meet its objectives. After the course is described and the Aware Medicine Web site is demonstrated, participants will have the opportunity to learn an array of mindfulness exercises and resources, which they apply, if desired, in both a professional and personal context. Measures of the curriculum's impact will be discussed, and the session will conclude with a discussion about the use of these techniques in different learning and practice environments.

Room: Capitol 2

Seminars continued on the next page

Thursday, April 30; 2–3:30 pm

SEMINARS Cont'd

S9: You Passed! A Promotion Criteria Approach to Evaluating Competency Throughout the Training Cycle [P,R]

Adam Wilikofsky, PhD; Pamela Vnenchak, MD; Gladys Frye, MD

Competency assessment is the gold standard in medical education. While the ACGME's six competency areas and the RRC's requirements provide general metrics for basic skills, training programs need to adapt these concepts to their own curricula. Using these standards as guidelines, we had previously outlined what was expected of our graduates over 3 years of training. In 2005, we realized the need to more specifically identify and evaluate basic skills interns need to achieve before moving into the second training year. In response we undertook the development of intern promotion criteria to assess the acquisition of basic skills. After successful implementation, we expanded the project to the PGY-2 year. Our process and results offer an adaptable template that others can tailor to their specific settings.

Room: Capitol 3

S10: Espirit de Corps—What Makes It and Breaks It? Leadership Training in Morale Competency [P,R,L]

Deborah Taylor, PhD

Does your family medicine residency or department (or areas within these systems) seem undetectable on the morale meter for days, weeks, or months at a time? Do you start your workday with a spring in your step and end the day slumped in your chair? If you answered yes (or maybe) to these questions, this seminar is for you! What is known about morale as it relates to well-being, job satisfaction, productivity, and quality of work produced will be presented. Experiential (large group, small group and individual) format will be the cornerstone of this seminar. You will leave with a PMP (Personal Morale Plan) as well as a packaged seminar to bring back to present to faculty, residents, and/or staff.

Room: Capitol 5

S11: Using Powerpoint Games to Have Fun While Learning [P,R]

Ruta Marfatia, MD; Gretchen Shelesky, MD; Stephanie Ballard, PharmD; Rachelle Busby, PharmD; Lisa Harinstein, PharmD

Resident work hour rules have resulted in increasingly formal education. Many residencies have implemented half-day didactic sessions to teach the clinical knowledge residents used to get through practical experience. Playing a game is an interactive process that fosters active learning, teamwork, and increases motivation. Teaching key points, without information overload, is done by incorporating games into presentations. Satisfaction surveys show that students taught by games find it more enjoyable, stimulating, and interactive. Residents evaluated our sessions with games as interactive, engaging, and fun and did not feel overwhelmed by information. In this session, we will use a hands-on approach to walk our audience through the process of preparing PowerPoint games. Participants will leave with links to game templates and work completed during the session.

Room: Capitol 6

S12: Creation of a Medical Home for High-risk Obstetric Patients Within a Residency Program [MH,R,P]

Bernard Birnbaum, MD; Janell Wozniak, MD; Pam Webber, MD; Elizabeth Maes, MD; Raemarie Koehn, LPN

The Fort Collins Family Medicine Residency Program developed a systematic approach to providing care to high-risk obstetrical patients in response to residents' concerns that they received differing recommendations about those conditions. The seminar will describe the system that we developed, including patient identification, guideline development, OB chart audit tools, patient tracking, follow-up, and the creation of a safe medical home for high-risk OB patients. Our program involves residents, nurses, and faculty working in collaboration to develop evidence-based guidelines for improved education and outcomes. One-year evaluation and outcomes data will be presented. Participants will practice skills so that by the end of the seminar they will be able to implement a high-risk obstetric program at their own residencies.

Room: Capitol 7

LECTURE-DISCUSSIONS

L10A: Integrated Primary Care: Implementation and Outcomes in a Family Medicine Residency Program [FM]

Suzanne Landis, MD, MPH; Andrea Preston, MD; Maggie Weshner, EdD

Integrated primary care (IPC) combines medical and behavioral health services as part of the standard care for all patients. Participants will learn how this model was implemented into our residency clinical practice and will compare and contrast how IPC differs from usual care. We will give a general description of types of patients now being cared for under IPC and will review our outcomes of provider attitudes toward behavioral health care, provider satisfaction, improvements in provider productivity, and change in percentage of incident cases of depression who have three visits within the first 12 weeks of treatment. Session attendees will understand the changes in our resident training so that they can practice using IPC and will discuss how to adapt IPC into their own residency program.

L10B: Integrative Family Medicine for the Underserved: Lessons From the Santa Rosa Fellowship [P]

Fasih Hameed, MD; Ben Brown, MD; Wendy Kohatsu, MD

The Santa Rosa Family Medicine Residency Program successfully introduced a novel model of teaching integrative medicine for an underserved population, overcoming financial and logistical limitations in the process. This project, which involved the creation of a new curriculum, teaching clinic, and fellowship, also included faculty development and recruitment. In this lecture-discussion, we will be presenting our model as well as patient-satisfaction and quality of life data from the first year of our fellowship and clinic. Small group task-force discussions will focus on ways to introduce aspects of integrative medicine teaching and care—curriculum, clinic, fellowship, faculty recruitment and development—into existing community teaching clinics. Particular emphasis will be placed on identifying and overcoming the financial, personnel and material barriers to success.

Room: Mineral D

L11A: Teaching Quality Improvement in and for the Medical Home: A Longitudinal Curriculum for Residency Programs

Alexandra Loffredo, MD; Lena Vasquez, MD

The Family Medicine RRC requires residents to participate in projects designed to improve the quality of care and service delivered to the family medicine center patient population. Our residency developed a longitudinal curriculum to teach practice-based improvement concepts to residents within the Family Health Center. The curriculum has two main goals: (1) teach the concepts of and skills required to conduct continuous quality improvement (cQI) projects and (2) create sustained practice improvements in the Family Health Center consistent with the concepts of the patient-centered medical home. This session will present the elements of our curriculum, describe resident projects and their related scholarly products from the past 3 years, and provide a forum to discuss ideas for teaching CQI concepts to residents.

L11B: The Learning Coach: Using Electronic Portfolios to Promote Self-directed Learning In Residency [P]

Melissa Nothnagle, MD; Marcia Smith, PhD; Paul George, MD

Effective teaching of self-directed learning skills in residency is essential to promote lifelong learning among family physicians and may also help meet the diverse needs of the increasingly heterogeneous learners we train in family medicine. We will present our model, in which a learning coach meets individually with each resident monthly to develop learning goals and reflect on their learning experiences. We will discuss how we use electronic portfolios as a tool to promote goal setting and reflection. We will present program evaluation methods and preliminary results. Participants will discuss the feasibility of teaching self-directed learning in residency and strategies for implementing such a curriculum in their programs.

Room: Mineral E

L12A: Storytelling, Oncology, and Medical Communication Analysis of Cancer Patients' Stories [MH,P,R,S,FH]

Forrest Lang, MD; Fred Tudiver, MD

This presentation uses segments from the actual interviews with 37 cancer patients to highlight some of the challenging communication issues in caring for patients with serious and life-threatening illness. The video clips will engage participants in a discussion of how to effectively address some of medicine's most sensitive communications issues. These video clips are the result of a collaboration of storytelling, oncology, and medical communication faculty developing an interview protocol, interviewing patients, and transcribing and analyzing interviews (using N-Vivo 7). Themes for presentation and discussion include patients' stories involving: (1) the Hope-Honesty continuum, (2) the transition between curative and palliative care, (3) Secondary Bad News, 4) use of meta-questions, (5) emotion handling, and (6) the role of spirituality.

L12B: Teaching Lifelong Self Appraisal Skills: Evaluation, Reflection And Validation [S,P,R]

Wendy Orm, MD; Mia Adriano, MD

Educational theory demonstrates that residents develop competence by learning from their mistakes in performance (knowledge performance discordance). Nearly all of clinical education is based on experiential learning, followed by credible feedback from attendings. The challenge facing educators is how to train residents in the development of lifelong self appraisal skills. This session will highlight curricular strategies to assist in the mastery of self appraisal and self audit while incorporating data from our study addressing concordance between preceptor and resident perceptions of clinical competence. A model of self appraisal will be introduced that includes evaluation, reflection and validation methodologies. Attendees will be sharing curricular strategies that address learner resistance to evaluation and the strengths and weaknesses of the proposed model of self appraisal.

Room: Granite C

L13A: The Patient-Centered Medical Home: Lessons Learned From A New Family Medicine Clerkship Curriculum

Harald Lausen, DO, MA; Amber Barnhart, MD; Jerry Kruse, MD, MSPH; Tracey Smith, PHCNS, BC, MS

Over several years our department has modified the 6 week family medicine clerkship curriculum to address components of the Patient-Centered Medical Home. Our new curriculum was presented at the 2007 STFM Annual Spring Conference and recently referenced in the September, 2008 STFM Messenger. The purpose of this presentation is to review additional curricular modifications we have made, consider and discuss feedback and outcomes of the new components we have implemented, and explore future possibilities for curriculum design. Additionally, we will contextually reference elements of the Family Medicine Curriculum Resource Project as we discuss the new curricular components. Attendees will have the opportunity to participate in small group discussion while exploring future possibilities for teaching the characteristics of the Patient-Centered Medical Home within a clerkship curriculum.

L13B: Evaluating Impact of a Multicultural Interclerkship on Students' Skills, Knowledge, and Awareness [MH,P]

Warren Ferguson, MD; Michael Godkin, PhD; Mary Lindholm, MD; Heather-Lyn Haley, PhD; Mary Philbin, EdD

Various techniques are being used to teach our future physicians about cultural diversity, but few have been evaluated as to their efficacy. We developed a multicultural interclerkship for third-year medical students with hopes of improving our students' cultural competency. We have just completed research evaluating the impact of the interclerkship on students' empathic attitudes toward culturally diverse patients, confidence in ability to interview and gain the trust of patients from different cultures, and knowledge of health disparities. Additionally, a pre-post workshop observed standardized clinical exam (OSCE) has recently been administered. This lecture-discussion will review the methods and instrument used to evaluate our curriculum and will engage the audience to help determine future research possibilities in this important area.

Room: Mineral F

Lecture-Discussions continued on next page

Thursday, April 30; 2–3:30 pm

LECTURE-DISCUSSIONS Cont'd

L14A: The Pre-doc Consultation: How An External Review Can Inform Change [P,L]

Susan Cochella, MD, MPH; Anthony Catinella, MD MPH; Alison Dobbie, MD; Curtis Stine, MD; James Tysinger, PhD

Family medicine educators face varied but common challenges and opportunities, often without the benefit of the expertise, experience, and mentorship of colleagues from other family medicine predoctoral programs at other institutions. When the stakes are high or the circumstances are unique, educators can use an external consultation to identify a program's strengths and vulnerabilities and recommend changes to enhance the program. This presentation will show participants what a successful external consultation of a predoctoral program did for one institution in 2007, share details about the process used, and then facilitate a discussion about how such an external consultation could be adapted for the challenges and opportunities other institutions may face.

L14B: A Summer Preceptorship In Family Medicine: An Early Medical Student Experience

Elizabeth Natal, MD; Alice Fornari, EdD, RD

In an era where there is an increase of medical student interest in family medicine, it's vital we nurture that interest. This presentation will describe key components of a newly implemented two-week summer preceptorship coordinated for medical students who completed their first year and expressed an interest in learning more about family medicine. Students worked with family physicians in diverse clinical settings. The goals of the preceptorship were to provide students with early exposure to the field and identify those students interested in establishing an ongoing mentorship with a family physician. Participants attending the session will learn about processes involved in creating, implementing and evaluating this type of preceptorship. Data and materials from this pilot program will be shared.

Room: Mineral G

L15A: Using Standardized Patient Instructors to Train Medical Students for Weight Management and Physical Activity Counseling [P]

Gail Marion, PA-C, PhD; John Spangler, MD, MPH; Sonia Crandall, PhD, MS

Obesity is epidemic in the United States, responsible for 15-20% of cancer deaths. While clinicians realize the importance of weight management counseling, gaps exist in current medical education, and physicians feel poorly prepared to counsel their patients. National guidelines are frequently not implemented in clinical settings because of a sense of inadequate training or lack of time. Professional attitudes are also shaped by poor patient adherence, lack of success with prior interventions and poor long-term outcomes data. We describe the development of a NCI-funded predoctoral weight management counseling program using standardized patient instructors. The focus will be on the connection of weight to cancer, overcoming biases in communication, and the mechanics of program implementation and evaluation with an eye toward transportability to other institutions.

L15B: Bariatric Surgery: Nutritional Consequences for Health

Roger Shewmake, PhD, LN; Mark Huntington, MD, PhD

The American Society for Bariatric Surgery reported more than 170,000 bariatric surgical procedures were performed in the United States in 2005. Bariatric surgery may negatively impact bone health, positively effect type 2 diabetes, lipid profile, hypertension, PCOS outcomes and may increase fertility. Nutrient deficiencies may occur with vitamin B12, folate, iron, thiamin, calcium, vitamins A, D, E, and K. Bariatric surgery can be an effective treatment in morbid obesity and assist in the reduction of chronic disease risk with careful follow-up including intensive medical nutrition therapy (MNT). Primary care physicians are most likely to be the care providers for those contemplating and/or have undergone the surgery. This session will review MNT for pre-post bariatric surgery and provide an opportunity for interaction, discussion, and review of helpful patient education materials.

Room: Granite A

L16A: EMR Vendor Collaboration and Utilizing Real-time EMR-based Performance Reports for Continuous Quality Improvement Training [MH,P]

Karl Kochendorfer, MD

The patient-centered medical home (PCMH) has become an integral part of our future practice. Healthcare information technology (HIT) will play a vital role in the development of any PCMH. The Department of Family and Community Medicine at the University of Missouri has partnered with our electronic medical record (EMR) vendor to transform our practice into a PCMH. This partnership received the 2008 Collaboration of the Year Award from the College of Health Information Management Executives (CHIME). This collaboration produced real-time performance reports for our residents and faculty who care for patients with chronic diseases. Interactive participant-led quality improvement initiatives based on real patient data is one tool used to teach the New Model of care to residents and faculty.

L16B: Protecting the Medical Home Involving Learners In Creating and Implementing an EMR Disaster Recovery Plan [MH,R,P]

Thomas Agresta, MD; Hugh Blumenfeld, MD, PhD; Khamis Abu-Hassaballah, PhD

As family medicine promotes the Medical Home with its heavy reliance on the use of EHR's, Disease Registries, and PHR's it is imperative to plan for the likely occasional disruption of daily operations due to inaccessible information systems. Interruptions vary from minor - such as trouble printing prescriptions – to major such as a database crash. Having a tested contingency and disaster recovery plan (DRP) not only minimizes data loss but also speeds recovery and improves morale. A faculty informatics director, informatics specialist and resident will discuss the elements of a DRP and describe our experience with an EMR database crash. We will engage the audience in discussing how to integrate disaster recovery planning into residency practice management and informatics curriculum and describe our process.

Room: Granite B

PEER PAPERS-IN PROGRESS

PEER SESSION C: Underserved Care/ Community-based Research

Room: Capitol 4
Moderator: Wanda Gonsalves, MD

PC1: Adult Homeless Patients At a Chicago Urban Community Hospital: Healthcare Utilization and Discharge Planning [L,R,P,MH,S]

Mark Duncan, MD; Harry Piotrowski, MS

This study characterizes the homeless population presenting to the ED and admitted to a community hospital, and investigates support services offered upon discharge. Retrospective chart review performed from 2003-2007 using ICD-9 code V60.0, and search strategies under address and insurance that included the word homeless', undomiciled, etc identified a total of 198 ED visits and 252 admissions by the homeless. Of those, 69% were female; 17% were admitted to ICU. Chest pain and asthma were common. 10% were referred to a shelter, 12% to a treatment program. 12% left AMA; 21% were to follow-up with prior PCP and 41% to follow-up with a new PCP. This study found that homeless patients were poorly identified, admitted with preventable conditions, and accompanied by poor discharge support services.

PC2: Diabetes in Food Bank Recipients: A Needs Assessment and Pilot Study

Lia Bruner, MD; Betsy Jones, EdD; Katherine Chauncey, PhD, RD; Sarah-Anne Schumann, MD

Anecdotal evidence indicates that some patients treated in family medicine clinics for diabetes depend on food from food banks for family meals, which may affect dietary compliance. This project will determine the prevalence of diabetes among food bank clients, measure basic nutrition knowledge, and assess the effectiveness of a pamphlet designed to help clients make appropriate food choices. Of the 98 food bank clients surveyed thus far, 28% report that they have diabetes—more than three times the Texas diabetes rate of 8%. A follow-up survey was conducted in the fall of 2008. This project, which involves family medicine faculty and residents, will provide useful information about the control of diabetes in the food bank recipient population and will help tailor possible interventions.

PC3: Waukesha Smiles—Dental Outreach to Low-income Children [L,R,P,MH,S]

Kenneth Schellhase, MD, MPH, MA; Susanne Krasovich, MD; Patrick Ginn, MD; Hanneke Deeken, RN; Bonnie Siegel, RN; Amaris Estrada, RDH; Michele Leininger, AA

Problem: There are large disparities in child oral health associated with ethnicity and socioeconomic status. Methods: Targeting 3rd graders in low-income schools, we are comparing a child-focused oral health Educational Intervention versus a parent-focused Referral Intervention designed to assist parents in accessing dental care for their child. We have completed a baseline oral health assessment exam of the children and survey of parents' oral health knowledge, attitudes, and access to care. Interim Results: Of 228 children, 44.9% have prior caries and 18.5% have current untreated caries. For Latino children, 28.2% have untreated caries. 30.7% of children have no usual source of dental care, and 10.7% have current dental pain. Implications: We found significant unmet oral health needs and poor oral health status, particularly for Latino children.

PC4: Admission and Respiratory Illness Severity Predictors In Heroin- and Cocaine-using Patients In An Urban Population [L,R,P,MH,S]

Rachel Klamo, DO; Benjamin Margolis, MD; Harry Piotrowski, MS

Asthma associated with drug use has significant social, economic and medical implications particularly in the African American population. Purpose: To identify predictors of admission (low acuity) and intensive care unit admission or hospitalization greater than three days (high acuity) among patients with an asthma exacerbation and recent drug abuse. Methods: Retrospective chart review of emergency department visits in a community hospital with both conditions. Dependent variables with results to date: N = emergency department only - 26; inpatient low acuity - 63; inpatient high acuity - 40. Multivariate statistics will focus on independent predictors with a sample of 300 patients. Implications: Demographic variables and prior asthma treatment do not predict acuity while substance abuse appears to be strongly associated.

PC5: Collateral Effects of Nurse Navigation [S,P,R,L]

Erin Kavanaugh, MD

Objective: To determine the effect of tailored nursing navigation interventions for CRC screening on mammography rate. Method: Retrospective analysis of a population of women fifty and older from a primary care practice who received intervention from a larger randomized controlled TNI trial aimed to improve CRC screening. Baseline and follow up rate of mammography was determined by EMR review. Results: In progress. We anticipate a statistically significant (by McNemar's testing) increase in the rate of being up to date for mammography after being navigated for colorectal cancer screening. Conclusion: Nurse navigation for CRC screening has the additional benefit of improving mammography rate. Having successfully completed one type of screening, patients likely attained knowledge, perceptions and skills which assisted them in other cancer screening and prevention.

RESEARCH FORUM B: Special Session

Room: Capitol 1
Moderator: Richelle Koopman, MD, MS

RB1: Evaluating Innovation: Measuring the Benefits of Health IT Interventions

Richelle Koopman, MD, MS; Jesse Crosson, PhD; David Mehr, MD, MS; Zsolt Nagykaldi, PhD

HIT innovations may aid in performance-based quality improvement, assist with care coordination, and facilitate patient self-management, however we need to have methods and metrics to measure the actual benefits of these innovations to patients and providers. In this session, AHRQ funded researchers will explain their approaches to measuring the benefits to patients and providers from ongoing HIT innovation, and describe how these innovations contribute to a patient-centered medical home.

Thursday, April 30; 2–5:30 pm

WORKSHOPS

W1: Including the Family in Integrated Primary Care for the Medical Home [FM,L,MH,P,R,S]

Alexander Blount, EdD

As integrated primary care has come to represent a more seamless integration of behavioral health into primary care practice, some of the contributions of the family approach of collaborative family health care are disappearing. This workshop is designed to review and create brief, focused interventions that can be taught to and used by physicians and behavioral health clinicians in integrated primary care settings.

Room: Agate A

W2:Teaching the Smart (Sideline Management Assessment Response Techniques) Workshop [MH,P,R,S]

Michael Petrizzi, MD

The SMART Course (Sideline Management Assessment Response Technique Course) was developed as a response to a well-documented need for an increased number and quality of physicians ready to cover high school sports. The workshop 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. A study performed at a Pennsylvania residency proved this hypothesis and helped them meet the newer RRC guidelines for sports medicine rotations. This workshop helps faculty to teach the SMART course to residents and students.

Room: Agate B

W3: An Evidence-based Approach to Managing Patients with Chronic Pain Using the Chronic Care Model [FM,L,MH,P,R,S]

Philip Whitecar, MD; Michael Rosenthal, MD; Marc Grushan, MD; Christine Jerpbak, MD

Pain is the most common chief complaint of patients visiting family physicians. Pain management integrated into the care of other chronic problems should be a key feature in the basket of services offered by family physicians in the patient-centered medical home. However, inadequate training in pain and/or addiction management, legal concerns, and often physicians' emotional responses and bias towards patients presenting in pain remain significant obstacles. Using the chronic care model as a template and recent evidence-based pain management guidelines we present a systematic approach to caring for these patients. We will address learners' cognitive and non-cognitive needs, using role-modeling and case discussions. We will provide and demonstrate the use of patient assessment and practice management tools as well as case discussion teaching tools.

Room: Agate C

OPTIONAL SESSION

SS2: STFM Leadership Workshop: Leadership: A Question of Alignment

Stephen Bogdewic, PhD; Elizabeth Baxley, MD; Mark Greenawald, MD

Few organizations can match the complexity of academic medicine. In recent years a heightened reliance on clinical income coupled with increased competition for external funds and significant generational differences among faculty have created situations that demand the absolute best from leaders. Just what does the best look like? What is it that leaders must excel in to ensure success in today's rapidly changing world? These questions will be the focus of a special three hour leadership development session. Participants will be challenged prior to, during, and after the session to take a serious look at their leadership abilities. Three levels of alignment will be explored: the alignment of self, the alignment of leadership practices, and the alignment of organizational directions and priorities. The workshop includes three elements: Pre-work, Half-day workshop, Ongoing coaching. To prepare for this workshop participants will be asked to do some amount of reflection. They will be asked to address the following questions: 1) Why would anyone want to be lead by you? When you step back and view yourself, what is it that you see that you think would encourage others to follow your lead? 2) How then do you measure your effectiveness as a leader? Beyond your own sense of how you are doing, what are your sources for leadership feedback? What if anything have you learned from these sources? In addition to this reflective tool, participants will be encouraged to read The Leadership Challenge by Kouzes and Posner.

[NOTE: Preregistration is required. Additional fee. Check with STFM Registration Desk for availability]

Room: Mineral A

Thursday, April 30; 4–5:30 pm

SEMINARS

S13: STFM Smiles for Life 2 Oral Health Curriculum: How to Implement It in Your Program [L,P,S]

Alan Douglass, MD; Mark Deutchman, MD; Wanda Gonsalves, MD; Russell Maier, MD; Hugh Silk, MD; James Tysinger, PhD; Alan Wrightson, MD; Alan Wrightson, MD

Oral health significantly impacts overall health. However, not all medical schools or residencies teach the recognition and prevention of child and adult oral problems. To address this need and assist in compliance with RRC education requirements in oral health, STFM's Group on Oral Health created the award-winning Smiles for Life curriculum, which includes educational objectives, PowerPoint modules, videos, test questions, resources, PDA applications, and patient education materials. It addresses the relationship of oral to systemic health, infant and adult oral health, oral health in pregnancy, dental emergencies, and fluoride varnish. Newly updated materials are available free at www.smilesforlife2.org. Facilitators will discuss linkages between oral and systemic health and highlight key points from curricular materials. Participants will formulate strategies for implementing the curriculum at their programs.

Room: Capitol 3

S14: Integrative Medicine In Residency Curriculum: First Year Implementation And Evaluation [P,R]

Patricia Lebensohn, MD; Rita Benn, PhD; Victoria Maizes, MD; Benjamin Kligler, MD, MPH; John Woytowicz, MD; Mary Guerrera, MD

Integrative Medicine in Residency (IMR) is a 250-hour curriculum development project of the University of Arizona Center for Integrative Medicine that is creating and delivering competency-based online integrative medical training to residents. IMR is initially being piloted in eight family medicine residencies with the goal of expanding to other programs by 2010. This presentation will demonstrate the first-year curricular content and evaluation. Participants will gain first-hand experience of the

interactive format of the curriculum. Participants will also have the opportunity to review new evaluation tools and processes designed to assess residents' competencies and to discuss the initial evaluation data. The faculty from pilot sites will guide a discussion on the challenges and success of implementing a Web-based curriculum in family medicine residencies.
Room: Capitol 2

S15: Teaching Residents How To Do Family Conferences for Thirty Years: Thoughts, Reflections and Future Directions [R,P,FM]

Alan Lorenz, MD; Barbara Gawinski, PhD

In Rochester, we have been teaching residents how to do family conferences for thirty years. Family Practicum is a 42 hour class that meets for 3 hours once a week for 14 weeks. In the first half of the class a variety of strategies are employed, including: discussion of reading assignments, videotape, role plays, genogram presentations and family sculptures. In the second half of the class, we do live, co-facilitated family conferences with the residents and the families that are on their panels. Come to this seminar to hear about how the curriculum started, how it has evolved, and where we are now. Together, we can share ideas about where to go from here. For example, we now do mostly home visits!
Room: Quartz A

S16: Building a Medical Home Through a Chronic Disease Registry and Practice Teams [ED-2,P,R]

Edward Shahady, MD; Dave McInnis, MD; Helena Karnarni, MD

Achieving the NCQA medical home standards can be challenging. This seminar will share the experiences of how a residency program and two family practices built medical homes with practice teams and a disease registry. Office staff and clinicians were empowered through the success of the team process and the reports from the registry. Patients were empowered by the renewed energy of the clinicians and office staff. The authors will first discuss how the NCQA must pass standards and how the standards were addressed and documented by the practice. The discussion will then highlight how teams identified and resolved practice deficiencies. The members of the audience will then form teams and develop a solution for a deficiency identified by the chronic disease registry.
Room: Capitol 5

S17: Caring for the Medically Homeless: Teaching Quality, Continuity, and Coordination of Care for the Poor [P,S,R]

William Cayley Jr, MD

Approximately 15% of the US population remains uninsured or underinsured. Lack of adequate health insurance significantly impairs access to medical care, often rendering a person medically homeless. Family physicians who seek to provide a medical home for uninsured patients must face the challenge of balancing continuity, care coordination, and quality with the constraints imposed by patients' financial limitations, health care costs, and the care fragmentation often encountered by the poor. This presentation will explore the ethics of care for the poor, will use case studies to examine the challenges of providing a medical home for the uninsured, and will explore strategies for educating learners to effectively care and advocate for those without adequate health insurance.
Room: Capitol 6

Thursday, April 30; 4–5:30 pm

LECTURE-DISCUSSIONS

L17A: Improving Care in the Medical Home Through Resident Scholarship [P,R]

Peter Carek, MD, MS; Lori Dickerson, PharmD; Vanessa Diaz, MD, MS; Terrence Steyer, MD; Andrea Wessell, PharmD

With increasing expectations for family medicine residencies to have scholarly activity and high-quality patient care, program directors are being asked to develop curriculum to address these issues. The Trident/MUSC Family Medicine Residency Program has established an effective method for incorporating scholarly activity in the day-to-day activities of family medicine residents and faculty, meeting the ACGME core competencies and Residency Review Committee guidelines, while improving the care of patients seen in the Family Medicine Center. The goal of this presentation is to describe how the curriculum in scholarly activity combined with the desire to improve the quality of care in the Family Medicine Center with the requirement of scholarly activity by residents and faculty. Specific strategies will be presented, and implementation methods will be discussed.

L17B: End-of-Rotation Evaluations for Residents: Transition to Behaviorally-anchored Rating Scales for Core Rotations

Tricia Hern, MD; Mary Talen, PhD; Christopher Babiuch, MD

End-of-rotation evaluations have historically been imperfect tools that provide limited meaningful feedback to the resident, faculty or residency program. In the era of ACGME competencies, a variety of evaluation methods (portfolios, 360 degree evaluations, OSCE, etc) must be utilized to assess our residents; however, the usefulness of end-of-rotation evaluations can be significantly improved, particularly for rotations with intense contact with core teaching faculty. This session will describe how programs can transition from paper evaluations with Likert scales to the use of electronic evaluations with user-friendly behaviorally-anchored rating scales (BARS). We will share the changes in our evaluation collection rate, the widened range of score distribution, the improved quality of comments provided, as well as faculty and resident perceptions of the new evaluation system.
Room: Mineral D

Lecture-Discussions continued on next page

Thursday, April 30; 4–5:30 pm

LECTURE-DISCUSSIONS Cont'd

L18A: What Should Family Medicine Residents Learn About Mood and Anxiety Disorders? [P,R]

Pam Webber, MD

An essential part of the medical home is the recognition and treatment of mood and anxiety disorders by family physicians. The rapid increase in medical knowledge and technology, reduced resident work hours, and patient expectations have all influenced the training and practice of family medicine. In this lecture/discussion, participants will have the opportunity to learn about one method of curriculum evaluation—a modified Delphi method. Experts in teaching family medicine residents about mood and anxiety disorders were surveyed about the curricular content as well as best teaching and resident skill evaluation methods.

L18B: Adult and Pediatric Antidepressant Black Box Warnings: Rationale, Clinical Implications, and Effects on Patient Care [P,S,R]

Gregory Cowan, PhD

Family medicine residents are frequently called upon to manage depressive disorders in adult and adolescent patients. Practitioners must balance benefits and risk in management of any condition, and such considerations are central when addressing a disorder with potential for self-harm. This lecture-discussion will focus on Black Box warnings describing increased risk of suicidality associated with antidepressant medication use, issued by the FDA for children and adolescents in 2004 and for adults ages 18-24 in 2007. Attendees will be oriented to the methodology and results of the clinical trial database reviews and will appraise changes in patterns of patient care that have occurred since these warnings.

Room: Granite C

L19A: The Personal Medical Home and Its Effects on Maternity Care [P,R]

Jay Lee, MD; Susan Flood, DO; Brandy Deffenbacher, MD; Suzanne Gomez, MD; annamarie meeuwsen, MD

In 2002, the Future of Family Medicine project proposed a New Model of practice. The project challenged current family physicians to reintegrate the patient with the physician and the clinical practice; one of these challenges emphasized the support of a personal medical home. The medical home should provide acute, chronic, and preventive medical services with these characteristics: accessible, accountable, comprehensive, Integrated, patient-centered, safe, satisfying (to both patients and physicians), scientifically valid. The University of Colorado Family Medicine Residency program has recently implemented a personal medical home curriculum. We will describe the changes to the curriculum and its effects on maternity care at its two residency clinic sites.

L19B: Integrating Comprehensive Reproductive Care Into the Medical Home [P,R]

Teresa Gipson, MD MPH; Patrice Eiff, MD

Providing comprehensive care throughout the life cycle is a core value in family medicine yet many of our practices face challenges when attempting to provide a comprehensive basket of reproductive health services. To effectively adopt the medical home structure for reproductive health services we need to create an integrated plan for ongoing medical care for women, provide training for physicians and physicians in training on evidenced-based approaches to reproductive health, create an environment receptive to women and their families and train our staff to identify and decrease the barriers to patient access. In this session we will review the state of reproductive health in family medicine and outline strategies to make family medicine the medical home for women in their reproductive years.

Room: Mineral E

L20A: The Medical Home: Redefining the Doctor-Patient Relationship In a Changing Health Care Environment [P,R,S,MH]

Caroline Wellbery, MD; Nancy Pandhi, MD MPH

The impact of the medical home on the doctor-patient relationship is unknown. How do we define this relationship in a changing health care environment? What should learners know about their future impact and role? This interactive session explores the strengths and weaknesses of the traditional and new doctor-patient relationship in the context of satisfaction, well-being, and health outcomes. The session also provides a relationship-focused perspective through which to individualize learners' understanding of the overall impact of transitioning to new models of care. Participants will receive a handout of an annotated literature review and a packet of stories and teaching tools that illustrate the impact of health care system changes on the doctor-patient relationship.

L20B: Evaluating Resident Interpersonal Competence In the Personal Medical Home [MH,R,P]

Kim Marvel, PhD; Kristen Bene, MS

At the core of a personal medical home is a collaborative relationship between the patient, physician, and the healthcare team. This presentation will focus on methods to evaluate interpersonal skills, including patient-centered interviewing, use of the EHR to enhance patient inclusion and education, and the quality of the resident relationship with the healthcare team. We will present three evaluation methods, including direct observation during office visits, 360 degree staff evaluations, and unannounced simulated patients. Participants will leave the session with copies of assessment tools, an understanding of potential barriers, and strategies for successfully implementing these methods at their home programs.

Room: Mineral F

L21A: Community Skin Screenings: Improving Education and Community Health

Dale Patterson, MD; Alberta Henderson, MD

Skin cancers are common, and their incidence continues to rise. Patients and specialist physicians often do not recognize the ability of family physicians to diagnose and treat skin malignancies. Further, the training of family medicine residents in dermatology is problematic for many programs. Patients seen on a specialty rotation frequently are not representative of a primary care practice. Specialist support is not sufficient for adequate training in many locations. A community outreach program of free community skin screenings has successfully addressed these concerns at our residency. We will discuss how a program involving family medicine residents and faculty, dermatologists, plastic surgeons, and health educators can enhance the education of family medicine residents, improve the health of the community, and promote the specialty of family medicine.

L21B: Faculty Development for Competence In Teaching the Musculoskeletal Examination: An Evidence-based Approach

Diana Heiman, MD; Eugene Hong, MD; Sean Bryan, MD; John Turner, MD; John Turner, MD

Musculoskeletal complaints comprise anywhere from 10-27% of primary care office visits, yet there are numerous studies indicating the lack of musculoskeletal teaching in medical school and residency. This session is being submitted by the Group

on Sports Medicine to meet our goals of advancing musculoskeletal education within family medicine and the development of educational tools that promote resident learning.
Room: Granite B

L22A: Lessons Learned: Creating A Personal Medical Home Internationally

Deborah Witt, MD; Daisy Wynn, MD; Kevin Scott, MD; Jeffrey Panzer, MD; Daniel DeJoseph, MD

As we are faced with preparing our learners to encourage and establish Medical Homes for All, we continue to explore creative experiences to foster our ultimate goal. International Medical missions can be a rewarding opportunity for our residents to integrate into their curriculum. In 2008, the Department of Family & Community Medicine at TJU collaborated with an organization that has been serving impoverished communities in Jamaica, WI over the past 7 years. Residents were given the opportunity to learn how critical it is to effectively address complex health issues, evaluate needs and make recommendations to assist non-traditional communities to have a medical home for all despite limited resources, but recognizing the dilemma faced with international countries.

L22B: Training Family Physicians In HIV Medicine: The Sioux City, Iowa, and Kijabe, Kenya, Experience [P]

Thor Swanson, MD

Despite early pessimism that all HIV patients were destined for early death, the advent of advanced retroviral therapy has prolonged the lives of HIV-infected patients indefinately and now turned HIV infection into a chronic disease. In many cases, the burden of providing diagnostic, primary, and sometimes even HIV treatment care for these patients is increasingly falling on family medicine-trained physicians, both in North America and Africa. This presentation will consider how family medicine residencies and/or offices can train residents and physicians to provide diagnostic, primary care, and even longitudinal treatment care to HIV patients. The presenter will share experiences (both helpful and not) in training family medicine HIV providers in Iowa, USA, and Kijabe, Kenya.
Room: Granite A

L23A: The Smart Personal Care Plan: Centerpiece of Our Patient-Centered Medical Home Curriculum [ED-2,P]

Linda Montgomery, MD; Frank deGruy, MD; Tamaan Osbourne-Roberts, MD

As part of the P4 initiative, we've spent several years radically redesigning our curriculum to train family doctors capable of leading the Medical Home. We now have a longitudinal structure that emphasizes health behavior change, community integration, information management, and team-based care. Our desired end product is a family physician who intuitively integrates these concepts into the care of every patient. To this end, the residents have worked on Personal Care Plans, actual EMR-based documents that detail how a patient's health will be managed. This lecture will introduce how by formulating Personal Care Plans, our residents are learning a framework to utilize and integrate PCMH concepts. We'll also share from both faculty and resident's perspectives lessons learned from our efforts.

L23B: What Place for Race in the Personal Medical Home? [P,R,S,MH]

Jennifer Griffiths, MD

Increasingly, doctors are urged to offer treatments or other interventions to specific patients based on the patients' race. Yet the question of whether race is a biologically valid concept is controversial at best. What do we need to teach our learners about the meaning of race, how it relates to genetics, and how it relates to risk status and therapeutic response for individual patients? Come learn about the science and the marketing behind the push to racialize medicine. As doctors and teachers, how we respond will have implications not only for each patient but for society as a whole.
Room: Mineral G

PEER PAPERS-IN PROGRESS

PEER SESSION D: Resident Teaching—EMR/Billing

Room: Capitol 4
Moderator: David Henderson, MD

PD1: The Impact of Electronic Medical Record Information Prompts on Resident Education and Patient Counseling [L,ED-2,P,S,R]

Susanna Magee, MD; Mary Beth Sutter, MD 10

The electronic medical record (EMR) has immense potential for use as an educational tool, yet data on efficacy in medical education are limited. This study assessed the impact of prenatal information prompts created within an EMR for resident education and patient counseling. Prompts were compiled from nationally recommended guidelines. A total of 23 residents completed a pre-survey on current information sources and a pretest assessing prior knowledge. After use of EMR prompts for several months, residents completed a post-survey on subjective effectiveness and a posttest assessing gained knowledge. Preliminary results indicated enthusiasm about the immediate accessibility of information during patient interactions. Educational effectiveness was determined through comparison of pretest and posttest scores. The EMR format shows promise as a future teaching tool for many disciplines.

PD2: Developing a Billing and Coding Curriculum for Family Medicine Residents [L,P,S,R]

Maggie Riley, MD; Joel Heidelbaugh, MD

Accurate billing and coding practices are imperative for today's family physicians. Often, resident and attending family physicians gather appropriate data, perform detailed physical examinations and procedures, make complex medical decisions, and don't give themselves appropriate credit for doing so.
In many cases, it is believed that residents underbill for their services. Formalized curricula to teach appropriate billing and coding practices to residents are lacking. We authored a review article highlighting common billing and coding pearls to serve as a teaching tool for residents to help maximize appropriate coding practices. This article, as well as focused lectures and dedicated one-on-one teaching sessions, will serve as a model to augment billing and coding knowledge and practices within a family medicine-based practice management curriculum.

PEER Papers continued on next page

Thursday, April 30; 4–5:30 pm

PEER PAPERS-IN PROGRESS Cont'd

PEER SESSION D: Resident Teaching—EMR/Billing

Room: Capitol 4
Moderator: David Henderson, MD

PD3: Electronic Web Sign-out As an Interactive Tool to Improve Patient Safety [L,MH,R,P]

Hobart Lee, MD; Joel Heidelbaugh, MD; Denise Campbell-Scherer, MD, PhD

Most residents lack appropriate training in proper sign-out techniques when transferring service coverage of hospitalized patients, which is vital to patient safety. Standardized paradigms can improve sign-out practices and reduce preventable medical errors related to miscommunication in transfer of patient care. A survey was conducted among family medicine residents centered on current sign-out practices. A Web-based tool was created to augment the quality and detail of verbal sign-out during shift changeovers. Nearly 67% of residents felt that lack of information during sign-out led to poor medical decision-making and 62% felt that this caused near-miss adverse medical errors. This session will demonstrate how a Web-based database can reduce preventable medical errors, repetitive laboratory testing and hospital length of stay, while improving patient safety and measurable outcomes.

PD4: The Next Generation of Advance Care Planning: Do Electronic Templates Help Residents Initiate Discussions? [L,P,R]

Reetu Grewal, MD; Judy Sayre, PhD

Successful delivery of palliative care depends on referral patterns from the outpatient setting, often from family physicians. Previous studies have shown, however, that physicians are reluctant to initiate advanced care planning, even in appropriate patients. Our study looks to identify specific barriers to communication with patients regarding advanced directives, by surveying our program's family medicine residents. An advanced directive template will be added to our electronic health record, which prompts advanced directive conversations and documents the palliative care discourse. After completion of a 6-month period, resident surveys will be conducted to evaluate satisfaction with the template and determine whether the intervention leads to increased comfort levels and more complete discussions of palliative care.

PD5: Planned Care On a Dime: Engaging Providers to Use Asthma Management Plans In an EMR [L,P,S,R]

Kristin Clark, MD; Netra Thakur, MD; Harsha Bhagtani, MD

This project demonstrates an initiative to improve asthma care by incorporating 2007 NHLBI asthma guidelines in an academic health center using a newly implemented EMR without budget support. The project team set a goal to increase the number of asthma management plans (AMP) developed during acute asthma visits. Interventions included 1) audits using METRIC, an AAFP performance improvement tool 2) case-based learning using the EMR and 3) planned visits. AMP documentation increased with project initiation but then decreased over time, likely reflecting provider barriers that were not overcome by the EMR. Resident participation was vital to identify barriers. Final interventions included tutorials for self-training, protected resident conference time and a monthly benchmark report.

RESEARCH FORUM C: Women's Health

Room: Capitol 1
Moderator: Norman Oliver, MD

RC1: An Obstetrical Challenge: Psychosocial And Medical Complications Associated With The Delivery of Stillborn Infants

Katherine Gold, MD, MSW, MS; Rodney Hayward, MD

Objective: Pregnancies ending in stillbirth present unique challenges for obstetrical providers. Understanding psychosocial patient risks and medical complications of stillbirth deliveries could improve provider training and patient care. Methods: Retrospective review of stillbirth hospitalization from 1996-2006 at three U.S. hospitals. Preliminary results of 203/650 patients are described. Results: 78% of mothers were African-American and 15% white. Illicit drug use was identified in 14% of patients, tobacco use in 25%, mental illness in 10%, and no prenatal care in 7%. Serious complications occurred in nearly one of three stillbirth deliveries with minority women at highest risk. Conclusions: Mothers with stillbirth have significant psychosocial risk factors and delivery of a stillborn infant is associated with serious complications. Both have implications for patient management.

RC2: Availability of Trial of Labor After Cesarean Services In Oregon

Stephanie Crocker, BA; Valerie King, MD, MPH

Objectives: Oregon hospitals were surveyed in 2004 and again in 2008 to determine whether their trial of labor after cesarean (TOLAC) services had declined as a result of a recommendation issued by the American College of Obstetrics and Gynecology (ACOG) in 1999. Methods: Using semi-structured interviews, all acute care hospitals in Oregon were surveyed about TOLAC policy changes. Results: Since 1999, 62% of respondent hospitals had either discontinued TOLAC services or had made significant changes to their labor and delivery policies. Over half of these hospitals stated that the ACOG recommendation was the most important factor shaping their decisions. Conclusions: The 1999 ACOG policy continues to shape labor and delivery practice in Oregon. This trend has practice and education implications in Oregon.

RC3: The Association Between Onion Consumption and Bone Mineral Density In Non-Hispanic White Women

Eric Matheson, MD; Arch Mainous, PhD

Context: Low bone density increases fracture risk and is common in older white women. Experiments on human cell cultures and animals suggest the consumption of onions increases bone density. Objective: To determine if onion consumption is associated with increased bone density in non-Hispanic white females 50 years and older. Design: An analysis was performed of the National Health and Nutrition Survey 2003-2004. Results: Onion consumption was positively correlated with whole body bone density R=0.19. After controlling for age, body mass index, serum calcium level, serum vitamin D level, smoking status, estrogen use and exercise status, bone density increased in a stepwise manner with increasing onion consumption. Conclusions: Onion consumption appears to have a beneficial effect on bone density in white women ages 50 and greater.

RC4: The Influence of Gender On Adults Admitted for Asthma

Scott Woods, MD,MPH,MEd

Objective: To investigate outcomes based on gender, for adults admitted nationally for asthma. Methods: We conducted a retrospective cohort study on patients admitted for asthma from 1054 community hospitals from 2002-2005. Results: 590,410 patients met the inclusion criteria. Patients were more likely to be female. Women were more likely to need a tracheostomy (OR 2.04, CI 1.77-2.35), or a bronchoscopy (OR 1.12, CI 1.05-1.21). Males were more likely to be intubated (OR 1.16, CI 1.10-1.22), to be admitted as an emergency, and were more likely to die (OR 1.69, CI 1.41-2.03). Conclusion: Adults admitted for asthma are more likely to be female. Males with asthma are more likely to be admitted as an emergency, more likely to be intubated and more likely to die.

