



44th STFM Annual Spring Conference

April 27-May 1, 2011
Sheraton New Orleans Hotel
New Orleans, LA



Final Program



STFM President's Welcome

Hello, fellow STFM'ers! I look forward to spending this week with you in historic New Orleans for our 44th STFM Annual Spring Conference. New Orleans is a great place to visit anytime, but especially around the Jazz and Heritage Festival. I can guarantee you that this week's conference will continue to provide the best work in family medicine educational innovation, program administration, and research.

In keeping with our areas of special emphasis for STFM in the upcoming year, the 2011 conference is highlighted with many educational sessions addressing these and other important family medicine hot topics:

- Training and clinical functioning of interdisciplinary team
- Leadership for change in implementing the PCMH model
- Innovative new models of residency education
- Incorporation of the PCMH in medical student or resident education

Enjoy your week, enjoy the conference, and enjoy New Orleans!

Warmest wishes,

Perry Dickinson, MD

STFM President

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Our 2011 Conference Partners

Thanks to All for Your Support!

Arizona Center for Intergrative Health

Aspirus Clinics

Centra Medical Group

Challenger Corporation

College of Family Physicians Canada

Ebsco Publishing/Dynamed

**Michigan State University Primary Care Faculty
Development Fellowship**

National Institute on Drug Abuse

**RHEDI/The Center for Reproductive Health Education in
Family Medicine at Montefiore Medical Center**

Ross University

STFM Group on Immunization Education

Transformed

**USC Keck School of Medicine Faculty Development
Program**

Wiley –Blackwell

Wolters Kluwer Health/5 Minute Consult



Overall Conference Schedule

WEDNESDAY, APRIL 27

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

PRECONFERENCE WORKSHOPS: *(See STFM Registration Desk for availability and fees.)*

7:30am – 5:30 pm **Medical Student Educators Development Institute (Pre-registration required.)**
Oak Alley

8 am – 5 pm **PR1: Accountable Care Organizations: Transforming Health Care Delivery, from Legislation to Implementation**
Bayside A

8 am – Noon **PR2: Evidence-based Behavioral Practice: Essential Skills to Identify, Implement, and Teach Strategies That Work**
Grand Couteau

1-5 pm **PR3: Teaching Alcohol Screening, Brief Intervention And Referral to Treatment (SBIRT) Coast to Coast**
Grand Couteau

1-5 pm **PR4: Women in Family Medicine: The Work/Life Balance**
Grand Chenier

1-8 pm **STFM Computer Café**
Grand Ballroom Foyer

5-6 pm **Meeting of the STFM Group Chairs and Board of Directors**
Grand Ballroom E

6-7 pm **New Member/Attendee Orientation**
Grand Ballroom D

7-8 pm **Welcoming Reception**
Grand Ballroom Foyer

7:30 am-8 pm **SS0: STFM Annual Poetry and Prose Reading (see page 15)**
Grand Chenier

THURSDAY, APRIL 28

7 am-6 pm <i>Grand Ballroom Foyer</i>	Conference Registration
7 am-6 pm <i>Grand Ballroom Foyer</i>	STFM Computer Cafe
7-8am <i>Grand Ballroom C-E</i>	Round Table Presentations of Scholarly Activity
8:15-10 am <i>Grand Ballroom C-E</i>	Greetings and Announcements: <i>Stephen Wilson, MD, MPH 2011 Conference Chair</i> STFM President's Address: <i>Perry Dickinson, MD</i> Opening General Session: "Why the World Wants Smarter Coordinated Care" <i>Paul Grundy, MD, MPH, IBM's Global Director of Healthcare Transformation and President, Patient Centered Primary Care Collaborative, Washington, DC</i> <i>Moderator: Stephen Wilson, MD, MPH</i>
10-10:30 am <i>Grand Ballroom B</i>	Refreshment Break; Opening of the STFM Village
10:30 am Noon	Concurrent Educational Sessions (<i>including Poster Presentations</i>)
12:15-1:45 pm <i>Grand Ballroom C-E</i>	Luncheon with Candidates' Speeches
2-3:30 pm	Concurrent Educational Sessions
3:30-4 pm <i>Grand Ballroom B</i>	Refreshment Break in STFM Village
4-5:30 pm <i>Grand Ballroom C-E</i>	Concurrent Educational Sessions (<i>including Poster Presentations</i>)
5:30-7 pm <i>Grand Ballroom Foyer</i> <i>Grand Chenier Room</i> <i>Grand Ballroom Foyer</i>	Round Table Presentations of Scholarly Activity STFM Member Authors' Networking Reception STFM Village
6-7 pm <i>Rampart Room</i>	"A Celebration of Life Memorial Gathering"
7 pm <i>Hotel Lobby</i>	Dine-out Groups (<i>See lists posted on the STFM Message Board</i>)



Overall Conference Schedule

FRIDAY, APRIL 29

7 am-6 pm <i>Grand Ballroom Foyer</i>	Conference Registration
7 am-6 pm <i>Grand Ballroom Foyer</i>	STFM Computer Cafe
7-8 am <i>Grand Ballroom C-E</i>	STFM Groups' Networking and Common Interest Breakfasts
8-9:30 am <i>Grand Ballroom C-E</i>	STFM Awards Program with Election Results
9:30-10 am <i>Grand Ballroom B</i>	Refreshment Break in STFM Village
10-11:30 am	Concurrent Educational Sessions (<i>including Poster Presentations</i>)
11:45 am-12:45 pm <i>Grand Ballroom Foyer</i>	Networking "Boxed Lunch" with STFM Group Meetings
<i>Grand Couteau</i>	Optional Session: "Transferring Your Values in Addition to Your Valuables: What You Need to Know About Wills, Trusts, and Taxes" (<i>see page 15 for additional information.</i>)
	NOTE: "Boxed Lunches" will be available in the 5th Floor foyer. Please present a vegetarian ticket to receive a vegetarian lunch. Conference namebadges are required to pick-up your lunch. Thank you!
1-2:30 pm	Concurrent Educational Sessions
2:45-4:15 pm	Concurrent Educational Sessions (<i>including Poster Presentations</i>)
4:15-4:30 pm <i>Grand Ballroom Foyer</i>	Refreshment Break at General Session
4:30-5:30 pm	STFM Foundation General Session: The 2011 Blanchard Memorial Lecture "Engineering Against Nature When Nature Hits Back: The Past and Future of New Orleans" <i>John M. Barry, New York Times, New York, NY</i> <i>Moderator: Peter Coggan, MD, MEd</i>

SATURDAY, APRIL 30

- 6:30-7 am
Hotel Lobby **Annual Marathonaki Fun Run & Walk (maps are available at the STFM Registration Desk)**
- 7 am-5:30 pm
Grand Ballroom Foyer **Conference Registration**
- 7 am-5:30 pm
Grand Ballroom Foyer **STFM Computer Café**
- 7-8 am
Grand Ballroom C-E **Round Table Presentations of Scholarly Activity**
- 8:15-10 am
Grand Ballroom C-E **STFM Annual Business Meeting:** Perry Dickinson, MD, STFM President
AAFP President's Greetings: Roland A. Goertz, MD
- General Session; "O Brother Where Art Thou?"**
Robert Phillips, Jr., MD, MSPH, Robert Graham Center: Policy Studies in Family Medicine and Primary Care, Washington, DC
Moderators: Arch "Chip" Mainous, PhD and Shannon Bolon, MD, MPH
- 10-10:30 am
Grand Ballroom Foyer **Refreshment Break in the STFM Village – Final Opportunity to visit the 2011 Village!**
- 10:30-noon
 Concurrent Educational Sessions (including Poster Presentations)
- Noon-1:30 pm
Grand Ballroom Foyer **Lunch on Own**
- 12:30-1:30 pm
 "Optional" STFM Group Meetings (See Page 19-20)
- 1:45-3:15 pm
 Concurrent Educational Sessions
- 3:15-3:45 pm
Grand Ballroom Foyer **Refreshment Break**
- 3:45-5:15 pm
Grand Ballroom Foyer **Concurrent Educational Sessions** (including Poster Presentations)
- 5:45-6:15 pm
Grand Couteau **"Yoga for Health and Vitality"**
Jennifer Young, RYT, Director, Retreat & Renewal/Healthy Living Programs & Director, Healing Arts Kripalu Center for Yoga & Health, Pittsfield, MA
(NOTE: Please bring a bath towel from your hotel room.)
- Evening **Optional Group Activities** (Information is available on the STFM Message Board)



Overall Conference Schedule

SUNDAY, MAY 1

7-7:30 am <i>Evergreen</i>	Nondenominational Devotional Gathering
7:30-11:30 am <i>Grand Ballroom Foyer</i>	Conference Registration
7:30-8 am <i>Grand Ballroom Foyer</i>	Coffee Service
7:30-10:30 am <i>Grand Ballroom Foyer</i>	STFM Computer Café
8:15-9:45 am	Concurrent Educational Sessions
9:45-10 am <i>Grand Ballroom Foyer</i>	Refreshment Break
10-11:30 am <i>Grand Ballroom C</i>	Incoming President's Address: <i>Jeri Hepworth, PhD</i> Community Service Project Presentation Closing General Session: "The Future is Here: Celebrating Rising Leaders in Family Medicine" <i>Discussant: Denise V. Rodgers, MD, University of Medicine and Dentistry of New Jersey, Newark, NJ</i> <i>Panelists: Amy McIntyre, MD, (Family Medicine Resident) 2007 Pisacano Scholar, Boise, Idaho; Rohan Radhakrishna, (Medical Student) 2010 Pisacano Scholar, University of California San Francisco/ Berkeley Joint Medical Program; Erika Bliss, MD (Community Physician) 1999 Pisacano Scholar, Seattle, Washington</i> <i>Moderator: Wanda Gonsalves, MD</i>
11:30 am	Conference Adjourns



Paul Grundy, MD, MPH, FACOEM, FACPM is global director of Healthcare Transformation for IBM and the president of the Patient Centered Primary Care Collaborative and is an adjunct professor in the Department of Family and Preventive Medicine at the University of Utah.

An active social entrepreneur and speaker on global health care transformation, Dr Grundy is driving comprehensive, linked, and integrated health care and the concept of the Patient-centered Medical Home. His work has been reported widely in the *New York Times*, *BusinessWeek*, *Health Affairs*, *The Economist*, *New England Journal of Medicine* and newspapers, radio, and television around the country.

Paul Grundy spent his early life in West Africa, the son of Quaker missionaries. He attended medical school at the University of California San Francisco and earned his master's degree in Public Health at the University of California Berkeley and trained at John Hopkins. Prior to joining IBM, Dr Grundy worked as a senior diplomat in the US State Department supporting the intersection of health and diplomacy. He was also the Medical Director for the International SOS, the world's largest medical assistance company and for Adventist Health Systems, the second-largest not-for-profit medical system in the world.

THURSDAY, APRIL 28

General Session

8:15-10 am

“Why the World Wants Smarter Coordinated Care”

Paul Grundy, MD, MPH, Global Director of Healthcare Transformation for IBM and President of The Patient-centered Primary Care Collaborative, Washington, DC

Recognizing that achievement of an efficient, effective, and sustainable health system requires a vibrant primary care sector, a multi-stakeholder movement for primary care renewal and reform has emerged in the United States. This talk describes: the case for reform from the perspective of private purchasers, government, consumers, and clinicians; the principles around which these stakeholders have coalesced; the groundswell of primary care reform initiatives taking place across the country; and the prospects for this coalition to meaningfully reshape the character of health care in the United States on a stronger foundation of primary care.

Learning Objectives:

1. Describe why the Patient-centered Medical Home concept was created and what the intent is.
2. Explain what an Accountable Care Organization PCMH is.
3. Consider how other models of health care delivery could be transformed into PCMH/ACOs.
4. Describe how the Medicare shared savings program for ACOs is supposed to work when it takes effect by January 2012 and how PCMH ACOs will be paid to provide care.

Moderator: Stephen Wilson, MD, MPH



Interaction is encouraged in the sessions; presenters will welcome your questions.



John M. Barry is a prize-winning and *New York Times* best-selling author whose books have not only won more than 20 awards but have involved him directly in policy in two distinct areas.

In 1997 his book *Rising Tide: The Great Mississippi Flood of 1927 and How It Changed America* appeared and won the Francis Parkman Prize of the Society of American Historians for that year's best book of American history. His impact was recognized in 2006 when the National Academy of Sciences invited him to become the only non-scientist ever to give its annual Abel Wolman Distinguished Lecture on Water Resources. After Hurricane Katrina, the Louisiana Congressional delegation asked him to chair a bipartisan working group on flood control.

His second area of influence has been on influenza pandemic preparedness. The National Academy of Sciences named his 2004 book *The Great Influenza: The Story of the Deadliest Pandemic in History* winner of the Keck Award for the year's best book on medicine or science. He has advised the Bush and Obama administrations, as well as other federal, state, and World Health Organization officials on influenza pandemic preparedness and response and risk communication. He has played an influential role on the development of non-pharmaceutical interventions. Although a layman, his articles have appeared in such scientific journals as *Nature* and *Journal of Infectious Disease*, and he has contributed regularly to *The New York Times*, *The Washington Post*, *Fortune*, *Time*, *Newsweek*, and *Esquire*. He has appeared on every US broadcast network, including on such shows as NBC's Meet the Press, ABC's World News, and NPR's All Things Considered, as well as on such foreign media as the BBC and Al Jazeera.

He serves on numerous advisory boards and committees, including at Johns Hopkins Bloomberg School of Public Health and MIT. Before becoming a writer, Barry coached football at the high school, small college, and major college levels. Currently Distinguished Scholar at the Center for Bioenvironmental Research of Tulane and Xavier Universities, he lives in New Orleans.

FRIDAY, APRIL 29

General Session

4:30-5:30 pm

2011 Blanchard Memorial Lecture: "Engineering Against Nature When Nature Hits Back: The Past and Future of New Orleans"

John M. Barry, New York Times Best Selling Author and Distinguished Scholar at the Center for Bioenvironmental Research of Tulane and Xavier Universities, New Orleans, LA

The Gulf of Mexico once reached north to Cape Girardeau, Missouri. The deposit of sediment by the Mississippi River and its tributaries, which drain 31 states and two Canadian provinces, combined with a falling sea level filled this declivity in, creating nearly 35,000 square miles of land in seven states. Coastal currents also carried sediment from the mouth of the river west to Texas, building an additional several thousand square miles. Human engineering has dramatically altered this situation, limiting the supply of sediment that the river carries and separating the river from the land, while the shipping and energy industries have cut into this land. As a result, Louisiana has lost 2,300 square miles, more land than the state of Delaware, most of it since World War II, greatly increasing the vulnerability of the region to hurricanes. This in turn threatens the national economy and national security. 18% of all US waterborne commerce passes through Louisiana; by weight 40% of the US commercial seafood catch comes from its waters; roughly 25% of domestic US oil and gas production and refining capacity is there. Coastal restoration is necessary to limit the threat to these assets, especially in the face of sea level rise. The key is to use the river.

Learning Objectives:

1. Understand the geological forces that shaped the region, and the impact of human engineering on it.
2. Understand the potential threat to the national economy.
3. Recognize optimal solutions.

