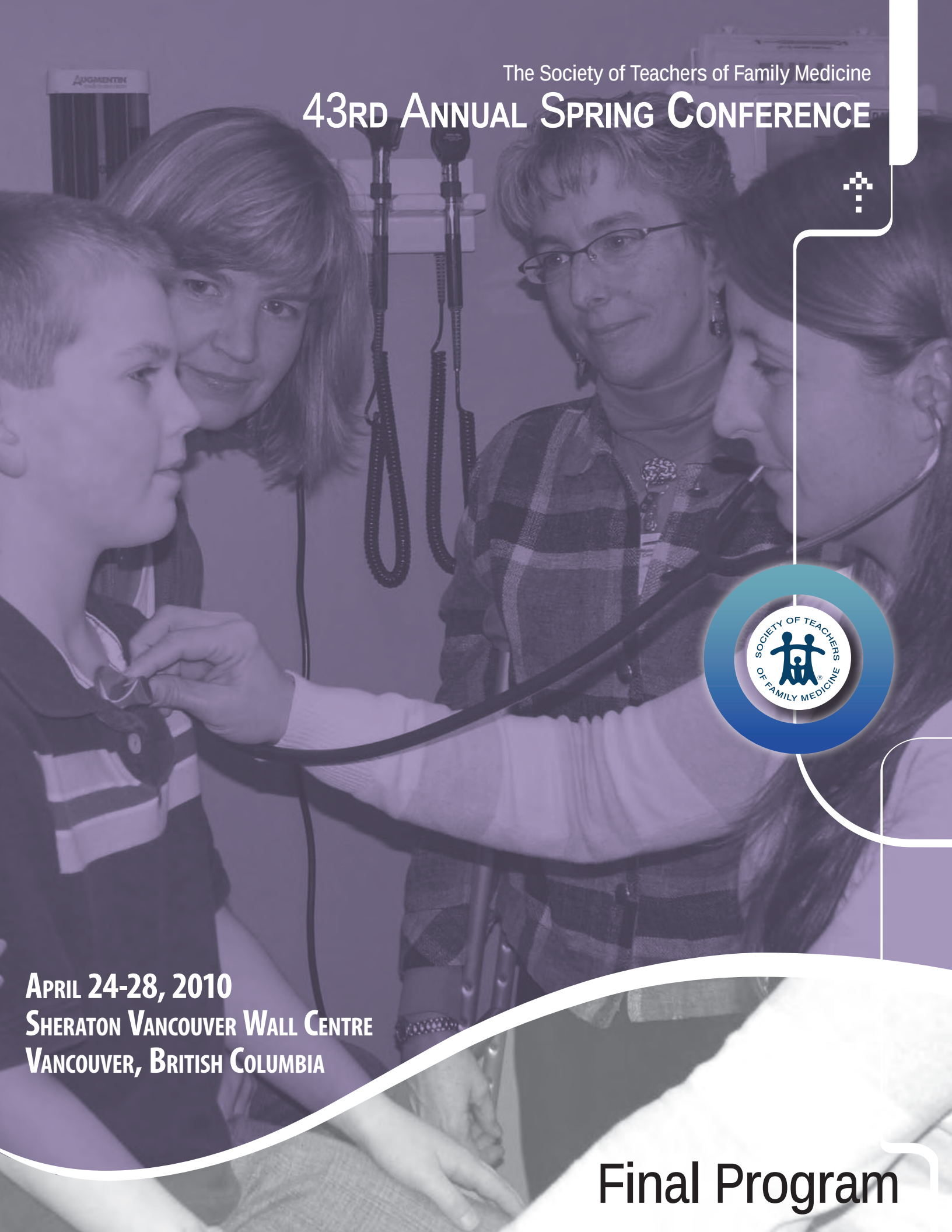

The Society of Teachers of Family Medicine

43rd Annual Spring Conference

April 24-28, 2010
Sheraton Vancouver Wall Centre
Vancouver, British Columbia

Final Program

STFM President's Welcome

In the afterglow of the 2010 Winter Olympiad, Vancouver now hosts our 43rd STFM Annual Spring Conference. This is a time to learn new ideas, to share your successes and your not quite successes, to reconnect with old friends and make new ones all to improve family medicine education in this era of dynamic change to the US health care system.

The theme for this year's conference is "LEAD the Way: Leadership, Education and Advocacy Development to Create a Patient-centered Medical Home." Building upon our past meetings, this conference will showcase the need for innovative leadership and educational programs to advance the concept of patient-centered medical homes. It will also highlight the need for advocacy, on both the micro- and macro-levels, to establish and fund this new model of patient care.

The STFM Program and Research committees have reviewed a near-record number of abstracts to provide you with the best educational sessions possible. addition, they have worked on reformatting the meeting to provide you with more time for discussion with colleagues who share similar interests and for informal networking, both of which were requests of previous attendees.

The 43rd STFM Annual Spring Conference promises to be one of the best meetings yet.

Welcome to Vancouver!

Warmest wishes,
Terrence Steyer, MD
STFM President

Cover photo courtesy of Central Maine Medicine Family Medicine Residency Program, Lewiston, Maine

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SATURDAY, APRIL 24

PRECONFERENCE WORKSHOPS

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

8 am–5 pm
Junior Ballroom C

PR1: Palliative Care Training for Family Medicine Faculty: A Train-the-Trainer Workshop

Alan Roth, DO, Gina Basello, DO, Peter Selwyn, MD, MPH, Albert Einstein College of Medicine; Michael Rosenthal, MD, Thomas Jefferson University; Philip Whitecar, MD, Wright State University; Susan Parks, MD, Thomas Jefferson University Hospital FPR, Philadelphia, Pennsylvania; Laurence Bauer, MSW, MEd, Family Medicine Education Consortium, Dayton, Ohio

($195 additional fee. Fee includes continental breakfast, refreshments, and training materials.)

8 am–5 pm
Junior Ballroom D

PR2: Lead the Way in Musculoskeletal and Sports Medicine Education in the Medical Home

Walter Taylor, MD, Mayo Family Practice Residency, Jacksonville, Florida; Cathleen McGonigle, DO, UPMC McKeesport FPR, Pittsburgh, Pennsylvania; Diana Heiman, MD, St Francis Hospital FPR, West Hartford, Connecticut; Morteza Khodaee, MD, MPH, University of Colorado HSC, Denver; Jon Woo, MD, Valley Medical Center FMR, Renton, Washington; Judith Furlong, MD, Flower Hospital FPR, Sylvania, Ohio; Rob Rutherford, MD, Idaho State University FPR, Coeur d'Alene, Idaho

($195 additional fee. Fee includes continental breakfast, refreshments, and training materials.)

8 am–5 pm
Junior Ballroom B

PR3: Family Medicine, Psychiatry, and the Art of Motorcycle Maintenance

Karen Blackman, MD, Michigan State University; Amy Odom, DO, James Olson, MD, Amy Romain, LMSW, ACSW, Karen VanGorder, MD, Sparrow/ Michigan State University FPR, Mason, Michigan

($195 additional fee. Fee includes continental breakfast, refreshments, and training materials.)

1–5 pm
Junior Ballroom A

PR4: Career Management for Clinical Faculty: A Workshop for Junior Faculty Seeking Career Advancement

Julie Nyquist, PhD, University of Southern California; Jeffrey Ring, PhD, White Memorial Medical Center FPR, Los Angeles, California

($195 additional fee. Fee includes refreshments and training materials.)

5–6 pm
Grand Ballroom B

Meeting of the STFM Group Chairs and Board of Directors

6–7 pm
Grand Ballroom A

New Member/Attendee Orientation

7–8 pm
Fountain Square Garden

Welcoming Reception With Conference Partners and Local Hosts

7:30–9 pm
Parksville

SSO: STFM Annual Poetry and Prose Reading

Andrea Gordon, MD, Tufts University FPR, Malden, Massachusetts

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.

OVERALL CONFERENCE SCHEDULE

SUNDAY, APRIL 25

6:30–7 am — **Nondenominational Devotional Gathering**
Port McNeill

7–8 am — **Round Table Presentations of Scholarly Activity**
Grand Ballroom

8:15–10 am — **STFM President's Address:**
Grand Ballroom *Terrence Steyer, MD, Medical College of Georgia - University of Georgia Medical Partnership*

AAFP President's Greetings:
Lori Heim, MD, Scotland Memorial Hospital, Laurinburg, North Carolina

OPENING GENERAL SESSION
"The Physician as Patient: Lessons From the Other End of the Stethoscope"
Jeffrey Cain, MD, The Children's Hospital, University of Colorado, Denver

10–10:30 am — **Refreshment Break; Opening of the STFM Village**
Pavilion Ballroom

10:30 am–Noon — **Concurrent Educational Sessions Including Posters** *(See schedule on pages 22–23; abstracts on pages 38–48)*

12:15–1:45 pm — **Luncheon With Candidates' Speeches**
Grand Ballroom **The College of Family Physicians of Canada (CFPC) Greetings:** *Cathy MacLean, MD, CFPC President*

2–3:30 pm — **Concurrent Educational Sessions** *(See schedule on pages 24-25; abstracts on 48–53)*

3:30–4 pm — **Refreshment Break in the STFM Village**
Pavilion Ballroom

4–5:30 pm — **Concurrent Educational Sessions Including Posters** *(See schedule on pages 25–26; abstracts on pages 54–65)*

5:30–6:30 pm — **Conference Networking Reception With Conference Partners**
Pavilion Ballroom Foyer

6–7 pm — **"A Celebration of Life Memorial Gathering"**
Gulf Islands A Conference attendees are encouraged to pay their respects to friends and families of STFM members who passed away in 2009. Condolences may be written on prepared memory pages and will be presented to the families.

7 pm — **Dine-out Groups** *(Groups will meet in the South Tower hotel lobby at 6:30 pm)*

MONDAY, APRIL 26

7–7:30 am — **Yoga for the Mind & Body**
Parksville *Richard Usatine, MD, Instructor*
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 — **STFM Groups' Networking and Common Interest Breakfasts**
Grand Ballroom

8–9:30 am — **STFM Awards Program With Annual Business Meeting** *(See award winner information on pages 19–21)*
Grand Ballroom

9:30–10 am — **Refreshment Break**
Grand Ballroom Foyer

10–11:30 am — **Concurrent Educational Sessions including Posters** *((See schedule on pagse 27–28; abstracts on pages 66–75)*

11:45 am–12:45 pm **Networking Boxed Lunch: Visit the STFM Village or Attend STFM Group Meetings** *(See list on page 14)*
Pavilion Ballroom

11:45 am–12:45 pm **OPTIONAL SESSION: "Preserving Your Assets, Protecting Your Family, Preparing Your Legacy"**
Parksville *Dwight Drake, Associate Professor, University of Washington School of Law*
(Preregistration is required. This session is sponsored by the STFM Foundation. See page 10)

1–2:30 pm **Concurrent Educational Sessions** *(See schedule on pages 29–30; abstracts on pages 75–81)*

2:30-2:45 pm Transition Break

2:45-4:15 pm **Concurrent Educational Sessions Including Posters** *(See schedule on page 31; abstracts on pages 81–91)*

4:15-4:30 pm **Refreshment Break**
Grand Ballroom Foyer

4:30–5:30 pm **STFM FOUNDATION GENERAL SESSION**
Grand Ballroom **The 2010 Blanchard Memorial Lecture: "How Financial Conflicts Of Interest Endanger Our Profession"**
Jerome Kassirer, MD, Tufts University

TUESDAY, APRIL 27

6–7 am **Annual "Marathonaki" Fun Run and Walk** *(Group will meet in the Hotel Lobby-South Tower at 6 am)*

7–8 am **Round Table Presentations of Scholarly Activity**
Grand Ballroom

8:15–10 am **GENERAL SESSION**
Grand Ballroom **"The Acme® Patient-centered Medical Home (Beep Beep®)"**
William Miller, MD, MA, Lehigh Valley Hospital FMR, Allentown, Pennsylvania

10–10:30 am **Refreshment Break in the STFM Village**
Pavilion Ballroom

10:30 am–Noon **Concurrent Educational Sessions Including Posters** *(See schedule on pages 32–33; abstracts on pages 92–100)*

12:30–1:30 pm **Optional STFM Group Meetings (***See list on page 15)* **and Lunch on Your Own**

1:45–3:15 pm **Concurrent Educational Sessions** *(See schedule on page 34; abstracts on pages 101–106)*

3:15–3:45 pm **Refreshment Break; Last Chance to Visit the STFM Village!**
Pavilion Ballroom

3:45–5:15 pm **Concurrent Educational Sessions Including Posters** *(See schedule on pages 35–36; abstracts on pages 106–115)*

9 pm–Midnight **After-dinner Dance Party Featuring Vancouver's Notoriously Popular Band, Dr Strangelove.**
Pavilion Ballroom Don't miss this special house call of fun and celebration.*(Open to meeting attendees and guests!)*

WEDNESDAY, APRIL 28

7:30–8 am **Coffee Service**
Pavilion Ballroom Foyer

8:15–9:45 am **Concurrent Educational Sessions** *(See schedule on pages 36–37; abstracts on pages 116–121)*

9:45–10 am **Refreshment Break**
Grand Ballroom Foyer

10–11:30 am **Incoming President's Address:**
Grand Ballroom *Perry Dickinson, MD, University of Colorado at Denver, Health Science Center*

CLOSING GENERAL SESSION:
"Growing Together: The Contribution of Very Long-term Continuity to Person-centered Care"
Lucy Candib, MD, University of Massachusetts

11:30 am **Conference Adjourns**

Jeffrey Cain MD, has been practicing and teaching family medicine in Denver, Colorado for more than 25 years where he is currently the chief of Family Medicine at The Children's Hospital and associate professor of Family Medicine at the University of Colorado. An STFM member since beginning practice, Dr Cain serves on the STFM Legislative Affairs Committee and is the recipient of the first STFM Advocate Award.

A member of the Board of Directors of both the AAFP and the AAFP Foundation, Dr Cain has been recognized for his role as cofounder and national president of Tar Wars with the AAFP Public Health Award, by the World Health Organization, and by the US Secretary of Health. Locally in Colorado, he is the immediate past president of the board overseeing Medicaid and has been instrumental in passing laws that raised the tax on tobacco, expanded health coverage for the underserved, and defined the Medical Home.

Outside of family medicine, Dr Cain is an active vintage airplane pilot, introduced the ski-bike as an adaptive device to North America, and holds the first Gold Medal in slalom from the US Snowboard National Adaptive Championships.

SUNDAY, APRIL 25

8:15–10 am

Grand Ballroom

"The Physician as Patient: Lessons From the Other End of the Stethoscope"

Jeffrey Cain, MD, The Children's Hospital, University of Colorado, Denver

Until one sets foot to path, a view can only be described in words. It is only by living and breathing fully of the experience that one can truly appreciate a panorama. What are the lessons learned when a physician finds himself wheeled thru the corridors of his own hospital in a new role, not as the captain of his team, but as a patient? Medical school and residency prepare you to be a physician. Nothing prepares you to be a patient. Much of the professionalism learned in our clinical settings can ultimately prove challenging to the physician as patient.

In "Lessons from the Other Side of the Stethoscope," Jeffrey Cain, MD, invites you to walk with him as he shares his journey through a horrendous accident, life-saving ride in a Flight for Life helicopter, multiple surgeries in his own ICU, and finally to recovery with a new and thriving life. Dr Cain shares the lessons that reshaped his body, changed how he cares for patients, teaches family medicine, and ultimately expanded the realm of what he thinks possible both in life and for our specialty.

Learning Objectives:

1. Increase awareness of the personal impact of illness on physicians.
2. Increase awareness of issues arising when treating physicians as patients.
3. Increase awareness of issues arising when physicians are caregivers for family members.

Moderator: Stephen Wilson, MD, MPH, Conference Chair

MONDAY, APRIL 26

4:30–5:30 pm

Grand Ballroom

2010 Blanchard Memorial Lecture: "How Financial Conflicts of Interest Endanger Our Profession"

Jerome Kassirer, MD, Tufts University

Much of the billions of dollars that the pharmaceutical, biotechnology, and device industries spend each year to promote their products is directed at the physicians who write the prescriptions and recommend the use of devices. To influence physicians, companies ply them with free gifts, meals, free continuing medical education, and send their drug reps in countless visits to their offices and training sites. Commercial influence is enhanced by heavy representation of company-paid physicians who comprise local pharmacy committees, national clinical practice guideline committees, and panels of the FDA. Company-paid lecturers selected as key opinion leaders ride the circuits giving free expert talks in community hospitals, local restaurants, and in sponsored symposia at medical meetings. Some carefully selected academic physicians simply sign on as authors of promotional papers written for them by company-paid ghostwriters. In this sea of financial conflict of interest, doctors who use the products of industry often find it difficult to determine what information is objective and what is biased. The newest, most heavily promoted product is not always the best or the safest. A drug is not always the most rational choice to deal with a given illness, and a surgical procedure is not always a better choice than watchful waiting. Disclosure of industry ties, despite the claims of industry apologists, does not eliminate the conflicts or the source of bias. Unless the financial ties to industry are loosened, our profession is in danger of losing its credibility.

Learning Objectives:

1. To understand the impact of financial incentives on physicians' judgments.
2. To comprehend the extent of industry influence on physicians.
3. To appreciate steps that can be taken to minimize bias.

Moderator: Peter Coggan, MD, MSEd, STFM Foundation President

Jerome Kassirer, MD, has been at Tufts University for nearly 50 years, and served as vice chairman of the Department of Medicine for 20 of those years. His research has encompassed acid-base balance, medical decision-making, and cognitive science.

He served as a Governor and Regent of the American College of Physicians, chair of the American Board of Internal Medicine, and from 1991 to 1999, as Editor-in-Chief of the *New England Journal of Medicine.*

He is the recipient of numerous awards and several honorary degrees. He is a member of the Institute of Medicine, the Association of American Physicians, and the American Academy of Arts and Sciences.

Dr Kassirer is currently distinguished professor at Tufts University School of Medicine and visiting professor at Stanford University.

He has written extensively about health care, for-profit medicine, and financial conflict of interest, and is the author of *"On The Take: How Medicine's Complicity with Big Business Can Endanger Your Health."*

William Miller, MD, MA, is the Leonard Parker Pool Chair of family medicine, Lehigh Valley Health Network, and professor of family and community medicine, Penn State College of Medicine. Dr Miller received a master's degree in medical anthropology from Wake Forest University and a medical degree from the University of North Carolina School of Medicine. After 4 years in private practice, he joined the family medicine faculty at the University of Connecticut where he served as director of predoctoral education, residency director, and director of fellowship programs. In 1994, he returned to the Lehigh Valley and his team developed a clinical department and residency program at Lehigh Valley Health Network based on relationship-centered care.

Along with Ben Crabtree, Dr Miller is one of the pioneers of qualitative and mixed method research approaches in primary care. His research interests include practice organization and complexity theory, the ecology of chronic illness care, the family medicine socialization process, and healing relationships.

He was evaluator for the American Academy of Family Physicians' Future of Family Medicine National Demonstration Project and advises the national family medicine residency redesign initiative (P4). When not partnering with others in learning, administering, creating, doctoring, or family shaping, he is most likely found playing in snow, woods, swamps, lakes, or streams or eating local whole food and sharing stories about storms and animal encounters.

TUESDAY, APRIL 27

8:15–10 am

Grand Ballroom

"The Acme® Patient-centered Medical Home (Beep Beep®)"

William Miller, MD, MA, Lehigh Valley Hospital Family Medicine Residency, Allentown, Pennsylvania

The American Academy of Family Physicians' 2-year National Demonstration Project (NDP) ended in June, 2008. Based on the Future of Family Medicine Report from 2004, the NDP tested the possibilities and feasibility of creating a new model of primary care, a model currently called the Patient-centered Medical Home (PCMH). The evaluation of the NDP is now finished. The first half of this plenary will describe the emergent, multi-method evaluation design and process for the NDP and then summarize the key findings of the Project. The synergistic use of mixed methods and their triangulation will be highlighted. The second half of the plenary will introduce some challenging implications of these lessons for health policy and primary care advocacy, family medicine education, primary care research, and clinical care. These will be discussed in the context of other PCMH demonstrations and current and anticipated health care system changes. Emphasis will be given to those implications that require leadership from the membership of STFM. Can family medicine truly thrive in the absence of a fully integrated delivery and payment system? Is the PCMH a model for the future or another false hope? How do we need to change? The findings of the NDP offer a surprising gift. Are we wily and courageous enough to accept it?

Learning Objectives:

1. Describe the emergent, multi-method evaluation design for the National Demonstration Project.
2. List at least five key findings from the National Demonstration Project.
3. Discuss at least three implications of the results of the National Demonstration Project that relate to the future of family medicine.

Moderator: Arch Mainous, PhD, Research Committee Chair

WEDNESDAY, APRIL 28

10–11:30 am

Grand Ballroom

"Growing Together: The Contribution of Very Long-term Continuity to Person-centered Care"

Lucy Candib, MD, University of Massachusetts

Family medicine researchers have worked hard to arrive at measures of continuity of care. Often we have chosen numerical indicators to try to pin down this elusive concept. We have performed studies of satisfaction, cost, and complications. Occasional investigators have looked at the contribution of continuity to the nature of the physician-patient relationship. Yet with the exception of some writings of family physicians from the first half of the 20th century who devoted a lifetime of care to families in their communities—for example, Huygens, Tudor Hart, and Pickles—we have not chosen to examine the implications of what I will call "Very Long-term Continuity of Care." This session will address the questions: what is the meaning of very long-term continuity of care to patients? What is the implication of very long-term continuity for the care of individuals in the context of their families? In such long-term relationships, what is the connection between life-cycle changes over time for patients and their families with the life-cycle changes happening in the physician's own life? And finally, is there any way for physicians in our fast-paced and mobile society to "fast forward" into the strength and complexity of the long-term relationships in their current, usually shorter-term work with patients and families?

Learning Objectives:

1. The participant will be able to recognize the inadequacies in our current definitions of continuity of care

2. The participant will be able to describe the advantages of very long-term continuity of care from the patient's perspective

3. The participant will be able to delineate the implications of very long-term continuity of care for a family approach to acute, chronic and preventive care.

Moderator: Warren Ferguson, MD, STFM Program Committee

Lucy Candib, MD, professor of family and community medicine, University of Massachusetts, is a family physician educator who has taught and practiced family medicine, including obstetrics, at the Family Health Center of Worcester, in an urban neighborhood in Worcester, Massachusetts, since 1976. This center serves as a training site within the U-MASS Family Medicine Residency Program.

In the course of treating patients with chronic illness, Dr Candib was an early adopter of group visits for English- and Spanish-speaking patients with diabetes. Increasingly concerned about the implications of obesity for low-income and multicultural populations, she also developed an innovative exercise collaboration between the health center and local fitness facilities that enabled the center's patients to complete 30,000 exercise visits in the last 5 years.

She has also focused attention on the concerns of women trainees and practitioners in her work with family medicine residents. She has lectured widely on the topics of sexual abuse and violence against women and through an understanding of this problem became a coauthor in research on somatization in primary care. The author of numerous articles in refereed journals, Dr Candib has introduced a feminist critique of medical theory in her book, *Medicine and the Family: A Feminist Perspective*. Together with Dr Sara Shields, Dr Candib has co-edited a new book, *A Woman-Centered Approach to Pregnancy and Birth*, which addresses the role of continuity in maternity care.

OPTIONAL WORKSHOP/OPTIONAL SESSION

SUNDAY, APRIL 25

2–5:30 pm

STFM Leadership Workshop: Leadership—A Question of Alignment

Stephen Bogdewic, PhD, Indiana University

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 3-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: 1) pre-work, 2) half-day workshop, and 3) 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. Also, one or two possible articles may be distributed in advance of the workshop.

($95 additional fee. Enrollment for this workshop is limited to 48. Be sure to preregister at the STFM Registration Desk.)

MONDAY, APRIL 26

11:45 am–12:45 pm

Optional Session: Preserving Your Assets, Protecting Your Family, Preparing Your Legacy

Dwight Drake, University of Washington School of Law

Interested in free financial planning advice? We all know about the importance of wills and bequests, but sometimes the language can get confusing. This personal development offering will answer your questions about wills and the tax benefits of bequests and trusts in language that makes sense. You will learn how you can support your favorite organizations and benefit your family at the same time. The session leader, Dwight Drake, is associate professor at the University of Washington School of Law. Professor Drake joined the UW law school faculty in 2004 following a long career as a business and estate planning attorney and corporate executive. By attending this session, you will learn: (1)The importance of a will, (2) The tax benefits of bequests, and (3) The tax and income benefits of charitable trusts.
(No additional fee. This session is sponsored by the STFM Foundation. Be sure to preregister at the STFM Registration Desk.)

SESSION EDUCATION 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 abstracts (denoted by the following codes) that may be especially valuable for you.

- **Leadership/Senior Faculty [L]**
- **Patient-centered Medical Home [MH]**
- **Beh Science/Family Systems Fellowship [BH]**
- **Beh Science/Family Systems: Fundamental Skills [BF]**
- **Community-based Residency Education [C]**
- **Student [S]**
- **Resident [R]**
- **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.

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:

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 core purpose, 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.

NEW and UPDATED FORMATS FOR 2010—

RESEARCH POSTERS: These posters provide an opportunity for one-on-one discussion of investigators' original research. This year, research posters will be presented in conjunction with educational breakout sessions, so conference attendees may choose to visit with poster presenters during this time.

SCHOLASTIC POSTERS: These posters provide a one-on-one opportunity for the author to present innovative projects in family medicine education, administration, or clinical care. This year, scholastic posters will be presented in conjunction with educational breakout sessions, so conference attendees may choose to visit with poster presenters during this time.

ROUNDTABLE PRESENTATION OF SCHOLARLY ACTIVITY: 60-minute informal presentations for discussion about innovative educational, managerial, and clinical care ideas, and experiences pertinent to family medicine education. Breakfast will be provided. If you plan to attend one of these roundtable presentations, please arrive on time to ensure your participation in the entire discussion. Since a number of these presentations are presented at the same time, in the same room, we encourage presenters and participants to limit the volume of their discussions.

GENERAL CONFERENCE INFORMATION

Conference Hotel Information

Sheraton Vancouver Wall Centre
1088 Burrard Street
Vancouver, British Columbia
V6Z 2R9
Guest Phone: 604-331-1000
Guest Fax: 604-893-7200

Rental Car Discount

Budget Rent A Car System, Inc, is the official rental car agency for this year's conference. Rates begin at $49 per day or $209 per week, with a special weekend rate beginning at $24 plus taxes (Canadian dollars). Should a lower qualifying rate become available at the time of booking, Budget is pleased to offer a 5% discount off the lower qualifying rate or the meeting rate, whichever is lowest. For reservations, call Budget at 800-527-0700, or make your reservations online at www.budget.com. Be sure to request the user/convention discount code: U063655. Car rental rates include unlimited mileage and may be valid for up to 1 week before/after the conference, depending on available fleet.

Fitness Facilities

State of the art exercise equipment, a European-style lap pool, personal trainers, jacuzzis, and spa—all of this and more are incorporated into the Sheraton Vancouver Wall Centre Hotel's health club facilities. The Sheraton Vancouver Fitness Facility is complimentary for all hotel guests. Hours: 5 am-11 pm.

Ground/Shuttle Transportation:

Vancouver does not have shuttle services available between the airport and downtown hotels.

Taxi service is available for approximately $25.00 CAD. The hotel is 20-25 minutes from the airport.

Train/Subway: www.translink.ca/en/Rider-Info/Canada-Line/Map-and-Travel-Times.aspx. See the time-table for "WATERFRONT-YVR." The train stops a few blocks from the hotel. The commute is 25-30 minutes, and is a 'two zone' fare. Train/Subway costs are available at: www.translink.ca/en/Fares-and-Passes/Single-Fares.aspx

CME Hours

This activity has been reviewed and is acceptable for up to 30 Prescribed credits by the American Academy of Family Physicians.

Childcare

For Child Daycare services, scheduling information and fees, contact the Sheraton's Concierge by dialing the hotel operator "0". Rates vary based on the number and ages of children needing care, and advance reservations are required.

Election Procedures

Be a part of the democratic process and participate in STFM officer elections! During the luncheon on Sunday, April 25, 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 2010 to participate in the elections. Ballots must be turned in at the registration desk by 5:30 pm on Sunday. 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 Monday morning, April 26.

STFM Annual Business Meeting

All conference attendees are invited to attend the STFM Annual Business Meeting on Monday morning, April 26. Be the first to hear the results of the STFM elections and congratulate the officers elected. At the Business Meeting, you can 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 electronic devices during all STFM conference sessions and meal functions. While traveling in Canada from another country, please be aware that your cell phone provider/calling service may be interrupted, and additional fees, roaming charges, etc. may apply. Check with your individual provider for additional information.

STFM Computer Café:

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 Pavilion Ballroom, in conjunction with the STFM Village. We would like to thank the Sheraton Vancouver Wall Centre for their support of the 2010 Computer Cafe.

Dine Around Night

Join your friends and colleagues for an optional dining experience on Sunday, April 25. 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.

"A Celebration of Life Memorial Gathering Room"

Conference attendees are encouraged to pay their respects to friends and families of Dr Lynn Carmichael and Dr Linda Farley, as well as other STFM members who passed away in 2009. Condolences may be written on prepared memory pages and will be presented to the families.

Conference Meals:

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

- Continental Breakfasts on Sunday, Monday, Tuesday, and coffee and muffin service on Wednesday.
- Conference Luncheons on Sunday and Monday.
- Conference Receptions on Saturday and Sunday evenings.

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

No Smoking Policy:

Smoking is not permitted at official STFM gatherings.

SPECIAL THANKS:

- **Conference Partners**
  Be sure to visit them in the Pavilion foyer
- **Sheraton Vancouver Wall Centre**
  for their support of the 2010 Computer Café and Marathonaki Fun Run/Walk.
- **The College of Family Physicians of Canada**
- **The University of British Columbia, Department of Family Practice**

Thanks to all the above for their support and participation with us!

Our Host City—Vancouver

One of the most beautiful cities in the world, Vancouver's unparalleled beauty is matched only by her vast cosmopolitan services and attractions. Vancouver has an endless supply of things to see and do—whether you want to be indoors or out, active or a spectator, spend a lot of money or none at all—Vancouver has it all! Take time to explore the local sights. You can enjoy world class shopping, gourmet meals, outstanding live entertainment, sporting events, theatre, outdoor adventure, spectacular sights and attractions - it's all waiting for you.

Visit the STFM Village

After its popular inception in 2009, the STFM Village returns and will once again feature programs, products, and learning opportunities designed specifically for you! Visit the Village to learn more about what's new at STFM including:

- "STFM on the Road"
- International Medical Graduate (IMG) Web-based Learning Modules
- Emerging Leaders Fellowship
- History of family medicine

Re-visit the resources and services already provided on behalf of family medicine educators:

- STFM Resource Library (FMDRL)
- Family Medicine Advocacy
- STFM Initiatives (*including PCMH and the Family Medicine Clerkship Curriculum)*
- STFM Conferences/Educational Offerings
- STFM Foundation

While visiting, be sure to participate in the village activities to earn chances to win some great prizes.

COMMON INTEREST BREAKFASTS & GROUP MEETINGS

The following STFM Groups will meet at times listed to discuss topics of common interest to group members. New members are encouraged to attend and join a Group that best suits their passion in family medicine education. A Boxed lunch will be provided on Monday. Lunch will be on your own on Tuesday.

Monday, April 26, 7-8:15 am

COMMON INTEREST BREAKFASTS

Room: Grand Ballroom

Addictions

Behavioral Science

Community Medicine

Education Professionals in Family Medicine

Faculty Development

Family-centered Maternity Care

Genetics

Health Policy and Access

Hispanic/Latino Faculty

HIV/AIDS

Hospital Medicine and Procedural Training

Immunization Education

Integrative Medicine

Learner Portfolios

Minority and Multicultural Health

Musculoskeletal Education/Sports Medicine

Osteopathic Family Medicine

Rural Health

Senior Faculty

Spirituality

Violence Education and Prevention

Women in Family Medicine

Developing Family Medicine Training in a Global Environment —Spotlight on Japan

Networking for Educators Working with Programs in China

STFM 2008-2009 Writing Workshop Reunion—*Gulf Islands A*

Monday, April 26, 11:45 am-12:45 pm

GROUP MEETINGS

Addictions—*Junior Ballroom C*

Advocacy Update Session—*Finback*

Behavioral Science—*Port McNeill*

Community Medicine—*Gulf Islands A*

Ethics and Humanities—*Junior Ballroom C*

Evidence-based Medicine—*Gulf Islands BCD*

Faculty Development—*Junior Ballroom B*

Family in Family Medicine—*Port McNeill*

Geriatrics—*Junior Ballroom A*

Global Health—*Beluga*

Hispanic/Latino Faculty—*Vancouver*

Hospital Medicine and Procedural Training—*Port Alberni*

Information Technology—*Junior Ballroom D*

Integrative Medicine—*Junior Ballroom D*

Learner Portfolios—*Indigo*

Medical Student Education—*Granville*

Minority and Multicultural Health—*Burrard*

Musculoskeletal Education/Sports Medicine—*Port Hardy*

Pain Management and Palliative Care—*Port Alberni*

Patient-centered Medical Home—*Orca*

Rural Health—*Junior Ballroom A*

Student-Run Free Clinics—*Cracked Ice*

Teaching Research in Residency—*Gulf Islands BCD*

Violence Education and Prevention—*Azure*

Women in Family Medicine—*Galiano*

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

Tuesday, April 27, 12:30-1:30 pm

GROUP MEETINGS

The Challenging Learner—*Gulf Islands BCD*

Community Medicine—*Vancouver*

Family-centered Maternity Care—*Beluga*

Family in Family Medicine—*Burrard*

Global Health—*Junior Ballroom B*

Integrative Medicine—*Port Hardy*

Minority and Multicultural Health—*Azure*

Musculoskeletal Education/
Sports Medicine—*Junior Ballroom A*

Pharmacotherapy—*Galiano*

Spirituality—*Granville*

Teaching Research in Residency—*Finback*

Women in Family Medicine—*Orca*

STFM PAST PRESIDENTS

2008-2009	Scott Fields, MD, MHA
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

ROUNDTABLE PRESENTATIONS OF SCHOLARLY ACTIVITY

These 60-minute presentations for discussion will provide innovative educational, managerial, and clinical care ideas, and experiences pertinent to family medicine education. Prepared presentations blended with group discussion. NOTE, if you plan to attend one of these presentations, please arrive on time to ensure your participation in the entire discussion. Since a number of these presentations are presented at the same time, in the same room, we encourage presenters and participants to limit the volume of their discussions. Abstracts for roundtable discussions of scholarly activity are available online at www.stfm.org/annual.

SUNDAY, APRIL 25; 7–8 am

B1: Part-time Faculty in Family Medicine
Sarina Schrager, MD, MS

B2: High Yield Teaching
Barbara Orr, MD

B3: Two Editors on the Lookout for Good Stories
Paul Gross, MD; Jo Marie Reilly, MD

B4: In One EMR and Out the Other: Lessons From an EMR Transition
Peter Ziemkowski, MD

B5: Meeting RRC Requirements for Research and Scholarship: An Introduction to the FPIN Approach
Bernard Ewigman, MD, MSPH

B6: Creatively Reaching an Impossible Goal: Journey of a Successful Community Clinic Capital Campaign
Timothy Rumsey, MD

B7: Development of a One-stop Multidisciplinary SBIRT Resource Web Site
Thea Lyssy, MA; James Tysinger, PhD

B9: Barriers to Creating a Medical Home—Creating Solutions With a Disease Registry and Team Care
Edward Shahady, MD; Helena Karnani, MD

B11: Developing Care Pilots: Training Residents to Be Transformational Clinical Leaders
Harry Taylor, MD, MPH; Roger Garvin, MD; Sherril Gelmon, DrPH

B12: Finding the Optimal Long-term Care Experience
Susan Saffel-Shrier, MS, RD; Karen Gunning, PharmD; Wilhelm Lehmann, MD; Nadia Miniclier, MS, PA-C; Timothy Farrell, MD

B13: AAFP Web-based Educational Forum—Stimulating Student Interest in Family Medicine
Ashley DeVilbiss, MPA; Amy McGaha, MD

B15: Teaching Ethics to Family Medicine Residents: The Sioux City Experience
Thor Swanson, MD

B16: Web 2.0 Technology and Beyond
Anne-Marie Lozeau, MS, MD; Beth Potter, MD

B17: The Physician Retraining Movement
Joane Baumer, MD

B18: Build Your Own Classroom—Creating an Online Learning Space
William Cayley, MD

B19: Teaching Alcohol Screening and Intervention to Students and Residents: A Hands-on Seminar
Paul Seale, MD; Sylvia Shellenberger, PhD; Adil Ansari, MD

B20: Teaching Positive Regard: The Medical Home Is Where the Heart Is
Jennifer Griffiths, MD

B21: "A Fine Pairing:" Patient-centered Medical Home and Customer Excellence
Marcia Snook, RN, BSN; Mark Schifferns, CPA

B23: Family Medicine Faculty Development: Applying for a Fulbright Scholarship
Lorraine Wallace, PhD

B24: Resident-driven Journal Review: Let's Get Creative
Veronica Jordan, MD; Alana Benjamin, MD

B26: History of Predoctoral Education in Family Medicine: Lessons Learned Along the Way
Kent Sheets, PhD; Elizabeth Garrett, MD, MSPH

B27: Promoting Family Medicine as a Career Choice
Caroline Wellbery, MD; Ranit Mishori, MD, MHS

B28: Role-modeling and Teaching Residents and Students to Address Spirituality: Practical Tools for Busy Offices
Aaron Saguil, MD MPH

B29: It's Your Medical Home Too!
James Rindfleisch, MD, MPhil; Sarina Schrager, MD, MS; Donald Carufel-Wert, MD

B30: Listening, Hearing, and Reflective Writing
Robert Bulik, PhD; Juliet McKee, MD

B31: Awareness of Prenatal Care and Health Behaviors Among African American and Mexican American Women
Huma Sadiq, MD

B32: Mindful and Meaningful Medical Practice: Acceptance and Commitment Therapy in Primary Care
Debra Gould, MD, MPH; Patricia Robinson, PhD

B33: Advocacy, Education, Addiction: "Unselling Meth" Using a Community Model of the Patient-centered Medical Home
David Schmitz, MD; Rebecca Kinney, MD

B35: A View of Canadian Medicine: 1 Year of Practice as an Ex-Pat Doctor
Gil Grimes, MD

B36: Premedical Shadowing: Seeing Light in the Growing Darkness
David Deci, MD; Brian Earley, DO

B37: Learner-centered Approach to Teaching Communication Skills
John Reiss, PhD

B38: Gracey Allen Syndrome: A Dysfunction of the Doctor-Patient Dyad
Peter McConarty, MD

B39: Faculty Development Through Professional Learning Communities
Janice Litza, MD

B40: Integrating Osteopathic Manipulative Treatment Into a Family Health Center and a Family Medicine Curriculum
Kathleen Rowland, MD; Gina Schueneman, DO; Linda Chen, DO; Ryan Niehaus, DO; Jerrell Chua, DO

B41: Ensuring Competence: Development and Implementation of Resident Learning Contracts for the Six Core Areas
Jenni Keehbauch, MD; Serena Gui, PhD; Marwa El-Menshawi, MD

B42: Capturing Our History: A Center for the History of Family Medicine Interview With Jeannette South-Paul
William Ventres, MD, MA

B43: Overcoming Obstacles in Musculoskeletal Education and Empowering Primary Care Physicians to Teach Musculoskeletal Medicine
Cathleen McGonigle, DO; Walter Taylor, MD; Diana Heiman, MD

B44: Is Two Better Than One? Lessons Learned From Expansion of a Scheduling Chief Resident Position
Lora Cox, MD; Anna Dumont, DO; Amy DiPlacido, MD

B45: The American Board of Family Medicine Obstetrics—Implications for Training
Eduardo Scholcoff, MD; Enrique Sanchez, MD

B46: Women in Medicine, Supporting Their Unique Role Through a Physician Support Group
Mary Brigandi, DO; Nipa Doshi, MD

B48: Obtaining Foundation Support to Teach Fluoride Varnish Application to Residents and Faculty
Russell Maier, MD; Hugh Silk, MD

B49: A Unique Method of Faculty and Curriculum Evaluation By Residents
Elizabeth Jones, MD; Thomas Schwenk, MD; Eric Skye, MD; Tammy Chang, MD

TUESDAY, APRIL 27; 7–8 am

B10: A 1-month Long "Enrichment Rotation:" A Great Beginning to Family Medicine Residency Training
Eugene Orientale, MD; Diana Heiman, MD

B34: Recruiting, Supporting, and Retaining Rural Preceptors: Advice From the Field
Andrea Wendling, MD

B50: Resident Experience of PCMH Model Through Group Prenatal Visits
Betsy Manor, MD; Jennifer Griffiths, MD; Meghan Duffie, MD; Jessica Goldstein, MD

B51: Including Family Medicine Curriculum Throughout Medical School
Barbara Ferrell, PhD

B52: Patient-centered Care of the Transgendered
Amanda Allmon, MD; Sarah Swofford, MD; Anne Fitzsimmons, MD

B53: The Residents' Master Class: A Learner-centered, Problem-oriented Approach to Didactic Teaching
Thomas Koonce, MD ,MPH; Alfred Reid, MA

B54: The International Family Medicine Clinic: A Patient-centered Medical Home for Refugee Patients
David Mahoney, MD, MBE; Fern Hauck, MD, MS; Vishal Gohil, MD

B55: Effective Female Sexual Function Counseling: Breaking Through the Barriers
Emily Godfrey, MD, MPH

B57: Behavioral Medicine Faculty in Reproductive Health Training
Heather Paladine, MD; Emily Godfrey, MD, MPH; David Rosenthal, PhD; Julie Howard, MD; Ashwini Mathai, MD

B58: Motivational Interviewing: A Pathway to and a Feature of the Patient-centered Medical Home
Ronald Adler, MD; Daniel Mullin, PsyD; Jeanne McBride, RN,BSN,MM; Christine Cernak, RN, BBA, CDE

B59: The Centricity EMR in Residency Education
Lee Chambliss, MD, MSPH

B60: Yes, We Can! Shifting Gears to an Integrative Behavioral Patient-centered Health Care Model
Ray Pastorino, PhD, JD; Ruth Zuniga, MS; Barbara Doty, MD

B61: Integration of Addiction Medicine Into Your Residency Program and the Patient-centered Medical Home
Norman Wetterau, MD

B62: Immunization Challenges and Shots Software
Richard Zimmerman, MD, MPH

B63: Great Loss and Great Gain: Transforming Self, Patients and Practices Following Tragic Health Events
Deborah Seymour, PsyD; Joanna Stratton, PhD

B64: Transdisciplinary Teams in Family Medicine: Differing Ethical Perspectives and Priorities for Care
Alishia Ferguson, PhD

B65: Modeling and Teaching Quality Improvement Using the AAFP's METRIC
John Waits, MD; Natasha Harder, MD

B66: Relationship-centered Care Through the Centering Group Model
Laura Wise, MD

B67: Partnering With Churches to Promote and Sustain Community Health
Jeffrey Morzinski, PhD, MSW; Staci Young, PhD; Alan Wells, PhD, MPH

B68: Teaching Adolescent Health and Working in Multicultural Environments Using Immigration Narratives
Portia Jones, MD, MPH

B69: From "Rx Machine" to "Adaptation Coach": Pursuing a System Change in Mental Health Treatment
Macaran Baird, MD, MS

B70: Virtual Classrooms and Communities of Practice: Trailblazing Internet Education and Support
Jeffrey Ring, PhD; Julia Puebla Fortier, BA

B71: Implementing a Family Medicine Honors Program: Guiding Students From Interest to Internship
Bal Reddy, MD

B72: Behavioral Medicine – Matching Needs and Expectations in the Patient-centered Medical Home
Pam Webber, MD; Carol Pfaffly, PhD

B73: Cases and Solutions for Concerning Residents--A Dialogue
Deborah Outwater, MD; Alex Reed, PsyD, MPH

B74: Letting Learners Lead the Way: Driving Program and Resident Self-assessment
Suki Tepperberg, MD, MPH; Jeffrey Markuns, MD, EdM; Thomas Hines, MD; Carol Mostow, MSW

B75: The IRB Made Plain and Simple
William Miser, MD, MA

TUESDAY, APRIL 27; 7–8 am (Cont'd)

B76: Breakthrough Or Hype: Teaching Learners to Help Patients Evaluate Health Fads
Amy Locke, MD; Andrea Gordon, MD; William Elder, PhD

B77: 100 Shades of Gray: The Art and Science of Clinical Decision Making
Donald Woolever, MD

B78: Community Service As Community Medicine Education
Thomas Ledyard, MD; Stephanie Galligan-Curry, LSW; Kathy Zoppi, PhD, MPH

B79: Post-termination Stress Disorder: Program Leaders Recovering From Terminating Either a Resident Or a Faculty
Judith Gravdal, MD

B80: Implementing Concrete, Competency-centered Rotation Objectives
Jay Weiner, MD

B81: Inspiring Underserved Populations to Pursue Careers in Health Care Through a 1-day Conference
Alma Lopez, MD; Maria Abundis-Barrera, MD

B82: Creating Space to Heal: Humanism Evolving Through Arts and Literature
Jose Rodriguez, MD; Amanda Pearcy, BS; Jordan Rogers, BS

B83: Build a Patient-centered Medical Home – Plan Ahead and Avoid Stress
Carol Cordy, MD; Miranda Lu, MD; Mark Johnson, MD

B85: Prospects for Leadership, Education, Advocacy and the Patient-centered Medical Home in Asia
Hirotomo Asai, MD; Michael Fetters, MD, MPH, MA; Hideki Wakabayashi, MD

B86: When Bottom Up Meets Top Down in Jamaica: Lessons Continue With Global Health Elective
Deborah Witt, MD; Christina Hillson, MD

B87: Community Partnerships in the PCMH
David Marchant, MD; Bernard Birnbaum, MD; Pam Webber, MD; Kathleen Jones, MA; Tasha Ballard, PhD

B88: Building a Championship Faculty: Moving From Pretender to Contender
Paul Crawford, MD

B89: Steps to PCMH Formation: Integrating Practice Management and Residency Research Via PDSAs
Linda Deppe, DO; Jamie Osborn, MD

B90: The One-Minute-Preceptor: A Model to Enhance the Clinical Teaching Encounter
Jonathan Ference, PharmD; Allen Last, MD, MPH; Stephen Wilson, MD, MPH; Lee Vogel, MD; Deborah Spring, MD

B92: Uncertainty in Clinical Decision Making: Embracing the Challenges for Educators and Learners
Ellen Tattelman, MD; Marji Gold, MD; Margaret Rosenberg, MD

B93: The Power of Teaching Behavioral Science Through Personal Stories
Elaine Blinn, LCSW

B94: Disaster Response: A Model of Behavioral Intervention for Family Physicians and Residents
James Feldman, PhD,LCSW

B96: Facebook, Blogs, and Twitter: Using Social Media in Family Medicine Education
Peter Ziemkowski, MD

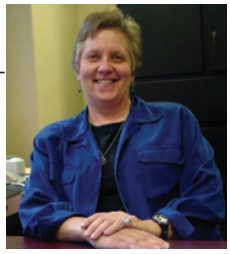
B97: Teaching Advocacy Skills Using Crucial Confrontation Techniques
Barbara Orr, MD

B98: Practicing Obstetrics Within a Patient-centered Medical Home
Sarina Schrager, MD, MS; Beth Choby, MD; Wendy Barr, MD, MPH, MSCE

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 2010 STFM Recognition Award Winner—Elizabeth Garrett, MD, MSPH



Elizabeth (Betsy) Garrett, MD, MSPH, is professor of clinical family medicine in the Department of Family and Community Medicine at the University of Missouri-Columbia. She is predoctoral director and directs the family medicine clerkship and the required ambulatory clinical experience for first- and second-year medical students.

Dr Garrett was the fifth child and first daughter born to Kelly and Elizabeth Klass Garrett. The greatest portion of her success has been due to the gentle, wise influence of her mother, who raised the five Garrett children as a single parent after her father died 5 months after she was born. She was raised and educated in Monett, Missouri, a town of 4,500, before attending the University of Missouri-Columbia, where she received her Bachelor of General Studies degree, her MD degree, and completed her family medicine residency.

She spent a year as an emergency room physician followed by 3 years practice and teaching in rural New Hampshire as a clinical faculty member in the Department of Community and Family Medicine at Dartmouth Medical School. As a result of that experience and a desire to have a full-time career in academic medicine, she returned to Columbia, where she completed a Robert Wood Johnson Fellowship, earning an MSPH in 1988. She has a continuity practice of greater than 20 years and regularly teaches students and residents.

Dr Garrett has been involved in medical education and leadership activities her entire career. She has served in multiple capacities with the Society of Teachers of Family Medicine—cochair of the Group on Predoctoral Training, member at large of the STFM Board, STFM representative to the AAMC Council of Academic Societies, president of STFM, and currently secretary of the STFM Foundation. Betsy also helped in the development of PEP: Preceptor Education Project and PEP2, which has helped numerous practicing physicians better teach students in their offices. A longtime member of the Missouri Academy of Family Physicians Board of Directors, Betsy completed her service as Board chair in 2009. She also served as a member of the American Board of Family Medicine, currently serving in a pilot immediate past chair role. She served on the faculty of the AAFP Chief Resident Leadership Development Program since its inception in 1996 until 2009.

Locally she is deeply involved in the medical school curriculum and was on the task force that developed the preliminary design for the major curricular change in 1993 that introduced problem-based learning at MU. She serves on numerous committees and has helped develop the Legacy Teacher Program and PLOG—the Web-based patient log system used by all third-year clinical students.

Dr Garrett has a particular interest in the history of medicine and has done research on the first six women graduates from the University of Missouri School of Medicine, 1900–1908. She also served for 6 years as a member of the Board of Curators of the Center for the History of Family Medicine.

She plays golf and enjoys singing, genealogy, her black lab, travel, fly fishing, and time with her extended family.

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 2010 STFM Excellence in Education Award Winner—Sam Cullison, MD

Sam Cullison, MD, has been married for nearly 40 years to Beth Cullison. Sons (Sam and Robert) both partnered with wonderful women Lacey and Candace, and one grandson Evan delights! Home for decades has been the Pacific Northwest—a bastion of green attitudes, plenty of rain, and blue-blue politics.

At the University of Missouri-Columbia for medical school, Jack Colwill, MD, mentored him in ways he cannot ever repay. While at the University of Washington for family medicine residency, Ted Phillips, MD, showed what leadership looks like in an academic program. As a resident, he served on the RRC-FM as the first resident in any discipline working with the giants of family medicine, including Nick Pisacano, MD, Paul Young, MD, Tom Stern, MD, and other names famous from our discipline's history. Though strongly attracted to an academic career, he entered practice in Monroe, WA, with fabulous partners in a 22-bed hospital near the Cascade mountain range, enjoying full-spectrum family medicine practice. Conceived as a 5-year practice plan before pursuing academics, he remained in Monroe for 16 years and had 15 family physician partners. He traveled weekly to Seattle, serving as medical director of a methadone maintenance center and qualified for certification in addiction medicine. During this time he acceded to president of the Washington Academy of Family Physicians and served in the AMA House of Delegates for 17 years.

Sam made the "big move" in 1994, becoming the residency director of the Providence Family Medicine Residency in Seattle—an underserved-focused residency working with the urban disadvantaged. He still views this as the time that he "did not know what he did not know"! A phone call to Norman Kahn, MD, revealed a new idea: the National Institute for Program Director Development (NIPDD) that clearly "saved his bacon" as he joined the first NIPDD class. The next 6 years were spent maintaining and growing the residency with a wonderful stable of faculty as the second residency director since the program's founding by his hero Richard Layton, MD, in 1978. Things changed a lot in 2000, when the Providence organization departed Seattle, and the program was inherited by Swedish Hospital (with a similar family residency four blocks away).

The residency now prospers because of the fabulous current faculty (thank you Drs Shamseldin, Gianutsos, Engel, Taraday, Sethi, Hosoda, Smith, Erickson, and Gemperline plus Bobby Gauthier and Linda Ryan). More than 700 applied for our current positions this past year, and the residency is expanding in 2010 to four sites and now 12 residents per year. The wonderful residents of the past 16 years have honored us with their confidence, trust, and presence in our residency.

During these past 10 years, he had the honor to serve as president of the Washington State Medical Association, 8 more years on the RRC-FM, worked with the ABFM on its Anghoff and exam blueprint committees, and served as an RPS consultant/ faculty for the NIPDD fellowship program.

Choosing family medicine many years ago has given him tremendous joy in so many ways—gratitude sums it up. Long live family medicine!

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 2010 STFM Advocate Award Winner—Elissa Palmer, MD

Elissa J. Palmer, MD, received her medical degree from the Johns Hopkins University and was chief resident at her residency at the University of Wisconsin, Madison. Dr Palmer practiced in Stowe, Vermont, and Lewiston, Maine, before becoming the director of Altoona Family Physicians Residency, a community-based 18-resident program in Pennsylvania. She completed the National Institute for Program Director Development (NIPDD) fellowship and has always practiced the full scope of family medicine, including obstetrics. While at Altoona Regional Health System, she directed several departments in addition to the Family Medicine Residency Program, including Women's Health, the Rural Office, and the Pregnancy Care Center. Dr Palmer is professor and chairperson of the Department of Family and Community Medicine at the University of Nevada, where she also directs the development of the rural track residency in addition to being the program director of the OB fellowship.

Dr Palmer served as the vice chair and chair of the Pennsylvania Program Directors and Medical School Chairs Assembly, was a member of the Board of the Pennsylvania Academy of Family Physicians, and active on the Public Policy Committee and Resident and Student Affairs Commission. She has been on the Faculty Council at the University of Nevada, holds the position of treasurer of the Medical School Associates South Practice Plan, and represents the School of Medicine on the Southern Area Health Education Board and on the HRSA workforce development project for southern Nevada.

Active in policy and legislation since graduating from residency, she served on that committee for STFM and is a key contact for the AAFP in Nevada. While at Altoona, she created a legislative advocacy network of program directors. She has legislatively represented academic family medicine interests during her entire career.

She is currently the immediate past president of the national Association of Family Medicine Residency Directors (AFMRD). Dr Palmer represented AFMRD on the Advisory Board of the Genetics in Primary Care Faculty Development Initiative, including work on cultural competency. She taught in the national AFMRD Frontline: Diabetes preceptorship program and the AAFP Live! Diabetes and Cardiovascular Disease Program.

She has lectured on genetics, leadership, and primary care in the United States and taught Advanced Life Support in Obstetrics (ALSO) courses in the United States and England. In addition to being the principal investigator on several grants, she has multiple regional, national, and international presentations and peer-reviewed publications.

Dr Palmer has received several clinical awards and was the recipient of the national Mead-Johnson Award and Parker-Davis Award for Family Medicine teaching in addition to the Gold Level Award for Residency Program Directors.

In addition to the amazing leaders and marvelous faculty, staff, and trainees with whom she has worked, Dr Palmer attributes much of her success to the support of her loving husband Richard and daughter Cara.

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 2010 Curtis G. Hames Research Award Winner—Alfred Berg, MD, MPH

Alfred Berg, MD, MPH, has been at the University of Washington since 1977, including 9 years as department chair. He has focused his research and scholarship on the development and assessment of evidence to inform clinical practice. He is one of the pre-eminent american clinicians working in the field of evidence-based medicine and his contributions have helped to shape our current approach to this important area of medicine.

His contributions to seminal research and national policy in evidence-based medicine literally spans dozens of topics over a similar number of years.

Dr Berg is perhaps best known for his critical role in chairing the US Preventive Services Task Force and is helping to develop many of the tools and dissemination conduits that we now take for granted.

He is a member of the Institute of Medicine (IOM), and has served on and chaired evidence panels for the IOM, National Institutes of Health, Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality, with topics ranging from autism and thimerosal to PTSD.

He currently chairs a CDC panel on genetic testing, and an IOM committee setting standards for systematic reviews. He has served as an STFM representative to the Council of Academic Societies and is a past recipient of the F. Marian Bishop Award.

Locally, his work as director of the University of Washington Research Section and chair of the Department has led to the future growth and evolution of its research community. He as served as a consultant to many organizations, departments, and individual faculty members across the country.

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 2010 F. Marian Bishop Award Winner—Lucy Candib, MD

Lucy Candib, MD, is a professor of family and community medicine at the University of Massachusetts. She is a family physician educator who has taught and practiced family medicine, including obstetrics, at the Family Health Center of Worcester, in an urban neighborhood in Worcester, Massachusetts, since 1976. This center serves as a training site within the U-MASS Family Medicine Residency Program.

In the course of treating patients with chronic illness, Dr Candib was an early adopter of group visits for English- and Spanish-speaking patients with diabetes. Increasingly concerned about the implications of obesity for low-income and multicultural populations, she also developed an innovative exercise collaboration between the health center and local fitness facilities that enabled the center's patients to complete 30,000 exercise visits in the last 5 years.

She has also focused attention on the concerns of women trainees and practitioners in her work with family medicine residents. She has lectured widely on the topics of sexual abuse and violence against women and through an understanding of this problem became a coauthor in research on somatization in primary care. The author of numerous articles in refereed journals, Dr Candib has introduced a feminist critique of medical theory in her book, Medicine and the Family: A Feminist Perspective. Together with Dr Sara Shields, Dr Candib has co-edited a new book, A Woman-Centered Approach to Pregnancy and Birth, which addresses the role of continuity in maternity care.

Dr Candib has an encouraging and challenging presence. She dared to use the "F" word: feminism, in a way that set her apart and caused us to think. Her contributions to STFM and Wonca have been significant and continue to inspire. Lucy is one of STFM's constants, challenging us to be better teachers and scholars, understanding that it is difficult for young women to find their way in the academic world and always encouraging them and setting an example. She has been there for the Women's Network and the Group on the Family. Her willingness to electronically connect with women of Wonca has led to amazing outcomes and collaborations at the international level.

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, 2008 and June 30, 2009. Selection is based on the quality of the research and its potential impact.

The 2010 Best Research Paper Award Winner—Reengineered Hospital Discharge Program to Decrease Rehospitalization: A Randomized Trial

Brian Jack, MD; Veerappa Chetty, PhD; David Anthony, MD, MSc; Jeffrey Greenwald, MD; Gail Sanchez, PharmD, BCPS; Anna Johnson, RN; Shaula Forsthe, MA, MPH; Julie O'Connell, MPH; Michael Paasche-Orlow, MD, MA, MPH; Christopher Manasseh, MD; Stephen Martin, MD, MEd; and Larry Culpepper, MD, MPH

(see abstract for BRP1 on page 44)

SUNDAY, APRIL 25

6:30–7 am — **Nondenominational Devotional Gathering**
Port McNeill

7–8 am — **Round Table Presentations of Scholarly Activity** *(see pages 16–17 for listing)*
Grand Ballroom

8:15–10 am — **STFM President's Address:** *Terrence Steyer, MD, Medical College of Georgia - University of Georgia Medical Partnership*
Grand Ballroom

AAFP President's Greetings: *Lori Heim, MD, Scotland Memorial Hospital, Laurinburg, NC*

OPENING GENERAL SESSION
"The Physician as Patient: Lessons From the Other End of the Stethoscope"
Jeffrey Cain, MD, The Children's Hospital, University of Colorado, Denver
(see page 6 for details)

10–10:30 am Refreshment Break and Opening of the STFM Village—*Pavilion Ballroom*

10:30 am–Noon

SEMINARS

S1: Designing Effective Surveys and Questionnaires: Developing Tools for Evaluation of the Patient-centered Medical Home **[MH,P/F]**
Room: Cracked Ice

S3: Writing for Publication: The Editor's Perspective **[P/F]**
Room: Junior Ballroom B

S5: Satisfaction and Dissatisfaction in Family Medicine: A Crisis in Evolution **[L/SF,P/F]**
Room: Junior Ballroom D

S6: Self-management: A Critical Component of the Medical Home—Teaching Faculty, Residents, and Office Staff **[CBRE]**
Room: Junior Ballroom C

LECTURE-DISCUSSIONS

L1A: Diversity Leadership Program: Use of Social Networking Tools to Develop Diverse Leaders for Our Future **[L/SF,S,R,P/F]**

L1B: Wedding or Wake? Family Systems and the Electronic Medical Record **[BF]**
Room: Gulf Islands BCD

L2A: Teaching Advocacy and Leadership in Developing a School-based Health Center and Patient-centered Medical Home

L2B: Building a Clinical Enterprise to Support Training Residents to Be Transformational Clinical Leaders
Room: Orca

L3A: Teaching Faculty How to Design Home Visits Into the Patient-centered Medical Home **[L/SF,MH,P/F]**

L3B: Home Visits Revisited: Linking Residency Training to the Patient-centered Medical Home **[CBRE]**

Room: Junior Ballroom A

L4A: Global Health After Residency: Making It There and Back

L4B: Cuba's Latin American Medical School: A New Primary Care Pipeline **[L/SF,S,R,P/F]**
Room: Azure

L5A: Hot Topics in Women's Health: Preparing Medical Students for Informed Discussions on Controversial Issues **[L/SF,S,R,P/F]**

L5B: Advocating for Young Men's Reproductive and Sexual Health in Your Practice **[S,R,P/F]**
Room: Finback

L6A: Training for the Patient-centered Medical Home: A Tool Box for Residency Programs

L6B: Social and Academic Networking Using STFM's Resource Library (FMDRL)
Room: Beluga

PEER PAPERS—Completed Projects

Session A: Training in Residency/PCMH Curriculum Development and Implementation

Room: Port Alberni

PA1: A Longitudinal Curriculum in Patient-centered Medicine: The UIC Experience **[MH,R]**

PA2: Initial Lessons Learned With Implementation of the Patient-centered Medical Home in Family Medicine Residency Practices **[MH]**

PA3: "Starting From Where You Are: A Baseline Assessment of Patient-centered Medical Home Readiness in 25 Teaching Practices **[MH]**

Session B: Residency Curriculum Development in Pediatric Topics

Room: Port Hardy

PB1: Enhancing Residents' Awareness of the Long-term Effects of Severe Childhood Trauma **[BF]**

PB2: Developing a Model Program for Childhood Development Surveillance in Academic Family Medicine **[R]**

PB3: Primary Care Genetics: An Innovative Teaching Tool and Curriculum Design **[CBRE,R]**

Session C: Training on Health-Change Behaviors

Room: Burrard

PC1: Health Reporters on Local Television News: A Descriptive Analysis

PC2: Primary Care Oriented Obesity Management: Readiness to Change and Weight Reduction in Urban Medically Underserved Patients **[CBRE,R]**

PC3: Teaching Patient-centered Health Behavior Change in a Primary Care Clerkship **[R,P/F,BF]**

PEER PAPERS—Completed Projects

Session D: Topics in Clerkships

Room: Port McNeill

PD1: FM Clerkship Examination: Results of a Multi-institution Knowledge Test Analysis [S]

PD2: Handling Medical Student Experiences in Family Medicine: Teaching Future Care [S,P/F]

PD3: The Effect of Faculty Presence on Small-group Learning/Group Dynamics in a FM Clerkship [S]

PEER PAPERS—In Progress

Session E: Faculty Development

Room: Galiano

PE1: Another Valerie Plame Affair: Failure to De-identify a Resident Presented at Grand Rounds [L/SF,S,R,P/F]

PE2: Faculty Outcomes Following Involvement in an Online Module Development Project [L/SF,R,P/F]

PE3: The Academic Chief Position: A Way to Enhance Research, Leadership, and Teaching [L/SF,S,R,P/F]

PE4: Advocacy in Continuing Medical Education [L/SF,S,R,P/F]

PE5: Faculty Development for Community Preceptors in a Longitudinal Rural Elective [L/SF,S,R,P/F]

Session F: Clinical Research

Room: Vancouver

PF1: Evaluation of Different Screening Frequencies in Detecting Early Childhood Anemia [S,R,P/F]

PF2: Incidence of Hyperglycemia in Hospitalized Patients Receiving Glucocorticoids for COPD Exacerbation [S,R,P/F]

PF3: Comparison of Rates of Obesity in Third Graders With or Without a School Gymnasium [L/SF,S,R,P/F]

PF4: A Survey of Exercise Stress Test Training in US FMR Programs [BF,S,R,P/F]

PF5: Assessing Attitudes of an Interprofessional Medical Student, Pharmacy Student, and Resident Physician Experience [L/SF,S,P/F]

RESEARCH FORUMS

Session A: Distinguished Papers

Room: Granville

RA1: Fruit/Vegetable, Fast-food Consumption and Perceptions of the Food Environment—Census-tract Level Correlations

RA2: Is a Public Insurance Option Worse Than a Private Option for Children?

SPECIAL SESSIONS

Room: Gulf Islands A

SS1A: Formal Orientation to the Behavioral Science/Family Systems Fellowship [BH]

SS1B: Intro to Core Principles and Developing Competency-based Curriculum Based on Core Principles—The National Curriculum Project [BH]

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS (Fellows/Residents/Students)

FP1: Providing the Unattached Patient a Medical Home at PCC

FP3: Domestic Violence Screening in an Urban Family Medicine Residency Program

FP4: Teaching and Reaching Goals: The Diabetes Group Medical Visit Initiative

FP5: Nowhere to Go: The Decreasing Supply of Primary Care Residency Positions

FP6: Novel Intervention for Overweight Children Showed Significant Changes in Physical Activity

FP7: Influenza Vaccination in Pregnancy in University of Wisconsin Madison FMR Clinics

FP8: Weight Loss Competitions in Residency: Addressing Resident Health and Well-being in a Fun Innovative Way

FP9: A Fellow's Journey Through Development of a Pain Management Policy in Long Term Care

FP11: Cannabis Use and Sexual Risk Behaviors Among Adolescents and Young Adults

BEST RESEARCH PAPER AWARD WINNING POSTERS

These posters will displayed the entire length of the conference in the Pavillion Ballroom

BRP1: A Reengineered Hospital Discharge Program to Decrease Rehospitalization

BRP2: Accuracy of Primary Care Clinicians In Screening for Diabetic Retinopathy Using Single-image Retinal Photography

BRP3: Lead, Mercury, and Arsenic In US- and Indian-manufactured Ayurvedic Medicines Sold Over the Internet

RESEARCH POSTERS

RP1: Smoking Cessation-related Knowledge, Attitudes, and Practice in Community Health Centers in Beijing, China

RP2: Prenatal Alcohol Use and Risk of Medically-indicated and Spontaneous Pre-term Birth

RP3: Identifying Those at Risk for Obstructive Sleep Apnea

RP4: A Survey of Patients and Providers at Free Clinics in the United States

RP5: Hispanic Patients: What They Prefer When Translation Is Needed During a Medical Visit

SCHOLASTIC POSTERS

SP1: Teaching Advance Directives to Medical Students: Evaluation of the First Part of a Longitudinal Curriculum

SP2: Implementing the PCMH in a Large Urban Family Health Center: Supersize It!

SP3: A Redesigned Curriculum for Practical PCMH Training

SP4: Hospital to Home: Team Visits to Enhance Transitions

SP6: Clinic Every Day™ in FMR Training

SP7: What Do We Know About Teaching How to Convey Bad News About a Child?

SP8: The Effect of an MS3 Rural Preceptorship on Student Interest in Family Medicine

SP10: Family Medicine Orientation: Best Practices for Building a Resident-centered Home

SP12: The "Wired" Medical Home: Teaching Vaginal Delivery Via YouTube

SP13: Developing the PCMH for Urban Underserved Patients: Challenges of Panel Management

SP14: Moving From Lectures to Learning Experiences

SP15: The Doctor Is IN: Mobile Health Care in Kenya's Western Province

SP16: Using Anti-convulsant and 1st- and 2nd-generation Atypical Anti-psychotic Medications for Treatment-resistant Depression

SP17: The PCMH PowerPoint Template—Using It Successfully and Making It Your Own

SP18: Ambivalence and Access to Care in Unintended Pregnancies

SP19: A Curriculum for Teaching Communication Skills for Creating the PCMH

SP20: Learning About the PCMH eModel on the Family Medicine Clerkship

12:15–1:45 pm Luncheon With Candidates' Speeches and CFPC President's Greetings—*Grand Ballroom*

2–3:30 pm

SEMINARS

S7: Taking the Lead: Developing a Pipeline to Care for Wisconsin's Underserved Patients [P/F,MH]
Room: Gulf Islands A

S8: Making a House a Home: Learning Reflective and Empathy Skills for Patient-centered Care [CBRE,MH,BF]
Room: Junior Ballroom B

S10: Leadership and Advocacy in Pay-for-Performance: Assessing Your Needs (Including Strategies to Meet Them!) [L/SF]
Room: Junior Ballroom C

S11: Speech Making for the Terrified Amateur: A Primer on Rhetorical Skills [P/F]
Room: Azure

LECTURE-DISCUSSIONS

L7A: How Residencies Should Respond to a Threat of Hospital Closure [L/SF,S,R,P/F]

L7B: When Disaster Strikes, Is Your Educational Program Prepared? Leadership Lessons From Hurricane Ike [L/SF,S,R,P/F]
Room: Vancouver

L8A: Designing Relevant Curricula for Emerging Family Medicine Residencies in Resource-limited African Settings [L/SF,S,R,P/F]

L8B: Implementing a Longitudinal Global Community Health Curriculum for Residents: Focusing on Disparity—Domestically and Abroad
Room: Burrard

L9A: A Paradigm Shift in Medical Teaching: Using Electronic Resources in Precepting [L/SF,S,R,P/F]

L9B: Cool Web Sites for Family Docs: Come See What You've Been Missing! [CBRE]
Room: Orca

L10A: Creating Patient-centered Medical Home Leaders by Reconfiguring Both Traditional Residency Structure and Content [L/SF,MH,S,R,P/F]

L10B: Challenging Conversations in the PCMH: Strategies for Effective Leaders and Teams [L/SF,MH,P/F]
Room: Finback

L11A: What Do I Do Next in My Career?—Helping Physicians Plan for Retirement [L/SF,P/F]

L11B: So You Think You Want to Innovate?—Lessons Learned From the P4 Innovators
Room: Beluga

PEER PAPERS—Completed Projects

Session G: Training in Communications/Decision-making

Room: Port McNeill

PG1: Students' Perceptions of and Experiences With Primary Care During Medical Education—Influences on Specialty Choice [S]

PG2: Teaching Shared Decision Making in the Clinical Clerkship [CBRE,S]

PG3: Medical Students' Ability to Elicit Contextual Information in a Standardized Patient Encounter [S,BF]

Session H: Women's Health: Training on Abortion

Room: Port Hardy

PH1: Algorithms for Common Dilemmas in Medication Abortion Care

PH2: The Reproductive Health Program at the University of Rochester: What Can We Learn From Trainees? [R]

PH3: Conversations About Abortion Self-induction: Promoting Women-centered Care and Policy [P/F]

Session I: Training on Integrated Medicine and Resident Well-Being

Room: Port Alberni

PI1: Resident Well-being: Lessons Learned From Evaluating the Integrative Medicine in Residency Program [BF,R]

PI2: "Leading the Way" for Well-being in the Patient-centered Medical Home

PI3: Resident Evaluation of a Web-based Integrative Medicine Curriculum: The Function of Formative Evaluation [R,P/F]

PEER PAPERS—In Progress

Session J: Learner Assessment

Room: Cracked Ice

PJ1: Evaluation of an Innovative Self-management Skills Curriculum for Family Medicine Residents [MH,S,R,P/F,BF]

PJ2: Including Interpreters in OSCE Evaluation of Residents' Cultural Competency With Complex Psychosocial Issues [MH,S,R,P/F]

PJ3: Locus of Control and Self-efficacy Measures as Predictors of Family Medicine Resident's Academic Performance [L/SF,MH,BF,R,P/F]

PJ4: Introduction of an Academic Benchmarking Examination to a Canadian Family Medicine Residency Program [L/SF,S,R,P/F]

PJ5: Did We Get It Right? Evaluating the Effectiveness of Remedial Teaching

Session K: Medical Student Education

Room: Indigo

PK1: Third-year Medical Students' Application of Literacy Knowledge [S,R,P/F]

PK2: Engaging Medical Students as Prison Medicine Learners [S,R,P/F]

PK3: Developing the Family Medicine Pipeline: In-state Student Status and Entry Into a Family Medicine Residency [L/SF,S,R,P/F]

PK4: A Unique Longitudinal Global Health Scholars Program for Medical Students

PK5: Assessment of a Web-based Instructional Program to Train Medical Students in Oral Case Presentations [L/SF,S,R,P/F]

RESEARCH FORUMS

Session B: Skill-building Session

Room: Granville

RB1: How to Build Better Educational and Research Questionnaires: Tips From the STFM Research Committee

Session C: ID/Respiratory

Room: Galiano

RC1: The Impact of Sleep on the Common Cold

RC2: The Association Between Serum 25-hydroxyvitamin D Level and Methicillin-resistant Staphylococcus Aureus Nasal Carriage

RC3: The Prevalence of Asymptomatic Methicillin-resistant Staphylococcus Aureus in School-age Children

RC4: The Link Line: A Coalition-initiated, Telephone-based, Care Coordination Intervention for Childhood Asthma

SPECIAL SESSION

Room: Gulf Islands BCD

SS2: Teaching Skills/Effective Learner-centered Teaching Strategies for Small Group

2–5:30 pm

OPTIONAL WORKSHOP

Room: Junior Ballroom D

OPT1: STFM Leadership Workshop: Leadership—Question of Alignment *($95 additional fee)*

4-5:30 pm

SEMINARS

S12: Inter-professional Education: A Key for the Patient-centered Medical Home **[MH]**
Room: Junior Ballroom B

S13: Peer Review Skills to Improve Reviewing, Writing, and Research
Room: Junior Ballroom C

S15: How to Integrate fmCASES Into Your Clerkship **[S}**
Room: Orca

S16: Teaching Procedures With Confidence: Enhancing Feedback, Competency Assessment, and Hands-on Procedural Skills **[CBRE,S,R]**
Room: Junior Ballroom A

LECTURE-DISCUSSIONS

L12A: Collaborative Development, Implementation and Evaluation of a Novel Curriculum in Pediatric Obesity Identification and Treatment **[L/SF,S,R,P/F]**
L12B: Improving Chronic Disease Outcomes by Strengthening the Therapeutic Relationship Using Information Technology **[L/SF,S,R,P/F]**
Room: Azure

L13A: Identifying Curricular Gaps and Overlaps: The Matrix
L13B: Incorporating a Web-based, Integrative Medicine Curriculum Into Eight Family Medicine Residencies: Keys to Success **[R,P/F]**
Room: Beluga

L14A: The 1-, 5-, and 10-year Production of Family Physicians by US Medical Schools **[L/SF,S,R,P/F]**
L14B: Estimating the Marginal Cost of Physician Training in the United States: Step-by-step Using Publicly Available Data
Room: Finback

L15A: Leading Community Health Advocacy: Doctors and Lawyers Can Play Together **[L/SF,R,P/F]**
L15B: An Elective in Social Justice and Medicine for Medical Students: Results of a Pilot Project
Room: Vancouver

3:30–4 pm Refreshment Break in the STFM Village—*Pavilion Ballroom*

4-5:30 pm

L16A: The "One-minute Recruitment" Visit
L16B: The Brazilian Way to Make Medical Students Enthusiastic for Family Medicine – "GP-miles" **[L/SF,S,R,P/F]**
Room: Parksville

L17A: The Gripe Model for Precepting Chronic Disease Visits **[L/SF,S,R,P/F]**
L17B: Teaching Chronic Disease Management
Room: Burrard

PEER PAPERS—Completed Projects

Session L: Women's Health (Emergency Contraception and other Concerns)

Room: Port Hardy

PL1: Emergency Contraception: Comparing Knowledge and Attitudes of Pharmacists and Physicians in South Carolina

PL2: Medical Students as Patients: An Experiential Learning Project About Emergency Contraception and Patient-centered Care **[S]**

PL3: Qualitative Responses to the Burning Question: What Are Barriers to Smoking Cessation Among Pregnant Women? **[BF]**

Session M: Behavioral Change and Behavioral Medicine Access

Room: Port Alberni

PM1: Teaching Primary, Secondary, and Tertiary Prevention of Behavioral Issues Through an Integrated Behavioral Health Rotation **[BF]**

PM2: Making Behavioral Health Services More Accessible in the Medical Setting **[BF,R]**

PM3: A Randomized Controlled Trial Suggesting Behavioral Change Can Be Effectively Facilitated by Primary Care Clinicians **[BF,R]**

Session N: Faculty Leadership/ Development RE: Diabetes-related Topics

Room: Port McNeil

PN1: Digital Retinal Imaging for Diabetics in a Family Medicine Residency Patient-centered Medical Home **[MH]**

PN2: Faculty and Leadership Development Within a Diabetes Collaborative: Our Experience at U-MASS **[L/SF]**

PN3: Evaluation of Electronic Prescribing-based Medication Adherence Alerting in Primary Care Practice **[R]**

PEER PAPERS—In Progress

Session O: Learner Assessment

Room: Cracked Ice

PO1: A Third-year Capstone OSCE to Assess Patient Centeredness **[L/SF,MH,S,P/F]**

PO2: Qualitative Analysis of Students' Clinical Performance in an OSCE **[S,P/F]**

PO3: Defining and Assessing Medical Students' Professionalism: One School's Journey

PO4: Teaching through Collaboration: Measuring Medical Resident Education on a Medication Management Rotation Experience

Session P: Medication Management

Room: Indigo

PP1: System-wide Implementation of a Medication Error Curriculum in a Community-based Family Medicine Clerkship **[S,P/F]**

PP2: An Innovative Technique to Reduce Pharmacy Dispensing Errors **[S,R,P/F]**

PP3: An Evaluation of Pharmacist-run Medication Management Visits With Polypharmacy Patients in a Collaborative Setting **[S,R,P/F]**

PP4: Residency Prescribing Practices **[S,R,P/F]**

PP5: Development of an Effective Strategy for Family Medicine Resident Physicians to Utilize Pharmacy Services **[L/SF,S,R,P/F]**

RESEARCH FORUMS

Session D: Complementary Alternative Medicine

Room: Granville

RD1: Do Patients Discuss Use of CAM With Health Care Providers? Assessing Patients' Use and Providers' Understanding

RD2: Yoga for Chronic Low Back Pain in a Predominantly Minority Population: A Randomized Controlled Trial

RD3: Characteristics of Patients With Chronic Low Back Pain Who Improve Over Time: An RRNET Study

RD4: Impact of CAM Grand Rounds on Attendees' CAM-related Knowledge, Attitudes, and Practice Behaviors

4-5:30 pm

RESEARCH FORUMS

Session E: Patient Communication/Health Disparities

Room: Galiano

RE1: Predoctoral Curriculum to Teach Cultural Competency and Health Disparities **[BF]**

RE2: A Validation Study of the Spoken Knowledge in Low Literacy in Diabetes Scale

RE3: Ambulatory Patients' Perspectives On Receiving and Understanding Test Results

RE4: Use of a PDA Tool to Improve Patient-Physician Communication in Cancer Care

SPECIAL SESSIONS

SS3A: Sharpening the Eye of the OSCE: The Critical Action **[BH]**
Room: Gulf Islands BCD

SS3B: Goal-directed Learning: Easrly Assessment and Individualized Education Plans for Family Medicine Interns **[BH]**
Room: Suite 2905-S

SESSION TRACKS

Behavioral Science/Family Systems Educators Fellowship–**[BH]**

Behavioral Science/Family Systems: Fundamental Skills–**[BF]**

Community-based Residency Education–[**CBRE**]

Leadership/Senior Faculty–**[L/SF]**

Patient-centered Medical Home–**[MH]**

Preceptor/Faculty–**[P/F]**

Resident–**[R]**

Student–**[S]**

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS *(Fellows/Residents/Students)*

FP12: Cadaver Dissection Versus Prosection in Medical School: Who Performs Better?