Thursday, April 30; 4–5:30 pm

RESEARCH FORUM D: Mental Health

Room: Capitol 7

Moderator: Fredrick Chen, MD, MPH

RD1: Improving Early Prenatal Depression Screening: An Implicit Network Study

Andrew Coco, MD, MS; Ian Bennett, MD, PhD; Stephen Ratcliffe, MD, MSPH

Objective: To examine the effectiveness of a family medicine maternity care quality improvement network to improve depression screening in patients prior to 15 week's gestation. Methods: Continuous quality improvement (CQI) study of depression screening prior to15 week's gestational age in prenatal patients of 10 family medicine residency programs participating in the IMPLICIT maternity care quality improvement network from 2003-2007 (n = 3936). Results: The percentage of women screened for depression increased from 49% to 81% (P<.001) after the CQI program was initiated. The rate of screening was above the upper control limit for all eight quarters during which the CQI program was in place. Conclusions: A family medicine residency network CQI program substantially improved the rate of early prenatal depression screening.

RD2: Postpartum Depression Screening Using the Two Item PHQ-2 Compared With the Edinburgh Postpartum Depression Scale

Sung Chae, MD; Alina Tyndall, MD; Maria Ramirez, MD; Mark Chae, PhD

This study was conducted to determine the correlation between the two item PHQ-2 and the Edinburgh Postpartum Depression (EPDS) scales in detecting postpartum depression (PPD). 184 women presenting for their postpartum visits or during the 4 or 6 month well child visits were screened with both instruments. 37/184 participants scored positive in either scale. Only 8/184 (4.3%) met the DSM IV criteria for PPD. A robust correlation of 0.59 (P=0.001) was found between the two instruments. 3/8 women with PPD were missed by the EPDS. The PHQ-2 was positive in all these cases, but was also positive for 27 women who didn't meet the PPD criteria. This suggests that the PHQ-2 is a reasonable screen for PPD and may have greater sensitivity for detecting PPD.

RD3: The Reinvention of Depression Instruments

Jeff Susman, MD; Seong-Yi Baik, PhD

Objective: To understand primary care clinicians use of depression instruments. Methods: Using a grounded theory methodology we conducted in-depth interviews with fifty-three primary care clinicians from 38 offices. Analysis was conducted with a multidisciplinary team using a constant comparative approach and axial coding. Results: Three conditions influenced depression tool use: the extent of competing demands for the clinician's time, absence of objective depression confirmatory tests, and the clinician's familiarity with the patient. While clinicians described only rare use of depression inventories in screening, they used them to enhance the patients' acceptance of their diagnosis. Conclusions: The use of depression tools illustrates the gap between provision and receiving care and represents a reinvention of a technology to meet the needs of primary care clinicians and their patients.

RD4: Attitudes of Family Physicians Toward The Use of Opioids In The Management of Chronic Pain

John Whitham, DO; Sandra Burge, PhD

Physicians' negative attitudes toward use of opioid medication to treat chronic pain can inhibit adequate management of pain. Aims/Methods: This survey examined 347 family medicine residents' and faculty physicians' clinical and training experiences with chronic pain, barriers to prescribing opioids for pain, and attitudes toward opioid use. Results: RRNeT family physicians commonly treated osteoarthritis, peripheral neuropathy, and tension headaches. Their attitudes toward opioid use were conservative, believing that opioids should play a major role in treating only two conditions: sickle cell pain and cancer pain. The strongest barriers to use were addiction-related issues. In multivariate analysis, physicians with more clinical experience and training about pain management showed a greater willingness to use opioids; however those attitudes were tempered by barriers related to addiction.

Friday, May 1, 2009; 10:30 am–Noon

SEMINARS

S18: Best Presentation from the NorthEast Region Meeting: Using Centering Pregnancy to Teach Prenatal Care: Implementing Group Prenatal Care in a Family Medicine Residency

Wendy Brooks Barr, MD, MPH, MSCE; Sarah Miller, MD; Mark McDowell, MD

Centering Pregnancy is an evidence based model of group prenatal care that has been shown to improve perinatal outcomes. Many family medicine residencies are working towards introducing this model into their practices. The Beth Israel Residency in Urban Family Practice has implemented Centering Pregnancy into their residency practice and now all residents are facilitating two groups during their residency. There are many challenges to incorporating this model into residency practices, however there are also numerous educational advantages. This session will help participants identify possible barriers and advantages for incorporating this model into their own settings. As a result of this session, the participant will: 1) Identify the educational advantages of the group model of care to teach prenatal care. 2) Identify the educational challenges of using a group model of care to teach prenatal care.3) Develop strategies to maximize the educational advantages and minimize the disadvantages of the group model of care for residency prenatal care education in their own settings.

Room: Capitol 5

S19: Poems, Pictures, Plays, and Paintings: Working Through Difficult Physician-Patient Relationships Using the Arts

Dael Waxman, MD

The medical literature is replete with biomedically structured management models for difficult physician-patient relationships. However, these interactions are more multi-faceted than these models describe. Systems theory and relationship-centered medicine provide a more organic, self-reflective, and case-centered approach to working through these complexities. Learners have difficulty grasping these abstract concepts and favor the more-limited management models. This experiential seminar will involve participation in an educational exercise that bridges the abstract with the practical. Attendees will have an opportunity to express their challenging encounters using arts media; work through the thoughts, feelings, and ideas that are generated; and develop skills in group facilitation of the same.

Room: Quartz A

S20: Career Development Needs of Senior Faculty In Family Medicine [L,P]

Jeffrey Stearns, MD; William Shore, MD; John Frey III, MD; Craig Gjerde, PhD

Faculty development needs are often targeted for junior level faculty, or as has been recently the case in STFM, for faculty whose goals relate to leadership of departments, programs, and dean's office roles. Two years ago, a group of senior faculty convened a seminar at the STFM Annual Spring Conference to discuss the issues of importance to more senior faculty. Last year, we shared our preliminary survey results of our over-55 members at the annual meeting. This year, a more detailed analysis of the findings will enable preparation of specific faculty development action plans in the critical areas identified. A Group on Senior Faculty Development will be proposed with specific objectives relating to the survey results.

Room: Mineral A

S21: Is Your Use of Feedback Evidence Based? [P,R]

George Bergus, MD, MAEd; LuAnne Stockton, BA, BS; Susan Labuda-Schrop, MS; Tracy Kedian, MD; Tracy Kedian, MD

Feedback has a powerful influence on learning and performance, and medical educators often receive instruction on its use. While this instruction frequently includes recommendations about how to give feedback, it rarely covers the research basis for these recommendations. This knowledge is important because feedback can have negative instead of positive effects. We will present research on the effect size of feedback and discuss research about interventions that maximize the benefit of this powerful tool and feedback methods that decrease learner performance. Participants will review key concepts and principles to make effective use of feedback with medical students and residents. This presentation will let medical educators gain knowledge of the research underlying best feedback practices so these educators can make evidence-based decisions about using feedback.

Room: Mineral C

S22: Medical School Expansion, Primary Care, And Policy: Engaging Primary Care Educators In Evidence-based Advocacy [P,R]

Andrew Bazemore, MD, MPH; Robert Phillips Jr, MD, MSPH; Julie Phillips, MD; Diane Rittenhouse, MD, MPH; Amy McGaha, MD; Hope Wittenberg, MA

The first allopathic medical school expansion in 30 years is underway, in part responsive to simultaneous growth in osteopathic and offshore training sites. Lost amidst AAMC and COGME cries of shortage are State and local policy-makers play an essential role in determining the course of allopathic expansion, but frequently lack evidence-driven advocacy relevant to primary care needs and interests. These same policymakers are critical to the survival of primary care education, yet educators are struggling to convey the dire straits facing the primary care pipeline. In this session, researchers from the AAFP's Robert Graham Center and two collaborating institutions and staff from the AAFP's Medical Education division and STFM's advocacy division will review original evidence related to status of primary care pipeline amidst the current wave of medical school expansion. Participants will not only come to understand how the sources of this new evidence, but also how to use evidence and Graham Center tools to craft advocacy messages on behalf of the primary care pipeline locally.

Room: Mineral E

S23: The 4-year Residency: An Emerging Model for Excellence In Family Medicine Education [P,R]

Stephanie Rosener, MD; Alan Douglass, MD; Michael Stehney, MD, MPH

As the role of the family physician evolves and becomes more complex, new approaches to residency training are being sought. Among innovations developed through the P4 Initiative, the 4-year residency is an emerging model for providing students with superior preparation for future practice in the patient-centered medical home. This seminar will present several 4-year models and describe common themes in the development of their curricula. Preliminary data regarding implementation, interest among medical students, residency application

patterns, and entering class profiles will be presented. Potential advantages of 4-year training programs will be highlighted and discussed in the context of 21st century practice. Through group discussion, participants will identify potential benefits and challenges of widespread application, which will guide future development of the model.
Room: Capitol 6

LECTURE-DISCUSSIONS

L24A: Practice Management Training for The Real-World
Julie Sicilia, MD
Residents need relevant practice management training that they can use and understand before they interview and sign a contract. The challenge is to make this fun, useful and interesting for them to learn. An innovative way to teach this material will be presented in this session. We have been using this curriculum for three years now. Our residents have given it very favorable evaluations and have shared it with their colleagues in other programs. We will be discussing other ways of making practice management training exciting and useful.

L24B: Making It All Click: Use of Audience Response Systems In Resident Education
Amiesha Panchal, MD; John Gazewood, MD,MSPH; Sean Reed, MD
Traditionally, medical knowledge has been delivered to students and residents via didactic lectures. However, this form of lecture yields variable effects on retention of essential teaching points and modification of physician behavior. Audience response systems (ARS) offer a new tool for improving classroom interaction and retention of information. There are several models of ARS on the market, each with its own technical equipment, special features, advantages, and limitations. An audience response system can be used to enhance resident education in several ways. Our residency program has incorporated ARS into both didactic lectures and a longitudinal board review series. We will assess use of ARS as a tool for improving Family Medicine In-Training Exam scores, and will present feedback from both residents and instructors.
Room: Granite A

L25A: Health Policy: Experiential Learning Through the Robert Wood Johnson Health Policy Fellowship [L,P]
Howard Rabinowitz, MD; Michael Painter, JD, MD; Daniel Derksen, MD; Kathleen Klink, MD
With increasing numbers of family physicians taking leadership positions throughout medicine, it is critically important for more to develop an understanding of the health policy process. The Robert Wood Johnson Foundation sponsors a 3-year mid-career Health Policy Fellowship, conducted by the Institute of Medicine. This fellowship 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. Four family physicians who have completed the fellowship will describe this unique program and will share their legislative experiences and perspectives. They will also discuss issues related to the health policy process and the specialty of family medicine.

L25B: Exposing Students to Health Policy on a Family Medicine Clerkship
Richard Lord, MD
As the medical system in the US becomes more financially strained it seems that policy makers are scrambling to find the fix. Literature on professionalism has stated that as patients are changed to consumers it puts them outside the realm of moral obligation. As future physicians, the current medical students will need to be able to understand and impact health policy to insure that business interests do not over shadow the health of patients. This session will present a workshop that is used at Wake Forest University School of Medicine to expose all the medical student to the concept of health policy. The participants will discuss options for teaching a similar workshop at their own institutions.
Room: Mineral D

L26A: Integrating Simulation Into Education [P]
Ann Rodden, DO; Donna Kern, MD; Robert Post II, MD
Simulators allow learners hands-on education with procedural skills such as central line placement, clinical skills such as pelvic examinations, and emergency team skills such as caring for the unstable patient. Clinical experiences can occur in a safe environment outside of the typical doctor-patient situation. This lecture-discussion will delve into integrating simulators into different levels of medical education and specifically teaching and assessing several skills with simulators in a residency program. Session attendees will learn ways to integrate simulators into medical school and residency medical education, how the Department of Family Medicine at MUSC is integrating this into their training, and drivers and barriers to simulator use in medical education.

L26B: The Home Visit: A Perfect Setting for Teaching Palliative Medicine Principles [FM]
Robert Shannon, MD; Reetu Grewal, MD
The ACGME and American Academy of Family Physicians require two home visits as a minimum requirement throughout residency training, with one of those visits being made to an older adult continuity patient. Given the time constraints placed on family medicine residents to try to acquire knowledge on a broad range of subjects, including hospice and palliative medicine, we felt that utilizing the home visit to teach palliative medicine principles would help to accomplish the goals of teaching home visits and palliative medicine simultaneously. During this presentation, we will discuss how we designed and implemented a longitudinal home visit curriculum based upon palliative medicine and hospice principles that meets the ACGME core competency requirements.
Room: Granite B

Lecture-Discussions continued on next page

Friday, May 1, 2009; 10:30 am–Noon

LECTURE-DISCUSSIONS Cont'd

L27A: Stategies for Teaching Residents Pregnancy Options Counseling

Cara Herbitter, MPH; Vanita Kumar, MD; Alison Karasz, PhD; Marji Gold, MD

The Residency Review Committee requires that all credentialed family medicine residency programs teach residents how to provide options counseling for women with unintended pregnancies. Our evaluation of a women's health rotation found that residents who were exposed to abortion training, including those who opted out of hands-on training, gained important skills in options counseling. The purpose of this lecture-discussion is to use our findings as a jumping-off point to explore various strategies for teaching residents to conduct informed options counseling. The group will discuss the approaches and challenges to teaching options counseling in their own residency settings. We will then present findings from our program evaluation to stimulate group discussion of various strategies for improving training in options counseling.

L27B: Crisis In Prenatal Documentation: A Resident-led Quality Improvement Intervention

Shannon Langner, MD; Barbara Kelly, MD; Sameerah Al-Bata'a-de-Montero, MD

Obstetric (OB) care is an essential component of family medicine residency curriculum. More importantly, thorough prenatal care is critical for our patients and optimal pregnancy. Frequently, there are variations in the care residents provide. Teaching residents to evaluate the performance of their practices is an essential feature of a patient-centered medical home. We noted gaps in our OB documentation, which led to a chart audit to identify discrepancies. We will discuss our approach to teaching residents quality improvement skills. We will review our OB documentation, audit results, faculty and resident quality improvement interventions, and practice improvements documented. Quality improvement measures can be an effective teaching tool for identifying knowledge and documentation deficits as well as systems-based practice improvement.

Room: Granite C

L28A: A Curriculum for Teaching Electronic Patient Communication to Family Medicine Residents [MH,R]

John Metz, MD; Robin Winter, MD, MMM

The family medicine office of the future will need to use electronic communication to satisfy patient demand as well as to enhance physician efficiency. Residency curricula should include instruction regarding different tools available for electronic communication. They should also include instruction regarding both patient-perceived and physician-perceived benefits and barriers to electronic communication and ways to overcome those barriers. Finally, residents should be instructed about nationally generated guidelines for electronic communication and how to use them to generate local policies. The curriculum should include an exam to assess resident understanding and readiness to engage in electronic communication with their patients without direct supervision. We propose a curriculum to fulfill these needs.

L28B: Electronic Health Communication: An Educational Program for This Cornerstone of the Patient-centered Medical Home [P]

Amber Barnhart, MD; Harald Lausen, DO, MA; Tracey Smith, PHCNS

The Patient-centered Medical Home relies on comprehensive, seamless, consistent communication from all members of a health team and the patient who is at the center of the team. Of course, electronic health records are an integrally component of that communication. E-medicine creates many new possibilities for health care interactions outside of the face-to-face encounters. We developed a curriculum on e-mail communication, with weekly activities and final testing. Besides a didactic session, weekly e-mails occur between standardized patients and medical students, who are acting as physicians. These e-mails contain a communication challenge which are projected common errors of communication. An e-mail OSCE has been developed for evaluation. This session will explore this futuristic but potentially problematic form of communication between patient and physician.

Room: Mineral B

L29A: Promoting Adherence to Contraception Through Patient-centered Counseling

Ruth Lesnewski, MD, MS; Heather Paladine, MD; Judy Chertok, MD

How should the 21st-century family medicine home provide contraception? Given the wide array of available contraceptives, students and residents often wonder how to help patients choose a method. How can we help learners gain confidence in contraceptive counseling? This session aims to apply available evidence, emphasizing counseling techniques and office re-engineering strategies that have been shown to improve patient satisfaction and contraceptive adherence. This seminar offers information on the quick-start method for some hormonal products, expanded eligibility for IUDs, and the latest WHO recommendations regarding medical eligibility for high-efficacy contraceptive products.

L29B: Family Physicians Doing Poorly at Contraceptive Care: Lessons to Be Learned

Linda Prine, MD; Kara Cadwallader, MD; Jennifer Frost, MS

A recent study by the Guttmacher Institute measured differences between obstetrician/gynecologists, family physicians, health departments, planned parenthoods, and other public clinics in a number of areas of contraceptive care. The study looked at the range of contraceptive methods provided, the extent to which women were counseled on a range of contraceptive topics, and whether or not outdated protocols such as requiring a pelvic exam prior to initiating contraception were used. Unfortunately, family physicians did not do well in any of these areas. This session will present the outcomes of the study and then discuss two items: (1) areas in which our teaching needs improvement and (2) what we know about what works and what does not work in trying to change physician behavior.

Room: Agate C

L30A: The One-Point-Five-Minute Preceptor Model: Integrating an Assessment Tool Into the Precepting Encounter [P]

Jennifer Sparks, MD; Molly Cohen-Osher, MD

The one-minute preceptor model has been widely integrated into residency education. Although it is implied that preceptors are actively assessing residents' medical knowledge and thought processes within this model, there has been no formal method to document this assessment. We propose an assessment tool that can be integrated into the one-minute preceptor model that is able to capture real time assessments of the residents' knowledge and understanding and its application to specific patient encounters. This tool can be completed rapidly and can be used as a formative assessment, providing in the moment directive feedback to the residents. It can identify potential gaps in a learner's knowledge, understanding, or processing abilities and can also demonstrate progression of the learner's skills and abilities overtime.

L30B: Working With Complexity: Co-Teaching for Success [FM]

William Gunn, PhD

This session will focus on a third-year experience that is part of a longitudinal curriculum on incorporating medical home concepts in daily practice. Medical and behavioral faculty work with the residents and their clinical teams (nurse and care manager) to address their complex patient and family interactions. This teaching focuses on what can help to move the situation forward in a positive direction as well as on the resident's own unique issues in dealing with these situations. Use of an EMR form we developed to create patient-oriented care plans will be described as a way for residents to monitor progress with these situations

Room: Agate A

L31A: Faculty Improvement of Domestic Violence Curricula: Identifying and Treating Male Perpetrators [FM]

Vijay Singh, MD

Domestic violence (DV) training programs focus on screening and referrals for women who have been battered. However, male patients who abuse their partners form a new area of research. Faculty need to incorporate these innovative findings into DV curricula, to improve medical student, resident, and CME training. Participants will learn the reliability, validity, and descriptions of DV screening tools and the prevalence of and risk factors for DV perpetration by men. Faculty will understand batterer intervention outcomes, effectiveness, and new approaches. A case scenario will highlight steps necessary to identify and treat male perpetrators. Faculty will be oriented to key questions in curricular development for DV perpetration. This discussion includes a quality assessment of screening instruments and evidence available to evaluate treatment programs.

L31B: An Ethical Framework for Physicians to Learn the Knowledge and Skills to Address Domestic Violence [FM,P]

Vijay Singh, MD

In the personal medical home, family physicians are often faced with ethical dilemmas when they intervene in cases of suspected domestic violence (DV). However, few studies are available to inform the teaching of ethical skills relevant to DV. Participants will gain an understanding of ethical principles involved in DV cases. Participants will learn the ethical framework from Jonsen's textbook of Clinical Ethics (2006). A case scenario of a DV victim will illustrate how this model can be applied. Participants will understand what constitutes mandatory reporting for DV, and they will learn effective communication and behaviors around DV. Participants will discuss how a DV perpetrator case can be analyzed through the ethical framework presented.

Room: Agate B

L32A: Taking a Good Look At Ourselves – The Evaluation of a Family Medicine Clerkship [P]

Katherine Margo, MD; Joanne Williams, MD, MPH

There is an increased focus on clinical training of medical students from both the LCME and STFM through the new clerkship curriculum initiative. In response to a recent predoctoral group listserve discussion around ways to get help to improve clerkships, a clerkship evaluation tool was developed to guide and assist family medicine clerkship directors in evaluating their clerkships. This presentation will introduce this instrument, will allow for discussion of the important issue of clerkship evaluation, self/introspective as well as external evaluation, and will offer the opportunity for discussion of the process and of this new instrument which is intended to be used to help improve the quality of the clerkships which are our vehicle to introduce students to the specialty of family medicine.

L32B: Evaluating an Ambulatory Care Ultrasound Curriculum in the Family Medicine Clerkship

Rachel Brown, MD; Scott Lamar, MD; Brian Keisler, MD

Ultrasound is a cost-effective, noninvasive, and informative imaging modality that is quickly becoming utilized in primary care settings. Our institution has developed a longitudinal ultrasound curriculum involving all 4 years of medical education, with significant exposure to ultrasound during the third-year family medicine clerkship. All students participate in a workshop focusing on three uses of ultrasound in ambulatory care and practice their skills during real patient encounters. The final exam includes short answer questions and standardized patient scenarios requiring an understanding of ultrasound principles. Pretesting and post-testing and our survey tool provide ongoing evaluation of students' ultrasound knowledge, skills, and attitudes. Because our medical students are receiving early ultrasound training, patients will have increased accessibility to its benefits within their continuity medical home.

Room: Mineral G

L54A: Applying for NCQA Recognition As a Patient-centered Medical Home: The Duke Family Medicine Center Experience [P,MH]

Viviana Martinez-Bianchi, MD; Samuel Warburton, MD; Gloria Trujillo, MD; Cheryl Van Horn, RN; Cheryl VanHorn, RN

The National Committee for Quality Assurance introduced its Physician Practice Connections – Patient-Centered Medical Home program in January 2008. Practices seeking PPC-PCMH recognition must complete a Web-based survey and provide documentation that validates their responses. NCQA evaluates the practice data and documents and scores the practice using a point system. In June 2008, the Duke Family Medicine Center set out to apply for this recognition. The application process is very cumbersome and requires a well organized and focused team that is able to accurately collect the information needed for the application. With this lecture-discussion we will share our step-wise approach to the process, personal experiences, incorporation of the topic to the residency curriculum, lessons learned, cost, and the difficulties and surprises found along the way. *(Note: Session is presented from 10:30-11:15 am)*

Room: Mineral F

Friday, May 1, 2009; 10:30 am–Noon

PEER PAPERS-COMPLETED PROJECTS

PEER SESSION E: Family Medicine Education: Local and Global Reflections

Room: Capitol 2
Moderator: Patricia Lenahan, LSCW, MFT, BCETS

PE1: Chronic Illness Care Education: Reflections on a Longitudinal Interprofessional Mentorship Experience [L,P,R]

Patrick Kane, BA; Christine Arenson, MD; Reena Antony, MPH; Richard Dressel, BA; Jillian Necky, BA; Ayo Oduneye, BSN

In the academic year 20072008, our university introduced a new longitudinal, interdisciplinary mentorship curriculum to address chronic illness care education for first-year medical, physical therapy, occupational therapy, and nursing students. Interdisciplinary teams of three to four students met with a volunteer, community-based health mentor on four occasions during the academic year. At the end of this experience, students wrote a reflection essay addressing the impact their health mentor had on their education. Qualitative analysis of student essays using NVivo8 software revealed increased understanding of chronic illness, aging, patient-centered care, and interprofessionalism. Findings from our study suggest that community health mentors with chronic conditions have a positive impact on health professions' student attitudes and should be utilized in chronic illness care education.

PE2: Teaching Residents Well-child Care in the Personal Medical Home: A Longitudinal Curriculum [L,MH,P,R]

Jenitza Serrano Feliciano, MD; Alexandra Loffredo, MD; Alyssa Tran, DO

Our program developed a curriculum to improve our residents' training in child and adolescent preventive health care. The curriculum consists of a series of conferences covering specific well-child topics, a freestanding Well Child Clinic within our Family Health Center (FHC) with open access scheduling and an electronic medical record and a Well Child Education Area in the FHC. Since launching this curriculum a year ago, we have evaluated gains in residents' knowledge and documented improved quality of care for child and adolescent patients. We will describe the curriculum and its activities, state the outcomes it has produced, and seek participants' input to enhance this project.

PE3: Attitudes About Family Medicine Among Brazilian Medical Students

Joshua Freeman, MD; Patricia Kelly, PhD,APRN; Pablo Blasco, MD, PhD; Marcelo Levites, MD

Problem: Brazil's health system is built around the Family Health Program, but family medicine is part of the curriculum in its medical schools. Methods: Responses of 167 students at six São Paulo area medical schools to two questions about what they found positive about family medicine and what they saw as challenges were analyzed using qualitative techniques. Results: Positives emphasized the character of the doctor-patient relationship, the character of the practice, and the philosophy and values of family medicine. Obstacles included the lack of: knowledge by patients, specialty status, and presence in medical schools. Implications: Responses emphasized the humanistic and relationship characteristics of family medicine over the medical content. This may help US and Brazilian family medicine educators seeking to increase student interest in the discipline.

PEER PAPERS-IN PROGRESS

PEER SESSION F: Resident/Student Evaluation

Room: Capitol 3
Moderator: James Tysinger, PhD

PF1: Using 360 Degree Evaluations In a Sensitivity/Specificity Approach to Assess Acgme Competencies [L,P,R]

Jenenne Geske, PhD; Jeffrey Harrison, MD; James Stageman, MD; Ivan Abdouch, MD; Jim Medder, MD, MPH

The Department of Family Medicine developed a system to evaluate resident competency in accordance with the ACGME outcomes project. We realized that competency is an all or nothing concept. Our goal was to compile a screening system that would be specific enough to identify areas of competency in our residents and sensitive enough to identify areas in which residents were deficient. A team adopted a Knowledge/Skills/Attitudes (K/S/A) approach in improving our 360 evaluations to assess our K/S/A definitions of competency and to serve as a screening tool that is both sensitive and specific, resulting in six new 360 evaluations that are specifically tailored to assess our defined competencies from the perspective of faculty, clinic staff, residency administrative staff, patients, peers and the residents themselves.

PF2: A Journey From Rotational-based Evaluations to a Global Competency-based System [L,P,S,R]

Jose Hinojosa, MD; Gerald D. Kizerian, PhD

The evaluation process presents a significant challenge for programs. An electronic-based system has been created to facilitate gathering of the evaluations and reporting the information based only on the ACGME competencies, instead of on an individual rotational basis. All of the individual questions, from every type of evaluation across the 360 degree format, have been tagged to a competency. A single score for each competency is then reported. A cover sheet has been created to summarize the data, facilitate reporting of the information, and encourage dialogue. An action plan is then created and documented on the same sheet. This information has better prepared the resident advisor to meet with the resident.

PF3: Locus of Control and Self-efficacy Measures As Predictors of Family Medicine Resident's Academic Performance [L,P,R]

Shailendra Prasad, MD, MPH; Joseph Brocato, PhD

This work in progress study will examine the relationships between individual family medicine resident's locus of control and self-efficacy in fundamental clinical knowledge and skills as predictors of their future academic performance. This study will follow residents longitudinally through all three years of their residency to study these relationships within seven residency programs at the University of Minnesota's Department of Family Medicine.

PF4: Measuring Medical Students' Attitudes and Self-efficacy Regarding Patient-centered Medicine [L,MH,P,S,R]

Memoona Hasnain, MD, MHPE, PhD; Karen Connell, MS

Given the increasing emphasis on the teaching and practice of patient-centered care, there is a critical need to develop instructional programs that explicitly cultivate in medical students and residents the attitudes and competencies necessary to provide such care. There also is a need for rigorous evaluation instruments to assess learner attitudes and competencies regarding patient-centered medicine. This in-progress study

presents initial findings from the development and refinement phases of a new assessment tool designed to assess impacts of a longitudinal patient-centered medicine curriculum. Next steps and educational implications also will be discussed.

PF5: Evaluation of Medical Students' Statistical Knowledge [L,S,R]

Christina Porucznik, PhD, MSPH; Jessica Greenwood, MD-
Critical appraisal of the medical literature is an essential skill for practicing physicians. Many medical schools are revising the undergraduate medical curriculum to include biostatistics. At our institution, students are introduced to biostatistics and epidemiology during the first 2 years of study. In the fourth year, students matriculate through a required public health rotation during which biostatistics and epidemiology are reviewed. We assessed students' statistical knowledge with an objective test at the beginning and end of the public health rotation and will present mean scores, change scores, and typical areas of deficiency stratified by demographic characteristics when possible. Student reactions and evaluations will be included. This IRB-approved project is a work in progress.

RESEARCH FORUM E: SPECIAL RESEARCH SESSION

Room: Capitol 1
Moderator: Caroline Richardson, MD

RE1: Statistics 101 for Family Medicine

Caroline Richardson, MD
In this review of statistical methods, we will cover basic statistical analysis for survey research, quality improvement projects, and chart reviews. The first half of the session will focus on organizing, cleaning and coding data using Microsoft Excel. During the second half of the session we will focus on choosing, applying and interpreting the correct statistical test. We will also spend some time giving participants a tour of the Family Medicine Research wiki at www.FMDRL.org, an open access research methods resource and we will review the pros and cons of various statistical software packages. Bring your laptop and your dataset with you for hands on experience. All handouts, datasets, spreadsheets and PowerPoint slides will be posted on the Research Wiki.

SPECIAL SESSION

SS6: What Is Core? Second Cut: Clerkship Core Content Curriculum - C4 Project

Scott Fields, MD; Heidi Chumley, MD
The Family Medicine Clerkship Core Content Curriculum (C4) project is being led by STFM with the support of the Council of Academic Family Medicine (CAFM) which represents STFM, AFMRD, NAPCRG, and ADFM. The first draft of the document has been posted on the STFM web site,www.stfm.org and was discussed at the Predoctoral Educational Conference with over 60 attendees. The Task Force made important changes based on the feedback given at this session and provided through e-mail over the past several months. The Task Force has moved forward and developed a greater depth of content by drafting learning objectives around each acute symptom, chronic disease, and health maintenance presentation. In this session, we will briefly present the next draft of the C4 curriculum and then open the session for comments and suggestions. We invite you to come and join in the discussion.
Room: Capitol 4

Friday, May 1, 2009; 2–3:30 pm

SEMINARS

S24: Now What Do I Do? Taking Stuff From Here and Bringing It Home Effectively [FM,P,S,R]

Nancy Newman, MD; Dael Waxman, MD
Attendees often leave this conference exhilarated and hopeful, with many swirling ideas to put into operation upon returning back to their work environment. Often these ideas don't come to fruition when we get back to the reality of our regular work. The purpose of this seminar is to learn and apply a systems oriented approach that can increase the likelihood that inspired ideas are successfully implemented. Participants are encouraged to bring 1-3 ideas—things that they intend to integrate into their medical home.
Room: Mineral C

S25: Updating The Check-up [MH,P,R]

Ruth Lesnewski, MD, MS; Sarah Miller, MD
How does the family medicine home accommodate the check-up? Updating this possibly 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 teach residents and students to perform a health maintenance exam? This session aims to engage participants in a productive conversation about the best possible uses of the check-up and to review the USPTF, AAFP, ACS, and ACOG screening guidelines for a routine visit.
Room: Granite B

S26: How to Create an Online Portfolio That Supports Learning [P,S,R]

Allen Shaughnessy, PharmD; Gregory Sawin, MD, MPH
This presentation will foster a discussion around our attempts to develop and implement a competency-based approach to residency education. Our process is four-fold: (1) develop learner objectives reflecting measurable competency in family medicine, (2) create a US version of a Danish portfolio system (www.logbog.net/us) for documenting competency and supporting self-directed learning, (3) change our curriculum to support attainment of the objectives, and (4) develop an evaluation scheme to measure competency. This process, developed over the past 4 years, was implemented in July 2008. We will report our successes and failures and help attendees with their plans to implement some of the aspects that have worked for us.
Room: Mineral E

Seminars continued on next page

Friday, May 1, 2009; 2–3:30 pm

SEMINARS

S27: Clinical Simulation In Family Medicine to Address The ACGME Core Competencies [P,R]

Beth Fox, MD, MPH; Glenda Stockwell, PhD; Martin Eason, MD

Since the implementation of the six core competencies by the ACGME, Family Medicine educators have developed many different tools to assess each of them. Clinical simulation has been demonstrated to be a valid tool to improve trainee competence in other specialties such as surgery, anesthesiology, and emergency medicine. For the past four years, we have used simulation in our community-based Family Medicine residency to achieve these goals by designing scenarios that directly address each competency and developing checklists to assess them. During this session, we will present our experience with simulation and scenario design and implementation followed by small group development of scenarios and a large group training simulation session using some of the scenarios created with audience members as participants.

Room: Capitol 6

S28: Integrating Early Pregnancy Ultrasound Into the Medical Home [P,R]

Honor MacNaughton, MD; Kara Cadwallader, MD

Though the need for early pregnancy ultrasound is common and the procedure is readily performed and taught by family physicians, only 1 in 8 family doctors currently provides the service in the office. Benefits to offering the service within the medical home include improved continuity and increased access to timely and patient-centered care during the management of potentially sensitive problems such as first trimester pregnancy bleeding, early pregnancy loss or unintended pregnancy. In this seminar, participants will have the chance to review the basics of early pregnancy ultrasound, practice various techniques for teaching and evaluating ultrasound skills, and discuss barriers and potential solutions to introducing ultrasound as a new service. Sample ultrasound pictures, case-based illustrations, handouts of teaching tools, and group discussion will be utilized.

Room: Granite A

S29: Making It Meaningful: A Spirituality In Medicine Curriculum for Family Medicine Residents [FM,P,R]

Colleen Cagno, MD; Patricia Lebensohn, MD; Julie Swaney, MDiv

Spirituality is a factor that contributes to health in a patient centered medical home. This session will describe Spirituality in Medicine curriculum emphasizing spirituality and values, spirituality and meaning, and cultural and religious diversity. Participants in this session will learn resident educational activities that address the connection between spirituality in illness and end of life care, how people create or find meaning in their illness and dying experiences, and taking spiritual histories. Barriers to implementing spirituality in medicine curriculum will be discussed and educational materials and resources will be provided.

Room: Quartz A

S30: Teaching Concepts of the Patient-centered Personal Medical Home Using Interprofessional Education in Family Medicine

Sarah Shrader, PharmD; Donna Kern, MD; Wanda Gonsalves, MD; Amy Blue, PhD

Interprofessional education (IPE) and practice are called upon as essential competencies in health professions education. Many health professions educational standards discuss incorporating components of IPE into the curriculum. Family medicine has established many interprofessional models related to patient care and residency education and has the opportunity to emerge as a leader in this area. Family medicine is also a leader in adopting the personal medical home concept. The personal medical home emphasizes the use of team-based care, and IPE can be used to teach the concept of the personal medical home. This seminar will discuss three interprofessional initiatives at MUSC. The audience will have the opportunity to engage in the discussion of IPE and begin to develop educational models to implement at their institutions.

Room: Mineral A

LECTURE-DISCUSSIONS

L33A: Teaching Culture, Context, Health Literacy And Motivational Interviewing In Underserved Patient Populations to Medical Students [FM,P,R]

Bruce Britton, MD; Agatha Parks-Savage Dr., EdD, LPC, RN

An innovative curriculum has been introduced to our family medicine clerkship that introduces students to the skills necessary to communicate across the cultural, contextual, and literacy spectrum. Integrated throughout the above curriculum are validated techniques utilized to better motivate patients to behavior change. Through the integration of didactics, standardized patients, elective experiences, community health center patient teaching, and clerkship projects, students are exposed to the challenges of communicating with and motivating underserved patient populations to better self care. Attendees will learn from our experiences how to integrate into the family medicine clerkship educational experiences that can differentiate family medicine from other specialties and introduce students to knowledge and techniques that will enhance care to underserved populations.

L33B Beyond Cultural Competence: Teaching Cross-cultural Communication for the New Medical Home

David Henderson, MD; Kenia Mansilla-Rivera, MD; Edmund Kim, MD

Culture plays a pivotal role in healthcare, in fact, all patient encounters are cross cultural. Skillful cross-cultural communication is central to the goal of the Medical Home Model to improve health outcomes. While there are many models for effective cross cultural communication, patients continue to be dissatisfied with their care. We will provide a model for teaching cross-cultural communication that incorporates a theoretical framework that removes the focus of the exploration of culture from specific cultural attributes (i.e. ethnicity, gender, education, religion, etc.) to a more holistic view of the individual as a participant in and reflection of many cultures. We will present initiatives to improve communication and language fluency across a spectrum of learners and curricula.

Room: Mineral D

L34A: Responding to Realities: The Family Medicine Mission At the Forefront of the Institution's Strategic Initiatives [L,P]

Andrea Manyon, MD; Peter Beatty, PhD; Howard Rabinowitz, MD; Darah Wright, MD

The Rural Medical Education Program (RMED) at SUNY Upstate Medical University celebrates 176 graduates, 26% practicing in rural communities. RMED has been challenged by waning student interest in primary care and decreased rural matriculates. Political and competitive realities facing the university provided an opportunity for the DFM to lead the institution's strategic initiatives. These realities include concern among state leaders about declining physician workforce, university concern regarding its competitive position in the region, and political ramifications of maintaining existing admissions policies, which attract many out-of-state students. This interactive lecture-discussion describes the collision of realities (state and legislative, institutional, departmental and instructional strategies) and the DFM led strategic initiative. Guided discussion will enable participants to explore how to adopt this process for their own environment.

L34B: Living In The Cloud: Adapting Web 2.0 for Medical Education and Information Management [P,R]

Melissa Stiles, MD; Beth Potter, MD; Anne-Marie Lozeau, MS, MD

Web 2.0 describes changing trends in the use of World Wide Web technology and Web design that aim to enhance creativity, information sharing, collaboration, and functionality of the Web. Web2.0 concepts have led to the development and evolution of Web-based communities and hosted services, such as social-networking sites, video sharing sites, wikis, and blogs. This session will describe the role of Web 2.0 in medicine, specifically education and information management and will give an overview of the use of smart phones in medicine.

Room: Mineral B

L35A: Lessons Learned About the Patient-centered Medical Home From the Continuum-of-care [MH]

Kenneth Steinweg, MD

Institutions and health care delivery models for older patients in the continuum-of-care, defined as home health, hospice, assisted living, and nursing homes, have tried over the course of their respective histories to implement many of the principles of the patient-centered medical home. Many of these joint principles evolved over time and in response to a variety of factors and some are now well established in these care delivery models. This session will focus on the initiation, development, advancement, and problems associated with the principles of the patient-centered medical home in this continuum. Analyses of the current status of these principles in the continuum provides insight about the successes and problems in imbedding these principles in the care that characterizes family medicine.

L35B: The Integrated Residency Program: One Approach to a 4-year Residency Curriculum [L,P]

Erika Ringdahl, MD; Erik Lindbloom, MD, MSPH; Kristen Deane, MD; Steven Zweig, MD; Robin Kruse, PhD

Several alternatives to the traditional 3-year family medicine residency have been attempted in the United States over the past two decades. In this session, we will present 16 years of experience with our Integrated Residency Program, a 4-year program that overlaps with the final year of medical school. We will describe the framework of the program, present a retrospective analysis of outcomes, and share personal reflections from a program graduate. Discussion points will include the challenges faced by our program and its participants, and possible generalizability to other residencies hoping to retain a higher percentage of local medical students.

Room: Mineral F

L36A: If You Hear Hoofbeats, What is it?: Interesting Family Medicine Cases From Kenya

Thor Swanson, MD

Many residents and physicians volunteer to do medical mission service overseas. This interactive presentation with true medical cases from the author's medical mission service in Kenya will provide participants with some basic understandings of what they are volunteering for when they sign up on such missions. This session will be presented in a case-based format with pictures of X-rays, blood smears, physical exam findings, and more. Participants will be challenged to think like medical detectives in a new setting where the common things are uncommon and the uncommon things common.

L36B: How STFM Changed Our Lives: Ten-year Brazilian Experience as Possible Inspiration for Spreading Family Medicine Abroad

Pablo Blasco, MD, PhD; Marcelo Levites, MD; Adriana Fernanda Roncoletta, MD; Caue Monaco, MD; Marco Janaudis, MD

After a 10-year period of attending STFM meetings, the SOBRAMFA Board (Brazilian Society of Family Medicine) wants to share the lessons learned from the family medicine core values exposed in these conferences and how they helped family medicine in Brazil. Thus, the real meaning of primary care, the way to establish family medicine as an academic discipline, the family doctor as an educator who works close to medical students, the patient-centered approach, how to get leaders among medical students, the reflective practitioner framed in humanistic perspective, the need for a practical idealism for transforming values into opportunities, and the family medicine team making the difference in our lives were outstanding aids in fostering SOBRAMFA´s mission and could help other countries.

Room: Mineral G

PEER PAPERS-IN PROGRESS

PEER SESSION G: Faculty/Resident Development

Room: Capitol 3

Moderator: Stephen Wilson, MD, MPH

PG1: A Structured Protocol Based On the Finer Model to Increase Academic Clinical Faculty Research Productivity [L,P]

Leigh Tenkku, PhD, MPH

Background: The expectations of family medicine academic clinical faculty to conduct research has been clearly stated; however, the ability to conduct feasible, relevant, and fundable research studies remains difficult to achieve. Methods: We created a protocol process using the FINER (feasible, interesting, novel, ethical, relevant) model and one-on-one consults with faculty who have a limited amount of time to devote to research. Outcomes: Using the study design protocol, five studies were designed and implemented within a period of 3 months. Four of the studies were education based, one with a clinical component, and one study was set in the clinic. Implications: A simplified study design protocol process may increase the interest and ability of academic clinical faculty to conduct research.

PEER Papers continued on next page

Friday, May 1, 2009; 2–3:30 pm

PEER PAPERS-IN PROGRESS Cont'd

PEER SESSION G: Faculty/Resident Development

Room: Capitol 3
Moderator: Stephen Wilson, MD, MPH

PG2: Leadership Practices Among Emerging Leaders In Family Medicine [L,P,S,R]

Pamela Frasier, MSPH, PhD; Alfred Reid, MA

Transmitting STFM's core purpose and achieving goals around the patient-centered medical home require identification and development of leaders in family medicine. UNC's Faculty Development Fellowship has an established track record developing leaders in the discipline (eg, 40% have been chairs/residency directors, and 90% have been leaders in their own organizations). During 20062008, Fellows (n=40) participated in a 360-degree feedback session. This study's purpose was to compare self-assessed leadership practices to feedback from managers, colleagues, and learners. Differences between self-scored and supervisor-scored practices suggest that potential future leaders are more likely to be identified by superiors than to self-identify. Follow-up research is needed to determine which feedback assessments (supervisor, colleague, and learner) better identify future leaders and development needs.

PG3: Redesigned Faculty Development Fellowship: How Faculty Teach Learners to Practice in Patient-centered Medical Homes [L,P,S,R]

Walter Mills, MD, MMM, FACPE; Jessica Muller, PhD

STFM and other voices of the Future of Family Medicine have identified the need to develop faculty who teach the New Model. The Family Medicine Leadership Institute redesigned its legacy Northern California Faculty Development Fellowship to address this mandate. A needs assessment identified specific knowledge, skills, and attitudes for its New Model curriculum. How Faculty Teach Learners to Practice in Patient- Centered Medical Homes contains ten interactive modules integrated in the year long Fellowship. The implication is that fellows will favorably affect their programs. Pre- and post-tests outcomes measure the knowledge of graduates and their effect on their programs. NCQA PCMH metrics will compare those with faculty in the fellowship and controls.

PG4: Longitudinal Leadership Training for Chief Residents [L,P,R]

Sara Hartfeldt, MD; Roli Dwivedi, MD

We will describe the longitudinal leadership-training program for chiefs that our residency has developed over the past 2 years and that we as chief residents are currently participating in. Narrative data from interviews with recent chiefs at our residency will be presented, as well as survey data from current chiefs at other residencies in our area about their views on the need for and potential benefits of formal leadership training.

PG5: Are You Ready for Private Practice? [L,R]

Lee Chambliss, MD, MSPH; Michelle Kane, PsyD

Early in their third year, we ask residents to identify three specific areas that they would like to improve. They are encouraged to create formal goals, plans, and outcomes for each of these areas. A faculty psychologist and physician team provide residents with focused feedback. The residents also have access to a certified coach who is available through our hospital system to help them identify or further refine their goals or overcome the barriers to reaching them. The residents will meet with faculty throughout their third year. At year end, a final meeting will determine which goals were met and any lessons the resident learned. We plan to contact residents after they graduate to see if the skills they developed proved useful in private practice.

RESEARCH FORUM F:

Special Research Session

Room: Capitol 1
Moderator: Sally Weaver, PhD, MD

RF1: Designing Effective Surveys and Questionnaires

Cindy Passmore, MA; Sally Weaver, PhD, MD

Most faculty have been involved with survey research at some level, although they are generally not aware of the principles of good survey design. Additionally, survey research is often used by residents to fulfill scholarly activity requirements in their residency programs. Participants (those teaching residents as well as others) will learn the basic skills needed to construct questionnaires for research, including techniques to design an instrument that is clear, relevant, respondent-friendly, valid, reliable, and produces useful information. Participants may bring their own instruments for comment and/or improvement, but all they need is a desire to write well-constructed questionnaires.

SPECIAL SESSION— STFM Advocate Award Winner and Innovative Program Award Winner Presentations

SS3A: Advocate Award Winner Presentation

Perry Pugno, MD, MPH, CPE; Larry Green, MD; Samuel Jones, MD

SS3B: Innovative Program Winner Presentation

Richard Usatine, MD; Jacob Reider, MD; Helen Baker, MD; Traci Nolte, CAE

Room: Capitol 2

Friday, May 1, 2009; 2–5:30 pm

THEME SESSION

T1: Feedback and Competency Assessment for Procedure Training 101

Julie Sicilia, MD; Linda Prine, MD; John Andazola, MD; J. Mark Beard, MD; Kaparaboyna Kumar, MD; Dale Patterson, MD; Roberta Gebhard, DO; Barbara Kelly, MD; Morteza Khodaee, MD, MPH

This is a 180-minute session on junior faculty development related to giving feedback to learners and assessing competency in learners regarding procedural training. We will have several pairs of senior faculty mentors role playing learner/mentor for junior faculty participants. At the end of this session, junior faculty will be given resources that they can use in their own residency programs.