Moderator: Peter Coggan, MD, MSEd



Robert L. Phillips, Jr, MD, MSPH is a family physician and director of the Robert Graham Center: Policy Studies in Family Medicine and Primary Care in Washington, DC. The Graham Center functions as a division of the American Academy of Family Physicians, with editorial independence, staffed by a small research team focused on providing evidence to help inform policy-making. It publishes extensively, most recently in the special Primary Care issue of *Health Affairs*, and was recently cited in both *Parade* and *Forbes* magazines.

Dr Phillips is a graduate of the University of Florida College of Medicine, and did residency training at the University of Missouri-Columbia. He completed a 2-year NRSA research fellowship and practiced in a federal housing Federally Qualified Health Center in Boone County, MO. He now practices part-time in a community-based residency program in Fairfax, VA.

He has faculty appointments at Georgetown University, George Washington University, and Virginia Commonwealth University. He recently served as vice-chair of the US Council on Graduate Medical Education that advises the US Congress and the Presidential Administration on physician workforce policy, and was elected to the Institute of Medicine in 2010.

SATURDAY, APRIL 30

General Session

8:15-10 am

“O Brother Where Art Thou?”

Robert Phillips, Jr, MD, MSPH, Robert Graham Center: Policy Studies in Family Medicine and Primary Care, Washington, DC

There is a lot of speculation about current health care workforce shortages, about how 30 million more insured might create new demand for care, and how providers other than physicians might meet demand. Health reform had several important features that may help, including primary care bonuses and enhancements to the National Health Service Corps, but it is unclear how re-doubling of community health center capacity can occur without more workforce investments. A current push to expand Medicare-funded residency training to match expansion of medical schools could be directed to meet needs—or to support teaching hospitals’ financial bottom lines. A newly revitalized National Center for Health Workforce Studies is likely to help focus Federal efforts, but the National Health Care Workforce Commission has not been funded. There is increasing interest in measures of training accountability and ranking medical schools and teaching hospitals based on how responsive their graduates are to the needs of their community. A third attempt in 12 years to redesign workforce shortage designations that dictate eligibility for nearly 40 federal programs is also expected to conclude in the summer of 2011. Will it help solve our workforce distribution problem?

This session will provide latest information from several Graham Center workforce studies about current and anticipated physician shortages, about nurse practitioners and physician assistants, about training accountability measures, and about new designations of areas of shortage or underservice. We will also briefly explore new Web-based workforce and population health data tools and seek your input on a new workforce data mapping application. All of this will be done with the aid of the Coen Brothers.

Learning Objectives:

1. To be exposed to new health care workforce estimates from the Graham Center and to understand the data behind them.
2. To understand some of the nuances of physician workforce policy language and the importance of getting measurement and accountability right.
3. To be exposed to new or recent federal efforts to inform and guide workforce policy.
4. To be exposed to and offer feedback on new Graham Center information tools and how to use them in local workforce assessment and advocacy.

Moderator: Arch “Chip” Mainous, PhD



Denise Rodgers, MD, is the provost and executive vice president for the University of Medicine and Dentistry of New Jersey. She is also a professor of Family Medicine at the UMDNJ – Robert Wood Johnson Medical School. Dr Rodgers has overall responsibility for the educational, research, and clinical activities occurring in all eight of the schools of UMDNJ. She has a strong interest in inter-professional education and health care as a mechanism to improve patient outcomes. She is particularly interested in leveraging the resources of UMDNJ as a statewide asset to improve the health of all New Jersey residents with special attention to minority and underserved populations. She has served on a number of local, statewide and national committees. She is currently vice chair of the New Jersey Department of Health and Senior Services Office of Minority and Multicultural Health Advisory Commission and serves on the Governor’s Council on HIV/AIDS and Related Blood-Borne Pathogens.

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

SUNDAY, MAY 1

General Session

10-11:30 am

“The Future Is Here: Celebrating Rising Leaders in Family Medicine”

Discussant: Denise Rodgers, MD, University of Medicine and Dentistry of New Jersey, Newark, NJ

Panelists: Amy McIntyre, MD, Family Medicine Resident and 2007 Pisacano Scholar, Boise, ID; Rohan Radhakrishna, Medical Student and 2010 Pisacano Scholar, University of California San Francisco/Berkeley Joint Medical Program; Erika Bliss, MD, Community Physician and 1999 Pisacano Scholar, Seattle, WA

As family medicine moves into its fifth decade, we require and look toward a new generation of leadership. Leadership comes in many forms. How do we recognize the traits of emerging leaders when we see them? How can we support them in their growth and development? In this session led by an experienced leader, you will be introduced to three young, emerging leaders in family medicine, all Pisacano Fellows. Hearing their stories and engaging them in discussion should prompt you to consider ways to recognize and support potential rising leaders.

Learning Objectives:

1. Describe three examples of leadership.
2. Better identify future leaders in family medicine who are on the rise.
3. Recognize qualities of leadership in each panelist that may contribute to their future contributions to FM specialty.
4. Consider ways they can seek to support leadership initiatives by innovative family physicians.

Moderator: Wanda Gonsalves, MD



STFM has a wealth of resources for family medicine education. At the STFM "Village" you'll have fun learning about the many solutions and services available to you.



Amy McIntyre, MD, family medicine resident and 2007 Pisacano Scholar, graduated from the Warren Alpert Medical School of Brown University and is currently a 2nd-year resident in Boise, ID. She recently received her MPH from the Harvard School of Public

Health after completing a 9-month program in the Family and Community Health Track. Amy graduated Summa Cum Laude from Providence College with a Bachelor of Arts in chemistry and biology. She received a number of scholarships at Providence, including the Presidential Scholarship, a full-tuition merit scholarship, and was a member of Alpha Epsilon Delta, a National Pre-Medical Honor Society. Dr McIntyre was also involved in many community service activities. She volunteered with Habitat for Humanity and worked with homeless individuals through the social services office at Amos House. She worked for 2 years as a research assistant with the Department of Chemistry and Biochemistry at Providence and ultimately made a poster presentation at the 2003 National Meeting of the American Chemical Society.

Dr McIntyre has continued her academic excellence and community involvement throughout medical school. She has received several awards and scholarships including a National Health Service Corps Scholarship. She also received a scholarship from the Betty Ford Summer Institute for Medical Students to observe its inpatient program and to attend educational workshops. Amy has volunteered with a community health clinic performing screening and physicals for homeless patients, and more recently with a health center performing community diabetes screenings. She has spent two summers interning with the Rhode Island SEARCH Program (Student Experiences & Rotations in Community Health) of the National Health Service Corps. Since beginning medical school, Amy has also been involved with and held many positions with the American Academy of Family Physicians (AAFP), the Rhode Island Academy of Family Physicians (RIAFP) and the American Medical Student Association. She currently serves as the National Family Medicine Interest Group (FMIG) Coordinator for the AAFP and the Student Liaison to the

RIAFP Executive Board. Amy served as the 2008 student chair of the AAFP's National Conference.

Amy envisions herself practicing the full scope of family medicine in a community health center, where she will be able to practice community-oriented primary care. She hopes to engage the community and facilitate its involvement in improving health delivery and outcomes, and to address the biological, social and psychological factors that create health disparities for individual patients and the population as a whole.

Rohan Radhakrishna, medical student and 2010 Pisacano Scholar, is a final year student at the University of



California, San Francisco/Berkeley Joint Medical Program. He recently completed his MS and MPH at Berkeley focusing on research methodology, human rights, and leadership. Rohan graduated from Stanford University with a Bachelor of Science in Human Biology and honors in a Latin American Studies minor. His honors thesis evaluated an integrative hospital in rural Chile among the Mapuche indigenous population. As a Fulbright Scholar in Ecuador, he spent 2 years continuing research on indigenous health initiatives, conducting social justice "Reality Tours" for Global Exchange, and training promotores-village health workers. He then worked as the assistant to the United Nations Liaison for Médecins Sans Frontières-Doctors Without Borders in New York City before graduate school.

Rohan recently returned from a gap year in India as a Rotary Ambassadorial Scholar, where he focused on health journalism and storytelling for advocacy. He also completed mini-rotations, took classes in Tropical Medicine, and initiated community translational research projects. As a medical and public health student, he co-founded his school's STAND (Students Taking Action Now Darfur) group and helped coordinate the free "Suitcase Clinic" for the underserved. He also organized students to advocate for universal health care in California through teach-ins and Lobby Days in Sacramento. At the national level, he served as the Health and Human Rights Coordinator for



SUNDAY, MAY 1

General Sessions

the American Medical Students Association (AMSA) and organized the Global Health Leadership Institute in Washington, DC. He is an AMSA co-editor of the open-access international health journal *Global Pulse*. For his MPH, Rohan spent two summers in Northern Uganda as a Human Rights Fellow researching the health effects of forced displacement among war-affected youth. His project won the Lancet Outstanding Global Health Research Award in addition to several poster prizes. He also worked as a humanitarian health consultant for UNICEF and the Norwegian Refugee Council addressing issues of shelter, child protection, and population movement.

In his spare time, Rohan practices meditation daily and enjoys nature, cooking, and dancing with friends. His vision of his future career involves grappling with health policy issues and innovating community-based care models that empower patients to be proactive and preventive in their health care. Rohan also hopes to promote family doctors as leaders in global health, where he sees a desperate need for their skills and perspectives. He foresees a dynamic career as a healer, advocate, teacher, and policymaker.



Erika Bliss, MD, community physician and 1999 Pisacano Scholar, is the chief quality officer for Qliance, a monthly-fee practice in Seattle, WA. A family physician trained at Swedish Family Medicine in Seattle, she completed a BA in History at San Francisco State University and

an MA in Latin American Studies at Stanford University before attending the University of California, San Diego for medical school. After residency, Dr Bliss served as the clinical site director of the Carolyn Downs Family Medical Center, a community clinic in Seattle, where she implemented organizational changes to increase efficiency and improve patient care. She also served as their director of Clinical Quality, redesigning and implementing a data-driven, participatory quality improvement program. She has served in numerous leadership positions, including serving on several commissions for the American Academy of Family Physicians, and serving on the Board of the Washington Academy of Family Physicians. Dr Bliss has served on the Pisacano Leadership Foundation Board of Directors. More recently, she was appointed to the American Board of Family Medicine. She helped found and develop Qliance, a direct primary care medical practice designed to bring high quality, personalized, accessible primary care to all people at a reasonable cost. Qliance operates outside of health insurance, offering comprehensive primary care services for a low, flat monthly fee.



All conferences advertise "networking" but the culture at STFM makes meeting people easy. STFM's most introverted members create lifelong professional relationships.

Optional Sessions

(See STFM Registration Desk for availability and fees.)

Wednesday, April 27

7:30-9 pm
Grand Chenier

SSO: STFM Annual Poetry and Prose Reading

Jon O. Neher, MD

Poetry and creative prose allow for the expression of humanistic concerns about the doctor-patient encounter and facilitate emotional reflection on the themes of illness and death, suffering, birth, growth, and family. Reading poems and stories to one's peers promotes professional bonding through the sharing of struggles, joys, and sorrows encountered in the practice of medicine. Participants are invited to bring their works (up to 5 minutes in length) and read them to the group. Participants are also encouraged to share their work through publication, and the group provides encouragement, advice, and resources to make this possible.

(No additional fee. No registration required.)

Thursday, April 28

2-5:30 pm
Cornet Room

OPT1: Educational Grant Writing 101

Alison Dobbie, MD, MB ChB, MRCP; James Tysinger, MD

Grant writing is important for clinician educators for several reasons. Grant awards can enhance personal career satisfaction while funding educational and/or research ideas that advance family medicine as a discipline. In many institutions, grant awards are important for promotion and tenure, yet many faculty lack confidence in their ability to write grants.

In this introductory grant-writing session, participants will:

1. Describe four steps to successful grant writing
2. Identify one idea for an educational grant application,
3. Write a grant outline in 90 minutes

(Additional fee. Pre-registration Required.)

Friday, April 29

11:45 am 12:45 pm
Grand Couteau

OPT2: "Transferring Your Values in Addition to Your Valuables: What You Need to Know About Wills, Trusts, and Taxes"

Lawrence Lehmann, JD, Board Certified Specialist in Estate Planning and Administration, Lehmann Norman & Marcus LC, New Orleans, LA

Interested in finding out how you can protect your hard earned assets from unnecessary estate, gift and income taxes in order to leave a legacy to your family and community that will make a meaningful difference? Are you concerned about protecting and preserving your own financial independence? We all know that we are supposed to set up wills and trusts, but sometimes the legal language of these documents and the lawyers who prepare them can be overwhelming. As a result, many of us fail to do any estate planning at all. This personal development offering will answer your questions about wills, trusts and taxes 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, Larry Lehmann, is a trust and estates attorney with the firm of Lehmann Norman & Marcus LC in New Orleans who has helped families with their estate planning needs for over 30 years. By attending this session, you will learn about the tax and non-tax benefits of wills, trusts, powers of attorney and charitable gift planning, and why failure to properly plan your estate can be devastating to your family.

(This session is sponsored by the STFM Foundation. No additional fee. Pre-registration Required.)



General Conference Information

Conference Hotel Information

Sheraton New Orleans Hotel
500 Canal Street
New Orleans, LA 70130
Guest Phone: 504-525-2500

The Astor Crowne Plaza New Orleans
(Official Overflow Hotel)
739 Canal Street
New Orleans, LA 70130
Guest Phone: 504-962-0500

Rental Car Discount

To better meet your travel needs, a full range of rental car options are available at Kayak, www.kayak.com.

Ground/Shuttle Transportation

Sheraton New Orleans Hotel does not have hotel shuttle services available between the airport and downtown hotels.

Airport Shuttle is available. \$20 per person and Departure is 3 hours before flight time. You can book on-line www.airportshuttle.com

Taxi service is available for approximately \$33 for 2 people and \$14 per person for 3 or more. The hotel is 20-25 minutes from the airport.

Downtown Fitness Center

Located on the eighth floor, this state of the art fitness facility features treadmills, lifecycles, elliptical machines, rowers, single station weight training equipment, free weights, massage therapy, outdoor heated swimming pool, men's and women's steam rooms and saunas. Open 24 hours a day/7 days a week.

Because the Sheraton New Orleans does not own or operate the fitness facility, STFM has negotiated a special daily rate for conference attendees of \$6/day; OR, \$5/day for a 3-6 day pass. The fitness facilities are accessible with your guest room key.

STFM Annual Business Meeting

All conference attendees are invited to attend the STFM Annual Business Meeting on Saturday morning, April 30. The Business Meeting also offers members the opportunity to learn about key Society activities and address issues of concern to the STFM Board of Directors. STFM members not attending the conference can attend the Business Session without registering for the conference.

Election Procedures--New in 2011

More STFM Members Are Now Eligible to Vote:

In 2010, the STFM membership approved a bylaws change to expand the eligible voter categories to include Active Physician Members, Active Non-Physician Members, Associate Members, International Members, Fellow Members and Emeritus Members.

How Will Eligible Voters Cast their Vote?

New this year, STFM is introducing online voting. STFM members received an e-mail announcing the opening of the online voting system on March 15.

Voters can access their individual ballot using a Username (the e-mail STFM has on file for them) and a Password (their member number). This information was provided in the e-mail announcement sent on March 15th. Voting will remain open until 6 pm on Thursday, April 28 to allow those STFM members who wish to hear speeches at the STFM Candidates Luncheon on April 28 and cast their vote afterward. There will be wireless access in the ballroom during the Candidates' Luncheon and a bank of dedicated computers for voting in the STFM Computer Cafe until 6 pm on Thursday, April 28.