FP14: Community-based Health Promotion Project: The Impact of Pedometers on Physical Activity and Health Attitudes

FP15: Knowledge and Barriers of Taking Folic Acid in Young Reproductive Aged Women

FP16: Improving Continuity of Care in a Resident Clinic

FP17: A Systematic Review of FM Residents' Decision to Practice Obstetrics After Residency

FP18: Do as I Do: Resident-Student Partnerships Fostering Commitment to Primary Care and Underserved Patients

FP19: Prescription Stimulant Use in Collegiate Athletes

FP20: Does Personality Impact Communication? Exploring the Doctor-Patient Conversation

FP21: Provider Knowledge, Attitudes, and Preferences Regarding the Intrauterine Device in India

RESEARCH POSTERS

RP6: Increasing Identification of the Vulnerable Elderly in the Community Utilizing the EHR

RP7: Patient Cost of Urinalysis in Pregnancy

RP8: Do Over-the-Counter Vaginal pH Self-Test Instructions Meet Low Literacy Guidelines?

RP9: The Relationship Between B-type Natriuretic Peptide and Weight in Patients With Heart Failure

RP10: Can PERC Rule Decrease CT Utilization in Suspected Pulmonary Embolism Patients in a Community Hospital?

SCHOLASTIC POSTERS

SP21: Center for Refugee Health: Teaching and Evaluating Communication Skills

SP22: Extending the Impact of Brief CBT: Using Take Home Worksheets

SP23: Clinical Applications of 3D Ultrasound In Routine Maternity Care

SP24: Harnessing University Resources for a Family Medicine Global Health Track

SP25: Medicare and Medicaid PQRI Payments: An Innovative Resource for Resident and Staff Quality Projects

SP27: Implementation of Genetics Program Into a Family Medicine Residency

SP28: A Department-wide Billing and Coding Program for Faculty and Residents

SP30: Madigan Army Medical Center's Family Medicine Residency New Expanded Management of Health Systems Curriculum

SP31: Management and Treatment Guidelines for Severe Sepsis

SP32: Improving Childhood Immunization Quality Using the Electronic Medical Record in a Family Medicine Residency Clinic

SP34: Family-centered Rounding on an Inpatient Family Medicine Service: A Pilot Program to Document Attitudes

SP35: Wisconsin Well Water: Planning Web-based Resources to Promote Safe Drinking Water for Wisconsin Residents

SP36: "Pain Day": Group Medical Visits for Training Residents in Developing a Patient-centered Medical Home

SP37: Leading Residency Education in Scholarly Activity—Impact on the Patient-centered Medical Home

SP38: Chief Resident Leadership Curriculum: Maximizing the Potential of Our Future Leaders

SP39: Controlled Substance E-prescribing: Legalities and Logistics

SP40: Establishing Validity and Reliability of an Adult Intubation Procedural Checklist to Determine Resident Competence

MONDAY, APRIL 26

7–8 am **STFM Groups' Networking and Common Interest Breakfasts**
Grand Ballroom

8–9:30 am **STFM Awards Program With Annual Business Meeting**
Grand Ballroom

9:30–10 am Refreshment Break—*Grand Ballroom Foyer*

10–11:30 am

SEMINARS

S17: Communities and Physicians Together—Teaching Advocacy Through Community Collaborations **[CBRE,P/F]**
Room: Gulf Islands BCD

S18: Real Life Clinical Teaching: How to Make It Work **[CBRE,P/F]**
Room: Junior Ballroom A

S19: Leadership Through Subspecialization: Opportunities, Risks, and the Future of Family Medicine **[L/SF]**
Room: Junior Ballroom C

S20: Supporting Patient Self-management Through Motivational Interviewing, From Intention to Practice **[MH,BF,R]**
Room: Suite 2905-S

S21: Teaching the Process Skills of Patient-centered Medical Home: Developing Faculty as Transformative Coaches **[MH,BF,R]**
Room: Junior Ballroom B

S22: Leading Change Toward Our New Homes **[L/SF,MH]**
Room: Galiano

LECTURE-DISCUSSIONS

L18A: A Brazilian Model for Family Medicine Residency **[L/SF,S,R,P/F]**
L18B: Transcultural Medicine: Alaska's Answer to Preparing for Rural/Remote Practice and Surviving the Wintertime Blues **[L/SF,S,R,P/F]**
Room: Finback

L19A: Addressing the Health Needs of Transgender Patients
L19B: Strategies for Enhancing LGBT Medical Education Through Improving Curricular Inclusion and Academic-Community Partnerships
Room: Beluga

L20A: Resident Research: How to Create a More Rewarding Experience for Residents and Their Mentors **[L/SF,R,P/F,BF]**
L20B: Tools to Build and Enhance Collaborative Research: The Primer Research Toolkit **[BF]**
Room: Burrard

L21A: A Tale of Two Programs: Transforming a Residency Into a Patient-centered Medical Home **[L/SF,MH,S,R,P/F]**
L21B: The I3 Collaboratives: Regionalizing Practice Redesign in Family Medicine Teaching Practices **[L/SF,MH,S,R,P/F]**
Room: Junior Ballroom D

L22A: SBIRT in the FPC: Empowering Residents to Effectively Address Substance Misuse
L22B: From Homeless to Having a Medical Home: Buprenorphine Treatment and Resident Education About Opioid Addiction
Room: Vancouver

L23A: Extenders and the Patient-centered Medical Home—Adversaries or Allies?
L23B: You're a NCQA Recognized Patient-centered Medical Home—Now What? Moving Forward to Being a Medical Home
Room: Azure

PEER PAPERS—Completed Projects

Session Q: Women's Health, Obstetrics Training

Room: Port Alberni

PQ1: Gyn Ultrasound Replaces the Bimanual Exam-curriculum Overview **[R,P/F]**

PQ2: Home Is Where the Group Is: Building Advocacy and Leadership Through Centering Pregnancy®in the PCMH **[MH,R,P/F]**

PQ3: Obstetrics Curriculum Redesign: Creating and Implementing an Improved Educational Experience **[R]**

Session S: Training in Leadership and Advocacy

Room: Port McNeil

PS1: Experiential Learning in an Urban Underserved Community: Developing Health Advocacy Skills Among Family Medicine Residents **[R]**

PS2: Leadership, Education, and Advocacy (LEADers): Using an Assessment Tool to Develop Tomorrow's LEADers **[R]**

PS3: Collaborative Training in Community, Leadership, and Advocacy: Reflections After Year Three **[R]**

Session T: Experiential Training in Rural and Underserved Care

Room: Port Hardy

PT1: Creating and Implementing a New Rural and Urban Underserved Medical Student Training Track **[S]**

PT2: Poverty Simulation: An Experiential Workshop to Teach Advocacy for the Underserved **[S]**

PT3: Mobile Migrant Farmworker Health: An Elective in Advocacy and Underserved Care in a Unique Patient-centered Medical Home **[S]**

Session U: Curriculum Development Geriatrics, Substance Abuse

Room: Parksville

PU1: The Implementation of an Interdisciplinary Resident Training Program in Geriatrics **[R,P/F]**

PU2: Stop Abuse and Neglect of Elders: Development and Evaluation of a Self-neglect Module **[CBRE,S,BF]**

PU3: A Model Curriculum for Providing Competency-based Family Medicine Residency Training in Substance Abuse **[CBRE,BF]**

10–11:30 am

PEER PAPERS—In Progress

Session V: Educational Innovations

Room: Cracked Ice

PV1: Training Physicians in South Texas to Deliver SBIRT Practices [S,R,P/F,BF]

PV2: Using Cancer Patient Stories to "Power" Communication Modules [S,R,P/F,BF]

PV3: Morning Report as a Method of Integrating Evidence-based Medicine Into a Family Medicine Residency [S,R,P/F]

PV4: Use of TransforMED Medical Home Implementation Quotient Module to Understand and Promote the Patient-centered Medical Home

PEER PAPERS—In Progress

Session W: Integrating Technology in Education

Room: Indigo

PW1: Nutritionist Via Web Cam [L/SF,S,R,P/F]

PW2: Advanced Technology In Clinical Practice: A Teaching Experience With Third-year Medical Students [L/SF,S,R,P/F]

PW3: Developing an iApplication for Teaching CBC and CMP Lab Report Interpretation [L/SF,S,R,P/F]

PW4: Primary Care Medical Home in the University: Can Technology Help Us Practice What We Preach? [L/SF,S,R,P/F]

PW5: Effect of the Electronic Medical Record on Facilitation of the Medical Interview [L/SF,S,R,P/F]

RESEARCH FORUM

Session F: Skill-building Session

Room: Granville

RF1: It Is Not as Hard as You Might Think: Moving From Ideas to Publication

SPECIAL SESSIONS

SS3: *Family Medicine:* Planning for the Future of STFM's Scholarly Journal
Room: Orca

SS7: A Preview of STFM's Web-based Modules for Residents
Room: Gulf Islands A

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS *(Fellows/Residents/Students)*

FP22: Improving Calcium and Vitamin D Intake in High Risk Women for Osteoporosis Prevention and Treatment

FP23: Sleep Characteristics of 24 Consecutive Children With Down Syndrome

FP24: Health Habits and Morbidity Profile of Mayo Clinic Florida Nonagenarians and Centenarians

FP25: Intention to Practice Maternity Care: A Review of Resident Experience With the ALSO Curriculum

FP26: Predictors of CHF Hospital Readmission at Provident Hospital

FP28: Polypharmacy in Nursing Homes: A Growing Epidemic

FP29: Improving Diabetes Outcomes Through a Resident Curriculum in Population-based Medicine and Clinical Quality Improvement

FP30: Spontaneous Pneumomediastinum: An Unusual Entity in an Asthmatic

FP31: Evaluating the Number of Office Visits With HbA1c Levels Between Hispanic and Non-Hispanic Diabetic Patients

FP32: Accuracy of Diabetes Nutritional Information on the Internet

FP33: The Impact of Dietary Fiber on the Treatment of Type 2 Diabetes Mellitus: A Meta-analysis

RESEARCH POSTERS

RP11: Instill: The Interactive, Simulated Teaching Illustration

RP12: Counseling About Tobacco Exposure in Pregnancy and Postpartum

RP14: Obesity Management: A Patient-centered Approach

SCHOLASTIC POSTERS

SP41: An Evaluation of 3-year Financial Trends of Family Medicine Residency Programs in Texas

SP42: Pilot Testing fmCASES: Feedback From Students and Faculty

SP43: An Innovative Assessment Tool to Evaluate Knowledge of Knee Injection in Family Medicine Residents

SP44: Weaving Together EMR, the PCMH, and Core Didactic Teaching to Improve Residency Education

SP45: Incorporating Research Into Family Medicine Education

SP46: Sharing Our Stories: Our Department's Weekly Listserve of Clinical Success Stories

SP47: Prevention of Osteoporosis From Early Life: Identifying the Silent Risks

SP48: The "Complete Medical Home:" A Proposal to Change the Practice of Family Medicine

SP49: Marketing Techniques to Positively Influence Patients: Results of Teaching Cross Cultural Patient Motivational Interviewing Techniques

SP50: Lessons Learned From the 2009 Pandemic of Influenza and From the Federal Midas Modeling Efforts

SP51: Training Residents to Lead a Health Care Team in the PCMH: A Longitudinal and Integrated Curriculum

SP52: Development of a Successful OB Practice Share Team Program and an OB Patient Tracking System

SP53: Patient Preferences on Electronic Communication

SP55: Curricula Fostering Research-oriented Scholarly Development in Residency: Combining Academic Rigor With Professional Passion

SP56: Faculty, Resident and Clinic Staff's Evaluation of the Effects of the EHR Implementation

SP57: IIPSLAW: A Mnemonic for Assessing Suicidality

SP58: Development and Implementation of a New Curriculum for Third Year Clerkship In Family Medicine

SP59: Direct Visualization: Revisiting Screening for Cervical Dysplasia in a Patient-centered Medical Home Teaching Site

11:45 am–12:45 pm Networking "Boxed Lunch." Group Meetings *(See list on page 15)* **or STFM Village**—*Pavilion Ballroom*

1–2:30 pm

SEMINARS

S14: Across the Divide: Moving Students From Evidence-based Research to Successful Publication
Room: Gulf Islands A

S23: STFM Smiles for Life 2 Oral Health Curriculum: How to Implement It in Your Program **[R]**
Room: Junior Ballroom C

S24: The Metacognitive Micro-skills: Helping Residents Avoid Common Cognitive Errors Through Analysis of Clinical Reasoning **[CBRE,R,P/F]**
Room: Orca

S25: Next Steps for the IMPLICIT Network: Applying Our Success With Quality Improvement to Interconception Care **[P/F]**
Room: Beluga

S26: Teaching Advocacy: Lessons From the Family Medicine Response to the Murder of George Tiller
Room: Junior Ballroom A

S27: Using Logic Models for Strategic and Evaluation Planning
Room: Finback

LECTURE-DISCUSSIONS

L24A: "These Are My Muffin Slacks": Using the Humor of Television's "[scrubs]" in Medical Education
L24B: Connecting With High School and College Students Through Pipeline Programs **[L/SF,S,R,P/F]**
Room: Gulf Islands BCD

L25A: Teaching Residents a Brief Motivational Interviewing Intervention for Substance Use **[P/F,BF]**
L25B: Substance Abuse Screening in the Medical Home: A Residency Training Model **[P/F]**
Room: Azure

L26A: Outpatient Miscarriage Management Should Be Part of Every Residency's Medical Home
L30B: An Elder Abuse and Neglect Prevention Curriculum for Physicians and Community Service Providers **[L/SF,S,R,P/F]**
Room: Vancouver

L27A: Family-centered Medicine: Integrating Family Systems Education Into the Medical School Curriculum **[L/SF,P/F,BF]**
L27B: There's No Place Like Home: Teaching the PCMH in the FM Clerkship **[L/SF,MH,S,R,P/F,BF]**
Room: Burrard

L28A: Physicians Behaving Badly: Dealing With the Disruptive Physician **[L/SF,S,R,P/F,BF]**
L28B: I Know Professionalism When I See...The Numbers—Using a Metric to Assess Professionalism **[L/SF,S,R,P/F,BF]**
Room: Galiano

L29A: The One-Point-Five-Minute Preceptor Model: Integrating Assessment Into the Clinical Precepting Encounter **[CBRE,P/F]**
L29B: Giving and Receiving Effective Feedback **[CBRE,L/SF,R,P/F,BF]**
Room: Junior Ballroom B

PEER PAPERS—Completed Projects

Session X: Research on Information Technology, Medical Student Education/ Issues

Room: Port Alberni

PX1: Electronic Medical Records: How Do They Affect Medical Student Education; Can We Maximize Their Impact? **[S,P/F]**

PX2: Student Debt Is Becoming Unsupportable on the Salary of Family Physicians: Results of Quantitative Models **[S]**

PX3: Validation of a Survey Studying Burnout, Unhealthy Behaviors, and Loss of Idealism In Medical Students **[BF,S]**

Session Y: Innovative Approaches to Curriculum Development

Room: Port McNeill

PY1: Engaging Community-based Veterans in Healthy Partnerships: Exploring Organizational Factors **[S,R,P/F]**

PY2: Disaster Medicine **[R]**

PY3: Communication With Low Literacy Patients: A Curriculum for Family Medicine Residents **[R]**

Session Z: Perspectives on International Health and Medicine

Room: Port Hardy

PZ1: Health Sciences Online: An Extraordinary Opportunity for the Democratization of Health Sciences Knowledge **[CBRE]**

PZ2: Comparing Methods of International Faculty Development in Family Medicine: Building Family Medicine in Vietnam

PWW4: Development of a Comprehensive HIV Care Program in the Dominican Republic

PEER PAPERS—In Progress

Session AA: Community Engagement

Room: Indigo

PAA1: Developing Competencies for Community Engagement **[L/SF,MH,BF,S,P/F]**

PAA2: Summer Service Partnership: Medical and High School Students Engaging in Urban Community Health **[L/SF,MH,BF,S,P/F]**

PAA3: Medical Missionaries or Community Partnerships? Developing Global Education in the Name of Community Health **[L/SF,MH,BF,S,R,P/F]**

PAA4: Student-run Free Clinics: Analyzing Patients' Willingness to Return **[L/SF,MH,BF,S,R,P/F]**

PAA5: A Community-wide Intervention to Increase Patient Recruitment Into Medical Research: An Evaluation of "Medical Heroes" **[L/SF,MH,BF,S,R,P/F]**

Session BB: Competency-based Education

Room: Cracked Ice

PBB1: Implementing a Patient-centered Anticoagulation Care Process: Improving Resident Competence in Anticoagulation Management **[MH,S,R,PH]**

PBB2: Current Trends in Family Medicine Residency Education: Domestic Violence Competencies, Teaching Methods, and Curricular Settings **[MH,S,R,P/F,BF]** *(STFM Foundation Group Project)*

PBB3: Simulation Laboratory: Developing Validated Assessment Tools for Lumbar Puncture, Suturing, Abscess I&D, and Intubation **[L/SF,P/F,BF]**

PBB4: Competency Verification of First Trimester Obstetric Ultrasound Skills in a Residency Training Program

PBB5: Fulfilling Core Competencies: A Continuous Quality Improvement Curriculum for Family Medicine Residents **[L/SF,MH,BF,R,P/F]**

MONDAY, APRIL 26 *continued...*

1–2:30 pm

RESEARCH FORUMS

Session G: Women's Health
Room: Granville

RG1: Trends in the Provision of Preventive Gynecologic Care by Family Physicians

RG2: Birth Outcomes In Relation to Intimate Partner Violence During Pregnancy

RG3: Promoting Maternal Pap Testing During a Child Visit

RG4: A Brief Marital Satisfaction Screening Tool for Use in Primary Care Medicine **[BH]**

1–4:15 pm

SPECIAL SESSION

SS6: Learn Experiential Methods for Teaching Interviewing, Interpersonal and Clinical Communication Skills to Residents and Students **[BH]**
Room: Parksville

2:45-4:15 pm

SEMINARS

S28: Enhancing Access and Continuity in the Patient-centered Academic Medical Home **[MH]**
Room: Junior Ballroom D

S29: Using Educational Research as a Primary Tool When Teaching Residents to Teach **[R,P/F]**
Room: Galiano

S30: Establishing Resident-led Mini Group Medical Visits for Diabetes and Evaluating the Curriculum **[MH,R]**
Room: Gulf Islands BCD

S31: Development and Implementation of Competency-based Assessment **[CBRE,P/F]**
Room: Junior Ballroom A

S32: Lessons Learned From Transforming One Residency Clinic Into Three Patient-centered Medical Homes **[CBRE,MH]**
Room: Junior Ballroom B

LECTURE-DISCUSSIONS

L31A: Keeping Up With the Kids These Days: Faculty Teaching Faculty Development
L31B: The Required Annual Program Review for Residency Programs: A Strategic Process With Outcomes
Room: Orca

L32A: Resident Office-based Procedure Training: Methods to Improve Training and Competency **[CBRE]**
L32B: Strategies to Increase IUD Training in Family Medicine Residencies
Room: Beluga

L33A: "Did I Really Say That?" Analysis of Video-recorded Medical Student-Patient Interviews in Community Clinics
L33B: Performance-based Assessment—Competency Assessment for the New Model of Family Medicine **[BF]**
Room: Azure

L34A: Teaching Information Gathering Skills to the Google Generation: Emphasizing the Intellectual Rigor of Family Medicine **[CBRE,P/F]**
L34B: Using Web 2.0 Technology to Teach Evidence-based Medicine **[CBRE,L/SF,S,R,P/F]**
Room: Junior Ballroom C

L35A: How Integrated Behavioral Health Adds Value to Your Practice as a Patient-centered Medical Home **[L/SF,S,R,P/F,BF]**
L35B: Mental Health as a Component of the Patient-centered Medical Home: Implementation of a Care Manager Model for Depression **[L/SF,MH,R,P/F,BF]**
Room: Burrard

L36A: Six Core Competencies Redefined for Faculty Development **[P/F]**
L36B: Developing Academic Competencies of Faculty: An Online Assessment and Plan
Room: Finback

L37A: What's in Their Minds? Critically Reflective Precepting for IMGs **[BF]**
L37B: Implementing a Skills Development Program for International Medical Graduates Seeking Entry Into US Residency Programs **[BF]**
Room: Vancouver

PEER PAPERS—Completed Projects

Session CC: Fellowships in Family Medicine
Room: Port Hardy

PCC1: Preparing Clinical Improvement Leaders of the Future: Experience With a PGY-4 Health Care Quality Fellowship **[L/SF,R]**

PCC2: Leadership for Life: An Innovative Longitudinal Residency Curriculum in Leadership **[R]**

PCC3: Model Primary Care Fellowship in Community-based Participatory Research **[CBRE]**

Session DD: Issues and Perspectives in Faculty Development
Room: Port McNeill

PDD1: Developing Your Faculty as a Group: "We Must All Hang Together..." **[P/F]**

PDD2: The Data Supporting "Healthy Doc-Healthy Patient" and Family Physicians [CBRE,P/F]

PDD3: Faculty Development Journal Club: Reinvigorating Faculty Development at a Community-based Residency **[CBRE,P/F]**

Session EE: Patient-Doctor Communication
Room: Port Alberni

PEE1: Does Weekly Direct Observation and Formal Feedback Improve Intern Patient Care Skills Development? **[R,BF]**

PEE2: Effects Upon Patient Satisfaction of Sitting Versus Standing During Inpatient Rounding **[BF]**

PEE3: Physicians Search for Evidence During the Clinical Encounter: Standardized Patients Evaluate Physician-Patient Interaction **[P/F,BF]**

PEER PAPERS—In Progress

Session FF: Resident Education
Room: Indigo

PFF1: Development of Resident-led Outpatient Morning Report as an Educational Model to Improve Resident Lectures **[L/SF,MH,R,P/F]**

PFF2: Who Is Going to Mentor the Learners? A Quality Scholars Faculty Development Program **[L/SF,R,P/F]**

PFF3: Registry to Residency—An Innovative Approach to Incorporating Continued Quality Improvement Into Residency Training **[L/SF,R,P/F]**

PFF4: Pilot Study of a 6-Week Stress Reduction Course at a FQHC-affiliated Residency Clinic **[L/SF,S,R,P/F]**

PFF4: Second-year Readiness: Factors Associated With Successful Resident Supervision **[L/SF,R,P/F]**

2:45-4:15 pm

PEER PAPERS—In Progress

Session GG: Building Patient-centered Medical Homes

Room: Cracked Ice

PGG1: Capturing the Experience of the Script Project Participants During Pharmacist Integration Into the Medical Home **[MH,S,R,PH]**

PGG2: Peer Physician Maternal Child Health Case Management: Benefits and Challenges in the Patient-centered Medical Home **[L/SF,MH,BF,S,R,P/F]**

PGG3: Educating Toward a Patient-centered Medical Home: Institutionalizing Quality Improvement in a Family Medicine Residency **[L/SF,MH,BF,R,P/F]**

PGG4: The International Medical Home: Pearls and Perils of Teaching Family Medicine Residents and Students Abroad **[L/SF,MH,S,R,P/F]**

PGG5: Embedding Quality Improvement Professionals Into Practices to Achieve the Patient-centered Medical Home **[L/SF,CBRE,MH,BF,P/F,R]**

RESEARCH FORUMS

Session H: Practice Location/Workforce Issues

Room: Granville

RH1: The Natural History and Migration Patterns of Rural Family Physicians

PH2: Location Matters: Modeling the Effect of Clinic Move on Patient Retention

PH3: Predicting Future Practice Location: Implications of Geographic Origins and Destinations of Medical Students

PH4: Nurse Care Coordination of Older Patients in an Academic FM Clinic: 5-year Outcomes

SPECIAL SESSION

SS5: "What's New at STFM?"
Room: Gulf Islands A

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS (Fellows/Residents/Students)

FP34: Assessment and Prevention of Venous Thromboembolism in the Long-term Care Setting

FP35: How Often Do Physicians Discuss Mental Health Issues During Preventive Gynecologic Care?

FP36: Residents as Teachers: A Longitudinal Curriculum for Resident Education

FP37: Abdominal Aortic Aneurysm Screening: Assessing Physician Knowledge and Practice Behavior at a Family Medicine Center

FP38: Educating Patients About Practice Rules and Policies

FP39: "Mommy & Me" Effectiveness of Breastfeeding Education in an Urban Community Setting

FP40: Group Visits: Do They Improve Outcomes for Diabetic Patients?

FP41: Use of the Emergency Department for Primary Care in Cook County

FP42: Adoption Rates in Electronic Health Records for Primary Care

FP43: Cholecalciferol in the Treatment of Chronic Musculoskeletal Pain

FP44: Development of a Database to Facilitate the Handover and Discharge Processes on an Obstetrical Service

RESEARCH POSTERS

RP15: Comparison of Illness and Care Provided Between Public County Clinics and Non-government Provider Clinics

RP16: Diabetes, Medications, and Mood

RP17: Centering On Patients: Factors Affecting No-Shows Differ In Two Groups of High Risk Patients

RP18: Identifying Potentially Teratogenic Medications Prescribed to Women of Childbearing Age

SCHOLASTIC POSTERS

SP60: A Curriculum to Teach Health Literacy Through Student Development of Health Literature

SP61: Implementing and Evaluating a Palliative Care Experience for Medical Students

SP62: Development of a New Teaching Office for the PCMH

SP63: Nursing Standing Orders Exploration: Efficient Medical Home Development

SP64: Acute-on-Chronic: Integrating HIV Primary Care Into the PCMH Model

SP65: Funding Faculty Development In Challenging Times: An Example From One FM Department

SP66: Laboratory Test Requests in Primary Health: Implications to Medical Education Toward a PCMH

SP67: One Step Closer: Implementation of a Primary Care Transitions Curriculum in Family Medicine

SP68: Diabetes Self-management Education: Patient Characteristics and Preferences

SP69: The Student Portfolio: A New Learning Method In Bioethics? An International Experience

SP70: Building Community Skills With BLSO

SP71 Utilization of Gynecologic Physical Examination Checklists as an Educational Tool for Residents

SP72: A 2-year Study of Termination and Transfer of Care Practices of Primary Care Residents

SP74: Making the Hospital Part of Your PCMH

SP75: Building and Maintaining the Residency's Curricular Home: A Structure for Continuous Curriculum Development

SP76: A New Strategy to Teach Professionalism

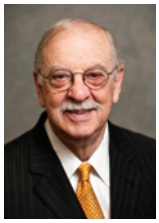
SP77: Incorporating PCMH Education Into a FMR Program

SP78: Nutrition Newsletter: An Experiential and Didactic Approach to Teaching Nutrition

SP79: Focus On Vision – One Step Closer to NCQA Certification

4:15-4:30 pm Refreshment Break

4:30–5:30 pm
Grand Ballroom



STFM FOUNDATION GENERAL SESSION

The 2010 Blanchard Memorial Lecture
"How Financial Conflicts of Interest Endanger Our Profession"
Jerome Kassirer, MD, Tufts University

(see page 7 for details)

TUESDAY, APRIL 27

7–8 am *Grand Ballroom*

Round Table Presentations of Scholarly Activity *(See pages 17–18 for listing)*

8:15–10 am *Grand Ballroom*

GENERAL SESSION

"The Acme® Patient-centered Medical Home (Beep Beep®)"
William Miller, MD, MA, Lehigh Valley Hospital FMR, Allentown, Pennsylvania
(see page 8 for details)

10–10:30 am Refreshment Break in the STFM Village—*Pavilion Ballroom*

10:30 am–Noon

SEMINARS

S2: Creating Effective Clinical Teams In Residencies: It's More Than Just Working Together **[MH,P/F]**
Room: Junior Ballroom D

S33: Generational Issues in Health Care **[P/F]**
Room: Junior Ballroom B

S34: Pioneering Partnerships in Primary Care to Augment Medical Student Competency in PCMH Principles **[MH,S]**
Room: Vancouver

S35: The Opportunities and Threats of Social Networking in Medical Education **[CBRE,P/F]**
Room: Orca

S36: Sometimes It IS All Fun and Games **[CBRE]**
Room: Galiano

S37: Reflections in a Computer Screen: Using "Clinical Blogging" to Enhance Resident Self-assessment and Learning **[R,P/F]**
Room: Burrard

S53: Stepping Up: Medical Professionalism in the New Century
Room: Finback

LECTURE-DISCUSSIONS

L38A: Caring for Adolescents In the Medical Home: A Comprehensive Curriculum for Family Medicine Residencies *(STFM Foundation Group Project)*
L38B: The Developmentally Focused Well Child Visit: A Paradigm for Teaching PCMH Care
Room: Beluga

L39A: Medical Home Competency: The Development of a Competency-based PCMH Curriculum **[MH]**

L39B: Integrating PCMH Concepts Into Medical Student Education: Experience and Examples From a Free Clinic Project
Room: Junior Ballroom A

L40A: Online Consultations—The Current Reality **[L/SF,S,R,P/F]**
L40B: "E-mail Me": Implementing Patient-centered Electronic Access in a Residency Setting-
Room: Junior Ballroom C

L41A: Building Your Online Curriculum: Quick, Paperless, and Easily Accessible **[P/F]**
L41B: Incorporating EMR Education Into Medical School Curriculum With a Focus on Preserving Clinical Reasoning Skills [L/SF,S,R,P/F]
Room: Gulf Islands A

L42A: Using the Practice Huddle to Teach Systems-based Practice and Teamwork
L42B: Preparing Educators and Practitioners for Interprofessional Teaching and Collaborative Practice **[S,R,P/F]**
Room: Azure

L43A: Project Management: A Foundational Skill for Developing a Solid Medical Home
L43B: Building the Medical Home by Beginning a LEAN Journey
Room: Parksville

PEER PAPERS—Completed Projects

Session HH: Special Topics in Resident Leadership

Room: Port Hardy

PHH1: Where Do They Go and What Do They Do? Fifteen Years of Rural Residency Outcomes **[CBRE]**

PHH2: Un Gran Exito: Five Years of Resident Spanish Language Immersion and Reinforcement in Lawrence, MA **[R]**

PHH3: Making Scholarship Work in a 3-year Family Medicine Residency **[R,P/F]**

Session II: Special Topics in Education

Room: Indigo

PII1: Accurately Measuring Body Mass Index: How Are Height and Weight Obtained? **[CBRE]**

PII2: Impact of a Decision Support System on Aortic Aneurysm Screening **[CBRE]**

PII3: Tricky Trichomonas Testing— Is It Time for a New Standard? **[CBRE]**

Session JJ: Issues affecting the Patient-centered Medical Home

Room: Port McNeill

PJJ1: Managing Appointment Access in the PCMH: How to Meet NCQA's Standard 1 **[CBRE,MH,R]**

PJJ2: Using a Mixed Payment Model in a Medical Home in Seattle **[MH,R]**

PJJ3: Preparing Residents as Systems Leaders for the PCMH **[R]**

Session KK: Information Technology and EHR's

Room: Port Alberni

PKK1: Social, Individual, and Technical Issues Regarding Adoption and Use of Information Technology **[P/F]**

PKK2: Experience in Quality Improvement for Practice for Primary Care **[R]**

PKK3: Accuracy of Residents' CPT E&M Codes in a Family Medicine Clinic: Can It Be Taught? **[MH,R,BF]**

10:30 am–Noon

PEER PAPERS—In Progress

Session LL: Underserved Care
Room: Cracked Ice

PLL1: Creating Medical Homes for Minorities: Understanding Barriers to Mammography Screening for Immigrant Muslim Women

PLL2: Promoting Breast Health in the Latina Community

PLL3: Better Understanding Barriers to Uninsured Patient Appointment Attendance

PLL4: Caring for the Medically Homeless: Medical Homes for the Underserved

PLL5: Using Fotonovelas to Increase Health Literacy Among Latinas

RESEARCH FORUM

Session I: Special Session
Room: Granville

RI: Special Session: 2010 Best Research Paper Award Winner and Curtis Hames Presentation

SPECIAL SESSION

SS8: Where Is the Family in Family Medicine Teaching? Identifying the Best Practices Among Family Medicine Residency Programs **[BF,BH]**
Room: Gulf Islands BCD

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS *(Fellows/Residents/Students)*

FP45: Primary Care Physicians' Attitudes Toward Hospice: The Influence of Demographics and Experience When Referring Care

FP46: Health Care Workers Perceptions of the Influenza Vaccine

FP47: Clinical Experience of Buprenorphine - Naloxone Use in the Treatment of Opioid Dependence

FP48: Health Care Needs Assessment of Japanese People in Rochester, NY

FP49: Evaluation of Factors Influencing Quality Interventions Conducted During ACE-Is, ARBs, Statins, and Contraception Study

FP50: Management of Influenza and Other Acute Respiratory Tract Infections in Primary Care

FP51: CT Utilization for Pulmonary Embolism Evaluation: Comparing Emergency Department Visits Between 1997-1999 and 2005-2007

FP52: Characteristics of Patients Using Extreme Opioid Dosages in the Treatment of Chronic Low Back Pain

FP53: I Have a Sore Throat and Skin Rash

FP54: Effectiveness of Home Health Care in the Improvement of Diabetes and Hypertension Outcomes

FP55: Common Medical Diagnoses Associated With Chronic Low Back Pain

RESEARCH POSTERS

RP19: Factors Influencing Compliance in Cervical Dysplasia Patients

RP20: Regional Health Assessment in Rural Pennsylvania—Building Community Partnerships

RP21: Reproductive Attitudes and Health Beliefs of West-Indian Women in New York City

RP22: Waukesha Smiles: An Intervention to Improve Oral Health Among Low-income Elementary School Children

SCHOLASTIC POSTERS

SP80: Teaching Electronic Communication With Patients in a Residency Program *(STFM Foundation Group Project)*

SP81: Development and Maintenance of Leaders in Family Medicine Obstetrics Via Partnerships With Community Health Centers

SP82: Providing Culturally Appropriate Prenatal Care for Somali Women With Group Prenatal Clinics

SP83: A Large Residency's Experience Building a PCMH – Year 1

SP84: Longitudinal Curriculum as an Alternative Model for Rural Family Medicine Training

SP85: Sharing the Passion: Engaging Residents in Knowledge, Skills and Attitudes for Group Medical Visits

SP86: Lifestyle Medicine: Integral to the Patient-centered Medical Home and Family Medicine Resident Education

SP87: Medical Education Meeting Community Needs

SP89: Knowledge and Attitudes Regarding HPV and Vaccination Among Patients and Parents at a Community Clinic

SP91: Increasing Breastfeeding Rates in a Community-based Residency Program

SP92: Overcoming Institutional Barriers to Group Visit Implementation

SP93: Driving Residency Education: Implementation of a "Mega-Clinic" Comprehensive Assessment

SP94: A Patient Education Project in a Longitudinal Geriatrics Curriculum

SP95: Incorporating a Team-based Workshop Approach to Teaching the Geriatric Assessment in a Residency Geriatrics Curriculum

SP96: A Three-tiered Model for Maternity Care in Family Medicine

SP97: Assessing Our Learners Concerning Lactation: An OSCE

SP98: Family Medicine Academic Enrichment Elective for Medical Students

SP99: An Innovative Program to Train Clinical Leaders at the Duke Family Medicine Residency

Noon–1:30 pm Lunch on Your Own

12:30–1:30 pm Optional STFM Group Meetings *(See page 15)*

1:45–3:15 pm

SEMINARS

S38: What Does Global Integration Teach Us About Training and Care in Our Own Medical Homes? [P/F]
Room: Cracked Ice

S39: Training Future Physicians to Care for the Underserved [L/SF,P/F,R]
Room: Junior Ballroom A

S40: Language Matters: Woman-centered Talk During Pelvic Exams [P/F]
Room: Beluga

S41: Collaborating to Create a Model Correctional Health Curriculum for Medical Schools and Residency Programs [P/F]
Room: Burrard

S42: "Now What Do We Do?" Remediation of Students Following a High Stakes Clinical Skills Assessment [P/F,S]
Room: Junior Ballroom B

LECTURE-DISCUSSIONS

L44A: Five Ways to Improve Your Inpatient Teaching [CBRE,R,P/F]
L44B: Anxiety, Fear, and Leadership: Strategies for Effective Teaching and Management on the Inpatient Service [CBRE]
Room: Gulf Islands BCD

L45A: Health Policy Through Experience: The Robert Wood Johnson Health Policy Fellowship [L/SF,S,R,P/F]
L45B: Resident Perceptions of Their Educational Experience by a National Sample of Outgoing Residents *(STFM Foundation Group Project)* [L/SF,R,P/F]
Room: Junior Ballroom D

L46A: Community Engagement in Research: Strategies to Learn From Challenges [L/SF,S,R,P/F]
L46B: Experiential Quality Improvement: Engaging Residents in Clinical Practice Improvement Through Advocacy and Leading Change Teams
Room: Finback

L47A: Advocacy and Leadership Training in a Family Medicine Residency [L/SF,R,P/F]
L47B: Advocacy in Residency Training
Room: Galiano

L48A: A Community-Academic Partnership to Facilitate Meeting the Family Medicine RRC Faculty Development Requirements [L/SF,P/F]
L48B: Faculty Development Leadership Training and Fellowship in Underserved Health Care: Learnings, Outcomes, and Next Steps [L/SF,P/F]
Room: Azure

L49A: Teaching Residents to Discuss Code Status: A Teaching and Evaluation Tool [BF]
L49B: It's Not "Pulling the Plug on Granny"—Helping Residents Conduct End-of-life Discussions [BF]
Room: Parksville

L50A: Developing a Patient-centered Care Plan as a Tool for Continuity in a Residency Settin
L50B: Paying the Mortgage at the PCMH: Partnering FQHC's and Residencies for Financial Stability
Room: Junior Ballroom C

L51A: Using Spaced Education—A New Automated, Online Educational Method—to Reach Today's Learners [S,R,P/F]
L51B: Use of a Web Site and Handheld Device In Residency Education for Improved Teaching and Evaluation
Room: Vancouver

PEER PAPERS—Completed Projects

Session MM: Training in Underserved Care

Room: Port Hardy

PMM1: Outcomes of a Brief Ambulatory Clerkship
PMM2: Curriculum on the Identification of Common Skin Lesions [S]

PMM3: A Longitudinal Interprofessional Mentorship Curriculum: Shaping Health Professions Students' Perspectives on Teamwork [S]

Session NN: Training on Interdisciplinary Teams

Room: Port McNeill

PNN1: Coaching the Interdisciplinary Team: Keeping a Score of the Team's Record [P/F]

PNN2: Office Huddles: Putting the Team in Teamwork [MH]

PNN3: The Impact of Planned Continuity Panel Reassignment on Balancing Resident Experience and Improving Care Quality [R]

Session OO: Special Topics in PCMH

Room: Port Alberni

POO1: Collaboration With Dentists Within the PCMH to Optimize Care [MH,P/F]

POO2: Optimizing Access to the Medical Home: How One Clinic Turned Chronic Failure Into Success [MH]

POO2: Growing a Residency Within a Continuing Private Practice

PEER PAPERS—In Progress

Session PP: Reproductive Health

Room: Indigo

PPP1: OB Continuity Curriculum and Chart Review [S,R,P/F]

PPP2: Knowledge and Behaviors Regarding Options Counseling for Unintended Pregnancies [S,R,P/F]

PPP3: Group Prenatal Care: A Unique Model to Maintain Care Continuity and Enhance Resident Education [BF,S,R,P/F]

PPP4: The Rocking Chair Project and the MOTHER Questionnaire: Evaluation of Educational Standardized Postpartum Home Visits [BF,S,R,P/F]

PPP5: Improving Pelvic Examination Skills in First-year Family Medicine and Internal Medicine Residents: A Pilot [R,P/F]

RESEARCH FORUM

Session J: Skill-building Session

Room: Granville

RJ1: How to Begin and Build a Career in Academic Family Medicine and Get Promoted

SPECIAL SESSION

SS9: The Cultural Medicine Passport: A Portfolio Documentation of the Learner's Journey Toward Culturally Responsive Care [BH]
Room: Gulf Islands A

3:15–3:45 pm Refreshment Break. Last Chance to Visit the STFM Village—*Pavilion Ballroom*

3:45–5:15 pm

SEMINARS

S43: Writing a Successful Title VII Grant **[P/F,BF]**
Room: Junior Ballroom C

S44: Community Engaged Research: Building Partnerships With Communities in a New Medical School
Room: Gulf Islands A

S45: Maternal-child Health Care: Integrating the Clinic and Hospital Into a Community-oriented Patient-centered Medical Home **[MH]**
Room: Cracked Ice

S46: How to Teach the SMART (Sideline Management Assessment Response Techniques) Workshop **[P/F]**
Room: Junior Ballroom D

S47: Expand Scholarly Activity Through Peer Review of an Online Evidence-based Medical Reference
Room: Junior Ballroom B

LECTURE-DISCUSSIONS

L52A: Risk Management Education: An Ounce of Prevention Can Save Millions… **[L/SF,S,R,P/F]**

L52B: Designing Human Discourse: A Foolproof Approach to Collaboration and Engagement in Academic Settings
Room: Finback

L53A: Books Are So 20th Century: The Web Site as a Legitimate Medium for Academic Publication **[L/SF,S,R,P/F]**

L53B: What Is on the Horizon in the Cloud? Adapting Web 2.0 and Emerging Technologies for Medical Education and Information Management **[L/SF,S,R,P/F]**
Room: Azure

L54A: Converting the Community Medicine Residency Rotation Into Community Outreach for the Patient-centered Medical Home
L54B: Everything That You Wanted to Know About Developing a Teaching Community Health Center
Room: Parksville

L55A: Using "Moodle" to Manage a Curriculum for Care of Vulnerable Patients/Medical Home Month
L55B: Primary Care for Adults With Intellectual/Developmental Disabilities
Room: Burrard

L56A: In These Tough Times: Tools to Improve Medication Access for Your Patients **[S,R,P/F]**
L56B: Americans Still Unhappy on Happy Pills: Key Role for Family Medicine Educators
Room: Beluga

L57A: Senior Medical Student Self-directed Learning Program **[P/F,S]**
L57B: At the Heart of PCC: Facilitating Student Self-reflection During Clinical Clerkships Using Practical Online Approaches
Room: Junior Ballroom A

L58A: A Web-based Tool to Enhance Evaluation Skills of Community-based Medical School Faculty **[L/SF,P/F]**
L58B: Development, Education, and Support of Residency-based Family Medicine Clerkship Preceptors for Medical Student Precepting **[S,R,P/F]**
Room: Galiano

PEER PAPERS—Completed Projects

Session QQ: Training Medical Students in Advocacy and Health Literacy

Room: Port Hardy

PQQ1: Advocacy and the Role of Family Medicine **[R]**
PQQ2: A Health Literacy Communication Skills Curriculum for Medical Students **[S]**
PQQ3: Learning in a Virtual World: Experience With Using Second Life for Medical Education

Session RR: Communications Training in the Patient-centered Medical Home

Room: Port McNeill

PRR1: Evaluating Competencies During Precepting: Getting Real Data in Real Time **[CBRE,P/F]**
PRR2: Soliciting and Sharing Feedback About Community Preceptors: Benefits, Questions, and Controversies **[P/F]**
PRR3: Objective Measure of Intern Physical Exam and Documentation Skills **[R]**

PEER PAPERS—In Progress

Session SS: Evidence-based Medicine

Room: Port Alberni

PSS1: Beyond Journal Club: Transforming Evidence-based Practice and Teaching in a Residency Patient-centered Medical Home **[MH,R]**
PSS3: Using Our I ExCITE Model to Building Innovations for a Medical Home in Residency Programs

Session TT: Building Patient-centered Medical Homes

Room: Indigo

PTT1: The PCMH: Implementation in a Large Family Medicine Residency Clinic
PTT2: Patient Perceptions of Electronic Prescribing: Potential Barriers to PCMH **[L/SF,MH,R,P/F]**
PTT3: Building a Medical Home for Challenging Patients: A Curriculum Based on the Patient-centered Clinical Method **[L/SF,MH,BF,S,R,P/F]**
PTT4: The PCMH: The Medical Students' Perspective **[L/SF,MH,BF,S,P/F]**
PTT5: Scope of Practice and Choice of Self-administered Modules by Family Physicians **[L/SF,S,R,P/F]**

RESEARCH FORUM

Session K: Residency/Training

Room: Granville

RK1: Family Medicine Maintenance of Certification: Variations in Self-assessment Modules Uptake
RK2: A National Survey of Drug Company Interaction in Family Medicine Residencies
RK3: Training Family Physicians In Community Health Centers: A National Perspective
RK4: Scholarly Activity in Family Medicine Residency Programs

SPECIAL SESSION

SS10: Getting Your Proposal Accepted: Tips From the Reviewers—Members of the STFM Program and Research Committees **[BF]**
Room: Gulf Islands BCD

TUESDAY, APRIL 27 *continued . . .*

3:45–5:15 pm

All Posters are in Pavilion Ballroom

WORKS-IN-PROGRESS RESEARCH POSTERS (Fellows/Residents/Students)

FP02: Factors Influencing Clinical Judgment in the Diagnosis of Influenza

FP10: Factors Associated With Prescription of Antiviral Treatment for Influenza Patients

FP56: Retrospective Study of Gestational Impaired Glucose Tolerance and Pregnancy Outcomes in a Community Health Center

FP57: Preconception Wellness Program

FP58: Beyond Classic Achalasia

FP59: Barriers to Accessing Voluntary Postpartum Female Tubal Sterilization Among Minority and Low-income Women

FP60: An Unusual Case of Pneumonia

FP61: Effect of an EMR-generated Rounding Report On Adult Inpatient Services: Saving Time and Improving Safety

FP62: The Value of Personal Health Records in Chronic Disease Management

FP63: Impact of an Integrated Reproductive Health Training Program During Residency on Graduated Family Medicine Residents

FP64: Is There Differential Survival By Race Or Sex in HIV-related Cryptococcal Meningitis?

FP65: Development of a Geriatric Fellow's Leadership and Professional Skills: A Journey through the Development of a Pain Management Policy in Long Term Care

FP66: Residents' Attitudes Toward Clinical Management of Substance Use

RESEARCH POSTERS

RP23: Acceptability of an Internet Tool to Record Family History for Cancer Risk Assessment

RP24: Innovative Method of Teaching Science to Minority Middle and High Schoolers Using College Students

RP26: Perceived Barriers to Reproductive Health Care in a Homeless Population

SCHOLASTIC POSTERS

SP100: Using an Electronic Charting System in Pregnancy to Improve Continuity of Care for Resident Patients

SP101: Building a Foundation: More Than Orientation, a Building Block for Success

SP102: A Novel Method of Evaluating Competency in Information Literacy

SP103: Leading the Way for Residency Education in Caring for Older Patients

SP104: Learning Needs Assessment of International Medical Graduates: A Qualitative Analysis

SP105: Building a Medical Home for Patients With Human Immunodeficiency Virus

SP106: Unique Challenges of Implementing a PCMH in a Family Medicine Residency

SP107: Time in the PCMH for First-year Residents: How Much Is Too Much. . . Or Too Little?

SP109: Creating Curricular Change to Meet the Challenge of the PCMH

SP110: Learning to Lead - Implicit Leadership Curriculum

SP111: Improving Access to Care: Integrating Home Visits Into Residency Training

SP112: Pregnancy and Mental Health: a Preventative Care Group Visit Model for the PCMH

SP114: D-H Regional Primary Care Centers: Usage of NCQA for Implementation of the Medical Home Model

SP115: Establishing an Academic Division Supporting Public Health Medical Direction

SP116: OB With Ultrasound Fellowships 1993-2009

WEDNESDAY, APRIL 28

7:30–8 am Coffee Service—*Pavilion Ballroom Foyer*

8:15–9:45 am

SEMINARS

S48: Relationships in the Medical Home: A Focus on Reciprocity and Self-awareness **[R,S,P/F,BF]**
Room: Cracked Ice

S49: Decision Making for Complex Patients in the PCMH—A Clinician Collaborative Model **[MH]**
Room: Port Hardy

S50: Applications of Direct Observation to Strengthen Patient-centered Skills in Students, Residents, and Faculty **[S,R,P/F]**
Room: Finback

S51: Can't Buy Me Love: Building a Whole Person Care Foundation for the PCMH **[MH,BF]**
Room: Indigo

S52: Clinical Ethics Skills for Residency Faculty: Improving Patient Care for the Present and Future **[R,P/F]**
Room: Orca

LECTURE-DISCUSSIONS

L59A: The Social Mission and Production of Medical Schools: A Footprinting Tool for Educational Advocacy **[L/SF,P/F,R]**
L59B: Health Extension in New Mexico: An Academic Health Center and the Social Determinants of Health
Room: Galiano

L60A: Your Lectures Are B-o-r-i-n-g! Learn How to Do It Right **[L/SF,P/F,R]**
L60B: Audience Response Systems 101: The Basic Skills You Need to Use Audience Response Effectively
Room: Azure

L61A: Leadership and Professional Development: A 3-year Curriculum in Leadership Training for Residents in Family Medicine **[L/SF,P/F,R]**
L61B: Designing and Implementing an Administration and Leadership Portfolio in a P4 Residency Program **[L/SF,P/F,R]**
Room: Gulf Islands BCD

8:15–9:45 am

LECTURE-DISCUSSIONS cont'd

L62A: Caught in the Middle Between the Medical Home and Family Home—Building and Strengthening Relationships **[L/SF,MH,S,R,P/F]**
L62B: Negotiating Dual Relationships: Trouble in the Medical (and Educational) Home **[L/SF,S,R,P/F]**
Room: Port Alberni

L63A: Using the Soppada for Effective Negotiation **[CBRE,L/SF,R,P/F]**
L63B: Goldratt's Conflict Resolution Diagram: Discovering the Right Things to Change in Implementing the Medical Home
Room: Beluga

L64A: From Colbert to YouTube: Interactive Learning Methods for Generation Y
L64B: Technologies for Effective Teaching in the Clinical Clerkship
Room: Burrard

L65A: Leadership in Community Engagement: Combining One Statewide Council, Two Medical Schools, and Six Rural Communities
L65B: Role of a Center for Primary Care at an Academic Health Science Center in Massachusetts
Room: Gulf Islands A

PEER PAPERS—Completed Projects

Session UU: Resident/Faculty Training in Procedures/Sports Medicine

Room: Junior Ballroom A

PUU1: Thinking Outside the Box: Teaching Musculoskeletal/Sports Medicine at Family Medicine Residencies Without Sports Medicine Faculty **[R,P/F]**

PUU2: Meniscal Tears and Their Treatment: Should I Refer?

Session VV: Coaching and Groups: Curriculum Development

Room: Junior Ballroom C

PVV1: Curriculum Development: Teaching Residents How to Lead Group Visits **[R]**

PVV2: A Novel Evidence-based Medicine Curriculum Using a Learning Coach **[R]**

PEER PAPERS—In Progress

Session WW: HIV/AIDS Education

Room: Junior Ballroom B

PWW1: HIV Care Within the Family Medicine Patient-centered Medical Home: Making It Happen **[L/SF,MH,BF,S,R,P/F]**

PWW2: Teaching HIV: An Innovative Model to Train Residents and Empower Patients **[L/SF,MH,BF,S,R,P/F]**

PWW3: Teaching HIV in Midwestern Family Medicine Residencies and Practices **[L/SF,MH,BF,S,R,P/F]**

Session XX: Geriatrics Training

Room: Parksville

PXX1: Decreasing Inappropriate Prescribing of Elderly Patients **[MH,BF,S,R,P/F]**

PXX2: Decreasing Inappropriate Prolonged Use of Proton Pump Inhibitor Therapy in Geriatric Outpatients: A Quality Initiative **[MH,BF,S,R,P/F]**

PXX3: Quality of Pain Assessments in Nonverbal Geriatric Patients by Residents and Nursing Staff **[MH,BF,S,R,P/F]**

PXX4: Geriatric Resident Interdisciplinary Elective: Increasing Knowledge, Changing Attitudes, Improving Skills of Primary Care Physicians **[L/SF,MH,BF,S,R,P/F]**

Session YY: Diabetes Management

Room: Junior Ballroom D

PYY1: Patient-centered Diabetes Care: A Patient Education and Resources Intervention for Care Improvement and Outcomes **[MH,BF,S,R,PH**

PYY2: Motivators for Diabetes Self-management in an Underserved, Urban Population: The Role of Spirituality **[MH,BF,S,R,P/F]**

PYY3: Can Group Visits for Patient Education and Peer Support Improve Outcomes in Diabetes Care?

PYY4: Self-management Support Provided to Diabetic Patients With Goal Setting Administered by Lay Educators in a Latino Community **[MH,BF,S,R,P/F]**

RESEARCH FORUMS

Session L: Obesity/Diet

Room: Granville

RL1: Childhood Obesity Rates and Interventions Among 3-5 Year Olds in Chicago

RL2: Effects of Electronic Medical Records and Physician Education on Recognition and Treatment of Pediatric Obesity

RL3: Promoters/Barriers to Fruit, Vegetable, and Fast-food Consumption Among Urban, Low-Income, African Americans—A Qualitative Approach

RL4: Association of Proinflammatory and Prothrombotic Markers to Hypertensive Kidney Disease

SPECIAL SESSIONS

Room: Vancouver

SS11A: A National Behavioral Science Curriculum—Our BHAG (Big Hairy Audacious Goal!) **[BH]**

SS11B: Q&A and Feedback Session for Behavioral Science/Family Systems Fellows **[BH]**

9:45–10 am Refreshment Break—*Grand Ballroom Foyer*

10–11:30 am
Grand Ballroom

Incoming President's Address:
Perry Dickinson, MD, University of Colorado at Denver, Health Science Center

CLOSING GENERAL SESSION:
"Growing Together: The Contribution of Very Long Term Continuity to Person-centered Care"
Lucy Candib, MD, University of Massachusetts

(see page 9 for details)

11:30 am Conference Adjourns

Sunday, April 25, 10:30 am–Noon

SEMINARS

S1: Designing Effective Surveys and Questionnaires: Developing Tools for Evaluation of the Patient-centered Medical Home [MH,PF]

Sally Weaver, PhD, MD; Cindy Passmore, MA

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 during residency. As we modify our residencies to incorporate more aspects of the Patient-centered Medical Home, superior surveys are a valuable tool in evaluating our operational effectiveness. Workshop participants (those teaching residents as well as others) will learn the basic skills needed to construct questionnaires for research and evaluation, including techniques to design an instrument that is clear, relevant, respondent friendly, valid, reliable, and produces useful information. Participants are encouraged to bring their own surveys for comment/improvement or bring a survey topic with ideas for survey questions.

Room: Cracked Ice

S3: Writing for Publication: The Editor's Perspective [PF]

Mark Ebell, MD, MS; Jay Siwek, MD; Kenneth Lin, MD

Writing well, communicating effectively, and getting your work published are critical for academic success. Unfortunately, they aren't taught in medical school or residency! In this 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: Junior Ballroom B

S5: Satisfaction and Dissatisfaction in Family Medicine: A Crisis in Evolution [L/SF,PF]

William Phillips, MD, MPH; Denise Lishner, MSW; Katrina Roi, BA; Ardis Davis, MSW; Nancy Stevens, MD, MPH

Family medicine faces a crisis in recruiting and retaining trainees and practicing physicians. We will present new research, using data from surveys of University of Washington Residency Network graduates over the years 1997–2007 (n=771). Using qualitative methods, we identify key sources of satisfaction and dissatisfaction family physicians report in their practice lives. Results show that satisfaction differs from dissatisfaction in important ways and that the major sources of both have changed over time. Using quantitative methods, we identify factors associated with these patterns. Group discussion will explore insights provided by these new data and implications for practice, education, and policy. We will focus on how transformation of practices to Patient-centered Medical Home models can improve the experience of practicing family medicine.

Room: Junior Ballroom D

S6: Self Management Is a Critical Component of the Medical Home—Teaching Faculty, Residents, and Office Staff [CE]

Edward Shahady, MD; Helena Karnani, MD

Demonstrating the inclusion of patient self management is one of the important principles of a NCQA certified medical home. This seminar demonstrates how one residency program incorporated teaching and documented patient self management into its curriculum. This was accomplished by teaching the office nurse to present and discuss a diabetes report card with the patient at the time of the visit. The faculty and residents are taught how to follow up on the nurses' discussion to further enhance self management. The patients' readiness and ability to self manage forms the foundation of the teaching. This session will include two role plays. One role play will be with an office nurse and the other a resident helping a patient with guideline adherence and treatment decisions.

Room: Junior Ballroom C

Sunday, April 25, 10:30 am–Noon

LECTURE-DISCUSSIONS

L1A: Diversity Leadership Program: Use of Social Networking Tools to Develop Diverse Leaders for Our Future [L/SF,S,R,PF]

Deborah Witt, MD; Patrick McManus, MD; Danielle Snyderman, MD

The current economic environment has placed increasing demands on today's faculty physicians. Academic health institutions are evaluating many areas of operation while maintaining their mission to clinical care, education, research and community service. Faculty are encouraged to find creative ways to become more efficient and develop innovative initiatives to empower promising leaders. The use of social networking tools has exploded onto the scene and its influence has expanded into the academic arena. Valuable features can reinforce our ability to educate and empower our residents. The Department of Family & Community Medicine at Thomas Jefferson University recognized the need for a more diversity-sensitive leadership program, and we initiated a unique program using these tools focused on developing leadership skills for our underrepresented minority residents.

L1B: Wedding or Wake? Family Systems and the EMR [BF]

Sandy Coleman, PhD

This session focuses on results derived from a pilot study of whether family medicine residents are including family systems and genogram data in their documentation of outpatient office visits in the electronic medical records (EMR). Use of "stories" representing family dynamics will also be perused. The centerpiece of the presentation is a taped discussion of how residents view their anticipated use of family systems education after graduation, ie, in the real world.

Room: Gulf Islands BCD

L2A: Teaching Advocacy and Leadership In Developing a School-based Health Center and Patient-centered Medical Home

Allegra Melillo, MD; Thomas Clagett, BS; Kelly Fair, BS; Laura Friedlander, BS; Michael Stucky, BS; Krista Wilson, BS; Megan Quintana, BS; Megan Tripp-Addison, BS; Carolynn Francavilla, BS

The University of Colorado-Denver in partnership with the Aurora Public Schools has embarked on creating an innovative PCMH in the development of a school-based health center. A team of interdisciplinary students through experiential learning developed leadership and advocacy skills in a community-based approach to assessing and addressing the needs of a local underserved community. In this lecture, the presenters will discuss a community-based participatory approach with the goal of creating a PCMH. Participants will hear from the learners' perspective the skills acquired and lessons learned.

L2B: Building a Clinical Enterprise to Support Training Residents to Be Transformational Clinical Leaders

Harry Taylor, MD, MPH; Scott Fields, MD, MHA; Brett White, MD; Roger Garvin, MD

The national demonstration project on implementing the medical home in family medicine found that practices with shared leadership teams, functional staff relationships, and a high capacity for change were more successful at practice transformation. The presence of a visionary physician was a key component within successful leadership teams. To become transformational physician leaders, residents need a practice environment where they see leadership, teamwork, and mission accomplishment modeled and where they can learn and practice transformational leadership skills. This lecture-discussion will describe the experience of one academic family medicine residency in building an integrated inpatient and outpatient clinical enterprise where practice transformation is modeled by faculty and staff and in which residents practice the skills of transformational clinical leadership during a 3-year longitudinal curriculum.

Room: Orca

L3A: Teaching Faculty How to Design Home Visits Into the Patient-centered Medical Home [L/SF,MH,PF]

Walter Mills, MD, MMM, FACPE; Mariah Hansen, PsyD

The Santa Rosa Family Medicine Residency developed new Geriatric curriculum and faculty training to extend the Patient-centered Medical Home experience to include home visits. A needs assessment of the core faculty's knowledge, skills, and attitudes was used to redesign continuity patient home visits. All core faculty were trained in "Four Habits of Highly Effective Clinicians" for home visits with new templated tools (Pre-visit assessments, visit documentation, and Post-visit De-briefing) embedded into a new electronic health record. Remote access electronic health records, the chronic care model, preventive care, and care teams were used. Pre- and post- tests outcomes measure the knowledge of faculty as well as their comfort and desire to teach Home Visits with a high level of satisfaction by both residents and teachers.

L3B: Home Visits Revisited: Linking Residency Training to the Patient-centered Medical Home [CE]

Sandra Sauereisen, MD, MPH; Maria Hervada-Page, MSS

Family medicine has a long tradition of including home visits in the care of our continuity patients. However, research indicates that fewer family doctors are incorporating home visits into their practice. The landscape and practice of medicine has changed significantly over the last few decades, and reports of "boutique medicine" and "home visit only" practices have surfaced in the medical economic literature. Like many medical and surgical disciplines, this trend seems to suggest that home visits have become only the realm of specialty-type primary care practices. This session is meant to create dialogue regarding the role of home visits in family medicine, residency training, and the Patient-centered Medical Home.

Room: Junior Ballroom A

L4A: Global Health After Residency: Making It There and Back

Katrina Tsang, MB, ChB; Mark Rastetter, MD; Antoinette Lullo, DO; Thomas Staff, MD, MPH; Blanca Baldoceda, MD, MPH; Mark Loafman, MD, MPH

With increasing interest in global health among medical students and family medicine residents, many residency programs are now incorporating components of global health into the curriculum. However, global health work after residency is frequently restricted by limited vacation time and need to maintain productivity. In this session, we will discuss the need for improved maternal and child health care in resource poor settings and why family physicians are most suited to meet this demand. We will share our experience in starting a Global Health Track in a Maternal and Child Health Fellowship. We will present a practical approach to serving a global community in a sustainable manner and discuss the challenges we face in extending the patient-centered medical home beyond our borders.

L4B: Cuba's Latin American Medical School: A New Primary Care Pipeline [L/SF,S,R,PF]

Arthur Kaufman, MD

While US medical schools augment efforts at minority recruitment and family medicine residency programs struggle to fill residency slots, an innovative pipeline to both comes from unexpected quarters: Latin American Medical School (ELAM) in Cuba. ELAM offers full scholarships to more than 100 qualified US students from low income and minority families, committed to practice in underserved communities back in the United States when they graduate. ELAM students receive training scientifically similar to their peers in US medical schools but with emphasis on primary care, public health, public service, and health equity. Graduating debt-free, fully bilingual, they can afford to follow their passion for primary care. This presentation will explore how these students represent an important new addition to the health workforce for our nation's underserved populations.

Room: Azure

L5A: Hot Topics In Women's Health: Preparing Medical Students for Informed Discussions on Controversial Issues [L/SF,S,R,PF]

Michelle Roett, MD, MPH; Alison Bartleman, MD; Rachelle Toman, MD, PhD; Karen Kelly, MD

Evidence-based approaches to informed decision-making provide medical students with a contrast to media-driven and political debates about women's health. To prepare for unique doctor-patient communication challenges in primary care, students were introduced to clinical evidence appraisal and addressing psychosocial, political and cultural viewpoints using learner-centered teaching methods. Students were encouraged to: 1) research clinical evidence for informed doctor-patient discussions; 2) sample multimedia resources to access psychosocial, political and cultural perspectives; and 3) discuss topics associated with conflicting evidence or public controversy. Weekly sessions featured topics including: prescribing hormone replacement therapy; screening for ovarian cancer; and mandating Human Papillomavirus vaccines for children. Paired students collaborated to present opposing viewpoints; peer evaluations were compared to instructor assessments; and pre- and post-participation questionnaires were compared to non-participating students.

L5B: Advocating for Young Men's Reproductive and Sexual Health in Your Practice [S,R,PF]

David Bell, MD, MPH; Abbas Hyderi, MD, MPH; Anita Brakman, MS

Are young men getting the reproductive and sexual health care they need? Family medicine physicians provide reproductive health care to adolescents in community health centers, private practices, academic hospitals, and a variety of other settings. Too often, these services cater almost entirely to young women. This session will provide participants with an introduction to the specific sexual and reproductive health care needs of young men. Specifically, presenters will discuss "myths" about young men's sexual health that often create barriers to care and simple strategies for broadening services to include young men. Additionally, presenters will discuss innovative models for teaching about and providing young men's health services and advocating for young men's needs in clinical, community, and legislative settings.

Room: Finback

L6A: Training for the Patient-centered Medical Home: A Tool Box for Residency Programs

Brian Halstater, MD; Victoria Kaprielian, MD; Viviana Martinez-Bianchi, MD; Karen Kingsolver, PhD; Gloria Trujillo, MD; Samuel Warburton, MD

To train residents, physicians, and staff to practice in a Patient-centered Medical Home, faculty need training ideas, activities, and material that can be used to reach the diverse members of a practice team. At the Duke Family Medicine Center we have created a "toolbox" of team training activities, PowerPoint presentations, lectures, experiential activities, and curricular reading material that have helped to create and maintain our NCQA-recognized PCMH. In this lecture presentation we will share the tools, presentations, and activities of the curriculum developed with the PCMH in mind.

L6B: Social and Academic Networking Using the STFM Resource Library (FMDRL)

Richard Usatine, MD; Caroline Richardson, MD; Traci Nolte, CAE

The STFM Resource Library (FMDRL) is a powerful site for family medicine educators. Social networking software such as Facebook and Twitter supports communication in ways that were not possible 10 years ago. The STFM Resource Library serves as a type of academic and social networking tool for the members of STFM. We will show how the Resource Library is valuable for medical education through its ability to connect people in cyber space. STFM Groups, including the Group on Teaching Research in Residency, have used the Wiki functionality to develop collaborative documents and Web pages. Participants will learn how to use the library's collaborative areas, including its Wikis and listserves. STFM members will learn how to most effectively use the STFM Resource Library (FMDRL) to be productive and advance their careers.

Room: Beluga

Sunday, April 25, 10:30 am–Noon

PEER PAPERS—*Completed Projects*

PEER SESSION A: Training in Residency/PCMH Curriculum Development and Implementation

Room: Port Alberni

PA1: A Longitudinal Curriculum In Patient-centered Medicine: The UIC Experience [MH,R]

Memoona Hasnain, MD, MHPE, PhD; Karen Connell, MS; Diane Kondratowicz, PhD; Patrick Tranmer, MD, MPH

Few medical schools have explicit curricula that focus on cultivating in learners the attitudes and competencies required for the teaching and practice of patient-centered care. The University of Illinois at Chicago College of Medicine has developed and implemented a HRSA-funded, longitudinal curriculum in patient-centered medicine that spans undergraduate training. Now in its third year, the program is fully integrated in the medical school curriculum. This session will introduce participants to key curricular components of the program, present program evaluation findings, and discuss educational implications and possible application in other settings. Participants will leave the session with an understanding of the key curricular elements of this unique educational program, and the benefits and challenges of integrating such a program into a medical school curriculum.

PA2: Initial Lessons Learned With Implementation of The PCMH In Family Medicine Residency Practices [MH]

Nicole Deaner, MSW; Bonnie Jortberg, MS, RD, CDE; Perry Dickinson, MD

The Colorado Family Medicine Residency Practice and Curriculum Improvement Project's main objective is to transform the nine Colorado Family Medicine residency programs and ten residency practices into Patient-centered Medical Homes through practice improvement and curriculum redesign. Cultural transformation in the areas of leadership, improvement and change management efforts, team approach, and patient-centeredness is a key component of successful implementation of the PCMH principles. The initial lessons learned in our project regarding the baseline, "in the trenches" status of residency practices will be presented. Major themes emerging as challenges and opportunities include: the leadership alignment early in the process; issues around QI team formation and functioning; and initial steps toward cultural and curriculum transformation.

PA3: Starting From Where You Are: A Baseline Assessment of PCMH Readiness In 25 Teaching Practices [MH]

Elizabeth Baxley, MD; Warren Newton, MD, MPH; Michele Stanek, MHS; Alfred Reid, MA; Sam Weir, MD; Samuel Jones, MD

A key component of effecting meaningful change in clinical practice is understanding the current capacity of the practice – both in terms of infrastructure (IT, measurement capabilities, etc.) and readiness for change. The I3-PCMH Collaborative is a program modeled on the breakthrough series collaborative method of IHI, and involves 25 academic teaching practices from family medicine, internal medicine and pediatrics, who are working together to share best practices toward practice transformation that supports the principles and practices of the medical home. The peer paper presentation describes baseline practice data, PCMH readiness assessment and initial action plan development of the 25 participating programs. Use of this baseline information to flex the proposed curriculum for the collaborative will also be presented.

PEER SESSION B: Residency Curriculum Development in Pediatric Topics

Room: Port Hardy

PB1: Enhancing Residents' Awareness of The Long-term Effects of Severe Childhood Trauma [BF]

Mary Anne Carling, LCSW, LMFT; Sonia Velez, MD, JD

References to severe childhood trauma come up occasionally during adult primary care visits. The resident is aware that something sensitive has been shared but often struggles to find a way to respond. There may be a tendency to view this disclosure as unrelated to the immediate health care needs of the patient. Evidence, however, indicates that childhood trauma is directly related to risk factors impacting morbidity and mortality in adults. We have developed a curriculum to enhance residents' awareness of the devastating impact of early trauma on adult survivors and to give residents a protocol for screening, as well as skills and resources for responding to positive screens. Our presentation will provide an overview of the curriculum and its impact on residents' attitudes and practices.

PB2: Developing a Model Program for Childhood Development Surveillance in Academic Family Medicine [R]

Rachel Brown, MD; Christian Steen, MD

Despite efforts to improve screening for childhood developmental delay (DD), few family physicians are using an evidence-based approach to identify children who could benefit from early intervention. Our project's aims include assessing medical students' and providers' understanding of screening for DD, further diagnostic testing, and early intervention services; exposing students and providers to the PEDS screening tool and its incorporation into the electronic health record (EHR); and measuring change in understanding of the screening process, appropriateness of subsequent referral, and the PEDS screening tool after implementing a didactic curriculum. Anonymous pre- and post-curriculum surveys were administered to students and providers. Results will be utilized to develop strategies to improve the implementation of a developmental milestone screening curriculum.

PB3: Primary Care Genetics: An Innovative Teaching Tool and Curriculum Design [CE,R]

Deanna Telner, MD,MEd, CCFP; Risa Freeman, MD, CCFP, FCFP; Kara Semotiuk; Diana Tabak, MEd; June Carroll, MD, CCFP, FCFP

Statement of the problem: Advances in genetic medicine increasingly affect primary care. Family medicine educators must develop effective techniques to facilitate knowledge transfer in this domain. Project methods: Based on a standard simulated-office oral (SOO) format, a team of family physicians, educators, genetic counsellor and standardized patient (SP) expert developed and piloted a SOO case for teaching primary care genetics. After a 1 hour lecture, residents took part in a SP role play experience using the SOO, which was then evaluated. Outcomes: The SOO was a useful teaching tool and data collection demonstrated highly positive response to this innovation. Participants noted the acceptability and value of this methodology. Implications: The importance of this teaching innovation is clear. Longitudinal use of this innovation requires further investigation.

PEER SESSION C: Training on Health-Change Behaviors

Room: Burrard

PC1: Health Reporters on Local Television News: A Descriptive Analysis

Lee Radosh, MD; Jodi Radosh, PhD; Brett Keller, BA; Jamie Spicer, BA; Kimberly Lamp, BA

Americans rate television as their primary source of health information. However, there has never been a systematic, comprehensive approach to investigate who are the medical reporters and how do they create their stories. We developed a representative sample of contacts from affiliates of the four major broadcast networks. A survey was developed, piloted, and distributed to these contacts. Most respondents do not feel they have been adequately trained in medical reporting, but their news stories are not reviewed by medical experts. In addition, many feel their stories are scientifically valid; however, most fail a basic assessment of statistics. The issues surrounding medical reporting are critical given the significant impact medical/health TV news stories have upon our patients. We will discuss our findings and their implications.

PC2: Primary-care Oriented Obesity Management: Readiness to Change and Weight Reduction in Urban Medically Underserved Patients [CE,R]

Kelley Carroll, MD

Two hundred obese patients chose one of two weight management programs in their primary care clinic. The first program, Adult Weight Management Program

(AWMP), consisted of nine weekly classes taught by a health educator. The second program, Weight Management Group Visit (WMGV), consisted of six monthly group visits taught by a physician. The two outcome measures were readiness to change and weight reduction. Both programs produced improvement in readiness to change as well as weight reduction (AWMP= -6 lb; WMGV = -3 lb). Subject matched comparison of the two programs showed equal improvement in readiness to change and BMI reduction. This cohort of patients will be followed over the next 5 years to determine the relationship between readiness to change and obesity-related morbidity and mortality.

PC3: Teaching Patient-centered Health Behavior Change in a Primary Care Clerkship [R,PF,BF]

Michele Doucette, PhD; David Gaspar, MD

Overweight and obesity are complex health problems that affect more than two-thirds of US adults. There are many health conditions associated with overweight and obesity including coronary heart disease and type 2 diabetes. Therefore, it is likely that health care practitioners will be advising overweight or obese individuals who have additional health conditions. Fortunately, lifestyle changes including healthy eating patterns, increased physical activity, weight management, and smoking cessation often improve the risk factors associated with obesity. Imperative to helping patients achieve and sustain these lifestyle changes is teaching present and future practitioners how to best utilize a patient-centered behavior change (PCBC) approach. This session will introduce a curriculum we developed to teach our present and future providers' new PCBC skills for chronic disease management.

PEER SESSION D: Topics in Clerkships

Room: Port McNeill

PD1: Family Medicine Clerkship Examination: Results of a Multi-institution Knowledge Test Analysis [S]

Lisa Slatt, MEd; Beat Steiner, MD, MPH; Alexander Chessman, MD; Douglas Bower, MD; Pamela Wiseman, MD

Multiple choice examinations are a routine assessment tool in clinical clerkships. Creating reliable test items is costly and time-consuming, but having institutions pool resources can help mitigate these factors. This project created a 75-item multiple choice examination based on a textbook, recruited five institutions to implement the examination for the 2008-2009 academic year, and pooled the results to create psychometric data for test items. Three schools used all 75 items, and 18 items were used by all five schools. The mean scores are broken down by institution and by institution/gender. Group means were significantly different. One school had significantly higher mean scores, and female students had marginally significantly higher scores. The test demonstrates strong reliability, item and person spread, and discrimination.