Room: Granite C

WORKSHOPS

W4: The Center for Academic Achievement: A Multidisciplinary, Multifaceted Approach to Improved Learner Performance [FM,L,S]

Tracy Kedian, MD; Lisa Gussak, MD; Mark Quirk, EdD

As graduating students choose medical specialties in favor of primary care and the number of residents with poorer performance records increases, more resources are devoted to managing challenging learners, often without a framework for formal evaluation and management of learner needs. The UMass Center for Academic Achievement (CAA) provides in depth evaluation and instruction for learners with diverse needs. The CAA identifies needs in organization, clinical problem solving, time management and communication and designs a program of instruction which improves learner performance. The multidisciplinary faculty group provides a more comprehensive approach than is often available in the learner's primary program. Participants will discuss common learning problems and use CAA resources to make educational plans for their own learners.

Room: Agate B

W5: Facilitation Skills for Group Medical Visit Leaders [FM,L,MH,P,S,R]

Julie Schirmer, MSW; Carmen Strickland, MD; Mary Talen, PhD; Edward Shahady, MD

Group medical visits (GMVs) are one of 10 office redesign strategies reported to improve primary care practices, yet lack of group facilitation skills can decrease health care providers' confidence in implementing GMVs into training and care. This workshop will provide a learning lab for participants to challenge assumptions, learn new skills, practice and reinforce facilitation skills to improve their confidence to introduce GMVs into their curriculum. After participation in this session participants will be able to identify key strategies and methods for facilitating GMVs; describe the experience of facilitating group medical care; describe multiple strategies to manage common challenges encountered in group medical visits; and identify resources to conduct GMVs, incorporate them into residency training and evaluate related ACGME competencies.

Room: Agate A

W6: To Be Or Not to Be a Chair – A Question Worth Asking? [FM,L,R]

Alan David, MD

Preparation for a leadership role such as that of chairing a department of family medicine requires a commitment to learning a set of skills, knowledge and behaviors not always easily learned 'on the job'. This workshop will review the major roles and functions of a chairman, present a series of problem solving scenarios that chairs often face, and elucidate strategies for successful leadership from these case-based scenarios. The participant should gain greater insight into their preparation and fit for becoming a chair.

Room: Agate C

Friday, May 1, 2009; 4–5:30 pm

SEMINARS

S31: Teaching Patient and Family-centered Self-management Skills In the Context Of a Mini-group Medical Visit [FM,MH,P,R]

Arnold Goldberg, MD; Kim Salloway, MSW; Marcia Smith, PhD

Diabetes Group medical visits are an innovative method of providing care. These visits motivate patients to make improvements in their health and can be cost effective and efficient. A residency practice is limited by individual resident availability. Residents have a limited panel of diabetic patients. A solution is a mini-group medical visit (MGMV), where 3 to 4 patients attend the same extended time slot using an interdisciplinary team, led by their resident provider. This provides an opportunity for residents to refine their skills in chronic illness care, along with practicing group facilitation. This seminar will demonstrate how we teach residents to negotiate self-management goals and motivational interviewing techniques during the MGMVs. We will discuss our process for accomplishing this in our residency program.

Room: Capitol 2

S32: Using Audience Response Systems to Transform Teaching [P,R]

Alfred Reid, MA; Kevin Johnson, MD; Robyn Latessa, MD

Using an interactive format by incorporating an audience response system (ARS) is one way to transform medical education. By providing instant feedback, ARS can help adult learners assimilate new information in a non-threatening but directed way. The focus of this seminar will be to highlight techniques and best practices that can shorten the learning curve for presenters. We will demonstrate different presentations created for the ARS with real time best practices and tips, and give the audience an opportunity to experience the ARS first hand to direct the presentation in real time. Participants will receive access to a Web site with resources for ARS. The final 20 minutes will be reserved for an expert panel discussion with presenters.

Room: Quartz A

Seminars continued on the next page

Friday, May 1, 2009; 4–5:30 pm

SEMINARS Cont'd

S33: Dealing With Difficult Faculty [P]

Alison Dobbie, MD; James Tysinger, PhD; Laura Snell, MPH; Sam Hooper Jr., PhD; Jay Morrow, DVM, MS

Difficult, impaired or under-performing faculty members can disrupt the harmony of departments and residency programs. Dealing with such 'difficult' colleagues can cause stress and reduce job satisfaction for fellow faculty members. In this seminar, a department chair, deputy chair for faculty development, academic vice chair, behavioral science director and research faculty member use case studies to illustrate and stimulate discussion around the diagnosis and treatment of 'difficult' faculty behaviors. After this session, participants will be able to: 1) Differentiate behavioral, performance-related and impairment issues; 2) Use the 4 Cs (communication, cooperation, collaboration, cooperation) approach to diagnose behavioral problems in colleagues, and 3) Formulate an action plan to address the difficult faculty member.

Room: Capitol 6

S34: Identifying and Resolving Conflict—Helping Residents Learn the Basics [P,S,R]

Deborah Taylor, PhD

Residencies are a natural breeding ground for conflict, which is a gift to residency educators. Using real-life examples of common residency situations will help you (1) define different types of conflict, (2) examine your own conflict management family history, (3) discover the wisdom for knowing that there are different kinds, and (4) outline six steps to help you approach (versus avoid) conflict. Noontime lecture format for quick transport back to your residency (built in group exercise).

Room: Granite B

S35: Takes Two to Tango: Using Non-verbal Communication Skills From Dance to Enhance Primary Care [FM,MH,P,R]

Christina Holt, MD

Primary care develops relationships that sustain us through the sharing of medical events, stories, and life changes with patients. Communication strategies often rely on non-verbal cues, but practical lessons in noticing and reacting to the physical cues that inform our personal communicative interactions are rare. This seminar will use the Argentine Tango as a practice mode to identify non-verbal communication skills, role shifting and an awareness of present moment, creating an environment of safety and support to facilitate patient care. Participants will listen to music, identify ways this inspires collaborative movement, and learn to see signals from other dancers to allow connection. This experience is an opportunity to see how the energy we each bring to our encounters, medical or musical, inform the dance that ensues.

Room: Mineral G

S36: Buried In Their Laptops? Managing the Impact of Electronic Health Records On Communication Skills [MH,P,R]

Nancy Ruddy, PhD; Dorothy Borresen, PhD, APN; Bruce Birnberg, MSW; John Clabby, PhD; Anu Kotay, PhD; Stuart Kurlansik, PhD

Successful use of electronic health records (EHR) is critical to the medical home mission. Despite the many advantages of EHR, many learners struggle to interface with a computer and a patient at the same time. Learners can overly rely on computer prompts to guide the interaction, rather than honing their own interviewing and differential diagnosis skills. In this seminar, the presenters will share their experiences with the transition to EHR, and pragmatic means of helping residents optimize physician/patient communication while using EHR systems. They will review relevant findings in the human factors literature, and borrow strategies that enhance computer facilitated interactions from the business world. Participants will have an opportunity to share their own experiences and teaching strategies to enhance the physician/patient/computer encounter.

Room: Granite A

Friday, May 1, 2009; 4–5:30 pm

LECTURE-DISCUSSIONS

L37A: Bridging the Distance: A Distance-learning Master's Degree as a Group Faculty Development Activity [P]

Kristen Goodell, MD; Molly Cohen-Osher, MD

Many family physicians earn their last degree while they are still in their twenties. Our educational endeavors turn from the university classroom to the stack of journals on our night stands or a local CME program. Our fellowship sought to change this pattern by integrating a distance-learning master's degree into our learning plan. This lecture-discussion will address the benefits of integrating a well-established, distance-learning master's degree into a full-time faculty development fellowship. We will discuss our specific educational program, which transforms what is usually solitary study into a very active participatory learning experience. We will have group discussion and brainstorming to find other distance learning modalities that can be modified for multiple learners and to consider other uses for a distance educational program.

L37B: Faculty Development In Transforming Traditional Lecture Material to Online Instructional Delivery [P]

Eric Skye, MD; Tara Master-Hunter, MD; Amy Locke, MD; Leslie Wimsatt, PhD; Wilson Elizabeth, MFA

Pressure from numerous sources including our learners is pushing faculty to use technology to address the learning needs and expectations of our current population of medical students and residents. One challenge facing educators is to access the support and training necessary to design and deliver high-quality online products, in part because the process often requires the adoption of new approaches by faculty. This session will explore a team-initiated approach undertaken by the presenters to create a series of online learning modules for use by medical students and residents. Session attendees will review best practices in instructional module development, discuss the role of faculty support in meeting projected outcomes, and explore ways of effectively transforming educational materials into online learning formats.

Room: Mineral B

L38A: Overcoming the Obstacles of a Chronic Care Model Implementation for a Family Medicine Residency Program [MH,P]

Charles Sow, MD; Folashade Omole, MD; Williams Davis

After 7 years of using an electronic health record (EHR), Morehouse Family Medicine Residency Program started formally implementing the Chronic Care Model (CCM) beginning with diabetes mellitus. Data entry into the EHR was inconsistent because a policy governing provider and staff training was lacking. To generate accurate provider reports, we trained residents, faculty, and staff on data cleaning and information entry into the EHR and the CCM systems by efficiently using templates. The result was better laboratory interface and improved templates and documentation. This lecture-discussion will highlight the challenges of the implementation of the CCM in a residency program. Sessions attendees will share their experience of implementing CCM in their clinics and discuss the impact of provider report on quality improvement (QI).

L38B: Chronic Disease Management: From Clinic to Longitudinal Curriculum

Kay Nelsen, MD; Thomas Balsbaugh, MD

Chronic disease management is an important skill set for family medicine residents to master if they are to be successful in their future practice of medicine. Translating the chronic care model into clinical practice involves incorporating new concepts of patient care, new technology and new teaching strategies into an already full residency curriculum. We will explore the importance of a core team and the foundation needed to begin a clinical experience in disease management. We will show how we introduced a chronic illness management curriculum into the existing residency curriculum. We will also discuss how the additional elements of the chronic care model can be layered on this foundation to develop a longitudinal Chronic Disease curriculum.

Room: Mineral C

L39A: Improving Reproductive Health Education for Family Medicine Residents

Marji Gold, MD; Crystal Query, MD; Jessica Dalby, MD; Cara Herbitter, MPH; Megan Greenberg, BA

The ACGME RRC guidelines state that family medicine residents should be trained to competency in a variety of reproductive health skills, since family physicians play an important role in promoting family planning with their patients and in the community. Presenters will share results from 2 recent surveys–one of US family medicine residency programs, and the other a recent report from the Guttmacher Institute, as springboards to engaging participants in this interactive lecture-discussion about the gaps in reproductive health training in family medicine. Participants will review challenges to comprehensive training, and the group will brainstorm solutions, drawing from their own struggles and successes. Participants will leave the discussion better equipped to provide comprehensive reproductive health education in their residency programs.

L39B: Share: A Community-based Sexual and Reproductive Health Curriculum Using An Interdisciplinary Approach [MH,P,S,R]

Allegra Melillo, MD; Suzannah Bozzone, MD; Stephanie Wood, BA; Dalia Brahmi, MD

The SHARE Program, (Sexual Health and Reproductive Education) is an innovative and exciting community-based outreach program in the metro-Denver area that increases awareness of services and knowledge of prevention of sexually transmitted infections and unplanned pregnancy among homeless adolescents and women. In this lecture the organizers of this program will discuss how SHARE's development and implementation can be used as a model learners can build upon to optimize the Patient-Centered Medical Home (PCMH). Participants will gain greater understanding of the importance of community based outreach programs in the training of family physicians within the PCMH.

Room: Mineral D

L40A: Cancelled

L40B Submiting an NIH Grant: Lessons Learned From Frist Timers [P]

Monique Davis-Smith, MD; John Boltri, MD

Acquiring NIH research funding is a challenging task that often requires a long process of mentoring and years of groundwork leading to success. First-time NIH applicants need a dedicated approach to developing and nurturing skills and professional relationships to be competitive for NIH and other funding opportunities. This lecture-discussion will describe the process and outcomes for two family physicians who successfully applied for NIH funding. Session attendees will learn (1) how to position themselves for NIH funding, (2) common grant submission errors, (3) how to avoid the errors, and (4) ways to find answers that arise during grant preparation. *(Note: Session is presented from 4:45-5:30 pm)*

Room: Mineral E

L41A: Just-In-Time Morning Report with Evidence-based Medicine (JUST MoRe EBM) [P,S,R]

Joshua Merok, MD; Richard Guthmann, MD, MPH; Kathleen Rowland, MD

Applying current evidence-based therapies to hospitalized patients can be challenging. Our system of Just-in-time morning report with Evidence-based Medicine (JUST MoRe EBM) is based on a proven method of EBM application. This method improves resident education and can decrease the average length of hospital stay (ALOS). Specific clinical questions are generated during a facilitated morning report (MR), and a focused literature review is immediately completed with librarian assistance. Graded evidence-based answers are communicated to the inpatient care team within one hour of MR completion via text paging and web posting. Methodology and preliminary data from our experience with JUST MoRe EBM will be shared, including search strategy and resident self-assessed outcomes.

L41B: Evidence-based Medicine: Teaching Residents and Medical Students the Process of Effective Clinical Decision-Making

Michelle Roett, MD, MPH; Darlene Lawrence, MD

Evidence-based medicine is challenging for residents and medical students as they develop clinical decision-making skills. This initiative provides standardized experiences for residents and medical students to: 1) critically appraise evidence; 2) apply skills to scholarly activities for publication; and 3) apply evidence-based medicine to clinical decision-making. Three phases are directed at faculty, residents and medical students. Participants contribute to electronic publications of the Family Physicians Inquiries Network, including PEPID Primary Care Plus and Help Desk Answers for the Evidence-based Practice journal. Steps include 1) rethinking journal club as standardized critically appraised topics (CATs); 2) requiring residents to publish HDA and PEPID topics based on researched CATs; 3) introducing scholarly activities as fourth year student electives and publishing opportunities for third year medical students.

Room: Mineral A

Lecture-Discussions continued on next page

Friday, May 1, 2009; 4–5:30 pm

LECTURE-DISCUSSIONS Cont'd

L42A: The STFM IMG Academies: Faculty Development Opportunities [L,P]

Kathy Zoppi, PhD, MPH; William Mygdal, EdD; Laurel Milberg, PhD; Christine Jerpbak, MD; Luigi Tullo, MD; Gerald Whelan, MD; Mark Lisby, MD; Alan Roth, DO; Crystal Cash, MD

The STFM FFM Workforce Development Task Force proposed a training process for orienting IMG applicants to family medicine. A group submitted curriculum materials, and a group of recruited faculty delivered workshops over the past 2 years to IMG applicants and new resident trainees. Based on evaluation of needs, and evaluation of these workshops, the next steps of the initiative will be to build deliverable curricula for trainees and faculty who work with IMGs. This session will engage participants in the identification of priorities for modules and methods of delivery.

L42B: When You've Seen One…: A Bishop Fellow Compares Structure and Function of Public AHCs [L,P]

Joshua Freeman, MD

Academic health centers (AHCs) are complex organizations, with often conflicting missions of education, clinical care, research, and community service. How these missions are manifest depends on many structural factors: public/private; relationship between school and teaching hospital; governance; faculty roles, expectations, and self-perceptions; explicit and implicit mission priorities; and institutional culture and history. The presenter, who just completed the Bishop Fellowship, will compare the structure, function, and culture of his home (KUMC) and host (UNM-HSC) institutions, as well as others; participants will discuss how this resonates with their own institutions and together expand the model. Participants will utilize to understand institutional impact on current and future jobs, and how to make change in their existing institutions, including hidden obstacles that may make transfer of best practices difficult.

Room: Mineral F

Friday, May 1, 2009; 4–5:30 pm

PEER PAPERS-IN PROGRESS

PEER SESSION H: Resident Teaching

Room: Capitol 3

Moderator: Warren Ferguson, MD

PH1: Readying Residents for Ethics and Professionalism in the Medical Home: A Curricular Work in Progress [L,MH,P,S,R]

Stephen Hanson, Ph.D.; David Doukas, MD

In 2005, we initiated a significant expansion of the medical ethics and professionalism education in the family medicine residency program, adapting goals and pedagogy over time. After 3 full years of the program, in interactive collaboration with the residents, we were able to evaluate our teaching methods and tools to date. We identified several helpful pedagogical devices that were useful for residents and reassessed our goals for their future work as clinicians. Specific pedagogies, including rounding with the team, and tools for value analysis and discussion, were particularly noted. With resident input, we then utilized the ACGME guidelines on professionalism and medical ethics to develop a 3-year model curriculum. We explain this model curriculum and the reasons for its selection.

PH2: Magic Eight Ball Or Coin Toss: How and WhenRresidents Choose Areas of Special Interest [L,P,S,R]

Susanne Krasovich, MD; Leigh LoPresti, MD

Real world practices vary depending on location, physician interest, resources and community needs. However, residency training is designed to be relatively uniform. Recent innovations in our curriculum allow residents to choose an area of interest in the second half of their training. Curriculum in the first half of training provides exposure to these options. However, there is a paucity of information identifying likely resident interests, ideal timing to choose areas of interest, and sources of information most likely to impact this choice. We developed a set of surveys, administered over time, which we are using in the advising process, as well as analyzing for information regarding choices, timing, and influence. This will both impact future curriculum development, and define a more relevant advising process.

PH3: Learning Should Be Fun [L,P,S,R]

Ruta Marfatia, MD

Context: There is limited research available on what teaching methods residents and medical students prefer for learning. Most studies have compared the effectiveness of two competing methods without questioning what learners like or believe is most effective for them. Objective: 1. To find out which teaching methods learners prefer and think they learn the most from. 2. To develop direction for improved effectiveness studies. Design: Residents and medical student preferences will be assessed by cross-sectional design composed of a survey; divided into three sections to accomplish the objectives. Setting: University of Pittsburgh Department of Family Medicine has three sites—St Margaret, Shadyside, McKeesport—with 86 residents. Hypothesis: Residents and medical students will prefer and learn the most from teaching methods that are more interactive.

PH4: Improving the Efficiency of Education in a Family Medicine Residency Program [L,P,R]

Lisa Casey, DO; Hemalatha Yaramada, MD; Julie Stausmire, MSN,CNS

With the rapidly changing world of medicine, we strive to graduate individuals who value the process of lifelong learning. We feel that helping residents to identify areas for improvement by self-evaluating their level of confidence for specific knowledge and skills and linking that confidence level to an educational action plan will improve knowledge and skill acquisition. Our goal is to focus on the areas where residents are weakest. We initiated an IRB-approved resident self-assessment questionnaire with several areas of measurement, including confidence levels in managing top family medicine diagnoses, ability to perform procedures, and the value placed on being competent in each diagnosis and skill. We also collected data on study habits and preferred teaching methods. Data collection is complete and being analyzed.

PH5: Educating FPs and PAs for Shared Medical Decision Making: Promoting the Team in the PCMH

Joe Schwenkler, MD; Matthew McQuillan, MS, PA-C; David Keahey, PAC, MSPH; Anita Glicken, MSW; Bernadette Kiraly, MD

Family physicians and physician assistants (PAs) have successfully partnered within a model of delegated clinical practice and shared medical decision making since 1965. Studies support the effectiveness of this care model, which has been adapted to multiple practice environments. The current STFM focus on the patient-centered medical home (PCMH) presents opportunities to strengthen the long-standing physician/PA team approach to care through enhanced interprofessional training. We will report findings of a survey of residency and PA program directors examining the current state of interprofessional training and potential interest in expanding opportunities. Participants will engage in facilitated small-group discussions to explore the application of new concepts in interprofessional training, including shared medical decision making, to their own programs.

RESEARCH FORUM G:
Family Medicine, the NIH, and CAM

Room: Capitol 1

Moderator: Andrew Bazemore, MD, MPH

RG1: Off The Roadmap? Family Medicine's Grant Funding and Committee Representation at NIH

Sean Lucan, MD, MPH; Andrew Bazemore, MD, MPH; Robert Phillips, MD, MSPH

Objective: To understand family medicine (FM)'s relationship with the National Institutes of Health (NIH). Method: We descriptively analyzed NIH grants to FM, 2002-2006, and current NIH advisory-committee memberships. Results: Grants (and dollars) awarded to departments of FM increased from 89 ($25.6 million) in 2002, to 154 ($44.6 million) in 2006. These values represented 0.20% (0.15% for dollars) and 0.33% (0.22% for dollars) respectively of total NIH awards. FM representatives were on 6.4% of NIH advisory committees (0.38% of all members). Conclusions: Departments of FM receive a miniscule proportion of NIH grant funding and have minimal representation on standing NIH advisory committees. This undermines FM's potential for translating medical knowledge into community practice, and advancing knowledge to improve health care and health for the US population.

RG2: Family Medicine, the NIH, & the Medical-Research Roadmap: Perspectives from Inside NIH

Sean Lucan, MD, MPH; Andrew Bazemore, MD, MPH; Robert Phillips, MD, MSPH; Frances Barg, MEd

Objective: To explore perceptions of NIH key informants about Family Medicine (FM), NIH, and the interplay between the two. Methods: Purposive sampling identified 13 NIH key informants for semi-structured interviews, coded by content analysis. Results: NIH officials expressed three categories of perceptions, each with two sub-categories: (1) FM – (a) Clinicians: strong relationships with patients; interdisciplinary, (b) research: limited; weak infrastructure. (2) NIH – (a) direction: repackaged focus, but unclear change, (b) initiatives: emphasis on basic science/exclusionary trials. (3) Optimizing FM's position at NIH – (a) prospects: can recruit patients/inform questions, but no obvious NIH home, (b) Opportunities and challenges: opportunity with CTSAs, but need training/expertise. Conclusions: NIH key informants appreciated FM clinically; viewed FM research as underdeveloped. Some saw FM's role in research as subordinate. Others identified opportunities for FM leadership, particularly CTSAs.

RG3: Integrating Complementary and Alternative Medicine Into Breast Cancer Survivorship Care

Jun Mao, MD, MSCE

Objective: To identify the preferences of breast cancer survivors (BCS) on the integration of complementary and alternative medicine (CAM) into survivorship care. Methods: A cross-sectional survey among outpatient postmenopausal BCS. Results: Among 300 participants, 186 (62%) used CAM since cancer diagnosis, 58% endorsed for providing acupuncture or massage, 49% for teaching classes on mind-body based exercises such as yoga or tai chi, 71% for developing a CAM provider network in the community, and 74% for providing reliable information about CAM on the cancer center Web site. Younger age and previous CAM usage were consistently associated with preference for CAM integration ($P<0.05$ for both). Conclusions: Many BCS have used CAM since diagnosis and prefer integrating CAM into their survivorship care.

RG4: Demographics and End-of-life Care Attitudes of Students Electing to Attend the Healer's Art Course

Michael Rabow, MD

Objective: The Healer's Art (HA) elective on humanism is offered at 60 medical schools. To evaluate the generalizeability of our findings about HA student values, we studied whether HA students differ from non-HA students. Methods: Demographics and end-of-life care attitudes survey of second year students. Results: HA students were more likely to be white ($P=0.04$), to describe themselves as more comfortable with the social and emotional aspects of patient care ($P=0.007$), and to believe it is appropriate to learn clinical skills on dying patients ($P=0.01$). Otherwise, HA students were indistinguishable from non-HA students among all variables tested. Conclusions: HA and non-HA students are remarkably similar. However, further research is needed to understand what motivates students to participate in the HA and how ethnicity influences enrollment.

Saturday, May 2, 2009; 10:30 am–Noon

SEMINARS

S37: Developing Practice Guidelines for The US Preventive Services Task Force [MH,R,P]

Kenneth Lin, MD

The first part of this seminar will consist of a discussion of attributes of good practice guidelines, background on the US Preventive Services Task Force (USPSTF), and an introduction to the methods the USPSTF uses to make its recommendations. The second part will be an interactive exercise where participants will be given the results of a recent systematic review of screening for chronic obstructive pulmonary disease (COPD) and use this evidence to walk through the same guideline development process that the USPSTF uses. The result of this exercise (a newly created recommendation) will then be compared to the actual USPSTF guideline of screening for COPD, leading to a discussion of the importance of judgment in weighing evidence-based recommendations.

Room: Capitol 7

S38: Self-care and Avoiding Burnout: The Importance of Faculty Role-modeling and Programmatic Support [P,R]

James Rindfleisch, MD, MPhil; Donald Carufel-Wert, MD; Sarina Schrager, MD, MS; Luke Fortney, MD

Helping residents become balanced, healthy physicians is a main goal of any family medicine residency program. Burnout among faculty can affect one's capacity to be an effective role model and clinician. Approaches to decreasing burnout and increasing well-being are often neglected in busy resident training programs. This session will review data on burnout and provide the participants an opportunity to determine their own level of burnout. We will provide resources for faculty for their own self-care as well as for resident education. The participants will also discuss programmatic changes that can promote self-care among both residents and faculty and hopefully stimulate a more proactive approach toward work-life balance among academic family physicians.

Room: Capitol 6

S39: Medical Family Therapy: Expanding the Basics to Strengthen the Medical Home [MH,P,R,FM]

Jeri Hepworth, PhD; Susan McDaniel, PhD; William Doherty, PhD

This interactive seminar will highlight developments in medical family therapy and clarify how the principles can be used to teach and practice inpatient- and family-centered medical homes. The growth of the field of medical family therapy represents new advances and opportunities in research, practice, and training. Presenters will provide brief summaries of developments in these areas. Attendees will consider how they can apply their best practices in medical family therapy education, practice, and research to their own settings.

Room: Mineral C

S40: Teaching Residents to Lead Mini-Group Medical Visits (MGMVs): Overcoming Challenges and Evaluating Successes [MH,P,R]

Arnold Goldberg, MD; Kim Salloway, MSW; Jerome McMurray, MA; Melissa Nothnagle, MD

The Mini Group Medical Visit (MGMV) concept evolved from the larger group medical visits model for improving delivery of chronic disease care in the medical home. We developed a program in which third year residents, working with an interdisciplinary team, facilitate a group medical visit with 3 to 4 patients from their own panel of diabetic patients within their continuity office session. The curriculum provides residents with education, mentorship and feedback on leading MGMVs. We will present the MGMV curriculum and evaluation process. Participants will role-play a mini group medical visit led by a resident and will practice using our formative assessment tools. We will discuss challenges to implementing MGMVs and the strategies developed to over come them.

Room: Mineral E

S41: Walking a Mile: An Experiential Empathy Rejuvenating Curriculum for Medical Learners [P,L]

Samantha Monson, MA

Home is where one is known and understood. The personal medical home should be no different; patients should feel recognized and attuned to by their physician. This can occur through empathy. Physician empathy affords benefits to the provider (eg, higher job satisfaction, decreased malpractice litigation, and enhanced clinical competency) and to the patient (eg, increased satisfaction with care, improved clinical outcomes, and better treatment compliance). With such valuable implications, learners should be given the opportunity to tap into and expand their empathic capacities. An experiential curriculum, based on empirically validated empathy training methods, will be introduced as a counter to the decline in empathy that otherwise occurs during medical education. Participants will engage in a sampling of its activities and a discussion of their impact.

Room: Mineral G

S42: Share Your Work and Build Community Using STFM's Family Medicine Digital Resources Library [P,R]

Richard Usatine, MD; Sandra Burge, PhD; Caroline Richardson, MD; Julie Schirmer, MSW; Traci Nolte, CAE

The Family Medicine Digital Resources Library has been a powerful collaborative tool for family medicine educators and STFM. Presenters will discuss how FMDRL can help you do your daily work, as well as how it can help advance your career. In addition to offering valuable resources, FMDRL offers collaboration tools for educators. STFM Groups such as the Future of Family Medicine, Online Cases, and most recently Teaching Research in Residency have used the Wiki functionality to develop collaborative documents and web pages. Participants will learn how to use FMDRL's collaborative tools, including its Wikis and Listserves. Presenters will also discuss how using RSS feeds can be an effective way to be aware of new data both on FMDRL and throughout the Internet.

Room: Mineral F

S43: Writing a Successful Title VII Training Grant Application [P]

William Elder, PhD; Hope Wittenberg, MA; Brenda Williamson, MA

Health Resources and Services Administration (HRSA) Title VII Training Grants enable successfully competing programs to develop new curricula, train fellows or faculty, and expand departments. This activity is designed to increase participants' abilities to compete for HRSA grants. Topics will include an overview of and trends in HRSA funding, selecting a grant focus, working with program staff, understanding priorities and preferences, forming a grant writing team and creating a timeline, budget basics, the submission process, and what reviewers look for in applications. Material will be presented by a successful HRSA grant writer and experienced reviewer, a representative of federal (HRSA) program staff, and the STFM director of government relations.

Room: Capitol 5

S44: Managing Pandora's Box: Teaching Residents to Use I Care Questions In the Medical Home Visit [MH,P,R]

Michol Polson, PhD; Frank Dondiego, MD

A frequent complaint by patients about medical care concerns the perceived lack of demonstrative caring and empathy by physicians in chronic care visits. Residents may feel burdened by the need to absorb medical knowledge and skills while learning time management, billing/documentation skills, etc. The development of relationship and patient management skills to create therapeutic relationships with patients within the Medical Home concept may seem overwhelming. Some residents lack professional boundary skills and fear feeling overwhelmed by patients' needs or personal issues, consequently avoiding patient bonding to avoid opening Pandora's box. We present our I Care Questions Method and algorithm to introduce more demonstrative caring during medical visits with more effective structured listening, emotional triage, and potential action steps for the patient in distress or wellness.

Room: Mineral D

LECTURE-DISCUSSIONS

L43A: Helping the Family Cope With Chronic Illness—MS as a Case Example

Claudia Grauf-Grounds, PhD; Tina Schermer Sellers, MS

As we embrace the idea of a family-centered medical home, how providers understand the role of the family will become increasingly important. The finesse with which we as clinicians partner with families is central to how successfully they navigate the illness terrain. Sustained improved illness management has everything to do with the skill of our partnering relationship. During this presentation we will listen to excerpts of an interview of a family of six as they share their experience of living with MS for the last 20 years. We will discuss what wisdom is particularly salient for the practitioner and medical administrator. The father and 29-year-old daughter will co-present and answer questions.

L43B: Health Coaches, Registries and Panel Managers, Oh My!: Matching Chronic Care Redesign to Educational Development [P,R]

Ellen Chen, MD; Hali Hammer, MD; George Saba, PhD; La Phengrasamy, MPH; Thomas Bodenheimer, MD

Through our participation in the California Academic Chronic Care Collaborative, the SFGH/ UCSF Family and Community Medicine Residency Program implemented an experiential chronic illness curriculum for PGY1 residents. Working with new chronic care team members and tools-- health coaches, registries and panel managers-- residents participated in planned visits and new methods of patient self-management support. This pilot yielded clinical outcome improvement for patients; yet we have modified and expanded our curriculum to tailor educational objectives to first and second year resident needs. This interactive lecture-discussion will engage participants to identify stages of resident development that may inform longitudinal chronic illness education. We will share clinical and educational outcomes to highlight successes and lessons learned from chronic care redesign and education at this urban underserved program.

Room: Granite A

L44A: The Pennsylvania Chronic Care Practice and Reimbursement Redesign Initiative [P,MH]

George Valko, MD; Richard Wender, MD; Victor Diaz, MD; Brooke Salzman, MD; Lara Weinstein, MD; Mona Sarfaty, MD

A novel program initiated by Pennsylvania Governor Rendell's Office of Health Care Reform, the first state to combine practice redesign with reimbursement redesign, allows family physicians to make an immediate impact for improving chronic disease management without first having to institute costly systemic changes usually needed to receive enhanced payments. Funded both by the state and its largest insurers and supported by a coalition including the Pennsylvania Academy of Family Physicians, it integrates the Wagner Chronic Care Model and Patient-Centered Medical Home and requires NCQA accreditation. This lecture-discussion will review the program via the experience of Jefferson's Department of Family and Community Medicine, one of the sites chosen as the demonstration project that will eventually include the entire state.

L44B: Many Paths to Success: One Medical School's Approach to Multiple Curricular Pathways [P]

Frederick Chen, MD, MPH

Several medical schools have created curricular Pathway programs to support students interested in particular career directions such as rural health, underserved medicine, or global health. Typical Pathway programs offer students preclinical and clinical experiences with specific populations, as well as opportunities to meet physicians who are practicing in those settings. However, having multiple curricular pathways in one school presents a unique set of management and coordination challenges. Participants will learn about the process of creating curricular Pathways and coordinating multiple pathways within a school. There is a pressing need to share our experiences in creating these programs and learn from each other in how to create, sustain, and succeed in these efforts.

Room: Granite B

Lecture-Discussions continued on next page

Saturday, May 2, 2009; 10:30 am–Noon

LECTURE-DISCUSSIONS Cont'd

L45A: The South Carolina AHEC Annual Resident Research Symposium [P,R]

Peter Carek, MD, MS; Lori Dickerson, PharmD; Stoney Abercrombie, MD; Robert Hanlin, MD; William Hester, MD; Adrienne Ables, PharmD; Sharm Steadman, PharmD; Warren Newton, MD, MPH

In the South Carolina Area Health Education Consortium (AHEC) system, each of the eight family medicine residency programs has a structured requirement for scholarly activity. However, sharing of project outcomes, successes and failures among the programs was difficult and inconsistent. Therefore, in 2003, South Carolina AHEC and the residency program directors developed an annual residency research symposium to showcase resident scholarly activity. The goal of this presentation is to describe the resident research symposium and how it has promoted collaboration among the residency programs in this curricular area. Attendees will hear perspectives on this conference from residents, program directors and judges.

L45B: The Nuts and Bolts of Doing Research at a Community-based Rural Program [P,R]

Paul Wenner, PhD; Christopher Wenner, MD; Joel Giffin, BA; Sara Olmanson, BA

In our community-based, rural–focused program, we have found a way to do research. The research involved obtaining funding, getting medical students as research fellows, exposing them to our program, teaching competencies, and having fun. During this lecture-discussion we highlight the wonderful level of learning that took place in this process. Session attendees will learn how the faculty started the research process, decided on qualitative research, got funding, developed a collaborative process among medical students, faculty, and rural family physicians. Attendees will be exposed to a tool that has allowed research to continue after research members returned to their respective medical schools. Also discussed will be processes used to teach interviewing skills and the experience of collaborative learning.

Room: Granite C

L46A: Transforming Our Residency to Meet The Needs of The Personal Medical Home: Successes and Failures

Joseph Gravel, MD; Allen Shaughnessy, PharmD

With the Keystone Conference report in one hand and a bunch of crazy ideas in the other, we set about to redesign our whole residency training program, from the ground up, to create graduates who could practice as personal physicians in the new model of care. In this session we will outline the success and failures we have had with the five initiatives that we have instituted: 1) a competency-driven curriculum using an online portfolio to track progress; 2) 12 areas of concentration; 3) an expanded information mastery curriculum; 4) a new curriculum aimed at equipping residents with skills in organizational effectiveness; and, 5) the switch to a modified longitudinal curriculum.

L46B: A Day In The Life… A Simulated Reality Residency Orientation Experience [P]

Cheryl Seymour, MD; TIMOTHY PIEH, MD

Orientation to family medicine residency is typically an overwhelming time that leaves interns often still unprepared to begin their real clinical duties. To address this, we introduced a simulated reality activity. Over two days we walk the participants through a day in the life of a typical intern on our family medicine service, incorporating a variety of scenarios from labor evals to ICU transfers. By simulating the pace, disorder, uncertainty and complexity of managing multiple new tasks simultaneously we were able to set clear expectations around the process and culture of care in our program. In this session, we will describe our teaching model in detail with the hope that attendees may be able to apply these ideas to their own orientation programs.

Room: Mineral B

L47A: The Effect of a Medical Student Administered CVD Risk Assessment On Patient Health Outcomes [P,R,S]

Bonnie Jortberg, MS, RD, CDE; David Gaspar, MD; Kelly White, MD; Tierney Sparks

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 preliminary results of a new curriculum integrated into the 3rd 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 to utilize the guidelines with patients in community-based practices. Students conduct CVD education sessions with at-risk patients during their FMC rotation. Patient follow-up postcards show that 89% indicated they learned something new about CVD from the student counseling; and after 4 weeks, 88% reported decreasing dietary fat intake, 70% reported losing weight, (mean 7.62 lbs) and 85% reported wearing their step counter daily. (mean 6183 steps/day)

L47B: Implementing an Anticoagulation Clinic In the Patient-centered Medical Home: Medical, Educational and Financial Outcomes

Cristian Fernandez-Falcon, MD; Christine Matson, MD; Richard Bikowski, MD

Conditions requiring oral anticoagulation are common in family medicine, and methods are needed to monitor and adjust dosing that are safe, cost-effective, timely and patient-centered. Implementing an oral anticoagulation clinic in the FMRP can improve medical and patient-centered outcomes including enhanced safety, offer educational benefits to resident physicians, and increase revenue for the practice as a feature of the patient-centered medical home. Two models for using a guidelines-based protocol for oral anticoagulation monitoring and adjustment – nurse-based vs physician-based - were implemented at two family medicine residency sites, and medical, educational and financial outcomes were identified. Participants will be able to compare both models, choose or adapt the model most appropriate for their site, and implement the steps necessary for conducting an anticoagulation clinic.

Room: Agate B

L48A: Clinical Pharmacists As Educators: Preparing Residents to Provide Personal Medical Homes [P]

Allen Last, MD, MPH; Beth Musil, PharmD; Jonathan Ference, PharmD; Patricia Klatt, PharmD; Stephen Wilson, MD, MPH; Amy Swift-Johnson, MD; Lora Cox, MD; Amy DiPlacido, MD

The Institute of Medicine's Health Care Quality Initiative and the Future of Family Medicine Report call for a reformation of health professionals' education, and redesigning of care

delivery, including provision of a medical home. Collaboration with clinical pharmacists may help us achieve these goals by improving clinical outcomes and enhancing 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 patient care and resident education. Resident perspectives on their educational value will be provided. Session attendees will gain an understanding of the advantages of working with clinical pharmacists in residency programs as well as barriers that exist.

L48B: Collaborative Care Through Collaborative Education: Integration of Pharmacy Residents Into a Physician Faculty Development Fellowship [MH,P,R]

Katherine Sullivan, PharmD.; Stephen Wilson, MD, MPH; Patricia Klatt, PharmD; Jennifer Middleton, MD; Laura Miller, MD; Lauren Jonkman, PharmD; Jonathan Ference, PharmD, BCPS

With the growth of the team approach to patient care, pharmacists have collaborated with physicians to improve quality of care and enhance education among physicians. For more than 5 years, extensive training within the University of Pittsburgh Department of Family Medicine Faculty Development Fellowship at UPMC St. Margaret has allowed pharmacy residents and faculty development fellows to transform their approaches to education and break boundaries into collaborative learning. Within this distinctive program, both fellows and pharmacy residents develop joint teaching and learning methods within differing approaches to patient care, building a foundation for team care in future practice. This session will describe a unique integrative educational model and discuss applications to other disciplines and opportunities for learning collaboration between physicians and pharmacists.

Room: Agate C

L49A: The Allergy List of the 21st Century: Pharmacogenetics and the Personal Medical Home [P]

William Feero, MD, PhD

Lab tests that shed light on how an individual's genetic makeup influences drug response are becoming increasingly common throughout medicine. Future family physicians will need to understand how such tests might be rationally applied to primary care. Further, the personal medical home seems a logical repository of and dissemination point for pharmacogenetic information. This lecture-discussion will use a case-based approach to explain pharmacogenetics and its relevance to the training of family physicians and the personal medical home, and provide educators with web-based resources for self learning as well as resident education. Time will also be provided for an interactive discussion of the potential role of pharmacogenetic testing in the medical home and how to best introduce this topic to resident learners.

L49B: Tools for Teaching Safe and Effective Narcotic Prescribing

Amy Keenum, DO,PharmD; Lorraine Wallace, PhD; James Tompkins, MD

Controlled substance prescribing is part of the practice of family medicine. As a way of introduction, we will use videoclips to help the audience identify common characteristics of narcotic-seeking patients. We will also highlight patients at high risk for dependence and/or abuse based on information extracted from their medical history. During this interactive lecture, we will demonstrate the use of a state-controlled substance databank to avoid prescribing for narcotic-seeking patients. The presenters will describe and provide examples of an evidence-based, multi-lingual, low-literacy Opioid Agreement/Contract developed at our residency program. We will explain how we use pill counts and random urine drug screening tests to monitor proper patient use of narcotics.

Room: Agate A

Saturday, May 2, 2009; 10:30 am–Noon

PEER PAPERS-COMPLETED PROJECTS

PEER SESSION I: Learner-centered Education

Room: Capitol 2

Moderator: Wanda Gonsalves, MD

PI1: Online, Self-paced Learning Modules In the Family Medicine Residency: A Pilot Intervention

Eric Skye, MD; Tara Master-Hunter, MD; Sara Warber, MD; Leslie Wimsatt, PhD; Elizabeth Wilson, MFA

Online learning has many benefits in a residency learning environment where irregular and limited availability makes group teaching difficult. Web technology permits the introduction of flexible learning programs without pressure of time and place to residents. We constructed and integrated ten web-accessible, self-paced modules in order to actively educate residents about commonly encountered clinical practices and procedures. Each module contains multiple learning units to supplement existing didactic and clinical learning experiences, and to serve as a central resource available to clinical practitioners anytime and anywhere. During this session, we will present data collected during the module development process and share results of usability/functionality testing and preliminary outcomes assessment. The implications are broadly applicable to faculty involved in curricular planning.

PI2: Listening to Our Learners: Resident Perceptions of a Learner-driven Evidence-based Medicine Curriculum [RE]

Drew Keister, MD; Heath Grames, PhD

Introduction: Few published studies detail the facets of evidence-based medicine (EBM) that are most important to family medicine residents. We used multiple qualitative methods to assess residents' perception of EBM learning needs and their reactions to a new curriculum. Methods: Residents from an integrated military-civilian residency participated in a needs-assessment focus group, a series of semi-structured interviews, and a member-checking focus group. The sessions were recorded, transcribed, and analyzed using template analysis. Results: Our residents indicated a preference for skills in information mastery rather than critical appraisal. They expressed concerns regarding losing the art of medicine, as well as the need for faculty development and cultural change. Discussion: There are many resident-perceived barriers to EBM education. By better understanding our learners, educators can improve curricular design.

PEER Papers continued on next page

Saturday, May 2, 2009; 10:30 am–Noon

PEER PAPERS-COMPLETED PROJECTS Cont'd

PEER SESSION I: Learner-centered Education

Room: Capitol 2
Moderator: Wanda Gonsalves, MD

PI3: Developing Competency Standards Through Narrative Reflection [RE]

Jay Baglia, Ph.D; Elissa Foster, Ph.D; Julie Dostal, MD; Drew Keister, MD; Nyann Biery, MS; Daniel Larson, BA
Significant changes are occurring in how family doctors are trained and assessed. In most cases, the demand for competency (vs time-based) evaluation has forestalled the ability of family medicine faculty to meet the demand. Here we describe seven steps to developing competency-based evaluation processes for a family medicine residency: (1) create competencies appropriate for family medicine, (2-3) elicit narratives from residents and faculty to reinforce competency definitions and to create standard statements, (4-5) generate observable behaviors and identify which observable behaviors provide evidence for competence in each standard statement, (6) create and standardize assessment materials (i.e. rubrics, checklists, etc.), (7) connect competency standards-based evaluation to curricular content portfolios. Feedback from residents and faculty is used to evaluate the success of the new evaluation tools.

PEER PAPERS-IN PROGRESS

PEER SESSION J: Resident Teaching

Room: Capitol 3
Moderator: David Henderson, MD

PJ1: Implementation of Oral Health Curriculum and Patient Education In An Urban Family Medicine Center [L,MH,S,R,P,FM]

Farideh Zonouzi-Zadeh, MD; Frederick Lambert, MD, MPH; Jennifer Varghese, MD; Preeti Lekhra, MD; Kiran Rayalam, MD, MPH
Objective: To improve oral health care in our underserved patient population by a targeted educational intervention aimed at both patients and resident physicians. Methods: Baseline compliance in performing oral health exams will be assessed by means of a resident survey as well as a retrospective review of 200 patient charts. We will do a combined patient educational intervention and prospective resident intervention (using standardized curriculum) and determine the effects on oral health. Hypothesis: We believe oral examinations are not done properly in minority patients of underserved areas due to insufficient training. Our interventions will help residents to acknowledge the importance of the oral exam, and in combination with patients' involvement in their oral care decrease morbidity due to poor oral health, and result in decreased costs.

PJ2: Improving Diabetes Education In Family Medicine [L,MH,S,R,P,FM]

Michael King, MD; Joe Kingery, DO; Jordan Prendergast, DO; Holly Hall, MD; Elizabeth Tovar, PhD, RN, FNP-C; Shersten Killip, MD, MPH
Diabetes is a leading cause of death in Kentucky and across the nation. To improve outcomes for diabetic patients, primary care providers need to learn strategies to better manage chronic disease and aim to improve patient outcomes with chronic disease. Self-management support is one the six essential components of the CCM. Diabetes education is a form of self-management support that should be patient-centered rather than provider dictated. This presentation will describe findings from a resident led quality-improvement/scholarly activity to evaluate patient and provider perceptions of diabetes education. Preliminary findings reveal differences between patients' and providers' priorities. Strategies to promote patient-centered diabetes education will be discussed.