All voters may view candidate biographies and position statements of the candidates, as well as select questions answered by each of the candidates on both the STFM Web site and within the online voting system. For questions about STFM Election Procedures, visit the STFM Registration Desk.

Continuing Medical Education

This activity has been reviewed and is acceptable for up to 30 Prescribed credit hours by the American Academy of Family Physicians. This includes preconference activities. When reporting AAFP credit, report total Prescribed and Elective credit for this activity. Because some sessions run concurrently, no more than a total of 30 credits may be reported. This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the AAFP and STFM. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

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

Attending the Conference With Children

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

Our Host City

* Laissez les bons temps rouler dans New Orleans!

"Laissez les bons temps rouler" is a French phrase that translates to "let the good times roll." It was originally attributed to the Cajuns whose French ancestors came to live in Louisiana in the pre-colonial days. The term is unique to, and a symbol of New Orleans, a cheerful reminder of why New Orleans is also coined the "Big Easy."

Love Jazz Music? The New Orleans Jazz & Heritage Festival opening weekend will be April 29-May 1, 2011. And our conference hotel is also Festival Headquarters. You'll be able to buy tickets and use the festival transportation provided. Jazz Fest is much more than one of the premier — and most beloved — festivals in the world. It is a signature cultural event for its home city, rivaling Mardi Gras as one of New Orleans' global calling cards.

Giving Back to Our Communities...Changing Lives

The STFM 2011 Annual Spring Conference wants to involve attendees in "giving back" to the local conference community...and we hope to make it an annual event!

This year, we will be collecting items for "Bridge House." For the last 50 years they have provided services for individuals with substance abuse problems who would otherwise have little chance for recovery due to lack of resources. Their mission is to facilitate positive change and recovery in the lives of the addicted by teaching them to practice the principles of recovery in order to become productive citizens.

One reason we chose the Bridge House is because of their long standing support of Tulane medical students who conduct a student-run weekly clinic for Bridge House clients under the supervision of Tulane Family Medicine faculty physicians. This evening clinic, which has been ongoing for 10 years and has its origins in a Family Medicine Clerkship student project, has been not only a great community service opportunity for medical students, but valuable early exposure for students to our discipline. Additionally, Bridge House is a site for a regular Clerkship seminar about substance abuse, conducted by Tulane faculty and Bridge House clients.

To see what Bridge House is doing, go to: <http://www.bridgehouse.org/>.

Here's how you can help: The Bridge House Thrift Store brings in the majority of their funding, so we're asking for you to help with any of the following:

- Donate items that can be resold at the thrift store.
- Financial donations: Present your check (made out to the Bridge House) or cash to staff at the STFM Registration Desk. Your monetary donations will help Bridge House direct more of their funds to actual resident treatment and care.
- Donate personal hygiene items, household supplies, clothing, kitchen needs, office supplies, etc.

The collection table is located next to the STFM Conference Registration Desk. Don't miss this chance to make a difference in someone's life.

(NOTE: Zip-loc bags are available at the STFM Registration Desk, if you'd like to collect unused toiletries from your hotel room this week, and donate for use at Bridge House. You can drop off your bags at the STFM Registration Desk before you leave the conference.)



General Conference Information

Follow STFM on Facebook and Twitter

Since you can't be all places at all times, be sure to stay on top of all conference happenings on our STFM Facebook page (Search "STFM" and click "Like"), and via Twitter@STFM_FM.

Use of Electronic Devices

Please mute electronic devices during all STFM conference sessions and meal functions.

STFM Computer Café

STFM will provide a Computer Café for attendees to check their e-mails and keep in touch with their institutions while at the conference. The Computer Cafe will be located in the Grand Ballroom D-E Foyer. We would like to thank the Sheraton New Orleans for their support of the 2011 Computer Cafe.

Dine Out Night

Join your friends and colleagues for an optional dining experience on Thursday, April 28. Restaurant options will be available within walking distance from the hotel. Sign-up sheets are posted on the conference message board at the STFM Registration Desk. Participants are responsible for their own meal costs.

Due to increased business from the Jazz Festival, options and space are very limited. Sign up early!

Saturday Night Optional Events

How do you compete with "Big Easy" night-life and the Annual Jazz & Heritage Festival? Simple: You don't.

So, in place of a dance party this year, STFM will help organize optional group events/outings for Saturday evening. Sign-up sheets are available on the STFM Message Board. Grab a friend or make a friend and go out and explore New Orleans together!

"A Celebration of Life Memorial Gathering Room"

Conference attendees are encouraged to pay their respects and share special memories with colleagues and friends, in remembrance of our STFM members who passed away in 2010. A special "gathering room" will be available on Thursday evening from 6-7 pm.

Conference Meals

The following functions are included in your registration fee (please present vegetarian tickets to servers):

Continental Breakfast on Thursday, Friday, Saturday, and coffee and muffin service on Sunday.

Conference Luncheon on Thursday and "Boxed Lunch" on Friday (conference namebadge required for boxed lunch).

Conference Reception on Wednesday and Thursday 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.

STFM Village

Since its popular inception in 2009, the STFM Village continues to feature programs, products, and learning opportunities designed specifically for our valued STFM members! Make plans to visit the 2011 Village each day, to learn more about what's new at STFM. Village "stations" will be updated daily, so new information will be available throughout the conference.

Also, don't forget to stop by the STFM Foundation Desk on your way in or out of the STFM Village, and make your important contribution which will support and continue the valuable work of our foundation, including funding our STFM Group Projects.

NEW for 2011: Networking Reception With Conference Partners and STFM Member Authors

This year's conference will host a special networking reception on Thursday evening to recognize our conference partners and STFM members with recent book releases. Please be sure to visit with these valued conference supporters during this special event.

Group Meetings at a Glance

STFM GROUP	Friday, April 29 “Common Interest” Breakfast 7-8am Grand Ballroom	Friday, April 29 “Boxed Lunch” 11:45am-12:45pm Meeting Room Listed Below	Saturday, April 30 “Open Lunch” 12:30-1:30pm Meeting Room Listed Below
X = requested breakfast meeting table.			
Abortion Training and Access	X	Napoleon A3	Borgne
Addictions		Napoleon C3	
Adolescent Health Care		Napoleon C3	Cornet
Behavioral Science		Bayside A	Gallier A/B
Care of Infants and Children		Nottoway	
Community Medicine	X		
Disabilities	X		
Ethics and Humanities		Napoleon B1	
Evidence-based Medicine		Gallier A/B	
Faculty Development	X	Cornet	
Family-centered Maternity Care	X		Napoleon D1
Family in Family Medicine		Bayside A	Napoleon D2
Geriatrics		Napoleon D3	
Global Health		Bayside C	Bayside C
Health Policy and Access	X	Napoleon C2	Maurepas
Hispanic/Latino Faculty	X	Napoleon C2	Napoleon C1
HIV/AIDS	X		
Hospital Medicine and Procedural Training	X	Napoleon C1	
Immunization Education	X		
Integrative Medicine	X	Napoleon B1	Napoleon C2
Learners in Academic Difficulty	X		
Lesbian, Gay, and Bisexual Health	X		
Medical Education Best Practices & Research	X		
Medical Student Education		Napoleon A1	
Minority and Multicultural Health	Grand Couteau		Napoleon C3
Musculoskeletal Education/Sports Medicine	X	Maurepas	Napoleon A3
New Faculty in Family Medicine		Napoleon B2	
Nutrition Education		Napoleon C1	

(Continued on next page.)



Group Meetings at a Glance (Continued from page 19.)

STFM GROUP	Friday, April 29 “Common Interest” Breakfast 7-8am Grand Ballroom	Friday, April 29 “Boxed Lunch” 11:45am-12:45pm Meeting Room Listed Below	Saturday, April 30 “Open Lunch” 12:30-1:30pm Meeting Room Listed Below
Osteopathic Family Medicine	X		
Pain Management and Palliative Care		Napoleon B3	
Patient-centered Medical Home		Napoleon A2	Napoleon B1
Pharmacotherapy		Borgne	
Rural Health	X	Oak Alley	Napoleon B2
Senior Faculty		Napoleon B2	
Spirituality		Salon 817/821	
Student-Run Free Clinics		Borgne	
Teaching Research in Residency	X		Napoleon B3
Violence Education and Prevention		Napoleon D2	
Women in Family Medicine	X	Bayside B	Bayside A
FMIG Faculty Advisors Resources	X		
Family Medicine Clerkship Curriculum: Next Steps	X		

NOTE: Due to limitations of meeting space and the number of requests from Groups, some Groups may be required to share meeting space for their Group functions. Thank you for your understanding and cooperation.

STFM Past Presidents

2009-2010	Terrence Steyer, MD	1990-1991	Alan David, MD
2008-2009	Scott Fields, MD, MHA	1989-1990	David Schmidt, MD*
2007-2008	John Rogers, MD, MPH, MEd	1988-1989	Jack Colwill, MD
2006-2007	Caryl Heaton, DO	1987-1988	Jonathan Rodnick, MD*
2005-2006	William Mygdal, EdD	1986-1987	Joseph Scherger, MD, MPH
2004-2005	Jeannette South-Paul, MD	1985-1986	L. Thomas Wolff, MD
2003-2004	Carlos Moreno, MD, MSPH	1984-1985	H. Thomas Wiegert, MD
2002-2003	Elizabeth Garrett, MD, MSPH	1983-1984	John Arradondo, MD, MPH
2001-2002	Denise Rodgers, MD	1982-1983	Thomas Leaman, MD
2000-2001	Stephen Bogdewic, PhD	1981-1982	F. Marian Bishop, PhD, MSPH*
1999-2000	Elizabeth Burns, MD, MA	1980-1981	Edward Shahady, MD
1998-1999	John Frey III, MD	1979-1980	William Kane, MD
1997-1998	Joseph Hobbs, MD	1978-1979	Theodore Phillips, MD
1996-1997	Macaran Baird, MD, MS	1977-1978	L. Robert Martin, MD*
1995-1996	Katherine Krause, MD	1975-1977	Edward Ciriacy, MD*
1994-1995	Janet Townsend, MD	1973-1975	G. Gayle Stephens, MD
1993-1994	Richard Holloway, PhD	1971-1973	Leland Blanchard, MD*
1992-1993	Robert Davidson, MD, MPH	1969-1971	Lynn Carmichael, MD*
1991-1992	Marjorie Bowman, MD, MPA		

*deceased

THURSDAY, APRIL 28

Roundtable Presentations of Scholarly Activity

Presentations are scheduled on Thursday and Saturday mornings of the conference. These 60-minute informal presentations for discussion will provide innovative educational, managerial, and clinical care ideas, and experiences pertinent to family medicine education.

7-8 am – Grand Ballroom C-E

B1: Fellowships and Certification in Family Medicine Obstetrics

William Rodney, MD, Eduardo Scholcoff, MD

B2: Statin Update for Family Medicine Physicians

Rade Pejic, MD, MMM

B3: Challenges Organizing Rural Longitudinal Medical Student Clerkships In Multiple Geographic Settings With Changing Delivery Systems

Kathleen Brooks, MD

B4: Active Learning Approach: A Longitudinal Quality Improvement Curriculum

Linda Chang, PharmD, MPH, BCPS, Karalyn Nimmo, Kenton Lee, MD

B5: Health System Change: A Leadership Book Club

Kay Nelsen, MD, Shelly Henderson, PhD, Suzanne Eidson-Ton, MD, MS

B6: Reinventing Faculty Development: Inspiration on a Budget

Shelly Henderson, PhD, Kay Nelsen, MD, Suzanne Eidson-Ton, MD, MS, Sarah Marshall, MD, Thomas Balsbaugh, MD, Huey Lin, MD, Ronald Fong, MD, MPH

B7: Evidence-based Web Site Usage in Primary Care

Dennis Andrade, MD, Lance Fuchs, MD

B8: Critical Conversations: How to Remediate Unprofessional Behavior

Martin Krepcho, PhD, Wendy Orm, MD

B9: A Family Medicine Resident Peer-to-Peer Presentation to Teach Advocacy and Leadership Skills

Anne Kittendorf, MD, Elizabeth Jones, MD

B10: Defining the Role of the Pharmacist in the Patient-centered Medical Home

Michelle Hilaire, PharmD, Karen Gunning, PharmD

B11: Build Your Own Classroom: Creating an Online Learning Space

William Cayley, MD

B12: A Model for a Residency Clinic Wiki Site

Brian Bluhm, MD

B13: Using an Inpatient Geriatric Consult Service to Teach Office-based Brief Geriatric Assessment

Robert Skully, MD, Pat Martin, MA, LPCC, Aroob Saleh, MD

B14: Impact of Cultural, Generational, and Developmental Differences on Interpersonal Communication Skills and Professionalism

Jeri O'Donnell, MA, LPCC, Pat Martin, MA, LPCC

B15: What Is the State of Anti-aging Medicine?

Arthur Fort, MD

B16: When Resident Religious Beliefs Restrict Medical Practice: Navigating ACGME Competencies, Medical Ethics, and the Law

India Fleming, PhD

B17: Use of Chronic Disease Registries in Residency Education: A Longitudinal Quality Improvement Curriculum

Vanessa Diaz, MD, MS, Lori Dickerson, PharmD, Peter Carek, MD, MS, Andrea Wessell, PharmD, Marty Player, MD

B18: Transitioning From Family Medicine Resident to Academic Faculty Member: How to Say Yes (and No)

Paul George, MD, Timothy Farrell, MD, Megan Lekander, MD

B19: Can the Patient-centered Medical Home Address Disparities in Depression Care Among Ethnic Minorities?

Susan Lin, DrPH, Numa Thebe, MD, Kathleen Klink, MD

B20: Resident Education in a Continuous Improvement Model: Implementing PDSAs

Marie Mateo, MD, Tsveti Markova, MD, John Porcerelli, PhD, ABPP

B21: A Medical Home for Refugees: Teaching Refugee Health

Maria Hervada-Page, MSS, Patrick McManus, MD

B22: Open Access in Residency Works! If We Can Do It, So Can You!

Lisa Weiss, MEd, MD, Kelly Earvin, BS

B23: Resident Wellness and Well-being: Toward a Culture of Balance in Residency Training

Patricia Lebensohn, MD, Sally Dodds, PhD, Mary Guerrero, MD, FFAFP, Ray Teets, MD, Craig Schneider, MD, Dael Waxman, MD, Victoria Maizes, MD

B24: A 4-year Family Medicine Clerkship

Suzanne Minor, MD



THURSDAY, APRIL 28

Roundtable Presentations of Scholarly Activity

B25: Curriculum Vitae Review for Medical Student Educators

Katherine Margo, MD, Alison Dobbie, MD, ChB, Alexander Chessman, MD, Elizabeth Garrett, MD, MSPH, David Little, MD, Kent Sheets, PhD, Laura Snell, MPH, Jeffrey Stearns, MD, David Steele, PhD, James Tysinger, PhD

[NOTE: This session will be presented in the Grand Couteau room.]