PD2: Handling Medical Student Experiences In Family Medicine: Teaching Future Care In Family Medicine [S,PF]

David Power, MD, MPH; Macaran Baird, MD, MS; James Pacala, MD, MS

In a new family medicine clerkship for students, we decided to include opportunity for students to debrief about their experiences. We asked them to first read three texts: one on Pay for Performance, one on Medical Home, one on Future of Family Medicine to inform their sharings. Selected senior family medicine faculty moderate their sharings and, as necessary, educate students, correct misinformation and, at times, perform damage control. This curricular innovation has met with mixed student reaction. We invite discussion from other educators in an effort to improve our collective efforts to both provide a positive experience for students and educate them about the future of family medicine.

PD3: The Effect of Faculty Presence on Small-group Learning/Group Dynamics in a Family Medicine Clerkship [S]

Miriam Hoffman, MD; Joanne Wilkinson, MD; John Wiecha, MD, MPH; Jin Xu, BS

Objectives: Analyze the small-group learning process when a faculty member was present versus absent during case discussions in a family medicine clerkship. Methods: Paired t tests were used to analyze group learning process/dynamics, student preference, and participation as measured by Likert scale items in a survey completed after cases when the faculty was present ("in") versus absent ("out"). Results: Scores for group dynamics/group learning process (P=.024) and participation (P=.03) were higher after "out" cases. Students preferred having the faculty in the room (P=.0008) and felt their management plan was better (P=.03) after "in" cases. Conclusions: Group dynamics/group learning scores are higher in cases when the faculty is absent. Student perception of case success and preference scores are higher in cases when the faculty is present.

Sunday, April 25, 10:30 am–Noon

PEER PAPERS—*In Progress*

PEER SESSION E: Faculty Development

Room: Galiano

Moderator: Warren Ferguson, MD

PE1: Another Valerie Plame Affair: Failure to De-identify a Resident Presented at Grand Rounds [L/SF,S,R]

Lisa Gussak, MD; Tracy Kedian, MD

Medical error is a topic that commands attention in the lay press, medical literature and medical school curriculum. Patient confidentiality is a core tenet of the doctor-patient relationship. But what about educational error and learner confidentiality? This session will explore an educational error caused by failure to conceal the identity of a resident presented at Grand Rounds. The commission of this error, the fall-out, the multi-layered administrative response and the apology will be presented. Relevant literature will be discussed. The group will be led in an active discussion towards collaborative development of guidelines for de-identifying learners in the teaching environment and prevention of future educational errors.

PE2: Faculty Outcomes Following Involvement In an Online Module Development Project [L/SF,R,PF]

Eric Skye, MD; Leslie Wimsatt, PhD

Past research suggests that faculty engagement with instructional technology is largely driven by the opportunity to improve teaching practice and student learning. It has been hypothesized that faculty who experiment with online learning environments undergo a conversion experience that makes them better teachers by encouraging reflection on teaching approaches and initiating dialogue with colleagues on the merits of different teaching approaches. However, most studies of online instruction focus on medical student and resident learning outcomes. Little is known about how such experiences influence faculty involved in the creation of online curriculum. This study was designed to examine the impact of faculty and resident involvement in online module development on their self-assessed teaching and evaluation practices. Implications for research and practice will be explored.

PE3: The Acadmic Chief Position: A Way to Enhance Research, Leadership, and Teaching [L/SF,S,R,PF]

John Bachman, MD; Mark Morgan, MD; Andrew Gottschalk, MD

This presentation discusses the creation of a new position of leadership in a residency program by designating a resident to be the "Academic Chief." The program experienced a burst of creativity, collaboration, and leadership. The program also enticed the resident to spend more time on academic issues and also helped further development in pursuing academic endeavors.

PEER Sessions continued on next page

Sunday, April 25, 10:30 am–Noon

PEER PAPERS—*In Progress* *(Cont'd)*

PE4: Advocacy in Continuing Medical Education [L/SF,S,R,PF]

William Jordan, MD, MPH; Ellen Tattelman, MD

Problem: ACGME requirements include systems-based practice and practice-based learning. However, practicing family physicians have had limited formal training in advocacy during residency. Methods: A Web-based CME module being developed includes simple and time-conserving strategies for conducting advocacy as a practicing physician. The module will be refined and field-tested using focus groups of practicing family physicians. Outcomes: Focus group data on the module will generate qualitative feedback on form and content, provider satisfaction, and remaining barriers to learning about and engaging in advocacy. Implications: Practicing family physicians may be able to learn about and incorporate advocacy into an already packed schedule through a Web-based CME module.

PE5: Faculty Development for Community Preceptors in a Longitudinal Rural Elective [L/SF,S,R,PF]

Therese Zink, MD, MPH; Kathleen Brooks, MD; Keith Stelter, MD; Raymond Christensen, MD; Ruth Westra, DO, MPH

Background: The Rural Physician Associate Program (RPAP) is a longitudinal, continuity elective during the third year of medical school. Students complete primary care and some specialty course requirements under the mentorship of a family medicine preceptor in a rural community. Faculty development for community preceptors include: initial orientation, face to face meetings and observation of the student-preceptor interactions at the beginning and end of the 9-month elective, and a preceptor handbook. Methods: Preceptors were interviewed at the end of the 2008-2009 class about current faculty development efforts. Notes were taken, collated, and analyzed for themes. Preliminary Results: Preceptors are most appreciative of face-to-face feedback, especially newer faculty. A listserve to facilitate conversations between preceptors and teaching sessions at the Academy's annual meeting were suggested.

PEER SESSION F: Clinical Research

Room: Vancouver

Moderator: Stephen Wilson, MD, MPH

PF1: Evaluation of Different Screening Frequencies in Detecting Early Childhood Anemia [S,R,PF]

Douglas Wiley, DO; Robert McDonald, MD

Background and Objectives: There is a lack of evidence-based guidelines to determine the optimal screening frequency for the detection of early childhood anemia. The objectives of this study are to compare anemia detection based on current screening practices in two different residency-supported clinics and subsequently develop and test a screening guideline. Methods: Screening hemoglobins were evaluated through a retrospective review of 130 charts over 9 months. A screening guideline was developed based on these data and implemented in the family medicine clinic (FMC). Using the pediatric clinic as the control, anemia detection will be re-analyzed. Results: Baseline detection in FMC was 14 out of 65 charts reviewed. There were no positive anemia screens from the pediatric clinic charts. Final results will be presented.

PF2: Incidence of Hyperglycemia In Hospitalized Patients Receiving Glucocorticoids for COPD Exacerbation [S,R,PF]

Jessica Henry, PharmD; Leslie Gingo, PharmD

Systemic glucocorticoids are commonly used for the management of acute exacerbation of chronic obstruction pulmonary disease (COPD). However, drug management often does not involve appropriate dosing according to the GOLD (Global Initiative for Chronic Obstructive Lung Disease) and ATS (American Thoracic Society) Guidelines. Inappropriate dosing results in adverse effects, including hyperglycemia. A study will be performed to assess the appropriateness of systemic glucocorticoid prescribing in the management of COPD exacerbation in hospitalized patients with respect to dosage, frequency, and duration of therapy recommended by the clinical guidelines. The incidence of hyperglycemia will be quantified and possible risk factors will be identified for adverse effects. Finally, prescribers will be educated on the GOLD/ATS Guidelines and intervention results will be assessed for compliance with guideline recommendations.

PF3: Comparison of Rates of Obesity In Third Graders With Or Without a School Gymnasium [L/SF,S,R]

Farideh Zonouzi-Zadeh, MD; Juan Aviles, MD

Childhood obesity is an ever increasing problem and presents a difficult public health challenge in the United States. In New York City, 20% of public schools do not provide a physical education program, thereby presenting a missed opportunity to provide students with physical activity and potentially adding another dimension to the childhood obesity epidemic. This research will focus on how the availability of physical education programs may impact obesity in children, an area of great concern in primary care and preventive medicine. The objective of this study is to address the question "Does having a physical education program in a NYC public elementary school affect the rate of obesity as compared to the national trend."

PF4: A Survey of Exercise Stress Test Training in US Family Medicine Residency Programs [BF,S,R,PF]

Robert Newman, MD; Hiren Patel, MD

Statement of Problem: Only 12% of family physicians perform exercise stress testing (EST) in the office, even though there are many indications for its use. The purpose of this study is to obtain information and attitudes toward EST training from family medicine residency program directors in the United States. Methods: A survey regarding EST training was designed and will be sent to a random sample of US family medicine residency program directors by e-mail. Results: The results of the survey are anticipated to be complete by April 2010. Implications: The results of this survey will be used to assess whether there is a need to design a standardized curriculum for teaching EST in family medicine residencies.

PF5: Assessing Attitudes of an Interprofessional Medical Student, Pharmacy Student, and Resident Physician Experience

Jean Moon, PharmD; Jody Lounsbery, PharmD; Gwen Halaas, MD, MBA

As medicine embraces an interprofessional team approach, interprofessional experiential student learning is still limited. In an effort to provide this type of experience in family medicine, medical and pharmacy students on rotation at a residency training site will be paired with a physician to provide team care through interviewing, assessment, presenting the patient, and documentation. Students will be asked to fill out a questionnaire before and after exposure and 6 months later to assess changes in attitudes toward interprofessional learning.

Sunday, April 25, 10:30 am–Noon

RESEARCH FORUM

SESSION A: Distinguished Papers

Room: Granville

Moderator: Arch Mainous, PhD

RA1: Fruit/vegetable, Fast-food Consumption and Perceptions of The Food Environment – Census-tract Level Correlations

Sean Lucan, MD, MPH, MS; Nandita Mitra, PhD

Objective: To evaluate if perceptions of the food environment are associated with dietary patterns. Methods: We conducted cross-sectional analyses of a Philadelphia-area telephone survey, using both spearman correlations and GIS mapping of multivariable-adjusted individual responses aggregated to the census-tact level. Results: Negative perceptions of the food environment—i.e. perceived difficulty finding fruits and vegetables, poor grocery quality, and having to travel outside of one's neighborhood to get to a supermarket—were each directly correlated with fast-food consumption (rho values 0.41 to 0.74, *P* values <0.0001) and inversely correlated with fruit-and-vegetable consumption (rho values -0.70 to -0.80, *P* values <0.0001). Conclusions: Negative perceptions of the food environment are associated with less-healthy diets at the census-tract level and future work should correlate objective data with these self-report measures.

RA2: Is a Public Insurance Option Worse Than a Private Option for Children?

Jennifer DeVoe, MD, DPhil; Lorraine Wallace, PhD; Shelley Selph, MD

Objective: We aimed to examine—qualitatively and quantitatively—whether parents perceived a difference between public and private health insurance. Methods: We conducted 24 interviews and used a standard iterative process and immersion/crystallization cycles for analysis. Qualitative findings guided a quantitative analysis of statewide data to assess multivariate associations between insurance type and unmet healthcare needs. Results: Most interviewees perceived private coverage as superior, some reported equivalence between public and private. There were few significant quantitative differences in rates of unmet need between children with public versus private coverage. Conclusions: Perceptions about lower quality public insurance likely play a role in parents choosing to forego this coverage. Quantitatively, however, there were few differences between self-reported unmet need between children covered by public and private insurance.

Sunday, April 25, 10:30 am–Noon

SPECIAL SESSION

Room: Gulf Islands A

SS1A: Formal Orientation to The Behavioral Science/Family Systems Fellowship

Deborah Taylor, PhD; Victoria Gorski, MD

The recent development of core principles of behavioral medicine has the potential to significantly impact the family medicine world by guiding behavioral medicine practice, focusing education, and directing research. The STFM's Group on Behavioral Science has developed a set of eight core principles, endorsed by the STFM Board of Directors. The principles can be used to train the next generation of family medicine physicians; assist in developing job descriptions for behavioral medicine faculty; objectify performance evaluations; and facilitate promotions. They can also help develop standards from which training programs can be evaluated. This session will present the behavioral medicine core principles and promote discussion about how they can enhance and guide 1) the knowledge and skills of teachers and learners, 2) curriculum development, and 3) educational research. We will use small group discussions to identify implementation practices within FM departments and residencies.

SS1B: Intro to Core Principles and Developing Competency-based C urriculum Based On Core Principles— The National Curriculum Project

Amy Romain, LMSW, ACSW; Julie Schirmer, LCSW, ACSW; Deborah Taylor, PhD

Sunday, April 25, 10:30 am–Noon

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP1: Providing the Unattached Patient a Medical Home at PCC

Ashley Stoecker, DO; Harry Piotrowski, MS

Study objectives were to measure if providing unattached hospitalized patients (without a primary care physician) with a medical home at a local community health center (CHC) reduced subsequent hospitalizations. A retrospective study identified CHC patients who were assigned to and managed by CHC family physicians when they were hospitalized at West Suburban Medical Center in 2006. Of 264 patients reviewed, 152 were appropriate for analysis. It was found that there were no statistically significant differences in demographics or subsequent hospitalizations up to 12 months later between patients that did follow up at the CHC and those that did not. It can be concluded that follow up at a local community health center is not associated with a lower likelihood of subsequent hospitalizations.

FP3: Domestic Violence Screening in an Urban FM Residency Program

Kandie Tate, MD; Howard Wilson, MD

Context: The HITS survey was developed as a screening tool for primary care physicians to diagnose and treat domestic violence/intimate partner violence in their patient population. This tool is being investigated and implemented in an urban family medicine residency program to diagnose and treat domestic violence (DV/IPV) in the community. Objective: The objective is to study the implementation of the HITS DV survey into daily practice of family medicine residency. Conclusions: Further research and study is needed to help implement DV/IPV screening as part of regular screening practices. Current family health center statistics do not match current community statistics and warrant further investigations.

FP4: Teaching and Reaching Goals: The Diabetes Group Medical Visit Initiative

Ravishankar Ramaswamy, MD, MS; John Armando, MSS, LCSW; Suzanne VanDerwerken, MD

We initiated a novel group medical visit (GMV) program targeting diabetic patients at a community-based family medicine residency program examining impact on patient/provider satisfaction, self-care and HbA1C. The GMV was scheduled every 4-6 weeks, lasting 2 hours with a specific focus on education or discussion coordinated by a diabetes team member. The average attendance at each GMV was 5 patients. Resident/student education involved effective patient communication and coding/billing. Pre-session and post-session evaluations revealed subjective improvement in patient and provider satisfaction. Adherence to diabetic medication and aspirin use, blood sugar testing and other qualitative diabetic goals were improved. Correlation of subjective patient satisfaction with improvement in self-care and HbA1C will be determined at the end of 1 year to evaluate the impact of GMV.

FP5: Nowhere to Go: The Decreasing Supply of PC Residency Positions

Nicholas Weida, BA; Winston Liaw, MD

Areas with robust primary care infrastructure experience lower costs and higher quality measures, but the US primary care training pipeline is in crisis. In the past decade, hospitals added subspecialty GME positions (+4600), and core specialty positions (+3987) but primary care training programs lost first-year GME positions (-1393). There was no correlation between state primary care shortage and growth in family medicine residency positions in those states ($r = .013$), but ten-year growth in first-year positions in primary care and several 'lifestyle' specialties did correlate with specialty starting salary ($r = 0.87$) and median salary increase ($r = 0.83$). This data suggests that hospitals are shedding primary care residency positions irrespective of state workforce requirements, instead opting to grow more lucrative specialties.

Research Works-In-Progress Posters continued on next page

Sunday, April 25, 10:30 am–Noon

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)* Cont'd

FP6: Novel Intervention for Overweight Children Showed Significant Changes in Physical Activity

Luis Cruz, MD; Violet Siwik, MD

Context: A decline in physical activity levels is a contributing factor in the growing number of overweight children. Objective: This study evaluates changes in physical activity in a novel intervention for overweight children. Design: Regression analysis analyzed data from a lagged intervention, randomized controlled trial on height, weight, percent body fat and physical activity recall questionnaires. Results: A significant decline was seen in BMI/age z-scores and low MET activities. There was a trend toward an increase in high MET activities. Conclusion: This innovative approach was effective in reducing BMI and changing physical activity levels. A larger sample is needed to confirm these results and further analysis may show an association in BMI and physical activity levels.

FP7: Influenza Vaccination in Pregnancy in University of Wisconsin Madison Family Medicine Residency Clinics

Arminda Gensler, MD; Ann Evensen, MD

Pregnant women have been identified as "persons at high risk for influenza related complications and disease," and as such, are recommended to receive vaccination with inactivated trivalent influenza vaccine (TIV). Despite this, TIV immunization rates during pregnancy can be quite low. Our project will determine the TIV immunization rate of pregnant patients in four family medicine residency clinics at the University of Wisconsin School of Medicine and Public Health. Design: Retrospective review of electronic medical records to determine rate of TIV immunization in patients receiving prenatal care at Madison area family medicine residency teaching clinics during the 2008-2009 influenza season. Patients/Results: Pending Query and Analysis of data. If TIV rates are low, we can plan interventions to increase acceptance of this potentially lifesaving intervention.

FP8: Weight Loss Competitions in Residency: Addressing Resident Health and Well-being in a Fun Innovative Way

Danya Reich, MD; Linda Prine, MD; Elaine Kang, MD

Residents are often advising patients how to eat better, how to incorporate exercise into their lives, and the importance of weight loss and yet, with the grueling time and energy demands of residency, they have little framework in their own lives to implement the same. We examined whether weight loss competitions, implemented within the setting of a residency program, encourage healthier eating, more frequent exercise and weight loss as well as the perception of improved health, better connections among staff, and higher morale. The weight loss competitions included starting and final weigh-ins, optional weekly weigh-ins, weekly reminder emails, cash prizes based on greatest percentage body weight lost, and additional prizes for normal BMI (<25) at final weigh out.

FP9: A Fellow's Journey Through The Development of a Pain Management Policy In Long Term Care

Nilay Thaker, DO; William Swart, MD; Robert Chen, MD; Joshua Raymond, MD, MPH

The Center for Medicare and Medicaid Services publishes quality indicators for all 16,000 nursing homes in the United States. Each nursing facility self reports data electronically that is downloaded to the state health department. The information gathered allows performance comparison between each facility. A nurse coordinator gathers information from nursing documentation and progress notes. This data is then compiled and allows for objective comparison between facilities. The quality indicators for our facility suggested that an area for improvement was pain management. Our solution involves the implementation of a written protocol to help staff assess, treat, and manage pain.

FP11: Cannabis Use and Sexual Risk Behaviors Among Adolescents and Young Adults

Jade Pagkas-Bather, BA; Randi Schuster, BA; Zandre Labuschagne, BA; Peter Colvin, BA; Eileen Martin-Thormeyer, PhD; Raul Gonzalez, PhD

We explored the role of cannabis use in risky sexual behaviors (RSB) among 16-24 year-old cannabis users (CU: n = 36) and non-users (NU: n = 41). CU used cannabis greater than 200 times and within the last month. NU used cannabis less than 10 times and not in the last year. Exclusions included psychiatric and neurological confounds, other significant drug use, and positive toxicology for other substances. CU showed higher RSB ($P < .001$) even after controlling for potential confounds ($P < .001$). Greater lifetime cannabis use was correlated with higher RSB (p = .003), suggesting that cannabis use influences RSB.

Sunday, April 25, 10:30 am–Noon

RESEARCH POSTERS

Room: Pavilion Ballroom

BRP: BEST RESEARCH PAPER AWARD and HONORABLE MENTIONS

WINNING PAPER

BRP1:A Reengineered Hospital Discharge Program to Decrease Rehospitalization: A Randomized Trial

Brian Jack, MD; Veerappa Chetty, PhD; David Anthony, MD, MSc; Jeffrey Greenwald, MD; Gail Sanchez, PharmD, BCPS; Anna Johnson, RN; Shaula Forsthe, MA, MPH; Julie O'Connell, MPH; Michael Paasche-Orlow, MD, MA, MPH; Christopher Manasseh, MD; Stephen Martin, MD, Med; and Larry Culpepper, MD, MPH

Background: Emergency department visits and rehospitalization are common after hospital discharge. Objective: To test the effects of an intervention designed to minimize hospital utilization after discharge. Design: Randomized trial using block randomization of 6 to 8. Randomly arranged index cards were placed in opaque envelopes labeled consecutively with study numbers, and participants were assigned a study group by revealing the index card. Setting: General medical service at an urban, academic, safety-net hospital. Patients: 749 English-speaking hospitalized adults (mean age 49.9 years). Intervention: A nurse discharge advocate worked with Patients during their hospital stay to arrange follow-up appointments, confirm medication reconciliation, and conduct patient education with an individualized instruction booklet that was sent to their primary care provider. A clinical pharmacist called patients 2 to 4 days after discharge to reinforce the discharge plan and review medications. Participants and providers were not blinded to treatment assignments. Measurements: Primary outcomes were emergency department visits and hospitalizations within 30 days of discharge. Secondary outcomes were self-reported preparedness for discharge and frequency of primary care providers' follow-up within 30 days of discharge. Research staff doing follow-up were blinded to study group assignment. Results: Participants in the intervention group (n = 370) had a lower rate of hospital utilization than those receiving usual care (n = 368) (0.314 vs. 0.451 visit per person per month; incidence rate ratio, 0.695 [95% CI, 0.515 to 9.937; $P = 0.009$). The intervention was most effective among participants with hospital utilization in the 6 months before index admission ($P = 0.014$; $P = 0.009$). The intervention was most effective among participants with hospital utilization in the 6 months before index admission ($P = 0.014$). Adverse events were not assessed; these data were collected but are still being analyzed. Limitations: This was a single-center study in which not all potentially eligible patients could be enrolled, and outcome assessment sometimes relied on participant report. Conclusion: A package of discharge services reduced hospital utilization within 30 days of discharge. Funding: Agency for Healthcare Research and Quality and National Heart, Lung, and Blood Institute, National Institutes of Health.

Ann Intern Med. 2009;150:178-187

HONORABLE MENTION:

BRP2: Accuracy of Primary Care Clinicians in Screening for Diabetic Retinopathy Using Single-Image Retinal Photography

Tillman Farley, MD; Naresh Mandava, MD; Ryan Prall, MD; Cece Carsky, MPH, RD, CDE

Purpose: Diabetic patients with limited access to ophthalmologists have low screening rates for diabetic retinopathy screen program in a community health center using single images taken with a nonmydriatic retinal camera and primary care clinicians trained to read retinal images. Methods: This study was conducted from 2001-2204 in a multi-site community health center staffed by family physicians, advanced practice nurses, and physician's assistants. The clinic serves a primarily low-income, Hispanic population. Clinic clinicians were trained to read the retinal photographs. All images were overread by an ophthalmologist. Patients were referred to eye care specialists for sever diabetic retinopathy, unknown or other abnormality, or inadequate photographs. We analyzed agreement between the clinicians and the ophthalmologist in recognizing diabetic retinopathy and in determining which patients needed referral. We also analyzed overall screening rates based on clinic access to the camera. Results: One thousand forty diabetic patients were screened for diabetic retinopathy at the health center. One hundred thirteen (10.9%) were found to have diabetic retinopathy, 46 severe enough to warrant referral to an ophthalmologist. The clinicians failed to refer 35 (10.2%) of the 344 patients the ophthalmologist believed needed referral. Most cases of missed referral were due to failure to recognize an inadequate photograph or for abnormalities other an diabetic retinopathy. Screening rates were better in the clinic with a permanent camera. Conclusions: Primary care clinicians were trained to read single images from a retinal camera have acceptable accuracy in screening for diabetic retinopathy. Further training may be necessary to recognize other common abnormalities.

Ann Fam Med 2008;6:428-434

HONORABLE MENTION:

BRP3: Lead, Mercury, and Arsenic in US- and Indian-manufactured Ayurvedic Medicines Sold Over the Internet

Robert Saper, MD, MPH: Russell Phillips; Anusha Sehgal, MD; Nadia Khouri, MPH, Roger Davis, ScD, Janet Paquink, PhD; Venkatesh Thuppil, PhD, Stefanos Kales, MD, MPH

Context: Lead, mercury, and arsenic have been detected in a substantial proportion of Indian-manufacutred traditional Ayurvedic medicines. Metals may be present due to the practice of rasa shastra (combining herbs with metals, minerals, and gems). Whether toxic metals are present in both US- and Indian-manufactured Ayurvedic medicines is unknown. Objectives: To determine the prevalence of Ayurvedic medicines available via the internet containing detectable lead, mercury, or arsenic and to compare the prevalence of toxic metals in US- vs Indian-manufactured medicines and between rasa shastra and non-rasa shastra medicines. Design: A search using 5 Internet search engines and the search terms Ayurveda and Ayurvedic medicine identified 25 Web sites offering traditional Ayurvedic herbs, formulas, or ingredients commonly used in Ayurveda, indicated for oral use, and available for sale. From 673 identified products, 230 Ayurvedic medicines were randomly selected for purchase in August –October 2005. Country of manufacturer/Web site supplier, rasa shastra status, and claims of Good manufacturing Practices were recorded. Metal concentrations were measured using x-ray fluorescence spectroscopy. Main Outcome Measures: Prevalence of medicines with detectable toxic metals in the entire sample and stratified by country of manufacture and rasa shastra status. Results: One hundred ninety-three of the 230 requested medicines were received and analyzed. The prevalence of metal-containing products was 20.7% (95% confidence interval [CI],15.2%-27.1%). The prevalence of metals in US-manufactured products was 21.7% (95% CI, 14.6%-30.4%) compared with 19.5% (95% CI, 11.3%-30.1%) in Indian products (P = .86). Rasa shastra compared with non-rasa shastra medicines had a greater prevalence of metals (40.6% vs 17.1%; *P* = .007) and higher median concentrations of lead (11.5 ug/g vs 7.0 ug/g; *P* = .03) and mercury (20 800 ug/g vs 34.5 ug/g; *P*= .04). Among the metal-containing products, 95% were sold by US Web sites and 75% CLAIMED Good Manufacturing Practices. All metal-containing products exceeded 1 or more standards for acceptable daily intake of toxic metals. Conclusions: One-fifth of both US-manufactured and Indian-manufactured Ayurvedic medicines purchased via the Internet contain detectable lead, mercury, or arsenic.

JAMA 2008; 300(8):915-923

Sunday, April 25, 10:30 am–Noon

RESEARCH POSTERS

Room: Pavilion Ballroom

RP1: Smoking Cessation Related Knowledge, Attitudes and Practice in Community Health Centers in Beijing, China

Kathleen Klink, MD; Susan Lin, DrPH; Zach Elkin; Dan Strigenz; Steven Liu

This study was designed to describe smoking cessation practice among community physicians, and to assess their knowledge and attitudes regarding smoking cessation. Of 260 surveys distributed to six community health centers in Beijing, China 251 (97%) completed the survey. About half of them do not provide smoking cessation in their clinical practice and 22.7 percent use Chinese herbs or acupuncture in helping smokers to quit. Eighty six percent would like to improve their knowledge in behavioral therapy to quit smoking and 77 percent want to know more about harmful effect of tobacco use. The preliminary study findings suggest the urgent need to develop culturally appropriate patient tobacco education materials and curricula for health professionals in community health centers.

RP2: Prenatal Alcohol Use and Risk of Medically-indicated and Spontaneous Preterm Birth: A Population-based Study

Roger Zoorob, MD, MPH; Muktar Aliyu, MD, DrPH; Hamisu Salihu, MD, PhD; Kristal Brown, MSPH; O'Neil Lynch, PhD

Objective: To investigate the association between prenatal alcohol use and the occurrence of preterm birth phenotypes. Methods: We analyzed vital statistics data from Missouri covering the period 1989-2005 (n=1,221,677). The outcome of interest was preterm birth, subclassified into medically-indicated and spontaneous phenotypes. Logistic regression was used to generate adjusted odd ratios. Results: Prenatal alcohol use was associated with elevated risk for preterm birth, and especially more so for spontaneous preterm delivery (adjusted odds ratio = 1.34 for spontaneous versus 1.16 for medically-indicated preterm birth). The overall risk for drinking-related preterm birth increased as the number of drinks consumed per week increased (*P* for trend < 0.01). Conclusions: Our findings could enhance understanding of the etiology of preterm birth and promote development of appropriate prevention strategies.

RP3: Identifying Those At Risk for Obstructive Sleep Apnea

Michael Grover, DO; Martina Mookadam, MD

Objectives: Determine: 1) whether Review of System (ROS) form facilitated identification of complaints; and 2) how well ROS responses functioned as diagnostic tests. Method: Convenience sample of preventive examination patients completing ROS and Berlin Questionnaires. Physicians at one site used ROS form; the others didn't. Results: 261 of 394 completed forms and physicals (66%). 35% had sleep symptoms. Physicians documented this 27% of the time. ROS form use improved documentation (33% versus 6%). 32% were Berlin high risk (HR). 55% of HR patients marked ROS question affirmatively. A positive ROS item was 55% sensitive and 74% specific. Conclusions: Sleep problems were common but infrequently documented. Attention should be given to positive responses due to association with HR for OSA. ROS form redesign may improve case-finding.

Research Posters continued on next page

Sunday, April 25, 10:30 am–Noon

RESEARCH POSTERS Cont'd

Room: Pavilion Ballroom

RP4: A Survey of Patients and Providers at Free Clinics in the United States

Alida Gertz, BA; Carol Blixen, PhD; Scott Frank, MD, MS

Objective: To survey patients and providers at free clinics across the US. Methods: Two separate questionnaires were sent. Providers were surveyed online first, then patients with paper surveys. Data was analyzed using JMP. Results: We identified over 1000 free clinics. 167 of 368 free clinics and 362 of 410 patients, who were sent surveys, responded. 44% of clinics were Independent, 31% were student-run. 71% of patients used primary care services at the free clinic. Clinics reported on average 4310 patient visits annually. When asked where else, the greatest number of patients (31%) said they would seek care at the ER. Conclusion: If free clinics did not exist, most patients would use the ER instead. Free clinics have a large and growing patient load, with more patients using them as a medical home.

RP5: Hispanic Patients: What They Prefer When Translation Is Needed During a Medical Visit?

Denia Pedreira, MD; Robert Dachs, MD; Gary Dunkerley, MD

Recent legislative and educational efforts have been aimed at increasing utilization of interpreters for Hispanic patients during a health care visit. However, little is known whether Hispanic patients would prefer to divulge medical information to friends or family versus an impassive third party interpreter. This study anonymously surveyed Hispanic adults attitudes towards use of interpreter services in health care settings and discovered that the majority preferred friends or family over hospital supplied interpreters. These results should influence health care planners future decisions regarding the use of interpreters for Hispanic speaking patients.

Sunday, April 25, 10:30 am–Noon

SCHOLASTIC POSTERS

Room: Pavilion Ballroom

SP1: Teaching Advance Directives to Medical Students: Evaluation of the First Part of a Longitudinal Curriculum

Laura Goldman, MD; John Wiecha, MD, MPH

Background and Objective: Advance directives (AD) enable patients to maintain dignity and control at the end of life. We designed a multi-year longitudinal curriculum. The purpose of this study was to evaluate the first part in the second-year Integrated Problems Course. Methods: We created an instructional module as part of an interactive online case. Students were given pretests and posttests to test knowledge and self-efficacy and were asked to evaluate the curriculum. Results: A total of 169 students took the pretest and 125 the posttest. There was significant improvement in knowledge and self-efficacy ratings. Most students felt engaged and reported the curriculum provided new and relevant information. Conclusions: New AD curriculum met our goals and provide a base for additional skill building in the third year.

SP2: Implementing the Patient-centered Medical Home in a Large Urban Family Health Center: Supersize It!

Margaret Mann-Zeballos, MD; Alexandra Loffredo, MD; Mark Nadeau, MD

Like many practices around the country, our large urban university-based Family Health Center is implementing the Patient-centered Medical Home model. A major hurdle has been the size of our clinic: 13 administrative staff, 12 medical support staff, 36 residents, 13 faculty preceptors, one PhD psychologist, and one physician assistant. We developed a clinic team structure to encourage widespread participation, championed by a dedicated group of faculty and staff who meet regularly to facilitate communications, troubleshoot barriers, and participate in leadership/development exercises. Small groups are made up of residents, faculty, patients, and administrative and medical support staff. In this presentation, we will discuss the processes developed, lessons learned, and encourage the audience to share experiences for implementing change in large residency group practices.

SP3: A Redesigned Curriculum for Practical PCMH Training

Jennifer Leiser, MD; Richard Backman, MD; Sonja Van Hala, MD, MPH; Michael Magill, MD

This presentation will describe the comprehensive redesign of our practice management curriculum. Practice management is now our vehicle for teaching Patient-centered Medical Home (PCMH) concepts. We moved from a 4-week classroom experience in the third year of residency to a longitudinal 3-year curriculum. The first-year curriculum focuses on the PCMH concepts of clinical teams, using an Electronic Health Record (EHR) and clinical efficiency. The second-year curriculum covers practice management systems and includes real-world experiences for residents. Use of online AAFP resources for resident education is discussed. The third-year curriculum focuses on leadership skills and continuous quality improvement (CQI). CQI projects are selected to align with institutional goals. The curriculum is designed to meet all RRC requirements for practice management.

SP4: Hospital to Home: Team Visits to Enhance Transitions

Ann Skelton, MD; Mary McDonough, RN; Carly McAteer, MD

We will present an innovative approach to enhancing patients' transitions from hospital to home. Our "Hospital to Home" or "H2H" group visits allow patients to interact with a multidisciplinary team within 7 days of their hospital discharge. The first patient contact, by telephone within 48 hours of discharge, identifies and addresses any early issues. Piloted in early June 2009, we have already seen a dramatic decline in readmission rates and other important outcome measures. We believe that this approach could be adopted as part of the Medical Home construct in many residency practices.

SP6: Clinic Every Day™ in Family Medicine Residency Training

Richard Allen, MD, MPH

We introduce an experimental training model in which residents see their own patients in their own continuity clinic every day immediately out of medical school. More than 90% of family medicine graduates enter office-based practice, yet many residents spend less than 20% of their training in their ambulatory clinic. To counter this inconsistency, our program received permission from the Residency Review Committee (RRC) to institute Clinic Every Day™ training. Graduating residents saw 11% more than RRC minimum patient numbers. Continuity visits for chronic and follow-up care reached 86%. Residents scored above average on the in-training exam. Graduates rated the curriculum as highly valuable in preparing them for ambulatory practice. Other residencies should consider the daily clinic model to prepare graduates for ambulatory practice.

SP7: What Do We Know About Teaching How to Convey Bad News About a Child?

Anne Walling, MB, ChB, FFPHM; Mark Harrison, MD

Receiving bad news about a child has profound effects on families, yet physicians report feeling inadequately prepared for this task. Guidelines have limited supporting evidence of efficacy and may not be applicable to child patients. Strategies described to develop trainee skills and confidence in conveying bad news generally lack long-term outcome measures. The few studies concerning teaching how to convey bad news about a child have focused on residents. This session describes the development and preliminary evaluation of a focused intervention for third-year students incorporating pre-reading, standardized patient encounter, debriefing, and self-assessment of the SP videotaped encounter. Literature reviews on conveying bad news (including the child patient) and teaching the topic will be used to explain the choice of teaching strategy.

SP8: The Effect of an MS3 Rural Preceptorship on Student Interest in Family Medicine

Paul Paulman, MD; Jenenne Geske, PhD

This presentation will provde information on the effect of an MS3 rural family medicine preceptorship on student interest in family medcine. Data will be presented on pre- and post- rotation student interest questionaire responses along with resident Match information. This project includes data from 1989-2008 and includes more than 2,300 records.

SP10: Family Medicine Orientation: Best Practices for Building a Resident-centered Home

Patricia Bouknight, MD; Adrienne Ables, PharmD

There is currently a lack of published guidelines for intern orientation curricula. After a needs assessment, the Spartanburg Family Medicine Residency Program began a month-long orientation. Baseline and follow-up resident surveys were administered each year to evaluate the effectiveness of our efforts. The rotation has been improved through the years drawing on input from faculty and residents. Based on 6 years worth of data, the comfort level of interns has increased significantly toward physical exam skills, technical skills, and management of common problems. The month has assisted faculty in identifying particular resident issues and deficiencies that have led to early intervention and improved performance. In addition, our orientation has supported a culture of family medicine as "home" and promoted cohesiveness among our residents and faculty.

SP12: The "Wired" Medical Home: Teaching Vaginal Delivery Via YouTube

Leonard Lamsen, MD; Sigrid Johnson, MD, MSC, FAAFP; Lorraine Wallace, PhD

Social networking Web sites are increasingly populated with medical information. Family medicine residents often struggle to obtain enough volume of practical obstetric experience during their training to become competent physicians. YouTube was queried using search terms "vaginal delivery" and "vaginal birth." Videoclips were classified as "educational," "personal," or "miscellaneous." Sixty-five unique videoclips were identified, with 31 (47%) classified as "educational." Our results indicate that YouTube can be used as part of a curriculum for teaching uncomplicated obstetrics to residents. Attendees will be able to use YouTube to generate a search of medical education channels, use YouTube videoclips in PowerPoint presentations, and teach general obstetric principles using this avenue.

SP13: Developing the Patient-centered Medical Home for Urban Underserved Patients: Challenges of Panel Management

Judith Pauwels, MD; Erin Richardson, MD; Jane Huntington, MD

The Patient-centered Medical Home (PCMH) is rapidly gaining momentum within family medicine and primary care. While there is a significant body of literature defining the core concepts, there is less discussion about how to create a medical home for an uninsured, underserved patient population. The Harborview Family Medicine Clinic has been working to develop models of care to manage complex patients in our urban, underserved setting. We will present the steps we have taken to implement a PCMH in our residency clinic, particularly focusing on patient registries and panel management, and including challenges and solutions to panel management with this often-transient population. We will invite participants to exchange ideas and experiences about creating a medical home for an underserved population.

SP14: Moving From Lectures to Learning Experiences

Edward Bope, MD; Doug Knutson, MD

Today the curriculum for residents must involve learning strategies beyond the standard lecture. We have replaced one didactic series with the STAR curriculum: Simulation, Technical skills, and Applied learning for Residents. Six modules paralleling the ACGME competency domains are organized with online learning, group activities, and simulations. Senior residents develop teaching skills and serve as facilitators in the curriculum to help junior residents think and act as maturing professionals. Educational outcomes are measured for each activity and recorded in the resident portfolio. This curriculum is multidisciplinary, including residents in family medicine, internal medicine, OB-GYN, and surgery and stresses collaboration and team effort.

SP15: The Doctor Is IN: Mobile Health Care in Kenya's Western Province

Jose Rodriguez, MD; Aaron Snyder, BS; Caitlin Sanstead, BS

Last summer we worked in Kenya's Western Province with the organization Volunteer Kenya. We worked in a mobile clinic to deliver health care to rural communities. Aspects of providing health care in this setting were difficult and frustrating. We administered a survey to the mobile clinic staff and collected data on patient demographics to describe who we were helping and identify areas of improvement. We identified six areas of need and made suggestions for improvement. Similar barriers are faced by family physicians working in underserved communities. By understanding the barriers faced in the native countries, we hope to increase providers' understanding of their patients that come from similar backgrounds and immigration experiences.

SP16: Using Anticonvulsant and First- and Second-generation Atypical Antipsychotic Medications for Treatment-resistant Depression

Catherine Churgay, MD; Paul Schaefer, MD, PhD

Primary care physicians (PCPs) will often treat patients with major depressive disorder (MDD) in the Patient-centered Medical Home (PCMH). MDD has a lifetime prevalence of approximately 17% and is usually diagnosed between the ages of 30 to 50. It is the fourth highest source of disability worldwide according to the World Health Organization. The American Psychiatric Association (APA) believes that there are three phases of treating depression—acute, continuation, and maintenance. Depression treatment algorithms have been developed. Treatment-resistant depression (TRD) is depression that doesn't respond to one or two or more adequate treatment strategies of different antidepressant medications. Almost two thirds of depressed patients will have TRD. As health insurance provides less mental health coverage, PCPs will have to learn how to treat TRD.

SP17: The PCMH PowerPoint Template—Using It Successfully and Making It Your Own

Amy McGaha, MD; Ashley DeVilbiss, MPA

Family medicine organizations have been working together to design a presentation for medical students that explains the Patient-centered Medical Home (PCMH) and its importance to family physicians. This presentation was made available online in August 2009. Family medicine faculty are encouraged to give this presentation to medical students, FMIG groups, and others. The PCMH model of care provides greater satisfaction to patients, physicians, and the health care team by ensuring that patients' needs are met and access to care is improved, health information is handled effectively, and the team works as a cohesive unit. Additional discussion will focus on ways to use the presentation most effectively.

SP18: Ambivalence and Access to Care in Unintended Pregnancies

Jennifer Hallock; Heather Paladine, MD

Given the unintended pregnancy rate and abortion rate in the United States, some if not most women are ambivalent about the outcome of the pregnancy. As family medicine clinics address barriers to care and patient satisfaction, it is important to determine if these are influenced by patient characteristics that providers cannot control. This in-progress project will use qualitative surveys with pregnant women at a family medicine clinic to assess a woman's possible ambivalence about her pregnancy and how it relates to her ultimate decision to continue with or terminate the pregnancy. It will also compare perceptions about care and access to care in the two groups of patients.

Scholastic Posters continued on next page

Sunday, April 25, 10:30 am–Noon

SCHOLASTIC POSTERS Cont'd

Room: Pavilion Ballroom

SP19: A Curriculum for Teaching Communication Skills for Creating the Patient-centered Medical Home

Yvonne Murphy, MD

At the core of the Patient-centered Medical Home is the patient's experience of their interaction with their doctor. This session will present a fully developed curriculum for teaching 14 communication skills. Included are foundational interviewing skills for creating patient-centered medical care such as setting a shared agenda, cultural sensitivity, shared decision making, motivational interviewing, and conducting family meetings. Each 1-hour module includes three sections: (1) summary of relevant research/evidence, (2) a detailed description and a demonstration of a specific communication skill, and (3) a skill building exercise to practice and reinforce effective use of that skill. This well-constructed training builds competency to enhance the doctor-patient relationship and meets RRC requirements in interpersonal communication skills. Participants will walk away with the materials to implement the entire series.

SP20: Learning About the Patient-centered Medical Home Model on the Family Medicine Clerkship

William Huang, MD; John Rogers, MD,MPH,MEd; Jane Corboy, MD; Elvira Ruiz; Carolyn Olson

Primary care organizations endorsed the Patient-centered Medical Home (PCMH) model in 2007. Although some aspects such as payment reform are not in place, we believe it is useful for students to learn about PCMH model now. In this session, we will present how our family medicine clerkship students learn about the PCMH model by attending a brief seminar, reading references and completing one module of the online Medical Home Implementation Quotient (MHIQ). We will share a summary of evaluation data and preliminary conclusions. In papers they submit at the end of the clerkship, most students enthusiastically support the PCMH model and envision how the PCMH will enhance their practice in the future, even many who are planning to be specialists.

Sunday, April 25, 2–3:30 pm

SEMINARS

S7: Taking the Lead: Developing a Pipeline to Care for Wisconsin's Underserved Patients [PF,MH]

John Brill, MD, MPH; Marjorie Stearns, MA, MPH; Byron Crouse, MD; Jeffrey Stearns, MD; Cynthia Haq, MD; Alison Klein, MPA

Providing Patient-centered Medical Homes in rural and urban health professions shortage areas will require training more physicians with the desire and competencies to serve in these challenging environments. The University of Wisconsin School of Medicine and Public Health, with family medicine faculty in the lead, has developed a workforce development pipeline that includes both rural and urban medical education tracks. To promote health careers in rural and urban medicine a premed student pipeline program has also been developed in collaboration with two UW system undergraduate institutions. This seminar will describe each of the three programs, sharing early outcomes and budget information. Small-group discussions will focus on each of the specialized programs, giving participants an opportunity to share insights and provide feedback.

Room: Gulf Islands A

S8: Making a House a Home: Learning Reflective and Empathy Skills for Patient-centered Care [CE,MH,BF]

Gregory Troll, MD; Mary Hall, MD; Jeffrey Sternlieb, PhD; Donald Nease, MD; Mary Wassink, EdD; Richard Addison, PhD

The Patient-centered Medical Home concept fits naturally with the philosophy of family medicine. A practice will only function as a medical home if patients sense the understanding and advocacy facilitated by empathy and accurate listening. Balint training has focused on the development of these skills. In this seminar, a reflective empathetic practice experience is presented that is designed to further these skills, based on the principles of Balint group process. Partial Objectives List—Participants will be able to (1) Describe from their own experience how reflective group process can help us be more skillful at becoming patient centered and effective in promoting the medical home and (2) Strategize as teachers how to create learning experiences to improve competencies important to the Patient-centered Medical Home model.

Room: Junior Ballroom B

S10: Leadership and Advocacy in Pay-for-Performance: Assessing Your Needs (Including Strategies to Meet Them!) [L/SF]

David Satin, MD; Carrie Link, MD; Sandeep Kalola, MD; Justin Miles, BSc

Leading for positive change in Pay-for-Performance (P4P) requires that the grass roots and leadership of family medicine be empowered to advocate on behalf of their patients and themselves. This highly interactive session will explore key design features of P4P programs impacting our patients' health and our clinics' bottom line. Participants will undergo a 3-minute P4P needs assessment and compare their results with the Twin Cities family medicine residency programs. A town hall-style discussion will explore the arguments supporting these common needs, including strategies to meet them. Data relevant to the identified needs will then be presented using ADFM's P4P Clearing House Web site, and a summary will be electronically distributed to further support academic programs' advocacy within P4P.

Room: Junior Ballroom C

S11: Speech-making for the Terrified Amateur: A Primer on Rhetorical Skills [PF]

Anthony Catinella, MD, MPH

Is a residency graduation around the corner, and you are to be the commencement speaker? A dinner honoring medical students, and you were asked to offer inspiring remarks? Does either or both of these cause fear and trembling? If so, then this seminar is for you! Novices to public speaking will learn a proven approach to developing and presenting speeches. Experts are invited to share their wisdom and passion for oratory. This seminar will focus on the foundation of speech-making: constructing a "conversational" speech. Participants will learn the technique of crafting a story within a story in writing speeches. The seminar will have participants write and deliver a 5-minute speech to practice the newly gained skills.

Room: Azure

Sunday, April 25, 2–3:30 pm

LECTURE-DISCUSSIONS

L7A: How Residencies Should Respond to a Threat of Hospital Closure

Montgomery Douglas, MD; Vito Grasso, MS, CAE; Perry Pugno, MD,MPH,CPE

The fragile conditions of hospitals and the weak economy can create conditions for closure threatening the continuity of family medicine residency programs. This session will use the rapid closure of a 12-residency program hospital in Queens, NY, to illustrate how one could respond to such a threat. The session will detail a step-by-step process that program directors and senior faculty can do in the event their hospital was to announce an impending closure, as well as a series of preemptive measures they could take in advance of such a calamitous event to give their program the best possible opportunity to transfer in the event of hospital closure.

L7B: When Disaster Strikes, Is Your Educational Program Prepared? Leadership Lessons From Hurricane Ike

Victor Sierpina, MD; Juliet McKee, MD; Ana-Catalina Triana, MD; Gurjeet Shokar, MD; Lisa Nash, DO; Radheshyam Miryala, MD

Natural disasters like hurricanes, earthquakes, floods, and tornadoes can strike any community. This session will be an in-depth case study of one institution's experiences with massive destruction by Hurricane Ike on the Gulf Coast in 2008. We will portray graphic representations of storm damage to the university, faculty, staff, house staff, and student residences. We will describe the major issues of maintaining phone, online, and other communication processes, rescheduling rotations, rearranging clinical placements, providing space, and logistics for both large- and small-group activities. We will share the personal and professional toll on medical educators. We will share with the audience what worked well and what didn't and how other institutions can prepare for the unexpected, perhaps challenging some assumptions held by attendees.

Room: Vancouver

L8A: Designing Relevant Curricula for Emerging Family Medicine Residencies in Resource Limited African Settings [L/SF,S,R,PF]

Fadya El Rayess, MD, MPH

Severe physician shortages in Africa have prompted development of new Family Medicine training programs. Until sufficient African family physicians are trained, western family physicians need to serve as faculty and develop relevant curricula. Training adaptations must address differing access to resources, cultural norms, and training expectations. This presentation compares US and Southern African approaches to Family Medicine training, highlighting how the strengths of each system are integrated into the LeBoHA (Lesotho Boston Health Alliance) Family Medicine Specialty Training Program. A subsequent group discussion will consider four key issues relevant for family medicine training in Africa. Participants will be able to identify strategies to adapt the US training model and serve as faculty in African Family Practice training programs.

L8B: Implementing a Longitudinal Global Community Health Curriculum for Residents: Focusing on Disparity--Domestically and Abroad

Andrew Dykens, MD, MPH

The UIC Department of Family Medicine Global Community Health Track is a unique opportunity for resident physicians to expand their perspective on disparity. We take an in-depth look, through a longitudinal track, at issues surrounding community health with a balanced focus on domestic and international considerations. We offer mentorship, support, and guidance in the broad discipline of global health for our resident scholars to develop a cynosure (focus topic) Project. This longitudinal project spans our resident scholars' community medicine and scholarship activities. Our scholars, as well, have ample opportunity to develop presentations, attend conferences, and experience global community health through an international experience. We, as well, creatively utilize information technology to relate content to our residents and reach out to others.

Room: Burrard

L9A: A Paradigm Shift In Medical Teaching: Using Electronic Resources In Precepting [L/SF,S,R,PF]

Holly Salzman, MD; Dustin Lillie, MD; Dan Slater, MD

Resident and student teaching has undergone a significant paradigm shift from lecture-based teaching to an emphasis on the cognitive process. We suggest that a new paradigm shift must occur with the advent of readily available electronic resources to incorporate these resources seamlessly into the teaching encounter. Learners are encouraged to honestly and openly identify their own knowledge gaps and are guided in the use of electronic resources. Appraisal of information is then the basis of learner-preceptor discussion. We will demonstrate that this "real-time" self-education is a skill that can be taught and honed. We believe that this skill will be valuable in career development and instill a foundation of life long learning.

L9B: Cool Websites for Family Docs: Come See What You've Been Missing! [CE]

Sandra Counts, PharmD; Stoney Abercrombie, MD

The Internet has become an integral part of the practice of medicine. In this presentation, we'll review many useful websites for family physicians. This fun, fast-paced presentation will give you tools to enhance or streamline patient care, and provide you with ideas to become a better teacher. We'll showcase websites that help you obtain quick, evidence-based answers to clinical questions. We'll share a website for 'one-stop-shopping' for the various $4 drug formularies. We've got great websites for herbals and newly marketed drugs. For the faculty, we'll show a website that shares lecture materials. Lastly, we'll introduce you to the latest popular social networking sites such as Facebook and Twitter. Bring a list of your own favorites to share during the question and answer period.

Room: Orca

L10A: Creating PCMH Leaders By Reconfiguring Both Traditional Residency Structure and Content [L/SF,MH,S,R,PF]

Linda Montgomery, MD; Daniel Burke, MD; Barbara Kelly, MD; Bonnie Jortberg, MS, RD, CDE; Brandy Deffenbacher, MD, BA

Educating our residents to be leaders in the transformation of their practices into Patient-centered Medical Homes is a fascinating but daunting task. Over the last three years our residency has been hard at work on this, and we wish to share our experiences with other family medicine educators. In this lecture we'll describe the three components that are making up our residency's transformation activities: 1. creating the capacity for teaching PCMH concepts and skills by re-sequencing traditional block rotations and adding new longitudinal experiences, 2. creating a coherent PCMH curriculum, and 3. integrating residency and practice staff into fully-functioning teams. Interactive sessions will ask participants to define opportunities and challenges within their residencies regarding a similar transformation of structure and content.

L10B: Challenging Conversations in the Patient-centered Medical Home: Strategies for Effective Leaders and Teams [L/SF,MH,PF]

Karen Kingsolver, PhD; Viviana Martinez-Bianchi, MD, FAAFP; Brian Halstater, MD; Gloria Trujillo, MD

Effective communication strategies and skills are essential for effective leadership and teamwork challenges in the Patient-centered Medical Home. Leadership and teamwork challenges include divergent opinions and perspectives, strong emotions and high stakes, and complex turf and power issues. Our approach draws from the business management and psychological literatures. We use examples that teach clear principles and guidelines for effective handling of challenging scenarios. Role-plays and demonstrations illustrate both effective and ineffective strategies. Our presentation will provide participants with a set of guidelines and principles to teach and use with communication challenges they may encounter in their own teams.

Room: Finback

Lecture-Discussions continued on next page

Sunday, April 25, 2-3:30 pm

LECTURE-DISCUSSIONS Cont'd

L11A: What Do I Do Next In My Career? Helping Physicians Plan for Retirement [L/SF,PF]

Joanne Williams, MD, MPH

Within the domain of faculty development, there are early career and mid career resources for physicians, but few, if any, late career conferences. The assumption seems to be that physicians don't retire, they work until they expire. This session will serve to raise and answer questions about when and how to approach these late career employment and other retirement issues. Seasoned physicians are a valuable resource. This session will help them become more active during this stage of their career and more proactive in planning for this important career transition. Resources, gathered information, and options will be shared and explored with the participants.

L11B: So You Think You Want to Innovate? Lessons Learned From The P4 Innovators

Patrice Eiff, MD; Patricia Carney, PhD; Samuel Jones, MD

Preparing the Personal Physician for Practice (P4) is a five-year (2007-2012) national demonstration initiative of a spectrum of innovations including changes in the length, structure, content, and location of training and expanded measurements of competency. In this session, we will present preliminary results and early lessons from the P4 project centered around three innovation themes: 1) Patient-centered Medical Home re-design, 2) four year training models, and 3) individualized curriculum pathways. Included will be discussion of the resident experience during training redesign, generalizeability of innovations and strategies for navigating the challenges of being an innovator. The purpose of this session is to assist family medicine educators in their own effort to redesign residency training.

Room: Beluga

Sunday, April 25, 2-3:30 pm

PEER PAPERS—*Completed Projects*

PEER SESSION G: Training in Communications/Decision-making

Room: Port McNeill

PG1: Students' Perceptions of and Experiences With Primary Care During Medical Education—Influences on Specialty Choice [S]

Stephanie Carter, MD; Suzanne Cashman, ScD; Lee Hargraves, PhD

With the recent focus on health care reform, the shortage of primary care physicians is an issue at the forefront of national attention. Compounding this issue is the steady decline of US medical graduates choosing to pursue primary care careers. We surveyed graduates of the University of Massachusetts Medical School to identify areas during medical education where interventions to reinforce positive experiences could influence students toward a choice of primary care. Forty-four percent of students surveyed considered primary care during medical school but ultimately chose a different specialty. This represents an opportunity for recruitment to primary care. Additional analysis revealed positive and negative student experiences that can be targeted to influence graduates toward primary care specialties.

PG2: Teaching Shared Decision Making in the Clinical Clerkship [CE,S]

Cathleen Morrow, MD; Virginia Reed, PhD

Shared decision making (SDM) involves a set of principles and communication skills designed to work with patients to address the complex interface of integration of medical information and data with the preferences, values, and support system of individual patients in the face of a medical decision needing to be made. At Dartmouth Medical School we have developed a curriculum in SDM designed for the clinical clerkship student that combines experiential learning, standardized patient encounters, and case development, which illustrates the role of SDM in primary care and the medical home and develops skills in this important communication tool. Our experiential session will share our current curriculum, data, and discuss the numerous challenges to introducing this complex communication skill at the clerkship level.

PG3: Medical Students' Ability to Elicit Contextual Information In a Standardized Patient Encounter [S,BF]

Stephen Scott, MD, MPH; William Huang, MD; Paul Haidet, MD, MPH; Britta Thompson, PhD; Cayla Teal, PhD; Shewanna Manning, MA; Eugenia Greenfield, BA

In addition to characterizing symptoms, understanding the context of illness (e.g. worries, social effects of symptoms) is an important task for physicians. Through a sequence of activities, first-year medical students practiced recognizing patient clues and eliciting contextual information. Students were more successful at exploring beliefs about treatment (e.g. patient views about a medication) than about patient stressors or patient fears about illness. Furthermore, student ability to elicit contextual information in one area did not predict ability to elicit it in another. These findings suggest there are meaningful barriers to eliciting contextual information that are not well explained by traditional measures of student interviewing skills.

PEER SESSION H: Women's Health: Training on Abortion

Room: Port Hardy

PH1: Algorithms for Common Dilemmas in Medication Abortion Care

Ruth Lesnewski, MD, MS; Dan Napolitano, MD; Lucia McLendon, MD

Unintended pregnancy is distressingly common in the United States, yet the number of abortion providers in the United States continues to decline. Research has shown that medication abortion in the family medicine setting offers women a safe, effective, and private option for pregnancy termination and maintains continuity of care. As more and more family medicine residencies and practices integrate medication abortion care into their "basket of services," common questions arise. To help residencies and individual physicians work through potentially challenging cases, we have developed several algorithms pertaining to medication abortion care. This session will review the algorithms with the participants in a case-based format. Topics to be addressed include patient counseling, phone triage of questions, and management of common clinical problems.

PH2: The Reproductive Health Program at the University of Rochester: What Can We Learn From Trainees? [R]

Barbara Gawinski, PhD; Megan Greenberg, BA; Cara Herbitter, MPH; Marji Gold, MD; Jason Fletcher, MA, MS, PhD

With 88% of US counties having no abortion provider, the need for well-trained clinicians to provide abortion care is great. This session will present findings from an evaluation of the training offered between 1999-2005 at the Reproductive Health Program (RHP) at the University of Rochester Medical Center (URMC). To our knowledge, this is the first study assessing primary care abortion trainees who have become abortion providers. Since completing their training, 47.1% of respondents provided aspiration abortions, and 56.5% provided medication abortions. The presenters will facilitate active discussion about ways to enhance abortion training in primary care and to promote advocacy for safe abortion in family medicine settings. Lessons learned about enablers and barriers to abortion provision can be incorporated into abortion training programs.

PH3: Conversations About Abortion Self-induction: Promoting Women-centered Care and Policy [PF]

Marji Gold, MD; Christine Dehlendorf, MD; Dan Grossman, MD; Melanie Pena, MPH; Kelly Blanchard, MPH

Several recent high profile cases in the US have drawn attention to the practice of abortion self-induction. While self-inducing an abortion with misoprostol has been widely documented in Latin America, little research has examined the practice in the United States. We performed face-to-face surveys in primary care and ob/gyn clinics to assess knowledge about and experience with abortion

self-induction. The results indicate that knowledge about self-induction is more common among women receiving government assistance, and that recent immigrants have inaccurate knowledge about abortion laws and services in the US. This session will use these findings as a springboard for discussion about the role of family medicine education in closing the knowledge gaps and addressing systemic barriers faced by low-income and immigrant women seeking reproductive health care.

PEER SESSION I: Training on Integrated Medicine and Resident Well-Being

Room: Port Alberni

PI1: Resident Wellbeing: Lessons Learned From Evaluating the Integrative Medicine In Residency Program [BF,R]

Patricia Lebensohn, MD; Sally Dodds, PhD; Mary Guerrera, MD; Craig Schneider, MD

A unique aspect of resident training in Integrative Medicine is the emphasis on promotion of wellness behaviors not only for patients but also for the residents. The Integrative Medicine in Residency (IMR) program in 8 family medicine residencies nationwide is using different evaluation tools to assess distress, depression, burnout, and wellness behaviors and characteristics of the residents as they go through training. In this session, the wellness principles of the IMR will be described along with specific examples of teaching strategies. Preliminary evaluation findings for the 2011 and 2012 classes will be presented for perceived stress, distress and depression, burnout, and wellness. Discussion will help the audience in better assessing and managing resident distress and burnout and in using strategies to promote wellness.

PI2: "Leading the Way" for Well-being in the Patient-centered Medical Home

Marina Compean, LCSW; Jo Marie Reilly, MD

The medical home model promises highly personalized, quality care. However, the integrity of patient care is jeopardized when physician well-being is suboptimal. As we build new models of care, it is important to address the depersonalization and emotional exhaustion that characterize burnout and jeopardize the foundation of medical homes—primary care physicians. We believe that physicians must lead the way as role models for personal well-being and health to be effective leaders and advocates within the medical home. The proposed session will provide participants with all the materials necessary to implement cost effective, interactive well-being interventions that aid the physician in becoming a healthy, whole healer. Presentation elements include use of art, literature, and self-reflective activities to enhance personal insight, and stimulate self-reflection.

PI3: Resident Evaluation of a Web-based Integrative Medicine Curriculum: The Function of Formative Evaluation [R,PF]

Benjamin Kligler, MD, MPH; Patricia Lebensohn, MD; Sally Dodds, PhD; Ray Teets, MD

Development of innovative, competency-based curricula is exemplified by the 200-hour, online Integrative Medicine in Residency (IMR) program currently being piloted at 8 residencies nationwide. In the IMR, formative evaluation provides an iterative feedback loop from the resident-learners to faculty. This feedback is critical in refining the curriculum and the usability of the online technology. In this session, formative evaluation findings on key dimensions of curriculum development will be presented. The rationale for using pre-specified threshold values for course completion and acceptance rates will be described, as well as how these guided curriculum changes. Qualitative data will be presented, particularly about needed changes in the online technology. Discussion will assist the audience in applying formative evaluation methods to curriculum development.

Sunday, April 25, 2–3:30 pm

PEER PAPERS—*In Progress*

PEER SESSION J: Learner Assessment

Room: Cracked Ice

Moderator: Larry Mauksch, MEd

PJ1: Evaluation of an Innovative Self-management Skills Curriculum for Family Medicine Residents [MH,S,R,PF,BF]

Karen Connell, MS; Maureen Gecht-Silver, OTR/L,MPH; Blanca Lopez, MPH;

Chronic disease affects more than 90 million Americans and creates major care challenges for physicians and other health providers. Research has established the efficacy of patient self-management for improving health outcomes, yet few physicians are trained to teach their patients self-management skills. This study examines changes in residents' self-efficacy for promoting self-management by patients with chronic disease, as well as residents' performance with chronic disease standardized patients, after participation in an innovative self-management skills curriculum.

PJ2: Including Interpreters In OSCE Evaluation of Residents' Cultural Competency With Complex Psychosocial Issues [MH,S,R,PF]

Rebeca Lopez, MPH; Susan Hughes, MS

Problem: Culturally appropriate care in addressing complex psychosocial issues among primary care patients is both a challenge to teach and assess in residency. Methods: Baseline competencies, including interpreter use, were established with a psychosocial-themed resident observed structured clinical evaluation (OSCE) at the start of the academic year. Curricular interventions include a new resident cultural competency support group, emphasis in didactic lectures, and a new opportunity for residents to work with clinical psychologists. A second OSCE will be performed after one year. Outcomes: Baseline measures for the residents who participated in the July 2009 OSCE. Implications: Overall, residents found the OSCE a positive learning experience. Many identified open-ended questions, end-of-life conversations, and domestic violence resources as areas for improvement.

PJ3: Locus of Control and Self-efficacy Measures as Predictors of FM Resident's Academic Performance [L/SF,MH,BF,R,PF]

Shailendra Prasad, MD, MPH; Joseph Brocato, PhD

This work in progress study examines 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. We report the findings of the first year of this five-year longitudinal study from respondents from seven residency programs at the University of Minnesota's Department of Family Medicine.

PJ4: Introduction of an Academic Benchmarking Examination to a Canadian Family Medicine Residency Program [L/SF,S,R,PF]

Denise Campbell-Scherer, MD, PhD; Shirley Schipper, MD; Shelley Ross, PhD

Benchmark examinations are used widely in almost all other medical specialties in Canada, and the United States. Family Medicine residents in the United States all write annual benchmarking examinations. It would be beneficial to know whether these examinations are useful for Canadian Family Medicine residents. The University of Alberta Family Medicine Residency has a high percentage of international medical graduates. These residents come with heterogeneous training experiences. It would be beneficial to have a sense from year to year of the curricular areas that need particular attention. We postulate that administration of this benchmarking examination to our first and second year residents will allow us to target identified gaps in knowledge from year to year.

PEER Papers continued on next page

Sunday, April 25, 2–3:30 pm

PEER PAPERS—*In Progress* Cont'd

PEER SESSION J: Learner Assessment

Room: Cracked Ice

PJ5: Did We Get It Right? Evaluating the Effectiveness of Remedial Teaching

Tracy Kedian, MD

What is the best way to assist students who are underperforming? Medical schools are improving in their efforts to identify students' clinical skills problems early on. Many have instituted OSCE style testing to prepare students for the USMLE Step 2 CS but also to be proactive in identifying students who are in need of additional teaching in areas such as medical interviewing, oral presentations and clinical problem solving. There is no guidance in the literature towards an evidence-based method of improving these critical skills. This pilot study is evaluating the effectiveness of an intensive, 1:1 remedial teaching program which has been in place for over ten years. Videotaped student encounters and well validated assessment tools will demonstrate whether this remediation results in improved performance.

PEER SESSION K: Medical Student Education

Room: Indigo

Moderator: Amy McGaha, MD

PK1: Third-year Medical Students' Application of Literacy Knowledge [S,R,PF]

LuAnne Stockton, BA, BS; Susan Labuda-Schrop, MS; Brian Pendleton, PhD; Janet Raber, BSN, RN

Literacy can have a profound impact on health. Patients with literacy challenges are susceptible to serious medical errors if they do not understand their illness or treatment properly. However, there is little formal medical education on the subject of literacy during the undergraduate medical years. Medical students should be taught to educate all patients appropriately, taking into account basic literacy principles and facts. At our medical school, second-year students receive a didactic presentation regarding literacy. In the third year, students have an assignment to evaluate a patient education handout. We compared students' assessments with rater assessments and compared students' literacy knowledge as measured by a literacy quiz to their assessments. We will report our findings thus far in our study.

PK2: Engaging Medical Students As Prison Medicine Learners [S,R,PF]

Ruth Martin, MD, MPH, FCFP; John Koehn, BSc; Daniel Malebranche, BSc; Megan Smith, BSc

Prisoners demonstrate high rates of mental illness, communicable disease and socioeconomic factors for poor health. Incarceration provides opportunities to facilitate health promotion and services to an underserved population. Medical schools typically do not teach prison medicine. Two medical students facilitated a workshop at the December 08 Prison-Academic-Community Health and Education conference, with prison staff, academics and community workers, during which they brainstormed prison medicine learning. Resulting from this, the students developed/facilitated health education seminars for prison inmates and staff in correctional institutions weekly for 4 months. Evaluation indicated benefits for the prison community and students. The students also assisted in orientating 6 incoming 2nd year students to continue the initiative and in developing prison medicine electives (a pilot fourth year undergraduate and postgraduate family medicine residency).

PK3: Developing the Family Medicine Pipeline: In-state Student Status and Entry Into a Family Medicine Residency [L/SF,S,R,PF]

Richard Pretorius, MD, MPH; Thomas CampbellII, ; Robert Bowman, MD

Problem: The number of U.S. senior medical students matching into family medicine residencies decreased from a high of 2,340 in 1997 to a low of 1,107 in 2007. This decrease may be explained, in part, by the increase in medical school recruitment of out-of-state students. Method: This project addresses this issue by analyzing data from the 10-year period prior to 1997, which saw a growth in the number of US seniors entering family medicine, and the 10-year period after 1997 in which the decline occurred. Outcomes: This project will determine the relationship between the selection of out-of-state students and the entry of students into residencies in family medicine. IMPLICATIONS: This project is designed to alleviate potential unintended consequences of current policies of admissions committees.

PK4: A Unique Longitudinal Global Health Scholars Program for Medical Students

Norman Fredrick, MD

The need for quality global health experiences for medical students has never been more apparent. Traditional methods often provide one-time, short-term experiences for students that are either self-initiated or programmed in such a way to involve the student secondarily. We present a hybrid approach where students are integral to the success of the program. The Penn State University Global Health Scholars Program (GHSP) includes elements of continuity, service-learning, and community-based research. The GHSP endeavors to provide students with a longitudinal experience spanning their 4-year curriculum that includes both didactic and in-community public health training. Approaching global health programmatically, we provide a unique framework for students to engage in global health in a more sustained fashion, one that more appropriately mirrors real-life challenges and solutions.

PK5: Assessment of a Web-based Instructional Program to Train Medical Students In Oral Case Presentations [L/SF,S,R,PF]

Dennis Gingrich, MD; Roger Bruning, PhD; John George, PhD; Maryellen Gusic, MD; Jane Weida, MD

This study is designed to assess the effectiveness of a web- based learning module on medical students' skill development. This presentation summarizes a blinded and controlled assessment of second year medical students after having access to LionLearn, a web-based educational program jointly designed by faculty at Penn State Hershey College of Medicine and the Center for Instructional Innovation at the University of Nebraska, Lincoln, in order to provide instruction in performing an oral case presentation.

Sunday, April 25, 2–3:30 pm

RESEARCH FORUMS

RESEARCH FORUM B: Skill-Building Session

Room: Granville

RB1: How to Build Better Educational and Research Questionnaires: Tips From The STFM Research Committee

Vijay Singh, MD, MPH, MS; George Bergus, MD, MAEd

In Family Medicine we frequently use survey questionnaires to answer research questions. Additionally questionnaires can be used to assess the performances of our learners, the effectiveness of our teaching, as well as the satisfaction of our patients. A questionnaire can produce reliable and valid information if the questionnaire is properly constructed, pretested, and administered. These requirements are not trivial and missteps are easy. During this session we will provide guidelines for writing and piloting a questionnaire, enhancing response rates, and assessing the reliability and validity of the information collected. This session is intended for people interested in writing or using questionnaires in research and educational settings. During this session we will be designing a questionnaire to be used by the Medical Education Research Consortium.

RESEARCH FORUM C: ID/Respiratory

Room: Galiano

Moderator: Arch Mainous, PhD

RC1: The Impact of Sleep on the Common Cold

Andrew Coco, MD, MS; Donna Cohen, MD, MSc

Objective: The benefit of "get plenty of rest" for the common cold has not been studied. Assess the relationship between the amount of sleep during the first two days of cold and improvement in cold symptoms. Methods: Prospective cohort study. Setting is college campus in Pennsylvania. Participants are students with common cold of recent onset. Outcome Measurement is Wisconsin Upper Respiratory Symptom Survey. Results: 43 students developed a common cold. The amount of sleep on days one and two correlated with the change in cold symptoms from day one to day seven (P=.004). Conclusions: Getting more sleep the first two nights of a cold lessens symptoms one week after cold onset. The implications are to get plenty of sleep at the start of a cold.

RC2: The Association Between Serum 25-hydroxyvitamin D Level And Methicillin Resistant Staphylococcus Aureus Nasal Carriage

Eric Matheson, MD; Arch Mainous, PhD; William Hueston, MD; Vanessa Diaz, MD, MS; Charles Everett, PhD

Objective: Recent studies suggest vitamin D plays an important role in mediating immune function. We hypothesize that low serum vitamin D levels may increase the risk of nasal carriage of methicillin resistance staphylococcus aureus (MRSA). Methods: A secondary data analysis of the National Health and Nutrition Examination Survey 2001-2004 was performed to investigate the association between serum vitamin D levels and MRSA nasal carriage for the US population. Results: In an adjusted logistic regression analysis controlling for age, race, gender, poverty income ratio, current health status, hospitalizations, and antibiotic use, individuals with vitamin D deficiency had a statistically significant increased risk of MRSA carriage of 1.97 (95% CI, 1.14-3.40). Conclusions: Vitamin D deficiency is associated with an increased risk of MRSA nasal carriage

RC3: The Prevalence of Asymptomatic Methicillin-resistant Staphylococcus Aureus In School-age Children

Scott Woods, MD,MPH,MEd; Elizabeth Beiter, MD; Betsy Drake, MD

Objective: To investigate the prevalence of asymptomatic methicillin-resistant Staphylococcus aureus (MRSA) in school-age children. Methods: We investigated the prevalence of asymptomatic MRSA in children at a single, private school serving a low-income population. Results: Our study included 87 school-age children (57% of the total). The participants had a mean age of 9.5 years, 50.6% were female, 4.6% reported an abscess in the last year, 9.2% had a family member with an abscess in the last year, 26.4% had a health care worker at home, and 64.4% participated in an organized sports. Six (6.9%) of the 87 children tested MRSA positive. Conclusion: The prevalence of MRSA in asymptomatic school-age children was seven percent. The prevalence of MRSA colonization appears to be rising.

RC4: The Link Line: A Coalition-initiated, Telephone-based, Care Coordination Intervention for Childhood Asthma

Michael Rosenthal, MD; Kathleen Coughey, PhD; Gary Klein, PhD; Caroline West, MPA; James Diamond, PhD; Abbie Santana, MSPH; Erin McCarville, MPH

Objective: To evaluate the effectiveness of the Philadelphia Child Asthma Link Line integration model to improve childhood asthma management. Methods: Medicaid Managed Care Organization claims data for 59 children who received the Link Line intervention in 2003 were compared to a matched sample of 236 children who did not receive the intervention. Children were matched on demographic variables and 2003 ED visits. Outcomes included 2004 ED visits, hospitalizations, and office visits. Results: Link Line children were less likely to be hospitalized (P=.02) and more likely to attend outpatient office visits in 2004 (P=.045). Link Line children with multiple ED visits in 2003 were also less likely to visit ED's in 2004 (P=.046). Conclusion: This system level intervention had a significant impact on childhood asthma morbidity.

Sunday, April 25, 2–3:30 pm

SPECIAL SESSION

Room: Gulf Islands BCD

SS2: Teaching Skills/ Effective Learner-centered Teaching Strategies for Small Group

Forrest Lang, MD; Michael Floyd, EdD

This interactive presentation will focus on teaching communications in small groups. It will use real-life examples taken from video-records of our faculty's teaching communication in small groups. These videos will stimulate discussion of more effective and less effective teaching strategies in response to various situations. The session will end by summarizing such educational strategies in an "instructional nosology" and providing participants with resources to provide faculty development at their home institution.

Sunday, April 25, 2–5:30 pm

OPTIONAL SESSION

Room: Junior Ballroom D

OPT1: STFM Leadership Workshop: Leadership: A Question of Alignment

Stephen Bogdewic, PhD

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.

[NOTE: Preregistration is required. Additional fee. See Registration Desk to register.]

Sunday, April 25, 4–5:30 pm

SEMINARS

S12: Interprofessional Education: A Key for the Patient-centered Medical Home [MH]

Victoria Kaprielian, MD; Brian Halstater, MD

Team-based care is one of the fundamental concepts in the Patient-centered Medical Home. As the importance of teamwork in the practice of health care is growing, so is interest in interprofessional education of health professionals. Bringing students and/or residents of different disciplines and programs together for problem-solving activities is exciting and rewarding for learners and faculty alike. Family medicine faculty and residents are particularly well qualified to design and facilitate such programs. This session will describe several models of interprofessional education based on experiences in two institutions. Participants will brainstorm potential strategies for use in their own institutions and work together to design cases for interprofessional exercises.

Room: Junior Ballroom B

S13: Peer Review Skills to Improve Reviewing, Writing, and Research

William Phillips, MD, MPH; Louise Acheson, MD, MS; Elizabeth Bayliss, MD; Patricia Carney, PhD; Deborah Cohen, PhD; Robert Ferrer, MD, MPH; John Frey, MD; Robin Gotler, MA; Laura McLellan, MLS; Paul Nutting, MD, MSPH; Kurt Stange, MD, PhD; Stephen Zyzanski, PhD

In this session, we will map out the peer review process and explain how it serves authors, readers, and editors. We will suggest methods for writing a critical and constructive review of a research manuscript. Using examples, we will illustrate practical do's and don'ts for the peer reviewer. Group discussion will address common questions about the benefits, strategies, and ethics of being a peer reviewer. We will also consider how learning to think like a reviewer can help one succeed as an author and researcher. Participants will break into small groups to work with an editor to critique manuscripts and reviews. Each participant will receive a reviewer resource packet and the opportunity to register as a volunteer reviewer for the Annals of Family Medicine.

Room: Junior Ballroom C

S15: How to Integrate fmCASES Into Your Clerkship [S]

Jason Chao, MD, MS; Shou Ling Leong, MD; John Waits, MD; Stephen Scott, MD, MPH; Alexander Chessman, MD; Leslie Fall, MD

This seminar will begin with a presentation on published models for diffusion of innovation and effective methods for integrating e-learning into the traditional curriculum. This will be followed by a demonstration of the online Family Medicine Computer-assisted Simulations for Educating Students (fmCASES). We will also demonstrate resources available in the fmCASES Instructors' Area (including case summaries and student use log data), discuss effective strategies for using the cases within the clerkship, discuss the use of final exam questions based on the cases, and answer frequently asked questions. Common barriers and effective methods for implementing pediatric CLIPP and internal medicine SIMPLE cases will be shared. Participants will be encouraged to share potential opportunities and impediments to implementing fmCASES at their own school for group problem solving.