PJ3: Improving Competency In Musculoskeletal Medicine Through PGY1 Clinical Rotation In Sports Medicine [L,S,R,P]

Steve Watts, MD
Competency in musculoskeletal medicine has consistently been reported as a shortcoming of medical training in the United States. In an attempt to improve musculoskeletal competency, the family medicine residency program of the University of Mississippi Medical Center has implemented a required rotation for PGY1 residents in primary care sports medicine. All residents were enrolled in a two-week rotation in Primary Care Sports Medicine. At the completion of the two-week rotation each resident was administered a 100 question post-test. All residents were also required to complete a formal evaluation for the rotation. Data revealed the mean percent improvement in the pre-test scores and post-test scores was 16.8%. On performance analysis the average score on scale of 1 to 5 for overall experience was 4.65 with SD 0.49.

PJ4: Differences In Perception of Pain Between Patients and Their Resident Physicians: Reasons & Solutions [L,S,R,P]

Farideh Zonouzi-Zadeh, MD; Kiran Rayalam, MD, MPH; Giri Ghimire, MD; Frederick Lambert, MD, MPH
Objectives: To measure the differences in perception of pain severity by adult patients and physicians and to explore the various factors responsible for these differences. Methodology: Prospective, cohort study. Two hundred randomly selected adult patients between 18 and 60 years of age who present to LaMarca Family Health Center with a complaint of 4 out of 10 pain or greater (on a standard pain scale of 1-10) will be interviewed. Pain scores quantified by the patients and the evaluating physician will be compared. Conclusion: We plan to identify statistically significant findings which may account for differences in perception in pain between patients and their physicians. These findings will be outlined, with recommendations for better pain management strategies and resident training.

PJ5: The Spirituality Core Competency of Compassionate Patient Care: Using Qualitative Data to Inform Curricula Development [L,S,R,P,MH]

Gowri Anandarajah, MD; Marcia Smith, PhD; Robert Hatch, MD, MPH
During the past decade, there has been a dramatic increase in the number of residency programs offering curricula in spirituality and medicine. The STFM Group on Spirituality has proposed core competencies for such efforts. In addition to skills such as assessment of spiritual needs, these competencies also emphasize subtle, yet powerful, therapeutic competencies such as compassion and presence in the doctor-patient relationship. Unfortunately, physicians today are at significant risk for compassion fatigue. This seminar uses results from a qualitative study of family medicine residents to provide a framework for developing curricula that foster spirituality core competencies related to compassion and healing in patient care. Participants will actively engage in generating ideas for applying these concepts at their own institutions to immunize learners against compassion fatigue.

Saturday, May 2, 2009; 10:30 am–Noon

RESEARCH FORUM H:
Presentations from the Best Research Paper Award Winner and the Curtis Hames Research Award Winner

Room: Capitol 1

RH1: Best Research Paper Winner Presentation: Timing of Repeat Colonoscopy
Alex Krist, MD
(see abstract on page 84)

RH2: Curtis Hames Award Winner Presentation:
Lilian Gelberg, MD, MSPH

Saturday, May 2, 2009; 1:45–3:15 pm

SEMINARS

S45: Maintaining Inpatient Medicine and Maternity Care Within Family Medicine [MH,P,R]
Beth Choby, MD; Sarina Schrager, MD, MS; Wendy Barr, MD, MPH, MSCE
Fewer family physicians are actively offering prenatal and maternity services. With the hospitalist movement, many family physicians are transitioning to outpatient-only practice settings and no longer provide inpatient care. Residency programs have increasing difficulties finding qualified full-scope faculty members, especially for maternity care. While the professional liability crisis, privileging issues, and the shift to outpatient only practice all play a role, the impact of lifestyle issues and work-family balance may have a stronger impact. Developing practice settings where shared care, flexible scheduling, and professional support is available to family physicians that provide inpatient and maternity care is critical. This seminar uses small and large group discussions to explore improving work-life balance and practice in physicians who enjoy inpatient medicine and maternity care.
Room: Mineral C

S46: Survivors In The Medical Home: Exploring How Personal Abuse Histories Affect Clinicians, Teachers, and Learners [R,P,FM]
Lucy Candib, MD; Catherine McKegney, MD
Many family medicine educators have personal histories of childhood or adult physical and sexual abuse, but we know little about how such abuse affects their clinical work or teaching. Astute faculty may be aware that some trainees too carry histories of victimization, but lack guidance for helping them identify, work through, and ultimately use such experiences to strengthen their clinical work. Unfortunately, many training environments do not provide sufficient privacy, safety, and trust for disclosure of personal experience and may even trigger or re-victimize survivors within the medical family. This exploratory seminar will enable participants to consider the relevance of personal abuse experiences for faculty and trainees and review the potential strengths and vulnerabilities of survivors as clinicians, teachers, and learners.
Room: Mineral F

S47: Primary Care and Disorganized Medicine: Unraveling the Mess [R,P,MH,S]
Russell Robertson, MD; Robert Phillips Jr, MD, MSPH
There is convincing evidence that the US primary care physician workforce is inadequate. While more US medical students are being trained, there is little optimism regarding a change in specialty selection trends. There are strong correlations between income and specialty selection but students do not rate it as a strong factor in their decision-making. The Council on Graduate Medical Education's next report will address this issue uniquely through an engagement with health care economists. A preliminary exercise supports a link indicating lower incomes militate against primary care that will be studied in greater depth at COGME's November meeting. We further intend to discuss this information in context with workforce proposals underway by the AAMC and AMA and how those entities may be effecting specialty selection.
Room: Capitol 7

S48: Fifty-five Word Stories: Small Jewels for Personal Reflection and Teaching [P,R,S]
Colleen Fogarty, MD, MSc
Fifty-five word stories are brief pieces of creative writing which use elements of poetry, prose, or both to encapsulate key experiences in health care. These stories have appeared in Family Medicine and JAMA and have been used to teach family medicine faculty development fellows. Writers and readers of 55-word stories gain insight into key moments of the healing arts; the brevity of the pieces adds to both the writing and reading impact. Fifty-five word stories may be used with trainees to stimulate personal reflection on key training experiences, or may be used by individual practitioners as a tool for personal reflection and professional growth.
Room: Mineral G

S49: Reinvigorating Pediatric Care and Training In Family Medicine Residencies : A 360 Approach [P,R]
Martha Carlough, MD, MPH; Cristy Page, MD, MPH
Pediatric visits to family physicians have declined nationally as well as in our family medicine center. The availability of primary care for all segments of the population is an important link to improved health. Family physicians remain a vital link to pediatric care, especially rural and underserved areas and for adolescents. Residencies must provide excellent pediatric training to prepare residents to care for children. We will provide a 360 degree approach to examining and reinvigorating pediatric care and training in family medicine residency practices, using our experience at UNC as an example. In small groups, participants will have opportunity to discuss applications to their own institutions and develop tailored action plans. Suggestions for resources and opportunities for networking and support will be provided.
Room: Capitol 6

Seminars continued on next page

Saturday, May 2, 2009; 1:45–3:15 pm

SEMINARS Cont'd

S50: Fitwits™: Using Games to Learn About Portion, Nutrition and Health Choices [P,R,S]

Susan Fidler, MD; Ann McGaffey, MD; Kristin Hughes, MFA

Childhood obesity is increasing exponentially. The concepts of portion, nutrition, fitness, and obesity can be difficult to address with children and families. Many current models involve didactic and symbolic approaches that are not engaging or successful. Through a collaborative effort between family medicine physicians and a university's school of design we created educational materials, games, and characters to address obesity prevention through active play for children of all sizes ages 9-12. Using a participatory design concept with our target population we created and refined Fitwits™. Through active participation, attendees learn a novel, interactive way to engage children and families in discussion regarding these health choices. Participants will learn to use the Fitwits™ concepts to address the topics of obesity, portion, nutrition, and fitness.

Room: Quartz A

Saturday, May 2, 2009; 1:45–3:15 pm

LECTURE-DISCUSSIONS

L50A: Transitioning OB Clinic Patients Into a Medical Home: Challenges and Strategies

Judy Washington, MD; Shakira Slater, MD

Women from lower SES groups face many barriers to comprehensive, continuous medical care. In this lecture-discussion, we will review how indigent maternity care clinics provide a unique opportunity to transition these patients and their families into a medical home. We will review how to educate and empower women to seek a medical home for themselves and their children. We will discuss specific interventions to facilitate comprehensive care, including prenatal, postnatal, pediatric and dentistry services. The specific barriers to continuing care will be reviewed, as well as strategies to overcome these barriers. Specific case examples will illustrate best practices in this area. We will also review the potential benefits and challenges to residency practices as they strive to meet the needs of these patients.

L50B: Listen and Respond: Resident Comments About OB [P,R]

Rebecca Williams, MD, MHPE; Margaret Rosenberg, MD

We conducted an anonymous internet survey of residents training in the northeast to assess their maternity care interest, training and future practice plans. The final survey question asked: Has your training altered your interest in providing maternity care? Of the 361 residents responding to the survey, 101 entered comments. Common themes included feeling disenfranchised, feeling unwelcome, concerns about competency and not allowed experience. Overall, comments contained a non-specific bleak negativity. It is notable that few residents expressed joy in the process of learning or delivering babies. Residency training should prepare family physicians for their future practice. Addressing the reality of our residents' training experience is crucial in this process. Participants in this session will review the residents' comments and formulate responses for our learners.

Room: Granite C

L51A: Physician Transitions Within the Medical Home: Applied Strategies to Safeguard Continuous Care [P,R,FH,MH]

Samantha Monson, MA; John Reiss, PHD

The integrity of the medical home can be compromised when patients transfer from one physician to another. This may occur at residency endings, shifts from pediatric to adult care, or during physician movement among practices. Ensuring that patients remain engaged in their medical home, including remaining connected to a trusted physician, at these vulnerable times can minimize disruption of their care. Collaboration among transferring physicians, other medical professionals, behavioral health providers, office staff, the patient, and potentially the patient's family offers one means of facilitating a smooth handoff. Applied strategies for such an integrative team will be presented with the goals of providing a new skill-set and collection of techniques that can immediately and easily be incorporated into current teaching and practice.

L51B: Residency Closure: Lessons Learned [P]

Allen Last, MD, MPH; Connie Kinnee, BSHCA

The closure of a family medicine residency program is thankfully uncommon, but anxiety provoking and challenging when it occurs. There is relatively little published on the process of closing a program and there are many issues to be addressed. We will be discussing the reasons for our own closure as well as summarizing the most common reasons for the closure of other residency programs. Administrative, clinical and personnel challenges will be discussed. A chronological framework for this process will be provided. We will describe our successes and failures and the lessons we have learned in the hopes of helping people avoid closure in the first place and if they are forced to close, navigate the challenges more easily.

Room: Mineral B

L52A: Establishing a Geriatric Assessment Clinic In a Residency Training Program [P]

Suzanne Gehl, MD; Nancy Havas, MD; Marie Wolff, PhD; David Lillich, MD

As our population ages, family physicians need more extensive education and training in order to adequately provide care to patients. Due to the complexity of issues and unique challenges faced by senior citizens, a typical 15-30 minute appointment is not adequate to meet their needs. This session will instruct attendees how to assess barriers and find potential solutions to the implementation of a Geriatric Assessment Clinic within their residency clinic. This allows 90-minute appointments for in-depth evaluation of a geriatric issue, provide excellent patient care and one-on-one resident education.

L52B: Integrating the Personal Medical Home into a Nursing Home Curriculum [P,MH]

Huey Lin, MD

Teaching residents the principles of a personal medical home in a nursing home curriculum is challenging. Barriers include resident attitudes about nursing home care, difficulty in ensuring continuity of care between resident physicians and patients in the setting of high resident workload, and differing visions of patient care. This lecture-discussion will highlight the process of how our residency program has developed a longitudinal nursing home curriculum that incorporates the principles of the personal medical home. Session attendees will understand how to identify assets and barriers to integration of the personal medical home in their own institution's nursing home curriculum, determine feasible interventions, and how to measure the efficacy of their curriculum.

Room: Agate A

L53A: Chemistry of Continuity Teamwork: Mixing Problem Solving Skills With Balint Style Fusion [P,FM]

Christopher Babiuch, MD; Mary Talen, PhD

Cornerstones of highly successful family medicine clinics are continuity of care, professional satisfaction and teamwork. Residency clinics have difficulty obtaining these goals due to resident transitions, staff turnover, limited physician availability, and continuity of care challenges. Our residency clinic has adopted an interdisciplinary Continuity Team approach to address these complications. Central to enhancing our teamwork and chemistry was the institution of monthly team meetings. These meetings consist of troubleshooting team functioning as well as a unique Balint style discussion of patient care and communication obstacles encountered not only by physicians, but also staff members. This lecture discussion will outline our implementation and evaluation process of this effective and reproducible method to improve continuity of care, teamwork, cohesion and morale.

L53B: What Is a Medical Home Without a Family? Interprofessional Education for Collaborative Patient-centered Care [P,M,H,FM]

Gwen Halaas, MD, MBA

Attributes of the medical or health care home are well-described but there is little discussion about the role and value of interprofessional collaborative practice and education in the context of this home. While the evidence is limited, a 2008 Cochrane review describes the positive outcomes of interprofessional practice. This lecture discussion will discuss the current status of interprofessional practice and education in the U.S. and internationally. There is much to learn from Canada where the national government has supported the provinces in developing effective interprofessional practice and education. Effective methods of interprofessional education will be presented. The interactive discussion will be directed toward developing effective interprofessional teams and teaching collaborative skills necessary for interprofessional patient-centered practice.

Room: Mineral D

L54B: Integrating NCQA Guidelines Into the Patient-centered Medical Home: A Case Report [P,MH]

Terrence Steyer, MD; Allison McCutcheon, MPH; Peter Carek, MD, MS; Lori Dickerson, PharmD; Vanessa Diaz, MD, MS; Andrea Wessell, PharmD

One of the hallmarks of a patient-centered medical home is the integration of quality improvement principles into everyday practice. The National Committee for Quality Assurance (NCQA) has published guidelines for the appropriate care of people with three chronic diseases: diabetes mellitus, low back pain, and cardiovascular disease. These guidelines provide a national standard for improving chronic disease management in our practices but can be difficult to implement. This presentation will showcase one program's success at integrating NCQA guidelines into everyday practice and will also discuss potential methods for funding this important goal. *(Note: Session is presented from 2:30-3:15 pm)*

Room: Granite A

L55A: Developing a Resident Driven Teaching Elective In a Residency Program

Shailendra Prasad, MD, MPH; Kristen Helvig, MD; Joseph Brocato, PhD; Franklin Anderson, MD

The future of family medicine is evolving with newer concepts in integrated care delivery forming the center of the patient-centered medical home. It is necessary to train current residents to be adept at communications and ready to take up the task of educating future generations of family physicians, other team members in the medical home and the communities and entities being served. This will present the development of a resident driven 'teaching elective' and longitudinal teaching curriculum at a residency site. Attendees will be oriented to the process involved in developing the elective, available resources for such electives and the evaluation tools used to see the effectiveness of the elective. The importance of developing communication skills as part of the elective will be highlighted.

L55B: Resolving the Identity Crisis: Exploring the Role of Chief Resident In a Family Medicine Residency [P,R]

Allison Hargreaves, MD; Linya Yang, MD; Madeline Colon, MD

A family medicine residency consists of a number of key players, including the program director, faculty, and residents. At the center of this triad is the chief resident, who must act as a hybrid of two existing roles—senior resident and junior faculty. This lecture-discussion by chief residents completing their tenure at the UMass Worcester Family Medicine Residency will, with audience participation, generate a Chief Resident job description, discuss challenges encountered, and convey the importance of this position. The chief resident is essential in enhancing the residency and in furthering the core purpose of the STFM by educating fellow residents, improving residency morale, collaborating with faculty, and recruiting medical students in an effort to create and become compassionate family physicians and skilled educators.

Room: Granite B

PEER PAPERS-IN PROGRESS

PEER SESSION K: Resident Teaching—Community Based

Room: Capitol 2

Moderator: Lisa Nash, DO

PK1: Community Action Research Experience (care) Program: Residency Training In Primary Care [L,S,R,P]

Amer Shakil, MD; Nora Gimpel, MD; Jay Ohagi, MS, MPH; Alison Dobbie, MD

Family physicians are ideal candidates to reduce health care disparities at the individual practice level, but most lack the knowledge and skills to effectively impact community health. Current residency training models may not adequately prepare training physicians to impact the health of their communities. We implemented a new training model designed to graduate family physicians trained in Community Action Research with the knowledge, skills and attitudes to care for the underserved and reduce health disparities. Outcomes to date include 20 family medicine residents trained in Community Action Research (CAR), a two slot per year Community Action Research Experience (CARE) designed, implemented and institutionalized into the residency curriculum, appointment of our first CARE fellow and completion of two community projects with measurable impact on community health.

PEER Papers continued on next page

Saturday, May 2, 2009; 1:45–3:15 pm

PEER PAPERS-IN PROGRESS Cont'd

PEER SESSION K: Resident Teaching—Community Based

Room: Capitol 2
Moderator: Lisa Nash, DO

PK2: Multiple Perspective Evaluation of a Public Health Communication Exercise at an Adult Senior Center [L,FM,S,R,P]

Jessica Greenwood, MD, MSPH; Christina Porucznik, PhD, MSPH

Competent professionals in medicine must be excellent communicators. Many institutions focus on teaching communication skills during undergraduate medical education. The public health rotation for senior medical students at the University of Utah offers didactic education on communication skill and an opportunity to practice dissemination of health information in multiple settings, including verbal communication to the audience of the local Senior Adult Center. We assess this experience from four perspectives: (1) the student communicating to the audience, (2) the student's peers in the audience, (3) the course instructors, and (4) the lay public in the audience. We will evaluate the effectiveness of the exercise for communicating matters of public health and correlate the assessments utilizing the four perspectives stated above. This IRB-approved project is a work in progress.

PK3: Redesigning Family Medicine Home Visits: A 2-year Study [L,S,R,P,MH,FM]

Julie Stausmire, MSN,ACNS-BC

Family medicine residents are required to complete two continuity patient home visits. Most programs share a group of homebound elderly patients that are seen by the program team but are not true continuity patients of each resident. We redesigned our home visits to holistically focus on individual patient/caregiver needs for education, psychosocial support, or safety interventions across the lifespan. Residents select their own continuity patients who would benefit from a one-time home visit and self-identify a learning opportunity for themselves. Residents complete a post-visit survey about the actual experience and self-assess if they met their learning goal. A key concept was incorporating a clinical nurse specialist as a preceptor to build trust in multi-disciplinary teams. Data analysis from this IRB-approved 2-year project is complete.

PK4: Development of an Expanded New Resident Orientation Program: Addressing the Needs of Diverse Learners [L,R,P]

James Ledwith, MD

This session will present an overview of the development of a new orientation curriculum for new residents. Our residency program historically fills with residents from diverse backgrounds and has had problems with struggling performance. Participants will be motivated to perform a critical analysis of current resident orientation procedures relative to the training needs of residents and develop new orientation processes to meet current needs.

PK5: An Innovative Clinical Trial Pharmacotherapy/Research Rotation In a Family Medicine Training Program [L,S,R,P]

Eleanor Lisbon, MD

The target audience for this peer-in-progress presentation includes: Preceptors/clinicians, residency faculty, faculty developers and Faculty researchers. The exposure to clinical trials is an element that has not been included in resident's research curriculum at the University of Kansas. Implementation of this curriculum will fill a gap in resident's education, build upon the existing research curriculum and begin to formalize a pharmacotherapy/research curriculum by having clear objectives. At the conclusion of the presentation, participants will have reviewed an innovative pharmacotherapy/research program of study which aims to introduce clinical trials to family medicine residents.

RESEARCH FORUM I: Special Research Session

Room: Capitol 1

RI1: Preparing the Personal Physician for Practice (P4)

Patricia Carney, PhD; Michael Mazzone, MD; Alan Douglass, MD

The P4 Residency Demonstration Initiative is a 6–year, 14-site, national comparative case study of a spectrum of innovations associated with the Patient-centered Medical Home in family medicine residency training. The P4 initiative has the potential to inspire considerable changes in the content and structure of family medicine training. Findings from the project are expected to guide future revisions in accreditation and content. This session will involve learning about initial findings from P4 residency training sites on their experiments in curricular innovation. Themes that will be covered include: 1) 4 years of training (including starting residency in the 4th year of medical school); 2) medical practice redesign; and 3) intentional diversification of training.

RESEARCH FORUM J: Patient-centered Medical Home

Room: Capitol 3
Moderator: J Crosson, PhD

RJ1: Addressing Multiple Health Risk Behaviors: Lessons for the Medical Home From the Combo Study

Douglas Fernald, MA; L. Dickinson, PhD

Objective: Examine interventions across seven primary care practice-based research networks addressing multiple health risk behaviors: unhealthy diet, smoking, risky drinking, and underactivity. Methods: 1777 adult primary care patients received health behavior counseling interventions. Analyze change over time on diet, smoking, drinking, physical activity, and quality of life from a common set of measures. Results: Patients in five of seven networks showed improved dietary scores; two showed improvements in proportion of smokers; three showed improvements in drinks per day. No networks showed improvement in physical activity. Three of seven networks showed improvements in unhealthy days. Conclusions: This field test of primary care interventions addressing multiple health behaviors suggests that it is feasible to change some outcomes—particularly diet and quality of life—with relatively short-term interventions.

RJ2: Cancelled

RJ3: A Medical Assistant-based Program to Promote Healthy Behaviors In Primary Care

Robert Ferrer, MD, MPH; Carlos Jaen, MD, PhD; Sherrie Gott, PhD; Priti Mody-Bailey, MD, MA

Objective: To determine the effectiveness of a medical assistant-based program to link patients with behavioral risks to interventions within the practice, health system, or community. Methods: Randomized control trial in Practice Research Network of San Antonio. N=864 primary care patients. Medical assistants applied behavior-specific 5A (assess-advise-agree-assist-arrange) algorithms to link patients with interventions. Results: The intervention group referred a greater proportion of patients to behavioral interventions than usual care (68.9 vs. 27.3%; *P*<.001), but did not achieve a higher success rate for behavioral outcomes (21.7 vs 17.4%; *P*=0.24). Qualitative interviews revealed both individual medical assistant and organizational effects on program adoption. Conclusion: Engaging more members of the primary care team to address risk behaviors improved rates of interventions but had modest effects on behavioral outcomes.

RJ4: Understanding the Costs of Quality Measurement Data Collection and Reporting In Primary Care Practices

Perry Dickinson, MD; Tiffany Brown, PhD; Tiffany Radcliff, PhD; Murray Cote, PhD; David West, PhD

Introduction: Little information is available regarding the costs of collecting and reporting quality measures to assist practice improvement and to track compliance with guidelines. This project explores the costs of implementing and maintaining quality measurement data collection in primary care practices. Methods: We used interviews, process mapping, and time and motion studies to estimate the costs for six primary care practices to implement and maintain systems to collect diabetes care measures. Results: Implementation and maintenance costs were both approximately $4,650 per practice or $14.00 per patient with diabetes per year, or $1.15 per patient per month. Conclusions: The costs of quality data collection and reporting in primary care practices are significant. Entities that want practices to report such data should consider how to cover the associated costs.

Saturday, May 2, 2009; 1:45–5:15 pm

THEME SESSION

T2: Portfolio Smorgasbord: Exploring Portfolio Experiences From Across the Country [FM,L,R]

Teresa Kulie, MD; Carrie Anderson, MD; Nancy Barrett, EdD; Joseph Brocato, PhD; Craig Gjerde, PhD; Susanne Krasovich, MD; Stacy Potts, MD; Andrea Pfeifle, EdD; Netra Thakur, MD; Ronald Williams, MEd, MS; Lynda Alper, LCPC, MEd

As medical educators across the country begin to utilize the educational portfolio to teach and assess learning outcomes, they are realizing their benefits and challenges accompanying. Portfolios take different forms at different institutions. A newcomer to the world of portfolios might easily feel overwhelmed with the multiple formats and options from which to choose when exploring portfolio development. Additionally, national portfolio movements (ACGME, ABFM, New Innovations) are gaining momentum and will develop new portfolio options for the future. This session offers a unique opportunity for participants to learn more about the portfolio experiences of multiple national leaders. These leaders, pooled from the STFM Group on Learner Portfolios, will describe/demonstrate their portfolio systems and will work individually with session participants to address challenges/successes faced during implementation.

Room: Agate B

WORKSHOP

W7: Spilling Ink: How to Write for Publication [FM,L,MH,R,S]

Kenneth Lin, MD; Allen Shaughnessy, PharmD

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 workshop, 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.

Room: Agate C

SPECIAL SESSION

SS4: Lessons From the Field: How to Use What We Are Learning About Enhancing Clinical Revenue in Family Medicine Departments and Residencies

William Mygdal, EdD; Larry Culpepper, MD, MPH; Michael Magill, MD; William Gillanders, MD

Leaders of family medicine residencies and departments manage large and complex businesses, and they experience continuing pressure to enhance their organizations' clinical revenue. In response, STFM in 2005 established the New Partners Initiative (NPI), which in turn prompted to the Council of Academic Medicine (CAFM) to identify revenue enhancement as a priority issue for all of academic family medicine. In 2007 STFM charged Larry Bauer, MSW, MEd and Mike Rosenthal, MD to conduct a series of in-depth interviews to determine how leading departments and residencies are currently incubating new entrepreneurial ideas for enhancing clinical practice. A second part of the charge was to outline a curriculum on revenue enhancement that could be presented at meetings of the constituent members CAFM. This workshop will briefly present the findings of the Clinical Practice Enhancement study, followed by an active dialogue with participants. Leaders of the study will present an outline of the study's process and findings, followed by comments from selected organizational leaders who were interviewed during the course of the study. These brief presentations will serve as background active discussion of the findings by presenters and attendees. Approximately 45 minutes of the session will be reserved for active dialogue and interaction.

Room: Capitol 4

Saturday, May 2, 2009; 3:15–5:15 pm

SEMINARS

S52: Home Sweet Medical Home: Using Interdisciplinary Training to Bring the Personal Medical Home to Life [MH]

Silvia Amesty, MD; Carmen Dominguez-Rafer, MD; Lourdes Hernandez-Cordero, DrPH; Michael Davidovits, PhD; Craig Irvine, PhD

A house is not a home unless the family joins in supporting one another. Similarly, a clinic is not a personal medical home unless the team supports one another in caring for patients. The Integrative Care Conference (ICC) provides interdisciplinary training through modeling skills useful during regular visits to improve communication among team members and between the team and patients, families, and caregivers. Then, the personal medical home is fully realized. Participants in the conference include the learners, a patient, family members and others invited by the patient, a behavioralist, and a family physician with advanced ICC training. The conference teaches clinicians how to integrate multiple perspectives and consult with one another in order for everyone in the medical home to provide well-coordinated care.

Room: Capitol 5

S53: The Metacognitive Micro-skills: Helping Residents Avoid Common Cognitive Errors Through Analysis of Clinical Reasoning [P,R,S]

Thomas Koonce, MD MPH; Alfred Reid, MA

Despite evidence that the majority of medical error is rooted in faulty clinical decision-making, residency education does not train residents to systematically analyze their diagnostic reasoning. Too often, practice-based learning and improvement focus on tangible clinical outcomes. Neglected are the important intellectual processes that lead learners to their diagnoses. This is true, in part, because it is easier for educators to access and, therefore, evaluate a final diagnosis rather than the thoughts that preceded it. In this seminar, we describe how we adapted the well-known precepting micro-skills to develop an educational tool that prioritizes analysis of clinical reasoning. We also present taxonomy of the most common diagnostic errors, and we explain how implementation of the metacognitive micro-skills can help clinicians avoid committing them.

Room: Capitol 6

S54: Enhancing Residency Training Using a Model of Group Well-child Care [P,R]

Cristy Page, MD, MPH; Martha Carlough, MD, MPH

Group visits provide unique learning opportunities for residents as well as a venue for patient support and comprehensive medical care. We developed a model of group well-child care in order to attract children to our practice and enhance our pediatric curriculum. Co-facilitated by faculty and resident physicians, the model provides opportunities to develop group facilitative skills, address common parent concerns, and practice developmental assessments. In this seminar, we will describe the model and curriculum and encourage participants to brainstorm application to their programs.

Room: Mineral C

S55: Care of Cancer Survivors By Primary Care Physicians [MH,P,R]

Ravinder Mohan, MD PhD; Steven Woolf, MD, MPH; Alton Hart, MD MPH; Jennifer Ryal, MD

One in three Americans will develop cancer. Since the 2005 Institute of Medicine report that cancer survivors are lost in transition after completion of their initial treatment, survivorship clinics have started but only at major cancer centers. Although family physicians and internists routinely manage problems seen in cancer patients, limited training in oncology prevents them in taking primary responsibility of follow-up cancer care. We are developing lectures in common cancers and a weekly cancer clinic as a part of our Medical Home. In this seminar, presentations about survivorship care models at a cancer center and other models will be followed by small group discussions. Then we will present our experience in a primary care clinic, and will have a large group discussion on these models.

Room: Mineral G

S56: New Courses From AAFP ALSO®-Basic Life Support in Obstetrics (BLSO®) and Global ALSO® [R,P]

Teresa Gipson, MD MPH; Portia Jones, MD, MPH; Lee Dresang, MD

As ALSO® has become more international, new courses for clinicians working in resource challenged areas with content specific to those areas is clearly needed. BLSO® and Global ALSO® are designed to meet that challenge. BLSO® draws on the strengths of ALSO®, teaching its evidence-based material through hands-on workshops, mnemonics and case-based discussions. BLSO® is appropriate for medical students, health providers who don't routinely practice obstetrics, emergency room staff and providers working in pre-hospital settings. Global ALSO® is an expansion of ALSO® incorporating information and issues central to practice in international and resource challenged settings. This seminar will review the work ALSO® has done in the United States and abroad, and present these new courses with hands-on practice in methods, content and evaluation.

Room: Mineral E

LECTURE-DISCUSSIONS

L56A: Integrating Palliative Care Into Family Medicine Training

Alan Roth, DO; Laurence Bauer, MSW, MEd

Meeting the needs of a growing aging population and their chronic illnesses requires that physicians acquire the specific knowledge and skills to manage pain and other symptoms while addressing the psychosocial issues associated with advanced illness. Family medicine, with its focus on continuity of care throughout the life cycle, is uniquely qualified to provide this level of care to our patients, and we need to ensure that palliative care remains within our scope of practice. Our residency program coordinates a palliative care program and curriculum that includes pain assessment and management, symptom control, communicating with patients and families, and coordination of care. We will discuss our curriculum and program development and how to incorporate palliative medicine training into residency programs.

L56B: Did You Leave Your Personal Medical Home Satisfied?

Beth Damitz, MD; Robin Helm, MD; Sandra Olsen, MS,BA

Today's health care consumer has high expectations of health care providers. Although much has been written about how to maximize patient satisfaction scores, there has been little research as to how to deliver patient satisfaction in a family medicine residency practice. There remains a need for valid, appropriate patient satisfaction benchmarks to fully understand the quality of service that family medicine residency practices provide. This presentation will allow the participant to experience the differences between care in a private practice with that of a residency practice. The participant will rate the experience in both with a standard patient satisfaction survey and will discuss the results and implications for the patient's personal medical home.

Room: Mineral D

L57A: Dietary Supplements: A Toolbox for Curricular and Clinical Integration

Jacintha Cauffield, PharmD; Michelle Hilaire, PharmD; Connie Basch, MD

The use of dietary supplements, including herbal medications and therapeutic vitamin and food supplements continues to rise among patients. The scope of agents used outstrips the exposure most providers receive within their own education. Helping a patient decide which agents to use and determining whether interactions with medications exist can be daunting. The risks are greater for older patients and increases with the number of prescriptions a patient has. If the decision to use a dietary supplement is made, selection of a specific product also presents challenges. We will share our ideas and experiences with attendees for teaching residents about dietary supplements and potential medication interactions as well as comparing and contrasting existing resources that are available.

L57B: Developing National Guidelines On Integrative Medicine for Family Residency Programs

Amy Locke, MD; Benjamin Kligler, MD, MPH; Andrea Gordon, MD; Andrea Gordon, MD; Mary Guerrera, MD

Goals and objectives were developed in 1999 to guide family medicine residencies in teaching integrative medicine. Since that time these guidelines have been implemented and fine-tuned to varying degrees by different residency programs. The STFM Group on Integrative Medicine is revising the competencies in hopes of developing a standard across programs that is attainable by all. Our goal is adoption by the AAFP's curricular guidelines and eventual inclusion as an RRC requirement of family medicine residents. This lecture-discussion will examine what a variety of programs are doing, review the groups' current working document and brainstorm competencies that could be widely applicable.

Room: Granite A

L58A: Lights, Camera, Action (or Contemplation): Evaluating Residents Health Behavior Change Skills With Standardized Patients [R,P

Deborah Seymour, PsyD; Joanna Stratton, PhD; David Clampitt, MD

Family medicine educators have trained residents to initiate health behavior change discussions for decades. In an effort to meet the many demands of residency education with a single methodology we used standardized patients to both teach and evaluate our residents while also evaluating our curriculum. The use of standardized patients allows for formative evaluation of residents via video review of the encounters. The taped encounters are an excellent means of helping residents to learn when and how to engage patients in health behavior change discussions. Over the course of a 3 year residency accrued video demonstrates resident development of initiating health behavior change conversations with patients. Comparison of video tapes across residency sites may be used for the evaluation of our health behavior change curriculum.

L58B: The Impact of Patient Panels On Access, Continuity, and Quality in Family Medicine Teaching Practices

Bruce Soloway, MD; Jonathan Swartz, MD

Continuity patient panels are difficult to define in teaching practices. In two family medicine teaching practices, following provider review of computer-generated data on visit histories and previous PCP assignments, a unique active primary care provider was identified for each patient, and each active provider assumed responsibility for a defined panel of patients. In the first year after panels were created, panel sizes were adjusted by opening and closing panels and redistributing patients when providers entered and left the practices; panel-based continuity of care was measured and trended over time; and individual provider chronic-disease registries were developed to track patient care processes and outcomes. Participants in this lecture-discussion will explore how patient panels might be defined in their home practices to enhance patient care and teaching.

Room: Granite B

Lecture-Discussions continued on next page

Saturday, May 2, 2009; 3:15–5:15 pm

LECTURE-DISCUSSION Cont'd

L59A: Core Content of Behavioral Medicine: From Principles to Practice [FM]

Julie Schirmer, MSW; Deborah Taylor, PhD; Robert Zylstra, EdD, LCSW

This session seeks to clarify behavioral medicine core principles to 1) educate others new to the field, 2) be a curricular guide and standard to assess how programs are functioning and 3) guide job descriptions, evaluation, and promotions for behavioral medicine faculty. Over the past year a sub-group of STFM's Group on Behavioral Science has been developing a set of seven core principles that can be used to train our next generation of family medicine physicians. We will seek input from participants on the actual prinicples and on how best to guide individual training programs to improve the training of learners and the clinical care of current and future patient populations.

L59B: Boundary Crossings; An Interactive Discussion [P,R,S]

David Quillen, MD; David Feller, MD

Crossing social boundaries can be a useful way of thinking about common difficult interactions with patients. The crossings can be as simple as an inaccurate greeting, inappropriate intentional or accidental sexual or racial comments, or inappropriate requests. Poorly managed crossings can be more serious and can lead to inappropriate medical care or development of inappropriate relationships between patient and clinicians. These interactions can be very stressful and problematic for clinicians and patients. With audience participation, we will explore the complex issues and brainstorm strategies for management and teaching.

Room: Granite C

L60A: Incorporating Your Advisor Program Into the Curriculum: The Best of Both Worlds! [P]

Eva Bading, MD; Aaron Michelfelder, MD; Keith Muccino, MD; Anthony Mrgudich; Amy Blair, MD

Does your medical school academic advising program need a boost? Or would you like to learn how to make your good one even better? Then this session is for you. We'll present a successful model of incorporating the advisor program directly into the day-to-day medical school curriculum. We'll show you how your every day teachers can be wonderful, confident and competent advisors, and how academic advising can go beyond the professor's office and into the regular classroom of the curriculum. In fact, this model even has students advising each other within their normal curricular small groups! You'll take away this model, as well as the collective wisdom of the other participants to consider making your own advising program exciting and new!

L60B: Avoiding Pitfalls In An Expanded Resident Orientation Program: Addressing Needs of Diverse Learners [P]

James Ledwith, MD; Stacy Potts, MD

This session will present an overview of the development of a new orientation curriculum for new residents in a family medicine residency program that recently has >50% of residents educated outside of the United States. Participants will be guided through the performance of an analysis of current resident orientation procedures relative to the training needs of residents. Procedures for development of a new orientation process will be reviewed. Extensive discussion will review obstacles encountered in the planning and implementation of the program with attention to avoidance of problems in future years. The primary presenter used the new expanded orientation in 2008, and the co-presenter will be implementing a similar program in 2009.

Room: Mineral B

L61A: Just For Us – A Medical Home At Home [P,MH,FH]

Robin Ali, MD, PharmD; Michelle Lyn, MBA,MHA; Fred Johnson, MBA, MHA; Kimberly Yarnall, MD; Madhavi Reddy, MD; Viviana Martinez-Bianchi, MD

The Medical Home coordinates care and integrates services for the patient across the health care system and the patient's home and community. Just for Us, a service of Duke's Division of Community Health provides in -home, integrated care to medically fragile, low-income seniors and disabled adults living in subsidized housing in Durham, NC. The program provides primary care, care management, nutrition and occupational therapy services in the patient's homes through a multidisciplinary, multi-agency team. Duke University Department of Community and Family Medicine encourages students, residents and fellows to serve as highly skilled compassionate members of multidisciplinary patient-centered teams. Just for Us teaches learners to work collaboratively with community partners to improve the quality of life and sustain the independence of Durham's seniors.

L61B: Chaos Theory and Complexity Science: Keys to Make the Best Medical Home Even Better

Stefan Topolski, MD

The call has gone out for a medical home for every person and every person in a medical home. Our medical non-system, however, is chaotic and resistant to almost all change. Chaos and Complexity Theory provide new and useful insights into what makes a medical home a home and how to build it so they will come. We will review the family medicine foundations of Chaos and Complexity Theory and then apply them in clear and robust qualitative-quantitative methods. Chaos and complexity theory are fundamental to better understanding and improving health care to advance the quality of the medical home. With large change in health care inevitable, why aren't we using the science of complex change to get there?

Room: Mineral F

Saturday, May 2, 2009; 3:45–5:15 pm

PEER PAPERS-IN PROGRESS

PEER SESSION L: Student Teaching—Curriculum Development

Room: Capitol 2
Moderator: Warren Ferguson, MD

PL1: A Family Medicine Clerkship Curriculum in Medication Errors: Progress Report [L,S,R,P]

Henry Barry, MD; Christopher Reznich, PhD

Medication errors are critical problems that must be addressed in the undergraduate medical education curriculum. We are using the Medical School Objectives Project to design, develop, pilot test, implement, and evaluate a curriculum in reducing medication errors. We obtained HRSA funding for this development project and have started a needs assessment including pretesting of third-year students, literature reviews, and curriculum inventory. While many elements addressing patient safety, including medication errors, exist in the curriculum, we will focus this initiative in the family medicine clerkship since it is a natural fit given the wide variety of patients (including the elderly) and educational venues available. We will present the curriculum and the results of the first pilot test.

PL2: Family Physicians and Global Health: A Qualitative Study of Exemplars to Guide Curriculum Development [L,MH,S,R,P]

Margaret Lekander, MD; Gowri Anandarajah, MD

Problem: Global health, as a growing field of interest among family physicians and residents, demands curricula, tailored to the needs of the 21st century that support those interested, continue to inspire them, and foster long-term engagement. Ideally curricula should also embolden physicians to critically evaluate the nuances of community health interventions. With the task of curriculum development in mind, this study explores the characteristics and wisdom of exemplar family physicians in global health. Methods: This is an exploratory qualitative study of key informants, using semi-structured individual interviews and the immersion-crystallization method for analysis. Outcomes: Study is in progress. Implications: Results of this study will inform revision and implementation of a global health curriculum tailored to the needs of trainees in today's health care and global environment.

PL3: Evaluation of Effective Teaching of Musculoskeletal Medicine Across the Medical School Curriculum [L,S,P]

Barbara Tobias, MD; Robert Ellis, MD; Jon Divine, MD; Saundra Regan, PHD

In response to the growing national awareness of medical students' lack of preparedness to meet the challenge of increasing prevalence of musculoskeletal conditions in the population, this project is designed to assess current 4th year medical students' knowledge and confidence in musculoskeletal medicine. Using Survey Monkey*, students answered a 25 question validated musculoskeletal medicine quiz, identified which clerkships and electives exposed them to effective learning experiences in musculoskeletal medicine, listed self learning materials (internet, journals, youtube) and reported confidence in aspects of diagnosis and management of common musculoskeltal conditions. Results will be compared to students' performance on the musculoskeletal component of a high stakes OSCE exam. Results will be used to develop musculoskeletal medical education experiences and curriculum.

PL4: Teaching Humanities Through Music: Experience With Medical Students [L,S,R,P]

Marco Janaudis, MD; Pablo Blasco, PhD; Matthew Alexander, PhD, MA; Marcelo Levites, MD; Graziela Moreto, MD

Introduction: Music is a universal language. Easily assimilated by young students, music can engage the interest of learners. Once engaged, musical selections can stimulate small-group discussion and reflection to allow for discussion. Methodology: The author conducted a qualitative study that involved groups with medical students. Core values of family medicine and general life themes were presented. After the songs, a group discussion was facilitated. Students were then asked to write about their experience. Results: Students wrote about facets of the experience. One quote seemed to sum up the overall reaction: a student wrote that the group was able to discuss . . . things that we can't discuss during the graduation because there isn't time for that. Conclusion: Music may be a useful tool in teaching humanities and values.

PL5: Policy In Action—An Innovative Introductory Seminar for Medical Students [L,S]

Keisa Bennett, MD/MPH

Statement of Problem: Changing the broken health care system via research and advocacy requires that health professionals be policy literate. Policy, however, is seldom covered in the medical school curriculum. Methods: development of a seminar-based curriculum for introducing health policy to medical students. This policy selective is student-driven and highly participatory. Course activities include each student researching an issue of interest, learning about topics from peers, and reflecting on meetings with policy makers. Outcomes: planned implementation April 2009. Evaluation will consist of a pre and post-test as well as a feedback assignment. Implications: the provision of a foundation and inspiration for students' involvement in health policy as well as the establishment of a reproducible method for teaching policy via a dynamic, participatory method.

Saturday, May 2, 2009; 3:45–5:15 pm

RESEARCH FORUM K: Geriatrics and Domestic Violence

Room: Capitol 1
Moderator: Richelle Koopman, MD, MS

RK1: The Validity and Feasibility of Tools to Detect Elder Abuse and Neglect: A Systematic Review

Peggy Nguyen, BA, BS; Linda Meurer, MD, MPH

A systematic review was conducted to identify validated instruments to detect elder abuse and neglect and to qualitatively assess the feasibility of these tools for use in a primary care setting. Sixteen studies validating 10 instruments to detect elder mistreatment met inclusion criteria, including comparison against a reference standard. Six instruments were brief tools to detect elder abuse; of these, four assessed the elderly and two assessed caregivers. Three extended tools assessed risk of elder abuse by evaluating a combination of the elder, caregiver, or home environment. One instrument assessed elder self-neglect. Significant study design weaknesses were identified in areas of blinding, validity of the administered reference standards, and applicability of the study setting, limiting the ability to recommend any single instrument for office use.

RK2: Elder Abuse Risk And Profile of Reported Cases In Milwaukee County

Megan Doty, BS; Linda Meurer, MD, MPH; Annie Nguyen, MPH; Linda Cieslik, PhD; Ramona Williams, MSW; Chester Kuzminski, MDiv; Kevin Hamberger, PhD

A literature review on risk factors for elder abuse and neglect and descriptive analysis of characteristics of cases reported to the Milwaukee County Department on Aging (MCDA) were conducted to assist aging service providers in detecting elder abuse risk. Cognitive impairment, behavioral problems, poor social network and living with others emerged as risk indicators in the literature. Of 825 calls to the MCDA in 2006, most were frail, white, older women. Perpetrators were typically the elder's friends or family, often the victim's adult children. Despite common fears, only 5.8% of reports resulted in nursing home or assisted living placement. Prospective studies are needed to determine if the typical profile represents elders at greatest risk of abuse and neglect, or those most likely to be reported.

RK3: Cost and Effectiveness of Intimate Partner Violence Intervention In Primary Care Settings

Ping-Hsin Chen, PhD; Susan Rovi, PhD; Marielos Vega, RN, BSN; Marielos Vega, RN, BSN

Objective: To access costs of IPV and the effectiveness of a brief IPV intervention on physical and mental health. Method: Retrospective chart audits of 421 adult women at 3 urban family medicine practices. Victims who screened positive (17%) received an intervention by physicians. Three years of medical and billing records were abstracted. Results: Emergency room costs were significantly higher for victims prior to identification than for non-victims ($365.6 vs. $162.2; *P*=0.027). The brief intervention had short-term effects on decreasing mental health symptoms for victims of more severe IPV (from 2.4 to 1.6), and physical health symptoms for victims of less severe IPV (from 18.4 to 14.4). Conclusions: Intervention programs need to take into account the stages of IPV to reduce acute and further abuse.