B26: Pregnancy Failure: A Collaborative Clinic Staffed by Family Medicine and OB-GYN Physicians

Charles Crotteau, MD

B27: Practicing and Teaching EBM at the Point of Care

Brian Alper, MD, MSPH

B28: Through the Looking Glass: Teaching and Using Dermoscopy

Michael Flanagan, MD, Linda Kanzleiter, MPsSc, EdD, Kristin Grine, DO

B29: Adapt or Die? Surviving the New ACGME Supervision and Duty Hour Standards

Alan Smith, PhD, Sonja Van Hala, MD

B30: Teaching Practice Innovation Via the CCM, PCMH, and Disease Management

Barbara Gawinski, PhD, Mathew Devine, DO, Tziporah Rosenberg, PhD, Stephen Lurie, MD, PhD

B31: Developing an Ambulatory Resident's Report in Family Medicine Residency Programs

Arati Karnik, MD, Matt Anderson, MD

B32: Beyond the "Master Builder": Redefining and Teaching the Role of Family Physicians in Coordinating Care

Julie Phillips, MD, MPH, Karen Blackman, MD

B33: Networking for Academic Career Building

Alison Dobbie, MD, ChB, James Tysinger, PhD, Laura Snell, MPH

B34: Drawing From 1,000 Years of Teaching Experience: Bringing the Tutorial Method to Family Medicine Education

James Rindfleisch, MD, MPhil

B35: Innovation to Probation and Back Again...or P4 Encore

Anne Sullivan, MD

B36: Integrating Non-FM Residents Into the FM Clinic: Win-win or Evil?

Robert Miller, MD, Aaron Michelfelder, MD, FFAFP, FAAMA

B37: Experiences in Creating a Family Medicine Department Fair

Kavitha Chunchu, MD, Kristen Kelly, MD, Claire Fung, MD

B38: The Future Is Now: Development of an E-learning Platform for Medical Student and Residency Education

Bonnie Jortberg, MS, RD, CDE, Michele Doucette, PhD

B39: Finding My Way to Haiti: A Resident's Journey Within an Innovative 4-year Global Health Curriculum

Becky Eleck, MD

B40: Trial and Error: Introducing Third-year Medical Students to the Law of Medical Malpractice

Edwin Dennard, MD, JD

B41: Improving Management of Chronic Non-Malignant Pain in the Patient's Medical Home

Barbara Eckstein, MD, MPH, Colleen Cagno, MD

B42: Real-time Video Precepting: Bridging the Gap Between Bio and Psychosocial

April Brownell, PsyD

B43: Iphone Uphone—Mobile Computing—Smart Phones and Netbooks in Medicine and Medical Education

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

B44: How Can AHEC Help You Expand Pipeline and Training Activities?

Kelley Withy, MD, PhD

B45: Help With the Problem of Student Debt: Solutions to Share With Students Interested in Family Medicine

Andrea Wendling, MD, Rebecca Juliar, Andrea Wudyka, BS

B46: Accountable Care Organizations

Allen Perkins, MD, MPH

B47: Experiential Learning: Applying Health Policy Skills—The Robert Wood Johnson Health Policy Fellowship

Kathleen Klink, MD, Daniel Derksen, MD, Barbara Tobias, MD

B48: Meeting the Scholarship Requirements of Residents and Faculty

Peter Carek, MD, MS, Lori Dickerson, PharmD, Vanessa Diaz, MD, MS, Marty Player, MD

B49: A Wiki in the Works: Organizing the Basics of Behavioral Science Resources on the STFM Resource Library

Julie Schirmer, LCSW, ACSW, Mary Anne Carling, LCSW, LMFT, Christine Runyan, PhD, Tom Linde, MSW, Linda Myerholtz, PhD, Peter Grover, PhD, Frederic Craigie, PhD

B50: Teaching Medically Complex Contraceptive Care

Ruth Lesnewski, MD, MS, Kara Cadwallader, MD, Lynette Leighton, Ruth Lesnewski, MD

B51: Integration X2: Using Behavioral Health Consultation to Blend Clinical Collaboration and Teaching

Tom Linde, MSW, Kirk Strosahl, PhD

B52: Technological Advances in the Classroom: Using Audience Response Technology to Enhance Learning in Millennial Students

Christopher Forest, MSHS, PA-C

B53: Groups on Public Health Education and Evidence-based Medicine: Teaching Evidence-based Public Health

Jacob Prunuske, MD, MSPH, John Epling, MD, MSED

B54: A Clinical Cookbook: Teaching Clinical Skills Using Common Household Objects

Peter Ziemkowski, MD

B87: Development of a Longitudinal Nursing Home-based Curriculum for Family Medicine Residents

Lora Cox-Vance, MD, Vincent Balestrino, MD, Brian Wilson, MD, Amy DiPlacido, MD

B90: Building the Interprofessional Team for the Medical Home

David Schneider, MD, MSPH, Gillian Stephens, MD, William Manard, MD

B109: "Capturing Our History: A Center for the History of Family Medicine Interview with Dr. Denise Rodgers"

Jessica Muller, PhD, Denise Rodgers, MD



Delta-Exchange

Delta-Exchange is TransforMED's exclusive online practice transformation learning network dedicated to physicians, clinical staff, office staff and primary care-focused residency programs. You get:

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SATURDAY, MAY 1

Roundtable Presentations of Scholarly Activity

7-8 am – Grand Ballroom C-E

B55: Teaching Multidisciplinary Men's Health to Medical Students and Residents

Joel Heidelbaugh, MD, FAAFP, FACG

B56: "You Mean I Can Really Do This?" Practical, Systemic Approaches to Spirituality in the Patient-centered Medical Home

Frederic Craigie, PhD

[NOTE: This breakfast meeting will be held in the Grand Couteau room.]

B57: Establishing the Medical Home for Hepatitis C Patients in an Urban Family Medicine Residency

Christopher Murphy, MD, Debbie Ordogh, MD

B59: Integrating Behavioral Health With Primary Care: Challenges in Implementation, Efficacy, and Billing in a FMRP

Suzanne Landis, MD, MPH, Mary Lynn Barrett, LCSW, MPH

B60: Inpatient and Outpatient Handoffs: The Current State of the Art

Brian Arndt, MD

B61: The Price Is Right: Teaching Your Residents to Keep Medications Costs Down

Miriam Chan, PharmD, Kristen Rundell, MD

B62: "If I Had a Hammer": Building a Medical School Service Concentration With Tools You Have

Katherine Wagner, MD, Neil Mitnick, DO, Mary Smith, MSW, PhD

B63: The Inside Scoop: The Multidisciplinary Mentoring Experiences From the Behavioral Science Fellowship Group

Mary Talen, PhD, Todd Hill, PhD, Jill Schneiderhan, MD, Katherine Neely, MD, Amy Romain, LMSW, ACSW

B64: A Proposed Clinical Rotation in Interdisciplinary Medicine for Family Medicine Residents

Fulvantiben Mistry, MD

B65: Living, Breathing and Teaching the Core Values of Family Medicine

Donald Woolever, MD

B66: Team Huddles—Putting the Practice Into Full Play in a Residency Practice

Colleen Fogarty, MD, MSc, Stephen Schultz, MD, Sachiko Kaizuka, MD, Mathew Devine, DO, Trish Harren, MD, MSW

B67: Teaching Health Centers: Opportunity Is Knocking

Wendy Barr, MD, MPH, MSCE, Joseph Gravel, MD, Anthony Valdin, MD, Stacy Potts, MD

B68: Engaging Students in Applied Clinical Reasoning

Alan Cundari, DO, Nancy Nielsen-Brown, PA-C, MSHPE

B69: Teaching Diagnosis and Office Management of Early Pregnancy Loss

Linda Prine, MD, Heather Paladine, MD, Honor MacNaughton, MD

B70: Working With Nurse Practitioners in an Area With Scope of Practice Disputes

Richard Lord, MD, MA

B71: Creating a Patient-centered Medical Home With a Population-based Approach

Viviana Martinez-Bianchi, MD, Mina Silberberg, PhD, Brian Halstater, MD

B73: Teaching Global Health: Cool Sites, Sources, and More!

Diana Clemow, MD

B74: Bull's-Eye Behavior Change in Primary Care: A Method and a Team-based Tool

Patricia Robinson, PhD, Debra Gould, MD, MPH

B75: Scholars' Workshop: An Innovative Way to Teach Residents Life-long Learning Skills

Mark Godenick, MD, MPH, Adrienne Ables, PharmD

B76: Integrative Medicine for the Underserved Patients

Paula Gardiner, MD

B77: Intercultural Awareness Group

Jennifer Eddy, MD, Holly Thomas, MSW

B78: "This Is Feedback": Translating Feedback Into Individualized Learning Points/ Plans

Jennifer Sparks, MD, Joseph Gravel, MD, Alan Smith, ScD, Marty Cohen, PhD, Carlos Cappas, PsyD

B79: Forget the Roof, Remember the Rapports: Frontline Residents Forge the Patient-centered Medical Home with Homeless Women

Marcia Tanur, MD

B80: Lifestyle Medicine Integrated Visits in the Patient-centered Medical Home

David Marchant, MD, Tasha Ballard, PhD, RN

B81: Learning to Lead From All Levels

Margot Savoy, MD, MPH, Deborah Hoffman, APN, BC, Seema Dattani, MD

B82: Global Health: Teaching, Learning, and Serving at Home and Abroad

Deborah Witt, MD, Marc Altshuler, MD, Sudha Koganti, MD, Aimee Packer, MD

B83: Integrating Residents into a Patient-centered Medical Home Team in a Complex University Residency

Barbara Kelly, MD, Jeffrey Raikes, BS, Cory Gorski, BS, MS

B84: Women in Medicine: Helping Residents to Be Successful

Lucinda Fisher, MD, Barbara Roehl, MD, MBA, Gina Glass, MD

B85: Group Visits in Residency Training

Carmen Strickland, MD

B86: Providing Continuity, Developing Consistency: Moving Towards a Comprehensive Model for Nursing Home Care

Amy DiPlacido, MD, Brian Wilson, MD, Lora Cox, MD, Vincent Balestrino, MD

B88: Family Medicine and the Academic Health Center in the Age of Health Care Reform

Anne Gaglioti, MD, Paul James, MD

B89: The Transition From Case-based Teaching to Team-based Learning: Process, Feedback, and Challenges

Jennifer Purcell, PhD, Pablo Joo, MD

B91: Behavioral Health Integration and the Medical Home: Implications for Teaching Residents Psychosocial Medicine Skills

Russell Maier, MD, Kirk Strosahl, PhD, Ankur Rana, MD

B92: New Resources to Recruit Students Into Family Medicine Careers: The 2011 STFM-NAO Group on Family Medicine Pipeline Update

Janice Benson, MD, Kelley Withy, MD, PhD, Ellen Whiting, MEd, David Pole, MPH

B93: Hitting the Wall: How Close Can a Residency Clinic Get to a PCMH?

Jeffrey Mathieu, MD, Susan Mathieu, MD, Kathleen Straubinger, RN, BSN

B94: A Resident-Led Multidisciplinary Clinic Redesign, Developing a Patient-centered Medical Home

John Cawley, MD, Kristen Bene, MS, Leslie Ayres-Reichert, MSW

B95: Integration of a Wound-Healing Curriculum in a Family Medicine Residency Program

Amelia Kiser, MD

B96: Women in Rural Family Medicine—Sustaining the Dream

Kimberly Stutzman, MD, Helen Luce, DO

B97: Care Management and the Integrated Team: Affecting Depression

Sarat Raman, MD

B98: To Inject or Not to Inject: Musculoskeletal Medicine and Procedures in Primary Care

Cathleen McGonigle, DO, Diana Heiman, MD, John Turner, MD, Judith Furlong, MD, Rob Rutherford, MD

B99: Ah-ha Addressing Health Disparities Through Health Awareness

Renee Singleton, MD

B100: Ultrasound Curriculum Transfer: Memphis to Ecuador

William Rodney, MD, JR Rodney, MD, Carlos Erazo Cheza, MD, MPH, David Gaus, MD

B101: Changing Conversations About Abortion in Family Medicine

Cara Herbitter, MPH, Marji Gold, MD, Finn Schubert, Sarah Stumbar, MPH

B102: Delegating and Power in Medical Education

Emmanuel Kenta-Bibi, MD, MPH, MS, MEd

B103: Chart Rounds: An Interdisciplinary Method of Teaching in the Patient-centered Medical Home

Konstantinos Deligiannidis, MD, MPH, Warren Ferguson, MD, Suzanne Cashman, ScD, Stacy Potts, MD

B104: Collaborating Across Borders: Advancing the Discipline of Family Medicine—Our Time Has Come!

Ivy Oandasan, MD, CCFP, MHSc, FCFP

B105: Improving the Health Care Safety Net: Collaboration Between Residencies and FQHCs

Kirsten Rindfleisch, MD, Beth Potter, MD

B106: Please Walk a Mile in My Shoes: The Empathetic Management of Diabetes Care

Linda Chang, PharmD, MPH, BCPS, Kenton Lee, MD

B107: Social Bookmarking: Flexible Sharing of Online Medical and Education Resources

Peter Ziemkowski, MD

B108: Designing a BFEF Scholarly Project With a Curricular Focus

Sandra Burge, PhD

[NOTE: This session will be presented in the Grand Chenier room.]



Awards



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 2011 STFM Recognition Award Winner –

*Susan McDaniel, PhD
University of Rochester*



STFM Innovative Program Award

The STFM Innovative Program Award honors excellence in the development of an original educational program or activity for family medicine residents, students, or faculty.

The 2011 STFM Innovative Program Award Winner –

The Integrative Medicine in Residency Program

*Patricia Lebensohn, MD
University of Arizona Family Medicine Residency*



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 2011 STFM Excellence in Education Award Winner –

*Randall Longenecker, MD
Ohio State University*



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 2011 STFM Advocate Award Winner –

*Russell Robertson, MD
Northwestern University*



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 2011 Curtis G. Hames Research Award Winner –

*Thomas Rosenthal, MD
State University of New York at Buffalo*



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 2011 F. Marian Bishop Award Winner –

*Edward Shahady, MD
Florida Academy of Family Physicians*

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, 2009 and June 30, 2010. Selection is based on the quality of the research and its potential impact.