Room: Orca

S16: Teaching Procedures With Confidence: Enhancing Feedback, Competency Assessment, and Hands-on Procedural Skills [CE,S,R]

Beth Choby, MD; Morteza Khodaee, MD, MPH; Kaparaboyna Kumar, MD FRCS; Barbara Kelly, MD; Eduardo Scholcoff, MD; Julie Sicilia, MD; Roberta Gebhard, DO; Mark Beard, MD; Jasen Gundersen, MD, MBA; Stuart Forman, MD

Procedural training is an active area of interest for both medical students and family medicine residents. While the breadth of procedures performed by many family physicians is extensive, actual procedural training in residency varies widely based on geographic area, faculty's confidence, population, and community. Defining which procedures are integral to family medicine training has been addressed by the STFM Group on Hospital Medicine and Procedural Training. Accomplishing these goals depends on having a competent and confident group of faculty to teach procedural skills to residents. This seminar focuses on skills development for providing feedback and assessing levels of competence for residents who are learning procedures. Participants can then implement these skills into their home program's curriculum for enhancing procedural training.

Room: Junior Ballroom A

Sunday, April 25, 4–5:30 pm

LECTURE-DISCUSSIONS

L12A: Collaborative Development, Implementation and Evaluation of a Novel Curriculum in Pediatric Obesity Identification and Treatment [L/SF,S,R,PF]

Alan Wrightson, MD; Maria Boosalis, PhD, MPH, RD, LD; Andrea Pfeifle, EdD; Judith Skelton, PhD; Baretta Casey, MD, MPH; Nikki Stone, DMD; Kathryn Haynes, DMD; Ted Raybould, DDS

Pediatric obesity is a health condition of epidemic proportions with recent data showing 20% of US 4 and 5 year olds as obese. Following this trend, adult obesity and concomitant health problems are certain to rise. Beginning in 2007, faculty from the Colleges of Dentistry, Medicine, and Health Sciences, and the Center for Rural Health at the University of Kentucky have partnered to develop an innovative and collaborative approach to this problem. This interprofessional team implemented a curriculum and intervention in pediatric obesity that teaches family medicine and general practice dentistry residents practical concepts in screening and counseling their pediatric patients in nutrition-related behaviors. This presentation provides the background, implementation and results of this intervention with patients at risk due to nutrition/lifestyle choices.

L12B: Improving Chronic Disease Outcomes by Strengthening the Therapeutic Relationship Using Information Technology [L/SF,S,R,PF]

Robert Schwartz, MD; John Ryan, DrPH

Individuals in rewarding health care relationships are likely to have greater efficacy for disease management. The therapeutic relationship is critical to good health care outcomes. This presentation describes an advanced IT project designed to improve disease outcomes among patients with risk for poor outcomes by increasing disease self-management. Patients interact with a Web portal that includes education and opportunities to communicate with clinicians using IM and e-mail. Patients engage in peer teaching through monitored discussion boards. Patients are reminded to engage with the portal through mobile phone text messages. Although the trial addresses DM, the platform is amenable for other diseases; aspects may be migrated to the mobile platform, including connectivity with equipment for uploading data via Bluetooth to the Web-based repository.

Room: Azure

L13A: Identifying Curricular Gaps and Overlaps: The Matrix

Bernard Birnbaum, MD; Kristen Bene, MS

As the ACGME moves family medicine from hours-based requirements to competency-based requirements, faculty need creative ways to keep track of resident learning. Residency training is complex and learning objectives come from many sources: ACGME, faculty input, grant objectives, preceptor niches, and community needs. Beyond that, there is variation in how curriculum is managed; depending on the program curricular oversight may be spread across committees, live with individual faculty, or be the responsibility of one person. This session will explore the use of curricular matrices to organize educational activities, resources, and objectives into a usable format to identify gaps and areas of overlap.

L13B: Incorporating a Web-based, Integrative Medicine Curriculum Into 8 Family Medicine Residencies: Keys to Sucess [R,PF]

Victoria Maizes, MD; Victor Sierpina, MD; John Woytowicz, MD; Selma Sroka, MD; Sally Dodds, PhD; Patricia Lebensohn, MD

Web-based education is a new tool for residency training that offers important advantages. However, because of challenges in instructional design and organizational structures, few models exist to guide development of a comprehensive, standardized, competency-based online curriculum across multiple residency training sites. Such a curriculum model in Integrative Medicine was created and implemented through distributed learning in 8 family medicine residencies nationwide. This session will describe the collaborative process of creating a competency-based curriculum, designing the instructional elements and evaluation methods, developing the online structure, recruiting and involving faculty, and addressing organizational challenges to implementation. Completion results and implementation methodologies will be discussed with the audience.

Room: Beluga

L14A: The 1, 5 and 10 Year Production of Family Physicians By US Medical Schools [L/SF,S,R,PF]

John Delzell, MD, MSPH; Joshua Freeman, MD; Michael Kennedy, MD; Heidi Chumley, MD; Tony Paola, PhD

During this session, the presenters will briefly review the AAFP's 2009 family medicine match statistics. The audience will be given time to discuss the use of this data within their own institutions. The presenters will give several alternative analyses of this data, including five and ten year performance, statistical comparison to national means, and a combined comparison that includes size and percentage of class entering Family Medicine. The audience will be challenged to reflect on these different analyses and asked for input regarding their significance

L14B: Estimating the Marginal Cost of Physician Training in the United States: Step-by-step Using Publicly Available Data

Martey Dodoo, PhD

For some time now, there has been debate on whether to expand the US physician workforce and how to finance it. Recent health reform proposals include offers to increase the family physician workforce. Whether expansion is achieved through development of new training programs or expansion of current programs, the financing options seem limited. There is little in the literature on methods for determining the actual cost of financing medical education. To contribute effectively to this debate, there is the need for educators to understand the financing system. In this seminar, we will use data available on the Robert Graham Center and other public Web sites to illustrate an innovative method to estimate the marginal cost of training a physician.

Room: Finback

L15A: Leading Community Health Advocacy: Doctors and Lawyers Can Play Together [L/SF,R,PF]

Kathy Zoppi, PhD, MPH; Chad Priest, RN, JD; Mary Ciccarelli, MD

Many seemingly "pure medical" patient problems are due to complex social problems which cannot be solved by our health care system alone. Health Advocacy skills are important to teach learners as well as to empower patients. Patients, particularly vulnerable populations such as those who live in poverty or with disabilities, are often ill-equipped to advocate for their own health needs. Healthcare providers are often ill-trained to elicit the potential opportunities where rightful access to existing programs can have benefit health. With colleagues from medical education, law, social work, nursing and public health, we created a community-based, non-profit organization and have fostered medical-legal-social service programs in multiple hospitals, including a family medicine residency.

L15B: An Elective in Social Justice and Medicine for Medical Students: Results of a Pilot Project

Jennifer Vanderleest, MD, MSPH; Jennifer Hoefle, MA

Connecting diversity and multiculturism with the core concept of social justice in medical education was the foundation for our development of a medical student elective, "Social Justice and Medicine Seminar." In this course, students explored the relationship between basic principles of social justice and medical practice with medically underserved people, as well as the importance of social justice in the self-care and professional development of medical students. During this presentation, curricular structure and content, teaching tools used and initial outcome data will be reviewed. We will facilitate discussions about how similar projects could be replicated at other institutions.

Room: Vancouver

L16A: The "One Minute Recruitment" Visit

Ellen Whiting, MEd; Janice Benson, MD; Kelley Withy, MD, PhD; David Pole, MPH

Interest in family medicine by medical students has been of great concern to us all since the Future of Family Medicine Report. The Future Family Docs Campaign was launched to recruit middle and high school students into health care careers. A collaboration of STFM and the National AHEC Organization has resulted in online resources and presentations about pipeline initiatives. New on the STFM Web site are downloadable posters for display in offices to inspire questions from and conversations with young patients about how to become a family doctor. Participants will learn outcomes of practices that have piloted the posters and discuss how to make the most of these materials. We believe that action by STFM members with their own patients will make a difference.

L16B: The Brazilian Way to Make Medical Students Enthusiastic for Family Medicine – " GP-miles". [L/SF,S,R]

Pablo Blasco, MD, PhD; Adriana Roncoletta, MD; Deborah Garcia, MD; Marco Janaudis, MD; Maria De Benedetto, MD

To provide an official appraisal for all students involved in this related family medicine teaching scenario, SOBRAMFA (Brazilian Society for Family Medicine) run the Miles Program to measure the students´ participation rewarding with grades, here called miles. The students get "miles" in family medicine through their involvement. The Miles Program allows an individual assesment of each student, provides balance between theory and practice, provides tutorial guides, and fosters leadership among the students. This "continuous medical education program" fosters students´ interest in family medicine, and encourages those who will be able to apply for the residency program developed by SOBRAMFA. The Family Medicine Miles Program is managed by SOBRAMFA web site, and students can find their own performance, as well as specific guides for improving their training.

Room: Parksville

Lecture-Discussions continued on next page

Sunday, April 25, 4–5:30 pm

LECTURE-DISCUSSIONS Cont'd

L17A: The Gripe Model for Precepting Chronic Disease Visits [L/SF,S,R,PF]

Dean Seehusen, MD, MPH; Aaron Saguil, MD, MPH

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.

L17B: Teaching Chronic Disease Management

Ralph Eccles, DO; Heidi Joshi, PsyD

Lifestyle changes are needed for patients to manage chronic disease. Motivational interviewing, readiness to change and other tools have been given to elicit behavior change in a brief encounter. What about the residents we precept? Medical school has taught residents what patients need. Successful medical students do well in lectures and apply this to their patients. Preaching to patients is unsuccessful. Can we motivate residents to motivate their patients? How do preceptors help residents overcome resistance and stop complaining about patient noncompliance? We have developed methods for applying motivational interviewing and analysis of resistance to change to the two minute precepting encounter. We will show videos of actual resident/patient and preceptor/resident encounters. We will discuss barriers to implementation and methodologies, measure success, and resident satisfaction.

Room: Burrard

Sunday, April 25, 4–5:30 pm

PEER PAPERS—*Completed Projects*

PEER SESSION L: Women's Health (Emergency Contraception and other Concerns)

Room: Port Hardy

PL1: Emergency Contraception: Comparing Knowledge and Attitudes of Pharmacists and Physicians in South Carolina

Ann Rodden, DO; Sarah Shrader, PharmD; Lisa Carroll, MD

Purpose: To compare knowledge and attitudes of physician and pharmacist preceptors who prescribe/dispense emergency contraception (EC). Methods: A survey of knowledge-based and attitude questions was distributed to physicians and pharmacists who precept students. Comparisons were performed with Fischer's exact test and unpaired t-test. Outcomes: Of the 182 (39% response rate) participants, more pharmacists (62%) than physicians (28%) dispense/prescribe EC. More physicians than pharmacists know dosing regimens (41.6% vs. 22.6%, $P=0.007$). More physicians believe repetitive use is not harmful (48.3% vs. 28%, $P=0.004$) while more pharmacists believe it causes birth defects (22.6% vs. 7.9%, $P=0.001$). Implications: Differences in EC knowledge and attitude exist. To assure future physicians and pharmacists are taught correctly and patients have access to EC with accurate information, further education may be necessary.

PL2: Medical Students as Patients: An Experiential Learning Project About Emergency Contraception and Patient-centered Care [S]

Cara Herbitter, MPH; Jason Fletcher, PhD; Alice Fornari, EdD, RD; Leslie Boden, MSUP; Marji Gold, MD

Despite the safety and increasing availability of emergency ontraception (EC), barriers to use remain relevant and new ones continue to unfold. To our knowledge, there have been no published assessments of interventions dedicated to teaching medical students about EC and barriers to access, nor about their assuming the patient role to learn about barriers to accessing health care. During this interactive session, we will share findings from an evaluation of a family medicine clerkship project in which medical students assumed the role of patients trying to access EC. The group will discuss how the topic of patients' barriers to accessing health care is currently taught at participants' home institutions. We will then brainstorm ways to increase experiential learning, using the paradigm of the EC Project.

PL3: Qualitative Responses to the Burning Question: What Are Barriers to Smoking Cessation Among Pregnant Women? [BF]

Laura Miller, MD, MPH

Tobacco use during pregnancy continues to be a significant public health concern in the United States and is often encountered by family medicine educators and resident physicians. Pregnant patients who were current smokers completed a demographic questionnaire and nicotine dependence scale. One-on-one interviews were conducted to examine barriers to smoking cessation during pregnancy. Qualitative analysis of the interviews revealed numerous barriers to smoking cessation including addiction, partner's smoking habits, stress, and lack of will power. Emergent themes will be discussed in the context of the patient-centered medical home and residency education. Completed results from this study demonstrate that counseling for smoking cessation should account for individualized psychosocial factors and can equip medical educators to teach advocacy skills through experiential learning.

PEER SESSION M: Behavioral Change and Behavioral Medicine Access

Room: Port Alberni

PM1: Teaching Primary, Secondary, and Tertiary Prevention of Behavioral Issues Through an Integrated Behavioral Health Rotation [BF]

Alex Reed, PsyD, MPH; Ted Epperly, MD

Residents trained in the principles of the Patient-centered Medicine Home (PCMH) must develop and strengthen many skills, including provision of preventive services and coordinated/integrated care. First-year residents rotating through the Art of Family Medicine Rotation learn these specific skills, most notably primary (averting), secondary (detecting) and tertiary (managing) prevention of behavioral health issues. This presentation will review the teaching methods of this rotation that follow the concept of "see one, do several, and teach many" within an integrated behavioral health service.

PM2: Making Behavioral Health Services More Accessible in the Medical Setting [BF,R]

Carol Pfaffly, PhD

Providing behavioral services within a medical practice is complicated by a number of factors, none quite as daunting as the financial aspect. Given the myriad of different insurance plan requirements regarding mental health services and the increasing number of uninsured patients, making behavioral services accessible to patients who have been referred by their doctors for counseling can be hit and miss, at best. The presenter will describe the qualitative and quantitative assessment process designed at a residency-operated medical clinic for evaluating patients' needs for behavioral services and providing the necessary care in a cost-efficient manner. The two-phase project identified barriers to referring patients for behavioral services and developed a streamlined system for providing traditional mental health services to a broad patient population.

PM3: A Randomized Controlled Trial Suggesting Behavioral Change Can Be Effectively Facilitated by Primary Care Clinicians [BF,R]

Larry Halverson, MD; Kyle Griffin, MD; Jacqueline Carter, PsyD

Purpose: Behavioral change is critical to improve health. A method encapsulated in a brief script could facilitate behavioral changes in people with diabetes. Methods: A script was composed drawing from strategies that help people change behaviors. A randomized clinic-based trial was designed and 150 patients were enrolled. The script was used and intermediate diabetes indicators were measured before and after intervention and compared with controls. Results: Statistically significant improvements of mean systolic BP (- 8.3 mmHg P=.003) and diastolic BP (- 3.2 mmHg P=.05) were observed. Conclusions: An interaction method that is adaptable to a typical clinic visit might help people with diabetes make behavior changes that statistically improve blood pressure control and, by extension, improve clinical outcomes.

PEER SESSION N: Faculty Leadership/Development RE: Diabetes-related Topics

Room: Port McNeill

PN1: Digital Retinal Imaging for Diabetics in a Family Medicine Residency Patient-centered Medical Home [MH]

Robert Newman, MD; Nick Patel, MD;

Statement of Problem: Data show that we are not meeting the American Diabetes Association (ADA) guidelines for annual retinopathy screening for diabetics. Blindness remains a major cause of morbidity. Project Methods: We devised a nurse-driven protocol for digital retinal imaging (DRI) at the point of care. We compared the number of diabetics screened during a 1-year period before and after implementation of the new protocol. Results: Screening approximately doubled with 161 patients screened in the year before the protocol compared to 330 in the year following implementation. Seven cases needing urgent treatment were identified. Implications: Use of a nurse-driven protocol for DRI at the point of care dramatically improves compliance with ADA guidelines for annual retinal exams for diabetic patients.

PN2: Faculty and Leadership Development Within a Diabetes Collaborative: Our Experience at UMass [L/SF]

Ronald Adler, MD; Jeanne McBride, RN,BSN,MM; Christine Cernak, RN,BBA,CDE

In the course of running a collaborative for the improvement of diabetes care in primary care practices, we discovered that this provides an excellent environment for the development of faculty and leadership skills. Each participating practice was required to designate and develop a multi-disciplinary leadership team. A practice improvement coach (PIC) was assigned to each practice, and they met regularly with the leadership team. The PIC is a key position, as this person functions essentially as a leadership mentor. Practice leadership was provided with an array of practice redesign elements from which they could choose. Remarkably, most practices developed, tested, and implemented their own interventions. The Collaborative structure provided a natural forum for sharing such new changes, thus furthering the leadership skills of the participants.

PN3: Evaluation of Electronic Prescribing-based Medication Adherence Alerting In Primary Care Practice [R]

Jesse Crosson, PhD; Elizabeth Clark, MD, MPH; Christopher Jackson, MA; John Scott, MD, PhD; Karen Dana Lynch, PhD

Objective: To evaluate the effect of an electronic prescribing (e-Rx) medication adherence alerting system on primary care practices. Methods: In-depth interviews and observations in six primary care practices before and after implementation of a system generating alerts about diabetes patients who failed to fill anti-hypertensive, statin, or glycemic control prescriptions. Results: At baseline, physicians identified medication adherence problems through patient self-report or abnormal lab results; physicians thought that e-Rx alerts could be useful but were unsure how these alerts would be handled. At follow-up, e-Rx use varied widely and no physicians recalled receiving alerts. Conclusions: Successful use of e-Rx medication adherence alerts in primary care practices will require redesigning work processes to handle new information as part of the technology adoption process.

Sunday, April 25, 4–5:30 pm

PEER PAPERS—*In Progress*

PEER SESSION O: Learner Assessment

Room: Cracked Ice

Moderator: Lisa Slatt,MEd

PO1: A Third-year Capstone OSCE to Assess Patient Centeredness [L/SF,S,PF]

Elizabeth Garrett, MD, MSPH; Melissa Griggs, PhD; Kimberly Hoffman, PhD; Caroline Kerber, MD; Dena Higbee, MS

Partnering with patients is an important component of the patient-centered medical home. Some of the requisite competencies such as knowledge and problem solving are more readily assessed by traditional testing, while others such as communication and collaboration can provide assessment challenges. As educators, how do we insure that our learners are developing the necessary skills and attitudes for delivering patient-centered care? We will share our experience in developing and piloting an Objective Structured Clinical Examination (OSCE) designed to assess patient-centeredness of third year medical students.

PO2: Qualitative Analysis of Students' Clinical Performance in an OSCE [L/SF,MH,S,PF]

David Power, MD, MPH; Therese Zink, MD, MPH; Ilene Harris, PhD; Ken Olson, MD

As part of a comparison between students who had completed a 9-month longitudinal rural curriculum (RPAP) and their peers, we will perform qualitative analysis of students' videotaped performances on the same OSCE. Our working hypothesis is that RPAP students are more comfortable handling patients in clinic which however was not confirmed in a previous comparison using only quantitative measures. Performances among the highest scoring and lowest scoring on quantitative scales have been selected with the investigators blinded to students' scores and group. The three physician evaluators are independently viewing tapes using a deductive approach to document the behaviors that they observe. We will then meet as a group, facilitated by our methodological expert, to review tapes and synthesize the observations that we agree upon.

PO3: Defining and Assessing Medical Students' Professionalism: One School's Journey [S,PF]

Elizabeth Garrett, MD, MSPH; Kimberly Hoffman, PhD; Caroline Kerber, MD; Melissa Griggs, PhD

Professionalism is an inherent value for physicians. There is no argument as to the importance of professionalism among physicians, educators or the public. In the past it has too often been assumed that this development was a natural outcome of medical education, however the literature and numerous national panels have challenged this assumption and underscored the importance of making attention to professional development explicit during medical school. Developing a functional definition and measurement strategies applicable to medical students remain elusive. We will share one medical schools' ongoing journey to define and assess professionalism in its students. This will include descriptions of strategies in each year of the curriculum.

PO4: Teaching Through Collaboration: Measuring Medical Resident Education on a Medication Maagement Rotation Experience

Nicholas Owens, PharmD

Pharmacist directed medication management services in an outpatient setting represent a new step toward the concept of the patient-centered medical home whose impact on medical resident education has not been fully explored. UPMC St. Margaret's medication management service has been integrated into the medical education program for over 5 years, providing a unique setting for collaborative learning where pharmacy and medical residents see patients together. A prospective pretest/posttest study will be conducted to assess the impact of a one month rotation with the medication management service on medical residents' education and perceptions. The objectives of this presentation are to provide a brief description of the medication management curriculum, discuss the results of the study so far, and receive feedback from the audience.

PEER SESSION P: Medication Management

Room: Indigo

Moderator: Joanne Williams, MD, MPH

PP1: System-wide Implementation of a Medication Error Curriculum in a Community-based Family Medicine Clerkship [S,PF]

Henry Barry, MD; Christopher Reznich, PhD; Mary Noel, MPH,PhD,RD; Dianne Wagner, MD; Marolee Neuberger, MS; Sandra Campbell, PharmD

Medication errors are critical problems that must be addressed in the undergraduate medical education curriculum. We used the Medical School Objectives Project to design, implement, and evaluate a curriculum in reducing medication errors. We obtained HRSA funding, performed a needs assessment, pilot tested a curriculum, refined it, and are currently implementing and evaluating the curriculum in seven community campuses during a required 8-week family medicine clerkship. After the first offering, student performance on a knowledge exam (from 84% to 88%) and prescription-writing exam improved (59% to 75%). The test scores suggest that prescription writing is a complex cognitive task that requires solid grounding, reinforcement, and practice to attain mastery of safe prescribing practices. We will present the curriculum and the results of the implementation and evaluation.

PP2: An Innovative Technique to Reduce Pharmacy Dispensing Errors [S,R,PF]

Elizabeth Forsberg, PharmD; Ronald Campbell, PharmD

Medication errors represent a significant problem in the US healthcare system, and despite the increasingly popular implementation of high-cost, technologically-advanced interventions such as bar-code technology and computerized physician order entry, dispensing errors still occur. Low-cost interventions, such as a vest or sash worn during the medication pass cycle, can serve as a visual signal to coworkers to reduce interruptions and has been shown in the nursing literature to decrease administration errors. When applied to the pharmacist's final checking process, this visual signal has the potential to decrease the incidence of pharmacy dispensing errors. This project seeks to determine whether the provision of staff education and the addition of a visual signal, a sash worn during final check, can reduce pharmacy dispensing errors by limiting interruptions.

PP3: An Evaluation of Pharmacist-run Medication Management Visits with Polypharmacy Patients in a Collaborative Setting [S,R,PF]

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 study is ongoing to examine the baseline characteristics and interventions in polypharmacy patients who are referred to pharmacist-led medication management in family medicine clinics. A description and evaluation of this pharmacist-run medication management program will identify patients who may benefit most from these visits and demonstrate the impact of pharmacist collaboration. The objectives of this presentation are to give an update of results thus far, and receive feedback and ideas from the audience regarding publication. The audience will gain valuable ideas for identifying patients in their practice who may benefit from pharmacist care.

PP4: Residency Prescribing Practices [S,R,PF]

Janelle Guirguis-Blake, MD; Laura-Mae Baldwin, MD, MPH; Jacintha Cauffield, PharmD; Rex Force, PharmD; Denise Lishner, MSW; Keppel Gina, MPH

Purpose: To examine variation in refill authorization practices among family medicine residency practices in the University of Washington WWAMI residency network. Methods: Key informant interviews were completed for 12 residency programs in the University of Washington WWAMI residency network as part of a larger study. Results: Qualitative and quantitative analysis revealed highly variable prescription refill protocols including differences in: staff responsible for refills, presence of written protocols, faculty pharmacists' contributions in refill practice and teaching, curricular training in potential adverse fetal effects of medications, and quality measurement. Conclusions: Considerable variation in medication prescribing practices highlights an opportunity to improve protocols through a best practice approach in order to reduce errors and improve informed consent when prescribing and refilling medications associated with potential adverse fetal effects.

PP5: Development of an Effective Strategy for Family Medicine Resident Physicians to Utilize Pharmacy Services [L/SF,S,R,PF]

Jody Lounsbery, PharmD; Jean Moon, PharmD; Michael Wootten, MD

When family medicine resident physicians feel that pharmacy services provide value, they will be more likely to demand those services, creating demand and future opportunities for pharmacists providing pharmacy services. We present a project designed to develop effective strategies for resident physicians to utilize pharmacy services. Informal surveys of pharmacists and focus groups of resident physicians will be used to gather information to determine what strategies should be used and developed. These strategies will be piloted at one family medicine training site and be evaluated for an increase in number of physicians who utilize pharmacy services. The strategies will be shared with other family medicine residency programs across the country.

Sunday, April 25, 4–5:30 pm

RESEARCH FORUMS

RESEARCH FORUM D: Complementary/Alternative Medicine

Room: Granville

Moderator: Major Dean Seehusen, MD, MPH

RD1: Do Patients Discuss Use of CAM With Health Care Providers? Assessing Patients' Use and Providers' Understanding

Betsy Jones, EdD; Yan Zhang, PhD; Kim Peck, MD; Mary Spalding, MD; Ronald Cook, DO, MBA

To identify potential benefits and minimize potential interaction risks of CAM and conventional medicine, it is critical to have clear communication between patients and health care providers about CAM use. This study examined patients and physicians in the same primary clinic setting to describe patients' CAM use and physicians' familiarity with certain CAM modes simultaneously, as well as patient-physician interaction in terms of patients' CAM use. The top three topics that the patients discussed with their doctors are effectiveness of CAM (70.5%), possible interactions between and other medications/treatments (70.5%), and safety of CAM therapy (68.9%). Findings showed that the CAM modes that patients used most are not those that health care providers most understand or feel comfortable counseling their patients about using.

RD2: Yoga for Chronic Low Back Pain In a Predominantly Minority Population: A Randomized Controlled Trial

Robert Saper, MD, MPH; Karen Sherman, PhD, MPH; Diana Cullum-Dugan, RD, LD, RYT; Roger Davis, ScD; Russell Phillips, MD; Larry Culpepper, MD, MPH

Objective: Assess yoga's effectiveness for chronic low back pain (CLBP) in a predominantly minority adult population. Methods: Pilot 12 week RCT (n=30) of weekly yoga classes or usual care. Primary outcomes were pain (11 point scale) and function using Roland-Morris Disability Questionnaire (23 point scale). Results: Recruitment took two months and 83% of participants were racial/ethnic minorities. Mean pain scores decreased more for yoga compared to usual care (-2.3 vs. -.4, p=.02). Function scores for yoga also improved more relative to usual care (6.3 vs. 3.6, p=.28). Yoga participants reported less analgesic use (13% vs. 73%, p=.003). SF-36 scores did not significantly differ. Conclusions: Yoga was more effective than usual care for reducing CLBP and analgesic use in a small sample of predominantly minority participants.

RD3: Characteristics of Patients With Chronic Low Back Pain Who Improve Over Time: An RRNET Study

Sandra Burge, PhD; Sarah Holder, DO

Objective: To determine characteristics of patients with chronic low back pain (CLBP) who improve pain and function over 1 year. Methods: This prospective cohort study examined 1-year changes in pain severity, physical function, and role function in 133 family medicine outpatients with CLBP. Results: Overall, participants showed 1-year improvement in pain and physical functioning but not role functioning. Changes in pain and functioning were negatively correlated. Patients with improved pain or role function were least likely to be depressed, to have addiction risk, or to take opioids for pain ($P<=.05$). Patients with improved physical function had less depression ($P=.030$). Conclusions: Primary care physicians may wish to involve mental health professionals as well as pain specialists early in CLBP patients' care.

RD4: Impact of CAM Grand Rounds On Attendees' CAM-related Knowledge, Attitudes and Practice Behaviors

Robert Saper, MD, MPH; Larry Culpepper, MD, MPH; Paula Gardiner, MD, MPH; Surya Karri, MBBS, MPH; Roger Davis, ScD; Russell Phillips, MD

Objective: Assess the impact of evidence-based CAM Grand Rounds on attendees' knowledge, attitudes, and practice. Methods: Grand Rounds reviewing CAM epidemiology, online resources, and relevant research to 7 departments including family medicine. Immediately before and after attendees answered knowledge questions and registered their opinion on the importance of teaching medical students about CAM and integrating evidence-based CAM into practice. Results: Correct answers to knowledge questions improved (51% to 87%, $P<.001$). Strong support for teaching medical students about CAM and integrating CAM into practice increased 24% ($P<.001$) and 35% ($P<.001$), respectively. Use of evidence-based CAM resources increased (25% pre-lecture to 46% at one month). Conclusions: CAM Grand Rounds tailored to the specific audience may lead to short-term favorable change in knowledge, attitudes, and practice.

Sunday, April 25, 4–5:30 pm

RESEARCH FORUMS

RESEARCH FORUM E: Patient Communication/Health Disparities

Room: Galiano

Moderator: Vijay Singh, MD, MPH

RE1: Predoctoral Curriculum to Teach Cultural Competency and Health Disparities [BF]

Kimberly Zeller, MD; Alicia Monroe, MD; David Anthony, MD, MSc; Roberta Goldman, PhD; Julie Taylor, MD, MSc

Objective: Evaluate cultural competency curriculum. Methods: Survey of 206 3rd- & 4th-year medical students before and after a 6-week rotation with 10 hours of workshop training. 37-item anonymous survey of knowledge/attitudes, practices, and confidence. Chi-square analyses and paired T-tests used to look at baseline results and change in responses. Results: More than half of survey items with at least 25% of respondents with unfavorable responses at baseline. Pre-/post-rotation comparison: general improvement, including an increase in the percentage of desirable responses (P=<.05) on 51% of all items: 7 of 20 knowledge/attitudes, 6 of 12 practices; and all 5 confidence assessments. Conclusion: This evaluation demonstrated both the need for and efficacy of this innovative curriculum in cultural competence and health disparities. Significant and marked improvement noted particularly in participants' perceived self-efficacy.

RE2: A Validation Study of the Spoken Knowledge In Low Literacy In Diabetes Scale (SLILLD)

William Miser, MD, MA; Matthew Raines, BS; Benjamin Hull, BS; Kelly Jeppesen, MD, MPH

Objective: To validate the Spoken Knowledge in Low Literacy in Diabetes Scale (SKILLD) as a diabetes knowledge test. Methods: Cross-sectional observational study of 240 diabetic patients attending a family medicine office. We assessed criterion validity, built a regression model to test construct validity, hypothesizing that SKILLD score would be independently related to health literacy and education level, tested content validity and assessed inter-rater reliability. Results: The SKILLD demonstrated fair correlation with the Diabetes Knowledge Test (Pearson's coefficient 0.54). Health literacy, education level, male gender, household income, and years with diabetes were independent predictors of SKILLD score in the regression model. Cronbach's Alpha was 0.54. Inter-rater correlation coefficient was 0.79. Conclusions: The SKILLD is an adequate diabetes knowledge test appropriate for people of all literacy levels.

RE3: Ambulatory Patients' Perspectives On Receiving and Understanding Test Results

Nancy Elder, MD, MSPH; Kelley Barney, BS

Objective: To assess patients' satisfaction and understanding with test result notification. Method: Semi-structured interviews with 12 adults. We asked about receiving test results from and the use of results in disease understanding. We also assessed participants' satisfaction and understanding with 6 different methods for receiving an example result. Analysis was by the editing method. Results: We found three important themes: the interconnection of test result with physician interpretation, characteristics of the test (testing purpose and results) and personal preferences for communication (timeliness, interpersonal connections and own record keeping). Patients preferred results with actual values in reference ranges/goals, graphs/pictures and written/verbal explanations of the test's purpose. Conclusion: Communicating test results to patients is complex, but patient understanding and satisfaction may be improved with improved notification procedures.

RE4: Use of a PDA Tool to Improve Patient-Physician Communication In Cancer Care

Douglas Post, PhD; Charles Shapiro, MD; Donald Cegala, PhD; Prabu David, PhD; Gary Phillips, MA; Electra Paskett, PhD

Objective: Primary aim of RCT to develop and assess feasibility of a PDA-based communication intervention for breast cancer patients. Secondary aim to test intervention effects on symptom severity. Methods: Patients randomized to intervention group (n = 27) completed pain, depression, and fatigue inventories once/week and viewed tailored communication training videos on day prior to treatment. Descriptive statistics examined feasibility and longitudinal random effects model assessed symptom changes over time. Results: Of those eligible, 77% agreed to participate. Adherence to protocol instructions was excellent. Average pain severity was significantly lower for patients in the intervention group (p = 0.015). Fatigue scores trended in positive direction. Conclusions: The intervention demonstrated considerable potential to improve symptom management, is easily adaptable to primary care. Large-scale research is needed.

Sunday, April 25, 4–5:30 pm

SPECIAL SESSIONS

SS3A: Sharpening the Eye of the OSCE: The Critical Action

Karen Maughan, MD; Eugene Corbett, MD

When interpreting OSCE scores, are all checklist items created equal? This presentation proposes the use of critical action analysis as an additional method for analyzing and discriminating clinical performance in clinical skill assessments. A critical action is an OSCE item critical in ensuring optimal patient outcome and avoidance of medical error. Our study demonstrates that many students with overall high overall OSCE scores fail to perform the critical action(s) correctly. This suggests that an overall performance score alone overlooks important indicators about students' skill performance. Including critical action analysis in OSCE data interpretation enhances the value of clinical skill assessment. Participants will have the opportunity to identify critical actions in OSCEs and apply this concept to OSCEs they already use.

Room: Gulf Islands BCD

SS3B: Goal Directed Learning: Early Assessment and Individualized Education Plans for Family Medicine Interns

Glenda Stockwell, PhD; Beth Fox, MD, MPH; Reid Blackwelder, MD

One of the challenges facing interns and faculty in family medicine residencies each year is finding ways to accurately assess baseline skills and begin the process of providing effective training for residents who come from a wide variety of educational programs and professional experiences. For the past two years our orientation process has included a focused evaluation of interns in each of the areas of the ACGME core competencies. The use of OSCEs, Human Patient Simulator scenarios, observed physical exams, practice In Training Exams, EKG interpretation, and competency-based self assessments provides both interns and faculty with a good understanding of strengths and deficits and leads to an early opportunity to structure experiences designed to optimize those critical first few months of residency.

Room: Suite 2905-S

Sunday, April 25, 4–5:30 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP12: Cadaver Dissection Versus Prosection in Medical School: Who Performs Better?

Sheila Krishnan, BA, BS; Nandor Uray, PhD

Some medical schools are modifying their curriculum by replacing cadaver dissection with prosection. The act of dissection provides a clinically oriented approach to learning anatomy, thereby fostering a more detailed understanding. Our goal was to determine if students who complete cadaver dissection perform better than students taught by prosection. One hundred seventy four first year medical students in Gross Anatomy were divided into nineteen groups. Within each group, we subdivided students into two groups that alternated days of dissection. An identification quiz was administered for every two completed labs. Scores were recorded, analyzed, and compared between dissection groups. We hypothesized that compared to students who studied prosected specimens, students who completed cadaver dissections would perform better on questions related to the lab they dissected.

FP14: Community-based Health Promotion Project: The Impact of Pedometers on Physical Activity and Health Attitudes

Rupal Bhatnagar, DO; Lorena Barragan, MD; Mary Talen, PhD

Obesity is in epidemic proportions. In the US, 40-50% of adults are overweight and the long-term impact of obesity on the health status of adults is alarming. Health behavior changes in diet and exercise are the foundation for managing and preventing the health risks of obesity. Consequently, health promotion and prevention for young adults may be a key element in lowering our obesity rates. The purpose of this research project is to evaluate the impact of pedometers on young adults' physical activity and their beliefs and attitudes about physical activity. We will also be assessing the role of social partnerships in exercise and the relationship between changes in activity level, body mass index, and blood pressure.

FP15: Knowledge and Barriers of Taking Folic Acid in Young Reproductive Aged Women

Katrina Herring, MD; Laurie DeGrand, MD; Lori Dickerson, PharmD; Vanessa Diaz, MD, MS; Peter Carek, MD, MS

Women aged 18-24 account for nearly 33% of planned and unplanned pregnancies but shown to be the least likely to meet USPSTF folic acid recommendations of 0.4-0.8 mg daily. This project will address barriers to taking folic acid and implement an intervention within our practice to increase folic acid consumption. Surveys were developed and will be distributed to non-pregnant women age 18-24 visiting the resident clinic to evaluate current knowledge, barriers and post intervention impact on consumption and views of folic acid. Data collection is currently ongoing to attain a sample size of 72 and expected to illustrate consumption to mainly occur when conception is desired. Specific interventions will be executed based on survey results and post-intervention analysis will be done to evaluate consumption improvement.

FP16: Improving Continuity of Care in a Resident Clinic

Nicole Yonke, MD; Roger Garvin, MD

Continuity of care is a core principle of family medicine. However, resident availability has been challenging due to irregular clinic schedules. Our objective is to determine the minimum number of clinic sessions required per week to provide continuity of care to a resident panel of patients. We will compare the percent of continuity visits with the number of clinic sessions per week to find the minimum number of weekly sessions necessary to maintain continuity. This information will be used to influence curriculum re-design incorporating continuity as a key component of resident training.

FP17: A Systematic Review of Family Medicine Residents' Decision to Practice Obstetrics After Residency

Kyla Rice, MD; Ashby Wolfe, MD

Our goal is to perform a systematic review of the current literature in Family Medicine to identify factors associated with residents' decisions to continue practicing obstetrics after residency. Although there is data documenting both practicing physicians' decisions and residency program directors' estimates of why residents continue to provide maternity care following graduation, documentation of factors influencing resident decision-making in this area, or of current trends among residents nationwide, is minimal. By examining the factors that contribute to residents' decisions to practice obstetrics we hope to provide valuable information which may inform future Family Medicine obstetrics curricula and future research.

FP18: Do As I Do: Resident-Student Partnerships Fostering Commitment to Primary Care and Underserved Patients

Elizabeth Ferrenz, MD; Margo Vener, MD, MPH

In order to promote medical student interest in primary care and experiences with undeserved patients, we developed an innovative resident-student partnership called Addressing Cardiovascular Risk in the Underserved (ACRU). The program goals include: building mentoring relationships, involving students in meaningful interactions with diverse patients, and teaching skills in preventive care. Twenty preclinical students participated in workshops on assessing cardiovascular risk and assisting patients in developing action plans for change. Students were matched with residents who had engaged in a workshop on mentoring. Working in a community clinic, students participated in the care of the residents' patients by performing cardiovascular risk assessment and education. ACRU was evaluated to assess student gains in knowledge, commitment to primary care, care of the underserved, and satisfaction with mentoring.

FP19: Prescription Stimulant Use In Collegiate Athletes

Harrison Youmans, MD; Valerie Musgrave, MD; Lori Dickerson, PharmD; Peter Carek, MD, MS

While the rates and circumstances of prescription stimulant use and abuse in college students have been documented in previous studies, no such studies exist to address this issue in collegiate student-athletes. We have created and distributed an anonymous survey for the varsity student-athletes at a local NCAA Division 1-A college. Participants were asked to provide age, gender, and sport; ADHD diagnosis date and type of testing (if applicable); whether they have sold, traded, or misused prescription stimulants; from whom they acquired the medications; expectations, perceived benefits, and side effects of use; and whether they are aware of other athletes misusing prescription stimulants. We hope that further knowledge regarding the attitudes of student-athletes toward these medications will aid physicians in developing counseling programs.

FP20: Does Personality Impact Communication? Exploring the Doctor-Patient Conversation

Kelsey Montgomery, BA, BS; Margaret Wilson, DO

Background: Adapting communication style to mirror patients' personalities may enhance communication in the doctor-patient relationship. Purpose: Improve student doctors' interactions and patient satisfaction using personality based communication training. Methods: Web-based survey administered to 168 osteopathic medical students (OMS) and 15 standardized patients (SP) to assess their personality type. OMS participated in personality based communication training and in SP encounters to practice their new skills. Blinded SPs were trained to identify four character traits and score students based on their performance. Results: The entire second year osteopathic medical class participated. Exit surveys were distributed to assess OMS's comfort level and effectiveness using adaptation skills. Conclusion: OMS with personality based training will be more likely to adapt their interaction styles to improve patient satisfaction.

Works-In -Progress Posters continued on next page

Sunday, April 25, 4–5:30 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS*

Room: Pavilion Ballroom

FP21: Provider Knowledge, Attitudes, and Preferences Regarding the Intrauterine Device (iud) In India

Jennifer Hallock, BA; Heather Paladine, MD; Priya Batra, BS

The intrauterine device (IUD) is a safe, effective, inexpensive, reversible, long-term contraceptive method, and is only rarely contra-indicated in patients. In spite of this, sterilization of either partner remains the most popular contraceptive method in many developing countries. This in-progress project will use qualitative surveys with reproductive health providers at facilities affiliated with All India Institute of Medical Science (AIIMS) to assess the impact of provider knowledge and attitudes on recommendations for IUD use in New Delhi, India.

Sunday, April 25, 4–5:30 pm

RESEARCH POSTERS

Room: Pavilion Ballroom

RP6: Increasing Identification of the Vulnerable Elderly in the Community Utilizing the Electronic Health Record

Karl Takabayashi, BS; David Lillich, MD; Marie Wolff, PhD; Robin Helm, MD; Suzanne Gehl, MD; Sandra Olsen, MS

Objective: Improve resident's ability to identify geriatric conditions using electronic health record (EHR) templates. Methods: Patients aged >=65 and <89 years seen in 2008 (n=761), residents, and faculty at St. Joseph's (SJ) and Columbia St. Mary's (CSM) Family Medicine Residency Clinics were studied. The intervention was a 10-condition geriatric screen and a dementia template with educational links embedded in an EHR, and an hour-long educational session for physicians. Results: The geriatric screen was given to 203 patients (27%) with a 59% positive screen rate, the dementia template was used 23 times (57% positive screens), physician educational materials were viewed 19 times, and patient information links were never utilized. Conclusion: Screening and dementia templates were used infrequently, but they often identified vulnerable geriatric patients when utilized.

RP7: Patient Cost of Urinalysis in Pregnancy

Corey Lyon, DO

Objective: Collection of dipstick urinalysis at prenatal visits is common, despite limited evidence of usefulness. This study assessed if the routine collection of urinalysis at prenatal visits is associated with inappropriate testing or treatment. Method: Charts were reviewed for any extra testing performed as a direct result of the urinalysis. Results: Out of 117 charts reviewed, there were 99 extra tests; 82 urine cultures, 4 finger stick blood glucose; 2 glucose tolerance test; 7 closer interval of follow up. There were 37 episodes of inappropriately prescribed antibiotics, defined as no culture obtained or a negative culture. Conclusion: By completing a dipstick urinalysis at every prenatal visit, there is a greater potential for patient harm in the form of additional testing and unnecessary exposure to antibiotics.

RP8: Do Over-the-Counter Vaginal pH Self-Test Instructions Meet Low Literacy Guidelines?

Lorraine Wallace, PhD; Sigrid Johnson, MD; Leonard Lamsen, MD; Amy Keenum, DO,PharmD

Objective: To examine readability characteristics of currently available brand-name OTC VpHT instructions (n=3). Methods: Reading grade level was calculated using the SMOG. Total number of graphics was tallied. Foldout dimension, text point size, and graphic dimensions were measured to the nearest millimeter. Layout features, graphic characteristics, presence of a clear message, and presentation of manageable information were assessed using the User-Friendliness Tool (UFT). Results: Reading level ranged from 9th to 10th grade (mean+/-SD=9.7+/-0.6). Mean page length was 28.4+/-4.2 cm, while average page width was 18.6+/-3.5 cm. Average text point size was 9.7+/-0.6. Illustrations, predominantly line drawings, were used throughout (range=4-7). None of the instructions scored high on all UFT criteria. Conclusion: Readability and formatting characteristics of VpHTs instructions should be revised to meet low-literacy guidelines.

RP9: The Relationship Between B-type Natriuretic Peptide and Weight in Patients with Heart Failure

Margaret Kosnar, MD; Daren DeWalt, MD, MPH; Michael Pignone, MD, MPH; Charity Moore, PhD

This study of heart failure (HF) patients was designed to assess the relationship between weight changes, pro-BNP, and HF symptoms. We followed participants for 3 months and measured weight, pro-BNP, and HF symptoms during fluctuations in weight and during periods of stability. We found that, overall, there was not a good correlation between weight change and pro-BNP change. However, for a subset of patients, weight and pro-BNP were closely related. Larger studies could further elucidate which patients have a close relationship between weight changes and clinical HF decompensation.

RP10: Can PERC Rule Decrease CT Utilization In Suspected Pulmonary Embolism Patients In a Community Hospital?

Divya Kulkarni, MD; Robert Dachs, MD; Gary Dunkerley, MD;

The 8 step Pulmonary Embolism rule-out criteria (PERC rule) was developed to identify patients that could safely avoid CT scanning to "rule out" PE. A single large prospective series suggested the PERC rule has 99% sensitivity for ruling out PE, yet this clinical decision rule has not yet been studied in the community hospital setting. We therefore retrospectively applied the PERC rule to 213 consecutive patients that underwent CT scanning for possible PE from our Emergency Department. In our setting, the PERC rule was 100% sensitive (95% CI: 83.4-100%) and had a negative predictive value of 100% (95% CI: 93.8-100%). If the rule had been employed, nearly one-quarter of all CT scans for possible PE could have been avoided in our community setting.

Sunday, April 25, 4-5:30 pm

SCHOLASTIC POSTERS

Room: Pavilion Ballroom

SP21: Center for Refugee Health: Teaching and Evaluating Communication Skills

Maria Hervada-Page, MSS; Marc Altshuler, MD

In training residents to work with vulnerable patients while meeting the needs of a community, Thomas Jefferson University Department of Family and Community Medicine has developed a Center for Refugee Health. This clinical setting offers an experiential opportunity for learning communication skills, mental health diagnoses, and advocacy skills. This session will present/discuss (1) the implementation and format of the Refugee Clinic, (2) direct observation of residents as an opportunity for teaching and evaluation, (3) educational benefits and challenges of direct observation in the Refugee Health Center, and (4) the direct observation tool utilized for evaluation will be shared.

SP22: Extending The Impact of Brief Cbt: Using Take Home Worksheets

John Clabby, PhD

Patients who struggle psychologically often first present to their physician. For this reason, it is important to train our residents in brief psychotherapeutic procedures. Social Problem Solving is a CBT intervention that teaches patients to self-calm, "think clearly", and implement a solution with interpersonal awareness. It is an excellent, time-efficient, and patient-empowering intervention. Yet it is rarely taught in family medicine residencies. Participants will be able to cite evidence supporting this approach and use 2 worksheets to grow patients' skills. Participants will view a recording of a resident and faculty psychologist using an SPS worksheet to teach these skills to a depressed, dependent patient. Participants will practice using these worksheets and discuss tailoring such an approach for their own clinical and educational setting.

SP23: Clinical Applications of 3D Ultrasound In Routine Maternity Care

Ricardo Hahn, MD; Wm Rodney, MD, FAAFP; Christopher Forest, MSHS, PA-C; Darenie Goodman, MD

Routine prenatal ultrasound imaging is typically performed in 2D and M-mode in family medicine. Pulse wave Doppler, 3D/4D, and color Doppler are modalities not commonly utilized due to the misconception that they provide minimal added information. Justification exists for the introduction of 3D, color Doppler and pulse wave Doppler in routine prenatal assessment. This presentation introduces first- and second-trimester 3D imaging techniques that allow for identification, early intervention, and surveillance of significant prenatal findings. Many fetal, placental, umbilical cord, and uterine abnormalities can be recognized by the family physician. Numerous 3D, color Doppler, and pulse wave Doppler ultrasound images will be displayed, demonstrating the simplicity of identifying prenatal abnormalities at very early stages of fetal development. Equipment specifications and affordability will also be addressed.

SP24: Harnessing University Resources for a Family Medicine Global Health Track

Paul Larson, MD, DTM&H; Mark Meyer, MD

Many global health tracks fail to effectively utilize expertise available in affiliated primary care residencies and universities. We will present a unique revision of the Family Medicine Global Health Curriculum at the University of Pittsburgh that includes a core seminar series that gives broad exposure to relevant topics in global health drawn from across the university and primary care residencies. Primary educational strategy includes creation of a Web-based database of all available seminars in global health from primary care residencies and the University of Pittsburgh with on-line evaluation and monitoring tools. The project will foster collaboration between residencies with global health tracks and deepen the impact of the University Center for Global Health.

SP25: Medicare and Medicaid PQRI Payments: An Innovative Resource for Resident and Staff Quality Projects

Jerry Sayre, MD; Ramon CancinoDr, MD; Scott SimmonsDr, MD;

Although traditional funding for research and education has diminished over the last several years, resident training must address increased focus on quality outcomes. Using the American Board of Family Medicine (ABFM) Physician Quality Reporting Initiative (PQRI) Diabetes Module, the Mayo Clinic Florida Department of Family Medicine has initiated a retrospective chart review of diabetic patients, comparing data with benchmarked quality parameters. In addition to increased resident skills in practice-based quality improvement, the project will qualify for the increased incentive payment from the Center for Medicare and Medicaid Services, resulting in an incentive reimbursement for all Medicare billings. These payments are expected to produce funding that will be used to offset resident education expense and to fund future quality projects.

SP27: Implementation of Genetics Program Into a Family Medicine Residency

Philip Zazove, MD

Genomics is touted as a future paradigm change in medicine. For family physicians, this would involve using genetic information for diagnostic, prognostic, and treatment purposes, as well as potentially for pharmacogenomics. Currently, our major intervention is to take and analyze family histories. We do this poorly. Residency programs don't typically train our residents well in this. Thus, patients who'd benefit from preventive interventions are not being identified and counseled. A primary care genetics consult service was developed at the University of Michigan, with the goal of improving the identification of high-risk patients as well as overall genetics knowledge. This presentation summarizes the initial results of the service and hopes to generate discussion about ways to improve family history taking and genetic knowledge in family physicians.

SP28: A Department-wide Billing and Coding Program for Faculty and Residents

Maggie Riley, MD; Joel Heidelbaugh, MD

Inaccurate billing by resident and faculty physicians can result in substantially decreased revenue in academic family medicine departments. Clinical programs aimed at improving billing and coding accuracy are crucial to sustain viability in academic health centers. Our program to improve billing accuracy among residents and faculty centers on didactic educational sessions highlighting the most commonly made coding mistakes and individualized chart reviews with detailed feedback. Special attention will be given to outliers within the faculty-resident precepting model to allow for determination of undercoding trends. The goal of this intervention is to create a paradigm whereby faculty preceptors will discuss accurate billing and coding practices for every resident office visit, leading to an alignment of resident billing patterns to reflect that of our faculty.

Scholastic Posters continued on next page

Sunday, April 25, 4-5:30 pm

SCHOLASTIC POSTERS Cont'd

Room: Pavilion Ballroom

SP30: Madigan Army Medical Center's Family Medicine Residency New Expanded Management of Health Systems Curriculum

Jeremy Johnson, MD; Arlene Ritzen, MD, MPH

The Family Medicine Residency Review Committee has recently required a 100-hour Management of Health Systems Curriculum. This curriculum is intended to help newly graduated family physicians succeed in the leadership and administrative sides of medical practice. We created a curriculum at Madigan Army Medical Center that included a weekly lecture, quarterly workshops, a faculty development conference, and a transition to practice conference (124 hours total). All six graduating residents completed a survey upon graduation and 1 year later. Using a Likert-like scale (1=strongly disagree, 3=neutral, 5=strongly agree), the residents felt the curriculum met our learning objectives (average rating 3.8 [graduation] 3.3 [1 year later]); however, they recommended more leadership training and more step-by-step guides for accomplishing common administrative and management tasks.

SP31: Management and Treatment Guidelines for Severe Sepsis

Balprit Randhawa, MD

There are 750,000 cases of sepsis every year in the United States resulting in 210,000 deaths. The average cost for caring of a septic patient is $22,100, and sepsis costs the US health care system $16.7 billion nationally. But, very often the topic of sepsis isn't taught as effectively as are other topics such as diabetes or hypertension to family medicine residents. The mortality rate in severe sepsis is 25%-30%, therefore immediate and proper management is crucial. The goal of my scholastic poster is to provide family medicine residents a better understanding of the pathophysiology of sepsis along with a step by step protocol for effective management of this serious and life-threatening condition.

SP32: Improving Childhood Immunization Quality Using the Electronic Medical Record In a Family Medicine Residency Clinic

Anne Fitzsimmons, MD; Jacqueline Ruplinger, MD

Our outpatient clinic has faculty, fellow, and resident family medicine providers that care for children who require immunizations. We moved to an EMR but found many papers associated with immunizations. Immunization tasks had many hand offs, chances for error, and regular updates in national recommendations. Claims data indicated poor performance in administration of immunizations for children age two and under (a HEDIS indicator). However, individual chart review revealed claims data (the billing of immunizations) faulty, not administration. Our improvement team developed an electronic order, refined and clarified the persons and process steps involved, and were able to improve billing revenue, use of the order, while maintaining the immunization rate at our goal for children < 2 years.

SP34: Family-centered Rounding on an Inpatient Family Medicine Service: A Pilot Program to Document Attitudes

Jeffrey Schlaudecker, MD

Purpose: To improve patient care, safety, and resident education, The Christ Hospital/University of Cincinnati Family Medicine Residency has implemented family-centered rounding (FCR) on the inpatient family medicine service. Importance: FCR has the potential to improve patient care, increase patient safety, and improve education for learners. Description of innovation: A pilot project is currently underway to define what constitutes family-centered rounding and qualitatively evaluate this experiential process. Implications: This pilot project will observe FCR from the perspective of the resident and student learner, the patient and family, and other health care providers. Through this project, family-centered rounding will be further defined, and staff and learner attitudes will be documented. Data collection is currently ongoing, and implications of FCR to family medicine education are large.

SP35: Wisconsin Well Water: Planning Web-based Resources to Promote Safe Drinking Water for Wisconsin Residents

Syed Ahmed, MD, MPH, DrPH; Melissa DeNomie, MS

The purpose of this statewide community academic partnership is to develop a plan to increase Wisconsin residents' access to accurate and user-centered private well water information. A broad group of stakeholders representing medical schools, state agencies and private businesses participated in the process of collectively identifying system needs and potential technology solutions toward meeting those needs. This project highlights the need for developing strategies to meet the information needs of citizens when the policy landscape presents a barrier to information access. Objectives were accomplished via a series of surveys and three planning meetings. This project illustrates the importance of family physicians to partner with community agencies and organizations to understand and address health concerns.

SP36: "Pain Day": Group Medical Visits for Training Residents in Developing a Patient-centered Medical Home

Jeannie Sperry, PhD; Derek Mongold, MD; Ethan Moitra, PhD; Christopher Kincaid, MD

Residents may feel unprepared in dealing with the complexities of chronic pain patients, especially if their curriculum does not include education in evidence-based treatments for pain or training in comprehensive pain assessment and guideline-recommended documentation. Attending faculty may not concur in opioid prescribing practices, hindering consistency in treatment plans and support of resident autonomy in decision making. Group medical visits for patients with chronic pain may represent an ideal model for training residents in the Patient-centered Medical Home, in which medical and behavioral resources are combined in a maximally beneficial and efficient manner. This lecture-discussion session will describe the evolution of pain curriculum and clinic policy to support integrated group medical visits for chronic pain patients in a family medicine residency.

SP37: Leading Residency Education in Scholarly Activity—Impact on the Patient-centered Medical Home

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

Scholarly activity is an important component of family medicine education. The Accreditation Council for Graduate Medical Education (ACGME) has defined six core competencies for residents, several of which involve the incorporation of scholarly activity into the patient care experience. 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. Established in 1996, the Clinical Scholars Program has developed residents as leaders of scholarly activity in our program, with significant impact on our Patient-centered Medical Home.

SP38: Chief Resident Leadership Curriculum: Maximizing the Potential of Our Future Leaders

Kristen Deane, MD; Erika Ringdahl, MD; Erik Lindbloom, MD, MSPH

The chief resident position is a potential incubator for future leaders in the specialty. Unfortunately, due to many factors including limited funds and/or resources, residency programs are often unable to provide structured instruction and training for chief residents. At the University of Missouri, we have developed a unique chief resident leadership curriculum to help our chief residents make the most of their time in this role. This leadership and administrative training may contribute to the increased rate of careers in academia by our chief residents compared to traditional residents. Details of this curriculum and results of a survey of family medicine residency programs reflecting the current state of chief resident development will be presented.

SP39: Controlled Substance E-prescribing: Legalities and Logistics

Michelle Hilaire, PharmD; David Marchant, MD; Marcia Snook, RN, BSN; Mark Schifferns, CPA

Prescribing controlled substances is always a balancing act for providers. Physicians must do their best to safely and effectively treat the patient while at the same time meet the legal requirements associated with these medications. Now throw into the mix the ever-expanding role of health information technology and the incentives in place to encourage prescribers to integrate electronic prescribing into clinical practice. The federal regulations do not allow for the transmission of controlled substances without a physical signature on the prescription. Educating providers, nurses, and front desk staff on prescribing legalities can improve the work flow in a clinic. The purpose of this project is to utilize various methods of teaching to improve compliance with state and federal regulations for prescribing controlled substances.

SP40: Establishing Validity and Reliability of an Adult Intubation Procedural Checklist to Determine Resident Competence

Julie Stausmire, MSN,ACNS-BC; Jahangir Adil, MD; Joseph Thompson, MD, PhD; Jennifer Sarap, DO; Pedro Roca, MD; Aaron Orqvist, MD; Thinh Nguyen, MD; Raja Bhoda, MD; David Ledrick, MD; Kristina Burgard, RVT

Determination of evidence-based validity and reliability of a competency checklist is usually nonexistent in residency programs. We developed a procedural checklist for adult intubation skills that could be used to evaluate residents across programs by preceptors of various skill levels and specialty backgrounds who receive training in the use of the checklist. Three residency specialties—family medicine, emergency medicine, and obstetrics—were used for inter-rater testing and resident performance groups. A standardized training module was developed, including production of a training video. Validity was established by literature review, expert opinion, and Lawshe's content validity index/ratio. Preliminary results indicate the tool is valid with high inter-rater reliability agreement using mean absolute difference + SD with 95% CI.

Monday, April 26, 10–11:30 am

SEMINARS

S17: Communities and Physicians Together—Teaching Advocacy Through Community Collaborations [CE,PF]

Kay Nelsen, MD

Advocacy is both recognized as an essential activity for physicians and a required part of residency education. Communities and Physicians Together (CPT) is a partnership between the UC Davis Health System and community-based organizations in the Sacramento area. CPT works to train future physicians to be better doctors by understanding the social determinants of health and equipping them with the skills to engage in their patients' communities. Resident physicians partner with a community where they are educated on the value of advocacy as an essential role of a physician. Through this partnership, each resident is oriented to their specific community and work with the CPT faculty and their partners to develop and implement an advocacy project with and for the community.

Room: Gulf Islands BCD

S18: Real Life Clinical Teaching: How to Make It Work [CE,PF]

John Turner, MD; Ann Hiott, MD

Clinical preceptors often lack time to develop teaching skills. Yet, such skills are core to the educational mission, and teaching well takes effort and continual development. This session is designed to succinctly review critical theoretical and practical aspects of improving one's own clinical teaching. Participants will watch and critique video segments in light of shared principles of effective teaching. Small groups will be challenged to develop practical strategies to apply to case examples involving commonly encountered problem learners. A novel version of the "feedback sandwich" will be taught and practiced. Participants will improve their ability to prepare for learners, create safe learning environments, promote active learning and continual feedback, as well as model these behaviors in their own practice.

Room: Junior Ballroom A

S19: Leadership Through Subspecialization: Opportunities, Risks, and the Future of Family Medicine [L/SF]

Phillip Rodgers, MD; James Puffer, MD; Kent Sheets, PhD; Thomas Schwenk, MD; Perry Pugno, MD, MPH, CPE

Family physicians have a growing array of opportunities for subspecialization. The ABFM now offers formal added qualification in adolescent medicine, geriatric medicine, hospice and palliative medicine, sleep medicine, and sports medicine, and family physicians have long made significant contributions to addiction medicine, behavioral medicine, community and public health, women's health, procedural medicine, and others. Unstructured observation shows a tradition of both individual faculty and programs leveraging subspecialization to facilitate leadership in clinical, educational, research, but little is known about what motivates these decisions, their tangible products, or their consequences. This session will feature an interactive panel discussion with family medicine leaders about the potential implications of subspecialization for all aspects of family medicine, including professional development, scholarship, educational programs, workforce, and recruitment, among others.

Room: Junior Ballroom C

S20: Supporting Patient Self-management Through Motivational Interviewing, From Intention to Practice [MH,BF,R]

Ana-Catalina Triana, MD; Dorothy Trevino, LMSW, PhD

Motivational Interviewing is an evidence-based, patient-centered counseling style for eliciting behavior change. It engages the patient's inner motivation and supports self-efficacy. Motivational Interviewing is one of the items under the "patient experience" checklist for the Patient-centered Medical Home. This seminar will address strengths and barriers to implementing motivational interviewing and teaching it to students and residents. We will present common outpatient scenarios and share our experience teaching and practicing these skills. The activities will include case vignettes, role modeling of the skills, and discussion of appropriate documentation, coding, and billing practices.

Room: Suite 2905-S

S21: Teaching the Process Skills of PCMH: Developing Faculty as Transformative Coaches [PF,MH]

Gail Fayre, MD; Daniel Eubank, MD

PCMH is becoming the focus of primary care reform. Initial results of the TransforMed project conclude that achieving key aspects requires personal transformation of doctors. Work in organization development has identified critical skills of effective work relationships. Family medicine needs to adapt organization development learning about teams and transformative teaching to medical practice. This seminar describes one residency's efforts to develop faculty as teachers of the skills required to form effective work relationships. We review the skills, provide an experience of the workshop format we designed to introduce transformative teaching, explore the challenges of transformational learning, and allow participants to practice the use of inquiry, advocacy, and feedback for reframing mental models. We will conclude by brainstorming plans for participants to continue practice and learning.

Room: Junior Ballroom B

S22: Leading Change Toward Our New Homes [L/SF,MH]

Lisa Johnson, MD; Kevin Haughton, MD; Ardis Davis, MSW; Sam Cullison, MD; Russell Maier, MD

Change management is increasingly recognized as essential to transformation into a Patient-centered Medical Home (PCMH). Many family medicine residencies are experiencing changes in their programs, around transforming their practices to a PCMH, and around survival with today's economic climate and new GME policies. This seminar will present a framework of four fundamental considerations to use in leading change in residency programs. Participants will develop an Action Plan for their own change process and will take home a toolbox developed from the University of Washington Directors' experience for application to their own Action Plans. A combination of large-group didactic learning and small-group discussion of individualized Action Plans will be used to ensure that participants take home practical information toward leading change in their programs.

Room: Galiano

Monday, April 26, 10–11:30 am

LECTURE-DISCUSSIONS

L18A: A Brazilian Model for Family Medicine Residency [L/SF,S,R,PF]

Pablo Blasco, MD, PhD; Marcelo Levites, MD; Thais Pinheiro, MD; Maria Benedetto, MD; Graziela Moreto, MD; Henrique Rego, MD

The practice of patient-centered care is the core of family medicine. In complex systems, unpredictability and paradox are always present, and some things remain unknowable. Taking these matters into account, we propose a model of a family medicine residency program, based on the Science of Complexity that includes the following tools that will be incorporated into practical settings: outstanding humanities background, reflexive practitioner scenarios and weekly Patient-oriented Medicine journal clubs. Medical educational systems based on the Science of Complexity use multiple tools to provide technical and humanistic improvement of residents. This allows them to remain open-minded so that they can treat their patient as a whole, in technical and personal fashions alike.

L18B: Trans-cultural Medicine: Alaska's Answer to Preparing for Rural/ Remote Practice and Surviving the Wintertime Blues [L/SF,S,R,PF]

Barbara Doty, MD; Ray Pastorino, PhD, JD

Trans-Cultural Medicine is a unique 1 month seminar developed by the Alaska Family Medicine Residency Program in Anchorage for R1 and R3 residents. The TCM curriculum is designed to provide a break from residents' busy clinical rotation schedule and allow opportunity for reflection upon their professional development, cultural communication skills, understanding of health care delivery systems, rural procedural skills acquisition, implementation of patient-centered care, and future career plans. Senior residents are utilized as mentors for interns using senior panel presentations. Outside speakers are brought in from various disciplines including acupuncture, Alaska Native traditional healers, herbalists, naturopaths, veterinarians, dentists, manual therapists, and health analysts. This presentation provides an overview of course content, methodologies, implementation and challenges in implementing this unique curriculum centerpiece.

Room: Finback

L19A: Addressing the Health Needs of Transgender Patients

Cara Herbitter, MPH; Nicole Kirchen, MD, MPH; Tara Stein, MD; Marji Gold, MD

Despite the increasing political presence of transgender people, the primary care literature on transgender health remains extremely limited. This is of concern, as transgender people often face discrimination, which may place them at increased risk for negative health outcomes. Transgender people also seem to be at increased risk for violence, discrimination within the healthcare system, and - for those who choose hormonal therapy - possibly cancer. In this interactive session, we will describe barriers to healthcare and health concerns that transgender people face, as well as various models of care. We will have a group discussion about the role of family doctors in transgender healthcare, the relative benefits of various care models, and ways to make our clinical practices more open to the transgender community.

L19B: Strategies for Enhancing LGBT Medical Education Through Improving Curricular Inclusion and Academic-Community Partnerships

Jennifer Vanderleest, MD, MSPH; Abbas Hyderi, MD, MPH

It is increasingly recognized that lesbian, gay, bisexual and transgender (LGBT) people experience health care disparities, and that LGBT people encounter unique barriers to accessing and using appropriate health services. Medical educators play an important role in addressing health disparities for LGBT populations by providing medically accurate, culturally appropriate curricula to medical students and residents. This lecture-discussion will provide attendees the opportunity to learn about successful LGBT curricular initiatives at the University of Arizona and the University of Illinois at Chicago. Participants will also become familiar with national resources available to support educators interested in LGBT health, and consider how they could use any of these resources at their own institutions.

Room: Beluga

L20A: Resident Research: How to Create a More Rewarding Experience for Residents and Their Mentors [L/SF,R,PF,BF]

Bennett Shenker, MD, MS, MSPH

Are you a research mentor to a resident, but are you inexperienced in research methods yourself? Are you a resident struggling to develop a research project? Do you have difficulty getting your project organized and scramble to meet deadlines? Scholarly activity is a requirement of Family Medicine residency training and often involves resident research. Research is a rewarding experience, but it is also complex and time-consuming. Residents and faculty alike may underestimate the investment it takes to do high quality research. This lecture will highlight strategies to improve the resident research experience for both the mentor and resident, provide guidance for the development of research curriculum, and teach the basics of developing and implementing a successful research project.

L20B: Tools to Build and Enhance Collaborative Research: The Primer Research Toolkit [BF]

Laura-Mae Baldwin, MD, MPH; Sarah Greene, MPH; Rowena Dolor, MD, MHS; Anne Victoria Neale, PhD, MPH; Ella Thompson, BS

The newly developed PRIMER Research Toolkit provides researchers with a rich array of peer-reviewed resources for the conduct of multi-site studies such as those in Practice-Based Research Networks. In this session, participants will learn about the resources that active researchers have found most useful for planning, conducting, and disseminating collaborative, multi-site research. Using requests for resources generated during the workshop, we will familiarize the participants with the Toolkit Web site. Last, we will solicit suggestions for additional resources for future inclusion in the PRIMER Research Toolkit.

Room: Burrard

L21A: A Tale of Two Programs: Transforming a Residency Into a Patient-centered Medical Home [L/SF,MH,S,R,PF]

Brian Hill, MD; Austin Bailey, MD; Kathryn Seitz, MD; David Marchant, MD; Cherise Callighan, BS; Kristen Bene, MS

Transforming a clinic into a Patient-centered Medical Home is a challenging task; adding in residents, high volume, difficult patients, and curricular changes makes it even more complex. This presentation will compare two residency programs' experiences as part of a state-wide initiative to transform residency practices into Patient-Centered Medical Homes and achieve NCQA certification by 2011. Each program will present the path they've taken to implement the model, including identifying champions, leadership involvement, creating a multidisciplinary team for quality improvement, and the challenges that come with these new endeavors. Participants will leave the session with an understanding of the complexity of this transformation, potential barriers, and strategies for successfully implementing this type of project at their home program.

L21B: The I3 Collaboratives: Regionalizing Practice Redesign In Family Medicine Teaching Practices [L/SF,MH,S,R,PF]

Elizabeth Baxley, MD; Warren Newton, MD, MPH; Sam Weir, MD; Alfred Reid, MA; Michele Stanek, MHS; Samuel Jones, MD

Practice transformation in academic settings is orders of magnitude more difficult than in private practices. Yet primary care residencies must provide the foundation their graduates will need to create Patient-centered Medical Homes (PCMH) once they are in practice. The I3 initiative has used the IHI Breakthrough collaborative methodology to transform chronic disease care in 10 residencies in North and South Carolina. Based on that experience, we have initiated a 25-site primary care collaborative, covering North Carolina, South Carolina, and Virginia, and focusing on PCMH. We describe the rationale, project design, and key outcomes of the I3 Chronic Disease Collaborative, and discuss how we applied lessons learned to the new PCMH Collaborative and how participants can apply these lessons in their own programs.

Room: Junior Ballroom D

Lecture-Discussions continued on next page

Monday, April 26, 10–11:30 am

LECTURE-DISCUSSIONS Cont'd

L22A: SBIRT in the FPC: Empowering Residents to Effectively Address Substance Misuse

John Muench, MD; Meg Hayes, MD

Evidence has shown that on average one out of five primary care patients misuse alcohol. The process of Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective risk reduction strategy to prevent and treat the sequelae resulting from alcohol misuse, yet it is underused in the primary care setting. We present a new curriculum to empower family medicine residents to effectively and efficiently use SBIRT in their primary care clinics through office processes that rely upon principles of the Patient Centered Medical Home, as well as a brief, patient-centered, motivational-interviewing technique called the Brief Negotiated Interview (BNI). Participants will learn to carry out and teach the BNI to residents. Curriculum materials and validated screening tools will be shared.

L22B: From Homeless to Having a Medical Home: Buprenorphine Treatment and Resident Education About Opioid Addiction

Kenneth Saffier, MD; Natasha Pinto, MD

Often literally homeless, opioid addicted patients frequently want to stop their drug use, but recurrent withdrawal, lack of treatment resources and access often prevent recovery from addiction. With the introduction of buprenorphine, often described as a "miracle drug" by many patients, treatment has become accessible and another opportunity for residents and staff to learn about addiction as a chronic disease. Buprenorphine group visits have become the foundation of a new patient-centered medical home, building stable relationships between these patients and family medicine residents and practitioners. We describe how patients' first hand experiences with addiction and recovery motivates new patients to enter buprenorphine treatment. We also demonstrate a powerful learning tool using patients to educate a new generation of physicians to be competent and empathic.

Room: Vancouver

L23A: Extenders and The PCMH—Adversaries Or Allies?

Kris Gray, MD

The Patient-centered Medical Home (PCMH) model is central to the future success of primary care and healthcare in general. However, effective implementation and delivery of that model will be impossible in a practice structure that demands a physician see 25-30 patients daily. We are already anticipating physician shortages due to reduced numbers of physicians choosing primary care and increased age of the population. Implementation of the PCMH will only serve to worsen the perceived shortage, as physicians are unable to see as many patients in a day. We must do something, and do it quickly. We will describe a creative solution using physician extenders, assisting the primary care physician rather than competing with them. We will also propose changes in residency training to support this plan.

L23B: You're a NCQA Recognized PCMH – Now What? Moving Forward to Being a Medical Home

George Valko, MD; Brooke Salzman, MD; Victor Diaz, MD; Nancy Brisbon, MD; Mona Sarfaty, MD; Richard Wender, MD; Janis Bonat, CRNP; Kathleen Hilbert, RN, MS

Achieving NCQA Patient Centered Medical Home Recognition is just the "tip of the iceberg" to function as a true medical home and its promised improvement in patient care, physician satisfaction and improved reimbursement. After receiving this Recognition in January, 2009, Jefferson's Department of Family and Community Medicine continues to work towards that goal. Although achievements to date are significant, many obstacles still exist and much hard work must still be done. By involving the entire staff and the residents in this process, the goal is very much within reach. This session will review the experience of JDFCM and its ongoing efforts to build a medical home as part of its participation in the Pennsylvania Chronic Care Initiative.

Room: Azure

Monday, April 26, 10–11:30 am

PEER PAPERS—*Completed Projects*

PEER SESSION Q: Women's Health/Obstetrics Training

Room: Port Alberni

PQ1: Gyn Ultrasound Replaces The Bi-manual Exam-Curriculum Overview [R,PF]

Wm Rodney, MD

The bimanual pelvic exam has poor sensitivity, low specificity, and cannot be standardized for teaching. Over 15 years, a curriculum in Gyn ultrasound has led to improved outcomes for patients and better education for family physicians. After the development of basic OB ultrasound skill, Gyn ultrasound skill is a natural addition. It provides the woman the opportunity to have her exam at the hands of a continuity physician who can explain at the bedside the findings. This minimizes the fragmented care phenomenon.

PQ2: Home Is Where The Group Is: Building Advocacy and Leadership Through Centering Pregnancy® in the PCMH [MH,R,PF]

Sarah Cox, CNM, MSN, MPH; Elisabeth Kuper, MD; Kara Cadwallader, MD

The Family Medicine Residency of Idaho implemented Centering Pregnancy® for group maternity care in 2008. The Centering Pregnancy model of care takes groups of 8-12 women with approximately the same gestational age through their maternity care together. Our groups are led by a faculty provider with two family medicine residents as co-facilitators. We have learned that with this model of care it is possible to: 1) Provide excellent, patient-centered maternity care to our patients, and 2) Provide our resident physicians with an enhanced learning experience. This session will provide other residency programs with a "how to" guide for: Building a patient-centered medical home for maternity care, building resident skills in group leadership, patient advocacy and expanded prenatal care, and building and supporting faculty skills in group leadership.

PQ3: Obstetrics Curriculum Redesign: Creating and Implementing an Improved Educational Experience [R]

Elizabeth Longmier, MD

Obstetrics education, both inpatient and outpatient, is a challenge for family medicine residency programs. The balance of volume against educational quality can be difficult to achieve. Our program has successfully redesigned its obstetrics curriculum to improve educational quality and to provide leadership opportunities for senior residents, without significant losses in volume, by adding interns and senior residents to the inpatient service at our community hospital. The new curriculum also provides integration of the Patient-centered Medical Home and enhanced outpatient training with the creation of a maternity clinic. Using our experience as an example, we will encourage participants to identify weaknesses in their current curricula and to consider what changes would work for their programs. We hope to inspire and encourage curricular change at other programs.

PEER SESSION S: Training in Leadership and Advocacy

Room: Port McNeill

PS1: Experiential Learning In an Urban Underserved Community: Developing Health Advocacy Skills Among Family Medicine Residents [R]

Mario DeMarco, MD, MPH; Peter Cronholm, MD, MSCE; Heather Klusaritz, MSW; Richard Neill, MD

Family medicine is a broad and complex specialty which requires those who practice it to be adaptive to the communities in which they practice. Often the most rewarding clinical experiences are those that occur at non-standard sites of care. Experiential learning through collaboration with community-based initiatives can offer rewarding clinical experiences to trainees while simultaneously improving communities which lack abundant access to primary care. In addition, these experiences offer both teaching and leadership opportunities to residents as

well as medical students and other learners. In this presentation, we will describe a successful community-based initiative which introduces a 12-lecture health education and promotion series to children and adolescents in an urban underserved community in West Philadelphia.

PS2: Leadership, Education, and Advocacy (LEADers): Using an Assessment Tool to Develop Tomorrow's LEADers [R]

Jennifer Sparks, MD

Much like assessment drives learning, assessment can stimulate leadership skills, educational innovation and advocacy within residency training. For the past two years we have been using a "Resident Demonstration of Cognitive Skills" form to document the level of residents' knowledge, understanding, and application as demonstrated during individual precepting encounters. Analyzing these data, we have noted resident-specific themes that can be used to identify leadership, education, and patient advocacy issues for individual residents. During this session we will explain the use of the form to attendees and then work together as a group to develop ways to evaluate the aggregate information generated when the form is used to document many precepting encounters.