RK4: Internet Searching for Health Information Among Older Adults With Diabetes

Richelle Koopman, MD, MS; Jennifer Johanning, BA; David Mehr, MD, MS; James Campbell, PhD; Cheryl Shigaki, PhD; Cherith Moore, MSW, MPA; Karen Smarr, PhD; Robin Kruse, PhD

Objective: Understand barriers and facilitators to internet searching for health information among seniors with diabetes. Methods: Twelve persons age 65 with a range of health literacy scores (REALM, NVS) completed semi-structured interviews exploring internet use. Participants were then observed performing 4 diabetes-related internet searches. Transcribed interviews and field notes were qualitatively analyzed. Results: Eleven participants reported using the internet at home or work. Most participants did not regularly search online for health information; the health care team was the preferred source for health information. Many participant searches became mired in commercial sites, reinforcing participants' sense that the internet is not a useful tool for them. Conclusion: While internet use among seniors may be surging, search capabilities and use of online health information may be limited.

RESEARCH FORUM L: Infectious Disease

Room: Capitol 3
Moderator: Caroline Richardson, MD

RL1: A Community Intervention to Decrease Latino Adults' Use of Antibiotics for Self-medication

Arch Mainous III, PhD; Vanessa Diaz, MD, MS; Mark Carnemolla, MS

Objective: To implement a culturally-sensitive intervention with multiple media sources (pamphlets, radio, newspapers) designed to change Latino adults' practice of self-medication with antibiotics. Method: A 9-month culturally-sensitive intervention was implemented in Charleston, South Carolina and evaluated in Charleston (n=250) and Greenville, South Carolina (n=250). Results: A majority of Latino adults in Charleston (69%) and Greenville (60%) report exposure to messages about the inappropriate use of antibiotics. In multivariate analyses, exposure to an educational message was not a significant predictor of having acquired antibiotics OTC in the US in past 12 months. The primary predictor was whether they had bought antibiotics OTC outside the US. Conclusions: Successful interventions to change behavior should combine education with increased regulation on the selling of antibiotics OTC in Latino communities.

RL2: Cost Effectiveness of Pneumococcal Polysaccharide Vaccination Strategies In The Elderly

Richard Zimmerman, MD, MPH; Kenneth Smith, MD

Background: The public health impact of various pneumococcal vaccination (PPV) strategies in elderly persons is unknown in the era of changed epidemiology. Methods: Using a Markov model, we separately estimated the cost-effectiveness of single- and multiple-dose PPV strategies in 65-, 75-, and 80-year-old cohorts against invasive pneumococcal disease (IPD). Rates of IPD were obtained from the CDC. IPD costs were obtained from HCUP and utilities from the medical literature; an expert panel estimated PPV-related protection. Results: Incremental cost-effectiveness ratios (ICER) for non-dominated strategies in each age cohort are summarized in the Table below. Cohort age Vaccination age(s) ICER 65 65 $26,100 65 75 $88,400 65 70 75 80 $188,000 75 75 $71,300 75 85 $92,700 80 80 $75,800 80 85 $548,000 Conclusion: Single dose PPV strategies are worth considering. Multiple PPV strategies are more expensive.

RL3: Pandemic Influenza Preparedness: Surge Capacity and Triage to Encourage Influenza Self Care At Home

Lauren DeAlleaume, MD; Walter Calmbach, MD; Zsolt Nagykaldi, PhD; James Mold, MD, MPH; Jonathan Temte, MD, PhD; John Ryan, DrPH; John Ryan, DrPH

During an influenza pandemic encouraging self-care at home can limit the spread of infection and increase surge capacity. Objectives: To assess primary care surge capacity plans and to evaluate internet and telephone triage systems to promote influenza self-care at home. Methods: Interviews with clinicians from four practice-based research networks to assess practice surge capacity. Qualitative analysis of interviews with patients who used the triage system during the 2007-2008 influenza season. Results: Over 90% percent of patients found the triage system helpful. Approximately 30% of patients thought the triage system helped them decide to try self care at home instead of seeking immediate medical care. Conclusions: Internet and telephone triage systems may help practices deal with a surge in patient demand during an influenza pandemic.

RL4: Availability of Antibiotics for Purchase Without a Prescription On the Internet

Arch Mainous, PhD; Robert Post II, MD; Vanessa Diaz, MD, MS; William Hueston, MD; Charles Everett, PhD

Objective: To examine the availability of antibiotics on the Internet without a prescription. Methods: Internet search of two major search engines with the key words purchase antibiotics without a prescription, online. Results: We found 184 different Web sites and 138 unique vendors selling antibiotics without a prior prescription. 36.2% sell antibiotics without a prescription while 63.8% provided an online prescription. 93.3% sell azithromycin in quantities greater than a single standard course. Mean delivery time is 8 days. Marketing information on the sites encourages self-medication. Conclusions: Although it is illegal, antibiotics are readily available for purchase on the Internet without a prescription. Interventions to decrease antibiotic resistance need to focus not just on prescribing behavior of providers but on accessibility of antibiotics obtained without a prescription.

Saturday, May 2, 2009; 3:45–5:15 pm

SPECIAL SESSION

SS5: Getting Your Proposal Accepted: Tips From The Reviewers

Anthony Catinella, MD MPH; Lisa Nash, DO; David Henderson, 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.

Room: Agate A

Sunday, May 3, 2009; 8:15–9:45 pm

SEMINARS

S57: Transforming Your Presentation Into a Publication [R,P]

Sarina Schrager, MD, MS

Writing for publication is an integral part of being in academic family medicine. Many faculty members are hesitant to write for publication, citing time, lack of mentoring, and competing job responsibilities as barriers. However, most faculty members regularly give lectures to residents, medical students, and colleagues. This seminar will present a concrete method to use the time and effort that goes into giving a presentation as a way to develop a rough draft of a publication on the same topic. Multitasking in this manner will allow faculty to save time and increase scholarship. Attendees will leave with a checklist that will enable them to use their presentations as the basis of written manuscripts.

Room: Mineral F

S58: Exercise in Personal Medical Home: An Innovative Resource for Healthier Living [MH,R,P]

Michele Vaca, MD; renee shanker, MSW; Alice Fornari, EdD, RD

Group dance interventions have been shown to be an effective method for reducing risk factors in underserved populations. A partnership between a family medicine department and four health centers resulted in a dance- based exercise resource for the community, Salsa Bronx. To ensure sustainability, 15 health care providers and community members have been trained as dance instructors. Residents and students will also promote community engagement and physical activity. Objectives of the seminar are 1) to describe the implementation of group dance exercise and 2) to discuss the effectiveness of incorporating health care providers and community members as fitness instructors. During the seminar, participants will be actively involved through a discussion regarding strategies for promoting exercise in their practice.

Room: Granite B

S59: The Patient-Centered Interview and the EHR: Opportunity Or Disconnect? [MH,R,P]

Christine Matson, MD; Bruce Britton, MD

The EHR is a key element of the New Model of family medicine and the patient-centered medical home. Conducting a patient-centered interview requires a certain level of mindfulness in attending to the patient's story and patient cues while simultaneously monitoring the process of the interview. Adding the neural pathways required for navigating the electronic record may exceed the average learner's mindfulness RAM. What effect is the implementation of EHR having on our learners' ability to elicit the patient's story, respond empathically, and reach common ground with the activated patient? This session will provide the opportunity for family medicine educators to share their experiences in overcoming legal, educational and patient-centered care issues related to family medicine residents' and students' use of the electronic health record.

Room: Mineral G

S60: Beyond Journal Club: Developing an Approach to Fostering Residents' Medical Decision Making [R,P]

Stephen Wilson, MD, MPH; Jennifer Middleton, MD; Lora Cox, MD; Amy DiPlacido, MD

Medical Decision Making (MDM) is the foundation of what physicians do and teach. It incorporates clinical experience, patient preference and participation, and analysis and application of relevant, valid evidence. Traditional journal club does not effectively teach these skills. We have developed an approach called MDM, in which MDM = JC+EBM+PC (Medical Decision Making = Journal Club + Evidence Based Medicine + Patient Care). In this session we will: review our journey from JC to MDM; describe current components – Biostatistic Review, Article Review, InfoPOEM-of-the-Month, USPSTF, Clinical Question, Debate, and InfoQuest; have current and former residents replicate components of MDM and give their perspectives; and give participants opportunities to experience, ask questions and begin developing changes to their journal club.

Room: Granite A

S61: Chronic Disease Medical Metaphors, Frames, and Reframes: Advanced Persuasion Communication Techniques with Patients [MH,R,P]

Michol Polson, PhD; Frank Dondiego, MD

The increase in chronic diseases has made the task of training residents in the Medical Home Concept more difficult as it relates to patient education, persuasion and motivation. PCPs must translate complex medical language into the everyday language of patients within 15 minutes. This presentation trains medical educators to teach residents to achieve better mutual understanding with their patients through the advanced communication techniques of metaphors, frames, and reframes. Residents may use these techniques to increase patient comprehension and compliance through universally understood metaphorical images and expanded patient frames of reference. Our program successfully trains residents how to use these communication tools to better educate patients on disease processes, explain physiology, describe interventions, challenge patients to change their behavior, and answer questions about varied issues

Room: Granite C

LECTURE-DISCUSSIONS

L62A: Family Meetings: Teaching Residents Through a Competency-based Module [FM]

Amy Odom, DO; Amy Romain, LMSW, ACSW

Family physicians consider organizing and holding family meetings a valuable, core skill for patient care. Yet, many training programs do not dedicate the resources to intentionally teach and evaluate this skill. Limited formal training, combined with scheduling challenges, impair residents' ability to effectively prepare for and facilitate this important process. As part of our longitudinal curriculum on family-oriented care, we have developed a competency-based module for teaching family meetings, combing a case-based, didactic unit with supervised experiential training. In this session we will share our two-part didactic session with participants and provide them with copies of the tools used to develop and evaluate this skill. Additionally, participants will have the opportunity to share their own experiences teaching this skill with fellow medical educators.

L62B: The Family Medical Visit: Bringing The Family Back to Family Medicine [FM]

Gina Rose, MD; Beverlee Ciccone, PhD

Family medicine residencies are challenged with teaching the importance of integrated care of the family to achieve effective care for each individual. Families are challenged with finding an opportunity to meet as one unit with the physician to discuss and coordinate care within the functioning framework of the individual family. In our suburban community residency program, using the Group Visit as a model, we developed the Family Medical Visit. We plan to discuss (1) how we developed this model, (2) the impact it has had on the resident's appreciation and understanding of the biopsychosocial perspective of the family in the medical home, (3) the impact it has had on the family's comprehensive medical care, and (4) advantages and disadvantages unique to the Family Medical Visit.

Room: Mineral B

L63A: E-visits, Web Sites and Portals: Health Information Technology for the Patient-Centered Medical Home [P,MH]

Peter Ziemkowski, MD

While focused entirely on appropriate care for individual patients, the Patient-Centered Medical Home (PCMH) can only be implemented using a healthy dose of information technology. Indeed many of the components of the PCMH are defined in terms of information technology. Many clinical instructors may not understand how this technology works and can be used to support individual care. We will discuss the use of such technology, including patient portals and health information repositories for care of individuals and populations. We will discuss methods by which the use of clinical websites, e-visits and online patient services may be used in medical student and resident instruction.

L63B: Implementing An Integrated EHR: Challenges Faced and Lessons Learned

Austin Bailey, MD; David Marchant, MD

Moving from a paper-based health record to an electronic health record (EHR) has distinct challenges associated with it. Our family medicine residency program began implementing an integrated EHR in 2005. Four years later, we continue evolving pieces of our software, training staff and providers, and learning the ins and outs of patient care in a paperless system. This session will give program faculty, residency directors, and practice administrators insight into the envisioned and the actual process of segmental implementation of an electronic health record at a family medicine residency program, provide one model of competency-based training, and address some of the the challenges faced and lessons learned.

Room: Mineral C

L64A: Care of Underserved Patients: Using Complexity Theory to Enhance Patient Care and Resident Capability [FM]

Jaqueline Raetz, MD; Judith Pauwels, MD; Valerie Ross, MS; Jane Huntington, MD; Jane Huntington, MD

Teaching residents to care for underserved patients continues to be a priority and challenge. As we also embrace the medical home model, we need to teach physicians to lead interdisciplinary teams and work together with community resources. To address these needs, we have designed a curriculum that incorporates teaching of the Minnesota complexity model with complex patient panel management. Behavioral science modules train residents in patient behavioral change, substance abuse, chronic pain, and physician self-preservation skills. Additionally, residents visit community resources and actively participate in interdisciplinary clinics developed within our residency continuity clinics. We will present the project's background and progress, lead a teaching exercise on patient complexity, and engage participants in discussion of teaching elements of complexity within their programs.

L64B: What You Don't Know, Can Hurt You: Avoiding Medical Malpractice!

Jeff Susman, MD

Malpractice. Just the word is enough to scare the heartiest of clinicians. Yet most learners and their teachers are ill-prepared to understand the language of the legal system, handle the stress of a malpractice suit and develop systems to prevent avoidable actions. This session, through the use of interactive cases, will acquaint the participant with important legal concepts, explain the typical progress of a malpractice suit, and explore implementing systems of risk management. Participants will share their successful approaches to teaching this material and discuss ways to promote learner interest in this arena.

Room: Mineral D

L65A: Developing Diabetes Registries for Residents: Preparing Residents to Work In Practice-based Research Networks [MH,P,R]

Lori Dickerson, PharmD; Peter Carek, MD, MS; Andrea Wessell, PharmD; Terrence Steyer, MD; Vanessa Diaz, MD, MS; Chip Cooper, MD; Sarah Rogers, MD; Allison McCutcheon, MPH

Quality improvement is a vital component of family medicine education, the patient centered medical home, and a research tool used in practice-based research networks (PBRNs). To enhance the existing quality improvement curriculum, our program has developed an intra-residency PBRN focusing on diabetes care. Each resident has created and maintains a diabetes registry, and data are summarized by PBRN teams. On a quarterly basis, PBRN teams identify opportunities for improvement, and work on Plan-Do-Study-Act cycles. Teams share successes and failures in an effort to enhance outcomes and decrease re-work loops. This presentation will provide the program and resident perspective on participation in this PBRN.

L65B: Meeting RRC Requirements for Research & Scholarship: An Introduction to The FPIN Approach

Bernard Ewigman, MD, MSPH

This workshop will focus on how the Family Physicians Inquiries Network (FPIN) assists departments and residency programs with meeting RRC requirements, while building curricula for research and scholarship. We will describe how to develop a successful plan for implementing the FPIN approach and review other successful programs. We will outline the steps to membership and how programs can test drive the projects. Project liaisons will review specific steps for engagement and review practical tips for launching FPIN at your program. Seminar goals & objectives: 1. Learn how to get involved with FPIN 2. Identify and understand the two projects designated for new members 3. Introduce participants to the structured editorial process that FPIN provides

Room: Mineral E

Sunday, May 3, 2009; 8:15–9:45 am

PEER PAPERS-COMPLETED PROJECTS

PEER SESSION M: Family Medicine Research: Implications for Teaching and Practice

Room: Capitol 6
Moderator: Patricia Lenahan, LCSW, MFT, BCETS

PM1: Effect of a Spanish-language Diabetes Education Intervention on Symptoms of Depression

Pamela Frasier, MSPH, PhD; Matthew Olson, MD, MPH

Background: Diabetes prevalence among Mexican-Americans is nearly twice that of non-Hispanic Caucasians. Diabetes patients have twice the risk of depression, associated with worse glycemic control and increased complications. We evaluated an intervention on reduction of symptoms of depression. Methods: A retrospective study was conducted with 74 patients. The PHQ-9 and Diabetes Knowledge Questionnaire (DKQ) were administered before and after the intervention. Outcome measures were change in symptoms of depression, knowledge, and glycemic control. Patient Outcomes: Completers had reductions in symptoms of depression. However, participants with > moderate depressive symptoms were twice as likely to drop out of the class (RR = 2.0, 95% CI = 1.1-3.5). Implications: Addressing depression is critical to the overall care of diabetic patients, with intensive monitoring and follow-up of dropouts.

PM2: Clinical Characteristics of Non-group A Streptococcal Pharyngitis [L,R,P,S]

Jeffrey Tiemstra, MD; Rosita Miranda, MD

Background: the role of non-group A streptococci as pathogens in acute pharyngitis is controversial. We studied whether pharyngitis associated with non-Group A strep infection demonstrates clinical features similar to Group A strep pharyngitis. Methods: retrospective case-control study. Results: 909 adult cases were reviewed. The incidence of Group A strep was 16.0%, non-group A strep 19.8%, and viral 64.2%. The rates of headache, fever, exudates, and cervical lymphadenopathy in non-group A infection were similar to group-A case rates, and significantly higher than in viral infection. Conclusion: Non-group A strep-associated pharyngitis is common in adults, and shares clinical findings of group A infection, suggesting that non-group A strep is pathogenic in these cases. Whether these patients would benefit from antibiotic therapy remains to be determined.

PM3: Exploration of the Efficacy of the Patient Health Questionnaire In Screening for Perinatal Depression [L,R,P,S]

Kimi Suh, MD

Postpartum depression screening yields 11-32% rates. There is no single established depression screen for prenatal depression. Retrospective chart review performed in an urban community health center identified 210 women (during the course of usual care) who completed the validated Patient Health Questionnaire (PHQ-9 items) before and after delivery. The PHQ-9 measures depressive symptoms, severity and functional assessment. Clinical diagnosis, age, race, parity/gravida, insurance status, and time from birth were recorded. Dependent sample statistics tested three hypotheses. Prenatal and postnatal means were 6.64 and 3.22 ($p < .001$). Regression analyses revealed relatively higher Betas between somatic items and pre-postpartum severity scores. In pregnant patients, the responses to the somatic items may be amplified more than the remaining 6 items, leading to increased falsely positive tests.

PEER PAPERS-IN PROGRESS

PEER SESSION N: Student Teaching

Room: Capitol 5
Moderator: James Tysinger, PhD

PN1: Fostering Patient-centeredness In Our Learners- The Legacy Teachers Program [L,S,R,P,MH]

Elizabeth Garrett, MD, MSPH; Caroline Kerber, MD

Solutions for our fragmented and inefficient health care system include a significant expansion of the primary care physician workforce and transforming old models to new systems of care. Family medicine and the Personal Medical Home are felt by many to be our greatest hopes to see these solutions actualized. Fostering patient centeredness in our learners and providing programs where they experience powerful relationships with patients will help them see the value of providing and practicing in personal medical homes. Our Legacy Teachers Program encourages third year medical students to identify and celebrate patients who have been important teachers for them and to reflect on the impact these lessons will have for the duration of their professional careers. We will share three years' experience with this unique program.

PN2: Medical Student Perceptions of Pharmaceutical Marketing and Sample Use During a Rural Ambulatory Clerkship *[L,S,R,P]*

David Gaspar, MD; Joseph Saseen, PharmD; Bonnie Jortberg, MS, RD, CDE; James Haug

Medical students are ripe for education on pharmaceutical marketing but can also be a target of industry influence. To study student exposure to pharmaceutical marketing, data were gathered from an online discussion of this topic during an ambulatory clerkship. Product detailing by pharmaceutical representatives and sample medications were allowed at 84.8% of the sites. The most common reasons for sample use were to initiate a new medication (57.9%) and lack of insurance. (55.3%) The most common interactions with representatives for detailing included lunch presentations (65.8%) and a brief interaction during sample distribution. (42.1%) Most students (62.3%) believed they would use samples in their future practices. It appeared that exposing students to sample medications and pharmaceutical detailing results in a favorable opinion towards future sample use.

PN3: The Effect of Seminar Duration on Students' Ability to Conduct Ambulatory Visits [L,S]

William Huang, MD; John Rogers, MD, MPH, MEd; Jane Corboy, MD; Elvira Ruiz, (none); Tai Chang, MA

Since 1997, we have taught clerkship students how to conduct different ambulatory visits (new problem, chronic illness, checkup, psychosocial and behavior change) through seminars that emphasize the tasks to perform for each visit type. For various reasons, we have gradually decreased the total seminar time from 450 minutes initially to its current 120 minutes, while also making more self-study resources available. As sem-

inar time has decreased, there has not been a consistent trend in students' ratings of the seminars, but students' performance on a standardized patient examination that assesses their ability to conduct each visit type has been stable. Further study is needed to explore additional factors that may contribute to the students' stable performance despite decreasing seminar time.

PN4: Pipeline Kit to Boost Student Interest In Family Medicine [L,S,P]

Janice Benson, MD; David Pole, MPH; Kelley Withy, MD, PhD; Deborah Witt, MD; Joshua Freeman, MD; Ellen Whiting, MEd

Based on declining interest in family medicine by US medical students as cited in the Future of Family Medicine Report, a Future Family Docs Campaign was launched in 2007 to promote the recruitment of middle and high school students into health care careers. The campaign has launched a Web site and mentor stories and spotlighted pipeline projects in collaboration with the National Area Health Education Center Organization. In this session, participants will provide feedback to the new STFM Group on Premedical Pipeline on downloadable materials which can be used in your office when talking with young patients and their parents. Materials include a poster, Future Family Docs Rock buttons, a conversation guide about health care careers, information about work of family physicians, and shadowing tips.

PN5: AAFP Web-based Educational Forum—Stimulating Student Interest In Family Medicine [L,S]

Amy McGaha, MD; Ashley DeVilbiss, BA

National activities that foster student interest in the specialty of family medicine remain a challenge to implement and evaluate. Engaging medical students through unique communication vehicles builds upon the momentum of 65 more US seniors choosing family medicine in the 2008 Match. By supplementing local family medicine interest groups (FMIGs) with online educational webisodes, the AAFP will connect with individual medical students through an interactive-multi-media forum to educate and influence them about the role of family medicine and choice of specialty. The collection of evaluative data on these types of innovative activities will inform future student interest outreach projects.

Sunday, May 3, 2009; 8:15–9:45 am

RESEARCH FORUM M: Pediatric Issues and Attitudes Toward Obesity

Room: Capitol 7

Moderator: Sean Lucan, MD, MPH

RM1: Cancelled

RM2: Management of Acute Otitis Media After Publication of the 2004 AAP/AAFP Clinical Practice Guideline

Andrew Coco, MD, MS

Objectives: Compare rates of acute otitis media (AOM) management with and without an antibiotic prescription after publication of a 2004 AAP/AAFP clinical practice guideline. Methods: Secondary analysis of visits by children 6 months to 12 years with AOM in physician's offices, hospital outpatient departments, and emergency departments in the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, 2002-2006 (N = 6,107). Results: The percentage of AOM encounters without antibiotics increased non-significantly from 12% to15% (*P*=.18). The rate of broad-spectrum prescribing decreased from 26% to 20% (*P*=.02); the rate of amoxicillin prescribing increased from 42% to 51% (*P*=.02). Conclusions: Management of AOM without antibiotics modestly increased after publication of the guideline. Broad-spectrum prescribing decreased by 30% while amoxicillin prescribing increased by 21%.

RM3: Family Physician Trends In the Provision of Well-child Visits Under 2 Years of Age

Andrew Coco, MD, MS; Donna Cohen, MD, MSc

Objective: Measure trends in well-child visits provided by family physicians. Methods: Analysis of the National Ambulatory Care Survey, 1995 to 2004, of children less than 2 years of age seen in family physicians or pediatricians offices for well child care (n=3,860). Results: Overall, the percentage of well-child visits seen by family physicians remained steady; 15% (95% CI, 13%–17%, P=0.49, for trend) and for less than 6 months of age; 16% (95% CI, 13%-19%, *P*=0.43, for trend) from 1995 to 2004. In non-Metropolitan Statistical Areas (rural), family physicians provided care for 43% (95% CI, 32%-54%, *P*=0.89, for trend) of well-child visits. Conclusions: Despite a decline in delivery of prenatal visits between 1995 and 2004, family physicians maintained their provision of well-child visits of young children.

RM4: Kids Insurance Dynamics And Access to Services

Nicholas Westfall, BS; Jennifer DeVoe, MD, DPhil; Lorraine Wallace, PhD; Crocker Stephanie, BA

Purpose: We undertook a qualitative study to explore the perceptions of low-income parents regarding barriers to obtaining health insurance and accessing health care services for their families. Methods: Using a qualitative study design, guided by preliminary statewide survey data, we undertook in-depth semi-structured interviews of a purposeful sample. Data was analyzed by coding recurrent themes. Results: Parents often associated loss of their own coverage with gaps in their children's health insurance. They identified the Medicaid application process and the limitations of this public insurance program as major barriers to obtaining health insurance for their children. Conclusion: More research should be done in order to explore solutions for removing the real and perceived barriers to health care that low-income children currently face.

Research Posters displayed Thursday, April 30; 5:30-7 pm through Saturday, May 2 at 10:30 am

RESEARCH POSTERS

RP1: Best Research Paper Award and Honorable Mentions

Room: Centennial Ballroom E-H

WINNING PAPER

RP1A: Timing of Repeat Colonoscopy

Alex Krist, MD

Timing of Repeat Colonoscopy: Disparity Between Guidelines and Endoscopists' Recommendations. Colonoscopy possesses the highest sensitivity of available screeing tests for colorectal cancer and polyps, but it also carries risks. Appropriate intervals for screening and surveillance are not offset by harms. The study objective was to examine whether endoscopists' recommendations for repeat colonoscopy, as communicated to primary care clinicians after the procedure, adhered to published guidelines. Analysts abstracted medical records at ten primary care practices in Virginia and Maryland in 2006. The records of a random sample of men and women (300 per practice) aged 50 and 70 ears were reviewed. The sample included patients who had a colonoscopy and a written report from an endoscopist, and who lacked designated risk factors. The main outcome was concordance between endoscopists' recommendations and published guidelines regarding repeat colonoscopy. Of 3000 chart reviewed, 1282 (42.7%) included records of a colonoscopy and 1021 (34%) included an endoscopist's report. In 64.9% of communications, the endoscopist specified when retesting should occur. Recommendations were consistent with contemporaneous guidelines in only 39.2% of cases and with current guidelines in 36.7% of cases. The adjusted mean number of years in which repeat colonoscopy was recommended was 7.8 years following normal colonoscopy and 5.8 years and 4.4 year, respectively, when hyperplastic polyps or 1-2 small adenomatous polyps were found. Endoscopists often recommended repeat colonoscopy at shorter intervals than are advised either by current guidelines or by guidelines in effect at the time of the procedure. Endoscopists' communications to primary care clinicians often lacked contextual information that might explain these discrepancies. Unless appropriate caveats apply, adhering to endoscopists' recommendations may incur unnecessary harms and costs.

Am J Prev Med 2007;33(6): 471-748

HONORABLE MENTION

RP1B: Turning Back The Clock: Adopting a Healthy Lifestyle In Middle Age

Dana King, MD; Arch Mainous III, PhD

To determine the frequency of adopting a healthy lifestyle (5 or more fruits and vegetables daily, regular exercise, BMI 18.5-29.9 kg/m2, no current smoking) in a middle-aged cohort, and determine the subsequent rates of cardiovascular disease (CVD) and mortality among those who adopt a healthy lifestyle. We conducted a cohort study in a diverse sample of adults age 45-64 in the Atherosclerosis Risk in Communities survey. Outcomes are all-cause mortality and fatal or non-fatal cardiovascular disease. Of 15,708 participants, 1344 (8.5%) had 4 healthy lifestyle habits at the first visit, and 970 (8.4%) of the reminder had newly adopted a healthy lifestyle 6 years later. Men, African Americans, individuals with lower socioeconomic status, or a history of hypertension or diabetes were less likely to newly adopt a healthy lifestyle (all $P<.05$). During the following 4 years, total mortality and cardiovascular disease events were lower for new adopters (2.4% vs. 4.2% x2 $P>.01$, and 11.7% vs. 16.5%, x2 $P>=<.01$ respectively) compared to individuals who did not adopt a healthy lifestyle. After adjustment, new adopters had lower all-cause mortality (OR 0.60, 95% Confidence Interval [CI], 0.39-.092) and fewer cardiovascular disease events (OR 0.65, 95% CI, 0.39-0.92) in the next 4 years. People who newly adopted a healthy lifestyle in middle-age experience a prompt benefit of lower rates of cardiovascular disease and mortality. Strategies to encourage adopting healthy lifestyles should be implemented, especially among people with hypertension, diabetes, or low socioeconomic status.

Am J Med 2007;120:598-603.

RESEARCH POSTERS

RP2: Research Training and Career Development

Caroline Richardson, MD

There are a number of research training and career development opportunities for family doctors. If you have a passion for research but need training and protected time to start your research career, this poster is for you. Grants, fellowships and graduate programs for clinical research training and career development are described with a brief summary of selection criteria and award terms. The poster includes information on the Grant Generating Project, Foundation Career Development Awards and NIH Career Development Awards.

RP3: Are State Medicaid Application Enrollment Forms Readable?

Lorraine Wallace, PhD; Jennifer DeVoe, MD, DPhil; Jocelyn Wilson, BS

Objective: To assess readability and layout characteristics of state-issued Medicaid enrollment applications. Methods: We located Internet-based Medicaid enrollment applications from each state and the District of Columbia. Readability of each application Signature page was calculated using McLaughlin's Simplified Measure of Gobbledygoop formula, while layout characteristics were assessed utilizing the User-Friendliness Tool (UFT). Results: Readability of Signature pages ranged from 11th to 18th grade (M±SD=15.5±1.5). Most (66%) applications did not use an appropriate font size and none required little work to make them comply with good formatting standards according to the UFT. Conclusions: Overall, Medicaid enrollment applications exhibit text font sizes below 12 point, crowded formatting, and excessively high reading demands. State health departments should revise their Medicaid enrollment applications to adhere to established low-literacy guidelines.

RP4: Cancelled

RP5: Development of a Screening Tool to Predict Risk for Bacterial Vaginosis In Pregnancy

Eugene Santillano, MD; Renee Woodburn, BS; Stephen Draikiwicz, BA

Objective: 1) Develop a questionnaire that will help predict risk for bacterial vaginosis in pregnancy 2) Help residents refine skills for clinical diagnosis of bacterial vaginosis using Amsel's Criterion 3) Use Gram stain as an objective measure to determine accuracy of clinical diagnosis for resident feedback (CQI) 4)Treat women with identified BV prior to 20 wks gestation Methods: Rolling enrollment of off prenatal patient (100) patients). Each patient completed questionnaire, and then under went testing for BV prior to 20 wks gestation. Variate analysis

will be performed to determine validity of individual questions from Questionnaire. Results: variant analysis pending, rolling enrollment through 2008 Conclusions: Our population did not have same % BV as previous studies (>40%). Our study did confirm that clinical Dx of BV with Amsel'd criterion is not reliable in our Resident provider population. Validation of the BV screen will require larger number of patients.

RP6: Proyecto Puentes De Salud: Impact of an International Medical Education Experience On Medical Student Education

Ian Nelligan, MPH; Pamela Frasier, MSPH, PhD; Trista Snyder, MPH

Introduction: The purpose of this study was to gain an understanding of participants' perceptions and insights into their International Medical Experience (IME), to determine and qualify the impact of the experience on medical education. Methods: After IRB approval, students, clinical and research faculty, were recruited to participate in a focus group. Sessions ranged from 60 to 90 minutes. Two faculty and two student focus groups were conducted. Discussions were transcribed and analyzed using Atlas.TI. Results: Several themes explained the influence of IME on medical education: 1) a distinct skill set that fills a curricular gap; 2) the impact of participation in community-based service learning and participatory research in career projectory; and, 3) the influence of the community-based learning on cultural competency.

RP7: Evaluating And Improving Proyecto Puentes De Salud: an International Medical Experience

Trista Snyder, MA; Pamela Frasier, MSPH, PhD; Nelligan Ian, BS

Objective: In 2006 and 2007, University of North Carolina medical students conducted a community-based service and research project in Mexico. The purpose of this study was to determine stakeholder perceptions of Proyecto Puentes de Salud's (PPS) impact on community health and education. Methods: Focus groups guided internal program evaluation, with the intent to use findings to enhance PPS. After institutional review board approval, participants (N=31) were invited to attend one of six 60 minute, recorded groups. Transcription, analysis: Atlas.TI. Results. Several themes emerged: 1) increasing cultural sensitivity; 2) strengthening stakeholder communication; 3) improving follow-up; and, 4) incorporating outcome measures. Conclusion: The use of focus groups for internal evaluation allowed PPS to assess the project and adopt modifications. Limitations include potential biases inherent to internal evaluations. Acknowledgements: UNC Family Medicine Departmental Small Grant for data collection and analysis, Proyecto Puentes de Salud volunteers, Cerrita de Gasca and Las Pilas communities.

RP8: Agreement Between Pelvic Ultrasound and Pelvic Exam

Samuel Wang, MD; Wilson Moscoso, MD

Objective: We compared the findings on pelvic ultrasound with the pelvic exam findings of the ordering physician within our practice. Methods: This was a cross sectional study. We reviewed all the pelvic ultrasounds ordered in our practice over a year and compared its results with the documented findings on pelvic examination. Results: 124 pelvic ultrasounds were reviewed. There was overall agreement in 60% of the results from the pelvic ultrasound and the physical exam. PGY-1 residents had agreement at 50%. PGY-2 residents actually had agreement at 62.5%. PGY-3 residents had agreement at 55.9%, respectively. Faculty had agreement at 66.7%. Conclusions: Our study suggests that family medicine resident and faculty pelvic examination skills are comparable to Ob/Gyn residents and faculty.

RP9: Impact of Housing Status On Diabetes Outcomes

Bechara Choucair, MD; Elizabeth Ryan, EdD; John Gatta, PhD

Objectives: The objective of the study was to analyze the impact of housing on health care disparities for patients with diabetes receiving services at Heartland Alliance in Chicago, IL. Methods: The results of this study are based on 1,363 diabetic patients and 6,569 patient visits between January 2, 2003 and March 30, 2007. Results: Of the patients experiencing homelessness, 46% had only one visit with a provider and only 32% had a HbA1C checked. For patients who are housed, 16% had only one visit and 83% had their HbA1C checked. For patients who had more than 2 HbA1C results, more than 3 months apart, the improvement in diabetes care was evident, irrespective of the housing status. Conclusion: For patients with similar access to care, there does not appear to be housing related disparities as defined by HbA1c level management

RP10: How Satisfied Are Spanish Speaking Patients with Their Diabetes Care?

Javier Chavez, MS II; Jessica Greenwood, MD, MSPH; Marlene Egger, PhD

Problem: Determining health care expectations in multicultural settings can be difficult because of language and cultural barriers. Patients with diabetes are active participants in their treatment. Methods: We administered a validated satisfaction survey with additional questions to diabetic patients of 3 bilingual (English and Spanish) family medicine providers in the Utah Health Research Network. The survey was administered verbally in English or Spanish according to the patient's preference. Analysis evaluated the relationship between demographic characteristics, knowledge, expectations, and satisfaction with care. Results: Found no statistically significant correlation between patient satisfaction and language preference/ethnicity (P=0.231). Significant differences occur in specific treatment areas. Conclusions: Possible explanations for differences include identifying with cognate doctor or differences in expectations between Spanish preferring Latinos vs. English preferring Latinos and Caucasians

RP11: Does Yoga Really Work For Osteoarthritis?

Emanuel Diaz, MD

Objectives: The project aims to evaluate the effects of a Yoga therapy in the patients quality of life, pain perception and pain medication usage. Methods: Patients will be randomized and divided in 2 groups (control and experimental). Experimental group will undergo yoga classes twice a month plus they will be encouraged to do at least one hour of Home Yoga practice 3 times a week with a provided DVD class. Patients will be evaluated after 6 months of Yoga therapy and compared with the control group who will follow self care and light exercise. Anticipated Outcomes: Patients with OA in a Yoga practice will improve on their pain perception and their quality of life after 6 months of Yoga therapy.

RP12: Eating Disorder Training In Primary Care Residencies

David Banas, MD; Rina Lazebnik, MD; Mary Ann O'Riordan, MS; Ellen Rome, MD, MPH

Objective & Methods: Primary care resident exposure to eating disorders (ED) was assessed with a survey of program directors. Results: Eighty-six percent of pediatrics (Peds), 76% of family medicine (FM), and 36% of internal medicine (IM) programs reported more than one hour of ED lectures during training. Thirty-three percent of Peds, 4% of FM, and 3 % of IM programs reported resident exposure to more than 10 ED patients during training. Seventy-nine percent of Peds, 54% of FM, and 26% of IM programs reported having a physician with an interest in ED. Eighty-nine percent of Peds, 62% of IM, and 61% of FM programs reported resident inpatient ED management. Conclusions: Peds residents are more likely than FM and IM residents to have exposure to ED.

RP13: Novel Intrauterine Contraceptive Device (iud) Insertion and Counseling Workshop for Family Medicine Residents and Faculty

Maya Mitchell, MD; Penina Segall-Gutierrez, MD

Objective: Determine changes in knowledge, confidence, and intent regarding IUD counseling and insertion following novel IUD workshop. Methods: Workshop participants practiced IUD counseling and insertions in groups of 3 proctored by Family Physician trainers. Each participant role-played physician, patient, and observer. Results: Mean change in knowledge, confidence in insertion, and confidence in counseling was 4.6, 4.55, and 4.3 respectively (1=Very Diminished, 5=Much Improved). The mean change in likeliness to insert IUDs in Family Medicine clinic and likeliness to refer IUD insertions to OB-GYN was 1.66 and 3.72 respectively (1=Much More Likely, 5=Much Less Likely). Conclusions: Following the workshop, participants were more confident regarding IUD knowledge, insertion and counseling. They are more likely to insert IUDs in Family Medicine clinic and less likely to refer insertions.

RP14: There Is Time...To Treat the Whole Person

Gretchen Lovett, PhD; Stephanie Schuler, BS

Objective: To detemine, in an Objective Structured Clinical Examination (OSCE) setting, if students who effectively capture and deal with whole person issues, sacrifice the collection of necessary bio-medical information due to lack of time. Methods: 200, 3rd year medical students were evaluated with a 12-station OSCE. Scores on biomedical domain were compared with scores on interpersonal, whole person effectiveness. Results: Student scores were analyzed. Of importance, there was no inverse correlation between biomedical and interpersonal scores. On the contrary there was a postitive correlation which was statistically significant. Conclusions: Students who effectively ellicit and handle the interpersonal aspects of the medical interview, in an OSCE setting, do not do so at the expense of the biomedical content. There is time for both, and students need to know this.

RP15: Best Practice: Assessing Student Skills In Working Effectively With Interpreters: A Validation Study

Desiree Lie, MD, MSEd; Sylvia Bereknyei MS, MS; Clarence Braddock III, MD; Jennifer Encinas, BA; Susan Ahearn, NP; John Boker, PhD

Objective: Assess construct validity of a new measure of skills for working with interpreters, the interpreter scale (IS). Method: Two classes from 2 schools (n=182) were assessed using standardized cases by interpreter, patient and faculty. Factor analysis was performed on the measures and Cronbach's alpha calculated for each measure. The reliability of the IS was assessed against validated meaures. Results: IS 5 to 13, managing the encounter, accounted for 76% of variance. Cronbach's alpha for the measures were 0.77 to 0.86 and did not vary by language, student gender or location. Global items of each measure correlated moderately with managing the encounter (?=0.61, 0.38 and 0.34 respectively). Conclusions: The IS has potential for use in practice to assess skills for working with interpreters.

RP16: Learning Professionalism During a Rural 9-month Clinical Elective

Kathleen Brooks, MD; Gwen Halaas, MD, MBA

Objective: Professionalism is an explicit part of medical school curricula. This study identifies the components of professionalism experienced during the Rural Physician Associate Program (RPAP) nine month elective. Methods: Two researchers analyzed three years of essays for themes. Results: Patients taught students about illnesses and its affects on their lives. Preceptors modeled how to relate to patients with compassion and respect. (Professionalism Toward the Patient) Clinic and hospital staff taught students how to be good team members. (Toward Other Health Care Professionals) Students learned about responsibilities to the community as they shadowed preceptors. (Toward the Public) Multiple opportunities for self-evaluation were available. (Toward Oneself) Conclusion: RPAP creates a supportive learning environment that incorporates psychological safety, appreciation of differences, openness to new ideas and reflective time.

RP17: Resident Attitudes and Self-efficacy Before and After An Intervention to Improve Outpatient Pain Management

Jana Zaudke, MD; Edward Ellerbeck, MD

Objective: Chronic nonmalignant pain is a common complaint in the outpatient setting. Resident physicians often express dissatisfaction with current chronic pain management. This study will assess resident attitudes and self-efficacy before and after an intervention designed to improve chronic pain management. Method: Thirty family medicine residents were voluntarily surveyed before and after an intervention consisting of lecture, role-playing and case scenarios. Results: Pre-test data is currently being collected. Expected results include an association between resident dissatisfaction, and low utilization of surveillance strategies for managing chronic pain. Conclusions: Our conceptual question is: Can this intervention teach residents how to build a medical home for chronic pain patients?

RP18: Analysis of Rural Family Medicine Physicians' Motivations And Suggestions for Change: A Qualitative Study

Paul Wenner, PhD; Sara Olmanson, BA; Joel Giffin, BA; Christopher Wenner, MD

Our research outlines, from the rural family physician's perspective, the barriers to rural physician recruitment and retention, as well as potential solutions. Two research fellows conducted in-person interviews with 22 rural family physicians in Central Minnesota. The physicians' interviews were analyzed for common themes, trends, and ideas. Analysis revealed that there is significant frustration, despair, and even anger among rural physicians regarding reimbursement, their perceived respect and prestige among the medical community, their job security, and their hope for the success of rural medicine. The data shows that significant action must be undertaken by medical schools, residency programs, rural communities, large health care provider groups, and the legislature in order to avoid a looming rural health care crisis.

RP19: Patients' Unasked Questions

Susan Labuda-Schrop, MS; Linda Francis, PhD; Brian Pendleton, PhD; Anthony Costa, MD; Melissa Huang; Gary McCord, MA

Research has emphasized the importance of patient-centered care, the need for research focused on listening, asking questions and the use of lay language. Adult patients at primary care practices were surveyed to determine factors that facilitated or inhibited them in asking questions of their physician. Almost 90% of the patients wanted to ask questions of their doctor with 97% of those patients asking their question(s). Respondents tended toward an internal locus of control. Almost 97% of patients were satisfied with their visit. Contrary to past studies, almost all patients in this study indicated they had and asked questions of their physician. Therefore, there is an indication that there may no longer be a need for interventions to increase patients' question asking.

RP20: Analyzing The Obstacles to an Effective Evaluation Process

Richard Stringham, MD; Joel Crohn, PhD

Objectives: To analyze factors that may influence people's involvement in the evaluation process. Methods: A questionnaire was created that asked medical students, family medicine residents, and family medicine faculty questions in the areas of importance, anxiety, and quality of evaluations. Results: Respondents most agreed that they like verbal combined with written feedback. They most disagreed that they have enough time to complete evaluations. Analysis revealed that the areas of importance and anxiety were inversely related. Medical students felt that the evaluation process was more important and had less anxiety than did residents and faculty. Conclusions: A number of obstacles to the evaluation process exist. Finding ways to decrease participant's anxiety would result in a higher level of importance being given to the evaluation process.

RP21: Well Child Group Visits: Are They Effective?

Theresa Galayda, MD; Megan Seibert, MD

Context: Primary care group visits are becoming an important element of providing patient care in a medical home. Objective: To determine whether well child groups improve quality of care and decrease utilization of resources. Methods: A chart review of both outpatient and electronic hospital medical records for the first twelve months of life was performed comparing standard well child care with group care. Results: Group members were 1.4 times more likely than non-group members to be up-to-date with immunizations. Group members were also more likely to keep their well child appointments and make calls to the nurse triage line. There was no statistically significant difference in utilization of resources. Conclusions: Well child groups do improve quality of care but not resource utilization.

RP22: Implementing Best Practices In Cervical Cancer Screening

Ann Evensen, MD

Objective: To implement a method for screening low-risk women for cervical cancer that increases adherence to best practices and simplifies exam room set-up. Methods: Quality improvement project. Results: Improvement demonstrated in two components of best practice (collection instrument and pap type). Use of Ayre's spatula plus Cytobrush increased from 31% to 87%. Use of liquid based cytology increased from 63% to 99%. Compliance with a third component (screening frequency) decreased from 45% to 26%. Conclusions: A systems-based approach improved adherence to some aspects of best practices in cervical cancer screening (collection instrument and pap type). This method was not successful in changing physician and patient expectations of annual pap screening. Exam room set-up was simplified by this protocol.

RP23: Empiric Treatment of Gonorrhea and Chlamydia In a Homeless Population

Tanya Page, MD; Lauren Faricy, student; Rebecca Rdesinski, MSW

Objective: Description of over- and under-treatment of gonorrhea and Chlamydia in a homeless population. Design: 2007 charts were reviewed for GC/CT tests, symptoms of infection, known exposure, empiric treatment, test results, and follow-up and linked to demographic variables. Data was analyzed using frequency distributions, Pearson's, and Fisher's tests. Results: Fewer women (n=54/303) presenting with symptoms were empirically treated than men (n=142/232) (17.8% vs 61.2%, P <0.001). Women were undertreated more commonly than men (72.4% vs 27.4%, P<0.001). Men were over-treated more commonly than women (18.0% vs. 13.5%, P=0.014). There a statistically insignificant trend associating an increasing degree of housing instability with decreasing follow up. Conclusions: It is worthwhile to empirically treat homeless females presenting with symptoms of GC/CT.

RP24: A Brief Survey of Termination and Transfer of Care Practices In Primary Care Residency

Deborah Bonitz, PhD

Over 9,000 family and internal medicine residents graduated in June 2008, affecting thousands of patients. While literature in this area focuses transfer of care's effects on patient satisfaction and continuity, this study focused on the resident's experience. The study was a cross-sectional survey of U.S. family medicine (FM) and internal medicine (IM) residents. Surveys were completed by 117 (91 FM; 26 IM) residents who graduated in June 2008. The respondents were primarily male (n = 60, 51.3%), married (n = 92, 78.6%), and averaged 33.3 years of age (s.d. = 4.98, range = 27 – 47). About half (n = 61, 52.1%) of the residents were satisfied with the transfer of care at the end of residency. Suggestions will be presented to improve termination.