The 2011 Best Research Paper Award Winner –

Patient Outcomes at 26 Months in the Patient-centered Medical Home National Demonstration Project

Carlos Jaen, MD, PhD; William Miller, MD, MA; Marivel Davila, MPH; Benjamin Crabtree, PhD; Paul Nutting, MD, MSPH; Kurt Stange, MD, PhD; Raymond Palmer, PhD; Robert Wood, DrPH; Elizabeth Stewart, PhD



THURSDAY, APRIL 28

Schedule at a Glance

7 – 8 am <i>Grand Ballroom C-E</i>	Round Table Presentations of Scholarly Activity	12:15 – 1:45 pm <i>Grand Ballroom C-E</i>	Luncheon With Candidates' Speeches
8:15 – 10 am <i>Grand Ballroom C-E</i>	STFM President's Address: Perry Dickinson, MD	3:30 – 4 pm <i>Grand Ballroom B</i>	Refreshment Break in STFM Village
	Opening General Session: "Why the World Wants Smarter Coordinated Care" <i>Paul Grundy, MD, MPH, IBM's Global Director of Healthcare Transformation and President, Patient-centered Primary Care Collaborative, Washington, DC</i>	5:30 – 7 pm <i>Grand Ballroom Foyer Grand Chenier Grand Ballroom B</i>	Networking Reception With Conference Partners, STFM Member Authors, and STFM Village
		6 – 7 pm <i>Rampart</i>	"A Celebration of Life Memorial Gathering"
10 – 10:30 am <i>Grand Ballroom B</i>	Refreshment Break; Opening of the STFM Village	7 pm <i>Hotel Lobby</i>	Dine-out Groups

10:30 am-Noon

Seminars

- S1:** The Bare Bones of Musculoskeletal Education – **Grand Couteau**
- S2:** Maximizing the Assessment of Ambulatory Competencies Through Videoprecepting – **Nottoway**
- S3:** How to Teach the Smart (Sideline Management Assessment Response Techniques) Workshop – **Bayside B**
- S4:** A Rural Immersion Program for Medical Students: Preparing Innovative Adaptation to Community-based, Longitudinal Education – **Borgne**
- S5:** Writing and Reviewing Papers for Family Medicine – **Bayside A**
- S6:** Transforming Visit Management to Population Management: Building a Quality Medical Home in an FM Residency – **Maurepas**

S7: From Concept to Conclusion: Bringing Your Project to Fruition Through Effective Fundraising and Project Management – **Bayside C**

Lecture-Discussions

- L1A:** Understanding and Overcoming Generation Gaps in Your Training Program's Interdisciplinary Teams
- L1B:** Prevention as a Context for Team Training – **Napoleon C1**
- L2A:** Fostering Reflective Capacity With Interactive Reflective Writing Within a Family Medicine Clerkship: The Began Tool
- L2B:** Using Reflective Writing to Identify Unmet Learning Needs: Creating a Student-responsive Curriculum – **Napoleon C2**
- L3A:** Teaching the PCMH: One Residency Program's Answer to When, What and How
- L3B:** Physician Leadership in the Patient-centered Medical Home – **Napoleon C3**

- L4A:** A Multilevel Intervention to Teach and Improve Population Health
- L4B:** Can We Create a Medical Home for Limited-English-proficiency Patients? – **Napoleon A2**
- L5A:** Brain Science and Procedural Training Using Interactive Video Tutorials
- L5B:** Moving Toward Universal Colon Cancer Screening: Methods in Unsedated Colonoscopy – **Napoleon A3**
- L6A:** A Safe Journey Home: Improving the Hospital Discharge
- L6B:** Successfully Educating Learners About the Importance of Care Transitions in the Patient-centered Medical Home – **Napoleon B1**
- L7A:** An Innovative Collaboration Between Two Different Family Medicine Programs to Teach High-quality Inpatient Care
- L7B:** Creation of a Dynamic Family Medicine Inservice – **Napoleon B2**

L8A: Teaching Family-centered Communication Skills

L8B: The Patient in Context: Teaching Core Psychosocial Assessment Skills Through the Use of Ecomaps – **Napoleon D2**

L52A: Using an Elderly Rural Population to Teach Team-based Care in an Ambulatory Clerkship

L41A: Recruiting for Success: Assessing “Fit” and “Clinical Readiness” During the Residency Interview Day – **Napoleon D3**

Works In-Progress

Session A: Chronic Disease Management – Salon 817/821

WA1: Using Data Analysis to Improve Colorectal Screening Rates in a Community Family Medicine Residency Program

WA2: Interdisciplinary Team Approach to Hypertension Management in an Academic Family Practice Clinic

WA3: Implementation of Health Literacy Assessment in Uncontrolled Hypertension

WA4: A Longitudinal Coordinated Chronic Disease Curriculum

WA5: “Healthier Together”: Organized Group Gatherings Addressing Self-management for Persons With Chronic Health Conditions

Session B: Students in Family Medicine – Salon 825/829

WB1: Piloting Practice Inquiry to Promote Clerkship Medical Students’ Skill and Comfort Addressing Clinical Uncertainty

WB2: The Impact of a Specialized Curriculum on Empathy and Residency Choice in University of South Florida Medical Students

WB3: Evaluating Clinical Skills in Family Medicine Clerkship Students: Do Faculty Evaluations Provide an Adequate Picture?

WB4: The Sound of Music: Transforming Medical Students Into Reflective Practitioners

WG5: Promoting Mentorship, Partnership, and Support: A Needs Assessment for the STFM Group on Hispanic/Latino Faculty

Completed Projects and Research

Session A: Special Research Session – Gallier A/B

CA1: Social Accountability of Medical Education

Special Session

SS1: Interprofessional Care and the Medical Home: Advancing New Paradigms in Care and Education – **Cornet**

Fellows/Residents/Student Research Works In-Progress Posters

(Note: Posters will be presented in Grand Ballroom A)

FP1: Health Indicator Documentation Prior to Implementation of an EMR

FP2: Group Therapy for Depression With Somatic Complaints Among Latina Women

FP3: The Effect of Resident-led Group Visits on Patient Self-management of Hypertension

FP4: Are Psychosocial and Primary Care Experiences Associated With Contraceptive Motivations, Intentions, and Use Among Latinas?

FP5: Maternal Child Health Education: Redesigning the Resident Experience Through an Online Module-based Curriculum

FP6: Addressing Patient Body Mass Index Measurement: A Quality Improvement Project

FP7: Resident Virtual Paychecks: A Model to Teach Proper Billing and Coding Methods

FP8: Pilot Study of Exercise Heart Rate Monitors for Anxiety Reduction in a Primary Care Clinic

FP9: Response of Nutritional Anemia to Replacement Therapy in the Long Term Care Center

FP10: Trends in Prenatal Antidepressant Use, 2002-2008

FP11: Identifying Family Medicine Residency Interest in Developing an Area of Concentration in HIV/AIDS

FP12: Survey of Current Obesity Training for North Carolina Family Medicine Residents

FP13: Domestic Violence in the CCLP Communities

FP14: Perception of a Primary Care Career as Reported by Medical Students

FP16: Evaluation of a Continual Improvement Curriculum for Residents

FP17: Characteristics of Healthy-weight Women in an African American Community

FP18: Does a Simpler Alcohol Screen Improve Integration of SBIRT Into Family Practice?



THURSDAY, APRIL 28

Schedule at a Glance

FP19: Universal Screening of HIV

FP20: Addressing Barriers to Health Service Utilization in an Urban Underserved Clinic Through Care Coordination Programming

FP21: Improving Transfers of High Risk Patients Within a Family Medicine Residency Clinic at Academic Year-end

FP22: Rates of Adolescent Obesity by Geographical Region and Sex: Results From NHIS 2008

FP23: Medical Spanish Curriculum in a Third-year Family Medicine Clerkship

FP24: Dental Care and the Older Adult—Is Anybody Screening?

FP25: Assessing Patient Satisfaction of Pain Management at the Near South Clinic

FP26: A High School Obesity Study

FP27: A Closer Look at Emergency Department Utilization by Our Urban Health Center Patients

FP28: Need for Information Mastery Skills: An Analysis of Web Analytics Data

FP29: Exploring the Role of a Learning Coach in Graduate Medical Education

FP30: Epidemiology and Disposition of Pediatric Emergency Room Visits at an Urban Community Hospital

FP31: Improving Resident Education on a Busy Clinical Service: A Resident-led Initiative

FP32: Integrating a Pediatric Caries Prevention Curriculum Into a Family Medicine Residency

FP33: Testing the Initial Validity and Reliability of a Biopsychosocial Evaluation Instrument: Appraising Medical Students' Competency

FP34: Cultural Acceptability of Group OB Visits to Japanese Women

FP35: Patient Satisfaction in a Rural Community Health Center Before and After Electronic Medical Record Implementation

FP36: Future Faces of Medicine: A Residency Collaboration to Build a Future Primary Care Workforce

FP37: Bariatric Surgery for Extreme Obesity

2-3:30 pm

Seminars

S8: FmCASES: Supporting Students as Learners With Preceptors and Residents as Teachers – **Nottoway**

S9: Engaging Scholarly Activity: Electronic Peer Review of Evidence – **Bayside A**

S10: Why and How: Let's Share Strategies for Hands-on Abortion Training in Small Residency Programs – **Bayside B**

S11: Building Your PCMH: Project Management and Foundational Requirements 101 – **Bayside C**

S12: Integrated Curriculum: Teaching Shared Decision Making in the Third-year Clinical Clerkship – **Borgne**

S13: A Coaching Model to Promote Self-directed Learning Skills Among Residents – **Grand Couteau**

S14: Great Precepting: Three Essential Tools for Outstanding Teaching Moments – **Maurepas**

Lecture-Discussions

L9A: Teaching Motivational Interviewing to Address Health-related Behavior Change in a Family Medicine Residency Clinic

L9B: Behavior Change Management: Knowledge, Skills, Experience and Reflection in the Family Medicine Clerkship – **Napoleon C1**

L10A: Patient-centered Engagement: A Social Media Approach

L10B: The Patient-centered Medical Home: Behavioral Medicine as Part of the Team – **Napoleon C2**

L11A: E-mail Etiquette: Helping New Physicians Communicate Effectively With Patients

L11B: When Bad Things Happen to Public Figures: Privacy Versus Need to Know – **Napoleon C3**

L12A: Fully Implementing the Patient-centered Medical Home in Rural Settings: Integrating Residency Education Into Advanced Micro-practices

L12B: Implementing and Evaluating Handheld Resources for Medical Information Access in Resource Poor Settings – **Napoleon A2**

L13A: Active Families for Life: Making Multidisciplinary Care Accessible in the Patient-centered Medical Home

L13B: Integrating Physical Activity Into the Patient-centered Medical Home – **Napoleon A3**

L14A: Integrated Inpatient Rounds: An Answer for Multiple Residency Needs

L14B: Interprofessional Bedside Family-centered Rounding to Improve Patient Care, Patient Safety, and Resident Education – **Napoleon B1**

L15A: Successful Strategies for Infiltrating Family Medicine Core Values in Medical Schools' Curricula: The Brazilian Experience

L15B: The Good Earth: Enriching the Soil of the Required Primary Care Rotation – **Napoleon B2**

L16A: Improving Transitions of Care From Hospital to Home: A Health Care Reform Priority

L16B: Lessons From Palliative Care: Recognizing and Treating Hypoactive and Hyperactive Delirium – **Napoleon D2**

Works In-Progress

Session C: Electronic Medical Records-Underserved Care – Salon 817/821

WC1: Training Provided to Doctors Implementing Electronic Medical Records in Independent Primary Care Practices

WC2: Evaluation of an Electronic Medical Record Warfarin Flowsheet Within a Family Medicine Residency Program

WC3: Teaching the Electronic Medical Record to Family Medicine Interns: Transforming a Problem Into a Tool

WC4: The Medical Needs for the San Antonio Homeless Population

WC5: Innovative Training of Residents in Cultural Competence and Service to the Underserved

Session D: Geriatrics – Salon 825/829

WD1: Enhancing the Geriatric Curriculum in One Family Medicine Residency

WD2: Use of Advance Directives Among Geriatric Nursing Home Residents: 2004 National Nursing Home Survey

WD3: Outcomes After Discontinuation of Proton Pump Inhibitor Therapy in Geriatric Outpatients

WD4: [Canceled]

WD5: Improving Discussion of End-of-life Care in the Center for Family Medicine

Completed Projects and Research

Session B: Residency Education – Gallier A/B

Moderator: Vijay Singh, MD, MPH, MS

CB1: A Systematic Review of Curricular Interventions in Scholarly Activity in Family Medicine Residencies

CB2: Effect of Curriculum Innovation on Residency Applications and Match Performance: A P4 Report

CB3: Do Global Health Tracks Increase the Likelihood of Future Care for Underserved Populations?

CB4: Intern Evaluation Strategies in Residency Education: What Is and Is Not Being Done

2-5:30 pm

Optional Workshop

OPT1: Grant Writing Workshop 101 – **Cornet**
[Additional fee: Pre-registration required]

4-5:30 pm

Seminars

S15: The Family Medicine Residency: Is It Time for 4 Years? – **Bayside A**

S16: Addressing the 10 Most Challenging Communication Moments in Caring for Patients With Cancer – **Bayside B**

S17: Using Medical Simulation to Enhance Resident Education in Obstetrics – **Bayside C**

S18: An Interactive Curricular Design Seminar: Creating an Interprofessional Education Session That Works for You – **Borgne**

S19: The Doctor, the Patient, and the Computer – **Maurepas**

Lecture-Discussions

L17A: Pharmacotherapy: A Structured Curriculum Improves Residents' Knowledge

L17B: Implementation of an Expanded Medical School Pharmacology Curriculum That Embraces the Principles of the Patient-centered Medical Home – **Napoleon A2**

L18A: Implementation of Clinical Teams in Three Family Medicine Residency Clinics: Successes and Challenges

L18B: An Integrated Approach to a Residency Practice Transformation: Share Challenges and Success – **Napoleon C1**

L19A: Correlation of Adolescent Psychosocial Screening With Health, Academic Performance, and School-based Health Center Utilization



THURSDAY, APRIL 28

Schedule at a Glance

L19B: An Ecological Approach to Family Violence in the Primary Care Centered Medical Home – **Napoleon D2**

L20A: Resources for Physician Training in Drug Abuse and Addiction

L20B: Buprenorphine Prescribing: An Essential Part of the Addiction Medicine Curriculum and the Family Medicine Formulary – **Napoleon C2**

L21A: Markers of PCMH Success: Moving the Needle on Insurance Quality Indicators

L21B: Tools for Creating Sustainable PCMH Changes: PDSA Cycles, Aim Statements and Process Mapping – **Napoleon C3**

L22A: Advancing Primary Care: COGME's 20th Report

L22B: From Novice to Master: Developmental Milestones to Mastery and Beyond – **Napoleon A3**

L23A: Taking the Pain Out of Chronic Pain Management: A Curricular Approach

L23B: Minimizing the Misuse of Opioids in Chronic Pain Treatment: A Case-based Curriculum – **Napoleon B1**

L24A: A Foundation for Procedure Acquisition and Competence Using Online Resources, Individualized Education, and Simulation

L24B: Building a Personal Digital Journal Article Filing System – **Napoleon B2**

Works In-Progress

Session E: Global Health – Napoleon D3

WE1: An Innovative Approach to Global Health Education: The Integration of Public Health and Clinical Medicine

WE2: Impact of Appointment Request Card Use for Japanese Community in Pittsburgh

WE3: Using Wiki-based Technology to Enhance Health Care Access for Foreigners Living in the United States

WE4: MyGlobalHealth: An Innovative Approach to Global Health Education

WE5: Assessing Lifestyle Cardiovascular Disease Risks for Japanese in Pittsburgh

Session F: Innovative Education – Salon 817/821

WF1: Integrating Team-based Learning and Web-based Instruction in Primary Care Clerkships

WF2: Design Studios: Creating Learner-centered Educational Homes Where Busy Clinicians Can Build Academic Skills

WF3: Medicine and Art—Introducing Humanistic Education Through the Back Door

WF4: Behavioral Interviewing Can Improve the Resident Selection Process

WF5: Vitamin D: Evaluation of Current Practices in a University-based Ambulatory Primary Care Clinic

Session G: Pain Management-Mentoring – Salon 825/829

WG1: Applying Patient-centered Medical Home Concepts to Teach Chronic Pain Management

WG2: Developing a Mentorship Structure to Enhance Diversity of Student Researchers Within a Translational Research Study

WG3: Making Prescribing Opioids Less Painful: Teaching Residents to Use the Opioid Risk Tool

WG4: Overcoming Opiophobia: Evaluation of a Toolkit for Treating Chronic Pain in a Family Medicine Residency

WK5: Gynecologic Procedure Workshop on a Shoestring Budget: Adaptation of a Simple Model for Colposcopy and Endometrial Biopsy Training

Completed Projects and Research

Session C: Office-based Interventions – Gallier A/B

Moderator: Randall Clinch, DO, MS

CC1: Impact on Referral Rates After Adding Healthy Steps to Curriculum

CC2: The Effect of the Ages and Stages Questionnaire on Detection of Developmental Delay

CC3: The Simulated Patient, the Simulated Physician: Two Workshops Designed to Enhance Health Literacy Communication Skills

CC4: Use of Standing Orders for Adult Influenza Vaccination: A National Survey of Primary Care Physicians

4-5:30 pm

Research Posters

(Note: Posters will be presented in Grand Ballroom A)

Best Research Paper Award

Winner: BRP1 Patient Outcomes At 26 Months in the Patient-centered Medical Home National Demonstration Project

Best Research Paper Award Honorable

Mention: BRP2 Trends, Major Medical Complications, and Charges Associated With Surgery for Lumbar Spinal Stenosis

RP1: Impact of a Patient-centered Care Plan on Team-based Care and Health-related Goals

RP2: Patient-centered Medical Home: Does It Improve Maternity Care in a Family Medicine Residency Continuity Clinic?