PS3: Collaborative Training In Community, Leadership and Advocacy: Reflections After Year Three [R]

Alan Wrightson, MD; Andrea Pfeifle, EdD, PT; Judith Skelton, PhD; Maria Boosalis, PhD, MPH, RD, LD; Ted Raybould, DDS; Baretta Casey, MD, MPH; Nikki Stone, DMD; Kathryn Haynes, DMD; Timothy Smith, PhD

Leadership and advocacy training can prepare health professionals for clinical practice, particularly in aiding those disproportionately affected by illness, poverty, and isolation. Since 2007, faculty from the Colleges of Dentistry, Medicine, and Health Sciences at the University of Kentucky and the Center for Rural Health in Hazard have partnered to develop innovative, collaborative approaches to address this educational need. Supported by a HRSA training grant, this interprofessional team developed a curriculum teaching community, leadership and advocacy for Family Medicine and General Practice Dentistry residents. Using oral health and nutrition disparities as the focus, the curriculum was designed to produce community leaders equipped with skills necessary to advocate for individual and population health needs in the communities where they practice. Our presentation describes this interprofessional curriculum.

PEER SESSION T: Experiential Training in Rural and Underserved Care

Room: Port Hardy

PT1: Creating and Implementing a New Rural and Urban Underserved Medical Student Training Track [S]

Jay Erickson, MD; James Davis, MD, MS; John McCarthy, MD; Sharon Dobie, MD, MCP

Our rural and urban underserved communities desperately need physicians, including primary care physicians, consulting internists and general surgeons. We will describe the development and early implementation of a Targeted Rural / Underserved Track (TRUST) designed to: 1) develop program infrastructure, including a separate admissions process, and targeted curriculum, 2) work with underserved communities to identify their needs and resources for health workforce training and link students to these communities; 3) expand an already developed underserved pathway at our medical school and connect it with TRUST; 4) link TRUST with existing rural and underserved programs at UWSOM; 5) link TRUST students with residencies in residency network that have an underserved training focus. Challenges, questions, and comparisons with other programs will be discussed

PT2: Poverty Simulation: An Experiential Workshop to Teach Advocacy for the Underserved [S]

Jeannie Sperry, PhD; Brandon Kyle, MS; Ben Weinstein, MS; Charlotte Nath, RN, EdD, CDE; Dorian Williams, MD

An innovative experiential workshop to teach advocacy skills for vulnerable populations has been implemented into the curriculum of third-year medical students. The poverty simulation involves role-playing a month in the life of a low-income family. Learners are divided into simulated families with limited resources and charged with navigating health care and social service systems. Assessments of learners before and after the simulation indicate participants gain greater understanding of the challenges and struggles of individuals living in poverty and change their beliefs about the etiology of poverty. Implications include using experiential techniques in medical student curriculum to enhance empathy and improve doctor-patient relationships, contributing to the successful development of Patient-centered Medical Homes for vulnerable populations.

PT3: Mobile Migrant Farmworker Health: An Elective In Advocacy & Underserved Care In a Unique PCMH [S]

Cheryl Seymour, MD; Anne Jones, DO; Katherine Lewis, BA

Many students enter medicine with the broad hope of "making a difference." Whether in the life of an individual patient, the health of a community or the policies that shape our nation, physicians have a myriad of opportunities to be catalysts for change but often lack the requisite skills. The overwhelming patient care demands of medical school and residency can often result in a growing sense of helplessness, working within "our broken health care system". Through an elective in partnership with the Maine Migrant Health Program, we aimed to renew the idealism of our learners and offer them examples of successful community health change through a combination of direct patient care, community engagement, and advocacy skill building in the context of a unique PCMH.

PEER SESSION U: Curriculum Development Geriatrics, Substance Abuse

Room: Parksville

PU1: The Implementation of an Interdisciplinary Resident Training Program in Geriatrics [R,PF]

Alicia Curtin, PhD, GNP-BC; Kim Salloway Rickler, MSW; Anne Hume, PharmD; Naomi McMackin, MD; Phil Clark, DSc

The development of educational opportunities in interdisciplinary team work for family medicine resident physicians to effectively care for our aging population is needed. To meet these challenges, the Division of Geriatrics of the Department of Family Medicine in collaboration with RIGEC faculty implemented an educational program to train health care students and family medicine residents in interdisciplinary team work in geriatrics. The program included four monthly, one hour seminars followed by a two hour comprehensive geriatric assessment focused on a community-dwelling older adult identified at risk. The seminars included topics regarding interdisciplinary team formation and values, communication, conflict resolution, and leadership styles. We will describe the implementation of the program and the challenges of student recruitment and evaluation.

PU2: Stop Abuse and Neglect of Elders: Development and Evaluation of a Self-neglect Module [CE,S,BF]

Lauren Lietzau, BS; Linda Meurer, MD, MPH; Bernadette Witzack, MPS; Linda Cieslik, PhD; Ramona Williams, MSW; Syed Ahmed, MD, MPH,DrPH

Stop Abuse and Neglect of Elders (SANE) aims to increase recognition and referral of elder abuse through education of professionals who care for the elderly. A descriptive analysis of self-neglect cases reported to the Milwaukee County Department on Aging in 2007 provided a baseline profile of self-neglect victims. An online training module was created, piloted, and evaluated to measure changes in user self-assessed competency and knowledge of self-neglect. Self-neglect victims reported in Milwaukee County tended to be over 70 (78%), lived alone (54%), and were often frail with dementia or mental illness. Module participation resulted in increases in self-assessed competency to recognize, likelihood to report, and knowledge of risk factors, presentation, and implications of self-neglect. Evaluations were used to inform revisions of the SANE curriculum.

PEER Paper Sessions continued on next page

Monday, April 26, 10–11:30 am

PEER PAPERS—*Completed Projects* Cont'd

PEER SESSION U: Curriculum Development Geriatrics, Substance Abuse

Room: Parksville

PU3: A Model Curriculum for Providing Competency-based Family Medicine Residency Training In Substance Abuse [CE,BF]

Paul Seale, MD; Sylvia Shellenberger, PhD

Background: To address ongoing substance abuse curriculum needs, the Betty Ford Conference on Medical Education commissioned experienced faculty to develop a model curriculum for Family Medicine residencies. Methods: Authors reviewed literature on barriers to substance abuse education, previous educational outcome studies, and current residency training guidelines. An 8 module curriculum was developed, based on Project MAINSTREAM competencies. Curriculum design addressed challenges presented by work hour regulations, increasing resident diversity, and emerging primary care practice models. Results: This curriculum, focused on screening, brief intervention and referral, allows for local adaptation, encourages direct resident observation, and offers new skills for use in future practices. Conclusions: Combining this curriculum with a national faculty development initiative could greatly enhance family physicians' ability to address substance abuse in primary care.

Monday, April 26, 10–11:30 am

PEER PAPERS—*In Progress*

PEER SESSION V: Educational Innovations

Room: Cracked Ice

Moderator: Pat Lenahan, LCSW, MFT, BCETS

PV1: Training Physicians in South Texas to Deliver SBIRT Practices [S,R,PF,BF]

Sandra Burge, PhD; Thea Lyssy, MA; James Tysinger, PhD; Noemi Adame, MD; Shawn Ralston, MD; Janet Williams, MD

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the delivery of early interventions for persons at risk for substance use disorders. We initiated a training program, the SBIRT South Texas Area Residency Training (S-START), to improve knowledge, attitudes, and SBIRT practices in resident physicians in five medical specialties. Implementation began in spring 2009 with 91 family medicine and pediatrics residents. Using diverse teaching methods to promote higher-order active learning, S-START faculty are delivering eight modules of SBIRT curricula. The evaluation team is assessing changes in knowledge, attitudes, and behaviors annually for 3 years. Trainees who are exposed to the SBIRT model and increase their self-efficacy in its practice are more likely to transfer acquired skills to their next practice setting.

PV2: Using Cancer Patient Stories to "Power" Communication Modules [S,R,PF,BF]

Forrest Lang, MD; Michael Floyd, EdD; Fred Tudiver, MD; Glenda Stockwell, PhD

Problem: The care of patients with cancer or other serious illnesses is challenging. This project involves the collaboration of family medicine, medical oncology, and storytelling faculty. The project records cancer patients' stories of their illness journey and uses them in a set of cancer communication modules. Methods: Patients are video-recorded telling their stories, which are then coded. "Story circles" provide additional clips. Modules' effectiveness is tested with residents. Outcomes: Completed interview spotlights a number of cancer communication issues. Several of the clips will be shown as examples. Implications: Collaboration like ours helps to expand the value of family medicine. If the modules are effective in improving cancer communication, they will have wide usefulness.

PV4: Morning Report as a Method of Integrating Evidence-based Medicine Into a Family Medicine Residency [S,R,PF]

Katherine Kirley, MD; Kathleen Rowland, MD; Richard Guthmann, MD, MPH; Joshua Merok, MD

Teaching evidence-based medicine (EBM) is becoming increasingly important in residency programs. Just-in-time morning report with Evidence Based Medicine (Just MoRe EBM) is an example of an integrated EBM curriculum that will consist of twice-weekly morning report sessions designed to give residents hands-on experience with the real-time application of EBM to inpatient care. We hypothesize that Just MoRe EBM will improve residents' skills and knowledge in searching and analyzing the literature and applying results to patient care. Just MoRe EBM should also improve residents' attitudes and behaviors. Skills and knowledge will be objectively evaluated using the Fresno test. Attitudes and behaviors will be evaluated using self-report surveys, and participants' efficiency and use of EBM resources will be tracked during each Just MoRe EBM session.

PV5: Use of TransforMED Medical Home Implementation Quotient Module to Understand and Promote the PCMH

Daisuke Yamashita, MD; Roger Garvin, MD

The PCMH is becoming the center piece of transforming family medicine. There are increasing needs for teaching residents the concepts of the PCMH as well as skills to implement the PCMH when they graduate. We developed a 4-week long rotation, including (1) self study with TransforMED Medical Home Implementation Quotient module, (2) Attendance at the board of directors meeting at OHSU Family Medicine Department, and (3) Conducting individual leadership projects. This rotation has the potential to improve teaching PCMH to residents and to help implement PCMH changes in residency practices.

PEER SESSION W: Integrating Technology in Education

Room: Indigo

Moderator: Larry Mauksch, MEd

PW1: Nutritionist Via Web Cam [L/SF,S,R,PF]

Farideh Zonouzi-Zadeh, MD; Nadhia Celestin, MD; Nalini Lam, MD; Israr Khankhel, MD; Vien Dinh, ; Mary Christine Yia, MD

Purpose: To compare compliance to traditional nutritionist referrals with compliance to nutritionist referrals via web cam. Identification of barriers, implications on clinical outcomes and patient satisfaction were secondary objectives. Methods: A descriptive study utilizing data from Meditech. Compliance of all LaMarca Family Health Center (LFHC) patients with traditional nutritionist referrals retrospectively from January 2007 to December 2007, (Web cam was implemented in July 2008), was compared with compliance of all LFHC patients with nutritionist consultations via web cam prospectively from November 2008 to October 2009. Results: A 24% compliance rate was noted with traditional nutritionist referrals and a 40% compliance rate was noted for nutritionist referrals via Web cam. Conclusions: Implementation of nutritionist counseling via Web cam is associated with improved compliance with nutritionist referrals.

PW2: Advanced Technology In Clinical Practice: A Teaching Experience With Third-year Medical Students [L/SF,S,R,PF]

Jamee Lucas, MD

Objective: To explore learner perception and understanding of advanced technology integration in clinical practice. Methods: Third year medical students are immersed in a practice that has undergone a lean redesign utilizing three components--advanced access scheduling, development of quality-based clinical templates for the electronic medical record and redesign of the office work force/flow. Students' attitudes and knowledge about technology in practice are surveyed before and after this experience. Outcomes: Previously, students have had limited exposure to practice-based advanced technology. After participating in health care delivery at this site, students express a better understanding of the integration of technology. Conclusion: Technologically-based medical practice is here with limited curricular effort directed toward teaching. Understanding learners' knowledge and perception of these technologies will help in this effort.

PW3: Developing an iApplication for Teaching CBC and CMP Lab Report Interpretation [L/SF,S,R,PF]

Ralph Gillies, PhD; Herbert Jennifer, MD; Thad Wilkins, MD

Health professional students must learn to read and interpret medical lab reports and related short-hand figures, but current learning methods tend to be passive and uni-dimensional. A working group of health professionals and information technology specialists are developing a learner-directed software application and teaching content for iPhone related devices. Focus groups were used regarding essential aspects of lab reports and layout design. Initial screens of application are operational; fully functioning application to be beta tested in October 2009. Developing an iApplication for teaching purposes is feasible with appropriate content experts and technical support. By delineating the specific steps used to move this project from an idea to public dissemination, other educators interested in pursuing a similar technology project can follow a similar path.

PW5: Effect of the Electronic Medical Record On Facilitation of the Medical Interview [L/SF,S,R,PF]

David Yuan, MD

The electronic health record (EHR) is a technology that brings the medical record and health information into the exam room, and several authorities have endorsed the transition toward this new technology. However, little is known about the effects of the EHR on physician-patient encounters. This research examines the differences in technique physicians use to facilitate physician-patient communication when using electronic medical records compared to paper charts. This research is unique in that the same residents will be videotaped performing actual medical interviews while using the EHR and again while documenting with paper charts. The videotapes will be reviewed using a checklist and findings will be used to develop curriculum to enhance medical interviewing incorporating EHR in the process.

Monday, April 26, 10–11:30 am

RESEARCH FORUM

RESEARCH FORUM F: Skill-building Session

Room: Granville

RF1: It Is Not as Hard as You Might Think: Moving From Ideas to Publication

Arch Mainous, PhD; Andrew Coco, MD, MS; Andrew Bazemore, MD, MPH

It is not uncommon that faculty members have good ideas and may conduct a research project or implement an innovative initiative, yet for a variety of reasons those ideas and findings never end up getting published. In this session, we will discuss some of the common barriers to moving an idea to publication and some successful strategies to overcome those barriers. The presenters have more than 300 peer-reviewed publications between them and will use real life examples to help participants come up with a good idea, identify barriers to success in their organization and ways to overcome them and strategies to put the finishing touches on a manuscript that is likely to get published.

Monday, April 26, 10–11:30 am

SPECIAL SESSIONS

SS4: Family Medicine: Planning for the Future of STFM's Journal

John Saultz, MD

Family Medicine has been a major journal in our discipline since it was first listed in Index Medicus 25 years ago. The journal currently receives more than 250 manuscripts each year and publishes articles of primary interest to professionals who practice, teach, and study family medicine. After 18 years of distinguished leadership from Barry Weiss, MD, John Saultz, MD, was named editor effective March 1, 2010. This leadership change is an opportunity to reinforce what has worked well as well as to explore new ideas and initiatives. Since STFM is the publisher of *Family Medicine*, this session will be used as a venue to facilitate input from members about our journal's future.

Room: Orca

SS7: A Preview of STFM's Web-based Modules for IMG Residents

Angela Broderick, CAE; Kathy Zoppi, PhD, MPH

See a sneak preview of the web-based educational offerings, to debut this summer. Residents can enroll in individual courses or all five. Programs can enroll all their residents and see updates on each individual's course progress. Modules include: The US Health care System; Expectations of American Patients; Communication with Patients and Families; Relationship-Centered Care; Operations of a Family Medicine Residency Program (Presentation and Documentation Skills for Residents; Expectations of Faculty-Resident Interactions Hospital and Clinic Rituals in Medical Education) Succeeding in a US Family Medicine Residency Program.

Room: Gulf Islands A

Monday, April 26, 10–11:30 am

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP22: Improving Calcium and Vitamin D Intake in High Risk Women for Osteoporosis Prevention and Treatment

Poonam Sachdev, MD; Farion Williams, MD; Lisa Denobriga, MD

We noticed that most of our female patients more than 50 years are not taking recommended amounts of Calcium and Vitamin D for prevention and treatment of osteoporosis. This initiative was taken to improve efforts at patient education for osteoporosis prevention at our Health center in Dixon IL. Office staff and Nurses helped select patients, and fill out an encounter form used to collect data, while updating the medication lists. Physicians were responsible for confirming the information and educating patients. Data collected was then used on a regular basis to make suggestions to the team members for improvement. At the end of 4 weeks, it was noticed that health providers are now routinely asking about appropriate Calcium and vitamin D intake, and advising patients.

FP23: Sleep Characteristics of 24 Consecutive Children With Down Syndrome

Egambaram Senthilvel, MD; Jyoti Krishna, MD

Introduction: We describe sleep characteristics and prevalence of OSA in children with DS. Methods: Polysomnograms (PSG) of consecutive children with DS were reviewed. Results: PSG of 24 children with DS (age 6.9 $\pm$ 4 y; 54.2% female; 87.5% Caucasian; BMI 21.6 $\pm$ 6.1) showed mean total sleep time 430 min, sleep efficiency 86%, supine time 44.6%, off- supine time 55.9%, and pulse oximetry nadir 86%. OSA was present in 79.2% (41.7% mild, 29.2% moderate and 8.3% severe). AHI was higher in supine than off-supine position ($P<0.05$). Arousal indices increased with OSA severity. Conclusion: Most children with DS referred for PSG had mild to moderate OSA which was worse in supine position. Awareness of high prevalence of OSA in DS is important in the primary care setting.

FP24: Health Habits and Morbidity Profile of Mayo Clinic Florida Nonagenarians and Centenarians

Orestes Gutierrez, DO; Jerry Sayre, MD; Walter Taylor, MD

Medical literature suggests an association among extreme longevity, prudent dietary habits and good health practices. Lifestyle habits are estimated to account for 70% of this longevity, with genetics accounting for 30%. In this pilot study at Mayo Clinic Florida, a cross-sectional analysis evaluated 17 patients older than age 95 who were cognitively intact. Most were independent. We investigated the dietary habits and demographic data including BMI, mental status, tobacco and alcohol use.This study suggests that these successfully aging persons consumed a predominately plant and fish-based diet. They had a normal BMI, did not smoke, and most used alcohol. Based on the small sample size of this pilot study, additional research is indicated.

FP25: Intention to Practice Maternity Care: A Review of Resident Experience With the ALSO Curriculum

Ashby Wolfe, MD, MPP, MPH; Ronald Fong, MD, MPH

The Advanced Life Support in Obstetrics course has been shown to impact maternity care practice patterns. Our goal is to analyze the resident experience with the ALSO course. Though there is minimal data to support an association between ALSO course completion and the decision to provide full-spectrum family medicine, some researchers have hypothesized a role for the ALSO curriculum as a catalyst for increasing the number of maternity care providers graduating from residency. Our examination of the relationship between ALSO course completion and job experience following graduation may identify important trends in resident decision-making which may be useful in developing future residency training curricula.

FP26: Predictors of CHF Hospital Readmission at Provident Hospital

Uzochi Akuchie, MD

This project will determine predictors of hospital readmission for CHF patients at Provident Hospital of Cook County. Multiple variables will be examined to identify predictors for readmission within 30-90 days of discharge from hospital. Those variables will include: 1) Demographics: Age, Sex, Race/Ethnicity, 2) Health Insurance: Medicare, Medicare + Supplemental Insurance, Medicaid, Other Insurance, 3) Hospital Service: Was the patient discharged by family medicine or internal medicine service, 4) Discharge Location: Home, Home with Home Care, Skilled Nursing Facility, 5) Comorbidities: Hypertension, Diabetes, Renal Failure, Respiratory Disease, Drug Abuse. Anticipated outcomes include proof that certain variables increase a patient's risk for rehospitalization. Future research will include implementing the findings of this project and determining if these strategies will reduce readmission rates for CHF.

FP28: Polypharmacy in Nursing Homes: A Growing Epidemic

Mary Gainer, MD; Harry Piotrowski, MS

Nursing home patients take an increasing number of daily medications and are at increased risk of adverse drug reactions (ADR) and subsequent hospitalizations, increased cost and unclear benefit. A cross-sectional study (chart review) of all 99 patients in two nursing homes examined the prevalence of polypharmacy -- 10% random sample examined Medicare charges. Greater than 7 daily medications (based on review of literature) was considered as substantial increased risk of ADR. Results: 176 different medications identified and 1,032 medications dispensed daily (10.4 mean); 75% of patients with 8 or more medications per day. Evidence pointing to lack of elderly subjects in clinical trials and reasons for polypharmacy are discussed. Family physicians care for the majority of nursing home patients and can advocate for change.

FP29: Improving Diabetes Outcomes Through a Resident Curriculum in Population Based Medicine and Clinical Quality Improvement

Jeremy Law, MD; Kay Nelsen, MD

The future of a successful family medicine practice is the implementation of the Patient-centered Medical home. Translating this concept for family medicine residents into clinical practice involves incorporating new concepts of patient care, technology and teaching strategies. We introduced a chronic illness management curriculum, Health and Disease Management, into the existing residency curriculum in 2007. The curriculum focus was on the provision of quality, systematic, population based care through the use of registries, Planned Visits and a series of CQI projects. Outcomes tracked included HgbA1c, LDL, blood pressure, microalbumen, influenza and pneumovac vaccination rates, eye exams and foot exams. We will be presenting data on improvement of vaccination rates, eye exams and foot exams and compare it to "usual practice" in our Family Practice clinic.

FP30: Spontaneous Pneumomediastinum : An Unusual Entity in an Asthmatic

Shweta Arora, MD; Pankaj Thakur, MD;

Background: Pneumomediastinum is defined as the presence of free air in the mediastinal structures. Underlying lung pathology and inhalational drug use can precipitate its development.Objective: Anticipation and preparedness for the condition in cases with established risk factors. Methods and Results: We highlight the case of an 18 year old African American male with history of marijuana use who was admitted for unusual pneumonia complicating asthma. During the course of hospitalization patient developed extensive subcutaneous emphysema, large pneumomediastinum and small pericardial effusion. The condition gradually showed self resolution and the patient had no recurrences. Conclusion: Pneumomediastinum is a rare condition which is self limited. Anticipation of the condition with risk factors and its course is important for appropriate management.

FP31: Evaluating the Number of Office Visits With HbA1c Levels Between Hispanic and Non-Hispanic Diabetic Patients

Deepika Jannapureddy, MD; Rinku Shrivastava, MD; Susan Hughes, MS

HbA1c is a good reflection of glycemic control. Our study investigates if there is a correlation between HgA1c and the number of office visits in a Hispanic vs. non-Hispanic diabetic patient population. Retrospective electronic medical records were reviewed from 2004 to 2008 at an out-patient family health center using number of visits and HbA1c level within the same three month time frame. Interim analysis of 66 subjects show significant correlation between change of HbA1c level and number of office visits (r=-0.254; *P*=0.04). More office visits with the primary care physician are associated with a decrease in HbA1c, possibly because more visits increase patients' knowledge and understanding of the disease process, thereby increasing compliance which should be reflected in their HbA1c.

FP32: Accuracy of Diabetes Nutritional Information on the Internet

Robert Post, MD; Arch Mainous, PhD

Context: Medical nutrition therapy is an important part of treating diabetes mellitus. Nutritional information is widely available on the internet, and many patients access the internet to find out more about their diseases. Objective: To evaluate the accuracy of nutritional information for diabetes mellitus on freely available Web sites. Design: A Google search of "diabetes and nutrition" will be performed. The first 30 relevant, free, non-redundant websites will be examined. The nutritional information on these Web sites will be compared to various aspects of the established American Diabetes Association (ADA) nutritional guidelines. Main Outcome Measures: Proportion of Web sites with nutritional information that is similar to various components of the ADA nutritional guidelines. Anticipated Results: A small proportion of Web sites will have nutritional information consistent with ADA guidelines.

FP33: The Impact of Dietary Fiber on the Treatment of Type 2 Diabetes Mellitus: A Meta-analysis

Robert Post, MD; Arch Mainous, PhD

Context: Increased dietary fiber has been shown to decrease post-prandial glucose and insulin levels in diabetic patients and slow the progression to diabetes in prediabetics. Multiple small trials have evaluated fiber's effect on clinical markers such as Hemoglobin A1c (HgbA1c) and fasting plasma glucose (FPG) in patients with known type 2 diabetes mellitus (T2DM). Objective: To assess the impact of increased dietary fiber on HgbA1c and FPG in patients with T2DM. Design: Meta-analysis. Twenty-seven papers matched study criteria. Data for HgbA1c, FPG, fiber content, and demographics will be extracted from the studies. Odds ratios will be calculated and a forest plot will be graphed. Main Outcome Measures: HgbA1c and FPG. Anticipated Results: Increased fiber intake will likely decrease HgbA1c and FPG in type 2 diabetics.

Monday, April 26, 10–11:30 am

RESEARCH POSTERS

Room: Pavillion Ballroom

RP11: Instill: The Interactive, Simulated Teaching Illustration

Michael Flanagan, MD

This poster will present results of a grant-funded study, The INSTILL Project (INteractive, Simulated, Teaching ILLustration), a collaborative project between the Penn State College of Medicine and School of Nursing. The study's objective was to compare knowledge acquisition and retention in two cohorts, one receiving a dynamic lecture (n= 62), and the other computer-assisted instruction (CAI) (n= 63). Both groups used an identical power point developed on "Adult Obesity". Pre-test results to assess baseline knowledge, and immediate, three, and five-month post-test results are provided. Independent CAI (without audio component) showed less gains than dynamic lecture in knowledge acquisition. Both interventions showed equally significant knowledge decay after 5 months. Applying these results to continuing education can guide distance-learning initiatives in rural primary care communities.

RP12: Counseling About Tobacco Exposure in Pregnancy and Postpartum

Alex Reed, PsyD, MPH; Ruth Wetta-Hall, Ph.D., MPH, RN; Linda Frazier, MD, MPH; Angelia Paschal, PhD, MEd

The study goal was to assess the impact of brief training on tobacco-related counseling among inpatient obstetrical nurses. An RCT was conducted among nurses who provided care for hospitalized pregnant women. Participants were randomized to receive one of two educational interventions: a standard 5-A approach or an experimental 5-A approach plus motivational interviewing. Participants completed a baseline and follow-up questionnaire. The competence in counseling pregnant women to stop smoking improved in the experimental group (*P*=.031). The standard group reported an increase in giving patients information about ways to quit smoking (*P*=.041). The results suggest that training inpatient obstetrical nurses in smoking cessation counseling may be one way to reduce the adverse effects of smoking on women, infants, and children.

RP14: Obesity Management: A Patient-centered Approach

Raquel Livoni, MD; Tara Arness, MD; Ronald Fong, MD; Charlene Hauser, MD

Objective: To evaluate the efficacy of patient-centered obesity management. Methods: (1) Chart review of patients referred to weight management clinic and (2) Analysis of weight change at 1 and 2 years based on attendance (+/-) at group orientation and participation (+/-) in follow-up visits. Results: Weight changes: patients (-) orientation: + 1.1 kg at 1 year, + 2.9 kg at 2 years. Patients (+) orientation, (-) F/U, - 4.5 kg* at 1 year, - 2.5 kg** at 2 years. Patients (+) orientation, (+) F/U, - 1.1 kg at 1 year, - 3.4 kg* at 2 years. *P <.05. **P <.005, based on comparison to patients (-) orientation. Conclusions: A patient-centered approach to obesity management resulted in a modest but statistically significant weight change.

Monday, April 26, 10–11:30 am

SCHOLASTIC POSTERS

Room: Pavillion Ballroom

SP41: An Evaluation of 3-year Financial Trends of Family Medicine Residency Programs in Texas

Betsy Jones, EdD; Yan Zhang, PhD; Mike Ragain, MD, MSEd; Ronald Cook, DO, MBA

In the current economic climate and in the midst of calls for health care reform and cost controls, an assessment of financial performance for family medicine residency programs is appropriate. This study examined 4 years of financial data for the 26 family medicine residency programs in Texas. Using 2005-2008 data collected by the Texas Higher Education Coordinating Board (THECB), we analyzed programs' reported revenues and expenses to determine trends across the time period and differences among geographic regions and program types; the outcome variable is the difference between revenue and cost per resident. Although total average revenue increased 4.09%, total expenses increased 6.74%, with an overall 13.79% increase in the average total cost per resident among all programs. This poster will outline analysis and findings.

SP42: Pilot Testing fmCASES: Feedback From Students and Faculty

Alexander Chessman, MD; Stephen Scott, MD, MPH; Jason Chao, MD, MS; John Waits, MD; Shou Ling Leong, MD; Leslie Fall, MD

STFM, in partnership with the nonprofit educational organization iInTime, has created for family medicine clerkship students a set of virtual patient cases, modeled in structure after previously successful pediatric cases, CLIPP. During this pilot year 2009-2010, 50 medical schools have asked to participate in using these cases. This poster will present information about how the clerkship directors used the cases. We will also present student feedback about the ease of use and value of each case, including comparison to the cases for pediatrics and internal medicine clerkships, CLIPP and SIMPLE.

Scholastic Posters continued on next page

Monday, April 26, 10–11:30 am

SCHOLASTIC POSTERS Cont'd

SP43: An Innovative Assessment Tool to Evaluate Knowledge of Knee Injection in Family Medicine Residents

Walter Taylor, MD; Jennifer Roth, MD; Ann Farrell, BA

As part of offering comprehensive care to patients in the medical home, family medicine residents should become competent to perform knee aspiration and injection. An innovative curriculum was developed to test the knowledge base of residents with respect to aspiration and injection of the knee. Residents were asked to review the video link http://content.nejm.org/cgi/content/short/354/19/e19 from Thompson TW, et al. Arthrocentesis of the Knee. N Engl J Med 2006;355:631, Aug 10, 2006, which outlines the indications, contraindications, equipment, anatomy, the approach to aspiration, synovial fluid analysis, and complications. A test was developed from the material in the video. This is completed on line by the residents. The posttest allows faculty to assess a resident's knowledge base with respect to performing this procedure.

SP44: Weaving Together EMR, the PCMH, and Core Didactic Teaching to Improve Residency Education

Sarah Marshall, MD; Thomas Balsbaugh, MD; Kay Nelsen, MD

Utilizing EMR and the PCMH during monthly didactic sessions, The University of California, Davis Department of Family and Community Medicine has developed a unique curriculum for its residency program, weaving the traditional core family medicine educational topics of diabetes care, prenatal care, and well-child care. This poster will outline the innovative model.

SP45: Incorporating Research Into Family Medicine Education

Robert Bales, MD, MPH; Sarah Atkinson, BS; Nawal Lutfiyya, PhD; Patricia Harper, MD

Incorporating clinical research into medical school curricula augments medical education in important ways. Two distinct models of such curricular augmentation in a family medicine clerkship will be presented. Both approaches demonstrate the successful incorporation of research into medical education. The first model is a practice-based research network where every third-year student participates as a researcher. The second model is a voluntary longitudinal experience in family medicine research that begins in the M2 year and continues through graduation. The cornerstone of each of these models is that not only research goals but also student educational goals are defined when designing and undertaking clinically oriented research. The poster will show the advantages and disadvantages of each model, along with applications to residency training and faculty development.

SP46: Sharing Our Stories: Our Department's Weekly Listserve of Clinical Success Stories

Hugh Silk, MD

The telling of medical stories is how we in the medical community make peace with bad outcomes, honor patient relationships, and process the meaning in our work. In our institution, academic successes are shared routinely, so we added a weekly listserve of clinical success stories. We have chronicled the demographics of writers, surveyed readers and writers about the meaning of the listserve for them, and conducted a four value orientation analysis of the essays (normative, utilitarian, justice, and ideal value orientations). This poster will present the results of these analyses, examples of the writing, and describe how this type of project can easily be recreated in other institutions.

SP47: Prevention of Osteoporosis From Early Life: Identifying the Silent Risks

Ruomei Liang, MD; Vincent Balestrino, MD

As society ages, the death or loss of independence due to osteoporotic fractures has been increasing. Osteoporosis is not part of the normal age process. It develops over many years and can be a consequence of life style and health conditions in early life. The purpose of this scholastic poster is to increase the awareness of osteoporosis prevention, identification, evaluation, and treatment during routine office visits in patients of all ages. Family medicine is well positioned to be at the front line in the prevention and management of this potentially devastating illness.

SP48: The Complete Medical Home: A Proposal to Change the Practice of Family Medicine

Ralph Eccles, DO

How do we teach and implement the medical home? How can we address demographics of the future? Can we teach residents to successfully change patient behavior? Is there evidence that group visits change outcomes? Most proposals are a minor modification of the present model. What other models can be developed that will meet the needs of the future? The poster will introduce a new model - designed to help our second year and especially third year residents to change the way they evaluate and manage patients.

SP49: Marketing Techniques to Positively Influence Patients: Results of Teaching Cross Cultural Patient Motivational Interviewing Techniques

Bruce Britton, MD

Teaching the concepts and skills necessary to have patient-centered communication is an important task of the medical educator. However, even with good communication skills, motivating patients requires the physician to persuade them toward better medical adherence and to change behavior. Social psychologists have identified and defined key concepts in influencing behavior that are currently used successfully by business to market their products. Students need to be able to recognize these techniques and understand how these same techniques can be utilized to enhance patient care across all cultures. This poster will first describe the principles of behavioral influence and present the results of an educational curriculum devised to enhance medical student understanding of how these techniques can affect physicians and their patients.

SP50: Lessons Learned From the 2009 Pandemic of Influenza and From the Federal Midas Modeling Efforts

Richard Zimmerman, MD, MPH

As of the writing of this in September, the 2009 influenza pandemic is occurring in the US. To prepare for this, the federal Modeling Infectious Disease Agent Study used mathematical models to predict the impact of vaccination, vaccination use, school closings, and antiviral drugs on simulated pandemics of various severities in the US. This information was provided to public health officials. At the local level, individual practice plans were made to handle the anticipated surge in patients and phone calls. How well do the models compare to the pandemic as it unfolds in the US? How useful is testing for influenza, using either rapid tests or PCR, for pandemic influenza? How well did the planned interventions work as actually used?

SP51: Training Residents to Lead a Health Care Team in the PCMH: A Longitudinal and Integrated Curriculum

Alexander Blount, EdD; Stacy Potts, MD; Daniel Mullin, PsyD; Carlos Cappas, PsyD

Physicians' training has historically been aimed at promoting autonomy. Learning to be the one who makes decisions is a fundamental goal of residency. This leads to a mentality of "treat or refer", the wrong approach for physicians practicing in a PCMH. In a PCMH physicians must operate as team leaders. Training residents to lead teams is challenging learning to add to the "growing autonomy" learning of residency. We have a program that includes several elements designed to train residents in teamwork while preserving our training in leadership. In our curriculum this training is integrative and longitudinal and is facilitated in part by our behavioral science faculty and fellows. This poster will describe two key components of this curriculum, our Dual Interview and Team Precepting programs.

SP52: Development of a Successful OB Practice Share Team Program and an OB Patient Tracking System

Shannon Neale, MD

Prior to 2008 almost none of our graduating residents met the RRC requirement of 10 continuity deliveries. This was not due to lack of patient volume, but rather to a poor patient tracking process and to the resident often not being available at

the time the patient delivered. Patient preferential requests for female providers also affected resident numbers. In the fall of 2007 we instituted a new patient tracking process and a practice share team program. We are currently on target to have 100% of our 2010 graduates attain their required number of deliveries. This program models for residents a healthy way of managing obstetrical patients in a primary care setting that supports a medical home as well as helps to prevent burn out.

SP53: Patient Preferences On Electronic Communication

Elena Burtea, MD; Megan Tortorich; Champ Thomaskutty ; Lisa Golden; Kathy Zoppi, PhD, MPH

Patients and providers have access to web-based servers, e-mail or text messaging that may facilitate communication about test results or other medical information. Little is known about patient preferences and skills in using mediated communication with physicians. Concerns about HIPPA, patient confidentiality, and clear communication often inhibit adoption of electronic communication. Students in a Public Health program did a strategic convenience sample survey of 400 patients in several family medicine practices to determine patient comfort with and access to electronic medical information. Surveys were distributed and collected anonymously in the waiting room. The survey included 18 questions, 43 variables. Despite high levels of access and internet use, the majority of patients preferred to have test results or information via phone call from the provider's office.

SP55: Curricula Fostering Research-oriented Scholarly Development in Residency: Combining Academic Rigor With Professional Passion

Gowri Anandarajah, MD; Roberta Goldman, PhD; Priya Gupta, MD, MPH

Improved scholarly productivity by family physicians is needed to transform innovations into tangible products that, when communicated to others, can positively impact patient care nationally and globally. Recent ACGME requirements for scholarly work are achievable. However, significant challenges to promoting rigorous scholarly work in residency include resident time and interest in research, and available resources. This poster will present a curriculum providing residents with the skills necessary to convert their professional interests into "research-oriented" scholarly projects that are evaluated and presented. This combination of academic rigor with residents' professional passions has improved the quality of scholarly output and enhanced resident morale.

SP56: Faculty, Resident and Clinic Staff's Evaluation of the Effects of the EHR Implementation

Mark Huntington, MD, PhD; Michael Bloom, PhD

We have all heard the promise. The EHR would cut health care costs, improve reimbursement, eliminate mistakes, improve communication between professionals, increase evidence-based practice, and provide valuable research data. After a year of thorough investigation, our program implemented a highly regarded system. It's time for a reality check. We administered a survey eight months and again twelve months after startup. Faculty, residents and clinic staff were questioned regarding their perceptions of the EHR's impact on: time spent on medical records, quality of patient care, communications, education and personal time, coding, office efficiency and attitude. This poster will present the results of the survey and then invite the audience to discuss its implications.

SP57: IIPSLAW: A Mnemonic for Assessing Suicidality

Gretchen Lovett, PhD

For beginning clinicians, evaluating suicidality is a frightening task. It is a subject that people do not want to discuss. Medical interns and residents do not know what to say to open the topic, or how to follow this uncomfortable path in the patient-clinician interview. IIPSLAW is a mnemonic to help the clinician remember important items to guide this discussion. IIPSLAW stands for Ideation-Intention-Plan-Specificity-Lethality-Availability-What is Stopping them? Clear, specific communication training in this area is essential. Individuals who are stopped from taking their own life are glad afterwards. Suicidality is a temporary crisis in most cases. Family doctors are at the front line in detecting, evaluating and intervening in a condition which ranks as one of the top causes of death internationally.

SP58: Development and Implementation of a New Curriculum for Third Year Clerkship In Family Medicine

Amy Tan, MD; Michelle Levy, MD; Shelley Ross, PhD; Ivan Steiner, MD

The average Family Medicine clerkship experience at Canadian medical schools is between 4-6 weeks in length. Our University has traditionally had two separate clerkship rotations in Family Medicine: 4 weeks in a rural setting in 3rd year, and 3 weeks in an urban setting in 4th year. We proposed a change to this format: one consolidated 3rd year Family Medicine clerkship of 8 weeks duration, incorporating both rural and urban experiences (with an option for an all-rural rotation). This change allows for a deeper experience, discipline continuity, and provides increased early exposure to family medicine before students have to choose a specialty for residency. The longer clerkship also enables the incorporation of an enhanced academic component.

SP59: Direct Visualization: Revisiting Screening for Cervical Dysplasia In a Patient-centered Medical Home Teaching Site

Elizabeth Hutchinson, MD; Shannon Boustead, MD; Alyson Feigenbaum, MD; Jule Thistlethwaite, MD; Laura Breymann, MD; Sonal Patel, MD

Swedish Family Medicine First Hill Residency has recently opened a patient centered medical home as one of its three training sites. This study takes place at these three sites. Our project presents an example of how a patient centered medical home expands opportunities for innovative clinical protocols to improve patient care. Having colposcopy readily available (and included in the patient's care package) presents an opportunity to perform direct visual inspection (DVI) as a reasonable addition or alternative to traditional cervical dysplasia screening methods. Adult women were given the option of DVI at their routine gynecologic exams. Patient satisfaction and accuracy of DVI were measured.

Monday, April 26, 1–2:30 pm

SEMINARS

S14: Across the Divide: Moving Students From Evidence-based Research to Successful Publication

Michael Flanagan, MD; Norman Fredrick, MD; Jose Rodriguez, MD; Juan Qiu, MD, PhD

Faculty members from two medical schools have developed three viable options for students to successfully write for publication. Each approach uses a different venue of the Family Physicians Inquiries Network (FPIN) and can be achieved in a limited time frame during the student's clinical rotation. This seminar will provide participants with the tools they need, including templates and examples, to write for publication personally, as well as implement scholarly student research at their own institutions. It will also provide an example of how faculty can serve as senior editors with FPIN to promote academic advancement. Participants will receive outcomes data detailing how these projects positively impacted the involved medical schools and review how they could do the same at their own institutions.

Room: Gulf Islands A

S23: STFM Smiles for Life 2 Oral Health Curriculum: How to Implement It in Your Program [R]

Alan Douglass, MD; Mark Deutchman, MD; Wanda Gonsalves, MD; Russell Maier, MD; Hugh Silk, MD; James Tysinger, PhD; 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 compliance with RRC education requirements in oral health, STFM's Group on Oral Health created the 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. 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: Junior Ballroom C

Monday, April 26, 1–2:30 pm

SEMINARS cont'd

S24: The Metacognitive Micro-skills: Helping Residents Avoid Common Cognitive Errors Through Analysis of Clinical Reasoning [CE,R,PF]

Thomas Koonce, MD MPH; Alfred Reid, MA

Despite evidence that the majority of medical errors 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 a taxonomy of the most common diagnostic errors, and we explain how implementation of the metacognitive micro-skills can help clinicians avoid committing them.

Room: Orca

S25: Next Steps for the IMPLICIT Network: Applying Our Success With Quality Improvement to Interconception Care [PF]

Stephanie Rosener, MD; Wendy Barr, MD, MPH, MSCE; Ian Bennett, MD, PhD

The Family Medicine IMPLICIT Network is a collaboration of family medicine residency programs that utilizes Continuous Quality Improvement (CQI) techniques to improve the health of women and their infants before, during, and after pregnancy. Seeking to improve birth outcomes, the Network's activities to date have successfully increased the delivery of evidence-based interventions during pregnancy care. Recognizing the unique opportunity we have as family physicians, the Network now expands the project's scope to the interconception period. In this session, our Interconception Care interventions, supporting evidence, and implementation strategies will be presented. Participants will be given a look inside the workings of the Network and will experience the process of developing a CQI strategy. Expanded implementation in various PCMH settings will be discussed.

Room: Beluga

S26: Teaching Advocacy: Lessons From The Family Medicine Response to The Murder of George Tiller

Joshua Freeman, MD; Marji Gold, MD; Lucy Candib, MD; Emily Godfrey, MD MPH; Ruth Lesnewski, MD, MS; Melissa Nothnagle, MD; Heather Paladine, MD

On May 31, 2009, Wichita, KS family physician and abortion provider George Tiller was murdered during church services. Many medical and non-medical (both anti-abortion and pro-choice) groups issued statements of condemnation, but his own organizations, the AAFP and Kansas AFP, were not among them. This has generated significant discussion in the family medicine community. It highlights the issues of family physicians advocating within their organizations and communities, and whether and how to teach advocacy to students and residents. After a panel addresses these issues, the remaining 60 minutes of the seminar will involve participants with questions to the panel, discussions in small groups, and large group discussion, with the goal of developing methods for understanding and approaching such controversies.

Room: Junior Ballroom A

S27: Using Logic Models for Strategic and Evaluation Planning

Kathryn Kramer, PhD

This seminar will provide the rationale for using logic models in family medicine for strategic planning, program design, and evaluation. Participants will learn the core concepts of logic model development, gain knowledge and skills in its application, and also get direct experience in developing a logic model. The importance of the planning process being outcome driven will be emphasized, and examples of how to use this approach will be offered. We will discuss ways to use logic models across a broad range of topics in family medicine, including practice management, educational interventions, continuous quality improvement, and program design and evaluation. This seminar will include a lecture format and small and large group activities.

Room: Finback

Monday, April 26, 1–2:30 pm

LECTURE-DISCUSSIONS

L24A: "These Are My Muffin Slacks": Using the Humor of Television's "Scrubs" in Medical Education

John Waits, MD; Michael Luther, MD

Understanding the need to keep medical lectures not only factually correct and current, but also interesting and engaging, we have developed a searchable spreadsheet database with all of the pertinent medical terms from the popular television show Scrubs. A lecturer may search the topic of choice and be directed to the Season, Episode, Minute and Second where that keyword appears. We hope that this database will not only serve as a practical tool but also as a starting point for lecturers to grow appreciation for humor in medical education.

L24B: Connecting With High School and College Students Through Pipeline Programs [L/SF,S,R,PF]

Dennis Gingrich, MD; Suzanne Allen, MD, MPH; John Delzell, MD, MSPH; Russell Miller, MD

"Pipeline Programs" for high school and college students are one method being used to address lower numbers of students entering family medicine as a career. The rationale for these programs is to provide an early exposure to the field, promote a better understanding of the nature of family medicine practice and establish potential role models at a time when the students are flexible in decision making. This presentation reviews purposes and benefits of pipeline programs and a variety of design and content options, and provides several examples of existing programs. It also provides tips and resources for initiating a new pipeline program.

Room: Gulf Islands BCD

L25A: Teaching Residents a Brief Motivational Interviewing Intervention for Substance Use [PF,BF]

Manuel Oscos-Sanchez, MD; Sandra Burge, PhD; Nida Emko, MD

Screening, Brief Intervention and Referral to Treatment is an evidence-based strategy to address substance use in primary care settings. During this session, a 45 minute lesson targeting family medicine residents will be modeled. The session introduces participants to and engages them in the use and critical evaluation of a brief motivational interviewing intervention for substance use.

L25B: Substance Abuse Screening in the Medical Home: A Residency Training Model [PF]

Alexandra Loffredo, MD; Nida Emko, MD; Michelle Tinitigan, MD

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, integrated, evidence-based, patient-centered approach to identifying and managing substance use problems. To encourage future family physicians to address substance abuse in their practices, we developed a curriculum to teach the SBIRT approach in our residency program. This presentation will review the substance abuse screening tools we teach residents, the clinically based learning activities associated with the curriculum, and the evaluation methods. The curriculum is taught within the structure of the Patient-centered Medical Home, integrating the screening tools and educational activities with day-to-day clinical care of resident continuity patients in the ambulatory and inpatient settings.

Room: Azure

L26B: Outpatient Miscarriage Management Should Be Part of Every Residency's Medical Home

Mark Beard, MD; Sarah Prager, MD, MS; Nancy Stevens, MD, MPH

Women experiencing miscarriages are increasingly managed in the hospital often in the operating room at great expense. Miscarriage can be managed in the family medicine office providing excellent quality, greater patient satisfaction and lower cost. With improvements in both medical and outpatient surgical options, our residencies should model excellence in caring for women with early pregnancy loss. We have designed a training and practice intervention and tested it in 10 residencies. Our presentation will describe the intervention, including the resources needed to adapt this training to your practice setting. We have learned a lot and think we can help you avoid our mistakes and share our successes. We hope you will leave this session inspired and with the resources you need to get started

L30B: An Elder Abuse and Neglect Prevention Curriculum for Physicians and Community Service Providers [L/SF,S,R,PF]

Linda Meurer, MD, MPH; Linda Cieslik, PhD; Bernadette Witzack, MPS; Ramona Williams, MSW; Steven Denson, MD; L. Kevin Hamberger, PhD; Syed Ahmed, MD, MPH,DrPH

Abuse, neglect, and self-neglect of elders often goes unrecognized. Health professionals are in the ideal position to recognize and respond to elder abuse but often lack adequate information, education, and training in this area. A need for more effective methods to increase elder abuse recognition and response in the local community was identified. A partnership between the local medical college and the local department on aging was formed. Curricular materials including educational modules and locally produced videos were developed for health professionals. Methods for curricular creation, including local community input, preliminary needs assessments, and pilot evaluation will be shared. The final educational modules will be demonstrated, and replication and creation of elder maltreatment curriculum for other communities will be discussed.

Room: Vancouver

L27A: Family-centered Medicine: Integrating Family Systems Education Into the Medical School Curriculum [L/SF,PF,BF]

Marie Dent, PhD; Lee Bowen, PhD; Bowden Templeton, PhD

This session presents an integrated, longitudinal curricular approach for training undergraduate medical students to assess the family and the impact of illness on family functioning and structure, knowledge important for development of partnerships among the physician, patient and family in the patient-centered medical home approach. The curricular approach includes (1) seven hour tutorial instruction for MS-Is that focuses on the family as a system and assesses the family utilizing five specific instruments; (2) experiential opportunities to complete longitudinal family systems analyses with patients and their families during the MS-I, MS-II, and MS-IV years; (3) experiential opportunity to work with troubled families during the MS-III year; and (4) feedback from students about their family interactive activities.

L27B: There's No Place Like Home: Teaching Patient-centered Medical Home in the Family Medicine Clerkship [L/SF,MH,S,R,PF,BF]

Theresa Woehrle, MD, MPH; Anne Walsh, PA-C, MMSc; Brian Prestwich, MD

The model of the Patient-centered Medical Home (PCMH) has been endorsed by all primary care associations, medical economists and health care policy makers as a foundation for improving our health care system. We have successfully implemented a curriculum for third year medical students during the family medicine clerkship that uses a lecture discussion session and a student evaluation of their clerkship clinical site on the seven principles of a medical home. In this session, we share the results of our medical home curriculum and our students' reflections on whether their clerkship site qualified as a true Medical Home. Participants will reflect on their own clinical sites as medical homes and share in discussion of opportunities for future curriculum around the PCMH model.

Room: Burrard

L28A: Physicians Behaving Badly: Dealing with the Disruptive Physician [L/SF,S,R,PF,BF]

Sanford Kimmel, MD

Family physicians, whether a program director, head of a practice plan, or hospital chief of staff, often find themselves having to deal with disruptive physicians. Disruptive physicians jeopardize the performance of the health care team and patient safety. Staff members may be reluctant to report such behavior because of fear of inaction and/or retaliation. This session will review the frequency, types, and impact of disruptive behavior and provide a framework for dealing with them. Participants will then discuss various scenarios to identify commonalities and differences in their management as each organization may have different methods of dealing with such behavior.

L28B: I Know Professionalism When I See… The Numbers. Using a Metric to Assess Professionalism [L/SF,S,R,PF,BF]

Patricia Bouknight, MD; Robert McDonald, MD

Introduction: Professionalism is one of the six core competencies and arguably one of the most difficult to evaluate. Methods: A professionalism metric, based on one developed by the University of Iowa's Pediatric Residency Program, was developed and adopted by the faculty for use during each quarterly resident advancement session. Progress was tracked toward or away from a set benchmark. Results: After 2 years of use, the Professionalism Metrics have provided both the faculty and the residents with concrete evidence of our residents' progress within this competency. Conclusion: The professionalism metric has provided us with a standardized objective evaluation for professionalism that has been used as both a formative and summative evaluation of our residents' performance.

Room: Galiano

L29A: The One-Point-Five-Minute Preceptor Model: Integrating Assessment Into the Clinical Precepting Encounter [CE,PF]

Molly Cohen-Osher, MD; Jennifer Sparks, MD

The one-minute preceptor model has been widely integrated into residency education. Although assessment of residents' medical knowledge and thought processes occurs implicitly within this model, no formal assessment component currently exists. We propose an assessment tool integrated within the one-minute preceptor model that is able to capture real time assessments of residents' knowledge and understanding, and its application to specific patient encounters. This tool can serve as a formative assessment, providing real time feedback, and as a summative assessment to residents as they progress through educational and experiential training. Captured data can identify potential gaps in a learner's knowledge, understanding or processing abilities and can also demonstrate a progression of the learner's skills and abilities over time.

L29B: Giving and Receiving Effective Feedback [CE,L/SF,R,PF,BF]

John Turner, MD; Ann Hiott, MD

Despite formal training, teaching physicians report discomfort with feedback and identify it as a continual need for faculty development. Resident learners are dissatisfied with the amount and quality of feedback during medical training. Theory and evidence exist that inform the process of feedback delivery and can be incorporated into models for application to various settings. An understanding of critical characteristics of effective feedback along with common barriers and pitfalls to feedback delivery will improve educators' performance of this critical skill. Participants will apply and critique proposed models to case scenarios to enhance incorporation of effective approaches into everyday work.

Room: Junior Ballroom B

Monday, April 26, 1–2:30 pm

PEER PAPERS—*Completed Projects*

PEER SESSION X: Research on Information Technology, Medical Student Education/Issues

Room: Port Alberni

PX1: Electronic Medical Records: How Do They Affect Medical Student Education? Can We Maximize Their Impact? [S,PF]

Katherine Margo, MD; Christine Jerpbak, MD; Lisa Slatt, MEd

Electronic Medical Records (EMRs) are powerful tools for optimizing patient care delivery, and many academic centers are incorporating EMRs into teaching settings. There have been relatively few studies reporting the effect of EMRs on the education of medical students, and the optimal integration of the EMR into undergraduate medical education has not been well described. Therefore, a national survey was conducted in August 2009 through the Alliance for Clinical Education (ACE) of clerkship directors from seven specialties (FM, IM, Ob/Gyn, Peds, Psych, Surg, Neuro, EM) in an attempt to better understand the challenges and opportunities of integrating EMR into the teaching of medical students. We will present the results in this session, and discuss challenges experienced by the participants and possible ways to address them.

PX2: Student Debt Is Becoming Unsupportable on the Salary of Family Physicians: Results of Quantitative Models [S]

John Wiecha, MD, MPH; Paul Koehler, MS

Student debt levels continue to rise rapidly. There is considerable debate on the influence of debt levels on career choice and somewhat less debate on the relationship between salary and student choice of specialty. However, little is known about the impact of student debt on future quality of life. We now demonstrate, using financial projection models, that as student debt approaches $200,000, after monthly expenses are paid, including mortgage on a median-priced home in metropolitan Northeast (valued at $411,000), student loans, cost of living, retirement, costs of two children including partial college savings, and assuming a spouse or partner earns an average income, that the average income of a family physician is likely to be insufficient to support these expenses even with participation in available loan repayment programs.

PX3: Validation of a Survey Studying Burnout, Unhealthy Behaviors, and Loss of Idealism In Medical Students [BF,S]

Kathleen Rowland, MD

Medical students have been shown to experience burnout, unhealthy behaviors, and loss of idealism during medical school. There is not as much literature on how to prevent these outcomes. This study validates a survey instrument that will examine whether students who volunteer at free clinics is protective against these changes. The instrument validated is a 45-question survey administered online. Eighteen students from the University of Chicago Pritzker School of Medicine participated. Validity was assessed through interviews and factor analysis. The variables were found to load onto six factors, and the instrument was acceptable to the students. The instrument was modified to reflect the results of the validation process. This study suggests that the instrument, with modifications, is a valid tool to measure the intended outcomes.

PEER SESSION Y: Innovative Approaches to Curriculum Development

Room: Port McNeill

PY1: Engaging Community-based Veterans in Healthy Partnerships: Exploring Organizational Factors [S,R,PF]

Leslie Patterson, MS; Jeffrey Morzinski, PhD, MSW; Jeff Whittle, MD

Family medicine has a growing role in caring for community-based veterans and their families. Optimum patient-centered care calls for active patients—a change for many older veterans. This poster describes a 3-year community-campus partnership involving a family medicine department and several regional Veteran Service Organizations (VSOs). We trained peer-leaders to provide VSOs with education and support to better self-manage veterans' hypertension. We used surveys and observation to learn whether organizational factors were associated with VSO engagement and outcomes. Findings indicate a positive association between outcomes and factors such as VSO size, distance from medical home, and enthusiasm. We conclude that VSOs can be strong partners in promoting patient-centered care. Family medicine contributes patient education expertise and awareness of organization-level factors that influence partnership outcomes.

PY2: Disaster Medicine [R]

Mark Huntington, MD, PhD; Thomas Gavagan, MD, MPH

When disaster strikes, family physicians are in the forefront of caring for the victims. It is imperative that they be adequately trained to meet the needs of their patients in a disaster situation and to integrate their actions with those of the army of federal and NGO responders that is likely to descend. This session will present vignettes from recent disasters and review topics such as mass casualty triage and care, the National Incident Management System, etc, with which all graduating family medicine residents must be familiar. Both speakers have extensive experience in disaster response.

PY3: Communication With Low Literacy Patients: A Curriculum for Family Medicine Residents [R]

Charlotte Nath, RN, EdD, CDE; Elaine Mason, MEd; Emily Bower, MS

Background and Objectives: Many residents lack the knowledge and communication skills to provide optimal care to patients with low literacy. A pilot curriculum was developed to improve residents' knowledge, attitudes, and communication skills related to low literacy. Methods: A workshop delivered during internship orientation used didactic and simulated patient methods. Knowledge, attitudes, and skill were assessed before and after the workshop using self-report and scoring by trained observers. Results: Scores in the three domains, while improved, were not significantly different after training. Conclusions: The curriculum and assessment will be strengthened, including adding a focus on longitudinal care with real patients.

PEER SESSION Z: Perspectives on International Health and Medicine

Room: Port Hardy

PZ1: Health Sciences Online: An Extraordinary Opportunity for the Democratization of Health Sciences Knowledge [CE]

Erica Frank, MD, MPH

Purpose: Health Sciences Online (HSO) is a virtual learning centre for health professional education. Methods: HSO provides access to top-quality courses and references in medicine, public health, nursing, and other health sciences disciplines, donated, hosted, and maintained by distinguished content partners so anyone, anywhere in the world can access free, current, world-class education through the portal. Results: HSO includes over 50,000 learning objects and we are still growing. Our target audience is health professionals in training and practice in developing countries. We are currently developing an online family medicine residency. The curriculum combines competencies and guidelines from internationally recognized institutions such as WONCA Global Family Doctors and the American Academy of Family Physicians. Conclusions: HSO.info is an extraordinary resource for family physicians around the world.

PZ2: Comparing Methods of International Faculty Development in Family Medicine: Building Family Medicine in Vietnam

Jeffrey Markuns, MD, EdM; Laura Goldman, MD; Elizabeth Henry, MHS; Alain Montegut, MD

Developing family medicine (FM) as a specialty is a key component of building improved primary care in many developing countries, and a core group of academic physicians in FM are necessary to train new FM physicians. We have implemented multiple international faculty development programs for academic development in FM in Vietnam to prepare physicians to teach FM in their home academic institutions. Our involvement in building FM in Vietnam has included fellowships, workshops, videoconferencing, and degree-granting programs. We will share our curricula, review barriers and successes, and discuss evaluation results. Each of these methods has played an important role in developing FM in Vietnam, and we will discuss how these lessons might be incorporated in other global health programs in FM.

Monday, April 26, 1–2:30 pm

PEER PAPERS—*In Progress*

PEER SESSION AA: Community Engagement

Room: Indigo

Moderator: Warren Ferguson, MD

PAA1: Developing Competencies for Community Engagement [L/SF,MH,BF,S,PF]

Naomi Wortis, MD; Aisha Queen-Johnson, MSW

Problem: Existing community engagement curricula have different objectives, content areas, and evaluation. The goal of our project is to develop community engagement competencies and assessment tools. Methods: A review of existing literature and resources was conducted to identify a comprehensive list of competencies. A draft of these competencies was distributed to colleagues and community stakeholders for input and feedback. Competencies were revised and linked to ACGME competencies for pilot testing. Results: Competencies focused on the following eight domains are now being piloted: social determinants of health, cultural humility, community relationships, systems change, advocacy, analytic and assessment skills, public health science, and leadership. Implications: A shared set of community engagement competencies will benefit medical students, residents, faculty and community members.

PAA2: Summer Service Partnership: Medical and High School Students Engaging in Urban Community Health [L/SF,MH,BF,S,PF]

Sarah-Anne Schumann, MD; Laura Blinkhorn, BA

We paired rising second-year medical students with high school students from underserved neighborhoods near our medical center for a new summer program. Students participated in asset-mapping and implemented service-learning projects by balancing their interests with community needs. The students developed advocacy skills through meetings with community leaders, faculty, and local politicians. Medical students strengthened their leadership skills by supervising the high school students, who will lead their peers in the service projects they began over the summer. In this session, we will describe the details of the summer program, focusing on how it is different from other summer programs for medical students and report on lessons learned from the inaugural year and long-term plans for evaluation.

PAA3: Medical Missionaries Or Community Partnerships? Developing Global Education In the Name of Community Health [L/SF,MH,BF,S,R,PF]

Kent Bream, MD; Frances Barg, PhD; Heather Klusaritz, MSW

Global health is an increasingly popular goal for modern learners, highlighting the importance of primary care for all and the ideals of Alma Alta. Critics, however, point to a new imperialism through global volunteerism. We describe a training program in international community health research and an academic course on historical and socio-political aspects of medical missionary service. We explore over time and place people and programs to improve health of "underserved" populations. Historically called public health and efforts to achieve a just society, we conceptualize future local and global partnerships. Finally, we examine the creation and community validity of knowledge through global health training. This session will describe the steps to develop these programs and share some of the initial impact measures we are experiencing.

PAA4: Student-run Free Clinics: Analyzing Patients' Willingness to Return [L/SF,MH,BF,S,R,PF]

Jason Zucker, MS; Robin Schroeder, MD; Steven Keller, PhD; Summer Elshenawy, BS

At the New Jersey Medical School's student-run free clinic, the Student Family Health Care Center (SFHCC) appointment analysis identified that 57 out of 131 patients seen for an initial visit did not return for subsequent appointments. As SFHCC patients generally have limited options for health care, it is likely that many of these patients are no longer receiving care. Previous literature on patients' willingness to return to their primary care physician focused on patient satisfaction. However, no research was identified that looked specifically at patients' willingness to return to student-run free clinics. This evaluation, through chart reviews and structured patient phone interviews, will attempt to understand why 57 out of 131 patients did not return to the SFHCC for a second visit.

PAA5: A Community-wide Intervention to Increase Patient Recruitment Into Medical Research: An Evaluation of "Medical Heroes" [L/SF,MH,BF,S,R,PF]

Arch Mainous, PhD; Vanessa Diaz, MD, MS; Daniel Smith, PhD; Marvella Ford, PhD; Ashlee Watts, BA; Elisabeth Pickelsimer, DA; Barbara Tilley, PhD

A barrier to the development of new knowledge for medical problems is the ability to recruit patients for medical research. The purpose of this study is to evaluate a community-wide, multi-media intervention designed to change attitudes toward research and increase participation in medical research. We are conducting a study using two communities (Charleston, SC—intervention and Augusta, Ga—control) to evaluate the Medical Heroes Campaign (MHC), a community-wide, multi-media intervention designed to increase participation in medical research studies. We are conducting a random digit dialing telephone survey of 800 adults in Charleston and Augusta prior to the intervention (August 2009) and 800 adults 8 months after the introduction of the intervention (March 2010). We will discuss the findings of the evaluation of this community-level intervention.

Monday, April 26, 1–2:30 pm

PEER PAPERS—*In Progress*

PEER SESSION BB: Competency-based Education

Room: Cracked Ice

Moderator: Amy Keenum, DO, PharmD

PBB1: Implementing a Patient-centered Anticoagulation Care Process: Improving Resident Competence In Anticoagulation Management [MH,S,R,PH]

Miriam Chan, PharmD; Edward Bope, MD; David Buck, MD

Do you want to improve the quality of anticoagulation management in your residency, but wonder how to accomplish this while balancing patient safety and resident education? Our residency program implemented a new approach to anticoagulation therapy by utilizing a standardized protocol, point-of-care testing, and workflow redesign. This presentation will share our experience in building a patient-centered anticoagulation care process where family medicine residents directly care for their patients and acquire valuable experience in anticoagulation management. We will also discuss the evaluation and benefits of the new approach. Participants will learn how to improve anticoagulation management at the point of care and build safety into their anticoagulation care process while providing learning opportunities for their family medicine residents.

PBB2: Current Trends In Family Medicine Residency Education: Domestic Violence Competencies, Teaching Methods, and Curricular Settings [MH,S,R,PF,BF]

Vijay Singh, MD, MPH; Peter Cronholm, MD, MSCE; Bruce Ambuel, PhD; Colleen Fogarty, MD, MSc

Problem: Since the last national assessment of family medicine residency domestic violence (DV) curricula in 1999, the Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC) updated their violence training requirements. This study addresses family medicine residency programs' fulfillment of current ACGME and RRC requirements. Methods: A modified Delphi technique created a cross sectional online survey with the following DV domains: (1) residency program characteristics, (2) curricular content, (3) teaching methods, (4) educational settings, and (5) instructor training. Outcomes: 455 residency programs will be surveyed. Anticipated outcomes are above. Implications: This study will identify not only systematic educational gaps in family medicine residency violence training, but also innovative models that can be disseminated nationally.

PBB3: Simulation Laboratory: Developing Validated Assessment Tools for Lumbar Puncture, Suturing, Abscess I&D, and Intubation [L/SF,PF,BF]

Amy Keenum, DO,PharmD; Meredith Hale, MD; Matthew Holmes, MD; Lorraine Wallace, PhD

Context: Few validated assessment tools for medical simulation have been developed for family medicine procedures. Objective: Develop a validated instrument to assess learners in performance of above procedures. Design: Using the Delphi method, procedural checklists were developed. Learners were video recorded. Two reviewers initially assessed, with a third for discordancy. Pass determined by Angoff method. Setting: Four learning stations with video recording in the simulation laboratory. Participants: Estimated 39 learners from primary care residencies. Outcomes: A procedural checklist was developed and validated for each procedure studied. Results: Validated assessment tools for four procedures common to family medicine.

PBB4: Competency-Verification of First Trimester Obstetric Ultrasound Skills in a Residency Training Program

William Kriegsman, MD

The provision of first-trimester ultrasound is a routine component of obstetric care in many residency programs. Methods to verify proficiency have not been well documented in the literature for family medicine or obstetrics-gynecology postgraduate training programs. After completing a search of the relevant literature, a curriculum was developed to provide a standardized educational experience for residents and fellows. This experience included didactic presentations, hands-on sonographic scanning of simulators, individualized training with preceptors, and prospective review of all first-trimester scans. The curriculum was then matched up with the 2007 General Competency Requirements provided by the Accreditation Council on Graduate Medical Education to identify common areas.

PBB5: Fulfilling Core Competencies: A Continuous Quality Improvement Curriculum for Family Medicine Residents [L/SF,MH,BF,R,PF]

Grace Yu, MD

A structured CQI curriculum can be successfully integrated into a family medicine residency program, addressing the ACGME core competencies of Practice-Based Learning & Improvement and Medical Knowledge. Residents can learn concepts of continuous quality improvement by developing chart audit tools for chronic illnesses, performing chart audits and analyzing their results, and constructing CQI project ideas within the framework of the plan-do-study-act cycle. The CQI curriculum developed at our residency program as part of our longitudinal Chronic Illness Curriculum will be presented, along with evaluation results. By giving residents the tools to critically investigate systems improvement and a much needed ear to hear their suggestions for improvement, we have found ways to potentially enhance patient care and improve the outpatient education for future family physicians.

Monday, April 26, 1–2:30 pm

RESEARCH FORUM

RESEARCH FORUM G: Women's Health

Room: Granville

Moderator: Betsy Jones EdD

RG1: Trends in the Provision of Preventive Gynecologic Care by Family Physicians

Donna Cohen, MD, MSc; Kaitlyn Beisecker, MD; Andrew Coco, MD, MS

Objective: Measure trend in proportion of preventive gynecologic visits provided by family physicians. Methods: Analysis of preventive gynecologic visits to family physicians and obstetricians in National Ambulatory Medical Care Survey, 1995 to 2006 (n=5,413). Results: The percentage of preventive gynecologic visits provided by family physicians remained stable over the 12-year study period from 18.6% in 1995-1996 to 17.1% in 2005-2006 (P=.36). Family physicians provided care for 25% of total preventive gynecologic visits occurring in non-metropolitan statistical areas. Conclusions: Despite nearly 50% reduction in prenatal care visits between 1995 and 2004, family physicians provided a stable amount of preventive gynecologic care over a similar time period. Family medicine should continue to foster comprehensive training in preventive gynecologic care and inclusion of services in future scope of practice.

RG2: Birth Outcomes In Relation to Intimate Partner Violence During Pregnancy

Ping-Hsin Chen, PhD; Susan Rovi, PhD; Marielos Vega, RN; Theodore Barrett, MD; Tsongjer Wei, MD; Chitra Reddy, MD; Paulette Stanford, MD; Deborah Johnson, MD; Shankar Srinivasan, PhD; Ko-Yu Pan, PhD; Mark Johnson, MD, MPH

Objective: To examine the association of intimate partner violence (IPV) with birth outcomes among pregnant women. Method: Retrospective matched cohort study at an urban university affiliated prenatal clinic. All pregnant women were screened for IPV using HITS. Chart reviews were conducted on 703 randomly selected pregnant women seen between 1999 and 2004. Results: victims compared to non-victims had higher prevalence of preterm delivery (17.0% vs. 10.4%; P<.05) and postpartum depression (48.8% vs. 24.9%; P<.001). Compared to infants of non-victims, infants of victims had lower birth weight (20.3% vs. 10.6%; P<.01) and were more likely to receive intensive care (20.7% vs. 13.0%; P<.05). Conclusions: Health care providers should screen and identify women for IPV. Interventions should be designed to reduce IPV and improve health outcomes of children.

RG3: Promoting Maternal Pap Testing During a Child Visit

William Jordan, MD, MPH; Diane McKee, MD; Marian Krauskopf, MS; Elizabeth Garland, MD, MS; Ephraim Shapiro, MPA MPhil; Anafidelia Tavares, MD, MPH

Objective: NYC DOHMH sought to address cervical cancer screening disparities through Pap promotion with guardians during child HPV vaccination. Methods: A survey of 184 providers assessed attitudes. Sixty-eight providers intercepted 565 guardians, recording provider feedback and guardian Pap status. Providers registered, consented, and motivated unscreened women. Pap status was reassessed in 3 months. Results: 40% of providers will adopt the intervention. 87% of 565 guardians had a current Pap. Of 76 unscreened women, 46% were reached 3 months later. All women were open to child provider Pap recommendation. 26% scheduled or obtained a Pap after the intervention. Conclusions: This strategy is acceptable to providers and guardians and may be effective in moving women toward screening. Study limitations include provider selection bias and lack of randomization to a control group.

RG4: A Brief Marital Satisfaction Screening Tool For Use in Primary Care Medicine [BF]

Justin Bailey, MD

Objective: To define a simple brief marriage satisfaction screening tool for use in primary care medicine. Methods: Patients completed a one-item marriage satisfaction screening and it was compared with the Dyadic Adjustment scale (DAS), a validated 32-item marital adjustment scale. Results: ROC curve showed sensitivity 86% and specificity 86% for the one item screener. Area under the curve was 0.89 (95% CI 0.83-0.93). Additionally analysis of variance showed that predictors of marital satisfaction included more dinners shared a week (compared 0-2, 3-6, 7 nights a week $P<0.001$) and dates a month (0, 1-3, >3 $P<0.001$). Conclusion: The one-item screening question was shown to have good correlation to the gold standard, as well as acceptable sensitivity and specificity for identifying current dissatisfaction with marriage in a primary care setting.

Monday, April 26, 1–4:15 pm

SPECIAL SESSION

SS6: Learn Experiential Methods for Teaching Interviewing, Interpersonal and Clinical Communication Skills to Residents and Students

Laurel Milberg, PhD; Demetria Marsh, BA

Communicating skillfully with patients is a major aspect of physician practice. This is how physicians gather information, educate patients, help them change unhealthy behaviors, obtain informed consent. Often, communication, itself, is the treatment. The ACGME includes interpersonal and communication skills as required competencies faculty must teach in courses and clinical encounters. While there has been increasing data regarding the efficacy of certain educational methods to improve physician communication skills, few opportunities exist to identify and practice the skills needed to teach this core clinical skill. This seminar will arm attendees with the evidence regarding effective teaching of communication skills and help participants gain practical skills needed to teach them through a lively session of coached practice, modeling, experiential learning and feedback.

Room: Parksville

Monday, April 26, 2:45–4:15 pm

SEMINARS

S28: Enhancing Access and Continuity in the Patient-centered Academic Medical Home [MH]

Jeffrey Markuns, MD, EdM; Joseph Peppe, MD; Charles Williams, MD

Patient access and continuity of care with a personal provider are essential components of the Patient-centered Medical Home model. Practice improvements in these areas can be especially difficult to implement in academic Family Medicine practices, typically staffed by a large number of faculty and resident part-time providers. Such complex systems require innovative and highly deliberate efforts to maintain these principles of the Medical Home. In this seminar, participants will explore core concepts for implementing strategies to maximize access and optimize continuity, such as open access scheduling and team-based care. After outlining principles and metrics, two true case examples of academic practices will be discussed along with participants' own experiences. Participants will then develop strategies in small groups for implementing similar changes of their own.

Room: Junior Ballroom D

S29: Using Educational Research as a Primary Tool When Teaching Residents to Teach [R,PF]

George Bergus, MD, MAEd; Joan Farstad, MA; Leslie Wimsatt, PhD; Kristen Bene, MS; Andrea Pfeifle, EdD

While residents are regularly involved in teaching, the medical literature is replete with commentary about the scant preparation given to residents regarding their role as teachers. Occasionally, residents are provided with handouts, promising "10 Tips for Better Teaching" or brief lecture-based didactics on effective teaching. Rarely, however, are residents provided with the evidence from educational research underpinning the recommended teaching strategies and practices or relevant educational theories. This is in stark contrast to how they learn clinical medicine. This seminar, led by educational and medical professionals, is grounded in educational theory and evidence-based teaching practices. Attendees will be able to acquire new knowledge about what teaching practices are known to be effective so they can help their residents understand the benefit of mastering these practices.

Room: Galiano

S30: Establishing Resident-led Mini Group Medical Visits for Diabetes and Evaluating the Curriculum [MH,R]

Arnold Goldberg, MD; Kim Salloway Rickler, MSW; Melissa Nothnagle, MD

The Mini Group Medical Visit (MGMV) concept evolved from the larger group medical visit's model for improving the delivery of chronic disease care in the medical home. Third-year residents, working with an interdisciplinary team, facilitate diabetes group medical visits with three to four patients from their own panel of patients during their continuity sessions. The curriculum provides residents with education, mentorship, and feedback on leading MGMVs. We will describe our curriculum and evaluation tools, discuss challenges in implementation and strategies to overcome them, and present our evaluation data, including patient, resident, and faculty feedback and performance improvement measures.

Room: Gulf Islands BCD

Seminars continued on next page

Monday, April 26, 2:45–4:15 pm
SEMINARS Cont'd

S31: Development and Implementation of Competency-based Assessment [CE,PF]

Shelley Ross, PhD; Michel Donoff, MD; Paul Humphries, MD; Ivan Steiner, MD

Participants will be introduced to some of the tools for assessing competence that are being used successfully in our Department of Family Medicine, and will get some experience in using those tools through examples and demonstration. This seminar is excellent for all preceptors, advisors, and program directors: those who have questions about how one framework for competency-based assessment works in a Family Medicine Residency Program, those who are looking at ways to implement a competency-based assessment framework into their programs, and those who are already carrying out competency-based assessment and would like to share their experiences – positive and negative – with others. This session will be primarily interactive, and will encourage input and sharing of experiences from all participants.

Room: Junior Ballroom A

S32: Lessons Learned From Transforming One Residency Clinic Into Three Patient-centered Medical Homes [CE,MH]

Drew Keister, MD; Jeffrey Mathieu, MD; Abby Letcher, MD; Julie Dostal, MD

Implementing the tenants of the patient-centered medical home (PCMH) in a traditional family medicine residency clinic is a challenge. Such offices tend to house a large number of providers each of whom must change behavior with patient-centered initiatives. Additionally, chaotic schedules cause difficulty in establishing continuity among clinical teams (eg nurses, residents and faculty). In order to streamline PCMH implementation, we organized a diaspora of our residents and faculty to three continuity care sites (CCS's). We encouraged clinical care teams at each site to plan initiatives to move their practices towards PCMH principles. Our seminar describes the PCMH concepts adopted at each CCS, discusses the lessons learned from each site, and challenges participants to consider how their practice site can benefit from our experiences.

Room: Junior Ballroom B

Monday, April 26, 2:45–4:15 pm
LECTURE-DISCUSSIONS

L31A: Keeping Up With the Kids These Days: Faculty Teaching Faculty Development

Kristen Deane, MD; Amanda Allmon, MD

In order to be effective teachers, family physicians are required to keep abreast of current medical research, evidence-based medicine, practice-improvement, and clinical skills. Tackling this task can often be a challenge due to the many demands the clinician faces on a daily basis. At the University of Missouri-Columbia, we have developed a unique longitudinal faculty development series that occurs throughout the year during weekly faculty protected time. During these 1-hour sessions, faculty volunteer to present the latest information on pre-selected topics ranging from hospital procedures to effective outpatient teaching methods. Each session is standardized and structured to allow audience participation. Details of this series and results of surveys from participating faculty will be presented.