RP25: The 5a's of Smoking Cessation In Academic Family Medicine Encounters

Naomi Lacy, PhD; Elisabeth Backer, MD; Paige Toller, PhD; Helen McIlvain, PhD

Purpose: To explore themes associated with the 5As for smoking cessation in family medicine encounters. Methods: Qualitative analysis of 20 physician-smoker encounters. Data was analyzed by a multidisciplinary team. Results: 70% asked, 50% assessed, 20% advised, 50% assisted. 15% arranged follow-up. Physicians and patients spoke of the widespread information that smoking is harmful to your health. Contexts of long-standing relationships reduced the delivery of advice. Those in preparation or action were also less likely to receive advice. Physicians prioritized assistance over advice. Conclusions: Context plays a large role in how the 5As were provided, including cultural changes about smoking. This raises questions about the validity of the 5A models in a continuity relationship. Perhaps it is time to reassess the 5As in context of continuity relationships.

RP26: Preparing Economically Disadvantaged Ethnic Minority Students for Careers In Our Medical Homes

Manuel Oscos-Sanchez, MD

Objective: The Health Science Center Preparatory Academy (HSC-Prep) was created to improve the performance of economically disadvantaged ethnic minority students on the SAT. Methods: HSC faculty, students, and secondary school teachers implemented a two week summer program introducing students to health care disciplines while working on academic skills. Program effects were evaluated with a 100 item SAT. Results: 68 high school students from 32 schools participated. 57 (84%) were Latino and 6 (9%) were African-American. Reading, writing, math, biology, and Spanish scores increased significantly ($P < .000$). Mean increase in test scores was 27.6 percentage points. Conclusions: Positive effects were seen immediately post intervention. Evaluation at 3 and 15 month post intervention, with a randomized control group, will be conducted with a 2.5 hour practice SAT.

RP27: Health Care Can Change From Within: Improving the Prevention and Treatment of Intimate Partner Violence

Bruce Ambuel, PhD; Kevin Hamberger, PhD; Clare Guse, MS; Amy Kistner Ms, MS

Objective: Intimate Partner Violence (IPV) causes preventable morbidity & mortality in women, however victims are often not identified in primary care or emergency departments. We evaluate a systems model for making sustainable improvements in IPV identification, treatment and prevention. Methods: This intervention model includes training for physicians and staff, systems change (policies; procedures, QI), and collaboration with community organizations. The intervention was implemented in two family medicine clinics and one ED; two family medicine clinics were controls. A quasi-experimental, pre-test/post-test design examines changes in physicians and the clinic system of care. Results: Preliminary results show predicted improvements in physicians and systems of care. Conclusion: The intervention model and experimental design show promise for creating and documenting sustained improvements in IPV identification, treatment and prevention.

RP28: To Evaluate The Role of Ultrasonography In The Diagnosis of First Trimester Bleeding Per Vaginum

Shami Jagtap, MD MS; Dyanne Westerberg, DO; Bela Palnitkar, MD MS; Gagandeep Goyal, MD

Objective: To evaluate the role of ultrasonography in the diagnosis of first trimester bleeding per vaginum. Methods: A study was conducted in 100 patients with 1st trimester vaginal bleeding. Ultrasonographic examination was done to confirm the clinical diagnosis. Statistical Analysis: All variables were tested for normal distribution by chi2 test. Discrete Data was analyzed by chi2 test. Continuous variables were analyzed by student's t test. Significance was determined at $P<0.05$. Results: Of the 61 cases of threatened abortion diagnosed clinically, Ultrasound revealed viable pregnancy in 43 (70.49%), blighted ovum in 17 (27.87%) and delayed menses in 1 (1.64%). Conclusion: Ultrasonography helps in early and accurate diagnosis in cases of first trimester vaginal bleeding. It is a particularly useful tool in detecting viable and non-viable pregnancies.

RP29: The Power of Narrative On Patients With Advanced Complex Illness

Kristin Bresnan, MD; Cora Hook, BA; Nayla Raad; Julianne Roscioli, No Degree; Nyann Biery, MS

With emphasis on providers being more patient centered it is important for them to know the power of narrative on patient care. Area college students were trained in story telling and matched with an adult that has an Advanced Complex Illness (ACI). 4 to 10 interviews were conducted, during these notes were taken and the session was tape recorded and transcribed. Interview conversations were not limited to any topic and participants were encouraged to talk about anything they felt comfortable with. Each interviewer created a document or presentation for the study participant, these included scrapbook, digital story or video. Each of these were presented to all participants at a end of study event. Feedback was given and collected to understand how individuals enjoyed the process.

RP30: Addressing The Primary Care Shortage: A New Concept Map of The Specialty Choice Process.

Keisa Bennett, MD/MPH

Context: The greatest barrier to the success of the Personal Medical Home may be a shortage of primary care physicians. Objectives: to identify factors that contribute to specialty choice, evaluate existing evidence of their importance, and formulate a concept map that facilitates understanding of the specialty choice decision process. Design: We used a comprehensive literature review complemented by brainstorming and incorporating a secondary data analysis. Results: The concept map represents the conflicting nature of the available evidence. None of the previously-studied variables consistently predicted specialty choice in multivariate models. Conclusions: The concept map is a guide to targeting future research to previously untested variables, those most amenable to intervention, and those that are likely to change over time.

RP31: A Comparison of Pharmacotherapy And Research Knowledge Between Two Family Medicine Residency Programs.

Sarah Shrader, PharmD; Julie Murphy, PharmD; Audrey Montooth, MD

Objective: This study compared the pharmacotherapy and research knowledge of residents that completed (n=15) and those that did not complete (n=10) a pharmacotherapy / research rotation precepted by a pharmacist. Methods: Residents completed a twenty question pre-test and post-test while on the rotation and at the start and end of their first residency year, respectively. Results: The mean score on the pre-test for the rotation group was 10.1 versus 11.1 for the non-rotation group (p-value = 0.250). The mean score on the post-test for the rotation group was 14.7 versus 11.0 for the non-rotation group (p-value = 0.0002). Conclusions: These results suggest that a focused pharmacotherapy/research rotation, precepted by a pharmacist, significantly increases residents' knowledge-base of pharmacotherapy and research.

RP32: Empowering Diabetes Self-management Using a Community Health Worker

Robert Motley, MD; Abby Letcher, MD; Nyann Biery, MS; Alicia Rivera, BS; Daniel Larson, BA

Minority communities have a history of health disparities, specifically with diabetes care. Within urban Latino population with diabetes, does a system design that includes referral to a Latino community health worker (LCHW) and completion of a language appropriate diabetes education program increase patient activation, indicated by advancing stage of change, empowerment and willingness to participate in ongoing diabetes self management support activities? Evaluation includes: pre and post measurements of stage of change, diabetes empowerment scores (DES) and SF12. Secondary measures: number of referred patients who participated in education program, number who reconnected with clinician after course conclusion, patients who joined a diabetes support group after course completion. Preliminary analysis shows increases in: referrals by the clinician, stage of change, DES, SF12 and enrollment in support group.

RP33: Human Patient Simulator Objective Structured Clinical Evaluation In Family Medicine

Beth Fox, MD, MPH; Forrest Lang, MD; Glenda Stockwell, PhD; Martin Eason, MD

Objective: The project sought to develop and test a new type of OSCE using Human Patient Simulation (HPS) instead of Standardized Patients. Design: An HPS OSCE was tested on 8 residents using an acute coronary syndrome case adapted for clinical simulation with 5 stations: Focused History; Focused Physical Examination; Generation of Differential Diagnosis; Assessment and Plan implementation using clinical simulation; Electrocardiogram Interpretation. Each station was scored and each resident met with a faculty member for debriefing and review. Results: Measures of central tendency were calculated for the five OSCE stations and an overall score. There were no significant differences between resident years' scores. Conclusion: A new OSCE has been developed for use in clinical simulation that cannot be used with standardized patients.

Fellows, Residents, Or Students Research Works-in-Progress Posters

SESSION 1: Thursday, April 30, 5:15-7 pm and Friday, May 1, 10-10:30 am

FP1: Cancelled

FP2: Screening for Bone Health In Epilepsy

Annie Khurana, MD; Sarita Prajapati, MD, MPH

Epileptic patients are at increased risk for fractures due to falls associated with seizures and anti-epileptic drug (AED)-related changes in bone metabolism. Long term use of AEDs is known to be associated with an increased risk of fractures. A total of 180 patients with epilepsy, who visited the FMC during 2000–2007 were included in this study. Individual charts of patients were reviewed for markers of bone health including DEXA scans, serum vitamin D and calcium levels, and whether these patients were supplemented with vitamin D and/or calcium. It is highly recommended that physicians practice preventive measures for good bone health in patients taking AEDs.

FP3: Risk Factors Associated With The Conversion of Mrsa Colonization to Infection In Hospitalized Patients

Lisa Harinstein, PharmD; Jason Schafer, PharmD; Frank D'Amico, PhD

Previous studies have investigated risk factors for methicillin-resistant Staphylococcus aureus (MRSA) colonization; however few have studied characteristics associated with the progression to infection. A retrospective cohort study will be performed to determine risk factors for health-care associated MRSA infections in patients with MRSA colonization. Patients ?18 years of age who had a positive MRSA nares culture (index colonization) between January 1, 2005 and August 1, 2008 were assessed until the development of infection or for a maximum of 60 days. Data collected included: demographics, co-morbid conditions, medication use, presence of invasive devices, presence of wounds or other infections, nutritional status, and time to infection development. Identification of these characteristics is essential to prevent or help minimize the risk of MRSA infections in colonized patients.

FP4: Risk Factors Associated With The Conversion of Methicillin Resistant Staphylococcus Aureus Colonization to Infection

Lisa Harinstein, PharmD; Jason Schafer, PharmD; Frank D'Amico, PhD

Previous studies have investigated risk factors for methicillin-resistant Staphylococcus aureus (MRSA) colonization; however few have studied characteristics associated with the progression to infection. A retrospective cohort study will be performed to determine risk factors for healthcare-associated MRSA infections in patients with MRSA colonization. Adult patients who had a positive MRSA nares culture (index colonization) between January 1, 2005 and August 1, 2008 were assessed until the development of infection or for a maximum of 60 days. Data collected included: demographics, co-morbid conditions, medication use, presence of invasive devices, presence of wounds or other infections, nutritional status, and time to development of infection. Identification of these characteristics is essential to prevent or help minimize the risk of MRSA infections in colonized patients.

FP5: Care From The Start: An Integrative Student Approach to The Community Clinic

Joshua Neal; Harita Baxi

The Care From the Start (CFS) clinic is unique in its structure. The clinic strives to provide primary and mental health services to the underserved in West Hill and surrounding neighborhoods. The CFS clinic mainly relies on 2nd year medical students as the primary providers, with 1st years for clerical responsibilities; this feat only requires 1 physician and 1 resident to oversee the clinic. CFS has also operated without outside sources of funding since September 2007. Although we have come across many challenges, our students and faculty have allowed us to maintain our clinic and run it effectively. It is our hope that this structure can provide a simple model to other students interested in serving the underserved.

FP6: Cancelled

FP7: Homeless Populations Engagement In Medical Care At a Student-run Community-based Clinic

Judy Chertok, MD; Avani Sheth, MD; Marc Manseau, MPH; Carl Fisher, BA; Richard Younge, MD, MPH; Susan Lin, PHD

Although homeless populations in the United States have increased rates of both acute and chronic medical conditions, only 33-61% have a regular source of primary medical care. The Columbia Harlem Homeless Medical Project, a free community-based student-run clinic, was established to provide such necessary care. In our first year of clinic operation, we have had 228 patient encounters, 139 patients, and 30% rate of return for follow-up. We now aim to understand what patient factors best predict return for follow-up through a retrospective chart review examining medical and socioeconomic factors. By identifying which variables are significant predictors of return for follow-up, we hope to better guide efforts to improve retention within our own clinic and in other sites serving the homeless.

FP8: Why Don't Our Patients Keep Their Appointments? A Qualitative Exploration

Gretchen Shelesky, MD; Jennifer Middleton, MD

Context: The UPMC St. Margaret Family Health Centers have collected data on the percentage of patients who show for booked appointments for ten years. Consistently, the Bloomfield-Garfield Family Health Center has a no-show rate between 20-30%. Objective: To use focus groups to determine factors that contribute to the no-show rate at the Bloomfield-Garfield Family Health Center. Design: A focus group facilitator will help develop questions, run the focus group, and analyze the data for themes. Participants will be identified through a computer-generated list of patients who have missed at least 50% of scheduled appointments in the last six months. Homogenous groups will be hand-selected. Setting: UPMC St Margaret Bloomfield-Garfield Family Health Center. Hypothesis: Elucidating why patients no-show will allow intervention to improve show rates.

FP9: Does Weekly Direct Observation And Formal Feedback Improve Intern Patient Care Skills Development?

Gretchen Shelesky, MD

Context: Direct observation (DO), though resource intensive, is an effective way to evaluate residents' performance of patient care. Objective: Does weekly DO and formal feedback improve the patient care skills of interns? Design: Using an internally developed form, 13 interns will be directly observed and given feedback on their history and physicals within the first 3 weeks of residency. Seven will continue to receive weekly direct observation and feedback. After 3 months, all 13 will be re-evaluated with DO and feedback. Weekly recipients will be compared to non-weekly. Setting: University-affiliated family medicine residency. Hypothesis: Patient care skills will improve more quickly in interns who receive weekly direct observation and formal feedback.

FP10: Implementing and Evaluating a Resident Developed Sex Education Curriculum for Ninth Grade Students

Anna Dematteis, MD; Susanna Nicholass, MD

Within our Sacramento community the rate of sexually transmitted infections (STIs) and pregnancy are high among teenagers. It has been established that sex education decreases the rate of STIs and pregnancy. There are high school students within our community receiving little or no sex education. This project designs and implements a sex education curriculum for ninth grade students at two different high schools in the Sacramento area. Second and third year Family Practice Residents run the weekly curriculum in a group lecture and discussion type format. Students are separated by gender and topics include sexually transmitted infections, STI prevention, pregnancy, and contraception. The effectiveness of the intervention is evaluated with pre and post intervention scores using the standardized STD-KQ questionnaire.

FP11: Refugee Health Screening In Philadelphia: Demographics And Disease Prevalence

Geoffrey Mills, MD, PhD; Jeffrey Panzer, MD; Jeremy Close, MD; Marc Altshuler, MD

Refugees are persons fleeing their home country because of persecution. These populations have unique health care needs including a high percentage of communicable disease and psychological disorders. 120 refugees were screened in the Department of Family and Community Medicine originating from Southeast Asia, Africa and the Middle East. A screening protocol based on federal guidelines was adopted to screen for latent tuberculosis, hepatitis B, intestinal parasites and other diseases. Age-appropriate health screening was also used. Our goal is to document the demographics and prevalence of disease in this population, to generate observational hypotheses and to define evidence-based screening protocols in this population.

FP12: Breast-feeding in Hispanics: The Effects of Acculturation

Jinny Kim, MD

As both the Hispanic population and the number of breast-feeding promotion programs continue to grow, the prevalence of breast-feeding and immigration's influence on it become increasingly important. This is especially the case in determining the most effective use of limited resources in breast-feeding promotion and support. This study seeks to identify the rate of breast-feeding among Hispanic patients at Jorge Prieto Health Center, in relation to their acculturation status. This will be done using a self-reported written survey. We expect to find that as Hispanic women become more assimilated into American culture, the breast-feeding rates will decline.

FP13: Application of a Prediction Rule to Manage Chest Pain Patients In a Community Hospital

Sabina Wong, MD

Without a quick and definitive test to rule out ACS, patients with chest pain at West Suburban Medical Center are admitted for testing and observation on telemetry. This retrospective study sought to evaluate the safety, efficiency, and cost of using a prediction rule to triage low risk patients to unmonitored beds. Of the 117 patients, 11% had an AMI and 8.5% suffered a major inpatient event. Comparing the prediction rule to current protocol, 43 patients were admitted to telemetry versus 115, efficiency was 70.3% versus 2.0% ($P < 0.0001$), safety was 81.3% versus 100% ($P < 0.089$), and the aggregate first night inpatient cost was $183,380 versus $245,390, respectively. While use of the prediction rule improved efficiency and cost, the safety profile deserves further study.

FP14: Acanthosis Nigricans And Its Prevalence

Fantz Saint-Louis, MD

Aim: The aim of this study was to determine the prevalence of Acanthosis Nigricans (AN) in an at risk population for diabetes. Methods: A 25-item anonymous questionnaire was distributed to 155 unselected adult volunteers. Results: The return rate of our survey was 98.7% (n=152). The prevalence of AN in our study was 40.8% (n=62). There were strong associations with

the presence of AN in patients with a family history of diabetes (n=51, *P*<0.0001), obese patients (n= 46, *P*<0.0001), those previously diagnosed with diabetes (n=29, *P*<0.0001), patients with a family history of heart disease (n=46, *P*=0.015), and patients who did not exercise (n=46, *P*=0.007). Our data shows that 19% (n=29) of our study population had AN but were not self-reported to be diabetic.

FP15: Informed Decision Making to Increase Screening Rates for Prostate And Colon Cancer

Faraz Akhtar, MD

Background: Disparities in early detection for colon and prostate cancer still exist for males from the African Diaspora. Objective: It is our objective to determine if screening rates for both colon and prostate cancer can increase in our outpatient Family Medicine Clinic after education is provided in the form of a brochure coupled with a pre-post test. Methodology: Approximately, 100 male patients will be asked to complete on a voluntary basis a pretest prior to reading an educational brochure. Pre-test will be distributed and post-test will be collected. Statistical Analysis- SPSS version 16.0 will be used to conduct statistical analysis. A *P*-value less than 0.05 will define statistical significance.

FP16: Preventing Postpartum Depression: Effectiveness of Pregnancy Support Groups Compared to Other Interventions

Priya Bhattacharyya, MD; Lora Keipper, BS

Objective: In women with pregnancy-related anxiety and depression, are antenatal support groups effective in preventing postpartum depression (PPD) compared to other interventions? Methods: Participants will attend an antenatal support group for 1.5 hours weekly for 10 weeks. The control group will receive standard prenatal care with other interventions. They will be compared on demographic data, interventions offered, EPDS scores, and QOL scale scores. Results: We expect that support group participants will have a lower incidence of PPD as compared to women who had frequent follow-up visits or who had no additional support, and a similar incidence to women who had individual counseling and/or pharmacotherapy. Conclusions: Identifying women at risk during their pregnancy and offering them additional psychological support has a preventive effect on PPD.

FP17: Arizona Family Medicine Resident Knowledge And Comfort With Diabetic Group Visit Coordination

Melody Jordahl, MD; Serena Woods-Grimm, MD

The Future of Family Medicine Report calls for a New Model of Practice that uses group visits as a strategy for managing patients with chronic disease like diabetes. . We surveyed all 138 residents in Arizona's seven family medicine residencies to determine residents' knowledge about and comfort with diabetes group visits. With a 57% response rate thus far, we found that residents have deficits in knowledge about the structure and operation of group visits, and they are not comfortable with all aspects of group visits. More resident education is needed about group visits.

FP18: Effect of Vitamin D Supplementation On Type 2 Diabetes Mellitus

Mary Nguyen, MD

Context: The search to find modifiable risk factors for the primary prevention of type 2 diabetes has lead to the suggestion of vitamin D deficiency as a possible factor in the pathogenesis of the disease. However, current literature is inconclusive regarding the effect of vitamin D treatment on type 2 DM. Objective: To evaluate whether vitamin D supplementation improves glycemic control in patients with type 2 DM and vitamin D deficiency. Method: A retrospective cohort study of adult type 2 DM patients in an endocrinology practice. HgA1c between patients who have received vitamin D supplementation will be compared with a matched group using an analysis of variance. Results: Vitamin D supplementation could be an effective, cost-effective adjunct to the current treatment of type 2 diabetes.

FP19: Prevalence of Illicit Substance Use Among Pregnant Women At West Suburban Medical Center

Rahmat Na'Allah, MD, MPH; Z. Harry Piotrowski, MS; Marjorie Altergott, PhD

Background Significance: Identification of prenatal illicit drug use leads to appropriate health care for preventing poor outcomes. Currently, the decision to perform urine toxicology at WSMC is based on either medical indication or subjective reasoning by the provider. Objective: To determine if the prevalence of positive results among women tested is sufficiently high enough to warrant review of current screening practices and development of a standardized universal screening protocol. Method: Retrospective review of urine toxicology results and electronic patient data files. Results: Preliminary results show a conservative estimate for prenatal drug use among tested pregnant women at WSMC is higher the national average.

FP20: A Workshop to Teach Family Medicine Residents Accuracy In Cervical Dilation Assessment

Kate Thoma, MD

This workshop was developed to address training residents in the important skill of assessing cervical dilation. A one-hour workshop focuses upon practice in cervical assessment, using unique, easily constructed models. Effectiveness of the workshop is measured through pre- and post-testing, assessing 10 simulated cervices. Residents also self-report pre- and post-intervention confidence in their skills. This workshop can easily be replicated in any family medicine residency.

FP21: Look Before We Leap: Examining Preterm Labor, Diagnosis and Treatment at an Urban Medical Center

Carrie Holland, MD

Preterm birth is the leading cause of neonatal mortality in the United States, and 40-50% of these births are preceded by preterm labor. In the face of threatened preterm labor, clinicians are met with a range of decisions to make, including the use and selection of pharmacologic intervention. While there is a fair amount of uncertainty regarding the best strategies to diagnose and manage preterm labor, there is an emerging move away from using selected time-honored therapeutics for tocolysis, as the research to support their benefit is insufficient. At an urban hospital, providers' knowledge and management related to preterm labor were examined and compared to current evidence-based research. Results indicate discrepancies between provider practices and evidence-based medicine.

FP22: Obesity And Depression In Women

Cheryl Atherley-Todd, MD

Introduction: Both depression and obesity are common public health problems in the US. The purpose of this study was to find out if obese women were more prone to depression than their female counterparts of normal weight. Method: Target population: Women aged 20-60 years who attended AnMed Family Medicine Center over a two- month period. Instrument: Beck Depression Inventory. Results: 227 questionnaires were filled out. A correlation analysis and T–test were done. Discussion: The study findings supported my hypothesis that female obese patients have a significantly higher likelihood of being depressed.

FP23: What's Lurking In Your Nose?: Prevalence of MRSA Nasal Colonization In a Residency Practice

Johanna Kline-Kim, MD; Mary Ann Kumar, MD; Mark Grzeskowiak, MD

Context: Since MRSA colonization is a risk factor for future MRSA infection, legislation has been developed to reduce MRSA infections. Objectives: Investigate the prevalence of MRSA nasal colonization among health care workers and consider the impact this MRSA colonization may have on future legislation. Design: Observational study using MRSA nasal swabs to determine colonization. Setting: Underwood-Memorial Hospital Family Medicine Residency. Participants: Faculty, residents, nurses, medical students, and staff of the outpatient family medicine office. Outcome Measures: MRSA nasal swabs will be plated and read at 24 and 48 hours. Results: It is anticipated that there will be at least one positive MRSA nasal swab. Conclusions: Since there is no definitive treatment for colonization, future legislation may have to adjust for colonization among health care workers.

FP24: Addition of Antibiotics to Incision And Drainage for Bacterial Skin And Soft Tissue Abscesses

Stephanie Ballard, PharmD; Rachelle Busby, PharmD; Lisa Harinstein, PharmD; Keiichiro Narumoto, MD; Gretchen Shelesky, MD; Alahm Saleh, MD, MLS

The Infectious Diseases Society of America recommends incision and drainage as monotherapy for uncomplicated cutaneous abscesses. This practice has recently been challenged by results from two retrospective cohort studies. Objective: To systematically review the evidence comparing incision and drainage plus oral antibiotics versus incision and drainage alone for outpatient treatment of bacterial skin and soft tissue abscesses. Methods: We conducted searches of 12 biomedical literature databases to identify relevant studies. Randomized, controlled trials will be included without regard to language or publication status. Data abstraction will be completed using a pilot-tested form; included studies will be reviewed for quality. Primary outcome measures: Rates of clinical cure or treatment failure. Secondary outcomes: Adverse events and cost information. Results: In process. Conclusions: Pending data collection and analysis.

FP25: Survival of Cardiopulmonary Arrest Per Episode and at Discharge in an Urban Community Hospital

Alyssa Vest, DO

Objective: To determine whether survival after an in-hospital cardiopulmonary arrest differs by nights and days, month of the year, cardiac monitoring, age, resident specialty or attending leading the resuscitation, number of resuscitations attempted. Methods: Retrospective chart review was performed using the hospital code log to identify patients. Exclusions were ED codes, under 18 years old, DNR. Chi-square tests examined specific hypotheses. Results: 302 patients with 434 episodes of in-hospital cardiopulmonary arrest were observed (approximately 96 codes annually). Higher survival during the day shift was statistically significant. Survival of a single cardiopulmonary arrest was 61% but survival to discharge was 7.9%. Conclusion: Differences between day and night survival will be analyzed with the addition of an eICU, with attending physicians providing overnight off-site monitoring.

FP26: Risk Factors for Gynecological Illness in Women Recovering from Addiction

Maryam Yamini, MD; Dorothy Long Parma, MD; Leigh Romero, MD

Women who are chronic drug-users are less likely than non-users to have regular medical care and preventive health services, and more likely to have untreated reproductive health problems. In this study we determined risk predictors for gynecological illness in women with substance abuse disorders. We provided Pap smears to women attending a residential chemical dependency treatment program. Of 129 Pap smears performed, 14% were abnormal. Women with no health insurance were the only group with abnormal Paps, HPV, Candida, gonorrhea and Chlamydia. Our patients had almost three times more abnormal findings than population norms (5.5%; Kinney et. al., 1998). We conclude there is a need to provide Pap smears for women in chemical dependency treatment programs and screen them for gynecological infections before complications occur.

FP27: The Impact of Educational Intervention for Family Medicine Residents on Management of Chronic Pain Patients

Foluke Alli, MD; Charles Catania, MD; John Armando LCSW, MSS, LCSW; Gina Glass, MD

Context: Chronic pain is rising in the United States, but family physicians are sometimes reluctant to manage these patients. Objectives: Increase residents' confidence, knowledge and ability to manage interpersonal conflicts associated with chronic pain patients. Design: Residents participated in a focus group meeting to identify what training they needed, a series of interventions were provided. Residents completed questionnaires before and after these interventions. Data analysis of pretest and post test scores will be done. Setting: Outpatient. Participants: Residents. Outcomes: Residents confidence, knowledge and ability to manage conflicts regarding management of chronic pain patients. Anticipated Results: After these interventions the residents will have increased confidence and knowledge regarding chronic pain management and improved ability to manage conflicts associated with management of chronic pain patients.

FP28: The Use of Daily Clinical Reminders to Decrease Preventable Hospital-acquired Conditions

Erica Savage-Jeter, MD

Hospital-acquired conditions (HACs) are complications acquired from suboptimal hospital care or medical errors and include pressure ulcers, catheter-associated urinary tract infections (CA-UTIs), and vascular catheter-associated bloodstream infections (VC-BSIs). Our objective is to conduct a cohort study to analyze HACs on the Family Medicine Service (FMIS) at Palmetto Health Richland Hospital. Initially, we will record the incidence of CA-UTIs, VC-BSIs, and pressure ulcers. Subsequently, we will then implement a daily clinical reminder that includes a checklist to remind providers about prevention guidelines and recommendations and continue to record the incidence of the same HACs. We will form a comparison of

the rates of these HACs before and after the intervention. We hypothesize that the daily clinical reminders will decrease the rate of the selected HACs.

Fellows, Residents, Or Students Research Works-in-Progress Posters

SESSION II: Friday, May 1, 3-3:30 pm and Saturday, May 2, 7-8 am & 10-10:30 am

FP29: Assessment of Medication-Taking Behavior and its Association With Hemoglobin A1c Level in Adults with Type 2 Diabetes Mellitus

Young Shin Kim, MD; Richard Sadovsky, MD; Jillian Alfonso, MD; Jennifer Etheridge-Otey, RPA; Asma Islam, MD

Medication adherence is considered a cornerstone in managing type 2 diabetes. However, its efficient measurement in outpatient settings has not been established. We tested the association between medication adherence and HbA1c levels in adult with type 2 diabetes using the Morisky Medication Adherence Scale (MMAS), a 4-question survey. Results demonstrated that high adherence group showed 1.1% lower HbA1c value than intermediate adherence group (7.06, 8.12 respectively, $p<0.001$) and 1.7% lower than low adherence group (8.78, $p<0.001$). Less frequent daily dosing (≤2 vs. ≥3 a day) and lower number of diabetic medication (1 vs. ≥2 pills) were associated with better adherence and lower HbA1c. The MMAS appears to be a useful tool to assess medication adherence.

FP30: Impact of an Existing Care Management Group Targeting The Highest Utilizers of Camden NJ's Hospitals

Danielle Sciorra, BS; Jeffrey Brenner, MD; James Gill, MD, MPH; Ariel Linden, DrPH, MS

This retrospective cohort study examines the impact of an existing care management (CM) project, currently directing outreach to the highest users of Camden NJ's hospitals, on the emergency department utilization of its enrolled participants. The 're-utilization probabilities' of all CM project patients (n=42) and of a matched control group will be calculated using the Kaplan-Meier method. Median re-utilization times will be calculated for both the CM patient group and the control group while log-rank hypothesis testing will be used to assess for a statistical difference between groups. Preliminary analysis suggests longer median re-utilization times for CM patients compared to controls.

FP31: Secrets of Extreme Longevity of Mayo Clinic Florida Centenarians And Categorization of Their Morbidity Profile

Orestes Gutierrez, DO; Jan Larson, MD

What dietary and lifestyle changes can allow our patients to become happy, healthy centenarians? There is an association between longevity, prudent dietary habits and good health practices. This is a funded, IRB approved pilot study of the dietary patterns, health practices and functional status of centenarian patients of Mayo Clinic Florida. It is commonly believed that exceptional longevity is the gift of those genetically endowed. Research argues that genes account for approximately 30%, and environment and lifestyle 70% of longevity. One of the primary goals of healthy people 2010 is to Increase Years of Healthy Life. Studying centenarians can help achieve this vision. This presentation discusses evidence based research that affects extreme longevity, with direct application to primary care medicine.

FP32: Diabetes Quality Improvement In a Residency Practice

Sarah Cottingham, MD; Chip Cooper, MD; Rogers Sarah, MD; Suzann Weathers, MD

Introduction: Our aim is to develop and test specific quality improvement (QI) interventions to improve upon diabetes quality indicators in our residency program. Methods: A diabetes patient registry was compiled from the electronic health record, and is updated monthly by the residents to include the NCQA Diabetes quality indicators. The residents divided into two groups to create specific interventions to improve the quality indicators. Each group meets weekly to identify and implement interventions using the Plan, Do, Study, Act (PDSA) cycle. Results: At baseline, there were 197 patients in the registry. Of those, 48% had HbA1c <7% and 33% had blood pressure <130/80. New PDSA cycles will be initiated quarterly. Discussion: Using specific QI interventions, we aim to improve diabetes care in our residency program.

FP33: Teaching Effectiveness in a Multidisciplinary Student-Led Free Clinic

Leila Midelfort, MD; Nancy Pandhi, MD MPH; Teresa Kulie, MD; Jackie Redmer, MD

Context: Multidisciplinary clinics are a popular model for teaching health science students. However, research assessing the learning needs of students at different levels of training and from different health disciplines is limited. Objective: To assess the effectiveness of teaching at a multidisciplinary medical student run free clinic. Design: Anonymous survey incorporating the Cleveland Clinic Clinical Teaching Effectiveness Instrument along with supplemental questions targeted to a free clinic setting. Anticipated Results: We will analyze if teacher effectiveness differs based on students' level of training and/or by their health discipline. We also will analyze whether resident and attending teaching effectiveness differs. Conclusions: This work will allow an assessment of how teaching performed solely by physicians meets multidisciplinary students needs.

FP34: Modified Clinical Assessment Increases The Efficiency of Questionnaires to Identify a Population at Risk for Sleep Disorders

Egambaram sethilvel, MD; Chintan Shah, MD; Jaividhya Dasarathy, MD

Background: We have previously used screening questionnaires and observed that sleep disorders are common, but they are time consuming. We performed this study to identify a population to efficiently apply these screening questionnaires. Methods: Consecutive patients aged 18-65 years being evaluated in a primary care clinic were asked to complete the Epworth Sleepiness Scale (ESS). Demographic features, history of snoring/apnea and gasping were assessed. Neck circumference and Mallampati score was obtained. Results: Of the 100 patients evaluated, Demographics: 71 female, 29 males, age 38.5±1.2 yrs, BMI 31±0.8 kg/m2 and ethnicity: 44 Caucasian, 40 African American, 16 Hispanic. Their neck circumference 38.1±0.5 cm, adjusted neck circumference 38.9±1.4 cm, ESS score 7.35±0.5 and Mallampati score 2.13±0.1. A combination of an adjusted neck circumference > 36 cm. and a Malampatti score >2 had a sensitivity of100% , a specificity of 30% and negative predictive value of 100%. Conclusions: Our data suggest that a combination of adjusted neck circumference > 36 and a Mallampati score > 2 will identify all patients with an ESS score > 10 and this will permit the efficient administration questionnaires to a population

FP35: Comparison of Satisfaction, Readiness, Education, and Pregnancy Outcomes Between Group and Traditional Prenatal Care Models

Emily Abernathy, MD; John Beerbower, MD; Carrie Anderson, MD

The group care model is an evolving concept within primary care that may improve the quality of patient care while increasing the productivity of providers. Group prenatal care is a growing model being utilized as an alternative to traditional prenatal care. This model has been shown in multiple trials to have maternal, fetal, and provider benefits. This study compared patient satisfaction, readiness, education, and attendance at prenatal visits, breast feeding initiation and continuation, smoking cessation, and depression rates between patients receiving group and traditional care in a family medicine residency clinic. Data were obtained from patient and provider surveys competed at postpartum visits. Final results are pending; however, preliminary results from a limited number of patients have not shown statistical significance.

FP36: Does Sexual Health Counseling Matter? Evaluating The Effects of Physician Counseling On Adolescent Behaviors

Priya Bhattacharyya, MD; Amy Harrison, MD

Objective: To assess whether physicians are discussing sexual health at adolescent preventive visits, and to evaluate the effects of physician counseling on sexual-health outcomes twelve months later. Methods: Chart audits will review whether sexual health and contraception were discussed at adolescent preventive visits (aged 12-17) in 2007. Twelve-month outcomes will be examined to investigate follow-up care and sexual health status. Results: We anticipate that sexual histories are routinely obtained at preventive visits, and adolescents that received sexual health counseling have healthier outcomes, including increased contraception compliance, and fewer STIs and unplanned pregnancies. Conclusions: Physicians need to make it a priority to discuss sexual health in adolescent preventive visits, and mandate routine follow-up if contraception is discussed or if the adolescent is engaging in high-risk behavior.

FP37: Family- And Provider-level Predictors of Health Care Utilization In Medicaid-eligible Infants In Philadelphia

Anje Van Berckelaer, MD; Susmita Pati, MD, MPH

Context: Nonadherence to recommended well child care (WCC) and frequent emergency department (ED) visits remain a persistent problem among publicly insured children. Objective: To assess how health care site and family-level factors affect adherence to recommended WCC schedules and ED use. Methods: Secondary analysis of a cohort of 744 Medicaid-eligible children surveyed from birth to 24 months. Preliminary results: At 6 months, 88% were adherent to the WCC schedule and 46% had visited the ED. Adjusted linear regression models showed that not having other children in the home, having a child with a chronic condition, and being unmarried leads to increased ED visits. Conclusions: Postpartum maternal education efforts should emphasize the importance of establishing WCC and a medical home, especially for primiparous mothers.

FP38: SHOT (Stop Hurting Our Toddlers): A Randomized Controlled Study Using Distraction to Reduce Immunization Distress

Nina Vergari, MD; Lucas Catt, MD; Mary Talen, PhD; Edward Foley, MD

Well child visits and immunizations are a routine part of family medicine care. Yet, immunizations can be a source of distress not only for the children but parents and medical assistants. The negative consequences of immunizations may also contribute to avoidance and anxiety linked to health providers. The purpose of this study is to evaluate the effectiveness of video distraction on distress caused by routine shots. Children will be randomly assigned to standard care or standard care plus a video diversion during immunizations. Caregivers, medical assistants and an observer will rate the child's level of distress during immunizations.

FP39: An Exploration of Physical Activity And Nutrition Habits In an Urban Hmong Community

David Nelson, PhD; Melanie Hinojosa, PhD

Many US families do not eat healthy diets or meet physical activity guidelines. Less knowledge exists about the lifestyle of Southeast Asian groups, although they are a growing population in Milwaukee, Wisconsin. Objective: This project describes the results of a community based participatory research (CBPR) pilot study of Hmong residents' behaviors around physical activity and nutrition. Methods: A convenience sample of 50 Hmong families provided responses to questions on nutrition and physical activity. Results: Respondents were first-generation and in the US less than 20 years. Fewer gardened than expected and there was knowledge of exercise. Implications: There is a need to understand nutrition, physical activity, and health barriers faced by Hmong living in the United States.

FP40: Utilizing Integrated Care to Provide Group Visits to Patients With Chronic Pain

Mary Emashowski, PharmD; Bradford Winslow, MD; Laurie Ivey, PsyD; Jeremy Fowler, MD

Treating chronic pain is a challenge in family medicine residency programs. Expanding the role of patient group visits has also been a trend in primary care. This project aims to improve the care of patients with chronic, non-malignant pain by utilizing an integrated care model encompassing the expertise of physicians, a clinical psychologist, and a clinical pharmacist. The intervention is designed as a group class visit, with a class held weekly for 3 weeks, and patients are given an option of attending a continuity group that meets monthly. Goals of the project include improving patient-centered outcomes and providing education to providers that work with chronic pain.

FP41: Measurement of Oxygen Saturation In Hospitalized Patients

Okechukwu Obua, MD; Sofia Syed, DO; Ruqaya Fatima, MD; James Meza, MD

The purpose of this study was to determine the length of time it takes to reach a new steady state oxygenation level after supplemental oxygen is discontinued on patients that are hospitalized. This information is not available in the literature, but is a common patient care management issue for inpatient medicine. We measured pulse oximetry at thirty second intervals until we reached a nadir measurement. Our preliminary findings (n=21) show a mean of 4.7 minutes with a range of 2-10 minutes. To safely determine if a patient can be weaned from oxygen, clinicians should wait at least 4-10 minutes before making a clinical decision.

FP42: Differences In Health Care Utilization Between the Homeless And the General Population In Camden, NJ

Nathan Samras, BSE; James Gill, MD, MPH; Ariel Linden, DrPH, MS; Jeffrey Brenner, MD

This retrospective cohort study compares the characteristics of hospitalizations for a homeless population in Camden, NJ to the characteristics of the general population in the same city. The study will compare the median length of stay (LOS), median charges and receipts, and the diagnoses from the first hospitalization up to 1 year after the individual's first visit to a Camden homeless shelter. Only hospitalizations between 1/1/2004 and 12/31/2008 will be examined. Preliminary analysis suggests longer median LOS, greater median charges, lesser median receipts, and more substance abuse and mental health issues for the homeless cohort as compared to the general population.

FP43: Applying The Transtheoretical Model: Awareness And Readiness to Change In Overweight And Obese Patients

Catalina Macias, MD; Tricia Elliott, MD; Christian Dyhianto, MD; Isabel Garcia, MD; Shelley Li, MD; Kaustubh Mestry, MD; Marjorie Broussard, MD; Nicholas Solomos, MD

Obesity treatment may be more effective if tailored to the patients' awareness of weight status and readiness to change. We sought to measure the awareness of accurate weight status and the stage of readiness for weight loss among overweight and obese patients. Results show that most participants underestimated their actual weight status. A significant portion of overweight patients considered that they have normal weight. Following the TTM stages of change, the majority of the overweight patients were in precontemplation stage, most of the obese patients were in action stage, and the majority of the morbidly obese patients were in preparation stage. The overweight group could represent a good target population for an intervention to increase awareness and advance their stage of change.

FP44: Changing Treatment Trends of Aspirin Use In Diabetics

Alis Vidinas, MD; Ambika Sivanandam, MD; Mina Gohari, MD; Ning Hu, MD; Syeda Haque, MD; James Meza, MD

We describe a progressive line of inquiry that began with a physician survey. This survey showed only 43% of family physicians in our residency were aware of American Diabetes Association guidelines for aspirin use in diabetic patients and only 35% of physicians were adherent to the guideline. Aspirin use was the largest gap between physician behavior and guideline recommendations. Using this information, we developed a research study to compare aspirin use reported by patients before and after a physician education session. Data collection for the baseline measure is currently underway. We hope to demonstrate improved adherence as a measure of quality patient care.

FP45: Safe Transitions for Every Patient (STEP): Service-learning In Curriculum Development

Tiffany Dobbs, MD; Linda Meurer, MD, MPH; Jeffrey Morzinski, PhD, MSW; Deborah Simpson, PhD; Kristin Guilonard, DO; Staci Young, PhD; David Klehm, MD; Paul Koch, MD; Karen Nelson, MD

Primary care physicians must be skilled in care transitions as patients move to, from and within medical homes. In the context of a project-based faculty development program, faculty and fellows across three specialties are using a systematic instructional design process to develop educational programs in effective care transitions. Strategies include a multi-method needs assessment; development of specific measurable learning objectives; identification and implementation of appropriate learning methods, development of learner assessment and evaluation tools. Participant-derived critical incidents, literature review and stakeholder input led to four primary learning domains, including: 1) importance of effective patient handoffs; 2) processes for successful handoffs; 3) essential hand-off communication content; and 4) optimal handoff communication methods. Preliminary assessments suggest significant gaps and opportunities to improve health care transitions education.

FP46: Detection of Concussions In Athletes Combining CT, MRI, and PET Neuroimaging: A Community Pilot Study

Terence Chang, MD; Arnold Ramirez, MD; Mark Herbst, MD PhD; Eric Coris, MD

Background: Family physicians manage concussions in the office and on the field. Diagnosis, however, relies on vague symptoms. PET and newer MRI sequences may increase diagnostic yield. To our knowledge, no studies have compared diagnostic accuracy of functional imaging with clinical findings. Objective: Determine whether combination neuroimaging can detect concussions using resources available in the community. Participants: Five acutely (7 days), symptomatic, concussed football players compared to five controls, all ages 18-25. Methods: Concussions are diagnosed clinically. Ten athletes undergo CT, MRI, and PET at rest. Radiologist, blinded to the clinical diagnosis, will attempt to identify concussed athletes from controls. Imaging will then be correlated to clinical findings, summarized in a 2x2 table. Neuroimaging may aid in diagnosing concussions. Status: IRB approved. Currently enrolling.

FP47: The Impact of a Student-run Clinic for Uninsured Patients On Hospital Utilization In Camden NJ

Nathan Samras, BSE; James Gill, MD, MPH; Ariel Linden, DrPH, MS; Jeffrey Brenner, MD

This retrospective cohort study will examine the impact of a student-run ambulatory care clinic in Camden, NJ on the emergency department (ED) utilization of its uninsured patients. The probability of re-utilization of the clinic patients compared to the matched control group at admission in the ED will be calculated using the Kaplan-Meier method, and median re-utilization times will be compared. Re-utilization is defined as a returning ED visit during the time period that the individual was a patient at the clinic. Statistical difference between the groups will be assessed with log-rank hypothesis testing. It is anticipated that access to this primary care clinic will decrease ED utilization.

FP48: Behavioral Pain Management

John Georgio, MD

Relaxation techniques can be an integral part of the successful treatment of those exhibiting pain-related behaviors. Our study will examine the effects of Behavioral Relaxation Training (BRT) on the pain level and functionality of chronic pain patients. Using a randomized, unblinded study of adult chronic pain patients who are on a steady level of pain medications at our Family Health Pain Clinic, we plan to measure pain levels at least 3 times for 100 patients. The Functional Rating Index will also be used to determine if BRT has an effect on these patients. Currently, four treatment and five control patients are enrolled, six of them have at least one follow-up visit (2 treatment and 4 controls). It is too soon for significant results.

FP49: HIV Infected Women and Cervical Cancer: Yes We Can Improve Screening and Abnormal Cytology Follow-up

Rashanna Wade, MD; Kelly Ussery-Kronhaus, MD; Abbie Jacobs, MD

Cervical cancer screening of all HIV infected women is crucial. The incidence of cervical dysplasia and carcinoma is increased in HIV infected women as compared to uninfected women. In the presence of HIV infection 30-60% of pap smears have cytology abnormalities and 15-40% confirmed cervical dysplasia. The purpose of our QA/QI project is to retrospectively evaluate our screening rates of cervical cancer in our HIV positive patients, and how effectively we have managed the follow-up of patients according to recommended cervical cancer screening guidelines. The patients in this retrospective study are HIV positive women who receive comprehensive primary care, along with social and financial support services at our Center for Family Health.