RP3: Good Outcomes With Low Cesarean and High VBAC Rates in a Wisconsin Amish Community

RP4: Acculturation, Pregnancy Intention, and Antenatal Depression Among Latinas

RP5: An Evaluation of an IUD Initiative at Family Medicine Residency Programs

RP6: Improving Reinfection Rates of Chlamydia Trachomatis and Genitourinary Gonococcal Infections in Louisiana Outpatient Clinics

RP7: Teaching Community Health Workers to Train Peers About Hypertension: Outcomes and Implications

RP8: Continuity of Care and Diabetes Quality Measures

RP9: Diabetic Group Visits in a Residency Program

RP10: Vasectomy Beliefs Among Patients at the University of Southern California Family Medicine Center

Scholastic Posters

(Note: Posters will be presented in Grand Ballroom A)

SP1: Clinical Outcomes of Diabetic Patients at a Student-run Free Clinic Project

SP2: Enhancing Inpatient Education Through Evidence-based Clinical Inquiries and Patient Safety Reports

SP3: Management of Sepsis: A Family Medicine Approach

SP4: A Mathematical Model for Glucose Control in Diabetes

SP5: An Interdisciplinary Direct Observation Precepting Model: Design, Implementation, and Evaluation

SP6: Does a Micropractice Give Macrosatisfaction?

SP7: The "Case of the Month:" Behavioral Science Via E-mail

SP8: An Innovative Dual Approach to Faculty Development of Rural Preceptors

SP9: Optimizing Care Transitions From Hospital to Home on a Family Medicine Teaching Service

SP10: Promoting Learning During Times of Family or Health Stress

SP11: Effectiveness of an E-learning Tool for a Musculoskeletal Topic in a Family Medicine Residency

SP12: Utilizing the Medical Home to Enhance Interest in Family Medicine

SP13: An Innovative Approach to Integrating Family Medicine and Community Mental Health

SP14: A Practical Guide to Preparing Medical Students (and Ourselves) for International Service

SP15: Incorporating a Clinical Obesity Nutritional Screening Process in Medical Education: Attitudes of Students and Physicians

SP16: Together We Can Tackle Tobacco Use: Teamwork in a Residency Continuity Clinic

SP17: Palliative and End-of-life Training for Residents: A Curricula Resource Toolkit and Train-the-Trainer Workshops

SP18: Increasing IUD Utilization: Changing Faculty and Resident Attitudes

SP19: Clinic-wide Initiative to Provide Standardized Education on Over-the-Counter Medication Use in Pregnancy

SP20: Perceived Barriers and Potential Solutions in the Implementation of a Residency-based Peer Evaluation System

SP21: Student and Faculty Use of and Feedback About fmCASES

SP22: Are We Screening for Gonorrhea and Chlamydia Appropriately in Sexually Active Young Women?

SP23: Adolescent Surveys in Primary Care Visits and Their Impact on Patient Satisfaction and Physician Confidence

SP24: Chronic Opioid Therapy Policy and Implementation Review



THURSDAY, APRIL 28

Concurrent Educational Sessions

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 – 90 minutes of didactic presentation and audience discussion are involved in the exploration of ideas or information in these sessions.

Special Sessions – 90 minute-long presentations solicited by the STFM Program Committee and/or Board of Directors, including forums for audience input and participatory experiences, related to the STFM mission, FFM model, and “hot topics” in family medicine education.

Lecture-Discussions – 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.

Completed Projects & Papers – 14 minute presentations, followed by 8 minutes of discussion, providing reports on completed investigations of education, process of care, patient-oriented outcomes, and quality of care studies presented in 22-minute periods. Note: Distinguished Paper Sessions are 45 minutes (30 minutes for presentation and 15 minutes for questions and discussion.)

Work In Progress – These 10-minute presentations, followed by 5 minutes of discussion, will provide information regarding an in-progress teaching, educational study, curricular or clinical intervention, management innovation, or quality improvement project.

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

Scholarly Topic Roundtable Discussions – These 60-minute informal presentations provide discussion about innovative educational, managerial, and clinical care ideas, and experiences pertinent to family medicine education. Breakfast will be provided.

10:30 am-Noon

Seminars

S1: The Bare Bones of Musculoskeletal Education

Cathleen McGonigle, DO, Diana Heiman, MD, Jon Woo, MD, Rob Rutherford, MD, Judith Furlong, MD, Sean Bryan, MD, Walter Taylor, MD, John Turner, MD

This seminar will go over the “Bare Bones” of musculoskeletal education for residency programs including, hands-on skills training is sponsored by the STFM Group on Musculoskeletal Education and Sports Medicine. The mission is to encourage, empower, and teach musculoskeletal and sports medicine skills to faculty for educating other faculty, residents, and medical students in the PCMH. The seminar will review diagnosis, management and treatment options of common musculoskeletal conditions from pediatrics to adults seen routinely in primary care. The session will provide both hands-on skills training and introduce teaching methods of these musculoskeletal skills to participants. We will review recent updates in musculoskeletal medicine and sports medicine to the family medicine residency curriculum.

S2: Maximizing the Assessment of Ambulatory Competencies Through Videoprecepting

Dennis Butler, PhD, William Geiger, MD, Isaac Pierre, MD, James Sanders, MD, MPH, Suzanne Gehl, MD, Gregory Brotzman, MD

Residency programs are required to adequately supervise and document residents' ambulatory competencies. In this seminar, participants are guided through an efficient, structured, developmental, 3-year videoprecepting program that provides irrefutable, valid documentation of resident competence in interpersonal skills and for managing common visits. The beginning of the session focuses on strategies for overcoming barriers and resident resistance to videoprecepting. The seminar then covers an adaptable and formative method for measuring resident competence in patient-centered interpersonal skills. Next, the session focuses on using videoprecepting to provide summative evaluation of resident abilities for six core ambulatory visit types. The session concludes with a faculty development module that is essential to sustaining a reliable and valid videoprecepting program. Participants are provided forms for rating residents' skill and abilities.

S3: How to Teach the Smart (Sideline Management Assessment Response Techniques) Workshop

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 AMSSM (American Medical Society of Sports Medicine) and the AAFP have offered the workshop at their respective national meetings. This seminar will review how faculty can teach the SMART course to residents and students.

S4: A Rural Immersion Program for Medical Students: Preparing Innovative Adaptation to Community-based, Longitudinal Education

Richard Streiffer, MD, Kathleen Brooks, MD, Keith Stelter, MD, Richard Culbertson, PhD, Louis McCormick, MD, Lana Metoyer, MD, Sandy Mudge, Valerie Cagle

The rural physician workforce shortage is among the most pressing primary care needs. At the same time, emphasis is increasing on novel educational methods that better suit primary care education. Prior research on the immersion model shows that students benefit from longitudinal continuity training, the mentorship of the preceptor, the socialization to rural life, and the independence and maturity promoted by being the only student in the community. This interactive seminar will prepare the participants to begin the adaptive steps of preparing for a rural immersion program at their institution. Facilitated by faculty, preceptors, and students in two longitudinal programs at different stages of implementation, participants will think through the background, rationale, and developmental steps for immersion and community-based learning from all the stakeholders' perspectives.

S5: Writing and Reviewing Papers for Family Medicine

John Saultz, MD, Joshua Freeman, MD, Arch Mainous, PhD, Joseph Scherger, MD, MPH, Johanna Shapiro, PhD

Family Medicine is a peer reviewed, Index Medicus-listed journal that is published by STFM. Its primary mission is

to publish original works of scholarship that address the work of family physicians, family medicine educators, and policy leaders in the primary care disciplines. This seminar will help faculty members, fellows, and residents to become part of the journal's intellectual community as writers and reviewers. The journal's editorial team will conduct the seminar with the goal of helping new writers and reviewers to master these roles.

S6: Transforming Visit Management to Population Management: Building a Quality Medical Home in an FM Residency

William Warning, MD, CMM, Kathleen Hill, CRNP, MSN

This seminar will review key steps for implementing the Patient-centered Medical Home Model: (1) Measure with data...want to move it, measure it! (2) Educate physicians and entire staff...“lunch and learn” sessions! (3) Redesign work flow...tasks for staff; decisions for physicians, (4) Empower employees...function at the highest level of your job description, (5) Hire key PCMH employee... case manager for “Outward Focus,” (6) Develop informed and activated patients...self-management goals, (7) Multidisciplinary teams...extenders, pharmacists, specialty clinics, (8) Community involvement...“population management,” (9) Successes...increased physician and staff job satisfaction, and (10) Pitfalls...change fatigue, clinical inertia, and burnout.

S7: From Concept to Conclusion: Bringing Your Project to Fruition Through Effective Fundraising and Project Management

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

Leading a project from concept to conclusion, especially if it is of significant scope and requires long-distance group collaboration, can be a daunting task. It can also be expensive. In this presentation an experienced group of project leaders from the STFM Group on Oral Health will lead an interactive tutorial on identifying and securing funding from charitable foundations. The essential skills and strategies for successful project management at a distance will be identified and illustrated. Attendees will then have the opportunity to examine how these strategies can be applied to their projects.



THURSDAY, APRIL 28

Concurrent Educational Sessions

10:30 am-Noon (cont.)

Lecture-Discussions

L1A: Understanding and Overcoming Generation Gaps in Your Training Program's Interdisciplinary Teams

Sherwin Gallardo, MD, Katherine Balazy, MD

There are potentially four different generations in today's medical education environment, including family medicine residency training programs: The "Silent" generation, the "Baby Boomer" generation, "Generation X," and "Generation Y." Each generation has a distinct set of general attitudes and values, communication techniques, and learning styles. The lack of knowledge or competency in these areas could potentially be a barrier for medical education and the clinical functioning of interdisciplinary teams within medical training programs. In a brief didactic session, participants will understand the differences in these four generations in the context of the medical education environment. Utilizing group discussion, potential strategies, and methods will be identified to improve communication and the functioning of these multi-generational teams, with specific focus on the newest generation present, "Generation Y."

L1B: Prevention as a Context for Team Training

Victoria Kaprielian, MD, Brian Caveney, MD, JD, MPH, Patricia Dieter, MPA, PA-C, Carol Figuers, PT, EdD, Valerie Schaffer, MHS, PA-C

Team-based care is one of the fundamental concepts of the Patient-centered Medical Home. Family physicians are particularly well qualified to design and teach multiple health professions learners how to work together in teams. This presentation will describe a course on Prevention now required of MD, PA, and DPT students. The strategies used to establish this program will be discussed, and evaluation results will be shared. Discussion will include generation of ideas for other programs on this model.

L2A: Fostering Reflective Capacity With Interactive Reflective Writing Within a Family Medicine Clerkship: The Begun Tool

Hedy Wald, PhD, David Anthony, MD, MSc

Reflective capacity is increasingly recognized as a vital component of effective clinical practice, and a growing number of medical schools include reflective writing in their formal curricula. Lacking from the literature are models for providing feedback to students on their reflective narratives or for evaluating reflective capacity within narrative. The

Family Medicine Clerkship at Alpert Medical School of Brown University has instituted a novel reflective writing curriculum that includes individual prompt-guided written reflections, facilitated peer-group discussions, and guided individualized written feedback using the BEGAN (Brown Educational Guide to Analysis of Narrative). In this lecture-discussion, we will present our novel curriculum and the use of the BEGAN. Attendees will gain understanding through examples and small group discussion. Active participation and group learning will be encouraged.

L2B: Using Reflective Writing to Identify Unmet Learning Needs: Creating a Student-responsive Curriculum

Kohar Jones, MD, Mari Egan, MD, MHPE

Much has been made of the informal curriculum; less has been written of ways to identify where students struggle. We implemented a reflective writing portion of the family medicine clerkship curriculum, and discovered a rich source of data on medical student concerns. We used qualitative methods to systematically analyze student writings to identify recurrent themes, revealing unmet learning needs. This lecture-discussion will describe our methods for evaluating student writing, and present our results. We will model the curriculum technique that we adopted to address student learning needs, and brainstorm with conference participants in small and large group sessions how best to design and select curriculum to make the demonstrated learning needs of medical students part of the formal family medicine curriculum.

L3A: Teaching the PCMH: One Residency Program's Answer to When, What and How

Linda Montgomery, MD, John Nagle, MPA

This session will report on our three years of experience teaching the PCMH model of care to our residents. In this time we have established predictable teaching opportunities for the PCMH, developed a longitudinal curriculum with specific learning objectives, created teaching modules, and evaluated curriculum outcomes. We'll discuss ways we have overcome the challenges of teaching PCMH curriculum in practices that are not yet PCMH models and the evolution of the curriculum as more PCMH practice features become available. Innovative methods of teaching team-based and interdisciplinary care, practice improvement methods, and use of practice data and registries will be covered. We'll also discuss the curricular costs of adding PCMH teaching to a traditional program and our assessment of the trade-offs in establishing this curriculum.

L3B: Physician Leadership in the Patient-Centered Medical Home

Brian Prestwich, MD, Neil Chawla, BA, Jo Marie Reilly, MD

As demand for primary care services grows faster than the supply, the only feasible way to deliver quality, cost-effective care will be to transform current practice models. The patient-centered medical home (PCMH) concept is rapidly gaining acceptance as a comprehensive approach that allows for increased patient access and improved workflow for clinicians. Medical students are especially well positioned to take advantage of the PCMH, as they already possess advanced information technology skills, and are learning to evaluate practice models. In order to impart students the skills necessary to lead a PCMH, we have developed a unique curriculum that immerses fourth-year medical students in a dynamic community clinic, requiring them to develop leadership and advocacy skills that will eventually aid them in running successful medical homes.

L4A: A Multilevel Intervention to Teach and Improve Population Health

Neal Sheeley, MA, Kelly Hoenic, PharmD

Practice-based population health management is an ongoing quality and teaching goal in family medicine residencies. How to achieve the best results for individual patients is the challenge. This presentation will share a model of population management and quality improvement (QI) that incorporates a multilevel interventional path to impact and improve patient health. Resident physicians learn various QI strategies that can be used simultaneously or asynchronously to address patient health improvement. Practice-based learning activities, interdisciplinary team-based population management, and physician-level population health management are all used in a family medicine residency to improve the health of residency clinic patients.