L31B: The Required Annual Program Review for Residency Programs: A Strategic Process With Outcomes

Mark Nadeau, MD; James Tysinger, PhD

The ACGME requires all residencies to conduct a systematic annual review of educational effectiveness, but 27 (21%) of the 127 family medicine residencies reviewed in 2008 were cited for not meeting this requirement. Thus, it is the eighth most common citation for family medicine residencies (Family Medicine Residency Review Committee presentation; PDW, 2009). An Annual Program Review can do more than meet the requirement: it can help a program improve. For the past 3 years, our residency's Annual Program Review has used systematic performance improvement methods, including input from all stakeholders, to produce multiple improvements in the program. Participants will receive details about our process, the documents used in the process, and the outcomes the system has produced so they can adapt the system to improve their programs.

Room: Orca

L32A: Resident Office-based Procedure Training: Methods to Improve Training and Competency

Morteza Khodaee, MD, MPH; Shannon Langner, MD; Brandy Deffenbacher, MD, BA; David Clampitt, MD; John Nagle, MPA

A family medicine residency is a unique training environment. There are many different competencies a resident must achieve in order to provide full-scope care. This training must occur within the medical home in order to provide the best care for patients. Teaching residents to confidently perform procedures leads to optimal patient-centered care. However, there are many barriers to residents' achieving full competency in performing procedures such as scheduling conflicts, difficulties coordinating the appropriate faculty to teach the procedures, low patient volume, and more. Insufficient training opportunities are a common obstacle in residencies. This discussion will address how one program addressed these barriers in order to graduate residents well trained in performing office-based procedures with techniques applicable to other programs.

L32B: Strategies to Increase IUD Training in Family Medicine Residencies

Marji Gold, MD; Megan Greenberg, BA; Cara Herbitter, MPH; Linda Prine, MD; Jason Fletcher, PhD

Despite the safety and efficacy of intrauterine devices (IUDs), only 39% of family physicians insert them, and they are used by only 2% of contracepting American women. This is likely the result of a lack of clinical training, misconceptions about contra-indications to IUD use, and the prohibitive cost of IUDs. During this interactive session, we will share preliminary findings from the evaluation of an initiative to provide free IUDs and educational support to family medicine residency programs. Using our findings as a springboard, the group will discuss how IUD training is currently implemented in participants' various residency settings. The group will brainstorm barriers to increasing/improving IUD training. Using clinical cases, we will discuss developing learning opportunities and initiating change in home institutions.

Room: Beluga

L33A: "Did I Really Say That?" Analysis of Video-recorded Medical Student-Patient Interviews in Community Clinics

William Shore, MD; Jessica Muller, PhD; George Saba, PhD; Julia Mergendollar, BA

The majority of third-year family medicine clerkship students at our urban medical school are assigned to clinics in medically underserved communities, where they are required to video record one patient interview. Our research goal was to analyze these recordings for communication behaviors that promote or discourage positive patient-centered interactions in these settings. Eighty-seven student-patient recordings were reviewed. Seventy-two percent of students performed general interviewing skills at an adequate or outstanding level. Only a small number asked about patients' use of social services (7%), barriers to care (6%), or patients' cultural/spiritual values and health concerns (13%). This study demonstrates that, as we prepare students to work within patient-centered medical homes, they need additional skills in obtaining information relevant to patients in medically underserved communities.

L33B: Performance-based Assessment – Competency Assessment for The New Model of Family Medicine [BF]

Gary Reichard, MD; Jennifer Sparks, MD

The PCMH's "basket of services" implies a defined scope of practice with considerable breadth and depth. Current competency-based assessments lack the specificity and validity to clarify whether our graduates can provide that scope of care. "Performance-based assessment" can assess competence with specific problems and procedures during patient care. It can document what residents' can handle independently – their scope of practice. This is the "Does" level of Miller's assess-

ment pyramid. While relying on the intuitive judgment of Faculty, assessments can be surprisingly objective. Successful systems at two residencies illustrate the applicability of these concepts. Much broader applications are possible. Discussion will focus on the implications of performance-based assessment, including how it prepares residents for the PCMH.

Room: Azure

L34A: Teaching Information Gathering Skills to the Google Generation: Emphasizing the Intellectual Rigor of Family Medicine [CE,PF]

Molly Cohen-Osher, MD; Kristen Goodell, MD

Students weaned on Google, Wikipedia, and Twitter are adept at using computer-based resources to obtain information rapidly. What they may need help with, however, is distinguishing useful from useless information and determining the validity of their medical information sources. The traditional information sources of medicine, PubMed and Ovid, are designed for researchers who must access primary research literature. However, there is a whole crop of new resources that aim to provide relevant and valid information in less than 60 seconds to physicians. We have developed an exercise for the clerkship to develop the skills to use these point-of-care resources while demonstrating the intellectual rigor of family medicine.

L34B: Using Web 2.0 Technology to Teach Evidence-based Medicine [CE,L/SF,S,R,PF]

Kevin Johnson, MD

Traditional evidence-based medicine (EBM) education focuses on using computerized resources to retrieve answers to clinical questions. Interactive Web technologies, such as Web enabled forms, blogs, and Really Simple Syndication (RSS) are familiar to our new generation of learners. We have developed a Web-based EBM teaching system using free, Web 2.0 programs and have piloted it with resident and medical student learners. Our goals include improving skills in question development, search strategy skills, answer retrieval efficiency, and to stimulate group discussion about the answers found during didactic sessions to reinforce or refute answers. We are also able to disseminate the answers developed via a blog using RSS to anyone interested. We also use the system to document compliance with teaching the practice-based learning competency.

Room: Junior Ballroom C

L35A: How Integrated Behavioral Health Adds Value to Your Practice As a Patient-centered Medical Home [L/SF,S,R,PF,BF]

Suzanne Landis, MD, MPH; Valerie Krall, MA

Integrated Primary Care (IPC) combines medical and behavioral health services as part of the standard care for all patients. Participants will learn the components of this model, how it was implemented into our residency clinical practice, and how it brings added value to our practice as we applied for the Physician Practice Connections (PPC)--Patient-Centered Medical Home (PCMH) level 3 designation. We will review each element of the PCMH application citing where and how IPC enhances and fulfills each element. Participants will be able to identify how behavioral health services can add value to their PCMH designation.

L35B: Mental Health as a Component of PCMH: Implementation of a Care Manager Model for Depression [L/SF,MH,R,PF,BF]

Kurt Angstman, MD

Optimal depression care is challenging in a primary care setting. Once diagnosed, patients often do not have systematic follow up with the necessary clinical tools to determine clinical response. In 2007, a Minnesota state-wide program spearheaded the development of a care manager model for depression treatment. This was intended to augment the relationship between the patient, the primary care provider, and the psychiatrist. Several metrics have been developed for monitoring the success of this implementation. This session will review the processes and successes of screening patients with the PHQ-9, diagnosis and correct coding for depression, enrollment processes, initial outpatient utilization, and results of the significant improvement that the this model has had on the percentage of patients achieving response and remission in our practice.

Room: Burrard

L36A: Six Core Competencies Redefined for Faculty Development [PF]

Janice Litza, MD

The ACGME has set expectations for faculty and require programs to translate all aspects of education, from curriculum to evaluations, into the context of the core competencies. Residency-based faculty have an exhaustive list of responsibilities, which can be modified and categorized into the same competency headings set for the residents. This session will share an example of the modified six competencies that reflect expectations of faculty in every capacity, including those that are related to teaching, patient care, and professional growth. Discussion will include practical application of these faculty competencies with faculty development activities. This model is currently being used in 3 residency programs and each have had favorable independent RRC reviewer feedback.

L36B: Developing Academic Competencies of Faculty: An Online Assessment and Plan

Susan Labuda-Schrop, MS; Ellen Whiting, MEd

Academically competent faculty are needed by family medicine residency programs to provide effective teaching to medical students and residents, engage in scholarship and be leaders in the medical community. Residency directors must be able to inform faculty of the competencies they are expected to develop in order to meet their academic roles/responsibilities. Shared understandings of competencies allow faculty and directors to assess academic strengths, limitations and learning needs, set professional development objectives and seek relevant faculty development opportunities. Medical educators need to know faculty strengths and learning needs in order to structure faculty development opportunities and measure the success of these programs. Participants in this lecture-discussion will learn about an electronic competency assessment system and discuss its potential value to faculty, directors and program planners.

Room: Finback

L37A: What's in Their Minds? Critically Reflective Precepting for IMGs [BF]

Keiichiro Narumoto, MD; Lora Cox, MD; Nobuoka Hirooka, MD; Sabesan Karuppiah, MD, DFM

International medical graduates (IMGs) are more likely to have lower clinical performance than US medical graduates (USMGs). Multilayered challenges they face in acculturation during residency may prohibit their effective learning. Interpersonal and internalized cultural conflicts within preceptor-resident interaction may also negatively influence their training. The "five-step microskills" is a useful standardized precepting skill. However, teachers need to consider IMGs' reactions during precepting to reduce their perceived obstacles and create a more productive environment. In this session, we will introduce our qualitative data on IMGs' feelings and thoughts during outpatient precepting. Participants will reflect on their teaching behaviors and experience precepting with reflected insights. Participants will produce strategies to develop critically reflective precepting as part of faculty development, which may eventually improve IMGs' clinical performance

L37B: Implementing a Skills Development Program for International Medical Graduates Seeking Entry Into US Residency Programs [BF]

Bruce Bennard, PhD; Jason Moore, MD; John Franko, MD; Michael Floyd, EdD; Forrest Lang, MD; Connie Hixson, MD

The number of foreign-born international medical graduates applying to and filling residency slots in family medicine residency programs continues to increase. A 3-day clinical skills and assessment program developed for international medical school graduates is one Department of Family Medicine's response to the challenge of how to improve the selection of IMG applicants into its residency programs. The program is offered to IMGs already interested in an observership and uses instructional technologies such as the COM's Human Patient Simulator Laboratory with standardized patients that permits for both assessment and teaching of basic clinical skills. Feedback obtained from IMGs who attended the first two programs and from faculty organizers provide data that indicate whether or not the program is meeting its objectives.

Room: Vancouver

Monday, April 26, 2:45–4:15 pm

PEER PAPERS—*Completed Projects*

PEER SESSION CC: Fellowships in Family Medicine

Room: Port Hardy

PCC1: Preparing Clinical Improvement Leaders of the Future: Experience With a PGY-4 Health Care Quality Fellowship [L/SF,R]

Elizabeth Baxley, MD; Chuck Carter, MD; Sam Crutcher, MD

The expanding importance of ensuring safe, effective, quality health care has moved health care quality improvement skills and patient safety to the forefront of family medicine training. This paradigm shift has exposed the importance of physician leadership in these areas. To address this need, the University of South Carolina Department of Family and Preventive Medicine established a PGY-4 Health Care Quality Improvement Fellowship. This clinically grounded fellowship will produce leaders who can assist community practices and health systems to measure, innovate, and continuously improve. In this session, we focus on the experience of planning and implementing the fellowship. We will report early outcomes resulting from the fellow's activities and experiences with resident and medical student education and impact on the clinical and health system arenas.

PCC2: Leadership for Life: An Innovative Longitudinal Residency Curriculum In Leadership [R]

Oliver Oyama, PhD, PA-C; Bruce Flareau, MD; Jeffrey Sourbeer, MD, MBA; Sean Bryan, MD

The practice of medicine requires among others the skills of leadership yet medical education rarely includes formal education in management and leadership at the graduate or postgraduate levels. The ACGME requires all graduate programs address leadership skills in 3 of its core competencies (Interpersonal and Communication Skills, Professionalism, and Systems?based Practice) and in the Management of Health Systems requirement for family medicine residencies. In this session we will present the inception, implementation and evaluation of a longitudinal residency curriculum in leadership skills. Following the session participants will be able to conceptualize the components of a leadership curriculum and the factors to implement such a curriculum in a residency program.

PCC3: Model Primary Care Fellowship In Community-based Participatory Research [CE]

Linda Meurer, MD,MPH; Syed Ahmed, MD,MPH,DrPH,FAAFP; John Meurer, MD,MBA; Jeffrey Morzinski, PhD,MSW; Melissa Holmquist, MS; Melanie Hinojosa, PhD; David Nelson, PhD; Alan Wells, PhD,MPH

Effective community-based participatory research (CBPR) depends on methods that ensure meaningful, productive community roles; and training researchers to effectively apply participatory methods. Large endowment funding projects that require an academic-community partnership facilitated the development of a CBPR track in an established primary care research fellowship. Three postdoctoral trainees with social science backgrounds were recruited, and CBPR seminars, early involvement in community engaged projects, and mentored grant writing experiences enriched the traditional research training. Our first cohort has been highly productive and successful in securing funding for their work with culturally diverse populations addressing obesity, cardiovascular risk reduction; women's health; linguistic competency; family systems; hepatitis; and diabetes. This model, in which communities actively seek faculty partners to apply for funding, provides a unique training opportunity.

PEER SESSION DD: Issues and Perspectives in Faculty Development

Room: Port McNeill

PDD1: Developing Your Faculty as a Group: "We Must All Hang Together…" [PF]

Mary Wagner, MD; Jeremy Springer, MD

Faculty development initiatives often focus solely on development of individual faculty members' teaching and administrative skills. Our model for longitudinal group faculty development uses a combination of twice-monthly faculty meetings and yearly faculty retreats, with a dual goal of improving strengths of the individual faculty and of the program as a whole. Techniques are used from family systems theory and from business group theory to identify both individual and group needs and strengths. The process has resulted in improved group function, better identification of program needs, increased appreciation for each other's gifts and diversity, and a high faculty retention rate. In addition, we now rapidly implement identified improvements in clinic and residency processes. Participants will learn methods and barriers to implementation of group faculty development.

PDD2: The Data Supporting "Healthy Doc–Healthy Patient" and Family Physicians [CE,PF]

Erica Frank, MD, MPH

Purpose: To demonstrate a new approach to teaching preventive aspects of Family Medicine, we explain the "Healthy Doc–Healthy Patient" Project: physicians preach what they practice. Physicians with healthy habits encourage patients to adopt such habits. Methods: In our first study we collected health-promotion data on 4,501 US women physicians. In our second study we tracked students' attitudes and health and counseling behaviors. And at Emory University we implemented and evaluated an intervention to promote healthy behaviors among medical students. Results: Personal health practices are correlated with counseling topics in 4,501 women physicians. Medical schools in several countries are adopting these principles. Conclusions: This new approach, emphasizing teaching good personal health practices for medical students, has encouraging implications for teaching prevention in medical schools.

PDD3: Faculty Development Journal Club: Reinvigorating Faculty Development at a Community-based Residency [CE,PF]

Keith Dickerson, MD; Randall Reitz, PhD

At our community-based St. Mary's Family Medicine Residency in Grand Junction, Colo, we have struggled with developing and implementing an ongoing faculty development program. Our solution was to dedicate 1 hour each month, during our regularly scheduled 3-hour faculty meeting, to a Faculty Development Journal Club. Potential topics were elicited from faculty and other topics culled from the literature, with one article per month distributed ahead of time and then expounded upon at the session. Faculty morale has improved and faculty are more engaged in strengthening our teaching skills. The curriculum from our first year will be presented, along with some skill strengthening exercises we developed.

PEER SESSION EE: Patient-Doctor Communications

Room: Port Alberni

PEE1: Does Weekly Direct Observation and Formal Feedback Improve Intern Patient Care Skills Development? [R,BF]

Gretchen Shelesky, MD; Stephen Wilson, MD, MPH

Background: Direct observation, though resource intensive, is considered to be an effective way to evaluate patient care and is part of the ACGME toolbox for evaluation. Methods: Interns were randomly allocated into 2 groups. The intervention group received once weekly direct observation with formal feedback on inpatient history and physicals (H&Ps) for the first 12 weeks of their residency by a senior resident. The control group got routine feedback. Videotaped H&Ps done by the interns at the beginning, middle, and end of the study period were evaluated using the validated internal medicine Resident Evaluation 9-point scale. Interns self-assessed via a patient care comfort survey at weeks 0, 6, and 12. Results: pending.

PEE2: Effects Upon Patient Satisfaction of Sitting Versus Standing During Inpatient Rounding [BF]

Lee Radosh, MD; Jamie Spicer, BA; Brett Keller, BA

Rounding on inpatients is challenging; how can patient satisfaction be maximized when physicians' time is already so limited? Could a simple intervention such as the physician sitting instead of standing improve patient satisfaction? This randomized, controlled study investigated this question. Research assistants shadowed physicians who were randomly assigned to either sit or stand. The assistant discretely timed the encounter, then administered a brief survey to the patient. Thirty-five patient encounters were included. Among the findings was that the sitting encounters were on average 2 minutes shorter than the standing encounters, yet satisfaction scores were high in both groups. In conclusion, the simple intervention of sitting instead of standing during inpatient rounds can affect the encounter. Detailed results and implications will be reviewed.

PEE3: Physicians Search for Evidence During the Clinical Encounter: Standardized Patients Evaluate Physician-Patient Interaction [PF,BF]

Claudia Switala, MEd; Adarsh Gupta, DO; John Gaughan, PhD; Carman Ciervo, DO

In a randomized controlled study of family medicine physicians, changes in physician behaviors were measured using five pre- and post-simulated patient encounters, with the educational intervention being seven Information Mastery (medical informatics and evidence-based medicine) Training modules. The study examined: 1) changes to physician use of technology (computer or PDA) to access evidence during a patient encounter; and 2) if the training discussions on how to interact with the patient increased the physician's behavior to: include the patient in the process, provide patient education, or inquire about the patient's preferences. The data was collected and analyzed. Significant results include: physicians decreased their use of medical texts (11% pre, 0% post, P=.025) and considered patient preferences more often (16% pre, 37% post, P=.017) after training.

Monday, April 26, 2:45–4:15 pm

PEER PAPERS—*In Progress*

PEER SESSION FF: Resident Education

Room: Indigo

Moderator: Amy Keenum, DO, PharmD

PFF1: Development of Resident Led Outpatient Morning Report As An Educational Model to Improve Resident Lectures [L/SF,MH,R,PF]

Hobart Lee, MD; Brian Bluhm, MD; Thomas O'Neil, MD

The Accreditation Council for Graduate Medical Education Residency Review Committee for Family Medicine references didactics as a key component for residency education. Traditionally, Family Medicine residencies have used attending- led lectures to teach residents about outpatient topics. We adapted the Internal Medicine inpatient morning report model and developed resident led outpatient case-based presentations. A survey at a single academic Family Medicine residency suggested that residents strongly preferred case-based presentations to attending-led lectures and favored the inclusion of outpatient morning report as regular addition to the resident didactic curriculum. The outpatient morning report could provide an alternative model for conveying outpatient specific medical knowledge and enhance real time problem solving.

PFF2: Who Is Going to Mentor The Learners? A Quality Scholars Faculty Development Program [L/SF,R]

Alan Chuman, MPH, MA; Jeanne McBride, RN, BSN, MM; Ronald Adler, MD

This session describes a Quality Scholars faculty development program offered at the University of Massachusetts Medical School, focusing on quality improvement project management, resident project mentorship and QI leadership in clinical practice. The nine-month program is project based, including bi-weekly workshop sessions and a final project presentation. Participants are paired with a mentor and participate in either on-going improvement work or a start up project. "Quality Scholars" resulted from a collaboration of the three primary care departments under the auspices of the UMass Center for the Advancement of Primary Care, and the Office of Quality and Patient Safety. The program addresses the need for development of faculty to serve as mentors for residents, and is a good example of school-clinical system collaboration.

PFF3: Registry to Residency - An Innovative Approach to Incorporating Continued Quality Improvement Into Residency Training [L/SF,R,PF]

Andreas Cohrssen, MD; Elizabeth Molina, MD, MPH; Melissa Borrero, MD; Elizabeth Enschede, MD; Daniel Napolitano, MD; Megan McMullan, MD; Mark Josefski, MD

Practice-based Learning and Improvement is a residency requirement. We developed a project to enhance residents' analysis of diabetes care data. Each resident receives a monthly link to our Diabetes Registry that contains their patient panel as well as the data for all 28 practices. Residents are required to review their data and complete a web-based survey demonstrating their insight into their patients' issues and recommending interventions. These comments are rated for their insight/usefulness. Practice performance will be compared to a residency practice that uses the same registry, but not the web-based survey. High-usefulness/insightful-comment providers will be compared to low-usefulness/low- insight-comment-providers. So far 19 out of 25 residents completed the survey. The impact of this intervention on the quality of care will be monitored and reported.

PFF4: Pilot Study of a 6-Week Stress Reduction Course at a FQHC Affiliated Residency Clinic [L/SF,S,R,PF]

Suhani Bora, MD

Background: Increased stress is known to cause poor health outcomes. Stress reduction techniques may increase sense of well-being. Underserved populations have greater life stress but fewer opportunities to learn these techniques. Methods: A 6 week course in evidence-based stress reduction will be taught by family medicine residents. Women patients of a FQHC affiliated residency clinic in Madison, WI will be recruited. Weekly sessions will teach three techniques. Interviews and surveys will be conducted before and after the course. Areas of inquiry include: demographics, sources of stress, current techniques and openness towards new techniques. Results: Expected results are improved stress management skills and, in the long term, increased sense of well-being. Conclusions: These findings may interest others wishing to implement integrative techniques.

PFF5: Second-year Readiness: Factors Associated With Successful Resident Supervision [L/SF,R,PF]

Maili Velez-Dalla Tor, MD

Residents' capacity to teach or supervise may not be intuitive or taught in the medical school/residency setting. While medical education literature has extensively demonstrated ways in which residents serve as teachers, there is paucity in data assessing resident readiness to supervise. The transition from internship to the second year of residency often leads to legitimate faculty concerns regarding their interns' ability to successfully transition into a supervisory role. Faculty at the Presbyterian Intercommunity Hospital Family Medicine Residency Program shared those concerns, and subsequently developed a tool that combines an objective written exam with OSCE style-based scenarios. The testing tool has been in place for over three years, and has assisted us in identifying and assisting residents who may experience difficulties with this transition.

Monday, April 26, 2:45–4:15 pm

PEER PAPERS—*In Progress*

PEER SESSION GG: Building Patient-centered Medical Homes

Room: Cracked Ice

Moderator: Warren Ferguson, MD

PGG1: Capturing the Experience of the Script Project Participants During Pharmacist Integration into the Medical Home [MH,S,R,PH]

Rachelle Busby, PharmD

Pharmacist integration into primary care is increasing. Although the measurable impact of pharmacist services have become exceedingly important, the perceptions of those involved are crucial to starting and sustaining pharmacist integration into individual practices. We will perform qualitative research at four primary care practices who are participating in the SCRIPT Project. Providers, patient care staff, office managers, and patients will be interviewed and/or surveyed to capture their thoughts and feelings related to the implementation of pharmacists into their practices. The objectives of this presentation are to give a brief description of the qualitative methods, discuss results thus far, and receive feedback and ideas from the audience. The audience will gain insight into individuals' experiences when integrating pharmacists into their own patient-centered medical home.

PGG2: Peer Physician Maternal Child Health Case Management: Benefits and Challenges in the Patient-centered Medical Home [L/SF,MH,BF,S,R,PF]

Abigail Love, MD, MPH; Reena Paul, MD; Nora Smith, MD

Maternal Child Health (MCH) quality improvement (QI) is an ongoing challenge in the Patient-Centered Medical Home. This project is piloting a model of peer physician MCH case management in one community health center. Multiple QI issues were identified, on both the systems level and the provider level. This ongoing pilot project in peer physician case management provides two major benefits to our practice: 1) identification of systemic issues affecting patient safety and retention and 2) determination of educational needs for provider and faculty development. This project requires significant provider time. In this era of increasing demands on physician productivity, do the gains for the Patient-Centered Medical Home justify the time required for a peer-led case management process?

PGG3: Educating Toward a Patient-centered Medical Home: Institutionalizing Quality Improvement in a Family Medicine Residency [L/SF,MH,BF,R,PF]

Fred Tudiver, MD; Patricia Ward, RD, MPH

Statement of the problem: ETSU's Department of Family Medicine is institutionalizing Quality Improvement (QI) in its three residencies. The challenge was to transfer QI knowledge and practice skills to the residents and demonstrate effective change. The purpose of the project was to develop, implement, and evaluate a formal curriculum and experiential learning process to train family medicine residents in QI. Project Methods: In November/December 2008, a yearlong QI course was started for all PGY2s, and faculty training was also provided. Outcomes So Far: The Practice-based Learning and Improvement Measure showed significant improvement in QI knowledge and confidence among the 20 PGY2s. Implications: This training has had an early impact on the residents in terms of competence and knowledge of QI.

PGG4: The International Medical Home: Pearls and Perils of Teaching Family Medicine Residents and Students Abroad [L/SF,MH,S,R,PF]

Michelle Graham, MD, FAAFP, AAHIVS; Thor Swanson, MD

With the current interest in developing medical homes for patients here in the United States, medical students and residents have increasingly become interested in medical systems in our global community. Short-term, international experiences for our learners provide a valuable, memorable, and educational backdrop for understanding the challenges of delivering medical care. This presentation considers what is needed to set up, lead, and teach in international settings. We will also address what should be reviewed by faculty and learners prior to committing to an international rotation. With years of experience in providing care and teaching medical students/residents in multiple international settings, the presenters will share their pearls and perils, as well as facilitate answering questions and provide networking information/opporutnities concerning an international curriculum in family medicine.

PGG5: Embedding Quality Improvement Professionals Into Practices to Achieve the Patient-centered Medical Home [L/SF,CE,MH,BF,PF,R]

Catherine Pipas, MD; Virginia Reed, PhD; Linda Patchett, RN, MBA

Statement of the problem: In their article titled, Initial Lessons From the First National Demonstration Project on Practice Transformation to a Patient-centered Medical Home, Nutting and his colleagues noted that, "transformation to a PCMH requires a continuous, unrelenting process of change." {Nutting, 2009 #18} They differentiated the effort required to achieve change of this magnitude from that of traditional quality improvement that relies on a series of plan-do-check-act cycles. {Deming, 1986 #20} More recently, Quality improvement, the cornerstone of such change, has been defined as, "the combined and unceasing efforts of everyone—health care professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development." {Batalden, 2007 #6}

Monday, April 26, 2:45–4:15 pm

RESEARCH FORUM

RESEARCH FORUM H: Practice Location/Workforce Issues

Room: Granville

Moderator: Andrew Bazemore, MD, MPH

RH1: The Natural History and Migration Patterns of Rural Family Physicians

Frederick Chen MD, MPH; Meredith Fordyce PhD

Objective: The declining interest in careers in family medicine among US medical students has serious implications for the supply of primary care physicians in rural areas. This study examines the rural family physician workforce in America and the medical schools and residency training programs that produce rural family physicians. Methods: We performed a national cross-sectional retrospective analysis using data from the 2005 AMA and AOA Masterfiles. Results: 18,729 family physicians practiced in rural areas (23%). The medical schools and residency programs that produced the highest percentage of rural family physicians among their graduates are identified. Finally, the migration patterns of rural family physicians showed unique patterns. Conclusions: In all rural areas family physicians continued to be the most important source of health care.

RH2: Location Matters: Modeling the Effect of Clinic Move On Patient Retention

Imam Xierali, PhD; Andrew Bazemore, MD, MPH; Mark Carrozza, MA; Philip Diller, MD, PhD

This study examined patient retention and service area change after a clinic move in Cincinnati, Ohio using multi-year patient visit data that records patient address, demographic, diagnosis, and billing information. A stochastic gravity model was used to generate probability surface from each site and it is used along with patient characteristics such as age, gender, race, continuity index to model patient retention in logistic regression. The study found that patient penetration area shrank substantially and patient retention was significantly associated with where the patients live relative to clinic sites. Patient race and age also were also shown as significant factors, where no such association was found between gender and retention.

RH3: Predicting Future Practice Location: Implications of Geographic Origins and Destinations of Medical Students

Richard Pretorius, MD, MPH; Michael Lichter, PhD; John Sellick, DO; Goroh Okazaki, MD

Objective: To what extent does geographic information on a medical school application predict where a physician will practice in midcareer. Method: Geographic data for a cohort of 400 graduates from a single medical school was analyzed from birth to practice. Results: Applicants with local roots had a probability of 40.4 to 49.5% in practicing locally 17 to 19 years after graduation—an increased likelihood of 6.1 to 6.9 ($P < 0.001$) by bivariate analysis. By multivariate analysis, the place of birth and college carried a greater weight in predicting future practice location than high school and address on application to medical school. Conclusions: A logistic regression equation using geographic data as variables allows an admission committee to calculate an applicant's practice location in midcareer.

RH4: Nurse Care Coordination of Older Patients in an Academic Family Medicine Clinic: 5-year Outcomes

Steven Zweig, MD; Kruse Robin, PhD ; Jack Colwill, MD

Objective: To enhance the medical home for elderly patients, we created a nurse partner model in our family medicine clinic. Methods: Patients 65+ seen at least three times during 1998 were matched with patients on other teams and followed for five years. Outcome measures included mortality, inpatient stays and days, outpatient visits, and emergency department (ED) visits. Results: There were 130 patients in the intervention group, and 249 controls. After adjusting for age and sex, participants in the intervention group had fewer ED visits and urgent care visits than controls. There was no difference between groups for other measures, including mortality. Conclusions: While this program benefits patients, providers, and payors, there is currently no mechanism for supporting it in a fee-for-service system.

Monday, April 26, 2:45–4:15 pm

SPECIAL SESSION

SS5: What's New At STFM?

Angela Broderick, CAE; Kathy Zoppi, PhD, MPH; Jeri Hepworth, PhD

Health care is changing every day. STFM is committed to bringing you tools that allow you to give your learners optimal experiences in this changing environment. In this session , hear the plans and review the content highlights of new STFM offerings in 2010. Included are the Faculty Development Bootcamp, IMG Entering Resident web-based learning modules, "STFM On-the-Road" (conferences you can host) and the Leadership Academy.

Room: Gulf Islands A

Monday, April 26, 2:45–4:15 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP34: Assessment and Prevention of Venous Thromboembolism in the Long Term Care Setting

Teresa Smith-Knuppel, MD; Diedra Wuenschel, DO; Kathleen Soch, MD

It is unknown how often patients in long term care are assessed for venous thromboembolism and how often prevention measures are implemented. This study is part of a large multi-center study sponsored by the AMDA Foundation VTE Prevention Project. This cross-sectional study uses a survey data collection tool to audit charts to determine how patients are assessed for VTE risk factors and which prevention strategies are implemented. Based on these scores and the recommended prophylaxis regimen, only 3 patients were adequately treated. Seven patients had contra-indications to anticoagulation. Current guidelines for prevention of VTE are not utilized routinely in this long term care setting; this may be in part due to the multiple co-morbidities of these frail patients.

FP35: How Often Do Physicians Discuss Mental Health Issues During Preventive Gynecologic Care?

Kaitlyn Beisecker-Levin, MD; Donna Cohen, MD, MSc; Andrew Coco, MD, MS

Objective: Compare the proportion of preventative gynecologic visits to family physicians and obstetrician-gynecologists that include mental disorders as a secondary/ tertiary diagnosis Methods: Analysis of preventive gynecologic visits to family physicians and obstetricians in National Ambulatory Medical Care Survey, 1995 to 2007 (n=6,088). Preliminary Results: A total of 6,088 preventative gynecologic visits were noted, with approximately 18.6% of visits occurring to family physicians. Family physicians were significantly more likely to include a secondary/ tertiary diagnosis of mental disorder during preventive gynecologic visits compared to obstetrician-gynecologists (8.5% v. 1.5%, $P<.0001$). Conclusions: Family physicians were more than 5 times more likely than obstetrician-gynecologists to diagnose a mental disorder, including depression, during a preventive gynecologic visit, demonstrating family physicians' role in providing comprehensive health care for women.

FP36: Residents as Teachers: A Longitudinal Curriculum for Resident Education

Nathan Falk, MD

The ACGME outlined residency Core Competencies including participation in the "education of patients, families, students, residents and other health professionals." A departmental needs assessment and baseline resident survey on teaching comfort were performed. Baseline survey found 5.6-27.8% of residents were extremely comfortable in teaching skills. 78% responded they would benefit from instruction in teaching. A longitudinal teaching curriculum was designed with yearlong themes and goal-directed activities for implementation. Year one includes learning to teach patients and work within a medical team. Year two includes teaching interns and medical students. Year three includes teaching support staff, running a service, and developing leadership skills. These outcomes will be measured yearly and the curriculum evaluated based on progression of resident teaching skill beginning academic year 2010.

FP37: Abdominal Aortic Aneurysm Screening: Assessing Physician Knowledge and Practice Behavior at a Family Medicine Center

Ravishankar Ramaswamy, MD, MS; Abhilasha Ponnamaneni, MD; Gregory Herman, MD

The USPSTF recommends screening for Abdominal Aortic Aneurysm (AAA) by ultrasonography in men aged 65-75 who have ever smoked. This survey assesses knowledge about AAA screening guidelines among resident and attending physicians at a community hospital-based family medicine residency program. Twenty-one physicians were presented with a questionnaire that included 5 knowledge questions. Awareness (29%) and knowledge (Average score: 2.76, Min: 0, Max: 5) about AAA screening guidelines was lacking. Attending physicians (3.57) performed better than the residents (2.36). Only 4 physicians screened their patients in the past year. Level of screening in our practice is presently being evaluated by systematic chart review and patient inquiry. Educational intervention and electronic reminders may increase physician knowledge and subsequent patient screening in a primary care office.

FP38: Educating Patients About Practice Rules And Policies

Robert Casten, MD; Vikram Arora, MD

Patients frequently call physicians' offices for last minute refills, miss appointments without notification, show up late for appointments, or drop off forms that are needed that same day. This contributes to wasted time, energy, and money for office staff and patients alike. A general understanding of the rules, policies, and intricacies of navigating the complex medical environment by the patients would help in providing more efficient and productive care. All patients visiting the Northside FP Center during December-January of 2010 were given a pretest. Utilizing the information gained, a 3-step process will be utilized for patient education. Following which a posttest will be conducted to see improvement in knowledge. Added data from the practice's EHR would be analyzed to assess for changes in behavior.

Monday, April 26, 2:45–4:15 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP39: Mommy & Me: Effectiveness of Breast-feeding Education In an Urban Community Setting

Sheelu Mathews, MD

Family medicine residents provide pre and postnatal care to women in urban community clinic settings. In this project, breast-feeding education was provided as per AAP/AAFP recommendations to residents, who were encouraged to emphasize options to pregnant patients during prenatal care visits. The objective of the project was to provide increased education and awareness to physicians and pregnant women about the advantages of breast-feeding as well as to promote the initiation and maintenance of breast-feeding. The study involved a group of ten women from a centering pregnancy class, sixteen family medicine residents, and pregnant women from the general urban community clinic. The conclusion, from the study is the need for increased emphasis on breast-feeding education and support for pregnant women during prenatal and postpartum period.

FP40: Group Visits: Do They Improve Outcomes for Diabetic Patients?

Kristin LeGrand, DO; Amber Whited, DO

Group visits for chronic illness are historically underutilized, yet have the potential to make a substantial impact on a patient's health. Our group is currently studying the outcomes of diabetic group visits including weight loss, blood pressure control, reduction in HbA1c and LDL levels, patient satisfaction and implementation of lifestyle changes. Group visits start with 30 minute presentations by a resident physician on a diabetic topic followed by a question and answer session and end with individual focused exams. We will compare data to age and gender matched controls not attending group visits. Using these standards of care for diabetes management, we can assess both quantitative and qualitative measures to see if we improved outcomes for our diabetic group visit patients.

FP41: Use of the Emergency Department for Primary Care in Cook County

Sandra Pinilla, MD

Use of Emergency Departments (ED) for primary care (PC) has been a concern for more than a decade. This problem is acute in busy urban EDs suffering from overcrowding and long waits. Our study objective is to better understand why patients choose to attend EDs for primary care in Cook County. Two samples are being surveyed by questionnaire: ED users at Provident Hospital and PC users at two community health centers. The questionnaire captures patient characteristics such as age, sex, ethnicity, health status, access to healthcare, past experience with PC providers and reason for current visit. We will assess differences in characteristics of the two groups. With knowledge gained, PC providers may be able to better encourage patients to attend PC facilities for primary care.

FP42: Adoption Rates In Electronic Health Records for Primary Care

Matthew Burke, MD; Andrew Bazemore, MD, MPH; Stephen Petterson, PhD

Background: To examine current trends in primary care EHR adoption. With the current influx of federal dollars to promote adoption, we identified the policy amenable barriers that persist for certain non-adopting groups. Methods: Using NAMCS from 2003-2007, we rated EHR adoption in primary care. We also examined factors influencing adoption at the physician, practice, and regional levels. Results: Rates rose among Family Physicians (14 to 35%) and Internists (20 to 43%), while Pediatricians less so (17% to 30%). Larger practices, lower Medicaid reimbursement and US West locations predicted higher EHR usage. Conclusions: Primary care adoption increased from 2003-2007. Given the use variation between partial and full EHRs, ongoing research defining "meaningful use" is needed for policies promoting future adoption strategies, quality care and cost containment.

FP43: Cholecalciferol in the Treatment of Chronic Musculoskeletal Pain

Roxana Abbott, DO; Christopher Gilbert, MD, MPH

Vitamin D deficiency is associated with osteoarthritis and chronic pain in epidemiologic studies, but controlled trials have been mixed. Our hypothesis is that the dose used has been inadequate, the duration of trials has been too short and a less potent form of vitamin D used. Our group plans to compare the use of high dose cholecalciferol with low dose cholecalciferol for improvement of chronic musculoskeletal pain. Secondarily we will investigate effects on mood, self-reports of falls and respiratory infections. We will utilize a randomized, double-blind clinical trial studying supplementation for six months in 200 patients. ANCOVA analysis of covariance will be used to analyze pain scores as our primary outcome. A 35% reduction in pain scores will be considered clinically significant.

FP44: Development of a Database to Facilitate the Handover and Discharge Processes on an Obstetrical Service

Rollin Oden, MD, MPH

Handovers of care from one provider to another have been identified as an area for improvement by the Institute of Medicine. In our community hospital based Family Medicine Residency we had used a spreadsheet system for recording patient information for the handover process. Spreadsheets are neither easily searchable nor easily archived. We recently utilized a commercially available relational database program to develop a system for handover processes that tracks the patient admissions, deliveries, associated medical conditions, and complications. It also facilitates the tracking of resident activities for educational purposes and is used to generate a summary of care that is given to the patient at discharge. This report will present the system and its acceptance and use by the residents and faculty.

Monday, April 26, 2:45–4:15 pm

RESEARCH POSTERS

Room: Pavilion Ballroom

RP15: Comparison of Illness and Care Provided Between Public County Clinics and Non-government Provider Clinics

Gilberto Granados, MD; Jyoti Puvvula, MD

Objective: To see if Los Angeles County-Department of Health Services (LAC-DHS) community-based clinics care for sicker patients compared to non-government provider (NGP) counterparts nationally. Methods: 700 adult patient charts from three LAC-DHS community-based clinics were reviewed. Pay status, chronic illnesses, and medications were compared to the CDC National Ambulatory Survey for NGP. Results: DHS clinics saw higher uninsured 71.5% versus <5% for NGP. The average number of chronic illnesses and medications at DHS clinics was 5.8 and 5.0, respectively. Compared to NGP, DHS clinics had higher prevalence of chronic illnesses like hypertension (51.7% versus 27.9%) and diabetes (31.2% versus 11.8%). Conclusions: DHS clinics provide care to a larger proportion of indigent and potentially sicker patients that may require higher level of care than NGP.

RP16: Diabetes, Medications, and Mood

Michelle Tinitigan, MD; Rochelle Tinitigan, MD; Saira Khan, MD; Sandra Burge, PhD; Marcela Riojas, MD

Objective: To examine the association between depression, medication adherence, and glucose control. Methods: Observational study. Patients were Hispanic, underserved, at least 18 years old, non-pregnant, >6 months diagnosis of type II diabetes with a recent HbA1c. Mood assessed by PHQ-9. Adherence assessed by Morisky's adherence survey. Results: Patients with high level of depression were less adherent to medications (Pearson's $r = -.435$, $P=.000$). HbA1c was negatively correlated with age ($r = -.455$, $p=.000$). No correlation between depression and HbA1c or between HbA1c and adherence scores. Conclusion: Depression was negatively correlated with adherence. Neither depression nor adherence was correlated with HbA1c. Our finding, that depression and adherence are correlated, is consistent with previous studies but not consistent with the hypothesized relationship between depression and diabetes control.

RP17: Centering On Patients: Factors Affecting No-Shows Differ in Two Groups of High Risk Patients

Frances Wen, PhD; Charles Henley, DO, MPH; Karen Sanders, MS; Raman Seth, MD; Clifford Alprin, MD; Jason Leinen, MD; Pavan Palepu, MD; Azhar Pasha, MD

Objective: Determine predictors, reasons for no-shows among obstetric (OB) and diabetic (DM) patients. Methods: Retrospective electronic medical record review of 3661 visits (8/08-11/08), collecting patient, visit, provider measures. Telephone survey of 186 OB and DM patients who no-showed (11/08), collecting no-show reasons, solutions. Results: No-shows: 21.5% DM and 21.6% OB groups. DM no-show predictors ($P<.05$): provider, race/ethnicity, insurance, day of the week, age. OB no-show predictors ($P<.05$): provider, race/ethnicity, insurance, distance, age. Resident provider predicted no-shows for DM ($P=.001$). Private insurance predicted no-shows for OB ($P=.010$). Both groups forget, have transportation problems, or like telephone reminders. OB patients like text message reminders, $P<.05$. Conclusions: The two groups had similar no-show rates but differed in associated factors. Examining key groups may enhance patient-centered improvements.

RP18: Identifying Potentially Teratogenic Medications Prescribed to Women of Childbearing Age

Regina Ginzburg, PharmD; Leah Rothman, DO; Sarah Morrison, MD; Alyssa Luddy, MD; Ginger Gillespie, MD; Wendy Barr, MD, MPH, MSCE

Objective: Estimate how many women of childbearing age are prescribed a potentially teratogenic medication without adequate documentation for counseling or birth control. Methods: Retrospective cohort study involving all women aged 14-49 prescribed a category D or X medication from October 2007-September 2008. Results: Of 679 charts reviewed, 51.3% of women prescribed a potential teratogen were considered high risk for pregnancy. There was no difference by age and health insurance status. Race was a positive predictor for documentation of contraceptive plan. Conclusion: There is a need to raise awareness among physicians about teratogenic medication use in childbearing women. The study prompted the implemention of a decision support tool in our EHR to improve physician counseling and documentation of contraception plans and risks/benefits.

Monday, April 26, 2:45–4:15 pm

SCHOLASTIC POSTERS

Room: Pavilion Ballroom

SP60: A Curriculum to Teach Health Literacy Through Student Development of Health Literature

Bruce Britton, MD

Health Literacy is a major determinate of patient adherence to plan and chronic disease self management. Instruction and experience in health literacy assessment and communication skills are educational experiences required for medical students. Much of the Health Literature available for clinicians today is biased by marketing and/or at a literacy level that is not easily understood by a significant portion of patients. The EVMS Department of Family and Community Medicine in collaboration with the South Norfolk Community Health Center has developed an educational intervention that teaches students the Health Literacy issues and techniques for assessing and developing quality health literature for patients with low level literacy levels. This literature has the potential for dissemination throughout the health care system.

SP61: Implementing and Evaluating a Palliative Care Experience for Medical Students

Betsy Jones, EdD; Mike Ragain, MD, MSEd; Tommie Farrell, MD; Andrew Dentino, MD; Fiona Prabhu, MD

Patients of all ages—and their families as well—deserve a positive dying experience, facilitated by physicians who have been trained to communicate well during such a trying time as well as to manage symptoms and assist with difficult decisions. This presentation will describe a new 1-week required palliative care experience within a required 8-week MS3 family medicine clerkship and an elective MS4 experience in palliative care, focusing on evaluation tools and techniques and strategies to overcome barriers to curricular change. It will also outline evaluation results from learners' pretests and posttests of knowledge and attitudes. It will provide recommendations for other medical educators on how to structure and evaluate palliative care experiences within the medical curriculum.

SP62: Development of a New Teaching Office for the Patient-centered Medical Home

John Turner, MD; Ann Hiott, MD

Established residency clinics are often less than ideal clinical settings to implement novel practice ideas given the complex and systematic decision-making often present in larger organizations. Despite efforts to include many principles of the Patient Centered Medical Home (PCMH) into our large residency clinic we believe another practice setting may be able to best implement specific clinical and technological components. In cooperation with a local private practice network, a new practice has opened with four providers from the academic department. This office will provide a platform to fully incorporate PCMH ideals and serve as a teaching site for residents. This hybrid setting will actively model and teach PCMH concepts and serve as a testing ground for application of those concepts to our larger residency-based practice.

SP63: Nursing Standing Orders Exploration: Efficient Medical Home Development

Julie Jeter, MD; Amy Keenum, DO,PharmD; Heath Trowell, MD; Obaydah Abdurraqeeb, DO; Todd Montgomery, MD; Ashley Trowell, MD

Context: Standing orders are well established in emergency medicine but little is documented in family medicine. Objective: Determine concordances of nursing and physician staff as a process of establishing standing orders. Design: Using a modified Delphi method, nursing and physician staffs were presented clinical scenarios and a list of items to be done prior to the physician visit. Setting: Family Medicine Residency. Participants: Nursing and physician staff. Outcomes: Concordant nursing-physician choices will serve as initial standing orders. Results: Physician responses were more uniform than nursing responses. The most concordant item between the groups was previously set by policy for printing of chart summary. Urinalysis for patients with symptoms and proper materials for PAP smear followed.

SP64: Acute-on-Chronic: Integrating HIV Primary Care into the Patient-centered Medical Home Model

Clay Roscoe, MD; Rebecca Kinney, MD; Ted Epperly, MD

The availability of highly active antiretroviral therapy has increased the life expectancy of individuals living with HIV/AIDS, transitioning HIV care toward a chronic disease model. As the HIV population expands and ages, it has become increasingly important for primary care physicians to include HIV patients in the patient-centered medical home dialogue. The Family Medicine Residency of Idaho has created a HIV primary care fellowship that trains future family physicians in the provision of comprehensive and up to date care of persons living with HIV/AIDS. Training is centered in an integrative primary care setting. Fellows are accredited as HIV specialists through the American Academy of HIV Medicine and gain skills and experience that allows them to become local and global advocates in the fight against HIV.

Scholastic Posters continued on next page

Monday, April 26, 2:45–4:15 pm

SCHOLASTIC POSTERS Cont'd

Room: Pavilion Ballroom

SP65: Funding Faculty Development in Challenging Times: An Example From One Department of Family Medicine

Mary Dankoski, PhD

Faculty need support more than ever to thrive in academic family medicine, yet budget cuts for faculty development are common. Faculty face unprecedented expectations to generate clinical revenue and, simultaneously, a high "bar" of academic productivity to be promoted and/or tenured. It's no surprise that many faculty report high levels of stress and depression. While faculty development rejuvenates faculty, equips them with essential skills, and positively impacts organizational culture, such programs remain vulnerable in economic difficulty. This poster will explain how one Department of Family Medicine internally funded a robust faculty development program that included structured group and individual meetings; travel support for a global health program; tuition stipends for fellowship programs; and an internal competitive grant program to fund creative activity and scholarship.

SP66: Laboratory Test Requests In Primary Health: Implications to Medical Education Toward A Patient-centered Medical Home

Francisco de Oliveira, MD; Ligia Burigo, MD

Laboratory test requests are an unquestionable part of health care, regardless of the medical specialty involved. However, in some situations the test itself seems to be more important than the patient. This paper analyzed the requests of laboratory tests during the year of 2008 in a primary health care unit in Porto Alegre, Brazil. This university-affiliated health clinic hosts a Residency Program in Family and Community Medicine and an internship in family medicine. The quantity and quality of exams requested were analyzed comparing the number of medical consultations. The results showed well above average requests, indicating an inappropriate practice. With this information, it was possible to discuss with faculty, residents and students ways to improve and turn the practice into a Patient-centered Medical Home.

SP67: One Step Closer: Implementation of a Primary Care Transitions Curriculum In Family Medicine

Jeffrey Morzinski, PhD, MSW; Karen Nelson, MD; Nancy Havas, MD; Linda Meurer, MD, MPH

We are conducting an innovative, multi-specialty faculty development (FD) program focused on care transitions. The main products of the STEP (Safe Transitions for Every Patient) Collaborative are customized, coordinated curricula for three types of learners: medical students, residents and community preceptors. This scholastic poster reviews needs assessment findings, and then presents the systematic teaching plan and instructional materials by learner type. A core curricular component is a toolkit, appropriate for ambulatory teaching sites, on efficient learner assessment and instruction. Tools emphasize competence to perform efficient and precise handoffs targeting communication skills (e.g., cultural competence, cross-disciplinary teamwork), systems skills (e.g., discharge summary checklist, EHR transition templates) and professional accountability. This FD program is helping learners become proficient practitioners and advocates for safe and effective transitions.

SP68: Diabetes Self-management Education: Patient Characteristics and Preferences

Tamara Day, BSN, RN; Rhonda Polly, MSN, ACNS-BC

A primary health issue in Boone County, MO is diabetes. Diabetes Self-Management Education (DSME) remains an important intervention tool to improve patient care. The patient population seen at two clinics in Columbia, MO for diabetes (n=1259) in fiscal year 2007 were sent a 3-page questionnaire about their diabetes, knowledge, self-management tools, and perceived burden. Over half of the respondents reported their A1c. Respondents provided a clear message about their preferences for DSME logistics. Of the seven educational opportunities listed, compliance to physicians' suggestions to take a class, see a dietitian, and/or use written material ranked high. The perceived burden from diabetes varied by age, marital status, A1c values, and education. Understanding DSME preferences and population characteristics is a sensible step towards improved patient care.

SP69: The Student Portfolio: A New Learning Method In Bioethics? An International Experience

Graziela Moreto, MD; Pablo Blasco, PhD; Rogelio Altisent, PhD; Maria Auxiliadora de Benedetto, MD; Deborah Garcia, MD; Caue Monaco, MD

Requiring students to incorporate, through a portfolio, the notion that every single medical practice involves a moral dimension appears to be a promising new educational strategy for the bioethical development of future physicians. This portfolio consists of a series of reports in which students analyze ethically thorny cases that they have encountered during their medical rotations. Students receive a template in the University of Zaragoza in Spain; other pilots were run in seven medical schools in Brazil. A qualitative analysis indicated that the portfolio can be an effective tool for learning ethical issues related to seven categories- professional attitudes, confidentiality, professional reflectiveness, religion and medicine, palliative care, teaching by example, and patient-centered medicine.

SP70: Building Community Skills With BLSO

Portia Jones, MD, MPH; Teresa Gipson, MD, MPH

Basic Life Support in Obstetrics (BLSO) is a new program of the ALSO program of the AAFP. It is designed to develop skills and team work among persons who do not regularly provide obstetrical care, such as EMTs, ER staff, medical students, and providers who staff emergency/urgent care settings both in the US and internationally. This poster will present the materials, and do a model workshop which can be done with students and community workers. Participants will experience the course and learn ways to usae it in theri home settings.

SP71: Utilization of Gynecologic Physical Examination Checklists As An Educational Tool for Residents

Kirsten Stoesser, MD; Sonja Van Hala, MD

Residents starting the gynecology rotation were noted to have varying skill levels in basic gynecologic physical exam techniques, with some residents having a below acceptable level of skill and knowledge. In response to this deficiency, clinical competency observation checklists were instituted in three areas of physical exam focus; vaginitis evaluation, well-woman pelvic exam, and well-woman breast exam. These competencies needed to be successfully completed prior to starting the gynecology rotation. Implementing these competencies has resulted in improved physical exam skills for the residents, and maintenance of relationships with gynecology preceptors, at a minimum investment of faculty teaching time.

SP72: A Two-year Study of Termination and Transfer of Care Practices of Primary Care Residents

Deborah Bonitz, PhD; Marvin Alviso, MD; Gregory Spagnuolo, MD

While client termination and transfer are salient topics in psychology, these issues have not received much attention in primary care literature. However, resident physicians are asked to manage these very important physician-patient concerns with little experience. As early career practitioners, they may have fewer skill sets to manage these transitions well. The investigators conducted a survey of the practices of termination and transfer of care practices across U.S. residencies in internal medicine and family medicine. Survey results and implications for management of termination and transfer of care issues will be displayed.

SP74: Making the Hospital Part of Your Patient-centered Medical Home

Jessica Flynn, MD; Roger Garvin, MD; Johanna Warren, MD; Scott Fields, MD, MHA

Patients are experiencing disjointed care. Hospitalists are often providing exclusive hospital based care, and resident curriculum separates inpatient from outpatient care. As more practices are utilizing hospitalists' care, the need to focus on the patient continuity experience in the hospital is more important than ever. Can we improve patient experience and resident education by extending the Patient-centered Medical Home from outpatient to inpatient and back again? Context: Oregon Health and Sciences University Family Medicine, a 12-12-12 FM residency program situated within a large Tertiary Care Academic Medical Center in Portland, OR.

SP75: Building and Maintaining the Residency's Curricular Home: A Structure for Continuous Curriculum Development

Tricia Hern, MD; Yvonne Murphy, MD

The overall residency curriculum must be continuously adapted to meet new RRC requirements and to reflect new models of practice such as the PCMH. This poster will highlight a fully developed "curricular home" for all elements of the residency educational program. The experience of two community hospital-based FMR's that have effectively implemented this process for two years will be presented. This system addresses programs' lack of progress on curricular innovations and improvements by providing a clear structure for curricular leaders, while also incorporating a system for assessing the overall fit of the curriculum with the ACGME competencies. A model for a twice-monthly curriculum committee will be presented, including use of a standardized curriculum template, review checklist, and evaluation form for rotation leaders.

SP76: A New Strategy to Teach Professionalism

Sandra Shea, PhD; Linda Herrold, MS

Medical students and residents know right from wrong, or think they do. Yet faculty expectations of "right" vs. "wrong", "professional" vs. "un-professional" is often at odds with what learners expect, or, worse, with what they do. We devised a class exercise to let the learners tell us, the teachers, what they thought was unprofessional, and then the teachers laid those events on top of the institution's professional and honor code and discussed the consistencies and inconsistencies. Learner feedback has been strongly positive.

SP77: Incorporating Patient-centered Medical Home Education Into a Family Medicine Residency Program

Ewa Matuszewski, BA

In the Patient-centered Medical Home primary care model, self-management support is generally provided directly by health care providers and lay people and usually includes face-to-face contact in the primary care office setting. Integrating action plans into the Family Medicine Residency Clinics' EMR has created a tracking mechanism to alert residents and their practice teams of the status of self management education and action planning; which help to identify gaps in care, resulting in empowered, activated patients. Action plans are often used as tools for collaborative goal setting, patient activation, and communication. Clinicians have ready access to patients' self-management assessments and goals which have improved the patients accountability and compliance.

SP78: Nutrition Newsletter: An Experiential and Didactic Approach to Teaching Nutrition

Samuel Grief, MD

Creating and publishing nutrition newsletters is a new way of teaching nutrition to medical students, residents and faculty. There is a dearth of publications reporting the use of nutrition newsletters in the undergraduate medical curriculum to date. In a search of Pub Med, through the National Library of Medicine, using the search criteria "Nutrition Newsletters" and Nutrition Newsletters and Medical Students", only two articles appeared discussing nutrition newsletters and undergraduate students. The session will focus on how a nutrition newsletter, created and published in conjunction with undergraduate medical students over the past six years, has engendered a greater emphasis on nutrition education in both the undergraduate and post-graduate curricula of medical trainees within the Department of Family Medicine at University of Illinois at Chicago.

SP79: Focus on Vision – One Step Closer to NCQA Certification

Megan McMullan, MD

NCQA certification is a useful standardization of care across many disease spectra and has become a necessary tool for primary care. Principles of achieving certification for this process as well as maintaining the standards set by this body should be integrated into all residency training sites. It is long stated that patients with diabetes should have regular eye exams, although less than half of patients actually accomplish this according to the ACP. Our center, a Level III NCQA center for diabetes care is looking to improve the communication with our optometry and ophthalmology colleagues regarding dilated eye exams and ultimately diabetic patient outcomes. The goal for our center is to improve from our current 5% to the NCQA goal of 60%.

Tuesday, April 27, 10:30 am–Noon

SEMINARS

S2: Creating Effective Clinical Teams In Residencies: It's More Than Just Working Together

Jeri Hepworth, PhD; Susan McDaniel, PhD; Tziporah Rosenberg, PhD; Robert Cushman, MD; Jeffrey Harp, MD

This seminar will consider how Family Medicine residencies can strengthen clinical teams to transform their clinical practices, engaging faculty, staff and residents. Two residency programs will highlight their experiences of system wide collaboration to identify needed change, and create innovative mechanisms to facilitate teamwork and collaboration toward more effective team practice. Exercises and practices that promote teamwork will be described through two avenues. Several exercises recognize unique roles, work styles and the significance of power and hierarchy. With this recognition, a second series of exercises promotes increased participation of all team members through creative brainstorm and team building activities. The exercises and concepts can be adapted by participants, no matter where they are on their departmental journeys to facilitate teamwork and change.

Room: Junior Ballroom D

S33: Generational Issues in Health Care [PF]

Virginia Hosbach, RN, MSN

In our world today, there is an increasing rate of change. People are living and working longer. There are demographic shifts, which influence attitudes toward work. A "talent gap" is looming. Generational Diversity is an issue in the workplace, in communities and in families. It is critical that we deepen our understanding of this diversity, especially when called upon to work with various colleagues, patients, families and others from various generations. This interactive program will give new insights and skills to address the generational "gaps" that often complicate relationships and overall productivity. It includes a discussion on the impact generational diversity has on relationships, marketing, teaching and learning strategies, expectations, motivation, goal setting, morale, retention and turnover.

Room: Junior Ballroom B

S34: Pioneering Partnerships in Primary Care to Augment Medical Student Competency in a Patient-centered Medical Home Principles [MH,S]

Drew Keister, MD; Kira Zwygart, MD

Although traditional medical school curricula deliver third-year clerkships by specialty, there is greater correlation between the roles of primary care family physicians, pediatricians and internists than the roles of these primary care clinicians and their hospitalist colleagues. The University of South Florida's (USF) twelve-week primary care clerkship includes instruction in all primary care disciplines. Recently, we have begun to implement this clerkship format at the USF campus at Lehigh Valley Hospital. Each site integrates instruction of patient-centered medical home principles in different ways. Our session will describe the process of creating an interdisciplinary primary care clerkship with a focus on the principles of the PCMH at two learning sites. We will share keys to success and pitfalls we identified in pursuing this venture.

Room: Vancouver

S35: The Opportunities and Threats of Social Networking in Medical Education [CE,PF]

John Waits, MD; Richard Neill, MD; Katherine Neely, MD

User-driven social networking "Web 2.0" applications have become ubiquitous. Examples would include wikis, blogs, podcasts, YouTube, MySpace, Facebook and Twitter. Transmitting the art and science of medicine from one generation to another has always had to consider inherent generational and technological differences. While the medical educational opportunities are both confusing and potentially endless, the application of these new technologies also have inherent hazards, like any new and rapidly advancing technology. We describe in this seminar a variety of web 2.0 applications for those unfamiliar with them, review the limited medical literature, demonstrate several medical educational projects using these technologies, and finally discuss potential problems with the use and misuse of these technologies.

Room: Orca

S36: Sometimes It IS All Fun and Games [CE]

Gretchen Shelesky, MD; Rachelle Busby, PharmD; Ruta Marfatia, MD; David Yuan, MD; Nicholas Owens, PharmD; Vincent Vargas, MD

With the new resident work rules, today's residency education is increasingly formal. Many programs 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 and teamwork, and increases motivation. Teaching key points without information overload can be done by incorporating games into presentations. Satisfaction surveys show that students taught by games find it more enjoyable, stimulating and interactive. 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 templates. Although computers are not necessary, your laptop can help maximize your hands-on experience in this session. We are Mac and PC friendly.

Room: Galiano

S37: Reflections in a Computer Screen: Using "Clinical Blogging" to Enhance Resident Self-assessment and Learning [R,PF]

Molly Cohen-Osher, MD; Andrea Gordon, MD

Reflection is a well-documented form of learning. Residents accumulate and assimilate information at a rapid rate. Reflecting on their experiences allows them to organize information, learn from what they have seen and realize what they have brought to an encounter. To cultivate an environment of reflection we have carved out time and given our residents space in an online portfolio where they can reflect, or as we have named it, write a "clinical blog". Clinical blogging can be done privately, at any time, and shared or not, depending on the writer's comfort level. We have instituted a program of clinical blogging where completion but not content is tracked, and discussions are sparked. This program is designed to foster reflection as an aspect of life-long learning.

Room: Burrard

S53: Stepping Up: Medical Professionalism in the New Century: What's Wrong With Us, and How to Fix It

Sandra Miller, MD; Kathy Phan, MD

In today's world of conflicting home and job needs and commercial influences, medical professionalism must be taught and reinforced. Unlike other specialties, the foundations of family medicine are closely aligned with those of professionalism: responsibility, humanism, excellence, and communication. This curriculum teaches both faculty and residents. Faculty must be aligned to avoid the "hidden agenda" of inadvertently role modeling wrong behaviors. Residents must receive clear, supportive training in the varied aspects of what professionalism means, and held accountable for professional performance. In an attempt to measure the unmeasurable, we have also created a resident "scorecard" so each resident can track his or her own professional behaviors compared to peers.

Room: Finback

Tuesday, April 27, 10:30 am–Noon

LECTURE-DISCUSSIONS

L38A: Caring for Adolescents in the Medical Home: A Comprehensive Curriculum for Family Medicine Residencies

Nicole Chaisson, MD; Francesco Leanza, MD

While the United States is a leader within the field of adolescent medicine, no comprehensive curriculum exists to train future providers. Family physicians are uniquely qualified to provide leadership in this area because we care for the majority of adolescents, and we support teens and their families in the medical home as they prepare to navigate the path of adolescence. Yet many physicians do not feel adequately trained to provide adolescent care as many family medicine residency programs identify weakness in adolescent training. Through an STFM Foundation grant, we developed a comprehensive, competency-based curriculum to provide online access via the STFM Resource Library (FMDRL) to training modules and resources (for faculty development and point-of-care teaching) to standardize training in adolescent medicine throughout family medicine residencies.

L38B: The Developmentally Focused Well Child Visit: A Paradigm for Teaching Patient-centered Medical Home Care

George DeVito, MD

Evidence documents a need to improve both developmental screening and the delivery of medical home care during well child visits. Use of standardized developmental screening tools provides a way to refocus the traditional well child visit, to improve developmental screening, and to enhance patient- centered care. This presentation suggests a new paradigm of well child care that puts developmental assessment and discussion at its core. Implications for resident education and practice are discussed.

Room: Beluga

L39A: Medical Home Competency: The Development of a Competency-based Patient-centered Medical Home Curriculum [MH]

Bonnie Jortberg, MS, RD, CDE; Linda Montgomery, MD; David Clampitt, MD; Perry Dickinson, MD; Nicole Deaner, MSW

The Patient-centered Medical Home (PCMH) is gaining momentum as the gold standard for primary care, yet a cohesive and comprehensive competency-based curriculum does not currently exist in residency training. This lecture will discuss The Colorado Family Medicine Residency Patient-centered Medical Home Project, a collaborative effort to transform the nine Colorado Family Medicine residency programs into medical homes through practice improvement and curriculum redesign. The session will emphasize the team-based process used to develop a competency-based PCMH curriculum and how this process mapped to the ACGME competencies. Curricular materials developed through this project will be discussed and shared. Additionally, assessments utilized to determine individual residency program's curricular needs and residents' self-rated competence and implementation techniques utilized in residency training will also be presented.

L39B: Integrating PCMH Concepts Into Medical Student Education: Experience and Examples From a Free Clinic Project

Ellen Beck, MD; Sunny Smith, MD; Michelle Johnson, MD; Natalie Rodriguez, MD

STFM advocates that the concept of a PCMH be taught and promoted widely. There are organized programs to assist clinical practices and residencies with the PCMH model. However, most medical schools still are not teaching the concept of PCMHs. Family Medicine faculty have the opportunity to lead in promoting PCMH in medical education. Faculty will be encouraged to share experiences from their institutions and identify areas where PCMH concepts fit into their existing curricula. The Student-run Free Clinic Project at our institution will be used as an example of teaching core concepts and practices of the medical home within existing programs and curricula. At the Free Clinic students learn patient-centered care, continuity, patient advocacy, and the use of clinical registries and quality measures.

Room: Junior Ballroom A

L40A: Online Consultations—The Current Reality [L/SF,S,R,PF]

John Bachman, MD

As the medical home becomes established the digital environment is a new type of communication that will be established. The Mayo Family Medicine Department in November of 2009 completed its pilot project of doing online consultations. More than 4,200 patients were registered, and 2,300 online consultations were completed. The experience will be used to help the attendees understand the nuts and bolts of establishing online visits for their practice. It includes our success in charging, viewing photos, and implications for the future.

L40B: "E-mail Me": Implementing Patient-centered Electronic Access In a Residency Setting

Mark Josefski, MD; Andreas Cohrssen, MD; Robert Schiller, MD; Megan McMullan, MD

The Mid-Hudson and Beth Israel Family Practice Residency Programs are both managed by the Institute for Family Health and use an integrated electronic health record (EPIC). The Institute and all of its centers are accredited by JCAHO, and have received NCQA Level 3 Certification. As a component of these efforts, "My Chart", a patient access portal for efficient patient-centered communication with the physicians, has been recently implemented. The inclusion of residents' primary patients in this process presents unique challenges as well as new learning opportunities, and supervisory responsibilities for the faculty. We will present these issues and our strategies for addressing them, anticipating group discussion of similar efforts and experiences for audience members interested in moving toward an enhanced Patient-centered Medical Home model.

Room: Junior Ballroom C

L41A: Building Your Online Curriculum: Quick, Paperless, and Easily Accessible [PF]

James Rindfleisch, MD, MPhil; Greta Kuphal, MD, MPhil; Michael Weber, MD, MPhil

As free online resources become increasingly sophisticated, it is possible to rethink how course curricula can be presented. This presentation will demonstrate how to use two free public Web sites to provide online access to syllabi, reading materials, course evaluations, and more. Presenters will demonstrate a 2-year, longitudinal academic fellowship curriculum that has been developed entirely online, providing participants with opportunity to explore how they might use similar approaches to meet their own teaching needs.

L41B: Incorporating EMR Education Into Medical School Curriculum With a Focus on Preserving Clinical Reasoning Skills [L/SF,S,R,PF]

Lauri Lopp, MD; Theresa Waters, BSN, RN

Few research studies have been conducted specific to medical student documentation via an EMR, resulting in limited guidance on incorporating an EMR into medical curriculum in a way that encourages clinical reasoning skills. Southern Illinois University School of Medicine provides a graduated approach to the EMR for students in Years 2, 3, and 4. In Year 2, students utilize an EMR in the Professional Development Lab during Standardized Patient encounters and in clinical mentoring experiences. In Year 3 and 4, they strengthen their skills during clinical clerkships, using student-specific encounter forms. An EMR educational specialist trains and supports all of these activities. The Educational Health Information Technology Committee, chaired by a family physician, oversees and coordinates this curricular experience.

Room: Gulf Islands A

Lecture-Discussions continued on next page

Tuesday, April 27, 10:30 am–Noon
LECTURE-DISCUSSIONS

L42A: Using the Practice Huddle to Teach Systems-based Practice and Teamwork [S,R,PF]

Thomas Balsbaugh, MD; Suzanne Eidson-Ton, MD, MS; Shelly Henderson, PhD; Sarah Marshall, MD

Teamwork is an important component of the Patient-centered Medical Home. The practice huddle is an ideal forum to teach this skill in the context of systems-based practice. In a clinical teaching practice, a 10-minute huddle can address learning needs that may not be easily met during traditional precepting. We will perform a brief "mock" huddle to demonstrate methods for engaging a wide variety of learners. Audience members will identify teaching opportunities in our mock huddle. We will also show examples of how case-based learning can be integrated into the practice huddle. Audience members will develop a sample "Huddle Agenda" and break into small groups to discuss how they would facilitate a brief case-based module into their sample huddle.

L42B: Preparing Educators and Practitioners for Interprofessional Teaching and Collaborative Practice

Christie Newton, MD, CCFP; Louise Nasmith, MDCM, MEd, CCFP, FCFP; Victoria Wood, MA

As primary health care renewal drives health system change toward collaborative team practice, the demands for interprofessional education increase, as does the need for educators and practitioners who are prepared to teach and role model this approach. In an attempt to meet these increased demands the College of Health Disciplines (CHD) at the University of British Columbia, Canada, conducted a multiphase interprofessional professional development (IP-PD) project. Based on information gathered through this project from a literature search, environmental scan, and provincial needs assessment, this session will summarize the project findings and provide a variety of tools and a basic framework for delivery of IP-PD to both practitioners and educators in a variety of primary health care contexts.

Room: Azure

L43A: Project Management: A Foundational Skill for Developing a Solid Medical Home

Cynthia Fisher, MD; Theresa Peters, BA

In the multi-tasking environment of residency education, faculty often struggle to complete and institute curriculum development or process improvement projects. Basic Project Management skills are an integral part of Business Practice Education and can be utilized to facilitate the completion of residency and patient care improvement projects to ensure the creation of a strong medical home. In addition, successful faculty leadership requires the ability to prioritize and manage multiple projects. Over the past six years, we have developed a process utilizing the principles of project management which has assisted us in improving resident education and the development of a medical home for our patients. We will share our process, tools, challenges and successes, and facilitate discussion of project completion tools utilized in other programs.

L43B: Building the Medical Home by Beginning a LEAN Journey

Peter Harper, MD, MPH; Mark Bixby, MD

Transformation into a medical home is a difficult process especially when clinics are already feeling stressed and overwhelmed. Before embarking on building the medical home, clinics need to stabilize their processes, engage their staff, and increase their capacity to change. LEAN is a strategy that may help with this. LEAN works to eliminate waste, reduce costs, and utilize the knowledge and energy of its workers to change. At the University of Minnesota, we have started building the medical home by beginning on a LEAN journey. We will describe our journey with two clinics over 12 months, the tools we are using, and the metrics we are following to demonstrate our improvements. We believe that this is essential work in building our medical home.

Room: Parksville

Tuesday, April 27, 10:30 am–Noon
PEER PAPERS—*Completed Projects*

PEER SESSION HH: Special Topics in Resident Leadership

Room: Port Hardy

PHH1: Where Do They Go and What Do They Do? 15 Years of Rural Residency Outcomes [CE]

Robert Ross, MD, MSEd

Extensive data from a 2009 survey of graduates of a training program with a mission to place physicians in rural practices will be presented. All graduates since the departure of the first class in 1996 were investigated, with a preliminary 54% (41/76) return rate. A much higher response is projected following ongoing contact. A rich data set is compiled, describing the migration of graduates between geographic location and practices. This allows us to match graduates with designated health professional shortage areas and other data, including the appraisal of the available data through use of GIS programs. This type of analysis is critical to the planning for physician services and the placement of clinics and medical homes, helping to effectively address manpower requirements of the future.

PHH2: Un Gran Exito: Five Years of Resident Spanish Language Immersion and Reinforcement in Lawrence, Mass [R]

Anthony Valdini, MD; Carolyn Augart, MD; Scott Early, MD

Objective: Improve residents' communication with Spanish-speaking patients. Methods: Curriculum: 100 hours immersion during orientation (Rassias Institute), examination room tutoring by teacher/translator, individual classes for R1s. Analysis: Baseline, post immersion, 6 months testing by independent, native speaking instructor, American Council of Teachers of Foreign Languages exam, scored 0-10. Subgroup tested at residency completion. Means compared with ANOVA for repeated measures. Results: 37 nonfluent residents means (classes of 2007-2011) at 0, 10 days, and 6 months: 5.1, SD 2.83; 6.5, sd 2.23; 7.6, SD 1.67, $P=<.001$. 21 residents tested at residency completion, mean=9.12, SD 0.77 $P<.001$. Cost was $5,655/resident. Conclusions: Foreign language instruction was successfully added to residency curriculum. Using immersion and reinforcement, significant communication improvement in Spanish was demonstrated.

PHH3: Making Scholarship Work in a 3-year Family Medicine Residency [R,PF]

Justin Bailey, MD

Integrating scholarship into a family medicine curriculum has proved challenging for many community-based programs. Research is often considered a back seat skill to the many other learning needs of residents. However, one of the greatest skill sets that comes from residents involved in scholarly activity includes being able to accurately understand and assimilate scientific literature. This is the backbone for the day to day continuing education of a physician demonstrating lifelong learning. This session presents a formal curriculum implemented at David Grand Medical Center which showed dramatic improvement in quality and quantity of research being performed as well as a dramatic improvement in local research presentations and national publications.

PEER SESSION II: Special Topics in Education

Room: Indigo

PII1: Accurately Measuring Body Mass Index: How Are Height and Weight Obtained? [CE]

Jessica Greenwood, MD, MSPH; Marlene Egger, PhD; Richard Backman, MD; Jennifer Leiser, MD

The use of electronic medical records (EMRs) has been associated with significantly increased documentation of obesity. Previous investigation at our family medicine clinics determined that >70% of adult patients have BMI recorded in the EMR. The quality of this measure, however, is not known. Utilizing an observational study design, the objective of this study was to observe the means by which medical

staff obtain height and weight values from patients to determine the quality and accuracy of documented BMI. We found that staff only obtained 46.4% of these measurements according to protocol. Our investigation indicated that providers should not assume the objectivity nor accuracy of the recorded BMI. Future investigation is warranted to improve the quality of these measurements in the outpatient setting.

PII2: Impact of a Decision Support System on Aortic Aneurysm Screening [CE]

Kurt Angstman, MD

Information technology may have the potential for helping physicians improve primary care outcomes. A clinical decision support system (DSS) compares patient information from electronic medical records against a set of rules and generates alerts about preventive services and can even recommend treatment options. The study reported here analyzed screening rates before and after a DSS was implemented in a multi-site primary care practice. A decision support system, used in this multi-site primary care practice, increased the percentage of eligible patients for whom AAA screening was ordered from 3.3% to 18.5%. Using an online decision support system during the rooming process can dramatically improve compliance with AAA ordering guidelines for male geriatric patients.

PII3: Tricky Trichomonas Testing—Is It Time for a New Standard? [CE]

Tanner Nissly, DO; Shailendra Prasad, MD, MPH

Trichomonas vaginalis (TV) infection is an under-recognized problem in clinical practice. Evidence has been building about possible added morbidity of TV. The traditional method used for detection of TV, the wet mount, has been shown to be very poor predictor of TV infection, with sensitivities generally quoted around 60%. A rapid antigen test (RA) has been shown to have sensitivities of about 90% with a quick return time. This study compares the RA test against the wet-mount as a screening tool in both symptomatic and asymptomatic high-risk populations. This study also examines how the population studied understands TV infection. Implications of this resident driven study and the use of the RA detection method as a screening test are discussed.

PEER SESSION JJ: Issues affecting the Patient-centered Medical Home

Room: Port McNeill

PJJ1: Managing Appointment Access in the Patient-centered Medical Home: How to Meet NCQA's Standard 1 [CE,MH,R]

Sam Weir, MD; Warren Newton, MD, MPH

Family physicians are successful to the extent their services are accessible to their patients when the patients need or want them. Yet many residents graduate with little or no experience with managing their own access or even the knowledge and skills necessary to do so. Although commonly endorsed, the aim and principles of access management are not fully understood by many Family Medicine faculty. This session will present NCQA's PCMH Standard 1A 'Access and Communication.' Participants will discuss sample policies to meet this standard along with the principles underlying effective implementation of an access management program. Examples of practical tools used to successfully manage appointment access in FM residency programs will be shared.

PJJ2: Using a Mixed Payment Model in a Medical Home in Seattle [MH,R]

Carol Cordy, MD; Miranda Lu, MD; Mark Johnson, MD

A new Patient-centered Medical Home clinic opened one year ago in Seattle incorporating a unique patient payment model. As a residency-training site and part of a larger group of primary care clinics, this clinic wanted not only to open its services to a broad range of patients—medically and socioeconomically—but also to develop a payer plan that could be used in other clinics in the group. This session will review in detail how this clinic managed to enroll a majority of patients in per member per month payment plans in order to assure that the medical home model of longer visits and more thorough preventive care and chronic disease management would be financially viable.