FP50: The Effect of Physician Attractiveness on Perceived Patient Satisfaction

Rebecca Rogers, PhD; Brandi Dorsey, BA

Research indicates that those who are attractive are assumed to be superior in multiple respects. We examined the effect of physician's attractiveness on various patient perceptions (of the doctor and consultation). Participants were 158 undergraduate students. After reading a patient-physician scenario, with physician photo, participants answered questions regarding many doctor and consultation characteristics. Half of participants received an attractive doctor photo while half received an unattractive one. T-tests revealed no significant differences among any dependent variables. The attractive doctor rated much less attractive than initial ratings. Qualitative answers revealed strong dissatisfaction with the consultation. It may be that the attractive doctor's (rated low) level of attractiveness could not compensate for the (perceived) negative encounter. Additional interpretations, limitations, and suggestions for future research will be presented.

FP51: Health and the United States Economy

Robert Post, MD; Arch Mainous, PhD

Context: With the recent economic downturn of the United States there is a concern that the general health of the country will decline as well. Objective: To determine if the economic state of the United States is correlated to self-assessment of health and the rate of hospital admissions. Design: Regression analysis of these markers of health in a nationally representative sample of the United States in relation to two markers of economic health from the years 1980 to 2007. Patients: Participants in the National Health Interview Survey and data from the National Hospital Discharge Survey. Main Outcome Measures: Self-assessed health status and rate of hospital admissions. Anticipated Results: Economic downturn is correlated with decreased self-assessed health status and increased rate of hospital admissions in the US.

FP52: Enhanced Obstetrics Track for a Family Practice Residency: Training And Post-residency Clinical Experience

Kyla Rice, MD

The decline in family physicians managing pregnancies and practicing surgical obstetrics is well documented. Our goal is to examine the unique four-year Enhanced Obstetrics (EOB) track at the University of California Davis' Family and Community Medicine Residency Program to determine the factors associated with inclusion of high-risk obstetrics and operative procedures in post-residency practice. UCD EOB graduates from 2001 to 2007 are surveyed regarding current practice patterns including practice demographics, caring for high-risk pregnancies, performing caesarean deliveries and other operative procedures. The current practice patterns of these graduates are compared to the clinical experiences, procedure logs, and training obtained during the Enhanced Obstetrics Track at the UC Davis Family Practice Residency.

FP53: Newborn Screen And Hemoglobinopathies: From Hospital to Clinic; Examining Documentation And Follow-up of Positive Results

Mark Rastetter, MD; Kathleen McDonough, MD

The Newborn Screen is a tool to detect rare and potentially life threatening conditions of infancy. A retrospective chart review was conducted of infants born at a community hospital on the west side of Chicago (2006-2007) with positive Hemoglobinopathy results (N= 238). Provider notification, chart documentation and patient teaching were assessed using charts of infants that followed up at a consortium of Federally Qualified Health Care Centers within the community (N= 148). Our analysis currently suggests that less than half of the above measures were accomplished, indicating a need for a well-designed protocol.

FP54: Are There Differences Between IMGs And US Medical Graduates During Outpatient Precepting?

Keiichiro Narumoto, MD

International Medical Graduates (IMGs) face multi-layered obstacles in acculturation that often affect clinical performances. Precepting is the area which can be affected. Negative responses / experiences in that teacher-learner interaction can adversely affect learning and performance; however, data on barriers during precepting is lacking. We plan to qualitatively explore differences between IMGs and US medical graduates during outpatient teaching using the interpersonal recall (IPR). IPR is a method to improve human interrelationship developed by Norman Kagan that stimulates recall and helps explore subconscious feelings by reviewing a videotaped interaction of oneself with a facilitator. The results may give clues to ways to tailor precepting methods toward IMG needs and perceptions, eventually enhancing the overall quality of family medicine.

SCHOLASTIC POSTERS

Room: Centennial E-H

SESSION 1: Thursday, April 30, 5:15-7 pm and Friday, May 1, 10-10:30 am

SP1: Making It Real: Implementing Concrete, Competency-centered Rotation Objectives

Jay Weiner, MD

We revised our objectives and evaluation forms for our residents' outside rotations, from the prior vague universal forms to individual, rotation-specific forms with more achievable, measurable goals organized around the six competencies. Now, Objectives for each rotation match the items on which the resident is evaluated and on which the resident evaluates the rotation. Residents and faculty sit on curriculum committees for each rotation; we also receive feedback via a group-think process whereby the residents complete annual evaluations of each rotation. We complete and track evaluations online, improving completion rates. Chairs of each pertinent curriculum committee and subcommittee physically meet with and round on outside attendings for these rotations twice yearly, reassessing curriculum, rotation experience, residents' performance, any areas of concern, and the evaluation process.

SP2: Shared Decision Making in Clinical Practice: Helping Learners Use the Literature to Navigate Uncertain Territory

Mary Hoffman, MD, MSPH; Tracey Smith, PHCNS, BC, MS; Steve Verhulst, PhD; Jerry Kruse, MD, MSPH

Our students and residents have highly variable levels of experience with literature retrieval, evaluation, and application of data to real-life scenarios. This innovative curriculum guides learners through the process of taking a patient-related question, performing a literature search, critical evaluation of the literature retrieved, and application of the information back to the patient. The capstone event of the curricular intervention is the opportunity for students to use their retrieved evidence to perform shared decision making with a standardized patient, so that learners can practice these skills in a low-stakes environment and can develop skills to prepare them for these kinds of patient visits. Student feedback and evaluation data are presented for the past 2 years of the curricular intervention.

SP3: Developing a Telephone Triage Protocol for Vaginitis Symptoms In Nonpregnant Adults

Ann Evensen, MD

Neither patients nor physicians can accurately differentiate among causes of vaginitis based on symptoms alone. However, many patients expect treatment of vaginitis over the phone. This poster summarizes a quality improvement project to develop a telephone triage protocol of vaginitis symptoms in nonpregnant adults. The protocol allows a triage nurse to treat the small percentage of patients who have symptoms of a typical yeast infection, who are low risk for sexually transmitted disease, and who have had yeast vaginitis diagnosed by previous clinical exam. The remainder of patients are scheduled for an office visit. With this protocol, fewer phone calls are routed to the physician for decision making, and symptomatic patients are either treated or seen promptly.

SP4: Improving Documentation of Asthma Severity Among Residents in the Center for Family Medicine

Angela Davis, MD

Objectives: To investigate the Center for Family Medicine (CFM) residents' compliance with documentation of asthma severity as recommended by national asthma treatment guidelines. Methods: We reviewed 180 charts of the patients with a diagnosis of asthma seen by the residents in the CFM between July 1, 2007, and December 31, 2007. Data gathered from each chart included, but was not limited to, disease severity classification, documentation of symptoms, frequency of beta2-agonists use, forced expiratory volume in 1 second, and exacerbations. In July 2008, the residents were educated via lecture and reminders. A post-intervention chart review will be performed on the patients with a diagnosis of asthma evaluated by residents between July 1, 2008, and December 31, 2008. Results will be presented.

SP5: Community Medicine Program In Co-occurring Substance Abuse, Psychiatry Disorders, and Primary Care, a Tri-service Model

Rene Melendez, MD; Donna Melendez, MD

Co-occurring substance abuse and psychiatric disorder (COSPD) patients are a challenge to the health care system. A 2003 estimate of national COSPD spending was $121 billion. Despite the benefits of integrated COSPD programs, their efficacy is still unclear. This project was started as a part of the community medicine rotation between the Galveston Gulf Coast COSPD and UTMB Family Medicine with goals to explore the role of primary care in COSPD patients, expose family medicine residents to COSPD treatment, and assist the community by providing a medical home to this population. Preliminary results support the role of primary care in improving patient outcomes, reducing costs, and enhancing residents' education. The project was so effective that it will now be integrated into the Community Medicine rotation.

SP6: Building Big City Scholarship in a Small Town Residency

Dean Seehusen, MD, MPH; MAJ Michael Friedman, MD

The Family Medicine Residency Review Committee has recently mandated that all residents must participate in scholarship, and, traditionally, encouraging family medicine residents to engage in scholarly activities has been challenging. This mandate has put new pressure on educators to discover better ways of promoting scholarship. Incorporating scholarship into residency education may be most challenging for programs not affiliated with universities, as non-university-associated programs typically have fewer resources and may have fewer faculty with research and publishing experience. We present our experience with evolution into a scholarship-intensive program over the course of 4 years. Our transformation required a multifaceted approach that impacted faculty, residents, and even medical students. This presentation will provide participants with ideas for overcoming the barriers non-university programs face when promoting resident scholarship.

SP7: Assessment of Cross-cultural Communication With Latino Patients With a Unique OSCE

Charles Vega, MD

Health care disparities faced by the Latino population in the United States have been shown to be related to language barriers and poor cross-cultural communication. We are in the process of implementing a comprehensive Latino culture and language training program for our UCI residents, and we will use a novel objective structured clinical examination (OSCE) to help assess this intervention. OSCE stations will be conducted in Spanish and focus on culturally based health beliefs, barriers to appropriate health care, and the use of alternative therapies. Our scholastic poster will describe the objectives, development, and challenges of this unique type of OSCE. In doing so, we hope to connect with other training programs interested in improving their evaluation tools for cross-cultural health care.

SP8: The Pay for Performance (P4P) Clearing House Website

Justin Miles; David Satin, MD

At the request of the Association of Departments of Family Medicine, the University of Minnesota has developed an informational website about P4P. It is designed to help clinician-educators navigate the complex landscape of P4P and to facilitate academic programs' successful participation in P4P if desired. It contains more than 250 references with summaries and links where available. It also provides links to local, state, and national resources as well as Powerpoint and online Breeze video presentations on select topics. As an example of how to navigate the Web site, this poster highlights the literature addressing how clinicians ought to respond to the ACCORD and ADVANCE trials' apparent contradiction of a common P4P benchmark, achieving a HbA1c <7.0% in patients with DM2.

SP9: Patient Satisfaction Survey

Chimezie Okochi, MD

Objectives: To enhance the health care experience of our patients during clinic visits. Methods: This research was conducted using a model questionnaire developed by the AAFP. This questionnaire covers the three areas of patient satisfaction, which are quality issues, access issues, and interpersonal issues. It was distributed during clinic visits to patients. Surveys were collected using a drop box. The target number of responses was 200. Results: Data analysis is currently in progress. Based on data analyzed so far, it appears that a significant area of dissatisfaction is with access to physicians and interpersonal relationship with office staff. Conclusions: Positive verbal and nonverbal communication methods may help in enhancing the health care experience of our patients during clinic visits.

SP10: Caring for the Community: An Interprofessional Service-learning Elective

Sarah Shrader, PharmD; Wanda Gonsalves, MD; Amy Thompson, PharmD

Objective: An interprofessional service-learning elective was developed to enhance interprofessional teamwork and care for the uninsured. Students participating in the elective were surveyed to determine changes in attitudes toward interprofessionalism and service-learning. Methods: The change in students' attitudes regarding interprofessionalism and service-learning was assessed by a 26-question pre- survey and post-survey (scale 1=negative and 5=positive). Results: A total of 47/50 students completed the pre-survey; 43/49 completed the post-survey 10 weeks later. Student attitudes regarding interprofessionalism remained high, with a mean score of 4 on pre-survey and post-survey. Attitudes toward caring for the uninsured improved, with mean score of 3 and 4 on pre-survey and post-survey, respectively. Implications: Development of this elective improved or sustained student attitudes about interprofessional health care and caring for the uninsured.

SP11: I'm a Survivor But Lost My Provider: Affect of Losing a Primary Doctor on the Uninsured

Heba Elzawahry, MD

Context: In 2007, the Cook County budget cuts led to the closure of a family medicine health center, which displaced many patients. This project is a qualitative/quantitative study following patients affected by the budget cuts. Clinic closures lead to decreased access to primary care, especially for the underserved/uninsured. The affect of loss of this stability is valuable information for family physicians. Objective: To find if patients were inconvenienced or had to seek medical care from an emergency room. Design: Patients from the closed clinic are surveyed by telephone survey. Setting: Outpatient. Participants: The total pool of patients from one of the closed clinic's providers. Outcomes: Data analysis is in progress, interpreted according to patient's own perception of the loss and increased use of emergency rooms.

SP12: Contributions of Community-based Preceptors to the Family Medicine Curriculum

Robert Bulik, PhD; David Wright, MD

The majority of teaching in family medicine clerkships occurs at community-based sites. There is a growing understanding of the contributions the rich and diverse learning experiences found at community-based sites can make not only to students assigned there but also to the overall family medicine clerkship curriculum. We have developed a process by which community preceptors can author highly interactive Web-based cases on clinical problems unique to their practice or geography. We have also created an effective peer review process that provides feedback to preceptors on their authoring efforts, thus encouraging a unique contribution to the overall clerkship curriculum. The process of authoring Web-based clinical cases by community-based preceptors and the intrinsic reward of contributing to the clerkship curriculum will be discussed.

SP13: Cancelled

SP14: Money Matters for Residents: Teaching Personal Finance In Residency

Sally Weaver, PhD, MD

Ideally, family medicine graduates need to be personally stable for professional success. Finances play a large role in this stability. In 2007, the average educational debt of a graduating medical student was more than $139,000. An informal, in-house survey revealed that many residents did not use budgets, had no long-term financial goals, and no plans for debt reduction. To address these concerns, we initiated a seminar on personal finance. The first two sessions centered around budgeting and planning debt repayment with specific examples of how to repay $130,000 within 5 years. The third session discussed retirement accounts and planning for college savings. The sessions were well received by the residents, and the plan is to repeat the sessions yearly with pretest and post-test knowledge and attitudes surveys.

SP15: Keeping Up With the Jetsons: Adapting Teaching Styles for Generation Y

Melissa Stiles, MD; Anne-Marie Lozeau, MS, MD; Beth Potter, MD

Medical education needs to adapt to the newer ways of learning and the emerging technologies students are utilizing. According to the 2008 Horizon Report, social computing and personal broadcasting are two technologies that have the greatest potential to change education. This session will discuss the ways Generation Y students learn and explore ways to incorporate emerging technologies into residency education. The session will also discuss how to tailor teaching sessions for Generation Y students.

SP16: Can Electronic Medical Records Support Best Practice?

Robin Helm, MD; Beth Damitz, MD; Sandra Olsen, MS,BA

Evaluating best practice in medical care is challenging for physicians and physician educators. In the academic setting, we are expected to document that resident physicians are competent in the ACGME core competencies and providing quality care to their patients. In paper charting, this has been a difficult if not impossible task. However, with the use of electronic medical records (EMRs) we have been able to transform our clinic into a best practice environment. Attendees will see

how we have used the EMR in tracking and improving patient care. We have been able to use the EMR to document how our residents are fulfilling their ACGME competencies in patient care, practice-based learning and improvement, interpersonal communication skills, professionalism, and systems-based practice.

SP17: Development of an Inpatient VTE Risk Assessment Form—Defining the Problem, Implementing a Solution

Keith Dickerson, MD

In October 2006, St. Mary's Hospital participated in an international, 1-day study of all hospitalized surgical and medical patients to determine who was at risk for VTE (venous thromboembolism) and if they were properly prophylaxed according to the seventh ACCP guidelines for VTE. Data were analyzed, and the multidisciplinary VTE team was formed in July 2007, chaired by one of the St. Mary's Family Medicine Residency Faculty. A standard VTE risk assessment form was developed for inclusion with each hospital admission. Data surveillance on VTE rates is ongoing. Being involved with the development of clinically relevant hospital-wide policies is an important opportunity for family medicine residents and faculty to lend our unique expertise, broaden our own knowledge, and remain leaders in hospital-based medicine.

SP18: Collaborative Care Clinic: A Medical Home for Rural HIV+ Patients

Keith Dickerson, MD; Amy Davis, MD; Lucy Graham, RN

At St. Mary's Family Medicine Clinic and Residency in Grand Junction, Colo, we have created and maintained an ideal medical home for HIV+ patients for the last 8 years. Called the Collaborative Care Clinic, we have created a multidisciplinary, whole person-oriented clinic, including infectious disease specialist care, primary care, mental health, social work/case management, nursing, dental, and massage therapy. The core concepts of the ideal medical home are actively practiced. Copious demographics and quality indicators are collected and tabulated on a yearly basis, which then drives ongoing quality improvement projects. Many lessons applicable to a medical home for all patients can be learned in this idealized medical home for HIV+ patients.

SP19: Promoting Healthy Lifestyle Changes in The Elderly: An Education Intervention in a Primary Care Community

Laura Brusky, MD; Kevin Izard, MD

Introduction: Regular physical activity and good nutrition are important components of a healthy lifestyle. Studies demonstrated that inactivity increases all-cause mortality rates. As the elderly population increases, it is crucial for practitioners to counsel on becoming active and adopt healthy nutrition. Specific Aims: We believe that a 2-hour educational event will increase the awareness of the benefits of healthy nutrition and exercise in the elderly population. Also, as lack of exercise and unhealthy nutrition are often due to limited economic resources, we will include a demonstration of home exercises without the need of expensive equipment and choices of healthy inexpensive foods. Methods: Participants attended a 2-hour educational event on healthy eating and exercise. Pre- and 3-month post-intervention surveys were administered to evaluate lifestyles changes.

SP20: Identification of Barriers to Blood Pressure Control in Patients With Diabetes in a Rural Setting

Evelyn Rawcliffe, DO; Petra Warren, MD

The Seventh Report of the Joint National Commission on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure recommends that the goal blood pressure for persons with diabetes is < or = 130/80. In the Chesnee Center for Family Medicine only 40%-50% of the patients sampled have blood pressures at goal. Our goal is to determine barriers to blood pressure control in diabetic patients with coexistent hypertension in a rural setting. A survey is being distributed for a period of 9 months to patients with diabetes and a coexistent diagnosis of hypertension. The completed surveys are kept in a secure location, and no identifying patient data are on the survey. To date, 50 surveys have been collected. Results of the survey will be presented.

SP21: Competency-based Procedural Training: Teaching Residents to Provide Complete Care In the Personal Medical Home

Cherie Glazner, MD, MSPH; David Marchant, MD; Carrie Williams, MA

Comprehensive procedural training in a residency program is an important part of preparing residents to provide complete care to patients, enhancing the Personal Medical Home. This poster offers participants a step by step guide to create a competency-based procedural curriculum that is progressive over the three years of residency training. The faculty will share detailed teaching tools with the participants, as well as discuss the method used to schedule and track resident procedures that occur within the family medicine center. The evaluation system using New Innovations will be described. At the completion of the session, attendees will have the information and tools necessary to create or modify a procedure curriculum suited to their residency programs.

SP22: Utilizing Nursing Staff to Improve Practice Efficiency in a Residency Program

Michelle Hilaire, PharmD; David Marchant, MD; Marcia Snook, RN, BSN; Mark Schifferns, CPA

Since the roll out of an electronic health record in our residency program, providers and nursing staff were feeling overwhelmed with the number of tasks showing up in their work flow. Providers and nurses were unsure of roles and responsibilities for certain tasks. We polled nursing staff for ideas they felt could improve patient and provider satisfaction and develop learning sessions to meet those objectives. By allowing nurses to take a more active role in patient messaging, it has cut down on the number of major or urgent tasks sent to providers. We have gained both productivity for clinic tasks and improved provider-nurse relationships.

SP23: Establishing An Academic Division of Geriatrics and Gerontology

William Wadland, MD; Mary Noel, MPH,PhD,RD; David Solomon, PhD

The State of Michigan confronts unprecedented challenges in meeting the health needs of older adults. Michigan State University (MSU) College of Human Medicine has a vision to address the issues of aging as a leader in geriatrics and gerontology building on a model of innovative, collaborative, multidisciplinary, and community-based research, training, and education. This plan builds on the strengths of the two existing geriatric fellowships affiliated with MSU as well as accomplishing four objectives - 1) establish a geriatric division; 2) disseminate network wide curricula on geriatrics; 3) implement clinical performance assessments; and, 4) conduct clinical impact evaluations of participating fellowship programs across Michigan. How this project is developing and how it can be a model for others will be discussed.

SP24: Physician Notification Preferences of Patient Hospital Admission In a Family Medicine Residency Program.

Amy Keenum, DO, PharmD; Matthew Holmes, MD; Sigrid Johnson, MD; Amy Stevens, MD

Our family medicine department in-patient teams serve in a classic hospitalist model for the family medicine clinic. Doctors preferred admission notification method is explored. The survey method is evaluated to determine the best survey response rates within our residency program. The faculty is first surveyed by computer and the residents on paper exploring their preferred communication method of their patient admission to the hospital. In a follow-up survey the survey methods are switched, the faculty is surveyed on paper and residents by computer. Survey data are presented that shows resident and faculty preferred method of notification that their patient is in the hospital. The survey response rates paper versus computer are explored to aid in surveying these groups in the future.

SP25: Implementing and Evaluating Web-based Curriculum Across Multiple Sites: The University of Arizona Botanical Medicine Project

Benjamin Kligler, MD, MPH; Victoria Maizes, MD

Development, implementation, and evaluation of Web-based educational programs is now happening throughout family medicine residency training.This session will discuss our experience in implementing and evaluating a 10-hour botanical medicine developed at University of Arizona at ten family medicine residencies across the country. Opportunities and challenges presented by this type of multi-site internet-based program will be discussed, with a focus on the challenges of competency-based evaluation.

SP26: Implementation of Depression Care Managers at Mayo Clinic Rochester

Kurt Angstman, MD

Depression management in Minnesota is in the process of change. The Institute for Clinical Systems Improvement (ICSI) is currently working with several payors in the state of Minnesota to develop clinical sites that use a care manager model for patients with depression and dysthymia. The DIAMOND (Depression Improvement Across Minnesota, Towards a New Direction) project began in March 2008 at Mayo Family Clinics Northwest. During this presentation, the use of care managers in depression care will be reviewed; the process of implementation of this new care model into our primary care practice site and the initial data from the first year of clinical activity will be reviewed. Also, lessons learned from our experiences and quality projects will be discussed.

SP27: Incorporation of Patient Advisory Group In Continuous Practice Improvement

Kurt Angstman, MD; Robert Bender, OTL MA, HHSA

Using patient advisory groups can affect practice changes and can create a patient-centric focus for a primary care practice. A successful patient advisory group has been developed for our primary care clinics. This group has been involved in several major projects for continual practice improvement. This poster will review the current role of the patient advisory group, how it functions within the primary care clinic, and how direct input and questions are evaluated by this group and its impact on the practice.

SP28: Outcomes of a Texas Family Medicine Residency Rural Training Track: 2000-2008

Lisa Nash, DO; Michael Olson, PhD; Juanita Caskey, MA; Barbara Thompson, MD

Background: Physician distribution nationally and in Texas trends away from rural toward more-urban areas. Access to health care in rural areas is adversely affected. The University of Texas Medical Branch-Galveston (UTMB) Family Medicine Residency established a Rural Training Track (RTT) in 2000 to combat this trend. Objective: This paper describes the graduate cohort to date, their practice locations, and strengths and limitations of the program as perceived by participants. Methods: Data were collected from the alumni database and from focus group evaluations of the RTT conducted in 2004. Results: Ten residents completed the RTT through 2008. Seven of 10 RTT graduates are Hispanic. Seven of 10 graduates entered practice in rural areas.

SP29: Improving the Medical Home for Children in an Academic Family Health Center

Alexandra Loffredo, MD; Jenitza Serrano Feliciano, MD; Ayesha Zaheer, MD

We conducted a chart review to assess the care provided during well-child visits as part of an evaluation of our residency's training in child and adolescent health. This chart review identified specific issues that, if improved, would also enhance our residents' educational experiences in well-child care. To address these issues, we established a well-child clinic within our academic Family Health Center to serve as a medical home for our community's children and implemented a new curriculum in child and adolescent health. A chart review performed 1 year later found that we significantly improved the quality of care provided to children, increased the number of well-child visits, and increased the retention of pediatric patients in our Family Health Center.

SP30: You Can't Get There From Here: Innovative Solutions for Medical Students' International Travel Dilemmas

Russell Robertson, MD; Catherine Smith, MA; Jefferson Jones, BA

Medical student interest in global health continues to develop at an explosive pace. At the same time, the degree of indebtedness of US medical students is growing significantly, imposing real financial barriers as the costs associated with international travel increase. We will discuss the experience of our Global Health Educational Center with two innovative student scholarship funds containing assets approaching $250,000 and the mechanisms through which the funds were raised. We will review the application process we developed for those funds and the requirements placed on students as well as describe in detail the experiences of students who successfully applied for these monies and preliminary results of a post-experience survey.

SP31: Global Health Residency Experiences: Teaching Skills Needed for Personal Medical Home Care

Stoney Abercrombie, MD; Diana Clemow, MD

Care in a personal medical home should be the foundation of any adequate health care system. The American health care system is desperately lacking in this area. The Future of Family Medicine strategy is for everyone to have a personal medical home, but this concept involves more than having a patient assigned to a medical facility or physician. To provide personalized care, a resident must be taught the essential skills that build and foster a positive medical care experience. Our global

health residency experiences teach these skills and demonstrate these attributes. Utilizing CARE, we will demonstrate how our global health experiences teach necessary skills/attributes to personalize medical home care. Session attendees will be encouraged to ask questions and share personal experiences to enhance the learning experience.

SP32: The Flu Shot Challenge: Improving Influenza Vaccination Rates for Elderly Patients in a Family Medicine Residency

Steven Brown, MD; Nona Siegel, MSN, FNP; Kevin Graham, MD

Flu vaccination in elderly patients is an important preventive intervention but is underutilized. We challenged practice teams in our residency clinic to improve flu vaccination rates in the elderly. Teams used interventions including phone calls, reminder letters, and identifying patients when they came for an office visit. The winning team documented that 75% of their patients were vaccinated. The overall proportion of elderly patients known to have received a flu shot increased compared to the two previous influenza seasons. Interviews with staff, faculty, and residents showed there were differing opinions on which method to improve flu shot rates was most successful. Many felt physician persistence coupled with close involvement of the medical assistant on the practice team was important.

SP33: Meetings With Mary: Teleconsultations Bringing Specialized Psychiatric Care of Children Into the Personal Medical Home

Shirley Longlett LCPC, MS; Rhonda Kewney, LCSW

Diagnosis and treatment of severe behavioral and mental health problems in children are considered beyond the scope of family medicine. In underserved populations, access to a psychiatrist who specializes in treating children is restricted by travel distance and costs, lack of knowledge of distant resources, and delays in appointment availability. Last year, six behaviorists at residency programs across the state and a child psychiatrist collaborated to assist providers with diagnosis and treatment planning. Providers consulted this group via videoconferencing. Treatment approaches were developed that could be managed within the primary care setting. Various strategies for maximizing efficiency of consult time will be presented and benefits accrued will be discussed. Participants will participate in a typical teleconsultation and ample time for questions. will be allowed.

SP34: A Randomized Trial of a Church-based Diabetes Prevention Program In African American Churches: Study Protocol

John Boltri, MD; Monique Davis-Smith, MD; Paul Seale, MD; Judith Fifield, PhD

There are significant disparities in the prevention and treatment of type two diabetes mellitus, and its complications persist among African Americans. This study seeks to translate known effective diabetes prevention interventions into the larger community. The CBDPT-2 (Church-based Diabetes Prevention and Translation-2 study) is a 5-year NIH study in 42 African American congregations. Churches will be randomized to an intensive faith-based lifestyle intervention (ILI) or to a control group (CG). The study will enroll participants with prediabetes (FG 100-125mg/dl) BMI ?25. The CG will receive educational sessions at baseline, 6, and 12 months. The ILI will receive an intensive six-session DPP, followed by a monthly faith-based maintenance program. Outcomes include fasting glucose, weight and blood pressure, and change in diet intake and physical activity.

SP35: Medicine for the Community: Students, Teachers, and Community United to Promote Health

Marco Janaudis, MD; Rosilda Mendes, PhD

Introduction: The Collective Health Departament of the Jundiaí Medical School seeks to include collective activities as a means of student participation in the pedagogical process of reflection-action regarding the social context of their practical trainning. Methods: Students organize and undertake activities for 10 weeks. These activities are based on participative pedagogical workshops that promote reflection, listening, dialogue, and action. Results: The meetings aim at integrating educational techniques, such as the production of theatrical plays, games, and collective reflection, which promote learning for cooperative practice. Conclusion: These activities in the model set up have been creating an awareness of local community problems, critical analysis of them, reflection, and a quest for solutions. These activities feed the students' creativity.

SP36: Promoting Patient-Physician Continuity in an Urban Residency Program Medical Home

Richard Younge, MD, MPH; Carmen Dominguez-Rafer, MD; LeWanza Harris, MD, MPH; Beena Jani, MD; Anita Softness, MD

Providing a patient-centered medical home is a primary goal of the Columbia University Medical Center Farrell Community Health Center residency practice. Family medicine professional organizations and the National Council for Quality Assurance cite continuity as a critical component of patient-centered medical homes. When patients and physicians have ongoing relationships, patient satisfaction and health care process and outcome measures improve. Residents and faculty completed a survey measuring their opinion about the extent to which Farrell CHC met various criteria for a medical home. The survey showed that there was considerable room for improvement. Farrell CHC has initiated a CQI project to define faculty and resident continuity patient panels and to organize continuity coverage teams. Patient satisfaction and utilization data will measure our improvement efforts.

SP37: Using Patient Satisfaction Surveys to Assess Resident Competencies in Providing the Personal Medical Home

John Van Schagen, MD

Patient satisfaction is one important measure of the quality and safety of health care in the personal medical home model. The ACGME mandates the evaluation of residents in key competencies, and this should include the knowledge, skills, and attitudes learners need within the personal medical home. Using a patient satisfaction survey to measure three of the ACGME general competencies and overall patient satisfaction, we found that patients were highly satisfied with resident care but that using such a tool cannot identify the competencies of individual residents. Residents report that such feedback has a positive influence on their behaviors and attitudes during encounters with patients. Residency programs should strongly consider using such an assessment tool for ensuring quality and safety in providing a personal medical home.

SP38: Disseminating and Publishing Student Work

David Power, MD, MPH; James Beattie, MLIS, AHIP

Since 2001, there has been an Evidence-based Medicine project as part of the Primary Care Clerkship. The vast majority of students have produced high-quality CATs (critical appraisal of topic) and translated that information into equally well written PETs (Patient Education Tool). Over the years, close collaboration has developed with our biomedical librarians. Together we sought ways to showcase this outstanding student work. In 2007, when the library developed a Digital Conservancy Web site that is Google-accessible, we began to publish all our PETs on it. Since joining FPIN, students are also offered the opportunity to publish their CAT as a Help Desk Answer in Evidence Based Practice. To date, several students have successfully published their CAT. We invite further audience discussion on this topic.

SP39: Cancelled

SP40: Learning From Clinical Uncertainty: The Experience of Residents and Faculty With Practice Inquiry

Tina Kenyon, ACSW; Lucia Sommers, DrPH; Michael Potter, MD; Nancy Morioka-Douglas, MD, MPH; Claudia Allen, PhD; Alan Siegel, MD

Primary care physicians (PCPs) often make decisions concerning their patients' undifferentiated symptoms, chronic illness, and preventive care despite their uncertainty about diagnostic approach and therapeutic options. PCPs lack support and dedicated time to tackle these uncertainties, yet consequences of these decisions for patient outcomes, care costs, and clinician satisfaction can be significant. In 2002, Practice Inquiry (PI) was developed as a small-group learning process that uses PCPs' own complex patient cases as content for regularly scheduled practice meetings. Positive response to PI from more than 120 community-based clinicians in Northern California spurred dissemination to three family medicine residencies and three family medicine faculty practices. This poster will describe resident and faculty involvement in learning from uncertainty and provide tools for initiating PI in new teaching settings.

SP41: Smoking Cessation Centering Class

Sadia Ali, MD

Smoking Cessation Centering Class takes a step forward while celebrating the 20th anniversary of Tar Wars and aiming at a 100% nicotine-free goal for 2010 healthy people. A support group based on the American Lung Association's Freedom from Smoking Program, led by a certified facilitator, works on an integrated behavioral, pharmacological, and social interventions approach toward preventing the # 1 cancer in the United States. The participants meet over a period of 8 weeks and choose to be in either of three categories while working their way to quitting: (1) Cold turkey, (2) Bupropion, (3) Nicotine patch. The quit rate and changes in LDL levels is assessed separately for each group at the end of class in 8 weeks and again at 6 months to assess for relapse.

SP42: Continuity Care of a Challenging Patient: An Opportunity for Reflection, Teaching, and Learning

Mary Anne Carling, LCSW, LMFT; Sonia Velez, MD, JD

The traditional format for assisting residents with challenging patients is a case conference presentation with a problem-solving focus. In this presentation we will share a curricular intervention that puts a new spin on the case conference presentation, allowing for emphasis on the doctor-patient relationship while integrating the core values of family medicine into the discussion. Our third-year residents were asked to present a challenging patient from their continuity practice and to reflect on the approaches and skills that helped them provide care for this patient over time. The presentations had a profound impact on both the presenters and the audience. This will be demonstrated as we conclude with a Continuity Case Presentation by one of our residents.

SP43: Increasing Time in the Patient-centered Medical Home During the First Year of Residency

Erik Lindbloom, MD, MSPH; Erika Ringdahl, MD; Kristen Deane, MD

The central theme of the University of Missouri's Preparing the Personal Physician for Practice (P4) program is immersion in the patient-centered medical home. This includes a significant increase in outpatient time for its first-year residents. In July 2007, the weekly scheduling goal for first-year residents in their outpatient clinic increased from 2 half days to 3 half days. Scheduling challenges, including inpatient coverage, call requirements, and hours restrictions, were greater than anticipated. The average increase in outpatient hours for the 20072008 academic year compared to 2006-2007 was 16% (312 hours compared to 269 hours). Although this fell short of the goal of a 50% increase in total hours, this increase in hours and an unanticipated increase in visits per hour led to a 29% increase in total visits.

SP44: Electronic Medical Record and Voice Recognition: Safer and Smarter!

Robert Shannon, MD; Floyd Willis, MD; R. Hill McBrayer, MD; Sean Glenn, MBA

The time for electronic medical records is now. Further, voice-recognition software is also increasingly accurate and user-friendly. By combining template notes and voice-recognition software within the EMR, accurate, timely, and cost-efficient medical records enhance patient care, professional satisfaction, and afford significant cost savings. These technologies allow family physicians to touch their patients more and their computers less. Implementation in academic family medicine training programs prepares physicians in training to maintain their place in the forefront of the rapidly evolving 21st century health care system. We will summarize the experience of the Mayo Clinic Florida Department of Family Medicine experience with the design and implementation of adding voice recognition to template notes within a proprietary EMR. Examples of these technologies, advantages, and barriers to implementation are discussed.

SP45: Flu Vaccination Compliance in Elderly and Chronic Diseased Patients at Two Ambulatory Centers in Chicago

Babatunde Salako, MD; Charles Edoigiawerie, MD

The aim of this cross sectional study is to assess the flu vaccination compliance rate in underserved minority patients 65 years and older and those with chronic diseases, and, in addition, confirm and clarify beliefs/myths surrounding flu vaccination among this population. Preventive health is one of the backbones of family medicine. Improving the compliance rate will help reduce morbidity/mortality arising from influenza. This study is being conducted at two family medicine ambulatory clinics of Cook County using previously validated questionnaires. Recruitment/selection of subjects was done in a random fashion by residents and attending physicians. Questionnaires were distributed, in a random manner, to patients who are 65 years and older and those with chronic diseases coming for follow-up visits in each clinic. Data analysis is in progress.

SP46: fmCASES: Web-based Virtual Patient Cases for the Family Medicine Clerkship

Shou Ling Leong, MD; Stephen Scott, MD; John Waits, MD; Jason Chao, MD, MS; Alexander Chessman, MD; Scott Fields, MD; Stacy Brungardt, CAE

STFM, in collaboration with the nonprofit company iInTime, is developing a set of online virtual patient cases to teach the Family Medicine Clerkship curriculum and to address the LCME ED-2 requirement. These cases (fmCASES) are modeled on the widely used and successful pediatric CLIPP cases. Using the FMCR (Family Medicine Curriculum Resource), the list of topics from the NBME Task Force, and the Future of Family Medicine as resources, the cases are designed to cover all of the core content of the FMCR, foster self-directed learning, model clinical problem-solving, teach an evidence-based and generalist approach, and offer a consistent learning experience across training sites. Students will learn at a virtual clerkship site that has features of the Future of Family Medicine's New Model practices.

SP47: A Scholarly Concentration In Women's Reproductive Health, Freedom and Rights for Medical Students

Melissa Nothnagle, MD; Rebecca Allen, MD, MPH; Mary Beth Sutter, BA

Family physicians are essential to providing high-quality women's reproductive health care and should serve as role models for medical students in this area. Faculty in family medicine and Ob/Gyn collaboratively developed a scholarly concentration in women's reproductive health, freedom and rights for medical students. The program aims to help students develop research, clinical, and advocacy skills to promote women's reproductive health. Four students per class participate in the 3-year curriculum, which includes a longitudinal scholarly project, a monthly seminar series, and clinical electives. The concentration seminars provide a community of scholarship in reproductive health. Preliminary program evaluations demonstrate that the sustained mentoring relationships fostered by the program promote success in developing and carrying out high quality research, educational, and advocacy projects in women's reproductive health.

SP48: Teaching Quality Research—The Future Is Now

Albert Meyer, MD

Objective: Since 2006 each resident in our program has been challenged to complete and present an IRB approved Practice Based Improvement Project before graduation. During this STFM presentation I plan to share our curriculum to enhance mutual education as we plan for the future. Methods: During the seminar we will review our PBI curriculum, faculty and support staff needs and evaluation instruments. Results: 12 IRB approved Practice Based Improvement projects have been completed and presented at our Annual Family Medicine Research Day since 2006. Conclusions: These projects have allowed us to develop a teaching research team, teach a competency well, and be selected for regional quality initiatives as we seek our place in the future of Family Medicine.

SP49: Developmental and Competency Performance Assessment: A Resident Evaluation Form to Assess Professionalism Throughout Training

Alice Fornari, EdD, RD; Mary Frances Duggan, MD; Eliana Korin, DiplPsic; Mark Polisar, MD

In response to the ACGME mandate to align residency education and competency-based evaluation processes, the residency program revised their resident evaluation forms. Considering the competing demands in the curriculum, pertinent to patient care and medical knowledge, faculty were challenged to identify observable professional behaviors throughout training. Formative and summative evaluation techniques were core to the assessment process, as this competency requires frequent observations. Challenges faced in developing this core competency form included distinguishing developmental milestones over three years of training and using clear and descriptive anchors to reliably evaluate behaviors, while addressing the subjectivity and complexity of professionalism. The process to develop and pilot this innovative competency-based approach will be described. The form, with behavioral anchors specific to professionalism, will be shared.

SP50: Cancelled

SCHOLASTIC POSTERS

Room: Centennial E-H

SESSION II: Friday, May 1, 3-3:30 pm and Saturday, May 2, 7-8 am & 10-10:30 am

SP51: The Showcase Portfolio: Empowering the Residents to Build Their Own Personal Medical Home

Tadao Okada, MD, MPH; Yasuki Fujinuma, MD

Portfolio is a relatively new method of evaluation introduced with ACGME outcomes project in the U.S. The showcase portfolio suggested by O'Sullivan et al is one of the unique type of portfolios. It really encourages us to critically reflect upon our own core values as family physicians and to promote the process of crystallization of our philosophy into everyday work. As it requires extensive dialogue among the educators and the learners in order to determine the area of entry for the showcase portfolio, we consider it is as an effective teaching strategy especially for creating their unique personal medical home (instead of an evaluation tool). We will review the concept of the showcase portfolio and discuss how to successfully implement it in the participants' own program.

SP52: Structured Reflection and Improvisation: Developing Skills for Medical Home In a Variety of Cultural Settings

Daisuke Yamashita, MD; Randall Longenecker, MD; Yasuki Fujinuma, MD; Morito Kise, MD; Kenichi Yokobayashi, MD

Training residents to handle the inherent uncertainty and complex bio-socio-psychological aspects of health is essential to implementing the concept of the medical home. Clinical Jazz is a small group process designed to develop relevant skills such as the reflective practice of relationship-centered medicine, acting in the face of uncertainty, and improvisation in the clinical setting. Clinical Jazz has been implemented with success in different settings, both urban and rural, in both the USA and Japan. We will presents background and structure of clinical Jazz and share our experiences in these varied settings with the strengths, weaknesses, opportunities and challenges of this strategy.

SP53: How To Integrate Medical Students with Electronic Records . . and Not Commit Medicare Fraud!

Lee Radosh, MD

There has been a plethora of discussions in the medical and lay press regarding the need for and best practices implementing and utilizing electronic health records in the ambulatory setting. However, there is a paucity of information regarding how best to incorporate medical students into a work flow. This session is critical for anyone who has an electronic health record in the office, but is struggling with how to utilize medical students efficiently, maximize education, minimize inconvenience and inefficiency, and comply with regulations. The presenter will review billing and Residency Review Commission (RRC) requirements. Most importantly, sample work flows will be reviewed. Pros and cons of them will be explored so attendees can take to their practice settings very practical ideas.

SP54: Collaborative Training In Community, Leadership and Advocacy

Alan Wrightson, MD; Andrea Pfeifle, EdD; Baretta Casey, MD, MPH; Nikki Stone, DMD; Judith Skelton, MEd., PhD; Ted Raybould, DDS; Maria Boosalis, RD, PhD; Christi Massey, MA; Timothy Smith, PhD

Poor oral health is a problem across the nation, disproportionately affecting poor and rurally placed patients. Since 2000, faculty from the Colleges of Dentistry, Medicine, Health Sciences, and the Center for Rural Health at the University of Kentucky have partnered to develop innovative, collaborative approaches to this problem. Most recently, supported by an HRSA training grant, this trans-disciplinary team has developed a curriculum teaching community, leadership and advocacy for family medicine and general practice dentistry residents. Using oral health disparities as the model, the goal of this curriculum is to produce community leaders better equipped with the skills necessary to advocate for individual and population health needs of their disadvantaged patients in the communities where they practice.

SP55: Written Portfolio Assignments in an Early Clinical Experience Course: Student vs. Faculty Evaluations

Lia Bruner, MD; Betsy Jones, EdD; David Trotter, MA

Written portfolio entries are often assigned to medical students to aid reflection on a learning experience or to document professional goals. In our second-year Early Clinical Experience (ECE) Course, students completed five reflective portfolios that linked lecture content and small group and clinical experiences. These portfolios were read and assessed by physician small group facilitators. Interestingly, when both students and the faculty were asked to rate the value of written portfolios in the ECE course, we received a vastly more favorable response from the faculty than the students. An ANOVA revealed statistically significant differences between student and faculty ratings ($P<.005$) of all portfolio topics, the overall value of portfolios, and the overall small group experience. This poster will outline the portfolio project and its evaluation.

SP56: Grant Writing Strategies

Susan Hart-Hester, PhD

Resources for medical training and program development are becoming increasingly harder to obtain in these tough economic times. This proposal offers strategies for academic family medicine faculty that will enable them to successfully identify funding sources; identify grant components; establish a plan of action; develop a budget; and wrap the final package. Funding sources and individual grant components from various federal and philanthropic agencies will be discussed.

SP57: Assessment of Family Medicine Resident's Self-confidence In Managing Common Medical Diagnoses and Preforming Relevant Procedures

Hemalatha Yaramada, MD; Lisa Casey, DO; Julie Stausmire, MSN, ACNS-BC

Medical knowledge and skills gained during residency increase resident self-confidence in providing patient-centered care in the medical home. There is an educational need to focus on areas where residents are unprepared. The starting point of this IRB-approved study was a family medicine resident self-assessment questionnaire with measurements on confidence in managing top medical diagnosis, procedural skills, perceived level of importance and preferred method of learning. Data collection is complete and the results are expected by November 2008. We will use the results to suggest changes in the educa-

tional curriculum. The survey will be repeated after educational interventions are implemented to assess for improvement compared to the baseline measurements. We want to share our experience in evaluating, developing and implementing new curricula with other residency programs.

SP58: Residents As Educators and Leaders: Fostering Scholarship Through Resident Run Curricula and Evaluation

Gowri Anandarajah, MD; Roberta Goldman, PhD; Bernd Laudenberg, MD; Jeffrey Manning, MD; April Fredian, MD

The next generation of family physicians must be adequately prepared to take leadership roles in clinical, educational, advocacy and/or research endeavors. We have recently implemented a scholarly development program that encourages residents to transform their professional interests into projects with a strong scholarly component. This year, of our 13 PGY3 residents, several are implementing new educational programs for their fellow residents, with IRB approved evaluation components. This poster will outline the development of this program, highlight 3 resident run curricula and evaluations, and describe lessons learned from the perspective of both residents and faculty.

SP59: The Implementation of a Unique Childhood Obesity Program In a Federally Qualified Health Center

Erica McClaskey, MD, MS

The escalating obesity epidemic in the U.S. is multi-factorial. Children in poverty stricken locations face monetary restrictions and environmental challenges that prohibit change. To address the barriers facing primary care providers who promote healthy lifestyle changes to families in impoverished communities, an innovative educational program was designed. In line with the medical home concept, the program utilized a community health center to target overweight children and their families to promote healthy eating and provide physical activities in a safe, convenient environment. This collaborative program incorporated a national healthy eating program, a local YMCA, and yoga classes, and was taught by family physicians and providers. The program's success led to the permanent adoption of the program to the clinic with plans for expansion to future sites.

SP60: Collaborative Development of Virtual Patients for Clinical Education

Norman Berman, MD; Leslie Fall, MD; Shou Ling Leong, MD; Alexander Chessman, MD; John Waits, MD; Jason Chao, MD, MS; Stephen Scott, MD

We will report on a successful and sustainable collaborative virtual patient development process. Computer-assisted Learning In Pediatrics Program (CLIPP) cases were developed with a major focus on achieving broad use in the pediatric clerkship. Multi-institutional authoring and external peer review provided comprehensive coverage of the pediatric clerkship curriculum, ensuring that the cases met the needs of educators and students. The program transitioned to a fee-based subscription model in 2006, and CLIPP cases are now integrated in more than 115 pediatric clerkships in the US and Canada, with more than 200,000 case sessions completed per year. An editorial board is now responsible for the cae content. This collaborative process is now being extended to virtual case development for internal medicine and family medicine clerkships.