L4B: Can We Create a Medical Home for Limited-English-proficiency Patients?

Mary Lindholm, MD, Warren Ferguson, MD

As we transform our practices and residency sites into true medical homes, it's important to consider our low English proficient (LEP) patients, which now number more than 20 million persons speaking 200 different languages. It is apparent that just training our residents to speak medical Spanish is not sufficient to meet the needs of LEP patients. Inadequate communication leads to medical errors of clinical significance, decreased utilization of health care, and reduced patient satisfaction. Best practices for patient-

centered care with LEP patients are emerging from language services improvement efforts. This session will highlight specific recommendations and lessons learned from a language services improvement collaborative we conducted in community health centers in Massachusetts and the implications for residency training sites engaged in PCMH transformation.

L5A: Brain Science and Procedural Training Using Interactive Video Tutorials

Michael Tuggy, MD, Jorge Garcia, MD

The human brain is maximally efficient when visual learning aids are used. Much of medical education in the past has depended on the didactic format, which has a low yield but with enhancing the learning process using the "Brain Rules," learners can improve retention and understanding by up to five fold. In this presentation, we demonstrate the use of video tutorials in procedural training and how we use them to give residents better cognitive and visual-spatial skills more quickly.

L5B: Moving Toward Universal Colon Cancer Screening: Methods in Unsedated Colonoscopy

Christopher Forest, MSHS, PA-C, Darenie Goodman, MD, Kelly Jones, MD, Wm Rodney, MD, Ricardo Hahn, MD

This presentation addresses the technical component of performing un-sedated lower GI endoscopy in the ambulatory setting utilizing pediatric endoscopes since 2004. Family physicians at USC have improved on existing lower GI endoscopic techniques to increase visualization, facilitate performance, and increase patient comfort during an extended 160 centimeter screening endoscopy. This presentation will include instruction on the water-infusion technique developed by Felix Leuong, which is now widely used throughout the Veteran Administration system.

L6A: A Safe Journey Home: Improving the Hospital Discharge

Jon Neher, MD, Gary Kelsberg, MD

Objective: To explore the use, quality, and impact of residency teaching efforts to improve hospital discharges. Rationale: There are no published discharge curricula in the graduate medical education literature, and only 16% of internal medicine residencies have teaching efforts that addresses discharges. Yet one in four hospital discharges are associated with an adverse event. Content: The facilitator will review the discharge curriculum development effort at one program and the effect of implementation. Participants will share discharge training ideas from their own programs



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and benefit from the ideas and implementation strategies used elsewhere. Outline: 5-minute review of discharge safety, 10 minutes on the tools used at one program, 10 minutes on a curriculum impact study, 20 minutes for sharing of materials from other programs.

L6B: Successfully Educating Learners About the Importance of Care Transitions in the Patient-Centered Medical Home

Timothy Farrell, MD, Paul Koch, MD, MS, Erik Lindbloom, MD, MSPH, Paul Tatum, MD

The execution of safe care transitions across multiple settings of care is an essential component of the Patient-Centered Medical Home (PCMH). Yet, attention to care transitions has lagged behind the introduction of other components within the PCMH. In this lecture-discussion session, the nature and scope of the care transitions problem across the life span will be introduced, followed by a review of current evidence-based approaches to care transitions and strategies for educating medical students, family medicine residents and interdisciplinary teams to provide successful care transitions. This session will conclude with small-group facilitated discussions with report-backs to the large group focused on strategies for integrating care transitions within each participant's clinical/educational environment.

L7A: An Innovative Collaboration Between Two Different Family Medicine Programs to Teach High-quality Inpatient Care

Brian Halstater, MD, Kathleen Barnhouse, MD

Family medicine resident education is challenged with multiple, often competing demands. Among these is the need to provide inpatient education in a profession that is increasingly becoming ambulatory in nature. This often places considerable stress on a program's infrastructure, necessitating an innovative approach to meet the Family Medicine Resident Review Committee requirements. This lecture-discussion will describe how the Duke and University of North Carolina at Chapel Hill Family Medicine Residency Programs have developed and implemented a collaborative Family Medicine Inpatient Service that meets this challenge. This collaboration demonstrates that innovations in education can still succeed in an otherwise competitive health care landscape.

L7B: Creation of a Dynamic Family Medicine Inservice

Michael Bross, MD, Brandy Deffenbacher, MD, BA, Emma Swingle, MD

A common problem with family medicine education is that inpatient services are unfulfilling, with many graduates moving toward solely outpatient care. Hospitalist medicine services have markedly increased in recent years. We redesigned our inpatient service to provide a rigorous experience for residents. The inpatient services, educational activities, and the obstacles encountered are summarized. Data analysis shows increased patient services and greater satisfaction among residents and faculty. The attendees will then be divided into small groups to allow discussion of other programs' obstacles and successes. The total group will be reconvened to present these ideas and allow brief group discussion. By creating a positive inpatient experience, our goal is to increase the satisfaction of residents, with more family physicians choosing to practice inpatient medicine upon graduation.

L8A: Teaching Family-centered Communication Skills

Amy Romain, LMSW, ACSW, Amy Odom, DO

It is often assumed that family doctors know how to take care of families and how to think about a person in the context of their family. After all, the word family is in our professional name, on our office doors, and included in the titles of our specialty's journals. However, the knowledge, attitudes and skills required to deliver family-centered care is not innate to physicians. In this session attendees will learn two core family-centered communication techniques and how to teach these skills, through participation in a simulated lesson. Case examples and video clips will be used to highlight the benefits of these techniques. Participants will be given a lesson plan and supporting tools to adapt for teaching in their setting.

L8B: The Patient in Context: Teaching Core Psychosocial Assessment Skills Through the Use of Ecomaps

Amy Romain, LMSW, ACSW

Understanding a patient in the context of their family and community is central to providing patient centered care. The process of constructing the Ecomap validates the patient's perspective and enhances the physician-patient relationship. During this session, we will familiarize participants with the use of the Ecomap in psychosocial assessment and intervention using case-based small group

exercises. Participants will learn how to teach and apply these skills in both the didactic and supervised experiential setting. Additional strategies for adapting this tool for use in other curricular areas will be presented (i.e. Practice Management, Systems-Based Practice, and Intern Wellness). Participants will be provided with valuable teaching tools for use in their own programs.

L52A: Using an Elderly Rural Population to Teach Team-based Care in an Ambulatory Clerkship

David Gaspar, MD, Michele Doucette, PhD

In spite of a larger health burden of chronic disease, populations in isolated communities suffer with poor access to care. For many of their health concerns, rural and elderly populations need to rely on teams to deliver this care. Medical school graduates need to be able to function as a member of a team of providers. This session will discuss a model rural ambulatory clerkship curriculum that uses the challenges of caring for the elderly in rural areas to act as a platform to provide students the knowledge, skills, and attitudes to deal with priority health concerns in the elderly, and how to best utilize small local teams to deliver care. The educational strategies employed, associated faculty development and preliminary evaluation data will be presented.

L41A: Recruiting for Success: Assessing “Fit” and “Clinical Readiness” During the Residency Interview Day

Deborah Taylor, PhD, Donald Woolever, MD

What is your residency known for by applicants (current reputation) and what do you want to be known for by applicants (future reputation)? Identifying the incongruencies between those two states was our first step in being more intentional about striving for success in our recruiting process. It behooves each FM residency to assess their organizational “culture”—who fits with your program and why? Is there anything you can do to be more focused on an applicant’s readiness to step into your culture and thrive in the resident role? If you are interested in exploring the development of a more formalized process in your residency recruiting system around these issues, this presentation will be helpful to you.

Works In-Progress

Session A: Chronic Disease Management

WA1: Using Data Analysis to Improve Colorectal Screening Rates in a Community Family Medicine Residency Program

Patricia Bouknight, MD, Doralyn Jones, DO, Jack Cheng, MD

Introduction: The objective of this study is to investigate provider compliance with screening guidelines by assessing EMR documentation and identifying barriers to screening. Methods: A retrospective random manual chart review was performed of patients age 50-75 with office visits from 7/01/2009 through 12/01/2009. Data extracted included documentation of screening, demographics and funding source. Data was compared with electronic report of screening rates from EMR. Chart audit will be performed after educational intervention with providers. Results: Report from EMR was lower than actual screening rate. Screening rates by race and funding source were not statistically significant. Comparison rates post-intervention will be presented. Discussion: Accuracy of EMR report is dependant on location of documentation within record. Analysis of population can be useful in performance improvement.

WA2: Interdisciplinary Team Approach to Hypertension Management in an Academic Family Practice Clinic

Kenneth Bielak, MD, Shaunta Ray, PharmD, BCPS, Andrea Franks, PharmD, BCPS, Maricarmen Malagon-Rogers, MD

This is a prospective, randomized study in patients with uncontrolled hypertension to evaluate the time to achievement of goal blood pressure attained by interventions made by an interdisciplinary team of pharmacists and physicians versus that of usual medical care. Patients will be identified through the EMR system with inclusive criteria of blood pressure >140/90 and on at least two antihypertensive medications. Patients will be randomized to an intervention group or to a control group. The preliminary results show 89% success rate of attaining goal blood pressure within 6 months compared to controls.



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WA3: Implementation of Health Literacy Assessment in Uncontrolled Hypertension

Robin Olsen, MD, MPH, MS, Joanna Regis, MD, PharmD

Uncontrolled hypertension is associated with excess morbidity and mortality, including increased hospitalizations, as evidenced by inpatient service data. In the transition to Patient-centered Medical Home, Carilion Clinic Family Medicine Residency has chosen to focus on hypertension as our third-year quality focus for our Resident Performance in Practice Project (RP3) focus. Health illiteracy has been associated with noncompliance and therefore worsened outcomes. Therefore, our hope is that targeting these populations with health literacy assessment and addressing these patients with a multi-disciplinary approach will lead to better overall control within the population.

WA4: A Longitudinal Coordinated Chronic Disease Curriculum

Elizabeth Hutchinson, MD, Carla Ainsworth, MD

Training family medicine residents to deliver care in the medical home requires changes in the outpatient curriculum. Based on the principles of the Chronic Care Model and established guidelines for health promotion and disease prevention, this presentation highlights three significant changes to our outpatient curriculum: 1) A longitudinal approach to teaching chronic disease management in multiple learning settings and formats; 2) Dedicated weekly meetings where residents participate in creating and refining clinic policies and procedures regarding how to best support team-based clinical care; and, 3) Protected time in clinic, with preceptor support, for residents to develop skills for proactive management of patients, including asynchronous communication such as phone and email visits. Presenters will share change process and outcomes, including templates and a sample team project.

WA5: "Healthier Together": Organized Group Gatherings Addressing Self-management for Persons With Chronic Health Conditions

Larry Halverson, MD, Timothy Fursa, MD, Paula Maize, RN, MSN

Self-health care behaviors are powerful promoters of better health. For people with chronic health problems, the importance of effective self-care is accentuated. Inspiration for good self-care and fundamental education may not be completely accomplished for many needy individuals in

a typical medical care office visit. Group visits to inspire self-care behavior changes may be effective and efficient. Efficiency for patients and providers may be improved if group gatherings target self-care in general rather than focusing on disease-specific information. Effectiveness may be improved with intimate participation by trusted health care partners in individual Patient-centered Medical Homes. Education may be more effective if learners' questions are addressed more than delivery of standard lessons. Our "Healthier Together" classes are designed to address these three hypotheses.

Session B: Students in Family Medicine

WB1: Piloting Practice Inquiry to Promote Clerkship Medical Students' Skill and Comfort Addressing Clinical Uncertainty

Amiesha Panchal, MD, Laura Hill-Sakurai, MD, Lucia Sommers, DrPH

Objectives: Participants will become familiar with a small-group learning format that may help clerkship students develop skills to address challenging clinical situations involving uncertainty. Problem: Little formal curriculum exists to teach students how to approach clinical uncertainty when caring for patients. Methods: Sixteen students are participating in four small groups using Practice Inquiry (PI), a facilitated, practice-based, small-group learning process that has effectively aided practicing clinicians engage case-based clinical uncertainty. Outcomes: We will present a pre/post evaluation of students' self-efficacy when faced with clinical uncertainty and a qualitative assessment of students' experiences with PI. These assessments will guide the further development of PI for the family medicine clerkship and contribute to curricula development in decision making and clinical judgment.

WB2: The Impact of a Specialized Curriculum on Empathy and Residency Choice in University of South Florida Medical Students

Laurie Woodard, MD, Cynthia Selleck, DSN, ARNP, Sarah Pullen

Empathy is an important component to medical professionalism and has been shown to influence medical student specialty choice (Shapiro, 2004; Newton, 2008). However, empathy of medical students has been shown to progressively decline (Hojat, 2004). Objectives: The Health Disparities Scholarly Concentration was developed

to enrich the education of students interested in medically underserved populations. Students who enter this program may have higher initial empathy, retain empathy, and be more likely to enter primary care. Methods: At the beginning of each school year, Mehrabian's Balanced Emotional Empathy Scale is administered to students in the USF COM Class of 2013. Results: Preliminary results are promising in demonstrating higher empathy in program participants and increased interest in primary care in students with higher empathy levels.

WB3: Evaluating Clinical Skills in Family Medicine Clerkship Students: Do Faculty Evaluations Provide an Adequate Picture?

Hannah Maxfield, MD

In each clinical rotation, third-year medical students receive subjective evaluations of their performance and clinical skills. We were concerned that these evaluations did not correlate with the objective data collected through standardized exams. This study was designed to compare the subjective performance evaluations by faculty with objective evaluations through an objective standardized clinical exam (OSCE) to determine the best way to evaluate clinical skills. The predoctoral faculty scored each student into quartiles based on their experience with the students. These scores will then be compared with their scores on an OSCE.

WB4: The Sound of Music: Transforming Medical Students Into Reflective Practitioners

Marco Janaudis, MD, Pablo Blasco, MD, PhD, Paulo Lotufo, PhD, Margareth Angelo, PhD, Graziela Moreto, MD

Music has several characteristics that suit it particularly for humanistic training in medicine. In this experience, a course in Jundiaí Medical School (São Paulo, Brazil) led by a SOBRAMFA (Brazilian Society of Family Medicine) faculty member presents family medicine course values illustrated with songs followed by an open group discussion. The songs act as triggers to foster discussion among learners, since they identified themselves with songs characters and use them to represent their own reality. The students are stimulated to reflect on professional attitudes, and they feel comfortable to disclosure about their feelings, expectations, and fears. They share, with no constraints, uncertainty, emotions, and doubts, and they picture their future as doctors and as human beings as well. They enrich themselves through self-knowledge.

WG5: Promoting Mentorship, Partnership, and Support: A Needs Assessment for the STFM Group on Hispanic/Latino Faculty

Maili Velez-Dalla Tor, MD, Pablo Joo, MD, Edgar Figueroa, MD, MPH

Research demonstrates that diversity in the physician workforce improves health care quality and access to care for ethnic minorities. Unfortunately minority faculty are underrepresented in academia and are less likely to be promoted. Mentoring is required at all levels to promote success of minorities. The mission of the Group on Hispanic/Latino Faculty is to promote and support the advancement of Latino faculty into leadership positions through mentorship, research collaboration, advocacy, and networking and thus facilitate the well-being of the Latino community. Meeting these goals for this group with diverse interests, across geographic distances, competing demands, and individual needs is challenging. We will distribute a survey to this constituency to better understand and meet their needs. These data will be presented and implications discussed.