PJJ3: Preparing Residents as Systems Leaders for the Patient-centered Medical Home [R]

Stacy Potts, MD; James Broadhurst, MD, MHA

The University of Massachusetts has developed a longitudinal practice management curriculum that focuses on developing leadership skills essential to the Patient Centered Medical Home. The curriculum includes resident leadership in the health center quality improvement process and in the provider and staff meetings. Additionally, the residents have exposure to a variety of practice settings through unique "Swing Days". The experience allows exploration of themes such as electronic medical records, group visits, or billing through observing different models. Residency alumni and local hospital systems enthusiastically welcome the class of residents and discuss different models and career options. These experiences allow a greater understanding of the variety of practice settings and systems

PEER SESSION KK: Information Technology and EHRs

Room: Port Alberni

PKK1: Social, Individual and Technical Issues Regarding Adoption and Use of Information of Information Technology for Residency Education [PF]

Leslie Wimsatt, PhD; Airong Luo, PhD; Eric Skye, MD

Medical educators are investing heavily in information and communication technology (ICT), yet little is known about the attitudes and perceptions of medical faculty and residents regarding the need for ICT or the relationship between identified needs and actual patterns of technology use. Nor is it clear what social and organizational support is needed for efficient and effective use of ICT in residency education. This presentation summarizes findings from a study of faculty and residents within a single department of family medicine to better understand the context in which ICT functions in resident education. Our results reveal underlying patterns of ICT use, institutional and departmental support and potential barriers to effective implementation. Implications for future research and practice are explored.

PKK2: Experience In Quality Improvement for Practice for Primary Care (EQUIP PC) [R]

Peter Carek, MD, MS; Lori Dickerson, PharmD; Michele Stanek, MHS

Given the importance of quality improvement in residency training and patient outcomes, family medicine residency programs in South Carolina have developed an ambulatory care practice consortium and project titled Experience in Quality Improvement for Practice for Primary Care (EQUIP PC). Through the delivery of a standardized curriculum and experience in quality improvement, the project will examine the impact on the quality of patient care provided by graduates after completion of their formal residency program. Baseline assessments have been conducted, and programs are implementing activities based on areas of clinical importance in their practice. Graduate assessments will be conducted over the next 2 years.

PKK3: Accuracy of Residents' CPT E&M Codes in a Family Medicine Clinic: Can It Be Taught? [MH,R,BF]

Kelly Skelly, MD; George Bergus, MD, MAEd

Family physicians are expected to teach students and residents to apply Evaluation and Management (E&M) codes to their office visits. Despite this, there are few published prospective studies on educational interventions to improve coding. We reviewed resident E&M coding accuracy for return clinic visits using faculty review and recoding. We provided this feedback to residents as well as gave educational coding workshops. Over a 6-year period, the acuracy of 452 codings was reviewed. We found higher training year of residents correlated with more accurate coding ($P=.01$). Also, there was association between resident training year and coding accuracy ($P<.01$). Findings suggest our educational intevention combining didactics and audit with feedback was effective in improving coding performance.

Tuesday, April 27, 10:30 am–Noon

PEER PAPERS—*In Progress*

PEER SESSION LL: Underserved Care

Room: Cracked Ice

Moderator: Wanda Gonsalves, MD

PLL1: Creating Medical Homes for Minorities: Understanding Barriers to Mammography Screening for Immigrant Muslim Women [L/SF,MH,BF,S,R,PF]

Memoona Hasnain, MD, MHPE, PhD; Usha Menon, PhD, RN; Carol Ferrans, PhD, RN, FAAN; Laura Szalacha, EdD

The rising numbers of immigrant minorities in the United States call for tailoring care to meet their unique cultural needs. Disparities related to breast cancer screening necessitate examining and addressing factors that hinder the use of early detection services among minority women. A significant proportion of immigrant Muslim women have never or rarely been screened for breast cancer, undescoring the need to identify and address barriers to the optimal utilization of mammography screening programs by this population. This presentation will summarize findings of an in-progress study exploring breast cancer-related knowledge, attitudes, beliefs, and screening practices among a community sample of immigrant Muslim women in Chicago, Illinois. This research will inform efforts directed at developing Patient-centered Medical Homes for minority, understudied populations.

PLL2: Promoting Breast Health in the Latina Community [L/SF,MH,BF,S,R,PF]

Patricia Lenahan, LCSW,MFT, BCETS; Margarita Pereyda, MD; Nancy Pierre-Paul; Sahar Semnani, BS; Lidia Diaz

Breast cancer is a significant cause of mortality among Latinas in the United States, yet Latinas have a lower rate of routine health care screenings. Several reasons for this disparity have been cited and include lack of a medical home, socioeconomic disparities, and cultural factors. Numerous myths about cancer and breast cancer exist in the Latina community. This peer session will describe a group educational model for Latina women who have had normal mammograms, their knowledge of breast cancer (including myths they held) prior to the class, and outcome measures. It also will discuss how the group is being used to encourage other Latinas to have mammograms as well as the potential involvement of group members as promotoras in the community.

PLL3: Better Understanding Barriers to Uninsured Patient Appointment Attendance

Benjamin Morrissey, BS; Steven Keller, PhD; Robin Schroeder, MD

Continuity of care is an important element of primary care medicine. At our student run free clinic, a high rate of appointment cancellation or no-shows adversely affects the continuity of care, in addition to making scheduling for all patients more difficult. In order to better understand the reasons behind missed appointments, we are conducting open-ended interviews with all of our patients. Through these open ended interview questions, we hope to determine which factors are more likely to lead to missed appointments amongst the medically uninsured. This data will be used to decrease the incidence of missed appointments and in turn provide better care for the population which we serve.

PLL4: Caring for the Medically Homeless: Medical Homes for the Underserved [L/SF,MH,BF,S,R,PF]

William Cayley, MD

The health care debate has increased awareness of the needs of underinsured individuals. Lack of adequate insurance impairs access to medical care, leaving individuals and families medically homeless. Efforts linking medical home accreditation to improved reimbursement have appropriately emphasized primary care's value but also risk shifting the emphasis of the medical home from care quality to financing. This presentation explores the challenges facing family physicians seeking to provide medical homes for underinsured patients, balancing continuity and quality against costs and care fragmentation. The session uses case studies to examine the challenge of providing a medical home for the underinsured and explores strategies for educating learners to effectively care and advocate for those without adequate health insurance.

PLL5: Using Fotonovelas to Increase Health Literacy Among Latinas [L/SF,MH,BF,S,R,PF]

Melanie Hinojosa, PhD; Bernadette Witzack, MA

Problem: Latina caregivers face difficulties that their non-Latina counterparts often do not such as being part of intensive caregiving situations and providing greater assistance with activities of daily living. We describe the development of a fotonovela intervention to address the concerns of dementia caregivers living in an underserved community. Methods: Six Latina caregivers participated in the development of a fotonovela around emotional difficulties, safety in the home, and medication management. Outcomes: Baseline surveys inquired about caregiving activities, health practices, injury, social support, stress, burden, sleep quality and positive aspects of caregiving. Implications: The usefulness of creating fotonovelas as a means to increase the health literacy and reduce the stress of dementia caregivers will be measured with follow up surveys and interviews.

Tuesday, April 27, 10:30 am–Noon

RESEARCH FORUM

RESEARCH FORUM I: Presentations by the 2010 Best Research Paper Award Winner and Curtis Hames Research Award

Room: Granville

Moderator: Arch Mainous, PhD

Tuesday, April 27, 10:30 am–Noon

SPECIAL SESSION

SS8: Where Is The Family In Family Medicine Teaching? Identifying Best Practices Among Family Medicine Residency Programs [BF]

Eliana Korin, DipIPsic; Victoria Gorski, MD; Nancy Newman, MD; Amy Odom, DO

"Family", as a concept, has been defined as a central value in family medicine practice and training as a way to promote contextual and relationship-centered care. This model has not evolved without challenges, particularly in the last decade, due to many changes in the training and practice environments. Yet, many family "believers" have continued to promote a family orientation in their curricular and practice endeavors. In this interactive seminar, a group of family "believers" from different programs will discuss the impact of these challenges and present specific strategies used for curriculum development and competencies evaluation to maintain a family orientation in residency training. Participants will play a key role in examining these challenges and identifying "best practices" in family teaching.

Room: Gulf Islands BCD

Tuesday, April 27, 10:30 am–Noon

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP45: Primary Care Physicians' Attitudes Toward Hospice: The Influence of Demographics and Experience When Referring Care

Kevin Ache, DO; Robert Shannon, MD; Floyd Willis, MD

End-of-life decision-making is an integral component of high quality health care; specifically, especially regarding the consideration, initiation, withholding, or withdrawing life-sustaining treatments. Factors influencing individual primary care physicians can impact their perspectives and referral preferences for EOL care. The researchers surveyed primary care physicians from the United States and analyzed their individual demographics and experience regarding hospice. Our

initial findings demonstrate evidence that certain demographics and experience of individual primary care physicians impact their outlook toward hospice consideration, discussion and referral. Insight on this issue could lead to educational programs for primary care physicians that elucidate and ameliorate these possible biases and misperceptions.

FP46: Health Care Workers Perceptions of the Influenza Vaccine

Arunima Jayakar, MD; Patricia West, PhD, RN

Several recent studies have explored the perceptions of health care workers on receiving influenza vaccinations. Most of these studies investigated health care workers in inpatient settings. The focus of this study will be on exploring the perceptions of ambulatory health care workers' regarding influenza vaccination. The objectives of the study are to investigate how health care workers in outpatient settings perceive the seasonal influenza and the H1N1 vaccinations, their rate of being vaccinated and potential barriers to being vaccinated. This study will be conducted with Metro Net, a practice-based research consortium with Wayne State University Department of Family Medicine. We anticipate being able to identify other barriers to being vaccinated, which may serve as the basis for an educational intervention aimed at increased knowledge and high rates of vaccination.

FP47: Clinical Experience of Buprenorphine - Naloxone Use in the Treatment of Opioid Dependence.

Natalie Opanasets, MD; Kirk Moberg, MD,PhD,CPE; Bharat Gopal, MD; Janet Reis, PhD

Buprenorphine- Naloxone is a promising medication in the management of opioid dependence. A retrospective chart review of 69 opioid dependent patients treated with Buprenorphine- Naloxone was conducted. The mean age was 36. 53.6% women, 1.4% Asian, 4.3% Black and 87.0% Caucasian. 75.4% had high school or higher education. 65.2% were using prescriptional opioid medications and 34.8% illicit opioids. 81.2% were polysubstance users. Buprenorphine- Naloxone was well tolerated by 66.7% of patients. 18.8% had transient and 11.6% had persistent adverse effects. Subsequent data analysis will identify any statistical correlation in retention and relapse rates at 1 month and 1 year, also any outcome differences in patients by age, gender, duration of opioid use, drug of choice, history of polysubstance use and initial COWS scores.

FP48: Health Care Needs Assessment of Japanese People in Rochester, NY

Michael Mendoza, MD, MPH; Sachiko Kaizuka, MD; Ryohei Otsuka, MD

Although minorities' struggle with accessing quality health care is generally accepted, little is known about the specific challenges experienced by Japanese expatriates in the United States. We designed and implemented a Web site survey of Japanese expatriates in Rochester, NY to explore their health care challenges and identify areas for possible intervention. Our results suggest that local Japanese people experience language barriers and may not understand the concept of a PCP (primary care physician) or the intricacies of US health insurance system, factors which may hamper their ability to access health care. In addition, we uncovered educational opportunities focusing on the above which may improve health care service utilization. Future work should examine the acceptability and efficacy of these interventions.

FP49: "Evaluation of Factors Influencing Quality Interventions Conducted During ACE-Is, ARBs, Statins, and Contraception Study"

Kavitha Chunchu, MD; Laura-Mae Baldwin, MD, MPH

The "ACE-Is, ARBs, Statins, and Contraception" research and quality improvement (QI) project was conducted at seven WWAMI Family Medicine residencies. The research component evaluates whether reproductive age women taking medications with adverse fetal effects have been informed of these risks and use contraception. In the QI protocol, providers inform women of these risks, discuss alternative medications, and review contraceptive options. This related qualitative study evaluates QI methods at individual sites and explores the influence of these methods on provider adherence and responsiveness to the QI protocol. Using a mixed methods approach, qualitative data collected from three site leader interviews are linked with quantitative data on the proportion of women with documented QI follow-up. Study results will improve implementation of future QI projects in residency settings.

FP50: Management of Influenza and Other Acute Respiratory Tract Infections in Primary Care

David Patchett, DO

Objectives: To determine if use of an Acute Respiratory Tract Infection Form (ARTI) results in better documentation and more accurate influenza diagnoses. Methods: Symptomatic adults will enroll during influenza season. Some providers will utilize the form to collect data while others will not. Patients will be considered to have influenza if point of care testing is positive or if they meet a case definition. Results: We hypothesize that 1) providers making a final diagnosis of influenza and utilize the ARTI visit form will more frequently document case definition items, and 2) those utilizing the ARTI form will provide antiviral therapy in accordance with CDC guidelines more frequently than those not using this tool.

FP51: CT Utilization for Pulmonary Embolism Evaluation: Comparing Emergency Department Visits Between 1997-1999 and 2005-2007

Andrew Coco, MD, MS; David O'Gurek, MD

Objective: Computed tomography (CT) should not be used alone in the diagnosis of pulmonary emboli (PE); however, since 2000, it has been increasingly utilized, raising public health concerns. Methods: Case control study. Setting is US Emergency Departments. Participants are individuals over age 14. Outcomes measure is change in CT ordering relative to change in PE diagnoses. Results: While the proportion of patient visits where CT was ordered for PE evaluation significantly increased (2.1% to 11.5%, $P<0.001$), PE diagnoses have remained stable (2.6 to 2.9%, $P=0.86$) with more nonspecific diagnoses obtained. The rate of CT ordering within 2005-2007 has almost doubled (8.6% to 15.8%, $P<0.001$). Conclusions: CTs are being over-utilized in emergency departments without clear diagnostic benefits and potential public health risks.

FP52: Characteristics of Patients Using Extreme Opioid Dosages in the Treatment of Chronic Low Back Pain

Shannon Essler; Sandra Burge, PhD; Terrell Benold, MD

We investigate the appropriateness of high-dose opioid therapy by differentiating characteristics of chronic low back pain patients taking >115 mg/day in morphine equivalence, from those taking lower doses and those taking none at all. While 79% of patients took less than or equal to 50 mg/day, high dose users were most likely to have a diagnosis of depression, anxiety, Hepatitis C, take benzodiazepines, have poorest functioning and utilize a Pain Clinic. Characteristics of patients taking extreme doses of opioids are congruent with those known by current, published guidelines as risk factors for opioid abuse and diversion. We recommend clinicians reconsider opioid prescribing >115 mg/day and recognize dosages less than or equal to 50 mg/day represent a community standard for the treatment of chronic non-cancer pain.

FP53: I Have a Sore Throat And Skin Rash

Qiuyang Li, MD; Eddie Needham, MD

Objective:To review the literature on the topic of guttate psoriasis and it's differential diagnosis.To provide relevant education to physicians in practice and improve patient care by enabling PCP to more readily recognize this entity. Method: Literature review. Result: The guttate form of psoriasis is relatively uncommon, occuring in less than two percent of the psoriatic patients. Eighty percent of people with guttate psoriasis have a history of URI secondary to group A beta hemolytic streptococci infectio two to three weeks preceding the eruption. Concludion: The differential diagnosis of guttate proriasis includes pityriasis rosea, nummular eczema, and secondary syphilis and lichen planus. Each diagnosis has its unique clinical presentation. A careful history and physical exam is the key to make the correct diagnosis.

Works-In-Progress Posters continued on next page

Tuesday, April 27, 10:30 am–Noon

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP54: Effectiveness of Home Health Care in the Improvement of Diabetes and Hypertension Outcomes

Ebony Johnson, MD

In this country millions of individuals utilize home health care services every day. The Centers for Medicare & Medicaid Services (CMS) is currently in the process of broadening the health care outcomes measured by home health agencies. This study aims to establish a correlation between home health care services and improvement in health care outcomes in patients with hypertension and diabetes. A detailed chart review will be conducted to look at standard of care markers prior, during, and after home health care services were rendered. These individuals will be compared to a similar patient population not receiving home health. It is predicted that those receiving home health services will have improved outcomes.

FP55: Common Medical Diagnoses Associated With Chronic Low Back Pain

Jennifer Lai; Sandra Burge, PhD; Todd Thames, MD

Chronic low back pain is prevalent in family medicine practices and is difficult to treat and costly to patients. The aim of this study is to analyze correlations between pain and various comorbidities. The project took place in family medicine clinics and 222 patients filled out a survey addressing pain duration, frequency and severity, anxiety/depression and physical functioning. Based on linear regression, strong predictors of body pain were African-American background, absence of diabetes, and presence of hypertension and depression/anxiety. Predictors of physical function included hyperlipidemia, correlating positively with physical functioning and age, and negatively correlated with BMI and average pain. Psychological factors contribute to chronic pain and poorer physical functioning was associated with older patients with higher BMIs, more average pain but normal lipid levels.

Tuesday, April 27, 10:30 am–Noon

RESEARCH POSTERS

Room: Pavilion Ballroom

RP19: Factors Influencing Compliance in Cervical Dysplasia Patients

Marjorie Guthrie, MD; Tina Kearney, MD; Jason McCarthy, MD; Anne Nash, MD; Christopher Herndon, PharmD

To determine if pregnancy and age influence patient compliance with follow-up recommendations, we performed a retrospective chart review of 259 colposcopy clinic patients. When comparing adherence rates to follow up recommendations, neither pregnancy nor age significantly impacted compliance. Non-pregnant patients adhered to follow up recommendations with a frequency of 77.9% compared to 73.2% of pregnant patients (?2 = 0.993, df 1, *P* = 0.193). Age was positively correlated with improved adherence rates, albeit this correlation was small and statistically insignificant (r2 = 0.28, *P* = 0.260). Surprisingly, pregnant women did not exhibit a higher adherence rate for follow up of abnormal pap tests, despite frequent visits. These results support implementing a cervical cancer education plan for both pregnant patients and those that care for them.

RP20: Regional Health Assessment In Rural Pennsylvania—Building Community Partnerships

Janet Townsend, MD; Mariana Garrettson, MPH; Vera Walline, MPH

A new medical college in northeastern Pennsylvania completed a regional health assessment with three main objectives: gather qualitative data on health and health care; initiate relationships with community leaders; and build goodwill by listening to communities. We utilized a focus group methodology in 16 counties served by the medical school, completing 22 focus groups with 210 participants representing 185 agencies. Ten themes emerged around needs: access to health care, coordination of care, prevention, mental health, substance abuse, dental health, specific diseases/injuries/risk factors, vulnerable populations, seniors, demographic changes. Themes also emerged around strengths and expectations for the college. Responses from community advisory boards indicate that our results accurately represent their communities. Responses from participants and board members affirm increasing trust in the medical school from our efforts.

RP21: Reproductive Attitudes and Health Beliefs of West-Indian Women in New York City

Marissa Harris, MD, MPH; Cara Herbitter, MPH; Marji Gold, MD

About 650,000 West Indians live in New York City, yet little is known about their reproductive attitudes. Objectives: Determine the behavior and attitudes towards contraception and abortion of West Indian women. Methods: Individual in-depth interviews were conducted with 19 women who were mostly Jamaican (83%), insured (89%), and foreign born (78%). Results: Women described an overarching premise of community silence surrounding sexuality, which made discussions about family planning scarce. Participants also acknowledged limited knowledge about contraception. Almost half of women who experienced an unintended pregnancy had an abortion. Conclusions: The women of this community are at high risk for unintended pregnancy. Barriers to contraceptive use included a lack of knowledge about contraception and fears about acknowledging sexual behavior in a society that stigmatizes it.

RP22: Waukesha Smiles: An Intervention to Improve Oral Health Among Low-income Elementary School Children

Kenneth Schellhase, MD, MPH, MA; Susanne Krasovich, MD; Hanneke Deeken, RN; Bonnie Siegel, RN; Clare Guse, MS; Amaris Estrada, RDH; Michele Leininger, BS

Objective: Improve oral health status among low-income children by focusing on oral health habits and access to dental care. Methods: In low-income schools, we compared an oral health education intervention vs. an intervention parents to assist with access to dental care. Results: Using logistic regression, we found that only baseline exam status predicted post-intervention exam findings of untreated cavities, or need for urgent or early dental care. However reported frequency of brushing in the education group did improve compared to baseline (*P* = 0.001). Conclusions: This intervention may have influenced reported oral health behaviors but no change in assessed oral health status was found. This may be related to insufficient power, insufficient time elapsed for a significant change in oral health status to occur, or both.

Tuesday, April 27, 10:30 am–Noon

SCHOLASTIC POSTERS

Room: Pavilion Ballroom

SP80: Teaching Electronic Communication With Patients in a Residency Program

Heather Paladine, MD; Katrina Miller, MD; Brett White, MD; Chris Feifer, DrPH

The Patient-centered Medical Home model includes several aspects of electronic communication: online patient services, highly accessible lab results, e-visits, practice Web sites, and patient portals. We have developed a curriculum for residency programs, funded by the STFM Foundation, to teach residents the potential risks and benefits of electronic communication with patients. This curriculum includes PowerPoint lectures, case examples, and sample office policies and patient consent forms. The curriculum has been pilot tested by eight US residency programs over the past year and is now available online. This workshop will give residency faculty the tools to implement it in their residency programs.

SP81: Development and Maintenance of Leaders In Family Medicine Obstetrics Via Partnerships with Community Health Centers

Kirsten Stoesser, MD; Osman Sanyer, MD

As decreasing numbers of residents choose obstetrics in their future career paths, it is important to provide adequate obstetrical education and experiences to resi-

dents in order to create the next generation of leaders. Our University-based residency program has developed several strategies to accomplish this goal including; 1) Implementation of a Maternal Child Health underserved track within a Community Health Center system for interested residents, 2) Development of a fourth-year family medicine obstetrical fellowship position, 3) Development of a family medicine obstetrical morbidity and mortality conference, and 4) Creation of an operative high-risk obstetrical call pool that includes family medicine physicians with advanced training. Utilizing these approaches has helped to increase the number of residents who include obstetrics in their careers following residency.

SP82: Providing Culturally Appropriate Prenatal Care for Somali Women With Group Prenatal Clinics

Carolyn Sparks, MD

Minnesota is home to over 25,000 Somali people, with 60% of the population concentrated in Minneapolis. Somali women tend to marry young and families tend to be large due to cultural norms that correlate a woman's status with the number of children she bears. However, providing timely, appropriate prenatal and obstetrical care can be complicated by multiple barriers including little cultural experience or trust with preventive health, prenatal care, delivering in a hospital, safe cesarean sections, or contraception. Group prenatal clinics have demonstrated benefits including reducing pre-term delivery, improving rates of breast-feeding, and offering significant emotional support. I will present a group prenatal class curriculum specific to our Somali pregnant patients.

SP83: A Large Residency's Experience Building a PCMH – Year 1

Annie Harvey, PhD

Our residency program implemented a curriculum to teach residents the attitudes, knowledge, and skills needed to build a Patient-centered Medical Home (PCMH). Challenges included large program size, the predominance of community rather than academic faculty, a strong hospital orientation, and dual accreditation. The curriculum is accomplished during a monthly 2-hr Noon Conference slot. The agenda for a PCMH meeting includes a brief, joint session (for education and communication), followed by team breakouts (for team communication, quality project, and practice management). Perceived culture changes include increased team identity and team spirit. Resident attendance was lower than expected, but often overcame scheduling conflicts. Quantitative evaluation of the first year's progress in the areas of Practice-Based Care Team, Practice Management, and Quality and Safety will be presented.

SP84: Longitudinal Curriculum as an Alternative Model for Rural Family Medicine Training

Romeo Castillo, MD

Most family practice residency training consists of the traditional block rotation. More and more, programs have been adopting the hybrid curriculum of mixed block and longitudinal. At present, there is no standard definition of longitudinal residency training. In the past, educators have called for changing the family practice residency curriculum from a series of block rotation to longitudinal curriculum. At Hanford Family Practice Residency training program, we adopted a two year longitudinal curriculum model since it started training residents on 2006. Residents spend the first year of their experience at Loma Linda Campus and 2 years longitudinal at the Hanford Campus. Our program was awarded 5 years accreditation and was commended for its longitudinal structure as a unique strength of the program.

SP85: Sharing the Passion: Engaging Residents in Knowledge, Skills, and Attitudes for Group Medical Visits

Mary Talen, PhD; Carmen Strickland, MD; Anuj Shah, MD

Residency training programs must take the lead in training the next generation of family physicians in planning and implementing group medical visits. There is anecdotal information on how to plan, initiate, and conduct group medical visits; yet we have limited information on obstacles to and strategies for training residents in this new model of care. The essential clinical tools required to facilitate successful GMVs are different than those required for traditional practice. Innovative educational approaches are required in order to teach the knowledge, skills and attitudes that are required for this approach to patient care. In this session, we will demonstrate how experiential and group learning experiences expose residents to the benefits of group dynamics and thus prepare them for effective group care.

SP86: Lifestyle Medicine: Integral to the Patient-centered Medical Home and Family Medicine Resident Education

Pam Webber, MD; David Marchant, MD; Tasha Ballard, PhD

As the Fort Collins Family Medicine Center works towards the goal of a Patient Centered Medical Home we have developed a Lifestyle Curriculum and Lifestyle clinical team. Lifestyle interventions such as dietary changes, activity, stress management and smoking cessation have important roles in health including disease prevention and management. The goal of patient self management of their lifestyle and their medical conditions is an integral part of both the patient centered medical home and lifestyle medicine. Participants in this session will learn about lifestyle medicine and the curricular changes that have been made at the Fort Collins residency, including a week-long lifestyle medicine rotation, a lifestyle team, group lifestyle visits, a smoking cessation partnership and didactic curriculum changes.

SP87: Medical Education Meeting Community Needs

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

The mismatch between medical educational and community needs continue to be considered a problem. Are we teaching what is important for our patient? To identify what the people need we made 1061 telephone interviews with adults in Brazil and asked: What did you feel in the last month? And what did you do with your complaints? 426 of people felt some symptoms in a month. 311 people were in consultation. Fifty seven were hospitalized and one per thousand was in a university hospital. In this session we will describe this Brazilian medical care ecology study and discuss the interaction of that with actual medical education process. The audience will be invited to reflect about international medical education and community needs.

SP89: Knowledge and Attitudes Regarding HPV and Vaccination Among Patients and Parents at a Community Clinic

Anastasia Efstathiou, MD

African American women develop cervical cancer more frequently than white women and are more than twice as likely to die from it. Gardasil is the first vaccine to be approved for prevention of cervical cancer caused by Human Papillomavirus types 16 and 18. Little investigation has been conducted to research what the perceptions are of African American females aged 9 to 26 years old, and their parents, regarding HPV and vaccination with Gardasil. This project aims to identify knowledge and attitudes of eligible clinic patients and their parents regarding HPV and Gardasil. It also seeks to identify potential barriers to vaccine administration. Information will be gathered by surveying patients who have been vaccinated and eligible patients who have not, as well as their parents.

SP91: Increasing Breast-feeding Rates In a Community-based Residency Program

Kristen Iagulli, MD; Amy Bailey, MD

Breast-feeding has been shown to confer significant benefits to mothers and babies by encouraging infant bonding, assisting with child spacing, and reducing maternal cancer rates. Family doctors are uniquely poised to influence infant feeding techniques. This project aims to increase breast-feeding rates in the families who attend the clinics run by with Spartanburg Family Medicine Residency. The investigators circulated surveys to patients at both clinics to determine their prenatal attitudes toward breast-feeding and their actual infant feeding practices. Posters were displayed in the clinic waiting rooms, then the surveys were circulated again for repeat random sampling. The anticipated outcome is the change in percentage of mothers initiating and maintaining breast-feeding up to 6 months.

Scholastic Posters continued on the next page

Tuesday, April 27, 10:30 am–Noon

SCHOLASTIC POSTERS Cont'd

Room: Pavilion Ballroom

SP92: Overcoming Institutional Barriers to Group Visit Implementation

Richard Lord, MD, MA; Carmen Strickland, MD

Providing education in the planning, implementation and evaluation of group visits is becoming an integral part of residency training. While many articles have discussed the benefits of group visits there has not been a discussion of barriers to implementation that can occur in large institutional setting. This session will present the institutional barriers we faced at a university-based family medicine residency and how, through utilizing community partnerships, we have been able to implement our first group visits for prenatal care.

SP93: Driving Residency Education: Implementation of a "Mega-Clinic" Comprehensive Assessment

Donald Woolever, MD

A career in outpatient care is the most common pathway for the majority of recent family medicine residency graduates. A number of post-graduation residency surveys have also shown that many residents do not feel adequately prepared to manage the full spectrum of outpatient clinic logistics. While, in general, family medicine residents are exposed to more outpatient training than their counterparts in general internal medicine or pediatrics, this component of training is often not formally tested in real-time. The implementation of a comprehensive, real-time and multi-disciplinary "Mega-Clinic" assessment will help to re-focus residents and faculty on the most commonly practiced component of family medicine and provide a formal evaluation tool that addresses all six (ACGME) or seven (AOA) of the required competencies.

SP94: A Patient Education Project in a Longitudinal Geriatrics Curriculum

Douglas Post, PhD; Daniel Clinchot, MD; Rollin Nagel, PhD; Michelle Myers, MA; Firuzan Sari Kundt, MA; Michael Langan, MD

Purpose: To assess responses of medical students, faculty, and seniors towards an educational activity. Importance: Project based on Family Medicine principles of patient-centered care and understanding the patient environment. Description: As part of a longitudinal geriatrics curriculum, students contacted their senior partner and inquired about a medical topic of interest. Students researched the topic, created a patient education handout, and made a presentation during a home visit. Evaluation: Students (62.4%) and faculty (100%) believed it was valuable learning, although faculty were more positive ($P < .001$). Seniors indicated students' presentations were interesting and stimulating (86.6%), information was informative and helpful (92.6%), and the presentation would change how they managed their health (59.6%). The latter has implications regarding effects of medical student education on patients' lives.

SP95: Incorporating a Team-based Workshop Approach to Teaching the Geriatric Assessment in a Residency Geriatrics Curriculum

Huey Lin, MD

The geriatric assessment is a multi-disciplinary comprehensive evaluation of the elder focusing on improving or preserving functional ability and quality of life. Previously in our residency program, the concepts of the geriatric assessment were being taught through lectures and intermittent use of assessment tools through the outpatient continuity clinic with little utilization of a multi-disciplinary approach. We now have incorporated in our curriculum a unique approach to elder care and teaching the geriatric assessment through a patient-directed half-day workshop. High-risk elders are identified and together with their continuity resident physician, lead a team consisting of two geriatricians, nursing staff, a pharmacist, a physical therapist, behavioral medicine interns, and a social worker to work together on the patient's comprehensive health issues.

SP96: A Three-tiered Model for Maternity Care in Family Medicine

Holly Binnig, MD

Currently, providing maternity care is highly complex and the number of family physicians who provide maternity care is drastically declining. Thus, creative approaches to maternity care training within family medicine residency education are urgently needed. As part of a p4 (Preparing the Personal Physician for Practice) redesign, we created a three tiered approach to maternity care curriculum: (1) residents trained to provide general care for pregnant women, (2) residents trained to provide prenatal care, but not deliveries, and (3) residents trained to provide low risk maternity care including deliveries. Evolving over two years, the new curriculum has prompted a unique relationship with our OB department. In this presentation, we describe our process of developing this approach, barriers to implementation, current successes, and next steps.

SP97: Assessing Our Learners Concerning Lactation: An OSCE

Rachel Shockley, DO

Education on breast-feeding is often limited during a resident's training. Healthy People 2010 sets breast-feeding goals that we nationally do not reach. A longitudinal lactation curriculum was created to help address this problem. OSCE is an evaluation tool in this curriculum. A pre-test and post-test are given in conjunction with the OSCE to assess the knowledge acquisition of residents concerning lactation. In this session, we will explore how OSCE is a tool to evaluate counseling of breast-feeding patients by residents and how it assists in acquisition of basic knowledge of lactation. I will share curriculum design, testing materials and an OSCE blueprint with the audience. Results of the resident's pre- and post-test variations will be discussed.

SP98: Family Medicine Academic Enrichment Elective for Medical Students

Nancy Havas, MD; Douglas Bower, MD; Joan Bedinghaus, MD; Sabina Diehr, MD; Kayleen Papin, MD

Engaging students in family medicine can be a challenging problem at large academic medical schools. Our department desired to structure an Academic Enrichment Elective (AEE) in family medicine to increase student engagement in Family Medicine and to create a mechanism by which we can highlight the scope of practice within family medicine and student understanding of the concepts of the patient- centered medical home and doctor-patient relationship. Students were chosen for participation in the elective by writing an application. Activities ranged from interactions with faculty to reflective reading and writing, to structured clinical interactions. Students who completed the pilot program generally rated it very highly, but noted that an efficient electronic platform was necessary to be successful as the elective evolved .

SP99: An Innovative Program to Train Clinical Leaders at the Duke Family Medicine Residency

Brian Halstater, MD; Anh Tran, PhD, MPH; Viviana Martinez-Bianchi, MD; Michelle Lyn, MBA, MHA

Tomorrow's family physicians must be able to grasp the complexities of a changing health care environment. They will need to understand social changes, how emerging business trends can affect medicine and how communities can impact their patients' health and well being. Teaching these leadership strategies can be challenging, as it requires learners to view issues through a myriad of perspectives, including business, finance, law, and public policy in order to design and administer systems that deliver quality clinical care. The Duke Masters of Health Science in Clinical Leadership curriculum has been utilized to teach residents to be versatile and adept leaders willing to address the complex problems in the health care industry and understand how to successfully advocate for a patient-centered medical home (PCMH) practice.

Tuesday, April 27, 1:45-3:15 pm

SEMINARS

S38: What Does Global Integration Teach Us About Training and Care in Our Own Medical Homes? [PF]

Julie Schirmer, LCSW, ACSW; Cathleen Morrow, MD; Deborah Seymour, PsyD

This seminar explores the work of behavioral and primary health care integration in developing countries and how it informs our own practice, teaching and health care systems. We will review existing projects in Vietnam, China, Ukraine, and Jordan to gain new perspective on our work in the US. This presentation informs those seeking practice experiences in other countries to appreciate how integrated behavioral health teaching and care varies depending on culture, and illuminates the rich educational value of such work in developing countries. The contrast illustrated by the work to develop family medicine and behavioral medicine in developing countries amplifies core principles required to provide good care in varying cultural communities and reinforces the importance of integration of behavioral health care practices in the United States.

Room: Cracked Ice

S39: Training Future Physicians to Care for the Underserved [L/SF,PF,R]

Memoona Hasnain, MD, MHPE, PhD; Karen Connell, MS; Diane Kondratowicz, PhD; Abbas Hyderi, MD, MPH; Andrew Dykens, MD; Sonia Oyola, MD; Nimmi Rajagopal, MD

Training medical students and residents to care for vulnerable and underserved patients is an educational challenge for medical educators. This seminar will introduce participants to a predoctoral service learning program that emphasizes the provision of patient-centered care for underserved vulnerable populations, particularly those who are afflicted with HIV/AIDS, the homeless, victims of domestic violence, and immigrant/refugees. One of the unique features of the program is integration of a peer-education model in which upper-level students function as co-tutors. Realizing the vision of the "patient-centered medical home" must ensure that future physicians are trained to create and sustain such homes for underserved patients. This educational effort is a step in that direction.

Room: Junior Ballroom A

S40: Language Matters: Woman-centered Talk During Pelvic Exams [PF]

Sara Shields, MD, MS; Lucy Candib, MD; Marji Gold, MD

Teaching learners to perform competent, woman-centered pelvic exams is a challenge for all clinical educators. Teachers and learners often focus on mastering technical skills, planning to "add the talking part later." Educators have not focused on the language that clinicians use during the exam and on the meanings that clinicians' words and behaviors might hold for patients. Developing these communication skills, as well as physical examination skills, is an integral part of becoming competent in pelvic exams. In this seminar, participants will explore and critique typical language used during pelvic exams and consider alternatives that honor and empower the woman. Participants will use role-play and case discussion to practice various methods for teaching learners to integrate woman-centered language during pelvic exams in multiple clinical situations.

Room: Beluga

S41: Collaborating to Create a Model Correctional Health Curriculum for Medical Schools and Residency Programs [PF]

Matt Anderson, MD; Dana Schonberg, MD; InSung Min, MD; Shira Shavit, MD; Warren Ferguson, MD; Linda Smoker, MD; Todd LeCesne, MPAS, PA-C; David Thomas, MD, JD

One of every hundred adults in the U.S. is behind bars. Medical professionals must be prepared to address the special needs of this population, their families and their communities. In this session we will discuss the experiences of several academic medical institutions in developing, implementing, and evaluating teaching programs for medical students and residents in the area of correctional health. The seminar will begin with brief presentations on existing training programs. This will be followed by small group discussion using a defined model of curriculum development to work on needs assessment, goals and objectives, educational strategies and evaluation tools. Our goal is to strengthen collaboration amongst training programs in order to create effective and standardized methods of education and evaluation in correctional health.

Room: Burrard

S42: "Now What Do We Do?" Remediation of Students Following a High Stakes Clinical Skills Assessment [PF,S]

Tracy Kedian, MD; Anne Walling, MB, ChB, FFPHM; Lisa Gussak, MD; Scott Moser, MD

The stage is set. You have designed the OSCE to assess your student's clinical skills for the dual purpose of preparing for the USMLE-CS and preparing for the rest of their career. . .what do you do if they fail? In one presenter's institution, 25% of the class failed the pilot of a high stakes clinical skills assessment (CSA). Is it the student or the test? Do they need to relearn the OSCE or medicine? This seminar will present the high stakes CSA's at two institutions; the pitfalls, successes and the outcomes data for their first five years. Participants will use tools provided to assess a sample student and design a remediation plan. Curricular changes made to prevent these problems will be presented.

Room: Junior Ballroom B

Tuesday, April 27, 1:45-3:15 pm

LECTURE-DISCUSSIONS

L44A: Five Ways to Improve Your Inpatient Teaching [CE,R,PF]

Scott Kinkade, MD, MSPH

Residency faculty need effective and efficient teaching tools when working in a busy hospital environment. With duty hours, outpatient clinic, admissions, discharges and ward work, residents have many competing demands. However, they are acutely aware of whether they are being taught and whether they are being taught well. This presentation will provide you with 5 good exercises that can be short, spontaneous, applicable, and pedagogically rich.

L44B: Anxiety, Fear, and Leadership: Strategies for Effective Teaching and Management on the Inpatient Service [CE]

Peter Ham, MD; Sim Galazka, MD

Residents feel unprepared to lead inpatient teams, and training programs and the ACGME suggest leadership training is more important than ever. Yet, few specific curricular elements of leadership training are disseminated or validated. We propose four strategies to teach residents skills essential to managing an inpatient team. Our novel approach uses resident anxiety to guide discussion and optimize preparedness. After 5 years of experience with this curriculum at the University of Virginia, we find residents feel more prepared to manage inpatient teams and self-report improved performance. This presentation explores wider application and validation of this curriculum.

Room: Gulf Islands BCD

Lecture-Discussions continued on next page

Tuesday, April 27, 1:45-3:15 pm

LECTURE-DISCUSSIONS Cont'd

L45A: Health Policy Through Experience: The Robert Wood Johnson Health Policy Fellowship [L/SF,S,R,PF]

Kathleen Klink, MD; Daniel Derksen, MD; Robert Crittenden, MD, MPH; Robert Graham, MD

It is critically important for family physicians to assume leadership roles, particularly in the current health care climate of decreasing access to primary care, questions around quality and effectiveness of care, and relentless escalation of health care costs—areas where family medicine can make a difference. Family physicians, through this unique fellowship opportunity, may acquire the knowledge, attitudes, and skills required to participate and lead in health policy development and implementation. The Robert Wood Johnson Foundation Health Policy Fellowship, geared toward mid-career health professionals and conducted in conjunction with the Institute of Medicine in Washington, DC, is a venue to provide the necessary knowledge and skills to assume important roles in health leadership. The fellowship first year includes 14 weeks of policy seminars, leadership coaching, and networking opportunities, followed by 9 to 12 months of full-time work in a US Congressional Office. Three family physicians who have completed the fellowship, along with the chair of the Fellowship Advisory Board, also a family physician, will share their experiences and lead a discussion about health policy process and issues. This lecture and discussion will provide an opportunity for participants to learn more about the fellowship and the opportunities it presents.

L45B: Resident Perceptions of Their Educational Experience by a National Sample of Outgoing Residents [L/SF,R,PF]

Timothy Spruill, EdD; Robert Zylstra , EdD, LCSW; Deborah Taylor, PhD

This research involved creation and administration of an online, confidential, objective, self-report questionnaire that was offered to all US and Canadian family medicine residency program directors. Resident input was sought in refining the questionnaire, which was initially administered in June of 2008 and repeated in June of 2009. The following areas were evaluated: family medicine faculty, non-family medicine faculty, behavioral medicine faculty, curriculum, medical education support staff, ambulatory clinic, and overall satisfaction with the residency experience. For ease of interpretation, the survey rendered a report card based on a 4.0 grading scale allowing for illumination of within-program relative strengths and weaknesses as well as comparison to national normative data. Results of the total national sample of 266 completed surveys will be presented, interpreted, and discussed.

Room: Junior Ballroom D

L46A: Community Engagement In Research: Strategies to Learn From Challenges [L/SF,S,R,PF]

Syed Ahmed, MD, MPH,DrPH, FAAFP; Staci Young, PhD; Melissa DeNomie, MS; Cheryl Maurana, PhD

Community Engagement in Research (CER) is being utilized by researchers as a method to engage communities to address health priorities. Most case studies elaborate the successful processes of CER projects; less is written about the challenges of conducing CER. This session will provide a brief background of CER and utilize case presentations to highlight the inherent challenges in conducting CER. This session will make a case for deliberative reflection as a key component for learning CER. Presenters will offer a "5 P" approach (prepare, predict, preempt, prevent, and participate) as a model for overcoming common CER challenges. Audience members will be able to offer their own CER experiences and strategies for addressing barriers to implementation.

L46B: Experiential Quality Improvement: Engaging Residents In Clinical Practice Improvement Through Advocacy And Leading Change Teams

Hali Hammer, MD; Ellen Chen, MD

In this lecture-discussion, we will present our Experiential Quality Improvement (QI) curriculum. Developed 3 years ago in response to the new expanded ACGME requirements in practice-based learning and improvement, we now teach a year-long QI course for 3rd year residents. Residents are required to identify a quality problem in their own practice or the clinic, convene a multidisciplinary team, design a project, and measure improvement. In this session, we will introduce participants to the key components of the curriculum, including 1) QI tools, 2) QI as method for addressing health disparities, 3) measuring improvement, 4) designing a project, 5) leadership and advocacy, patient and staff engagement, and 6) presenting a QI project. Participants will discuss particularly challenging aspects of engaging residents in QI work.

Room: Finback

L47A: Advocacy and Leadership Training in a Family Medicine Residency [L/SF,R,PF]

Anne Kittendorf, MD

Advocacy and leadership in medicine are activities that occur on a variety of levels: advocating for the provider or the discipline, for a patient or community, or for larger societal changes to improve health. Since many of the rules that affect both determinants of health and the practice of medicine are legislated, it is important to train family physicians in political advocacy skills. This session will describe and discuss an innovative curriculum that was developed to teach these skills. Through longitudinal exposure to advocacy and leadership concepts and completion of an advocacy project, residents experience a culture of advocacy and practice the skills necessary to remain up to date and involved while further educating themselves and their peers.

L47B: Advocacy in Residency Training

William Jordan, MD MPH; Karen Wang, MD; Ellen Tattelman, MD

Rationale: ACGME requirements include systems-based practice and practice-based learning. However, family physicians have limited training in advocacy during residency. Objectives: The participant outcomes include (1) defining advocacy in health care, (2) understanding the process of advocacy, (3) reviewing examples of advocacy, and (4) exploring opportunities for advocacy. Content: The presentation includes an advocacy rubric, an initial clinical "practice case," and two additional policy cases to illustrate and reinforce the rubric. It was piloted and refined at multiple NYC primary care residency programs in 2009. Outline: The presentation is divided into the following sections: (1) Practice Case (5 minutes), (2) Audience Knowledge and Experience (10 minutes), (3) Defining Advocacy (5 minutes), (4) Case Studies (10 minutes), (5) Advocacy Opportunities (5 minutes), and (6) Discussion (10 minutes).

Room: Galiano

L48A: A Community-Academic Partnership to Facilitate Meeting the Family Medicine RRC Faculty Development Requirements [L/SF,PF]

Joseph Brocato, PhD; Mark Yeazel, MD, MPH

Ongoing faculty development is crucial for family medicine faculty, with demonstration of a set of core faculty skills now being required of faculty. Meeting this mandate is challenging for many residencies. We will demonstrate a systematic approach to curriculum development used in our multi-residency department. Further, we will share our electronic faculty needs assessment instrument, and data collected from this instrument, from our seven residency programs. Finally, we will discuss some of the resources available for faculty development, constraints on developing a faculty development program we faced, and some of our initial choices for content and delivery methods. This session will provide participants with a framework and tools to begin to develop a local faculty development curriculum toward meeting the ACGME faculty development requirements.

L48B: Faculty Development Leadership Training and Fellowship in Underserved Health Care: Learnings, Outcomes, and Next Steps [L/SF,PF]

Ellen Beck, MD; Michelle Johnson, MD; Sunny Smith, MD; Natalie Rodriguez, MD

This presentation describes a three-week faculty development program, "Addressing the Health Needs of the Underserved"(1999-2007) and a yearlong Fellowship in Underserved Medicine, focusing on participants, curricula, outcomes, and potential impact. Participants (n=107) came from 29 states and Puerto Rico, with more than 25% from underrepresented minorities in the health professions. Three skill sets were addressed: creating and sustaining community programs and partnerships; core faculty /academic skills; and personal and professional renewal Pre-post measures identified a 46% increase in skill confidence. Participants valued becoming part of a national community of scholars in underserved medicine. For the yearlong, on-site Fellowship in Underserved Medicine, five of six full-time fellows were Student-Run Free Clinic Project leaders who returned after family medicine residency. All currently work with underserved communities.

Room: Azure

L49A: Teaching Residents to Discuss Code Status: A Teaching and Evaluation Tool [BF]

Jaqueline Raetz, MD; Erika Roshanraven, MD

In an ideal medical home, all patients would have the opportunity to discuss advanced care planning and preferences regarding code status. End-of-life care provides an opportunity for the family physician to advocate for patients in an increasingly complex medical and now politically charged health care environment, but for this ideal to become reality, new physicians may need training to have successful conversations. We have created a teaching tool that is succinct and easy to use by residents in training. Additionally, we have designed a simple evaluation tool for faculty and senior residents teaching these skills. In this lecture-discussion we will share this teaching tool and provide an opportunity for the participants to use our evaluation tool.

L49B: It's Not "Pulling the Plug On Granny"—Helping Residents Conduct End-of-life Discussions [BF]

Beverlee Ciccone, PhD; Susanna Evans, MD; Robert Warren, MD

Discussing and implementing decisions about end-of-life care are important skills for all family physicians. However many physicians do not adequately understand or address the end of life needs of their patients. Much confusion exists regarding the terminology, medical evidence, legal requirements and ethical issues surrounding advance care planning. Moreover, the current political landscape has raised the level of controversy regarding the physician's role in end-of-life decisions in such a way that could undermine the doctor-patient relationship. In the best of circumstances, this is a difficult set of skills for family medicine residents to master. Cultural, religious and age-related differences compound the difficulties in facilitating resident competence in this area. This discussion should advance knowledge and comfort with end-stage life planning and provide strategies to teach these skills to residents.

Room: Parksville

L50A: Developing a Patient-centered Care Plan as a Tool for Continuity in a Residency Setting

Kavitha Chunchu, MD; Larry Mauksch, MEd; Carol Charles, LICSW CCM; Valerie Ross, MS; Judith Pauwels, MD

Continuity of care is often difficult to achieve in a residency setting due to yearly transitions of care providers. Patients feel frustrated by the lack of involvement in decision making as well as having to reiterate their health information to new providers. The electronic health record (EHR) has the potential to help patients more actively engage in their health and allows for a more effective transfer of patient-centered goals and information. This project has developed a Patient-centered Care Plan within an EHR that incorporates direct patient involvement with the goals of integrating a patient-centered approach to care into resident education and facilitating information exchange among all team members as residents graduate.

L50B: Paying the Mortgage at the PCMH: Partnering FQHC's and Residencies for Financial Stability

Christopher Hiromura, MD; James Douglas, MHA,PhD

Family medicine residency programs (FMRPs) have been facing closures and increasing financial challenges over the last decade. This presentation will provide nuts and bolts strategies for developing partnerships between Federally Qualified Health Centers (FQHC's) or Rural Health Centers (RHCs) and FMRPs towards achieving financial stability. Participants will deepen their understanding of 1) the financial structure and delivery care aspects of the FQHC model; and 2) how this model dovetails so nicely with the Patient-centered Medical Home. Finally, participants will have the opportunity to explore the degree to which embracing these models might enhance their own program's financial stability into the future.

Room: Junior Ballroom C

L51A: Using Spaced Education—A New Automated, Online Educational Method—to Reach Today's Learners [S,R,PF]

Andrew Schechtman, MD

Spaced education is a novel educational method that electronically drips content to learners over time, reinforces the content with repetition, and tests learners' acquisition of this knowledge. Developed by a Harvard Medical School urologist, this approach has been proven effective in several published research studies. Family medicine faculty can use this Web-based system to create online courses, track the progress of their medical students and residents as they proceed through the courses, and document objective completion for purposes of meeting competency requirements. This session will introduce the underlying concepts supporting spaced education, demonstrate a family medicine-oriented online course, explore potential uses of this technology in family medicine, and model the process for creating courses.

L51B: Use of a Web Site and Handheld Device in Residency Education for Improved Teaching and Evaluation

Christopher Bernheisel, MD; Jeffrey Schlaudecker, MD

The Christ Hospital/University of Cincinnati inpatient family medicine rotation has designed and implemented a rotation specific secure Web site for use on handheld computers accessing our hospital and clinic WiFi systems. The Web site was built by our residency faculty using basic Web-design software. It has led to a true revolution in family medicine inpatient education in our program. We have Web-based, handheld accessible links to various topics relating to patient care, scheduling, and topic-based quizzes. The Web site has also streamlined the process of evaluations and feedback, and our faculty can now easily provide and track procedural competencies and general evaluations longitudinally. Resident response has been extremely positive and use of the Web site very robust.

Room: Vancouver

Tuesday, April 27, 1:45-3:15 pm

PEER PAPERS—*Completed Projects*

PEER SESSION MM: Training in Underserved Care

Room: Port Hardy

PMM1: Outcomes of a Brief Ambulatory Clerkship Curriculum On the Identification of Common Skin Lesions [S]

David Gaspar, MD; Mark Deutchman, MD; Michele Doucette, PhD

Recognition of common benign and malignant skin lesions is an important element of general medical education. A brief curriculum consisting of a pictorial workshop held during orientation followed by practice during an ambulatory clerkship was implemented and evaluated. Student confidence before the curriculum was low and did not increase as the third year progressed. Following the curriculum students rating themselves as confident in identifying common skin lesions increased from 4.3% to 93.7%. Average student performance in lesion recognition increased from 48.6% correct on a pre-test to 93.8% correct after the curriculum. Retesting performance during a Clinical Practice Exam at the end of all Year III clerkships showed recognition of 85.6% of lesions and a modest decay in identification scores in 4 of 6 conditions tested.

PMM2: Recruitment Strategies: Utilizing the Group Dynamic [S]

Glenda Stockwell, PhD; Peter Bockhorst, DO; Reid Blackwelder, MD

With the dramatic decrease in the number of physicians choosing Family Medicine as their specialty, recruitment becomes vitally important and competitive. Making sure potential residents are a "good fit" with the program is critical. Prior to last year our process for interviews consisted of applicants engaging in a series of one on one interviews with faculty and current residents. By February this proved to be exhausting and rarely provided us with any clear sense of significant differences in candidates. We now use a group interview process which has had surprising results. The interviews are more efficient, livelier and more interesting for applicants as well as interviewers. This session will focus on how we do it and address the risks and benefits of the process.

PMM3: A Longitudinal Interprofessional Mentorship Curriculum: Shaping Health Professions Students' Perspectives on Teamwork [S]

Lauren Collins, MD; Amanda Deming, BA; Christine Jerpbak, MD; Lauren Cashman, BA; Kendall Lytwynec, BA; Richard Dressel, BA; Reena Antony, MPH; Elena Umland, PharmD; Stephen Kern, PhD, FAOTA; Marcia Levinson, PhD, MPT

In the academic year 2008-2009, our University implemented a longitudinal, interdisciplinary mentorship curriculum to address chronic illness care education for first year medical, physical therapy, occupational therapy, couples and family therapy, nursing, and pharmacy students. Interdisciplinary teams of 4-5 students met with a volunteer, community-based health mentor on three occasions during the academic year. At the end of this experience, students wrote reflection essays addressing the attributes of a successful interprofessional health care team. Qualitative analysis of student essays using NVivo 8 software revealed five major themes including "Clear Communication" and "Respect for Others' Roles." Findings from our study suggest that a longitudinal, interprofessional mentorship program may be a promising tool for the development of highly functioning interprofessional health care teams.

PEER SESSION NN: Training on Interdisciplinary Teams

Room: Port McNeill

PNN1: Coaching the Interdisciplinary Team: Keeping a Score of the Team's Record [PF]

Joshua Raymond, MD, MPH; Kenneth Faistl, MD; Maria Ciminelli, MD; Nilay Thaker, MD; Bennette Shenker, MD; John Clabby, PhD

This session presents the elements for successful interdisciplinary team collaboration. Literature review identified 42 specific questions/behaviors to rate the level of interdisciplinary collaboration. During the presentation these elements will be dissected and strategies for implementing change will be introduced.

PNN2: Office Huddles: Putting The Team In Teamwork [MH]

Anne Picciano, MD; Robin Winter, MD, MMM

The concept of the "office huddle", a brief meeting between physicians, nursing and clerical staff to facilitate communication, improve teamwork, promote patient safety and enhance office flow has been encouraged as a valuable component of the AAFP's initiative to transform practices into patient-centered medical homes (PCMH.) This session will present JFK Family Medicine Residency's experience implementing office huddles in our Family Medicine Center. Participants will learn how to anticipate pitfalls and maximize learning opportunities related to huddles that are unique to the Family Medicine residency setting. Participants will also have ample opportunity to discuss different approaches to implementing huddles that may have been tried at other Family Medicine residency programs.

PNN3: The Impact of Planned Continuity Panel Reassignment on Balancing Resident Experience and Improving Care Quality [R]

Elizabeth Baxley, MD; Christian Steen, MD; Kevin Bennett, PhD

Assigning continuity patient panels to family medicine residents is a challenging, and often arbitrary, process that can lead to uneven patient distribution and uneven resident training. Accreditation and educational oversight groups are requiring more specific documentation of equivalent patient care experiences across trainees. We will report on the implementation of a structured method for PGY-1 panel assignment prior to July matriculation. We will demonstrate the utility and effectiveness of this process and the ways that panel review was incorporated into the longitudinal 3-year curriculum. Finally, we will report on the subsequent impact on care quality that occurred following this implementation, including a greater velocity of disease management activities and outcomes with each successive class of residents.

PEER SESSION OO: SPECIAL TOPICS IN PCMH

Room: Port Alberni

POO1: Collaboration With Dentists Within the PCMH to Optimize Care [MH,PF]

Peter Wenger, MD; Richard Cirello, MD

Over 4 million patients are on oral anticoagulants (OAC). Many have increased susceptibility to comorbitities, including diseases of the mouth. Without clear-cut guidelines from either the dental or medical literature, both dentists and physicians struggle to manage the anticoagulated patient appropriately. Randomized clinical trials advocate uninterrupted oral anticoagulation for minor dental procedures. However, studies show that current practice is far more variable. This variability reflects deficits in both dental and medical training. We will discuss how collaborative training and practice between dentists and family physicians can improve care. We will review information and techniques family physicians can share with dental colleagues to provide evidence-based care. Initial results from a study which highlights physician-dentist communication using a summary of evidence-based guidelines will be reviewed.

POO2: Optimizing Access to the Medical Home: How One Clinic Turned Chronic Failure Into Success [MH]

Kirsten Rindfleisch, MD; Beth Potter, MD; Jonathan Temte, MD, PhD

Wingra Family Medical Center in Madison, Wisconsin serves a diverse population. Patients include low-income families and minority groups as well as professionals employed in the university system and state government. We have struggled with chronically high no-show rates, limited availability of appointments, disappointing patient satisfaction surveys, and frustration amongst providers and staff. In the last two years, we have decreased our no-show rate from 18% to 5%. We offer same-day appointments for all services. Schedules more accurately reflect the time required to address patients' needs, resulting in increased satisfaction for patients and providers. In this session we share the approaches used, including

management of frequent no-show patients, a modified form of advanced access scheduling, and a simple tool for rationally apportioning appointment time.

P003: Growing a Residency Within a Continuing Private Practice

Laura Sorg, MD; Randall Longenecker, MD

Over 40 years, family medicine residency training has largely taken place in urban community hospitals or academic health centers. Utilizing a qualitative research study, this presentation illustrates the successful implementation of residency training in a continuing rural private practice and makes several key points regarding the future of graduate medical education and the patient centered medical home in community settings.

Tuesday, April 27, 1:45-3:15 pm

PEER PAPERS—*In Progress*

PEER SESSION PP: Reproductive Health

Room: Indigo

Moderator: David Henderson, MD

PPP1: OB Continuity Curriculum and Chart Review [S,R,PF]

Renee Markovich, MD

Noting a deficit in OB charting and prenatal care knowledge for Family Medicine Residents, a continuity curriculum for OB was developed. This evolved to include attending 4 OB committee meetings in their second year, reviewing their peers and their own OB charts plus giving a short didactic on a prenatal care issue. During those 4 meetings 10 core topics are covered to ensure prenatal care knowledge. This provides a forum for improving OB charting and giving the residents experience reviewing peers and their own charts/care and in medical decision making using a team approach. This is the first year we have included a senior OB resident at one of the OB meetings to further teaching and communication between the two residencies.

PPP2: Knowledge and Behaviors Regarding Options Counseling for Unintended Pregnancies [S,R,PF]

Holly Ann Russell, MD; Donna Cohen, MD, MSc

Background: There is a need for additional training in the counseling of women regarding options for unintended pregnancies. Objectives: To develop, implement and evaluate a curriculum to improve knowledge regarding counseling for unintended pregnancies. Design/Methods: Family Medicine residents and faculty at Lancaster General Hospital received an educational intervention after baseline evaluation of knowledge and behaviors. The intervention included values workshop, didactic session, and patient presentations. Knowledge and behaviors were assessed using a written survey. Results: Paired t-test comparison (N=29) showed mean improvement of 21.8% immediately after the intervention ($P < 0.001$). Conclusions: Baseline deficits exist for knowledge and counseling behaviors with significant increases in knowledge of options counseling following the primary intervention. Further study is pending to evaluate the retention of information and behavioral changes.

PPP3: Group Prenatal Care: A Unique Model to Maintain Care Continuity and Enhance Resident Education [BF,S,R,PF]

Amanda Swenson, MD; Laura Mendyk, MD; Amy Groff, DO

The primary purpose of group prenatal visits at Northeast Family Medical Center is to improve patient care and improve resident knowledge of prenatal care. To maintain care continuity, a unique model has been designed and implemented that combines both group prenatal care and individual prenatal care. Group visits are planned and facilitated by residents with an academic fellow supervising the process. Residents choose the topics and prepare written materials and oral presentations. Improved patient satisfaction and more preparedness for labor and delivery have been noted through preliminary survey analysis. Resident knowledge of prenatal care has increased and resident satisfaction with prenatal care has increased. Further analysis is pending completion of data collection. Extrapolating this model to group well child visits is the upcoming goal.

PPP4: The Rocking Chair Project and the MOTHER Questionnaire: Evaluation of Educational Standardized Postpartum Home Visits [BF,S,R,PF]

Sarah Morchen, MD; Susanna Magee, MD; Gowri Anandarajah, MD

Background: Low income and maternal education level adversely affect maternal postpartum behaviors. Standardized home visits by residents may improve patient outcomes and enhance resident education. Methods: This curriculum builds on the Rocking Chair Project, an organization providing rocking chairs to underserved women. Residents choose one of their own continuity patients for a mentored, postpartum home visit. In addition to assembling the rocking chair, residents will use the new MOTHER questionnaire to address six parameters critical to postpartum maternal-child care. Evaluation of the intervention includes questionnaires addressing residents' educational outcomes and a follow-up home visit assessing patient behavior change. Results: Anticipated outcomes include improved resident education and enhanced patient care outcomes. Conclusion: This curricular innovation can positively impact patient advocacy, residency education and patient care.

PPP5: Improving Pelvic Examination Skills in First-year Family Medicine and Internal Medicine Residents: A Pilot [R,PF]

David Deci, MD; Ann Evensen, MD; Shobhina Chheda, MD, MPH; Craig Gjerde, PhD; Katherine White, MD

Statement of problem: The pelvic examination is a complex ACGME competency. Experience with this exam prior to residency is highly variable. Project Methods: Incoming residents in family medicine and internal medicine self-assessed confidence in three domains of pelvic examination skills: dexterity, communication and patient management. Residents were then trained by gynecologic teaching associates (GTAs). Competency will be determined by direct observation by faculty during examinations of clinic patients. Outcomes: Entering family medicine residents had more experience than entering internal medicine residents. Male and female residents were equally confident about their examination skills. All residents, regardless of prior experience, had increases in mean confidence scores in all three domains post-GTA training. Implications: Our residency programs will use this pilot to refine our pelvic examination skills training.

Tuesday, April 27, 1:45-3:15 pm

RESEARCH FORUMS

RESEARCH FORUM J: Skill-building Session

Room: Granville

RJ1: How to Begin & Build a Career In Academic Family Medicine and Get Promoted

Betsy Jones, EdD; Vijay Singh, MD, MPH, MS; Dean Seehusen, MD, MPH

This case-based, interactive session will give participants the opportunity to address the challenges of incorporating scholarship and research into a developing career as a family medicine faculty member. It will focus on strategies for beginning and building a scholarly portfolio that can prepare faculty for promotion and career growth. Ideal participants include residents and recent residency graduates interested in research fellowship opportunities, physicians re-entering an academic setting from private practice, and non-physician faculty in family medicine departments.

Tuesday, April 27, 1:45-3:15 pm

SPECIAL SESSION

SS9: The Cultural Medicine Passport: A Portfolio Documentation of The Learner's Journey Toward Culturally Responsive Care

Jeffrey Ring, PhD; Julie Nyquist, PhD

The AAMC and the ACGME now insist that graduates of medical school and residency training must acquire competencies in the area of culturally responsive care. These new requirements make perfect sense, given the devastating health disparity morbidity and mortality statistics in the United States. This experiential workshop will provide participants with a strong rationale for the development and/or enhancement of a cultural medicine curriculum. Through experiential exercises, they will begin to acquire additional teaching strategies for the delivery of such curricula. Moreover, they will be introduced to a portfolio strategy that encourages longitudinal learner self-reflection on their progress through the curriculum which serves both as a source of evaluation as well as a stimulus for further learner-centered teaching.

Room: Gulf Islands A

Tuesday, April 27, 3:45–5:15 pm

SEMINARS

S43: Writing a Successful Title VII Grant [PF,BF]

William Elder, PhD; Honey Elder, BA

HRSA Title VII grant funding enables successfully competing programs to develop new curricula, train fellows and faculty, and expand departments This seminar will include lecture and hands-on activities to enhance participants' abilities to develop and write a competitive proposal. Topics covered will include the application and review process, identifying and writing key components, and organizing the application.

Room: Junior Ballroom C

S44: Community Engaged Research: Building Partnerships With Communities in a New Medical School

Janet Townsend, MD; Mariana Garrettson, MPH; Vera Walline, MPH

Engaging communities in authentic partnerships is increasingly accepted as best practice in both medicine and public health. The challenges of bridging gaps between academia and communities create a barrier to community engaged research in medical schools. A new medical college in rural Pennsylvania created a community health advisory board and implemented a regional health assessment using focus group methodology. The study aimed to gather information on the health needs and resources in a region and to develop relationships with potential community partners. Participants will have the opportunity to analyze the degree to which this study utilized community engagement principles, and to brainstorm ways to enhance community engagement efforts at their home institution. Benefits and challenges of community partnerships will be discussed.

Room: Gulf Islands A

S45: Maternal-Child Health Care: Integrating the Clinic and Hospital Into a Community-oriented Patient-centered Medical Home [MH]

Mark Loafman, MD, MPH; Thomas Staff, MD, MPH; Blanca Baldoceda, MD, MPH; Mark Rastetter, MD; Katrina Tsang, MB ChB

Persistent disparities in maternal child health (MCH) outcomes require an expansion of the health workforce and a significant enhancement in the content of services offered. These needs are most evident among at-risk and underserved populations. Family physicians are uniquely qualified not only to provide this care, but also to lead development of an enhanced medical home for MCH care while training others to do the same. This patient-centered, comprehensive approach is evident in the network of community health centers we have developed in collaboration with our affiliated safety net hospitals. Participants will learn details about the challenges, trends and models that work, and will engage in an interactive exploration of lessons learned in developing patient-centered MCH clinical training programs grounded in principles of performance improvement.

Room: Cracked Ice

S46: How to Teach the SMART (Sideline Management Assessment Response Techniques) Workshop [PF]

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. The American Medical Society of Sports Medicine and the American Academy of Family Physicians have offered the workshop at their respective national meetings. This seminar will review how faculty can teach the SMART course to residents and students.

Room: Junior Ballroom D

S47: Expand Scholarly Activity Through Peer Review of an Online Evidence-based Medical Reference

Thomas Hilts, DO; Brian Alper, MD, MSPH

Accomplishing scholarly activity can be challenging to residents and faculty. Barriers include time constraints as well as a lack of experience and support. Peer review of medical content is a process that fits well with the skills, interests and logistics found within a residency program. The perception of peer review is often more daunting than the actual experience. This interactive session will provide direct experience with the peer review process in a supportive environment. Faculty will model the process using a topic summary from an online evidence-based medical reference, and participants will leave with the ability to reproduce the process at their home institutions.

Room: Junior Ballroom B

Tuesday, April 27, 3:45–5:15 pm

LECTURE-DISCUSSIONS

L52A: Risk Management Education: An Ounce of Prevention Can Save Millions… [L/SF,S,R,PF]

Eugene Orientale, MD; Kevin Kelly, MS; Joyce Lagnese, JD; Trent Sullivan, MBA

Medical risk management curricula are historically an underwhelming part of family medicine residency education. As a result, what residents don't know upon graduation can seriously (and adversely) affect their future practice of medicine, the safety of their patients, and the quality of care they deliver. This session will provide the audience with a view of a unique and successful Risk Management Educational Curriculum that has been instituted at select University of Connecticut School of Medicine training disciplines, including family medicine. This multi-modality curriculum has been extensively tested and validated in practicing physician groups and is now being adapted for resident education. Session participants will be engaged with actual samples of each modality, which will include "mini-cases," Web-based modules, and medicolegal case review.

L52B: Designing Human Discourse: A Foolproof Approach to Collaboration and Engagement in Academic Settings

Sim Galazka, MD; Vishal Gohil, MD; Andrew Lockman, MD; Peter Ham, MD

As academic faculty, we work in complex human systems called "Departments," "Residencies," and "Practices." All faculty are leaders who are often asked to engage groups of individuals to accomplish a task. We call these sessions "meetings," and they are an integral part of the social discourse of our professional settings. This session will introduce participants to methods of "intentional design" applicable to enhance the efficiency and effectiveness of meetings and at the same time build a sense of collaboration and teamwork within the group. Participants will engage in and evaluate two structured, design methods useful in this approach: Collapsing Consensus and Las Vegas voting. A template and materials useful to applying these principles and methods to the participant's professional setting will be provided.

Room: Finback

L53A: Books Are So 20th Century: The Web Site as a Legitimate Medium for Academic Publication [L/SF,S,R,PF]

David Satin, MD; Justin Miles, BSc; James Beattie, MLIS

Academics traditionally published in bound journals and hardcover textbooks. But libraries are increasingly ordering online versions of journals, as textbooks are replaced by moodle and other online course Web sites. Nevertheless, academics remain largely uneducated about such basics as "Google docs"-based Web sites, optimal Web page layout, online copyright law, "Link-resolver" technology, and typical patterns of Web site navigation. This session will discuss the rise of Web sites as legitimate academic media, provide practical guidelines and tools for Web site construction, and suggest strategies to acquire maximal academic credit for your Web-based publication. ADFM's P4P ClLearing House Web site, designed by the authors, will be used to illustrate the core concepts listed above. A live demonstration of "Google Analytics" will introduce participants to the 21st century impact factor.

L53B: What Is on the Horizon in the Cloud?: Adapting Web 2.0 and Emerging Technologies for Medical Education and Information Management [L/SF,S,R,PF]

Beth Potter, MD; Anne-Marie Lozeau, MS, MD; Melissa Stiles, 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. Web 2.0 concepts have led to the development and evolution of Web-based communities and hosted services, such as social-networking sites, video sharing sites, wikis, blogs, geo-mapping, and masshups. These tools can be used to create your own personal Web platforms. With the widespread use of smart phones, these Web 2.0 tools are being used daily for information management and medical applications. This session will describe the role of Web 2.0 in medicine, specifically education and information management. The session will also give an overview of the use of smart phones in medicine.

Room: Azure

L54A: Converting the Community Medicine Residency Rotation Into Community Outreach for the Patient-centered Medical Home

Allen Perkins, MD, MPH; Lisa Weiss, MEd, MD; Brian Halstater, MD

Those of us involved with residency education have expressed dissatisfaction with our program's community medicine curricula. One of the problems is that to be effective, the curricula must be specific to the community. Thus a "one size fits all" approach is seldom effective. In this presentation, representatives from several programs will discuss curricula that incorporates the traditional community medicine requirements into a more extensive community responsive activity resulting in improved community outcomes, improved learner (and community member satisfaction), and accrual of resources to the program will showcase their activities. These programs are from Mobile, Ala; Youngstown, Ohio; and Raleigh-Durham, NC. Each program will identify how they fulfill the requirements and provide a value-added service to the community. Following, there will be audience discussion.

L54B: Everything That You Wanted to Know About Developing a Teaching Community Health Center

Warren Ferguson, MD; Scott Early, MD; Beth Mazyck, MD; James Ledwith, MD; George Maxted, MD

Community health centers (CHCs) serve approximately 18 million individuals in the United States. Massachusetts has a long history as a leader in the community health center movement. Fully 60% of Massachusetts family medicine residents complete their longitudinal training at CHCs. Recent workforce research demonstrates that training in CHCs is associated with a greater likelihood of practice in underserved settings. Health reform has generated substantial policy discussion about funding for workforce training in CHCs. Yet, few understand the complexities of training in CHCs. Participants in this session will understand the core competencies of learning in CHCs and will be provided specific information about models, medical school affiliations, costs, and funding. Presenters have a combined 65 years of experience of practice and teaching in CHCs.

Room: Parksville

L55A: Using "Moodle" to Manage a Curriculum for Care of Vulnerable Patients/Medical Home Month

Misbah Keen, MD; Carol Charles, LICSW CCM; Justin Osborn, MD; Henry Pelto, MD

In developing a curriculum of care for vulnerable patients, a major challenge is to organize massive amount of materials electronically for longitudinal use. Learners require flexibility, ease of access, engaging, interactive learning, and opportunities for feedback. Faculty look for tracking and evaluation in an efficient format. "Moodle" is an example of an integrated learning management system that can accomplish these objectives. This session will describe and demonstrate a learning management system created especially for a curriculum in the care of vulnerable populations. Session attendees will discuss resources needed to implement a system that deploys and tracks curriculum, "buy-in" strategies to promote adoption and usage, and evaluation methods.

L55B: Primary Care for Adults With Intellectual/Developmental Disabilities

Deborah Dreyfus, MD; Wendy Gray, MD; Joanne Wilkinson, MD

Individuals with intellectual/developmental disabilities (I/DD) are living long into adulthood. There is a need for physicians with training and interest to care for a variety of adults with intellectual and developmental disabilities. During this presentation, we will look at primary care concerns for individuals with I/DD and how to manage common events. The presentation will be led as a case-based forum where individuals in attendance will have the ability to read over cases, discuss them in small groups, and then meet with the larger group to discuss their thoughts about approaching the situation. The areas that will be focused on will include (1) communication with individuals with I/DD, (2) screening recommendations, and (3) women's health.

Room: Burrard

Lecture-Discussions continued on next page

Tuesday, April 27, 3:45-5:15 pm
LECTURE-DISCUSSIONS Cont'd

L56A: In These Tough Times: Tools to Improve Medication Access for Your Patients [S,R,PF]

Lauren Jonkman, PharmD; Rachelle Busby, PharmD; Nicholas Owens, PharmD; Erin Schultz, PharmD

Have you been challenged to find access to medications for your patients during these tough economic times? You are not alone. The current record unemployment rates and subsequent increase in the uninsured have necessitated the need for more creative methods to help patients obtain needed medical care, especially access to life-sustaining medications. This lecture-discussion will focus on practical methods for obtaining medications for uninsured and underinsured patients through a variety of sources. During this session, participants will have the opportunity to apply this skill set to patient scenarios and brainstorm implementation strategies for their office or residency program. Participants will leave with the ability to immediately apply these strategies in precepting encounters and in the care of their own patients.

L56B: Americans Still Unhappy on Happy Pills: Key Role for Family Medicine Educators

Teresa Masdon, PhD

Numerous medical studies have identified the growing trend of PCPs to medically treat mental or emotional complaints of their patients with little or no referrals to talk therapy. Such practice has made antidepressants the number one medication prescribed in America. We will explore the effects of increased psychopharmacotherapy in treating adults/children as well as examine the data supporting psychotherapy. We will consider recent findings from a national survey of AAFP members who acknowledged a void in optimal mental health services for their patients. The results suggest family physicians' unfamiliarity with the various psychotherapists available to their patients. Since these medical specialists are most likely to hear first of someone's psychosocial distress, family medicine educators have an important opportunity to lead the way to exemplary care.

Room: Beluga

L57A: Senior Medical Student Self-directed Learning Program [PF,S]

Jessica Greenwood, MD, MSPH; Christina Porucznik, PhD, MSPH

The field of medicine is a self-regulating profession that requires lifelong education and development. Traditional undergraduate medical education focuses on didactic learning. Then, more adult type learning predominates as students move through residency and into independent practice. Recognizing these concepts, we have implemented a Senior Medical Student Self-directed Learning Program during the required public health rotation at the University of Utah to help students transition into their next phase of training successfully. The objectives of this session are for participants to: recognize self-directed learning as an essential professional skill, recognize stages of self-directed learning, learn about an application of self-directed learning, discuss methods for introducing this concept into traditional versus problem-based undergraduate medical education curricula, and identify means for implementing such a program.

L57B: At the Heart of PCC: Facilitating Student Self-reflection During Clinical Clerkships Using Practical Online Approaches

Stuart Farber, MD; Roger Rosenblatt, MD, MPH; Corinne Corrigan, MN

The need for facilitating medical student self-reflection during clinical experiences to promote ongoing mindfulness and adult/lifelong learning is well established. However barriers to achieving this goal are numerous and include emphasis on knowledge acquisition/technical competence over reflection, lack of trained faculty/mentors/formal curriculum/resources/time, and cultural beliefs. One innovative approach to overcoming many of these barriers is using online mentoring and teaching. Using the results of two highly rated and innovative clinical courses that incorporate online mentoring and student self-reflective assignments as central components of the curriculum to stimulate discussion participants will be asked to share their experiences. Each participant will gain a deeper appreciation of the opportunities to promote self-reflective learning using online approaches and identify a specific project to implement.

Room: Junior Ballroom A

L58A: A Web-based Tool to Enhance Evaluation Skills of Community-based Medical School Faculty [L/SF,PF]

John George, PhD; Stephen Laird, DO

This session will demonstrate an innovative Web-based learning tool, Still Learning, used to prepare preceptors to evaluate EBM exercises. Still Learning uses video presentations to help community-based medical school faculty objectively evaluate medical students during rural rotations. The tool is based on ThinkAbout It architecture, which was developed by the Center for Instructional Innovation. Users view medical students' EBM presentation, make a decision about how to apply evaluation criteria, and give a rationale for their choice. In a second phase, the tool graphically displays frequencies of all users' choices and lists users' and other's rationales. A coach is available to provide helpful hints, and an expert gives an authoritative description of how rating criteria should have been applied

L58B: Development, Education, and Support of Residency-based Family Medicine Clerkship Preceptors for Medical Student Precepting [S,R,PF]

Robert Ellis, MD

Residency clinical sites provide almost half of our preceptor sites for the family medicine clerkship. Residents and faculty at those sites serve as preceptors and are responsible for one-on-one teaching and evaluation of our medical students. Preceptor development historically has focused on the community preceptor, leaving the resident who is just as instrumental in medical student ambulatory training with very little teaching instruction and support. As a result of this instructional deficit, we developed a half-day workshop for our residency based precepting sites covering office based one-on-one teaching, student documentation in the medical record, problem learners, and student performance evaluations. Initial evaluations have been very positive in its usefulness in improving student precepting.