SP61: Cancelled

SP62: Effect of Electronic Medical Records On Influenza Vaccine Administration In Pregnancy

Judy Chertok, MD; Daniela Diaz, BS; Beena Jani, MD; Heather Paladine, MD

Although the influenza vaccine is recommended for all pregnant women, according to the National Health Interview Survey, only 13.8% reported receiving this vaccine. Studies have examined the use of Electronic Medical Records (EMRs) on the rate of influenza vaccination in other populations such as asthmatics. The Farrell Health Center is a residency practice serving a mainly Latino population in Manhattan. All patient orders are entered using an EMR. For the 2008-2009 influenza season, the influenza vaccine was added to the standard prenatal order set. Using a retrospective chart review, we will determine the effect of this change to the EMR on vaccination rates. If this intervention is effective, it can be helpful in promoting adherence to guidelines among residents.

SP63: A New Instrument for Assessing Professionalism: ProDOC

Teresa Zryd, MD; Paul Hershberger, PhD; Adrienne Stolfi, MSPH; Mary Beth Rodes, MD

An important challenge for family medicine education is assessing professionalism. We developed a 15-item professionalism measure: Professionalism – Documentation of Competence (ProDOC). Internal consistency reliability was .95 (Cronbach's alpha). Regarding inter-rater reliability, intraclass correlation coefficients ranged from 0.67 to 0.93 for consistency, and from 0.38 to 0.84 for agreement. Construct validity was .78 (Spearman rank correlation), using the ProDOC mean score and a mean professionalism score from rotation evaluations. Although resident self-ratings were not related to peer, faculty, or program director ratings (-.08, -.11, and -.12, respectively), director/faculty, director/peer, and faculty/peer ratings were all significantly correlated (.91, .77, and .62, respectively). Exploratory factor analysis of 212 residents' self and program director ratings resulted in two factors that explained 55% and 65% of the variance respectively.

SP64: Integrating Integrative Medicine Into a Residency Curriculum

Amy Locke, MD

Three years ago a curriculum in integrative medicine was accepted by the Resident Education Committee at the University of Michigan. Since that time the curriculum has expanded, from the then approved four hours of didactic time per year, to a complex curriculum involving didactic, inpatient, experiential, elective and Web-based components. In addition to didactic sessions given by faculty and complementary/alternative practitioners, experiential elements have been incorporated into our existing wellness curriculum and block month activities. Electives have provided hands-on clinical experience. Our most recent development has been faculty authored Web-based units which use inexpensive technology, to develop educational units that are folded into appropriate curricular areas.

SP65: Chronic Disease Management – Using the Electronic Medical Record to Improve Hypertension Management In Residency

Robert McDonald, MD; Adrienne Ables, PharmD; Patricia Bouknight, MD

Hypertension is clearly a public health problem, increasing the risks of cardiovascular morbidity and mortality among those patients affected. As one of the most common chronic diseases encountered in family medicine, we choose it to kick off our chronic disease management series. In an effort to improve control of blood pressure within our clinic patient population, a curriculum was developed with emphasis on using the electronic medical record hypertension template. We will discuss the resulting lecture and faculty intervention used to teach residents how to interact with their patients using this template. An analysis of template use and hypertension control both before, immediately after and six months later will be presented followed by discussion of this and other chronic disease management teaching techniques.

SP66: Teaching Family Medicine Residents Group Prenatal Care Visits

Emily Zaragoza Lao, MD; Carol Hatler, RN, PhD; Gail Kittle, RN

Group medical care visits are a method of providing care for many chronic diseases such as diabetes, asthma and prenatal care. Yet, there is no literature on how physicians learn to conduct group visits. The American Academy of Family Physicians released guidelines in conducting group visits. (Massley, et al 2008) Centering pregnancy is a method to provide prenatal group visits. They provide a two-day workshop, however there is no research to evaluate the outcome of their instruction. Our faculty and residents attended this workshop and filled out a pre and post survey. Our results showed that physicians were able to learn the process of conducting group visits, but did not intend to use this knowledge to conduct group visits in their own future practices.

SP67: The Daily Practice Huddle: A Teamwork Enhancement and Teaching Tool For the Personal Medical Home

Thomas Balsbaugh, MD; W. Eidson-Ton, MD, MS; Shelly Henderson, PhD; Angela Gandolfo, MBA

The Personal Medical Home requires significant coordination and teamwork. Each member of the team must work together to achieve the best experience and outcomes for patients. We have introduced a twice daily team huddle into our busy residency practice in order to enhance communication and teamwork within our clinic teams. We have found the daily huddle is an effective way to model and teach teamwork, good communication skills and careful attention to office work flows, all of which are essential in creating the Personal Medical Home. We will discuss our process of needs assessment, implementation, and evaluation thus far of the daily practice huddle. We will give participants the opportunity to participate in a mock huddle and reflect on whether they will implement this at home.

SP68: Socio-cultural Anamnesis: A Proposal For Humanization of Medical Education In Brazil

Francisco Arsego de Oliveira, MD; Carla Berger, MD; Cleovaldo Pinheiro, MD

Throughout the world, there is a movement seeking a more comprehensive and humanist formation of students in the health care area. The module named Sociocultural Anamnesis has been designed regarding the importance of understanding cultural and social aspects in the health-disease process, and thus, it is expected that medical education and health care may be provided with a better quality, generating better results. Difficulties have been proven to exist and, considering that, the structure of the course has been adapted, involving disciplines and practices necessary for the project. Teachers and students agree that it is important that the human being can not be fragmented in organs and systems, but instead, must be seen as a whole, in a more critical way.

SP69: Health Promotion Through Art Expression: The Primary Care Health Center Arts Project

Francisco Arsego de Oliveira, MD; Carla Berger, MD; Isabella Filippini

Brazil has been facing enormous changes in its Unified Health System in the last decades, with direct consequences in the education of family physicians. Different proposals have been developed to promote health and quality of life. The Hospital de Clínicas de Porto Alegre Health Center is a university-based primary care facility working with family medicine residents. This paper describes an innovative project designed to perform artistic presentations from patients and health professionals in the health center itself on a regular basis. This new experience has been showing that a health center can work in health promotion activities in a systematic and creative way. It also has proved to be an opportunity to show that health care should not be limited to a biological perspective.

SP70: Needs Assessment of Family Medicine Residents Re: Cultural Humility Training

Elisabeth Righter, MD

Context: Qualitative research has described the barriers to achieving cultural competence and the skills to overcome them. By addressing barriers to change and gaps in clinical practice, competency, or knowledge, attitudes and skills, curricula can be revised effectively. Objective: To assess educational needs of family medicine residents re: cultural competency. Design: An anonymous survey distributed to residents. Results: Residents disagreed that it is useful to make assumptions about patients based on skin color (X=4.50 on a VSA (1)-VSD (6) scale) or name (X=4.07). Residents disagreed that they incorporate folk/homeopathic remedies. (X=4.07) They had moderate to high interest in learning how to incorporate folk/homeopathic remedies. (X=2.50 on a VHI (1)-VLI (5) scale.) Conclusions: Results agreed with previous research in some ways but disagreed in others.

SP71: Training Resident Physicians to Treat Depression

Elaine Willerton, PhD; Steven Zuckerman, PhD

A large percentage of depression and other mental illnesses are being treated in primary care. This poster will describe the development, implementation and outcomes of an interdisciplinary patient management program for Depressive Disorders in an urban family medicine residency. A major goal of the program was to train resident physicians to treat depression as a chronic illness and give them the tools and feedback to manage depressed patients more effectively within the practice. Physicians and medical assistants were trained to screen for depression. A registry of depressed patients was created. Follow up phone calls and office visits tracked patients' symptoms of depression and the outcome of treatment efforts. Information from follow up was relayed back to physicians and used in future treatment planning.

SP72: The Use of a Multidisciplinary Team In the Management of Complex Chronic Disease Patients

Bennett Shenker, MD, MS, MSPH; Adity Bhattacharyya, MD

Meeting evidenced-based guidelines for patients with multiple chronic diseases is challenging. The Chronic Care Model suggests a team-based approach to chronic disease management. The Multiple Chronic Disease Management Team (MCDMT) is an innovative service we are developing in our practice to manage patients with diabetes mellitus, hypertension, and dyslipidemia according to evidence-based guidelines. The MCDMT will include an attending physician, resident, nurse or medical assistant, social worker, and nutritionist to provide expanded, individual visits. We will conduct a randomized, controlled trial comparing MCDMT participants to similar patients receiving routine care. We anticipate that participants meeting with the MCDMT will demonstrate greater improvements in hemoglobin A1c, lipids, and blood pressure and greater adherence to foot and retinal exams, vaccinations, and lifestyle guidelines.

SP73: Patients With Disabilities as Teachers

Sweety Jain, MD; Daniel Larson, BA

Purpose: To educate medical students, residents, staff and faculty about etiquette in caring for patients with disabilities. Importance: As more and more patients with disabilities live longer they need family physicians who can care for them. This training equips physicians with tools to provide compassionate and relationship-centered care to patients. Description: Through grant funding two patients with disabilities have been trained to perform hour long teaching sessions on etiquette. Perhaps for the first time in the history of family medicine, patients in wheelchairs are being asked to be teachers. These patients offer a unique perspective from their personal life experiences. Videos and other aids are also used for the training. Evaluation: A qualitative approach will be incorporated in the evaluation of these sessions.

SP74: Finding Common Ground: Sports Medicine, Community Medicine and Developing a New Curriculum for the PCMH

Morteza Khodaee, MD, MPH; Allegra Melillo, MD; Frank deGruy, MD

The University of Colorado Family Medicine Residency has radically redesigned its curriculum to prepare physicians for working in a patient-centered medical home, which involves making a partnership with the patient to create a personal health care plan and to render care. The fundamental element in the creation of this care plan is integration of the patient's preferences, clinical evidence, health behavior change, self-management, and community into the portfolio of health care resources that constitute the plan. The fundamental element in the creation of the curriculum used to teach personal care plans is integration of traditional elements of the curriculum in new ways. This poster presents one of the most interesting and unlikely integrations of curricular elements: sports medicine with community health, in an engaging new school-based experience.

SP75: Imprinting the Mission: A Road Trip During Medical School Orientation

Marie Dent, PhD; Maurice Clifton, MD, MSED; Sidney Morgan, BS, MPH

Since inception, our medical school's mission has been to educate physicians for practice in the rural and underserved areas of the state. We developed an educational innovation to imprint the school's mission during orientation with road trips to selected rural communities. A brief windshield tour was followed by meetings with community leaders, discussions with healthcare providers and visits to hospitals, physicians' offices, and area businesses. Local community organizations, in conjunction with medical school faculty and students, developed site-specific agendas that focused on the non-biological determinants of health, the positive aspects of rural practice, and examples of community collaboration. The positive responses by students, faculty, and communities demonstrate the success of this program as part of a multifaceted approach to promote rural medicine.

SP76: Diversity: Building A Solid Foundation for Team-based Care In the Medical Home

Gloria Trujillo, MD; Viviana Martinez-Bianchi, MD; Karen Kingsolver, PhD

In order to provide a Patient-Centered Medical home a practice needs a team of individuals who collectively take responsibility for the ongoing care of patients. Good team care will ensure quality outcomes and support provider- patient relationships. Primary care offices are composed of diverse people from varied backgrounds and educational accomplishments. Team care can be difficult to implement in large academic practices where faculty see patients part time and residents get pulled in many directions. Duke Family Medicine began team-training with the use of a brief personality profile tool. The personality profile allowed all members to learn about each individual's work style. This was found to be an effective starting place to enhance understanding among diverse members of the primary care team.

SP77: Can Virtual Reality Be an Effective Pain Control? A Systematic Review

Chun Wai Chan, MD; Stephen Wilson, MD, MPH

Background: Pain control is a main issue in medical procedures. One of the most recent non-pharmacological pain distraction methods is virtual reality. This is a systematic review study to find out the effect of virtual reality on pain distraction or pain control during medical procedures. Method: Literature search was conducted by using Medline, EMBASE, CINAHL and PsyInfo, from 1980 – Feb 2008. Keywords used were virtual, virtual reality, VR, audiovisual, pain, distraction and analgesia. Inclusion criteria are interactive virtual reality, pain distraction/pain control and clinical control trial. Exclusion criteria are reviews, books, opinions, news, healthy volunteer, audiovisual/VR glasses. Preliminary results: We obtained 1018 results from our search strategy. Studies selection and data abstraction are currently being conducted by two independent investigators.

SP78: Decision Support At the Point of Care: One Step Closer to the Patient-Centered Medical Home

Cathy Bryan, MHA, BSN, RN

Many residency programs consider electronic medical records (EMRs) as an essential tool in the educational process. However, whereas EMR's are effective with many aspects of care delivery, one area that is often not addressed well in EMR's is clinical decision support. Point of care decision support can be an extremely effective tool in training residents in both the decision making process and as a part of the technology foundation necessary for creating a patient centered medical home. Learn how one residency program uses an innovative clinical decision support tool to augment the both learning process and to improve guideline concordant care for patients—essential for the creation of a patient-centered medical home.

SP79: Developing a Shoulder Injection Curriculum

Walter Taylor, MD

Participants will understand how they can implement a curriculum to teach shoulder injection via a didactic session coupled with simulation. Shoulder injection is a procedure that residents should be competent to perform in the medical home. The curriculum presented utilizes a shoulder injection simulator. The curriculum includes a pre- and post-test that covers knowledge of indications, complications, informed consent, and medication utilized. Faculty then provide a didactic session discussing these aspects of injection. This is followed by a demonstration of common shoulder injection techniques utilizing the injection simulator. Each resident then performs the injections on the simulator. The faculty evaluates and provides feedback with respect to the resident's technique.

SP80: Curriculum Innovation and Oversight in the Competency Era: A Committee Structure

Tricia Hern, MD

Curriculum innovation, oversight and maintenance are large, daunting tasks and are often pushed aside due to competing demands on faculty time. In the era of competency-based education and assessment methods, attention to residency curriculum has become even more critical. A model for a twice-monthly curriculum committee used at two community hospital-based family medicine residency programs will be presented, including use of a curriculum checklist for rotation leaders. Emphasis will be placed on competency-based goals and objectives, RRC guidelines, and incorporation of new methods of resident assessment.

SP81: Bringing Teachable Moments to the Clinic Huddle

Jeffrey Haney, MD; Veronica Jordan Jeff Haney, MD

The Future of Family Medicine report has identified the new model of clinical practice as key to the specialty's continued success. Merging concepts and components of the new model to medical student and residency education creates both challenges and opportunities. One component of team-based care provides such an example. This poster will introduce a novel approach to providing teachable moments in the clinic huddle and consider other components that are ripe for teachable moments. Participants will understand an example of how to maximize education in the clinic huddle, develop methods in which to start such a program at their home institution, and evaluate other components of the new model where teachable moments may exist.

SP82: Diabetic Visit Workflow Processes In Primary Care Practices Engaged In Quality Measures Data Reporting

Tiffany Noelle Brown, PhD; Perry Dickinson, MD

Background: Little data is available to help small to medium primary care practices determine what it takes to participate in quality measures data collection and reporting on a day-to-day basis. This poster lays out the additional work processes encompassed in a diabetes-specific medical encounter when engaging in quality measures data collection and reporting. Methods: Clinician champions, practice managers and staff in six primary care practices were interviewed and/or observed. Results: Practices are engaged in 5 stages as it relates to a diabetes visit: 1) diabetic visit preparation; 2) encounter preparation; 3) in-take; 4) exam by provider; and 5) post-encounter wrap-up.

SP83: Computer Modeling In Family Medicine

Stefan Topolski, MD

Our healing arts have evolved over thousands of years. Through each epoch physicians carry our ancestors' experience and add to it the new methods of our present. Our medical practice today is a revolution of 300 years of scientific revolution built on a very useful deterministic, linear, and reductionist method. It has been improved by the Chaos theory of the 1970's which enlightened complex systems research in the 1980's. Advancing computer science in the last decade has finally given physicians tools to use these new methods to model human health and behavior. We can summarize the recent progress in modeling biological systems. We will demonstrate novel mixed qualitative/quantitative applications of computer modeling in health care today.

SP84: Collaborative Urban Community-based Summer Student Training

David Yens, PhD; Abraham Jeger, PHD; Linda Darroch-Short, MS; Mary Mitchell, MA

A primary mission of the New York College of Osteopathic Medicine (NYCOM) of New York Institute of Technology, is to prepare students for primary care, especially family practice. In 2005 NYCOM partnered with three New York City Metropolitan Area Health Education Centers (AHECs) to provide early exposure to diverse community-based health related programs and services in the New York City boroughs. The experiences were health-systems oriented versus direct clinical activities during 6 weeks between the first and second year. Students learned to serve as community health practitioners with the expectation that the community involvement would foster an increase in orientation toward family practice. 33 students have participated; all found it worthwhile; several developed positive attitudes toward working with the underserved and toward family practice.

SP85: Improving Access In a Residency-based Inner City Out Patient Clinic

Fabienne Daguilh, MD; Mark Polisar, MD; Noel Brown, MD

The concept of a medical home has been proposed as a goal by a number of primary care experts. Providing adequate access to care from the patient's perspective presents a significant challenge under this new model. Most practices will need to develop new and improved systems of communication and scheduling to meet these challenges. Our family practice residency outpatient facility in the Bronx offers care for a low income working class population of African Americans, mainly of Caribbean decent. Family medicine faculty and residents provide care for this community with annual visits of approximately 24,000. We will share some of the challenges and strategies used to meet our goal of creating a medical home for our patients, including online communication (emails) and open access scheduling.

SP86: Is Pap Screening a Barrier to IUD Insertion: a Review of the Current Guidelines

Tara Stein, MD; Marji Gold, MD

Intrauterine Device utilization has remained low, despite evidence that demonstrates these devices are safe, cost-effective, and provide long-term, reversible contraception. Several previous studies have shown that clinicians may require PAP testing prior to prescribing or renewing hormonal contraception, creating a significant barrier for women to access these contraceptives. There have recently been changes to the PAP screening guidelines, calling for less frequent PAP tests. However it is hypothesized that practitioners maintain PAP test requirements before offering or inserting an IUD, which creates a barrier for women to access this form of birth control. Therefore it is important for providers to review the current PAP testing guidelines, especially as they relate to IUD insertion.

SP87: Updated Teaching Immunization for Medical Education (Time) Materials

Richard Zimmerman, MD, MPH

The Teaching Immunization for Medical Education (TIME) project was started in the 1990s and develop nationally tested educational materials that led to the lead paper in a JAMA education issue. The materials and teaching methods became dated and updates are in process; the influenza vaccine module is complete and the adult immunization module is in process. A report on the revised materials and availability will be presented.

SP88: Comparison of Rates of Obesity In Third Graders With or Without a School Gymnasium

Farideh Zonouzi-Zadeh, MD; Frederick Lambert, MD, MPH; Juan Aviles, MD

Childhood obesity is an ever increasing problem and presents a difficult public health challenge in the United States. This research will focus on how the availability of physical education programs may impact obesity in children who attend public elementary school in New York City. This study will consist of a cross sectional study that will measure the rate of obesity (via BMI measurements) of two elementary school populations—students who attend a school with a gymnasium and active physical education program versus students who attend a school that lacks a gymnasium and physical education program—in the Bushwick neighborhood of Brooklyn, NY. Implications of our findings for community advocacy and residency training will be discussed.

SP89: A Sugar-Dropping Event: A Curriculum for Teaching Residents Outpatient Insulin Refinement Skills

Laura Miller, MD

Type 2 diabetes mellitus is a common chronic disease treated by family physicians, often necessitating insulin use. Family Medicine residents need to acquire knowledge of insulin and refinement skills in the outpatient setting to provide competent diabetic care. A four-part curriculum to teach these skills has been developed emphasizing the pathophysiology of diabetes mellitus, the role of insulin in disease and treatment, insulin pharmacology, self-administration skills, self-care skills, and concepts of insulin initiation and refinement. This presentation will discuss methods of curriculum design and innovative learner materials for teaching the treatment of Type 2 diabetes mellitus using insulin. Learners will be provided with copies of developed materials used in the curriculum and be provided an opportunity for discussion of teaching methods.

SP90: Helping Your Geriatric Patients Avoid the Medicare Donut Hole: Improving Cost-related Medication Nonadherence

Miriam Chan, PharmD; Ohmar Win, MD

The new Medicare Part D program provides prescription drug coverage to all seniors who enroll so why do they still skip their prescriptions? This presentation will review the high levels and complex forms of cost sharing in Part D. Many of your patients do not understand that their plan has a gap in drug coverage, commonly known as the doughnut hole. We will discuss how this poor knowledge limits their ability to manage their medication needs and costs. It is essential that residents and faculty be proactive and initiate discussion on drug cost with their patients. The presentation will then focus on strategies to avoid Medicare's big hole and improve medication adherence. Participants will learn how to apply different strategies in several case examples.

SP91: Giving Residents the Keys to the Medical Home: HPDP Curriculum and the 6 Competencies

Patricia Litvak, MD; Kenneth Soda, MD

Family medicine physicians have long been at the forefront of health promotion-disease prevention (HPDP) education for our patients. We have devised an innovative, longitudinal HPDP curriculum which is highly interactive, enjoyable, and provides opportunity for evaluation and reinforcement of the six competencies. Faculty meets monthly for 30-45 minutes with their resident, who selects from a comprehensive list of HPDP topics. Initially, the resident role plays as the interviewing physician and the faculty as patient, allowing direct, qualitative evaluation of the resident's patient care skills, knowledge base, professionalism, and communication abilities specific to the chosen topic. Faculty then models practice-based learning and improvement for the resident, with knowledge gained from the role play to access appropriate information technology. Internet tools, articles, and other resources derived from systems-based practice utilization such as our pharmacist, social worker, and dietician, are then incorporated into a resource notebook for the resident's future use.

SP92: Reflections of Moving Continuity Care Teams Into Smaller Community Practices

David Afzal, DO, MSED; Lauren Herchak, DO; Lauren Herchak, DO; Stephen Miller, DO, MPH; Nyann Biery, MS; Roxane Romano, BSN

Purpose: Move residents from a Family Health Center (FHC) to small community practices (CCS) imbedded in continuity care teams (CCT). Importance: To help accelerate self-identification as a family doctor and to keep the CCS sustainable, while instructing family medicine residents. Implementation: One CCT consisting of a physician faculty and two residents, PGY 1 & 2 have been removed from the FHC and placed into a small community practice that has been in existence for several years, with an established patient panel. The utilization of a facilitator has been utilized to help with this transformation. In future, the CCT will include a PGY 3 and a mid-level practitioner. Evaluation: Quantitative and qualitative measures to understand the impact of this implementation on both residents and the practice.

OSTEOPATHIC RESIDENT SCHOLASTIC POSTERS

Room: Centennial Ballroom E-H

SESSION II: Friday, May 1, 3-3:30 pm and Saturday, May 2, 7-8 am & 10-10:30 am

DOP1: Osteopathic MD's: How The DO Hour Provides Allopathic Physicians With An Opportunity To Learn Osteopathic Principles

Katherine Pearson, DO; Alphonse Mehany, DO

In 1985, the American Osteopathic Association (AOA) changed its educational policies to permit osteopathic postdoctoral programs in settings that were accredited by the Accreditation Council for Graduate Medical Education (ACGME). In 2006, the family medicine residency program at San Jacinto Methodist Hospital in Baytown, Texas successfully integrated the education of osteopathic physicians with allopathic physicians in a residency program that has been ACGME accredited for more than 20 years. The DO Hour has been instrumental to this success by providing a monthly opportunity to introduce, educate and train allopathic students, residents, and faculty in osteopathic principles and manipulation techniques. Osteopathic residents meet their requirements for osteopathic education while allopathic physicians receive CME credit and are able to use the techniques they learn in private practice. Our presentation highlights the curriculum and demonstrates the impact the DO Hour has had in expanding the knowledge allopathic physicians have of osteopathic medicine.

DOP2: Osteopathic Training in an Allopathic Residency

Jeremy Mitchell, DO

Family Medicine Residency of Idaho (FMRI) is moving towards dual accreditation by the AOA and ACGME. FMRI has an Osteopathic attending physician and has 1-2 osteopathic residents per class of 9 residents. In order to accomplish dual accreditation, new methods of training are being integrated. FMRI's attending osteopath has a dedicated OMM clinic that involves osteopathic and allopathic residents. As residents, an optional journal club dedicated to OMM was created and is attended by both osteopaths and allopaths. Osteopaths performed a half day conference for the entire residency in which allopaths were taught the foundations and some basic methods of OMM. This was well received and will be an annual event. Finally, osteopathic residents are sharing OMM patient's with the osteopathic attending for further training.

DOP3: Survival of Cardiopulmonary Arrest Per Episode and at Discharge In an Urban Community Hospital

Alyssa Vest, DO

Objective: To determine whether survival after an in-hospital cardiopulmonary arrest differs by nights and days, month of the year, cardiac monitoring, age, resident specialty or attending leading the resuscitation, number of resuscitations attempted. Methods: Retrospective chart review was performed using the hospital code log to identify patients. Exclusions were ED codes, under 18 years old, DNR. Chi-square tests examined specific hypotheses. Results: 302 patients with 434 episodes of in-hospital cardiopulmonary arrest were observed (approximately 96 codes annually). Higher survival during the day shift was statistically significant. Survival of a single cardiopulmonary arrest was 61% but survival to discharge was 7.9%. Conclusion: Differences between day and night survival will be analyzed with the addition of an eICU, with attending physicians providing overnight off-site monitoring.

DOP4: Predictors of Admission and Severity of Acute Respiratory Illness in Heroin and Cocaine Using Patients in an Urban Population

Rachel Klamo DO; Benjamin Margolis MD: Harry Piotrowski, MS

Background: Asthma associated with drug use has significant social, economic and medical implications particularly in the African American population. Purpose is to identify predictors of admission (low acuity) and intensive care unit admission or hospitalization greater than three days (high acuity) among patients with an asthma exacerbation and recent drug abuse. Methods: Retrospective chart review of emergency department visits in a community hospital with both conditions. Dependent variables with results to date: N = emergency department only - 26; inpatient low acuity - 63; inpatient high acuity - 40. Multivariate statistics will focus on independent predictors with a sample of 300 patients. Implications: Demographic variables and prior asthma treatment do not predict acuity while substance abuse and co-morbidities appear to be strongly associated.

P4 PROJECT SCHOLASTIC POSTERS

Room: Centennial Ballroom E-H

SESSION II

P4P1: Group Visits In Family Medicine P4 Residency Programs: Enhancing Patient-Centered Medical Home Continuity

Konrad Nau, MD; Geoffrey Jones, MD; David Baltierra, MD; Nyann Biery, MS

Family medicine residency programs that are transforming the resident continuity clinic are challenged to educate faculty, residents and support staff in the implementation of group visits. When group visits are integrated into the operational culture of a residency clinic, opportunities for resident-patient continuity can be significantly improved. Three P4 residency programs included group visits in their plan to transform their residency program. All chose to pilot their clinic's group medical visits with faculty lead groups. Staffing patterns, patient/diagnosis types, and timelines for integration of residents into the group visit process are presented. Clinic organizational strategies are identified for significant resident participation. Resident patient encounters in the new group visit model have the potential to improve continuity, patient satisfaction, and resident satisfaction. Outcome data is presented.

P4P2: P4 Evaluation Team At Oregon Health & Science University

Patricia Carney, PhD; Patrice Eiff, MD; John Saultz, MD; Dawn Creach, MS; Roger Garvin, MD

Preparing the Personal Physician for Practice (P4) is a five-year national family medicine residency-based initiative designed to address the Future of Family Medicine Report. 14 participating sites form a comparative case study of experiments involving new models of residency education that align with Patient Centered Medical Home features, including changes in length, content, and location of training. The P4 project will address how best to align residency training with the PCMH, clarify which educational methods are most effective in producing skilled personal physicians, and types of programs produce residents to lead practice change. The purpose of the poster is to present the baseline characteristics of the residents and residency programs in the P4 Project. We will also share study instruments developed for the P4 Project.

P4P3: Social Network Analysis As a Method to Map Team Structure In a Family Medicine Residency

Stephen Lurie, MD, PhD; Colleen Fogarty, MD, MSc.; Tziporah Rosenberg, PhD; Stephen Schultz, MD

Background: Team-based care is an element of the Medical Home model. There are few tools, however, to assess team functioning in the primary care setting. Methods: We used social network analysis to map team structure on 6 teams located within an academic practice. To collect network data, we asked each team member to indicate the number of times per session that they had meaningful work-related discussions with each other team member. Results: Teams varied in the number of connections between individuals, the number of peripheral members, and the centrality of various job descriptions. In none of the 6 teams was the most central individual a physician. Discussion: Social network analysis can be used to map the team structure of primary-care teams.

P4P4: Four-year Curricula In Family Medicine Residency Training: Various Approaches In The P4 Initiative

Erik Lindbloom, MD, MSPH; Daniel Casey, MD; Jane Corboy, MD; Kristen Deane, MD; Alan Douglass, MD; Fareed Khan, MD; Susanne Krasovich, MD; Leigh LoPresti, MD; Kelly Morton, PhD; Jamie Osborn, MD; Erika Ringdahl, MD; John Rogers, MD,MPH,MEd; Leatrice Shacks, MEd; Michael Stehney, MD, MPH; Richard Young, MD

Background: Seven of the fourteen residency programs in the Preparing the Personal Physician for Practice (P4) Initiative are offering and evaluating 4-year training curricula. Methods: The variety of P4 approaches to the four-year curriculum include a mandatory fourth year after the traditional three years, an overlapping year during the final year of medical school, and an optional fourth year to pursue more specialized expertise. Multiple retrospective analyses are completed, and several prospective analyses are ongoing. Results: Higher standardized test results, better training satisfaction and more leadership positions among four-year residents have been demonstrated. Other outcomes being assessed include practice characteristics, patient continuity, recruiting/retention effects, and funding implications. Conclusions: Several of the 4-year programs within the P4 Initiative have demonstrated positive results, with further analysis planned.

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Who We Are

The STFM Foundation was created in 1975 exclusively for the benefit of STFM.

Governance: A 13-member Board of Trustees is comprised of 11 Trustees elected by the STFM Board of Directors for 4-year terms, one elected as a liaison from the STFM Board for a 2-year term, and the Executive Director of the Foundation. There are two meetings per year.

The Foundation initiated its own leadership development programs to promote the advancement of STFM members within academia:

- **1988** New Faculty Scholars, $1,500 awarded to attend annual conference, 97 total
- **1992** Small Grant Award Program for innovation in leadership development, discontinued in 1995
- **1994** International Scholars Award, $4,000 to attend annual conference, 16 total
- **1996** Faculty Enhancement Experience, a 2-week mini-fellowship for mid-level faculty, 46 total
- **2000** Bishop Fellowship, 1-year fellowship for senior faculty, 19 total

The Foundation has established two named national awards:

- **1979** Leland Blanchard Memorial Lecture
- **1990** F. Marian Bishop Leadership Award

Support for recent STFM Initiatives:

- **2007** Group Project Fund established, $30,000 awarded in first year to four groups, $24,000 in second year to three projects
- **2008** $25,000 allocated for C4 Project
- **2008** $10,000 allocated for 5-year support of Center for History of Family Medicine
- **2008** $25,000 allocated to establish Legacy Fund to honor or memorialize STFM members

Fundraising Strategies

Annual Giving Campaign

Bequests

Memorials and Gifts Honoring STFM members (Legacy Fund)

Stop by the Foundation Station in the STFM Village for information on any of the above Foundation activities.

Group Project Fund

The Group Project Fund, established by the STFM Foundation and administered by STFM, promotes and supports STFM Group members to collaboratively plan, develop, implement, evaluate, and disseminate findings from educationally related scholarly projects that benefit group members, STFM, and the discipline of family medicine. Foundation Trustees will set aside 50% of the undesignated net proceeds of each annual giving campaign to fund these projects.

For more information or to donate to the STFM Foundation to help support the group fund projects stop by the Foundation Station in the STFM Village.

Group Project Fund Recipients

Project: Online Training in Dietary Supplements for Family Medicine Physicians—*STFM Group on Integrative Medicine*

Project Medical School Admission Policies and the Family Medicine Pipeline: Developing Practical Guidance Based on Analysis of Student Origins—*STFM Group on Rural Health*

Project: Current Trends in Medical Education in Identifying and Treating Patients Exposed to Domestic Violence—*STFM Group on Violence Education and Prevention*

Project: Adolescent Health for Primary Care: Development of a Web-based, Comprehensive, Competency-based Curriculum—*STFM Group on Adolescent Health*

Project: Overcoming Obstacles to Writing for Family Medicine Educators—*STFM Group on Minority and Multicultural Health*

Project: Teaching E-mail Communication in a Residency Program—*STFM Group on Information Technology*

Project: Outgoing Third-year Family Medicine Resident Satisfaction—*STFM Group on Behavioral Science*

PAST AWARD RECIPIENTS

Recognition Award Recipients

2008 Laurence Bauer, MSW
2007 Joseph Hobbs, MD
2006 Joshua Freeman, MD
2005 Dona Harris, PhD
2004 Paul Paulman, MD
2003 Thomas Schwenk, MD
2002 David Swee, MD
2001 Jay Siwek, MD
2000 Katherine Krause, MD
1999 Hilliard Jason, MD, EdD
Jane Westberg, PhD
1998 Howard Stein, PhD
1997 Donald Fink, MD
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, MD, MPH
1987 Thomas Leaman, MD
Rafael Sanchez, MD
1986 Julio Ceitlin, MD
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

Advocate Award Recipients

2008 Allen Hixon
2007 WWAMI Network of Family Medicine Residencies
2006 Robert Crittenden, MD, MPH
2005 Daniel Onion, MD
2004 Jeffrey Cain, MD

Excellence in Education Award Recipients

2008 Kent Sheets, PhD
2007 Anita Taylor, EdD
2006 Mark Quirk, EdD
2005 John Pfenninger, MD
2004 William Anderson, PhD
2003 William Mygdal, EdD
2002 Cynthia Haq, MD
2001 Deborah Simpson, PhD
2000 Peter Curtis, MD
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
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1989 Carole Bland, PhD
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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

Innovative Program Award Recipients

2008 The Healer's Art Course/Rachel Remen, MD
2007 Smiles For Life Steering Ctme
2006 Gurjeet Shokar, MD
Robert Bulik, PhD
2005 Richard Zimmerman, MD,MPH
Sanford Kimmel, MD
Donald Middleton, MD
2004 Ellen Beck, MD
2003 Marji Gold, MD
2002 Allen Shaughnessy, PharmD
David Slawson, MD
2001 Perry Pugno, MD, MPH
Frank Dornfest, MD
2000 Kent Sheets, PhD
1999 Jeffrey Stearns, MD
1998 Richard Zimmerman, MD,MPH
Ilene Burns, MD, MPH
1997 Susan Skochelak, MD
1996 James Damos, MD
1995 Scott Fields, MD
William Toffler, MD
1994 Luis Samaniego, MD
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
1987 Norman Kahn, MD

Curtis Hames Research Award Recipients

2008 Howard Rabinowitz, MD
2007 Peter Franks, MD
2006 Jack Colwill, MD
2005 Allen Dietrich, MD
2004 Stephen Zyzanski, PhD
2003 Paul Nutting, MD, MSPH
2002 Julian Tudor Hart, MD
2001 Lorne Becker, MD
2000 Klea Bertakis, MD, MPH
1999 Carole Bland, PhD
1998 Larry Green, MD
1997 Larry Culpepper, MD, MPH
1996 Roger Rosenblatt, MD, MPH
1995 Eugene Farley, MD, MPH
1994 Martin Bass, MD, MSc
1993 Paul Frame, MD
1992 Gerald Perkoff, MD
1991 George Parkerson, MD,MPH
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

F. Marian Bishop Leadership Award Recipients

2008 Alfred Berg, MD, MPH
2007 Robert Taylor, MD
Ed Ciriacy, MD
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, MD
1995 Reginald Perkin, MD
1994 Daniel Ostergaard, MD
1993 David Satcher, MD
1992 Robert Rakel, MD
1991 Thomas Stern, MD
1990 Nicholas Pisacano, MD

Blanchard Lectures

2008 Rachel Naomi Remen, MD
2007 Kevin Grumbach, MD
2006 Barbara Starfield, MD, MPH
2005 Joseph Scherger, MD, MPH
2004 Edward Wagner, MD, WA
2003 David Satcher MD, PhD
2002 Rachel Naomi Remen, MD
2001 Ruth Hart, MD
2000 Holmes Morton, MD
1999 John Molidor, PhD
1998 Audrey Manley, MD, MPH
1997 Nancy Wilson Dickey, MD
1996 William Jacott, MD
1995 Theodore Phillips, MD
1994 R. Eugene Rice, PhD
1993 Sheldon Greenfield, MD
1992 Lynn Carmichael, MD
1991 Daniel Callahan, PhD
1990 Fitzhugh Mayo, MD
1989 Christine Cassel, MD
1988 US Senator Orrin Hatch
1987 Willis Goldbeck
1986 Robert Graham, MD
1985 B. Lewis Barnett, Jr, MD
1984 G. Gayle Stephens, MD
1983 Paul Brucker, MD
1982 Curtis Hames, MD
1981 John Lister, MA, MD
1980 Sissela Bok, PhD
1979 C.H. William Ruhe, MD

Research Paper Award Recipients

2008 Dan Merenstein, MD; Marie Diener-West, PhD; Ann Halbower, MD; Alex Krist, MD; Haya Rubin, MD, PhD
2007 William Ventres, MD, MA; Sarah Kooienga, FNP; Ryan Marlin, MD, MPH; Peggy Nygren, MA; Valerie Stewart, PhD
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

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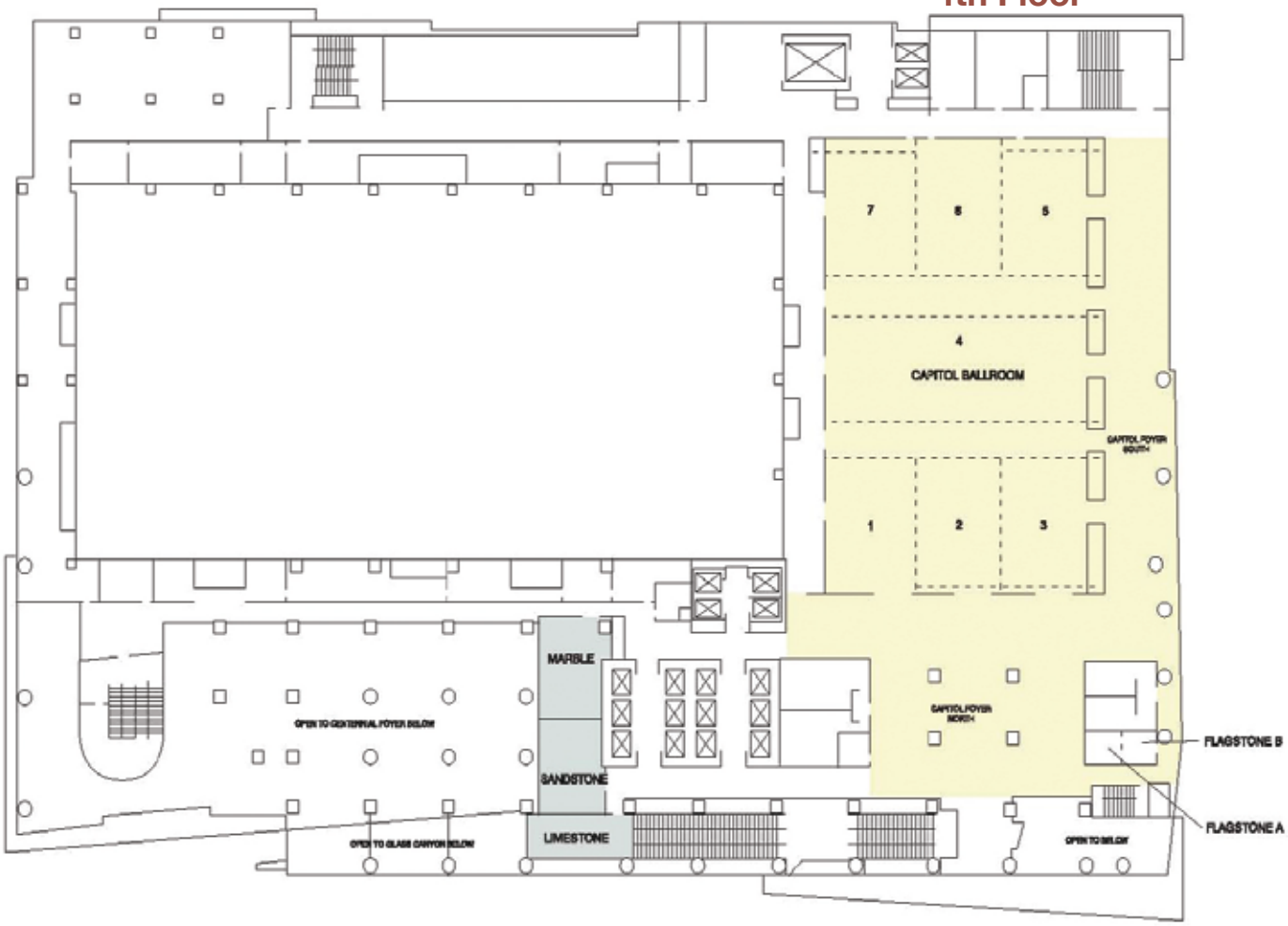
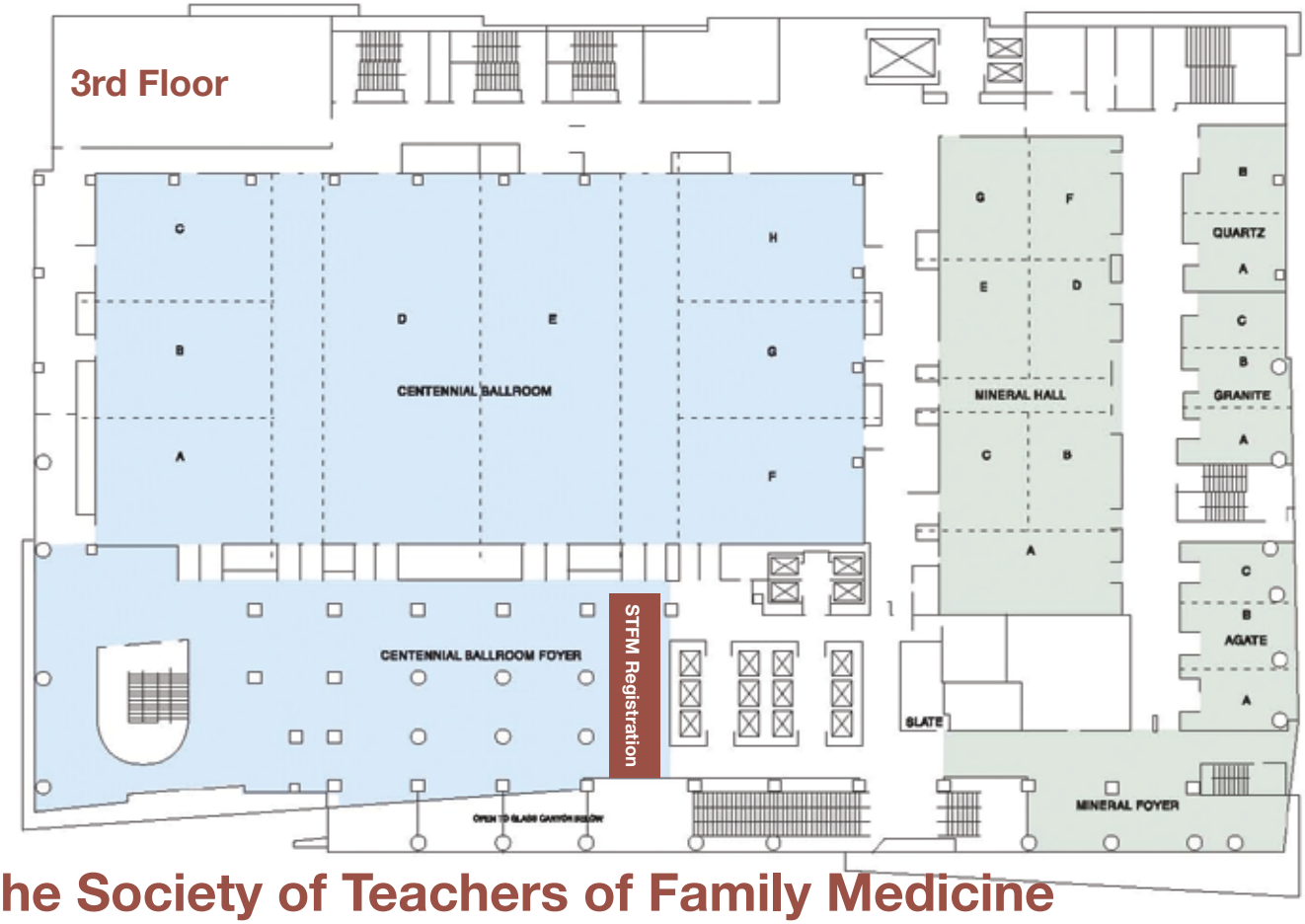
CONFERENCE MAP

4th Floor



3rd Floor



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