Room: Galiano

Tuesday, April 27, 3:45–5:15 pm
PEER PAPERS—*Completed Projects*

PEER SESSION QQ: Training Medical Students in Advocacy and Health Literacy

Room: Port Hardy

PQQ1: Advocacy and the Role of Family Medicine [R]

Ashley DeVilbiss, MPA; Amy McGaha, MD

The session will examine the role and responsibility of Family Medicine educators in teaching health policy to medical students. Because of the social mission and public health foundation of family medicine, the discipline is often home to these discussions within the academic community. Both family medicine departments and family medicine interest groups are uniquely situated in both the academic and community setting. Groups that have actively undertaken incorporating components on health policy into curriculum as well as implemented programs that advocate for patients and/or legislative issues will co-present. This session will discuss how local groups work with member organizations that are actively involved in advocacy activities

PQQ2: A Health Literacy Communication Skills Curriculum for Medical Students [S]

Charlotte Nath, RN, EdD, CDE; Elaine Mason, MEd; Brandon Kyle, MS; Ben Weinstein, MS; Jeannie Sperry, PhD; Dorian Williams, MD

A curriculum was developed to improve students' knowledge, attitudes, and communication skills related to low health literacy. The curriculum consisted of lecture, case studies, clinical learning groups (CLG), a rural rotation exercise during MSIII clerkship and a MSIV remediation course. Knowledge, attitudes, and skill were assessed before and after the lecture using written exam; knowledge and attitudes were assessed after CLGs using mid-block written exams; knowledge of barriers posed by health literacy and best practices being used to overcome barriers in rural practices were assessed after the rural rotation using a checklist; and skills were assessed by clinical performance exam (CPX) after MSIII. Results: Scores in the three domains, while improved, were not significantly different after training; however, referrals for remediation decreased. Best practices in rural sites were identified.

PQQ3: Learning in a Virtual World: Experience With Using Second Life for Medical Education

John Wiecha, MD, MPH; Robin Heyden, BS; Elliot Sternthal, MD

We designed and delivered a CME program in the virtual reality program Second Life (SL). We enrolled 16 primary care physicians in a highly interactive event in SL on diabetes. Participants completed post-surveys. We tracked time and costs, including training costs. Participant satisfaction was very high, with rates of agreement to the following statements: (1) "Overall, I found this experience in Second Life to be an effective method of CME": 100% agreeing, (including 64% "strongly"), (2) "The Second Life approach to CME was superior to other methods of online CME in which I have participated.": 100% agreeing (including 55% "strongly"), (3) "This Second Life CME method is superior to face-to-face methods of CME": 36% neutral, 9% disagree, 55% agree (including 18% "strongly.")

PEER SESSION RR: Communications Training in the Patient-centered Medical Home

Room: Port McNeill

PRR1: Evaluating Competencies During Precepting: Getting Real Data In Real Time [CE,PF]

Albert Lichtenstein, PhD, LMFT; Robert McClelland, MD

One of the most difficult aspects of responding to the ACGME mandate to evaluate resident progress based on the six competencies has been to capture this data in real time in the family medicine center. The Guthrie Family Medicine Residency has responded to this challenge by developing a preceptor friendly system in collaboration with a national software company. This presentation will provide participants with a history of the development of the evaluation system, clear definitions of the competencies by year, and a demonstration of how the evaluation is integrated into precepting in an outpatient setting that includes an electronic medical record.

PRR2: Soliciting and Sharing Feedback About Community Preceptors: Benefits, Questions and Controversies [PF]

Susan Labuda-Schrop, MS; Dennis Baker, PhD; LuAnne Stockton, BA, BS

Medical schools and residency training programs rely on community-based preceptors to extend educational experiences and provide opportunities for learning in the ambulatory setting. There is no argument that providing feedback can help teachers continue good teaching practices and improve those that are less effective. However, the best way in which to collect feedback from learners, and how and when to share it with faculty, remains unclear. This session will provide participants with the opportunity to learn about current options for evaluating preceptors' teaching skills, discuss current dilemmas regarding collecting and sharing feedback, and propose strategies for optimal preceptor evaluation systems for their own institutions.

PRR3: Objective Measure of Intern Physical Exam and Documentation Skills [R]

Robert McDonald, MD; Ginger Boyle, MD; Ronald Januchowski, DO

Background: All interns do not start a residency program with the same type of medical school training or patient care experience, therefore challenging residency programs to determine what knowledge and skills the incoming intern has already. Objectives: To create a new tool to allow for both assessment and teaching of new interns' physical exam skills and give proper instruction in EMR documentation. Methods: During the first 6 months of an intern's training, using real-time involvement with a faculty preceptor and the intern exam and documentation checklist, we have evaluated each intern's skills and corrected any deficiencies in an organized and equitable manner. Outcomes: The intern exam and documentation checklist has expanded to both a physical exam instruction/evaluation and coding/documentation tool.

PEER SESSION SS: Evidence-based Medicine

Room: Port Aberni

PSS1: Beyond Journal Club: Transforming Evidence-based Practice and Teaching In a Residency Patient-centered Medical Home [MH,R]

Suzanne Eidson-Ton, MD, MS; Shelly Henderson, PhD; Thomas Balsbaugh, MD

The National Committee for Quality Assurance (NCQA) has identified evidence-based practice (EBP) as integral to the Patient-Centered Medical Home (PCMH). Traditional journal clubs evaluate the quality of evidence regarding a particular clinical question, but do not often move to the next step of implementation of agreed upon best practices in the PCMH. We have developed a new format for discussion of EPB among residency faculty and residents called Faculty/Resident Evidence Discussions (FREDs). The objective of a FRED is to move beyond weighing the quality of medical evidence (which is unarguably a necessary first step for EPB) to a focus on implementation of evidence-based best practices in the PCMH.

PSS3: Using Our I ExCITE Model to Build Innovations for a Medical Home In Residency Programs

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

The University of Washington Family Medicine Residency Network Faculty Development Fellowship requires a scholarly project, and we developed a model to facilitate completion. The I EXCITE model, presented at STFM 2007, guides fellows through steps to identify, develop, implement, evaluate and share projects in a variety of non-clinical areas including curriculum, quality improvement, research, and community interventions. We now have program feedback and outcome data on the effectiveness of this model. In addition, we have several fellows' projects focused on clinical practice innovation for medical home. We will present lessons we have learned with generalizable recommendations. Participants will take home the I EXCITE model, specific recommendations for its use in teaching, and examples of its use in projects related to medical home practice innovations in residencies.

Tuesday, April 27, 3:45-5:15 pm

PEER PAPERS—*In Progress*

PEER SESSION TT: Building Patient-centered Medical Homes

Room: Indigo

Moderator: Pat Lenahan, LCSW, MFT, BCETS

PTT1: The Patient-centered Medical Home: Implementation in a Large Family Medicine Residency Clinic

Terry Newton, MD; John Faught, MD

The Patient-centered Medical Home (PCMH) model encompasses the eight core tenants of: access to care and information, continuity of care services, quality and safety, care management, point of care services, team-based care, practice management, and information systems. Implementing the PCMH is a challenge in primary care residency programs. This is especially true in regards to improving continuity of care services and team-based care. At Martin Army Hospital we have implemented a Medical Home model that encompasses all eight tenants of the PCMH. The challenges of teaching the PCMH have been addressed by full involvement of the residents in the model and through curriculum enhancements.

PTT2: Patient Perceptions of Electronic Prescribing: Potential Barriers to PCMH [L/SF,MH,R,PF]

Sabesan Karuppiah, MD

Objective: To identify the barriers to development of a Patient-centered Medical Home (PCMH) in a primary care setting. Methodology: Using focus groups as a methodology, the primary goal is to understand the barriers to development of the PCMH in primary care setting. Focus groups will be administered at three-four primary care offices. Based on focus group responses, we will create a primary care survey on the National Committee for Quality Assurance (NCQA) requirements for PCMH designation. The survey will be administered using the Likert Scale format for variables. Discussion: The project will identify the barriers perceived by health care providers, practice managers, nurses, and case managers to the development of PCMH. The project will also showcase the difficulty faced by primary care sites in setting up the PCMH.

PTT3: Building a Medical Home for Challenging Patients: A Curriculum Based on the Patient-centered Clinical Method [L/SF,MH,BF,S,R,PF]

John Gazewood, MD,MSPH

Older patients with multiple comorbidities pose clinical care challenges to residents. We are developing a curriculum based on the Patient-centered Clinical Method, coupled with components of the Chronic Care Model and Comprehensive Geriatric Assessment, to provide residents with a practical framework for caring for these complex patients. The curriculum includes block components and a longitudinal case conference. We are evaluating the curriculum using qualitative and quantitative methods. We are using standardized patients to assess resident performance. Initial evaluation of the curriculum has been positive, although performance on the first standardized patient scenario was unsatisfactory. Based on our initial evaluation we will modify the curriculum to increase interactivity, and adjust duration of the standardized patient scenario to allow residents more time for scenario completion.

PTT4: The Patient-centered Medical Home: The Medical Students' Perspective [L/SF,MH,BF,S,PF]

Pablo Joo, MD; Richard Younge, MD, MPH; Jason Hove; Dennis Madrid

The Patient-centered Medical Home (PCMH) has come to the forefront of the debate on health care reform. The PCMH can potentially improve patient care outcomes and reduce health care costs. Although there are several initiatives to teach concepts of the PCMH to medical students, it is unknown what knowledge or attitudes students currently possess. We plan to introduce a new electronic survey to all students at two medical schools to assess their baseline attitudes, exposure, and comfort with the PCMH. The tool and the results of the surveys will be presented. Potential application of this tool as an educational needs assessment about the PCMH in other predoctoral and residency settings will also be discussed.

PTT5: Scope of Practice and Choice of Self-administered Modules (SAMs) by Family Physicians [L/SF,S,R,PF]

Stephen Petterson, PhD; Andrew Bazemore, MD, MPH; Iman Xierali, PhD

The study uses American Board of Family Medicine (ABFM) data to examine the relationship between choices of SAMs and physicians' scope of practice. Scope of practice is defined as the percentage of time engaged in activities such as urgent care, office surgery, and hospital medicine. Family Physicians were categorized into three groups: those with little additional activity (<5%), those with a moderate amount (5-50%) and those with a larger amount (>50%). The study shows systematic differences across these three groups in the likelihood of taking different types of SAMs. The evident association between scope of practice and SAM choice is important for the design of SAMs as well as the curriculum developed for medical students and residents.

Tuesday, April 27, 3:45–5:15 pm

RESEARCH FORUM

RESEARCH FORUM K: Residency/Training

Room: Granville

Moderator: George Bergus, MD, MAEd

RK1: Family Medicine Maintenance of Certification: Variations in Self-assessment Modules Uptake

Andrew Bazemore, MD, MPH; Imam Xierali, PhD; Stephen Petterson, PhD; Robert Phillips, MD, MSPH; James Puffer, MD; Larry Green, MD; Jason Rinaldo, PhD

Objective: To report on variations in Maintenance Of Certification (MOC) participation and completion in a 1-year cohort of family medicine diplomates, barriers to uptake, and urban-rural differences. Methods: Cross-sectional spatial, descriptive, and regression analyses of the uptake and timely completion of SAMs over a 3-year period. Results: Of 10,837 participants who passed their certification or recertification examination in 2005, 30.5% did not complete their MOC requirements by the end of 2008. Non-completers were more likely to be older, male, and from areas of dense poverty and underservice. Conclusions: Concerns that technical aspects of the new MOC paradigm would leave parts of a widely distributed, poorly resourced workforce disadvantaged may hold true for providers in some underserved areas, but differential completion among rural and remote physicians was not found.

RK2: A National Survey of Drug Company Interaction in Family Medicine Residencies

Steven Brown, MD; Adriane Fugh-Berman, MD; Rachel Trippett, MS; Alicia Bell, MS; Paige Clark, MD; Anthony Fleg, MD

Objective: To examine the interaction between the pharmaceutical industry and trainees in US family medicine residencies. Methods: Survey of all 461 U.S. family medicine residencies. Results: 285 of 461 of programs (62%) responded. 50% of programs allow gifts or lunches, 45% accept samples, 52% allow representatives access to learners, and 28% allow industry-sponsored residency activities. 75

family medicine residencies (25%) in 21 states allow no interaction. Medical-school based residencies are no more likely than community-based residencies to be "pharma-free." Conclusions: A majority of family medicine residencies allow interaction with industry. However, many programs limit this relationship, and a sizeable minority do not permit any interaction. Given the impact of industry relationships on rational prescribing, programs should evaluate the role of industry interaction in residency education.

RK3: Training Family Physicians in Community Health Centers: A National Perspective

Frederick Chen, MD, MPH; Sarah Lesko, MD, MPH; Carl Morris, MD MPH

Objective: Policy goals mandate comprehensive evaluation of Family Medicine Residency (FMR)-Community Health Center (CHC) affiliations. Method: 2007 survey of all 439 U.S. Family Medicine Residency Directors regarding the number, type, location, and satisfaction of training affiliations between FMRs and CHCs. Results: 23.4% of respondent FMRs (83/354) provide some CHC training experience; 9% have their primary continuity training site in a CHC. 61% of CHC training experiences are continuity type (average training affiliation length 15.5 yrs). Residency directors report high satisfaction ratings with CHC training affiliations (average 4.3/5 Likert scale). Conclusions: Although nearly one quarter of US FMRs provide some type of training experience in CHCs, longitudinal primary care community-based training (associated with enhanced recruitment and retention of family medicine graduates to underserved areas) remains limited.

RK4: Scholarly Activity in Family Medicine Residency Programs

Paul Crawford, MD; Dean Seehusen, MD, MPH

Objective: To determine how resident scholarly activity requirements and productivity have changed due to RRC updates and calls for increased resident scholarship by specialty leaders. Methods: A 38-item electronic survey. Results: 248 surveys were returned (55.1%); 42.8% of programs modified their requirements due to the 2006 RRC update; 89.6% require resident scholarly activity as compared to 48.6% in 1997 ($P < .001$). 76.6% of programs reported having a research curriculum, compared to 51.5% in 1997 ($P < .001$). 38.4% reported less than 25% of their residents have conducted research, and 87.5% report that less than 25% of their residents have been an author on a peer-reviewed publication in the last 2 years. Conclusions: Requirements for resident scholarship have increased. However, scholarly production within residency programs is still generally low.

Tuesday, April 27, 3:45–5:15 pm

SPECIAL SESSION

SS10: "Getting Your Proposal Accepted: Tips From The Reviewers"

Stephen Wilson, MD, MPH; David Henderson, MD; Richelle Koopman, MD, MS

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: Gulf Islands BCD

Tuesday, April 27, 3:45–5:15 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP2: Factors Influencing Clinical Judgment In The Diagnosis of Influenza

Allison Koppert, MB,BCh,BAO

Objectives: What factors influence clinical judgments regarding the presence of influenza and obtaining testing? Method: Adults with respiratory symptoms will be enrolled during influenza season. Providers will utilize a form to collect visit information (historical data, risk factors, examination findings and testing behaviors). Providers will declare a pretest probability regarding influenza presence. Results: The following hypotheses will be tested: 1. Patients presenting with a case definition of influenza (symptoms for 2 days or fewer, fever, and any two of headache, cough, sore throat, or myalgia) will be characterized as high probability of influenza more frequently than those without. 2. Patients who fit the case definition but have been vaccinated against influenza will be deemed to be at lower pretest probability than those without vaccination.

FP10: Factors Associated With Prescription of Antiviral Treatment for Influenza Patients

Destin Hill, MD

Objective: To determine what factors are associated with clinician prescription of antiviral treatment for influenza patients. Method: Adults with respiratory symptoms will be enrolled during influenza season. Providers will utilize a standardized form to collect visit information (historical and examination findings, testing and treatment behaviors). We will determine if subjects meeting a case definition of influenza, or who were diagnosed by point of care testing, are treated in accordance with CDC recommendations. Results: We will test the hypotheses that antiviral therapy will be prescribed more frequently to patients with associated high risk conditions (pregnancy, immunocompromised state, extremes of age, etc) and to those with signs of lower respiratory tract disease (tachypnea, abnormal breath sounds documented, pneumonia on CXR) than for those without these features.

FP56: Retrospective Study of Gestational Impaired Glucose Tolerance and Pregnancy Outcomes in a Community Health Center

Dorothy DeGuzman, MD; Landrey Fagan, MD; Rollin Oden, MD

Context: Gestational diabetes mellitus (GDM) is associated with adverse fetal and maternal outcomes. The original diagnostic criteria for GDM were based on the likelihood that a woman would develop diabetes post-partum and not upon the risk for adverse fetal and maternal outcomes. Recent studies have suggested that women with gestational impaired glucose tolerance (GIGT) who do not meet the criteria for GDM may also be at risk for adverse outcomes. Design: A retrospective cohort analysis of pregnancy outcomes in women with GIGT in a community health center serving a predominantly Hispanic population. Anticipated results: Increased occurrence of adverse outcomes (fetal loss, macrosomia, primary cesarean delivery, shoulder dystocia, post-partum hemorrhage, prolonged second stage, gestational hypertension and/or pre-eclampsia, fetal hypoglycemia, NICU admission, fetal hyperbilirubinemia) in women who have GIGT.

FP57: Preconception Wellness Program

Pooja Mittal, DO; Kristen Miranda, MD; Aparna Dandekar, MD; Daniel Selvig, BS

Preconception care is defined as a set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcome through prevention and management. Research shows that improving preconception health can result in improved reproductive outcomes. This is a non-intervention study in women of childbearing age with one or more chronic diseases being seen at the Family Health Center clinic. Our hypothesis is that discussing and providing information regarding management of chronic disease burden in relation to ideas about child bearing will allow a woman to have more clarity and less decisional conflict when considering her reproductive future.

Works-in-Progress Research Posters continued on next page

Tuesday, April 27, 3:45-5:15 pm

RESEARCH WORKS-IN-PROGRESS POSTERS *(FELLOWS/RESIDENTS/STUDENTS)*

Room: Pavilion Ballroom

FP58: Beyond Classic Achalasia

Swati Sharma, MD; Dahlia Hassan, MD; Robert Williams, MD

This is the case of a seventy-two years old male, admitted for vomiting, dysphagia and weight loss. Esophagogram demonstrated massively dilated esophagus with terminal beak-like narrowing suggestive of achalasia. Esophagogastroduodenoscopy (EGD) revealed benign mucosa. Standard medical treatment for achalasia did not alleviate the condition and EGD was repeated. On biopsy, blood vessels in the submucosa were positive for amyloid deposit. Congo red stain showed apple-green birefringence under polarized light microscopy. We should consider secondary causes of achalasia on failure of standard therapy. Amyloidosis is a rare but important diagnostic consideration in patients presenting with symptoms and signs of achalasia.

FP59: Barriers to Accessing Voluntary Postpartum Female Tubal Sterilization Among Minority and Low-income Women

Ayesha Siddiqui, MD

Context: There is increasing evidence of an unmet demand for sterilization disproportionately among minority and low-income women. Objective: Identification of the barriers to obtaining a postpartum sterilization. Design: Nested case-control study within an inception cohort evaluating care during obstetric hospitalization. Setting: A large medical center and four affiliated prenatal care clinic sites in a predominately Latino, low-income neighborhood of New York City. Patients: Cases and controls selected from women who sign the mandated antepartum consent to obtain a postpartum sterilization. Main outcome measures: (1) Multivariate logistic regression analysis of factors predictive of an unfulfilled sterilization request. (2) MD perceptions. Anticipated results: Association of specific patient, clinical, and system factors with unfulfilled requests for postpartum sterilization. Conclusions (anticipated): Improved understanding of structural barriers to contraceptive access.

FP60: An Unusual Case of Pneumonia

Swati Sharma, MD; Arun Vijay, MD; Kandie Tate, MD

We present the case of a 32-year old female with no past medical history, admitted for fever and dry cough. On exam, she had cachexia and generalized abdominal tenderness. Several tests including Human Immunodeficiency Virus (HIV), tuberculosis, pan-cultures and initial chest x-ray were negative. Patient had persistent fever and broad spectrum antibiotics were started. Repeat imaging revealed bilateral infiltrates and effusions. Bronchoscopy was performed and bronchial washings were positive for Pneumocystis Jirovecii. Patient was started on trimethoprim-sulfamethoxazole and discharged on clinical improvement. This is a rare case of pneumocystis pneumonia in a non-HIV patient, not on any immunosuppressants.

FP61: Effect of an EMR-generated Rounding Report on Adult Inpatient Services: Saving Time and Improving Safety

Laura Morris, MD; Karl Kochendorfer, MD

Background: With limited resident work hours, efficient rounding and effective hand-offs are essential. We created an EMR-generated rounding report for pre-rounding, team rounds, and hand-offs. We hypothesized this would reduce workloads. Methods: Pre- and post-implementation survey of family medicine and internal medicine residents and faculty. Results: Users reported daily time savings of 45 minutes. Seventy-six percent of users agreed that use improved patient safety. Users were more satisfied with the rounding process, and spent less time updating lists and pre-rounding. There were trends toward more patient care time, work hour adherence, more accurate sign-out, improved satisfaction, and perception of patient safety. Conclusions: Utilization of EMR-generated reports for rounding and hand-offs improves provider efficiency and satisfaction and has the potential to improve patient outcomes and safety.

FP62: The Value of Personal Health Records (PHRs) in Chronic Disease Management

Mark Tenforde, BS; John Hickner, MD, MSc; Amy Nowacki, PhD; Anil Jain, MD

Personal health records (PHRs) allow individuals to view and manage health information electronically and, ideally, should empower patients to better manage their health. This outcomes study will explore the association between PHR utilization and process and outcome measures in type 2 diabetes mellitus patients. Using clinical data from more than 4,000 PHR users among 10,000 Cleveland Clinic primary-care based diabetic patients, we will measure the association between degree of PHR involvement and attainment of diabetes quality measures. Using a novel use classification scheme, we will stratify PHR users as those who utilize the PHR for administrative, clinical, or self-management purposes. Multivariable regression modeling and propensity score analysis will be used to adjust for baseline patient and provider characteristics.

FP63: Impact of an Integrated Reproductive Health Training Program During Residency on Graduated Family Medicine Residents

Panna Lossy, MD; Christine Dehlendorf, MD; Suzan Goodman, MD, MPH; Grace Shih, MD

To study the long term impact of an integrated reproductive health training program and to explore barriers to practice integration, former trainees of four family residency programs who had participated in the reproductive health training program were invited to paricipate in an online survey. The survey assessed experience with past training and the current provision of reproductive health services. Graduates were also invited to participate in focus groups to gather in-depth information on how to provide support to former trainees who wish to integrate reproductive health services in their current prcatice. This data will provide information for use in the future design of early abortion training programs and new resources to support graduates.

FP64: Is There Differential Survival By Race Or Sex in HIV-related Cryptococcal Meningitis?

Tewodros Kidane, MD, MSc; Roger Mortimer, MD; Simon Paul, MD; Susan Hughes, MS

Cryptococcal meningitis (CM) is a sentinel event for AIDS. Our study assessed whether there were survival differences of HIV-infected patients with CM by race and sex. Retrospective records review of all HIV patients with CM from 1/1/1997 – 12/31/2008 at a community-based teaching hospital was carried out. There were 73 AIDS patients with CM based on cerebro-spinal fluid with either a Cryptococcal antigen or a culture positive for C. neoformans. There were 63 men and 10 women; 45 Hispanic, 12 white and 13 Blacks. There were no survival differences by race. There was a survival difference by sex with a median 2.49 year survival deficit in women compared to men (P=0.007).

FP65: Development of a Geriatric Fellow's Leadership and Professional Skills: A Journey through the Development of a Pain Management Policy in Long Term Care

Nilay Thaker, DO; William Swart, MD; Joshua Raymond, MD, MPH; Bennett Shenker, MD, MS, MSPH, FAAFP; Robert Chen, MD

The Center for Medicare and Medicaid Services publishes quality indicators for all 16,000 nursing homes in the United States. Each nursing facility self reports data electronically that is downloaded to the state health department. The information gathered allows performance comparison between each facility. A nurse coordinator gathers information from nursing documentation and progress notes. This data is then compiled and allows for objective comparison between facilities. The quality indicators for our facility suggested that an area for improvement was pain management. In our facility, many attempts have been made to improve pain management, but these have proved unsuccessful. Methods of improvement have included physician, nurse, and staff education, pharmacy delivery, and more. Despite our efforts, the treatment of pain continues to be sub-optimal. Our solution involves the implementation of a written protocol to help staff assess, treat and manage pain. GOALS: To provide a geriatric fellow a leadership opportunity while functioning as medical director to create a pain management policy. OBJECTIVES: 1. To improve the awareness of physicians and staff members about pain management of patients in LTC facilities. 2. To learn three strategies to effectively implement a new pain protocol at our LTC facility. 3. To understand two obstacles that providers face when dealing with acute and chronic pain scenarios.

FP66: Residents' Attitudes Toward Clinical Management of Substance Use

Elena Pogosian, MD; Michelle Tinitigan, MD; Manuel Oscos-Sanchez, MD; Sandra Burge, PhD; Alexandra Loffredo, MD; Nida Emko, MD; Thea Lyssy, MA; James Tysinger, PhD

Objective: To examine pediatric and family medicine residents' attitudes toward management of substance use. Methods: Residents responded to surveys assessing current practice, self-efficacy, readiness to change, belief in treatment, and optimism toward treatment. Results: Participants, mean age 31.4 years, were 75% female and 61% non-whites. T-tests revealed residents ($P<.004$) and non-whites ($P<.038$) had significantly higher scores on 3 of 5 outcome variables. Multivariate analysis illustrated that specialty and race were significant predictors. Family medicine residents reported higher levels of managing substance use, greater self-efficacy, and greater readiness to increase their management of substance use. Residents of color reported greater readiness, higher optimism and belief in treatment. Conclusions: Improvement of substance use training involves enhancement of program's understanding of specialty and racial differences among residents.

Tuesday, April 27, 3:45–5:15 pm

RESEARCH POSTERS

Room: Pavilion Ballroom

RP23: Acceptability of an Internet Tool to Record Family History for Cancer Risk Assessment

Louise Acheson, MD, MS; Audrey Lynn, PhD; Georgia Wiesner, MD

Objective: Evaluate the acceptability of a Web-based family history tool for cancer risk assessment. Methods: After mammography, 4445 women were invited to use the Web-based Genetic Risk Easy Assessment Tool (GREAT) and receive estimates of their personal and familial cancer risks. Results: 76% did not respond. 713 women declined: 33% lacked internet access; 15% were concerned about internet security. 281 women (6.3%) completed the GREAT. 74 (26%) showed increased risk for hereditary breast cancer. >90% of users found the Web site easy to navigate, the questionnaire and personal report easy to understand, and the time taken not too long. Most planned to talk with family members. Conclusion: A self-selected group with higher familial cancer risk completed the GREAT and found it acceptable.

RP24: Innovative Method of Teaching Science to Minority Middle and High Schoolers Using College Students

Kathyann Duncan, MD; Steven Keller, PhD

Motivating underrepresented children to pursue careers in primary care is a goal of family medicine. This demonstration project utilizes college students to create and teach a curriculum for hypertension, sickle cell, and nutrition to 6-12th grade students interested in careers in health care tested with a within grade, pre-post analytic strategy and hierarchical linear regression. Our SMART five week program enrolls students interested in health careers. All students are eligible while special consideration is given to residents in Newark, NJ. Sickle cell knowledge increased $P<0.002$, and when grade level was entered, there were significant effects for exercise change ($P<0.02$) and in fast food consumption ($P<0.07$), demonstrating that undergraduate students are able to create and teach an effective medical curriculum for 6th -12th grade minority students.

RP26: Perceived Barriers to Reproductive Health Care in a Homeless Population

Arati Karnik, MD; Sharon Phillips, MD; Andrea Littleton, MD; Marji Gold, MD

Objective: To characterize barriers to acquisition and use of contraception among homeless women in the Bronx, NY. Methods: We conducted four focus groups with women residing at family shelters. Participants (n=20) were recruited from residents receiving care at on-site clinics between the ages of 18 and 45. Results: Barriers to effective contraception use included distrust of methods, partners, providers; and dissatisfaction with perceived side effects, efficacy, cost, and inconvenience. Discussions also revealed misinformation about contraceptive methods and a desire for more education. Conclusions: Barriers cited were more commonly perceptual (dislike of methods, lack of knowledge, and mistrust spanning multiple domains) than structural (physical access or method availability). These findings suggest that improving education to women and providers is necessary to improve contraceptive access for this vulnerable population.

Tuesday, April 27, 3:45-5:15 pm

SCHOLASTIC POSTERS

Room: Pavilion Ballroom

SP100: Using an Electronic Charting System In Pregnancy to Improve Continuity of Care for Resident Patients

Megan McMullan, MD; Wendy Barr, MD

Transition from paper charting to electronic always poses some challenges and new opportunities. The restrictions on residency work hours necessitate a team approach to ensuring continuity at a patient's delivery. Traditionally referred to as the "ACOG," the electronic counterpart of this chart has been difficult to achieve. In collaboration with the Beth Israel Family Practice Residency Program in New York City, we use EHR software and a newly developed electronic interface/ACOG to help improve continuity of care in office visits with providers. Our goals are to improve and standardize the educational program as well as improve patient satisfaction through their pregnancy and postpartum care.

SP101: Building a Foundation: More Than Orientation, a Building Block for Success

Stacy Potts, MD

Many residency programs have demonstrated the effectiveness of an extended orientation at the start of residency. The University of Massachusetts Worcester Program has built a comprehensive program to not only orient the new residents but to build the groundwork for their residency education. In addition to the necessary guidance to "obtain one's true position" which orientation defines, the Foundations block allows for self exploration of learning style, strengths, and skill building. Residents were able to build relationships with their colleagues, staff, community, and faculty while also getting to know themselves. The diversity of the curriculum allows residents to remain engaged and enthusiastic throughout the month.

SP102: A Novel Method of Evaluating Competency in Information Literacy

Drew Keister, MD; Julie Dostal, MD; Elissa Foster, PhD

Although the principles of evidence-based medicine (EBM) have been widely adopted by family medicine residencies, the assessment of residents' skills in information literacy remains difficult. We sought a novel method of evaluating residents' competency in information literacy through the direct observation of resident behaviors. Faculty developed observable behaviors that we correlated with levels of competency using the Dreyfus scale. The behaviors we assessed are observed in four learning sites throughout our residency. We combine faculty observations, as well as assessment by peers and continuity care team nurses in evaluating each resident. Here, we describe the assessment methodology we have developed and present preliminary results after six months of testing the system with our residents.

SP103: Leading the Way for Residency Education in Caring for Older Patients

Nancy Havas, MD; David Lillich, MD; Suzanne Gehl, MD; Syed Ahmed, MD, MPH,DrPH,FAAFP; Marie Wolff, PhD

The population of the United States is aging with older adults accounting for many office visits to the family physicians of the future. Despite this trend, family medicine residents have no required curricular time for learning about common geriatric syndromes. This educational initiative was developed to determine if Team Based Learning sessions utilizing clinical video triggers could be adapted as effective learning strategies for Family Medicine residency education in geriatric care. Upon completion of the sessions, residents self assessed their pre-session and post-session level of knowledge in areas of geriatrics, demonstrating significant ($P < .05$) improvements in all areas. This educational initiative demonstrates that Team-based Learning is an innovative and effective teaching and assessment tool for geriatric education in family medicine residency.

SP104: Learning Needs Assessment of International Medical Graduates: A Qualitative Analysis

Naomi Smidt-Afek, MD, MHPE; Susan Phillips, MD, MSc, CCFP; Jennifer Ringstad, MD, MPH

Family medicine residencies have attracted many IMGs, because of the decreased entry of US grads and shortage of family physicians in Canada. Many believe that IMGs, especially from non Western countries, demonstrate difficulties in adopting patient-centered approaches or the inquisitiveness that EBM demands, but research is lacking regarding these assumptions. Our research was designed to explore the difficulties encountered by IMGs in adjusting to the North American medical culture as a basis for curricular intervention. Learners' Needs Assessment through focus groups for IMGs, at the PGY1 and PGY2 level, were carried out in US and Canada among family medicine residents. The content will be analyzed using qualitative research methodology.

SP105: Building a Medical Home for Patients With Human Immunodeficiency Virus

Albert Meyer, MD; Rema Menon, PhD

Prior to 1995 few care options existed for the hundreds of patients with HIV disease in Southeastern North Carolina. The Area Health Education Center (SEAHEC) hired a registered nurse and a physician supervised PA to address the problem. By the year 2000 resources were mobilized to fund 2 nurse practitioners, a social worker, an administrator, and a dedicated nursing staff. The transition to a patient-centered medical home occurred with the addition of a family physician as medical director in 2008. Residents manage HIV disease as a chronic illness and all hospital admissions from the HIV medical home are admitted to the Family Medicine inpatient service. Our paper describes how building a HIV medical home improved care and created unique educational opportunities.

SP106: Unique Challenges of Implementing a PCMH in a Family Medicine Residency

Miranda Lu, MD; Carol Cordy, MD; Mark Johnson, MD

The medical home model is being widely implemented in clinics across the country. Along with applying the principles of this model comes a necessary shift in the mindset of providers practicing in it. Graduating family residents will need training in this model of care. We have recently designed and implemented a PCMH to serve as one of three training sites for our family medicine residency. Our presentation will include: how to train residents to have a patient-centered mindset in care delivery, challenges specific to implementing a PCMH in a residency site, and how we have addressed these challenges.

SP107: Time in the PCMH for First-year Residents: How Much Is Too Much… Or Too Little?

Erik Lindbloom, MD, MSPH; Erika Ringdahl, MD; Kristen Deane, MD

One component of the University of Missouri's "Preparing the Personal Physician for Practice" (P4) program is a significantly increased presence in the patient-centered medical home (PCMH) for its first-year residents. In the first two years of our P4 project, first-year residents have averaged 20% more hours in the PCMH compared to the last "pre-P4" year. Annual visits have increased 29%, from an average of 355 visits to an average of 459 visits. There is wide variation in visit numbers among these residents, depending on the location of their PCMH. Visits in 2008-2009 ranged from 272 to 577, with the lower numbers arising from our affiliated Federally Qualified Health Center. Residents at both ends of the range have expressed concern about their visit numbers.

SP109: Creating Curricular Change to Meet the Challenge of the Patient-centered Medical Home

Kimberly Stutzman, MD; Sarah Cox, CNM

We present a discussion of change management in a community-based residency program. The difficulty with managing change will have a great impact on our ability to implement all the features of the patient-centered medical home. The development of two new curricula that cross disciplines and require paradigm shift demonstrates the implementation of institutional change. In the past year we began a full spectrum family medicine in-patient service as our main in-patient training service. We also started group-based obstetrical care. These changes call on developing a number of skills that we would like to share. These include understanding organizational structure, person power and collaboration. The use of specific models can facilitate the process but persistent hopefulness is required to affect lasting change.

SP110: Learning to Lead—Implicit Leadership Curriculum

Andreas Cohrssen, MD; Wendy Barr, MD, MPH, MSCE; James Mumford, MD; Robert Schiller, MD; Alison Lewis, MD; Erica Allen, MD; Mark Josefski, MD

The health care system needs family medicine leadership. A new requirement for leadership training took effect in 2007. Our two sister-programs reviewed their current required and optional implicit leadership training and matched it up with leadership outcomes. Purpose: Demonstrate the 'hidden' leadership training opportunities and offer suggestions to educators for expansion of their current training. Results: Areas of implicit leadership training: Clinical Inpatient/outpatient; Committee leadership; Elective planning; National/Regional Conference presentation; Advocacy; Grant writing. Outcomes: Program-NYC with required leadership training had 19 residents obtain a fellowship in 6 years (39%). 10 residents (31%) became medical director or faculty within 4 years. Program-MH with optional leadership training had 3/29 fellowships (10%) and 8/29 director/faculty (28%) in 5 years. Conclusion: Required informal leadership training may enhance outcomes.

SP111: Improving Access to Care: Integrating Home Visits Into Residency Training

Nancy Bermon, MD; David Rosenthal, PhD

Improved access to care and continuity of care are fundamental goals of medical homes. One possible treatment approach that can enhance both access and continuity is home visits. Patients who are unable to travel to clinics or who typically see numbers of providers are good candidates for a home visit program. It is critical however that family medicine residents be trained to do home visits if they are going to integrate them into their practice. In this session, we will discuss how home visits are integrated into Residency training. Included in the presentation will be a discussion of how home visits enhanced Residents' understanding and care of their patients and ultimately improved outcomes.

SP112: Pregnancy and Mental Health: A Preventative Care Group Visit Model for the Patient-centered Medical Home

Shannon Clark, MD; Elizabeth DeFazio, RN, MFT

C.O.N.N.E.C.T.E.D (Centering on nurturing neonatal/intrapartum experiences through education about depression, and other mood disorders) is a medication management/supportive group visit clinic created at our institution. Our group provides medication management, education, advocacy and support for women with psychiatric disorders through the pre-conception, intrapartum and post-partum phases of family development. Our group strives to promote the development and delivery of healthy infants by supporting the emotional well-being of the mother. The patient-centered medical home has focused on multiple disease processes, our group provides a home for an underserved population of women with a unique approach the interface between medical and psychiatric care in one setting. Our presentation will review the longitudinal development of these group visits, as well as our ongoing research.

SP114: D-H Regional Primary Care Centers: Usage of NCQA for Implementation of The Medical Home Model

Daena Petersen, MD, MPH, MA; Catherine Pipas, MD; Virginia Reed, PhD

US primary care physicians must change their focus of care to a chronic disease management model supporting patient participation in their own health care. This requires a paradigm shift for family medicine and primary care providers to act as leaders and members of collaborative teams responsible for high quality coordinated care. Medical care teams dedicate themselves to continuing quality improvement on multiple levels, including individual providers, collaborative teams, and the clinic structure. The National Committee for Quality Assurance (NCQA) developed the Medical Home Model. This model transforms primary care clinics into evidence-based, patient-centered, coordinated systems of care and is the national model for primary care change. The lessons from Dartmouth-Hitchcock's pilot process can support others interested in implementing this new medical home model.

SP115: Establishing an Academic Division Supporting Public Health Medical Direction

William Wadland, MD; Molly Polverento, MS

In 2008, the Family Medicine Department within MSU's College of Human Medicine established a new division to provide support to physicians working in local public health departments. We will summarize the current status of medical direction; the goals, activities, and progress of the program, and how we are working to help bridge public health, clinical medicine, and academia.

SP116: OB With Ultrasound Fellowships 1993-2009

Wm Rodney, MD

Since 1993 OB fellowship outcomes have been tracked. The emphasis on Cesarean skills has continued, but the curriculum has improved each year with the addition of skills in high risk management, office surgery, advanced OB-Gyn ultrasound, ALSO instructor status, and faculty development. The fellowship credential has allowed family physicians to acquire hospital privileges where they previously were excluded. The fellows have reported success in frontier hospital, rural, international, and urban locations.

Wednesday, April 28, 8:15-9:45 am

SEMINARS

S48: Relationships in the Medical Home: A Focus on Reciprocity and Self-awareness [R,S,PF,BF]

Sharon Dobie, MD, MCP; Valerie Ross, MS

In teaching patient-centered care we generally focus on how physicians can best respond to patient needs. While self-awareness is embedded in the patient-centered method, teaching self-awareness and linking its importance to patient care can be elusive in the midst of medical education. Relationship-centered care reminds providers of four fundamentals: (1) the provider is present as a person, (2) affect and emotion are present and important, (3) there is reciprocal influence, and (4) there is a moral premise. The purpose of this session is to introduce participants to one method we use to teach self-awareness derived from relationship-centered principles. Seminar participants will join in a writing and story-telling exercise (the gifts exercise) that encourages exploration of reciprocity and successful patient care.

Room: Cracked Ice

S49: Decision Making for Complex Patients in the Patient-centered Medical Home: A Clinician Collaborative Model [MH]

Kimberly Duir, MD; Tina Kenyon, MSW

The Patient-centered Medical Home (PCMH) concept suggests that family physicians, supported by teams and re-engineered environments, can devote more resources to managing clinical uncertainty in complex patients. What guidance is needed to accomplish this? Accustomed to feeling unprepared and overwhelmed, faculty and residents need different tools for managing complexity and uncertainty in the PCMH. These include listening to patients' stories to recognize complexity- uncertainty intersection points, relationship-building to accommodate patient individuality, and managing information to match patient needs with resources. "Practice Inquiry" (PI) is a small group process using complex patients as content for practice-based learning/ improvement. Ten community-based clinician groups in California, three residency programs and three faculty practices meet regularly for PI. This seminar will model small group collaborative learning and uncertainty management for complex patients.

Room: Port Hardy

S50: Applications of Direct Observation to Strengthen Patient-centered Skills in Students, Residents, and Faculty [S,R,PF]

Dahna Berkson, PhD; Larry Mauksch, MEd; Thomas Egnew, EdD

Patient-centered communication is a core competency in Family Medicine and direct observation is a skill fundamental to teaching and evaluating this competency. Training for faculty members in this essential skill is notably absent. Direct observation by trained peers and teachers using structured observation forms helps both the observer and the observed become more skilled and self aware. In this session, we will describe methods of direct observation to train medical students, residents and faculty. We will share curriculum, developmental competencies, observation forms, demonstration audio and video, and program evaluation data. Participants will discuss how these methods can promote critical friendship in medicine, will practice observation and feedback skills and discuss application at their sites.

Room: Finback

S51: Can't Buy Me Love: Building a Whole Person Care Foundation for the PCMH [MH,BF]

Jamie Osborn, MD; Linda Deppe, DO

Although "Whole Person Care" (WPC) is the stated foundation of the PCMH, clarity is needed regarding what WPC is and how to teach it. Loma Linda University has a 100-year heritage of teaching WPC. At LLU FMR, we believe that the successful delivery of WPC depends on both a culture of WPC (including physician wholeness) and an intentional WPC curriculum. In this session, we will propose a conceptual framework for a longitudinal WPC curriculum as well as share specific examples of how we embed WPC throughout training. We will describe how we nurture and evaluate WPC. Participants will collaborate in small groups to design behavioral descriptors of WPC. Participants will receive our WPC teaching and evaluation tools as a springboard for future adaptation and development.

Room: Indigo

S52: Clinical Ethics Skills for Residency Faculty: Improving Patient Care for the Present and Future [R,PF]

Marc Tunzi, MD; David Satin, MD; David Doukas, MD

Medical ethics is an integral part of residency education. Privacy, autonomy, and resource allocation are specifically noted in the ACGME competencies. In addition to mastering these areas, family physicians' broad clinical and behavioral skills make us ideal candidates for advanced clinical ethics training. In response to JCAHO standards, most US hospitals have an ethics consultation service, but 45% of "ethics consultants" lack formal training. Faculty development in clinical ethics can help current and future family physicians fill this clinical leadership and advocacy void. Using short lectures and interactive exercises, the STFM Group on Bioethics and Humanities will present tools for teaching clinical ethics skills, focusing on patient decision-making capacity and the process of informed consent. An annotated bibliography of clinical ethics resources will be distributed.

Room: Orca

Wednesday, April 28, 8:15-9:45 am

LECTURE-DISCUSSIONS

L59A: The Social Mission and Production of Medical Schools: A Footprinting Tool for Educational Advocacy [L/SF,PF,R]

Winston Liaw, MD, MPH; Andrew Bazemore, MD, MPH; Robert Phillips, MD, MSPH; Iman Xierali, PhD; Bridget Teevan, MS

Federal, state, and local policymakers are increasingly interested in the educational requirements needed to fulfill the delivery system objectives of health reform. Concurrently, since state budgets are strained, primary care educators will need to demonstrate how their programs are meeting regional needs. Medical school footprinting is a tool that educators can use to assess the geographic distribution of their graduates. The resultant maps can be used to inform strategic planning and enhance advocacy efforts. In this session, the presenters will discuss how to assess the impact of medical schools, how to make maps using a Web-based medical school footprinting tool, and how those maps can be used in policy discussions.

L59B: Health Extension In New Mexico: An Academic Health Center and The Social Determinants of Health

Erin Corriveau, MD; Arthur Kaufman, MD; Wayne Powell, MA; Francisco Ronquillo, PA; Juliana Anastasoff, MS; Ken Lucero, BA; Helene Silverblatt, MD; Amy Scott, MD

The Agricultural Cooperative Extension Service offers academic health centers a model for community engagement. The University of New Mexico Health Sciences Center (UNM HSC) developed Health Extension Rural Offices (HEROs) as its vehicle for this model. Health Extension Agents were identified in rural communities across the state, supported by Regional Coordinators and the Office for Community Health. The role of Agents is to work with the community to identify priority health needs and link them with University resources. Agents serve a broader purpose beyond medical needs by developing local capacity to address social determinants of health such as school retention, food insecurity and economic development. Community-based Agents can effectively bridge local needs with academic health center resources, and extend those resources to address social determinants of health.

Room: Galiano

L60A: Your Lectures Are B-o-r-i-n-g! Learn How to Do It Right [L/SF,PF,R]

Richard Allen, MD, MPH

From medical school to CME, noon conferences, Grand Rounds, afternoon teaching sessions, and other medical didactic gatherings are generally boring and ineffective. As physicians and professors, we're not trained to be good teachers. This energetic lecture will demonstrate and teach methods for effective lectures. "Dynamic interaction" is the key, in addition to participation, validation feedback, object lessons, stories, and the misuse of PowerPoint.

L60B: Audience Response Systems 101: The Basic Skills You Need to Use Audience Response Effectively

Alfred Reid, MA; Kevin Johnson, MD

Audience response systems (ARS) have gained considerable popularity as a potential means to achieve greater audience participation in lectures or other largely non-interactive settings. This potential is frequently not fully realized, however. ARS users often do not master the most useful features of the software because they are inadequately explained in beginning users' guides or buried in detailed technical documentation, and users lack the time to discover them through trial and error. This lecture will provide demonstration and practice of the basic ARS skills most useful to primary care medical educators, using TurningPoint ARS software, which can be freely downloaded. Participants are invited (but not required) to bring a laptop with TurningPoint installed to follow along.

Room: Azure

L61A: Leadership and Professional Development: A 3-year Curriculum in Leadership Training for Residents in Family Medicine [L/SF,PF,R]

Tara Scott, MD; Panna Lossy, MD

In January of 2007, the Santa Rosa Family Medicine Residency began a new curriculum called "Leadership and Professional Development." This curriculum came as an answer to the Future of Family Medicine's mandate for family physicians who are trained not only to be superb clinicians but also to be national and community leaders. The curriculum weaves together the former Community Medicine and Management of Health Systems rotations into a new 3-year longitudinal curriculum that emphasizes service, advocacy, and the development of leadership skills. This presentation will present our successes and challenges in formalizing leadership training within the context of traditional family medicine training.

L61B: Designing and Implementing an Administration and Leadership Portfolio in a P4 Residency Program [L/SF,PF,R]

Jeffrey Sternlieb, PhD; Malaika Stoll, MD

Lehigh Valley Family Medicine is a P4 residency and aims to equip graduates to practice within PCMHs. This well-endorsed model of care utilizes physician-led care teams. In addition, practice transformation into a medical home requires strong leadership. The mandate to train effective physician leaders is clear. Our approach to leadership training is in-depth, multidisciplinary, and focused on leadership within the context of the PCMH. We use a multi-faceted Administration and Leadership Portfolio that, in addition to didactics and small-group sessions, centers on residents' evolving responsibilities within assigned Continuity Care Teams (CCTs). Third-year residents are expected to lead a practice transformation activity within their CCT. In an interactive session, the evolution and content of our relationship-centered A+L Portfolio will be presented and discussed

Room: Gulf Islands BCD

L62A: Caught in the Middle Between the Medical Home and Family Home—Building and Strengthening Relationships? [L/SF,MH,S,R,PF]

Wendy Orm, MD; Jeremy Bingham, DO; Jill Bingham, BA; Jeremy Bingham, DO

It is common that when physicians' personal relationships start to founder, the risk of professional disillusionment escalates. Many residents, their spouses, and faculty already experience some of the negative factors impacting marriages and family life inherent during training, such as an 80-hour rule, self neglect, or the struggle for personal control. Marital and family relationships of medical students, residents, and practicing physicians are being challenged, strengthened, or dissolved owing to many factors. This presentation by the program director, resident, and their spouse will address these factors and a curriculum that has been designed to increase awareness and support of families, while strengthening and sustaining relationships. Goals and objectives for this family enrichment program will be shared along with institutional pitfalls and other practical hurdles.

L62B: Negotiating Dual Relationships: Trouble in the Medical (and Educational) Home [L/SF,S,R,PF]

Randall Longenecker, MD; Laura Sorg, MD

Negotiating dual relationships has been suggested as a competency particularly relevant to rural practice and the concept of a medical home. Teaching this competency, however, has proven a challenge to the faculty of our rural training track residency program. This session provides a forum for telling our story, sharing some early lessons from the experience, and problem-solving with other family medicine educators around a tentative solution, a curriculum in negotiating dual relationships—from raising awareness, to creating policy, to learning from both our successes and our mistakes.

Room: Port Alberni

L63A: Using the Soppada for Effective Negotiation [CE,L/SF,R,PF]

Lisa Nash, DO; Ana-Catalina Triana, MD

Like it or not, you are a negotiator. Negotiation is a fact of life. Residency program directors negotiate frequently in the course of their duties, often with a need to secure from others resources, training opportunities or time commitments to meet external requirements such as those of the Residency Review Committee. Principled negotiation may be more effective than positional bargaining in many situations. This session will review effective negotiation strategies and focus on the use of the SOPPADA format as one effective tool. Participants will leave the session with a draft SOPPADA for negotiating a solution to a current problem.

L63B: Goldratt's Conflict Resolution Diagram: Discovering the Right Things to Change in Implementing the Medical Home

Timothy Fursa, MD

It is said that changing things is central to leadership. But correctly identifying the right things to change is central to successful leadership. Ironically conflict, which is typically avoided, provides the most opportune source of the right things to change. The implementation of the Patient-centered Medical Home provides many areas of conflict with the status quo. Therefore, the successful leader intent on making meaningful change toward the Medical Home needs to embrace conflict and manage it well. Utilization of Goldratt's Conflict Resolution Diagram provides the leader a way to understand and manage conflict. It provides a systematic way to uncover the values and assumptions underlying conflict and can be used as a tool to successfully implement the Patient-centered Medical Home.

Room: Beluga

Lecture-Discussions continued on next page

Wednesday, April 28, 8:15-9:45 am

LECTURE-DISCUSSIONS Cont'd

L64A: From Colbert to YouTube: Interactive Learning Methods 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. This session will discuss the ways NetGen (a.k.a. Gen Y) students learn and explore ways to incorporate emerging technologies into residency education. The session will also discuss how to easily incorporate interactive teaching techniques.

L64B: Technologies for Effective Teaching In The Clinical Clerkship

Cathleen Morrow, MD; Scottie Eliassen, MS; Virginia Reed, PhD

The 7-week Family Medicine Clerkship at Dartmouth Medical School distributes students to more than 20 different clinical teaching sites across New England and the southwest, west coast, and Alaska. Given directives from the LCME to medical schools to show curricular constancy across sites, and our own concerns about the effectiveness, or lack thereof, of more traditional formats of teaching, we redesigned our curriculum to address both present-day student learning habits and the demands of distance learning utilizing video conferencing, online curricular tools (Blackboard), and online cases in the fmCASES format. We have appreciated the significant faculty development required to migrate away from standard lecture/PowerPoint formats, and have experienced both faculty resistance to a change from this format and positive student evaluations about this change.

Room: Burrard

L65A: Leadership in Community Engagement: Combining One Statewide Council, Two Medical Schools, and Six Rural Communities

Syed Ahmed, MD, MPH,DrPH; Byron Crouse, MD; Leslie Patterson, MS

Family medicine has a unique but important leadership role in the development of effective community academic partnerships, especially addressing health promotion in rural communities. In this lecture-discussion, we will discuss (1) the background and the process of developing a statewide community academic partnership, including outcomes and impacts, (2) sustainability and dissemination, (3) approaches to and findings from the evaluation, (4) policy issues addressed by the program, along with its implications, and (5) challenges faced, lessons learned, and elements of successful collaboration.

L65B: Role of a Center for Primary Care at an Academic Health Science Center In Massachusetts

Dan Lasser, MD, MPH; Dennis Dimitri, MD; Barbara Weinstein, MBA

We will describe the establishment of a new Center for the Advancement of Primary Care at the University of Massachusetts Medical School and its clinical partner, UMass Memorial Health Care. The planning process and the pros and cons of working in collaboration with primary care partners at an academic health science center will be discussed. Several examples of Center programs will be discussed, including student programming, practice redesign initiatives, chronic disease management collaboratives, development of primary care quality curricula, and legislative initiatives to support primary care. Results of a PCP needs assessment will be included. As some of these accomplishments have been achieved within the context of Massachusetts health reform, they may inform similar programs in other states.

Room: Gulf Islands A

Wednesday, April 28, 8:15-9:45 am

PEER PAPERS—*Completed Projects*

PEER SESSION UU: Resident/Faculty Training in Procedures/ Sports Medicine

Room: Junior Ballroom A

PUU1: Thinking Outside the Box: Teaching Musculoskeletal/Sports Medicine at Family Medicine Residencies Without Sports Medicine Faculty [R,PF]

Jon Woo, MD; Rob Rutherford, MD

Musculoskeletal (MSK) skills are poorly taught in residency, yet studies show MSK complaints are second only to URI as the most common reason for acute office visits. Recently the ACGME changed the Orthopedic Surgery requirement to Musculoskeletal and Sports Medicine, thus acknowledging the broad knowledge and skills required of family physicians. Minimal requirements increased to 200 hours and called for a separate SM experience. This is the same time requirement as ER, obstetrics, and general surgery. However, less than half of programs have SM-trained faculty and few SM fellowship graduates enter academics lending to continual deficiency in faculty expertise. We will describe how several programs without SM faculty have used novel resources outside their institutions to fill this void.

PUU2: Meniscal Tears and Their Treatment: Should I Refer?

Robert Fawcett, MD, MS

Meniscal "repair" is the most common operative orthopedic intervention, and while many different operative techniques are described, there is little outcome data to show that it is effective treatment, particularly over the long term. On the other hand, acceleration of degenerative knee disease in the operated patient has been recognized for half a century. This presentation reviews the anatomy and pathophysiology of meniscal tears as well as the literature supporting their repair versus more conservative therapy. It will enable learners to depend on physical exam rather than imaging modalities to make an accurate diagnosis of meniscal tears. It will help faculty and residents become more adept at handling the patient with a possible meniscal tear and more cost-effective in their selection of patients for referral.

PEER SESSION VV: Coaching and Groups: Curriculum Development

Room: Junior Ballroom C

PVV1: Curriculum Development: Teaching Residents How To Lead Group Visits [R]

Michelle Domanchuk, MSN,APN; Kay Levin, PhD

Group visits provide an opportunity for residents to teach patients about managing their health. The curriculum we have developed educates residents on how to recruit for, lead and evaluate group visits. Focus is on a variety of topics (diabetes, hypertension, obesity, asthma, smoking cessation and well child visits). Group Visits provide an opportunity for patients to make behavioral changes as they manage their own care, and make connections with their physician further solidifying their medical home. We serve urban minority poor families and adults on the west side of Chicago. Groups are offered in English and Spanish. Group visit curriculum provides residents with skills necessary to communicate across cultures, languages and literacy levels improving quality care.

PVV2: A Novel Evidence-based Medicine Curriculum Using a Learning Coach [R]

Paul George, MD; Melissa Nothnagle, MD

Effective teaching of evidence-based medicine skills in residency is essential to promote lifelong learning among family physicians. As part of our initiative to develop self-directed learning skills among residents, each resident meets monthly with a learning coach to practice evidence-based medicine skills and learn to use evidence-based medicine at the point of patient care. We will describe our model, our evaluation methods, and results based on our first year of the program. Participants will discuss the feasibility of teaching advanced skills in evidence-based medicine in residency and strategies for implementing such a curriculum in their programs.

Room: Junior Ballroom C

Wednesday, April 28, 8:15-9:45 am

PEER PAPERS—*In Progress*

PEER SESSION WW: HIV/Aids Education

Room: Junior Ballroom B

Moderator: David Henderson, MD

PWW1: HIV Care Within the Family Medicine Patient-centered Medical Home: Making It Happen [L/SF,MH,BF,S,R,PF]

Ellen Tattelman, MD

Family medicine providers (FPs) play an increasing role in providing HIV care in the current treatment era as (1) HIV has evolved into a chronic medical illness with significant co-morbidities, (2) new HIV infections continue to be identified and (3) patients want to be cared for in their medical home. However, barriers may prevent FPs from managing and teaching about the care of HIV-infected patients. Collaborative care strategies are one way to link HIV positive patients and FPs with HIV specialists. Upon completion of this seminar, participants will have a better understanding of how they can utilize collaborative approaches to improve health services for patients with HIV/AIDS and overcome obstacles that prevent FPs from providing and teaching HIV care.

PWW2: Teaching HIV: An Innovative Model to Train Residents and Empower Patients [L/SF,MH,BF,S,R,PF]

Cynthia Carmichael, MD; Joanna Eveland, MD; Michel Sam, MD

The incidence of HIV infection continues to increase in the United States, but evidence suggests an impending shortage of clinicians trained to care for HIV-positive patients. Family physicians are well suited to care for those living with HIV through our understanding of chronic disease management, harm reduction, and psychosocial factors that influence health. We describe a model to teach residents ambulatory HIV care by facilitating an HIV group visit. In this sustainable model, residents become familiar with common topics including HIV pathophysiology, antiretroviral medication, and opportunistic infections. Residents also acquire skills in group facilitation and patient education. Further, residents learn from patients as they share their experiences and advice with each other. Following the group visit, residents see patients individually, further building their clinical skills.

PWW3: Teaching HIV In Midwestern Family Medicine Residencies and Practices [L/SF,MH,BF,S,R,PF]

Thor Swanson, MD; Michelle Graham, MD, FAAFP, AAHIVS

With the advent of HAART, HIV/AIDS has changed from an acute lethal disease into a chronic, long-term malady. As more HIV/AIDS patients survive for years and decades, they will need primary care medical homes. This reality raises the issue of where can they go for this longitudinal care? This presentation considers how that need can be met by family physicians. The presenters will share their experiences teaching HIV to family medicine residents and physicians in multiple Iowa settings over the last 10 years.

PEER SESSION XX: Geriatrics Training

Room: Parksville

Moderator: Joanne Williams, MD, MPH

PXX1: Decreasing Inappropriate Prescribing of Elderly Patients [BF,MH,S,R]

Christina Yu, MD; Wendy Barr, MD, MPH, MSCE; Regina Ginzburg, PharmD

The geriatric patient population is susceptible to experiencing more adverse effects to medications compared to younger patients. Of these adverse drug effects, one out of seven has resulted in hospitalizations. We initiated a retrospective chart review to see how many patients in our institution > 65 years old were prescribed a Beer's medication. Additionally, in efforts to reduce potential harm to our geriatric patient population, we generated a best practice alert (BPA), which informs the provider they are prescribing a medication that has shown to be inappropriate for elderly patients. Future chart review (6 months from implementation of the BPA) should show that our BPA has encouraged providers to decrease prescribing of inappropriate medications to geriatric patients.

PXX2: Decreasing Inappropriate Prolonged Use of Proton Pump Inhibitor Therapy in Geriatric Outpatients: A Quality Initiative [MH,BF,S,R,PF]

Erin Schultz, PharmD

This quality improvement initiative focuses on use of acid suppression therapy in geriatric outpatients seen in our clinic. Criteria based on FDA approved indications for proton pump inhibitor (PPI) use will be used to design a patient assessment form. Clinicians will use this form to determine if patients should continue on these therapies or if they are no longer necessary and should be discontinued. One month after discontinuing therapy, patients will be assessed during an office visit or by telephone call. The goals of this project include assessing appropriateness of use of PPI therapy in geriatric outpatients and assessing for adverse effects, eliminating unnecessary medications in geriatric outpatients, and evaluating outcomes of discontinuing PPI therapy no longer clinically indicated.

PXX3: Quality of Pain Assessments In Non–Verbal Geriatric Patients By Residents and Nursing Staff [BF,MH,S,R]

Farideh Zonouzi-Zadeh, MD; Frederick Lambert, MD, MPH, FAAFP; Preeti Lekhra, MD; Kiran Rayalam, MD, MPH; Santiago Lopez, MD; Jennnifer Varghese, MD

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 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.

PXX4: Geriatric Resident Interdisciplinary Elective (GeRIE): Increasing Knowledge, Changing Attitudes, Improving Skills of Primary Care Physicians [L/SF,MH,BF,S,R,PF]

Mandi Sehgal, MD

A growing health care crisis faces the US aging population with an expected increase from 31 to more than 70 million elderly in the next 20 years. Approximately 7,100 US physicians are board-certified geriatricians, and the number choosing additional geriatrics training continues to decline. This project compares and evaluates an innovative, interdisciplinary geriatric resident elective comparing it with the standard geriatric resident rotation.

Tuesday, April 28, 8:15-9:45 am

PEER PAPERS—*In Progress*

PEER SESSION YY: Diabetes Management

Room: Junior Ballroom D

Moderator: Wanda Gonsalves, MD

PYY1: Patient-centered Diabetes Care: A Patient Education and Resources Intervention for Care Improvement and Outcomes [MH,BF,S,R,PH]

Michael King, MD; Elizabeth Tovar, PhD, RN, FNP-C; Jesus Tovar, MD; Allison Vann, MD; Balprit Randhawa, MD

Patient-centered care is important to delivering effective and comprehensive care in Diabetes for primary care physicians. Patient self-management support is crucial to achieving good outcomes and diabetes education and utilizing health care and community resources is a form of self-management support that should be patient-centered rather than provider dictated. This presentation will describe findings from resident led quality-improvement/scholarly activities that evaluated patient and provider perceptions of diabetes education, patient barriers to diabetes care and a clinical intervention to improve the delivery of patient education and resource referral in a patient-centered way.

PYY2: Motivators for Diabetes Self-management in an Underserved, Urban Population: The Role of Spirituality [MH,BF,S,R,PF]

Priya Gupta, MD, MPH; Gowri Anandarajah, MD; Arnold Goldberg, MD; Kim Salloway Rickler, MSW, LICSW

Low-income, urban populations endure a disproportionate burden of preventable chronic diseases like type two diabetes and have worse outcomes with management. Motivators for self-care have been shown to be important in diabetes. Primary studies, in small subsets of the population, demonstrate that spirituality may be a motivator for self-management. No study has examined such determinants for self-care in the Northeastern US, low income, urban population. This is an exploratory study to examine the role that spirituality may play as a motivator for self-care in a vulnerable and previously unstudied population. The authors hypothesize that spiritual beliefs play a role in diabetes self-management however the degree to which it influences self-care remains unclear. Results may lead to improved patient-oriented clinical care of chronic conditions like diabetes.

PYY3: Can Group Visits for Patient Education and Peer Support Improve Outcomes in Diabetes Care?

Michael King, MD; Elizabeth Tovar, PhD, RN, FNP-C; Candace McKee, BS; Andrea Pfeifle, EdD; Margaret Love, PhD

New models of care emphasize the importance of patient self management, patient education, chronic disease management, quality improvement and patient-centered care. Group visits have been identified as an important component of this type of care and can be easily implemented to assist in patient education and behavior improvement. The presentation will demonstrate how diabetes group visits can impact and improve patient outcomes for diabetes care in a residency training program. By utilizing residents as educators and organizers of these proven interventions, improvements in diabetes standards of care can be realized compared to usual care even if the focus of the group visits are patient education and peer support and not care management.

PYY4: Self-management Support Provided to Diabetic Patients With Goal Setting Administered by Lay Educators in a Latino Community [MH,BF,S,R,PF]

Anthony Cheng, BA; Mark Loafman, MD, MPH; Thomas Halligan, MD, MPH; Frank Castillo, MD

The Erie Family Health Center serves a population that is 84% Hispanic and 67% Spanish-speaking. The practice has a strong foundation in family medicine and fulfills many criteria of the Patient-centered Medical Home. Shared goal-setting is routinely practiced with the help of lay health educators who provide self-management support to patients diagnosed with type II diabetes. Baseline data indicate a low rate of goal attainment. We have identified types of goals that are more and less likely to be achieved and hypothesize that a framework of goals with gradually increasing difficulty will improve outcomes in chronic disease management. This intervention uses an educator-administered tool and a clinician-administered tool to improve the quality of shared goal-setting and to better integrate care between lay educators and providers.

Room: Junior Ballroom D

Wednesday, April 28, 8:15-9:45 am

RESEARCH FORUM

RESEARCH FORUM L: Obesity/Diet

Room: Granville

Moderator: Andrew Coco, MD, MS

RL1: Childhood Obesity Rates and Interventions Among 3-5 Year Olds In Chicago

Rebecca DeHoek, MD; Marjorie Altergott, PhD; Tuwanda Williamson, MD

Overweight and obesity are a growing epidemic in American children. We sought to determine the extent of the problem locally and characterize ways providers intervene for overweight and obese children. Two retrospective cohort [Weight Status Prevalence sample (N=138) and Obesity Intervention Sample (N=139)] chart reviews of 3-5 year old children with visits in 2007-08 at a Chicago Community Health Center serving a primarily Hispanic population found obesity rates double the national average. The rate of overweight was similar to national averages. Chart documentation indicated providers intervened infrequently for both overweight and obese children. Overweight children were more likely to improve their weight status, even without provider intervention. This suggests that preventing children from becoming obese is a key component to managing a child's weight status.

RL2: Effects of Electronic Medical Records and Physician Education on Recognition and Treatment of Pediatric Obesity

Jennifer Keehbauch, MD; Leslie Drapiza, MD

Objective: Assess the impact of physician education and EMRs on the recognition and management of overweight/obese children. Methods: pre/post-intervention chart review was performed; charts were reviewed for all children who had BMI percentiles of 85 or greater. Physicians at two sites received an EMR upgrade, but Site1 also received education. In randomly selected samples, rates of physician recognition and appropriate clinical management of obese children were evaluated. Results: Thirty-five percent of pediatric patients were overweight/obese. At both sites, as BMI percentiles increased, recognition rates improved (OR= 1.43). At Site1 (education+EMR), the recognition rate significantly increased from 30% to 41% ($P<0.05$). Conclusion: In addition to education, an EMR system that calculates BMI percentiles for age and gender can significantly improve the recognition of overweight/obese children.

RL3: Promoters/Barriers to Fruit, Vegetable, and Fast-food Consumption Among Urban, Low-Income, African Americans—Qualitative Approach

Sean Lucan, MD, MPH, MS; Frances Barg, PhD, MEd; Judith Long, MD

Objective: To identify promoters and barriers to fruit, vegetable, and fast-food consumption, and differences by age and gender, among urban, low income, African Americans. Methods: We conducted 40 interviews in Philadelphia (equal men/women, younger/older adults), using the anthropologic technique of freelisting. Results: Salient promoters and barriers were distinct from each other, and differed by food type: taste was a promoter and cost a barrier to all foods; convenience, cravings, and preferences promoted fast foods; health concerns promoted fruits and vegetables and avoidance of fast foods. Promoters and barriers differed by gender and age. Conclusions: Findings suggest that to promote or inhibit specific dietary behaviors among urban, low-income, African Americans, strategies should be tailored to food type, gender, and age group.

RL4: Association of Proinflammatory and Prothrombotic Markers to Hypertensive Kidney Disease

Vanessa Diaz, MD, MS; Arch Mainous, PhD; Dana King, MD; Marty Player, MD; Charles Everett, PhD

Objective: To evaluate the association between inflammation, thrombosis and kidney function in hypertensive individuals. Methods: Analysis of 1,950 hypertensive participants aged 45-84 from the Multi-Ethnic Study of Atherosclerosis. The association between proinflammatory (C-reactive protein (CRP) and interleukin-6 (IL-6)) or prothrombotic markers (fibrinogen and factor VIII) and decreased kidney function based on Glomerular Filtration Rate (eGFR) or nephropathy was assessed using logistic regressions, adjusted for demographic variables, smoking status, blood pressure and use of anti-hypertensives. Results: Regressions demonstrated elevated CRP (OR: 1.77, 95%CI: 1.20-2.60), IL-6 (OR: 2.02, 95%CI: 1.38-2.96), fibrinogen (OR: 2.19, 95%CI: 1.50-3.21) and factor VIII (OR: 1.72, 95%CI: 1.17-2.53) were associated with higher odds of nephropathy. Similar relationships were present for eGFR. Conclusions: Thrombosis and inflammation are associated with kidney injury.

Wednesday, April 28, 8:15-9:45 am

SPECIAL SESSION

SS11A: A National Behavioral Science Curriculum—Our BHAG (Big Hairy Audacious Goal!) [BH]

Julie Schirmer, LCSW, ACSW; Amy Romain, LMSW, ACSW; Deborah Taylor, PhD

Abstract: The Core Principles of Behavioral Science/Medicine, developed by the Group on Behavioral Science and approved by the STFM Board of Directors, serve as the foundation for the next layer of development. This is to begin a process of defining a national curriculum for behavioral science education in Family Medicine residencies. Building on the good work of those who collaborated to define a national Family Medicine clerkship curriculum, we will begin to engage persons who are interested in behavioral health to begin to define core curriculum and next steps to defining a national Behavioral Science curriculum.

SS11B: Q&A and Feedback Session for Behavioral Science/Family Systems Fellows [BH]

Victoria Gorski, MD, FAAFP; Deborah Taylor, PhD

Abstract: This is the final learning session of the Behavioral Science/Family Systems Educators' Fellowship track programming at the 2010 Annual STFM Conference. The Fellowship Directors and the Fellowship Steering Committee will be available to answer questions about expectations for the remainder of the fellowship year. In addition, fellows and small group mentors will be asked to complete questionnaires that are part of the quality evaluation associated with this fellowship project.

Room: Vancouver

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The Program Committee would like to acknowledge the STFM Research Committee and our wonderful STFM member volunteer reviewers for their assistance in the review and planning process for the 2010 conference: Kristen Bene, MS; Crystal Cash, MD; Peter Catinella, MD, MPH; Catherine Churgay, MD; Karen Connell, MS; Kathryn Fraser, PhD; Linda French, MD; Eron Manusov, MD; Katherine Margo, MD; Wadie Njam, MD, MSEd; Lisa Nash, DO; Heather Paladine, MD; Paul Paulman, MD; Andrea Pfeifle, EdD; Stacy Potts, MD; Leigh Tenkku, PhD, MPH; James Tysinger, PhD; and Joanne Williams, MD, MPH.

What We Do

Our purpose is to grow the capacity of STFM to achieve its mission and goals.

We offer leadership development programs in recognition of the role family medicine will play in changing medical school, hospital and social environments.

- **New Faculty Scholars, $1,500 awarded to attend the annual conference + registration**
- **International Scholars Award, $3,500 to attend the annual conference + registration**
- **Faculty Enhancement Experience, a 2-week fellowship for mid-level faculty**
- **Bishop Fellowship, 1-year fellowship for senior faculty**

We provide funding for STFM Initiatives:

- **2007—Group Project Fund established, $75,000 has been awarded for 10 projects**
- **2008—$25,000 allocated for the Family Medicine Clerkship Curriculum**
- **2008—$10,000 allocated for 5-year support of Center for History of Family Medicine**
- **2009—$20,000 allocated to support publication of the results of the National Demonstration Project of TransforMED in *Annals of Family Medicine* Supplement.**

We have recognized pioneers in our discipline by establishing two named national awards.

- **The Leland Blanchard Memorial Lecture recognizes the second president of STFM who was one of the major contributors to the development of family practice as a specialty.**
- **The F. Marian Bishop Award honors the first Secretary of the Foundation who is widely regarded as the mother of family medicine.**

YOU can join our Foundation family by visiting the Foundation Station in the STFM Village.

Group Project Fund

The Group Project Fund encourages and supports STFM Group members who collaboratively plan, develop, implement, evaluate, and disseminate findings or products from scholarly projects. These projects have the potential for broad impact upon the discipline. Five of the seven projects awarded in the first 2 years are presenting at this conference.

They are:

Adolescent Health for Primary Care: Development of a Web-based, Comprehensive, Competency-based Curriculum—*Francesco Leanza, MD, principal investigator*

Teaching E-mail Communication in a Residency Program—*Heather Paladine, MD, principal investigator*

Outgoing Third-year Family Medicine Resident Satisfaction—*Timothy Spruill, EdD, principal investigator*

Medical School Admission Policies and the Family Medicine Pipeline: Developing Practical Guidance Based on Analysis of Student Origins—*Richard Pretorius, MD, MPH, principal investigator*

Current Trends in Medical Education in Identifying and Treating Patients Exposed to Domestic Violence—*Peter Cronholm, MD, MSCE, principal investigator*

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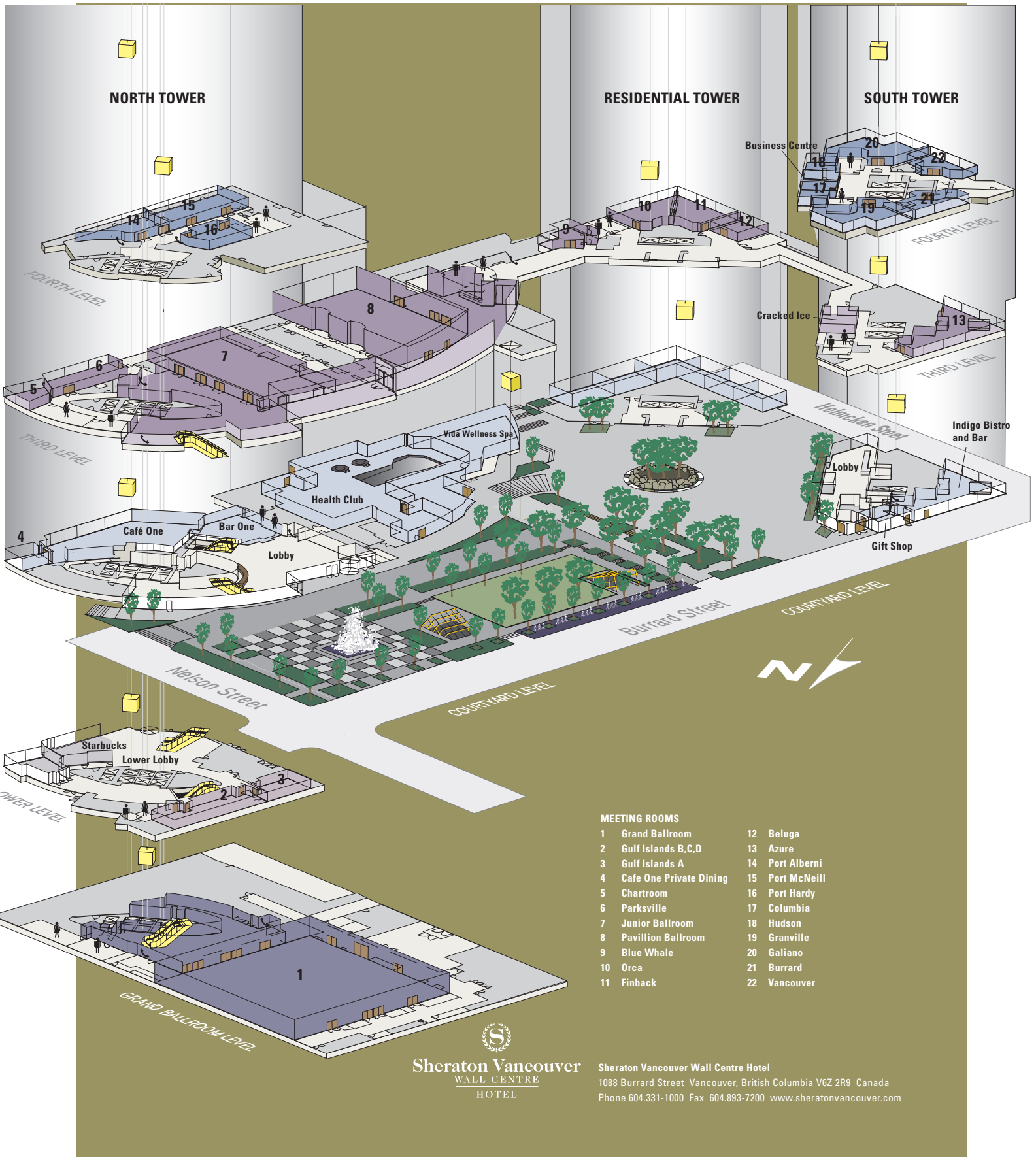
Conference Hotel Map



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1	Grand Ballroom	12	Beluga
2	Gulf Islands B,C,D	13	Azure
3	Gulf Islands A	14	Port Alberni
4	Cafe One Private Dining	15	Port McNeill
5	Chartroom	16	Port Hardy
6	Parksville	17	Columbia
7	Junior Ballroom	18	Hudson
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