Completed Projects & Research

Session A: Special Research Session

CA1: Social Accountability of Medical Education

George Bergus, MD, MAEd, Andrew Bazemore, MD, MPH

In the midst of health care reform and simultaneous insurance and medical school expansion, primary care educators need data and tools to demonstrate the national and local impact and value of their medical school and graduate medical education programs. US News and NIH rankings fall short of characterizing social accountability of training sites, of characterizing the geographic footprint and likelihood that their graduates will select disciplines and areas in greatest need. In this session, we will lead a discussion of social accountability, how it can be measured, and how it can be better informed through the use of new data and mapping tools. Participants will leave knowing how to generate reports that can inform strategic planning and enhance advocacy efforts.



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Special Session

SS1: Interprofessional Care and the Medical Home – Advancing New Paradigms in Care and Education

Ivy Oandasan, MD, MHS

During this time of change, the advancement of new paradigms related to the Medical Home and Interprofessional Care are being introduced into ways of medical practice and medical education. Interprofessional Education and Interprofessional Care have been supported heavily in Canada by their associated links with better patient outcomes, enhanced cost efficiencies and optimal health human resource utilization. The challenge for medical educators is to consider ways in which interprofessional care can be taught. This session intends to provide family medicine educators with concrete tools to educate learners about working in teams within their current clinical settings. Through the use of DVD vignettes, reflection tools and small group exercises, participants will come to understand competencies related to interprofessional care; reflect upon their readiness to practice and to teach interprofessional care and examine their own contexts to consider opportunities for early wins. By participating in this session, participants will gain confidence that it is possible to teach teamwork in a way that enhances the medical home initiatives that are being developed in their contexts

Fellows/Residents/Student Research Works In-Progress Posters

FP1: Health Indicator Documentation Prior to Implementation of an Emr

Christina Leal-McKinley, MD, Kevin Russ, MD, Paula Rhode, PhD

This study examines whether implementation of an EMR improves the monitoring of chronic illnesses and accuracy of recording of screenings in a family medicine residency clinic. A total of 505 paper charts were reviewed for outcome documentation of the most prevalent diagnoses

seen in the previous 2 years. Analyses revealed that of the 12 outcomes relating to coronary artery disease, 84.2% were documented at appropriate time intervals. Similar analyses were performed for hyperlipidemia (83.4%), diabetes (57.2%), hypothyroidism (58.8%), COPD (25.2%), geriatric care (39.3%), preventive care (38.5%), and immunizations (17.9%). It is anticipated that enhanced documentation will occur secondary to implementation of the EMR.

FP2: Group Therapy for Depression With Somatic Complaints Among Latina Women

Jennifer Hernandez, MD, Claudia Mercado, MD

The objective of this study is to do a feasibility analysis on the implementation of an intervention study for depression in Latina women who present with somatic complaints. Patients will be identified from our patient base at Jorge Prieto Health Center. We will administer the Center for Epidemiology Studies-Depression scale and the Health Attitude survey. For the patients that qualify as depressed and suffering from somatic complaints we will enroll them in our 6-week depression support group to determine if their somatic complaints lessen or subside. After the 6-week support group is completed we will hold focus groups with the patients to determine what was helpful and what was not.

FP3: The Effect of Resident-led Group Visits on Patient Self-management of Hypertension

Denise Adams, MD, Julia Buchkina, MD

There is ample evidence associating hypertension and other chronic diseases with poor diet, inadequate exercise, and chronic stress. Group visits are identified as an important tenant of the New Model of family medicine; they serve as an alternative to the typical office visit for the management of a variety of chronic diseases. Based on this evidence, we hypothesize that resident-led group visits can increase patient confidence in self-management of hypertension, increase medication compliance, and improve BP and weight management. Secondary outcomes may include increased resident confidence in conducting group visits and more effective application of motivational interviewing techniques. We anticipate that this pilot study will demonstrate the feasibility of conducting group visits in our clinic.

FP4: Are Psychosocial and Primary Care Experiences Associated With Contraceptive Motivations, Intentions, and Use Among Latinas?

Diana Carvajal, MD, MPH, Beth Barnet, MD

Latinas experience disproportionately high rates of unintended pregnancy associated with increased risk of poor maternal-child health outcomes. Latinas have low rates of contraception use, but reasons are poorly understood. This cross-sectional study examines the psychosocial and primary care experiences associated with Latinas' contraceptive motivations and behaviors. Aims are to: (1) describe Latinas' contraceptive motivations and behaviors and (2) determine associations of psychosocial factors and primary care experiences with contraceptive motivations and behaviors. By clarifying relationships among psychosocial factors, primary care experiences, and contraceptive behaviors, understanding about the causal pathway of unintended pregnancy may be gained and used to inform prevention programs.

FP5: Maternal Child Health Education: Redesigning the Resident Experience Through an Online Module-based Curriculum

Stephanie Carter, MD, MS, Jennifer O'Reilly, MD

One challenge of family medicine training is to inspire lifelong learning, which requires ongoing goal setting, self-assessment, data analysis, and application of knowledge. We redesigned the maternal health curriculum to provide learners with a tool to reinforce these skills. Using the six step approach to curriculum redesign in Kern et al, a needs assessment of residents identified areas to improve the current curriculum. We then developed an online, module-based curriculum providing residents with self-assessment through board review style testing, allowing for goal setting and access to a wide variety of educational modalities to pursue knowledge gaps. We hope to show, through analysis of module testing and follow-up needs survey, an overall improvement in resident satisfaction and comfort with management of common maternal health clinical scenarios.

FP6: Addressing Patient Body Mass Index Measurement: A Quality Improvement Project

Michael Yeates, DO, MPH, Emily Birdsall, MD, Jessica Greenwood, MD, MSPH, Junji Lin, PhD

Background: We aim to increase the proportion of overweight and obese patients getting their BMI addressed by their provider. Objectives: Update EMR to include BMI as a vital sign that presents in red if >25. Determine

prevalence of addressing obesity. Methods: Collect retrospective obesity and overweight diagnosis code data and compare to persons with documented BMI >25. Implement changes. Collect prospective code and BMI data. Analyze pre- versus post-intervention data. Results: We anticipate providers will be more cognizant of patients' BMI and address it. Conclusion: Increasing provider awareness of BMI may have an impact on managing obesity.

FP7: Resident Virtual Paychecks: A Model to Teach Proper Billing and Coding Methods

Tom O'Neil, MD, Joel Heidelbaugh, MD, Maggie Riley, MD

Increasing amount of time has been dedicated to resident education on proper billing and coding methods in our program. In addition to increased didactics focused on billing and coding, our residents receive data on their billing patterns expressed as work RVUs. Since most physicians think of productivity in terms of dollars earned, we created "virtual" resident paychecks as a modality to increase attention toward proper billing and coding to see if this practice would affect resident billing patterns. Residents were randomly assigned to two groups, only one group received a monthly virtual paycheck, both groups received our billing curriculum lectures. The billing patterns of the two groups will be analyzed over a 6-month period and compared to those of our attending and precepting physicians.

FP8: Pilot Study of Exercise Heart Rate Monitors for Anxiety Reduction in a Primary Care Clinic

Melissa Marotta, Rosen Lee, PhD, William Craig, MD, John Matthew, MD

Biofeedback has been consistently supported in the literature for treatment of anxiety and other conditions. Through biofeedback, individuals learn to control physiological responses through measurement-guided self-correction. Exercise heart rate monitors (HRM) are used in the fitness industry to provide feedback to athletes. Recent research has demonstrated that there may be psychological effects of HRM use during exercise, relating to mind-body connection and self-confidence. This study seeks to evaluate whether use of an exercise HRM can be an effective adjunct tool in primary care patients with anxiety. Fifty adult anxiety patients will be randomized to treatment and control groups, participate in weekly guided meditation sessions with or without HRM feedback, and complete pre-study and post-study assessments of anxiety (Beck Anxiety Inventory) and self-efficacy.



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FP9: Response of Nutritional Anemia to Replacement Therapy in the Long Term Care Center

Kaycee Weaver, MD, Kathleen Soch, MD, Scot Ireton, MD, Elizabeth Sablotne, DO MS

Despite considerable evidence that anemia is an independent risk factor for morbidity and mortality, this condition is frequently overlooked in the long-term care center where the incidence approaches fifty percent. About one third of anemia in the elderly is due to nutritional deficiencies. It is unknown if patients with nutritional anemia in long-term care will respond to appropriate replacement with iron, vitamin B 12, or folic acid. Chart audits of 41 patients revealed that 19 had anemia and were candidates for treatment. Of these, eight were diagnosed with iron and/or folic acid deficiency. Two weeks after appropriate replacement therapy, hemoglobin levels rose in all eight patients. This study suggests that nutritional anemia is common in long-term care patients and responds to therapy.

FP10: Trends in Prenatal Antidepressant Use, 2002-2008

Matthew Meunier, MD, Andrew Coco, MD, MS

Previous studies have demonstrated an overall doubling in the rate of prenatal antidepressant prescriptions from 1996-2005. Reports on the adverse effects of prenatal antidepressants are mixed. Secondary analysis of the National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Survey from 2002-2008, shows that the overall rate of prenatal antidepressant use is increasing, but the percentage of these antidepressant prescriptions for an SSRI has decreased. The rate of depressed prenatal women receiving an antidepressant prescription has almost tripled from 2005 to 2008.

FP11: Identifying Family Medicine Residency Interest in Developing an Area of Concentration in HIV/AIDS

Stephanie Onguka, MD, Jeffrey Kirchner, DO

In light of the growing disease burden of HIV/AIDS, family physicians are ideal candidates to provide long-term comprehensive care to persons living with HIV. A Web-based survey tool was distributed to 174 targeted family medicine residency program directors. Response rate was 34%. 71% of programs are interested in offering a comprehensive, longitudinal curriculum in HIV/AIDS,

while 39% of programs are interested in offering a more extensive Area of Concentration in HIV care, especially if an HIV provider is on faculty. There is a strong interest, among residency programs, in expanding the training of family medicine residents in HIV/AIDS care.

FP12: Survey of Current Obesity Training for North Carolina Family Medicine Residents

Cayce Onks, DO, MS, ATC

Obesity continues to be a major cause of morbidity and mortality in the US today. According to the CDC, up to 68% of Americans are either overweight or obese. Recent literature has pointed out that screening and counseling for obesity is not occurring routinely. It has been shown that 44% of primary care physicians do not feel qualified to treat obesity. We have proposed that a survey be sent to all family medicine residents in the state of North Carolina to investigate current teaching in obesity.

FP13: Domestic Violence in the CCLP Communities

Roseann Gager, MD

Domestic violence is a serious, preventable public health problem affecting more than 10% of the US population. Despite this, screening and reporting rates are lower than optimal. The goals of this study are to compare rates of domestic violence between four clinics affiliated with the Cook County-Loyola-Provident Family Medicine Residency Program, explore whether screening for domestic violence has improved, and assess how people feel about domestic violence and screening for it. Surveys will be distributed among clinic patients and providers to study these areas. With education and awareness, screening/reporting of domestic violence will increase and improve patient care.

FP14: Perception of a Primary Care Career as Reported by Medical Students

Andrea Wudyka, Andrea Wendling, MD

As students move through the 4 years of medical school, they are often asked which field they are planning to enter. Attending physicians, faculty, and residents often offer feedback on what is a complex and important decision. This study aims to understand at which points in medical school students receive the most feedback about a career in primary care, both positive and negative, from teaching physicians and residents. By using text messaging, participating

students send real-time data on comment incidence allowing investigators to identify points in medical school at which such feedback occurs most frequently.

FP16: Evaluation of a Continual Improvement Curriculum for Resident

Nicole Yonke, MD, Roger Garvin, MD, Daisuke Yamashita, MD, Rob Stenger, MD, MPH, Katrina Grant, MD, MPH, Sherril Gelmon, DrPH, Sarah Present, MD, MPH

The OHSU Family Medicine Residency is in its sixth year of delivering a continual improvement curriculum (CIC) consisting of personal improvement projects, clinic-based improvement projects, and didactic sessions. An evaluation of the 2009-2010 CIC was performed to assess knowledge and attitudes of continual improvement (CI), as well as satisfaction with the CIC. Results demonstrated that 83% of residents believed CI practice was essential. 58% of residents thought they could apply the principles to their future work. However, only 10% of residents were satisfied with the integration of residents into improvement efforts in their clinic. Based on these results, curricular changes were made. We will repeat the evaluation at the end of this academic year.

FP17: Characteristics of Healthy-weight Women in an African American Community

Layna Glenn, Elizabeth Kettman, MPH, Stephanie McLemore, Sean McGrath, Lara Dugas, PhD, Amy Luke, PhD

Obesity is highly prevalent among young African-American women, with > 65% obese in a community survey conducted in Maywood, IL. Data are being collected on diet and physical activity in women aged 25 to 45 years. Data are available on 120 women, only 16 (13.3%) of whom are of normal weight. Results to date indicate that normal-weight women are more active than overweight and obese women, yet also have higher rates of smoking and alcohol consumption. The information from this study should assist future family doctors better understand patient behaviors and help their African-American patients live healthier lifestyles.

FP18: Does a Simpler Alcohol Screen Improve Integration of SBIRT Into Family Practice?

Jim Winkle, MPH, Sarah Weber, John Muench, MD, MPH,

Meg Hayes, MD, Joshua Boverman, MD, Kelly Jarvis, PhD

Medical assistants (MAs) perform a crucial step in implementing SBIRT (Screening, Brief Intervention, Referral to Treatment) into a family practice clinic in Portland, OR. We introduced a new alcohol screening tool, anticipating that it would be easier for MAs to score and therefore likely to improve their fidelity to the SBIRT clinic process. MA performance was measured over a 4-week period while the new tool was in place, and MA attitudes were surveyed as well. Results show that despite expressing a strong preference for using the new screen, MAs did not increase their fidelity to the SBIRT process compared to when they used the original screen. Improving MA performance in implementing SBIRT may depend upon identifying other, more effective strategies.

FP19: Universal Screening of HIV

Farah Khan, MD, Kenza Lazrak, MD, Caroline Jones, MD, Sonia Velez, MD, JD

The center where we conducted our quality improvement project had an average monthly HIV testing rate of 4.3%. We aimed to increase the testing rate by implementing universal HIV screening as per CDC recommendations. The Advise, Consent, Test, Support method was implemented to eliminate existing barriers to testing. Over 1,000 patients, aged 13-64 years, were tested over 9 months. The average monthly testing rate doubled to 9.3%. The study yielded a prevalence of 0.095%, a statistically insignificant difference from the 0.1% required by the CDC to identify an "at risk population." We recommend continued universal HIV screening.

FP20: Addressing Barriers to Health Service Utilization in an Urban Underserved Clinic Through Care Coordination Programming

Ben Pederson, Shailendra Prasad, MD, MPH, Michael Wooten, MD, Tracey Corliss

The goals of care coordination programs in primary care clinics are to improve health service utilization among targeted patient populations, increase continuity of care, and to expand access of clinic services within the community. Effective implementation of care coordination is dependent upon tailoring this service to the community that a clinic serves. This work aims to identify barriers specific to initiating a care coordination program at a clinic serving an urban-underserved community in Minneapolis and to



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understand areas of community need that such program can address. Through understanding the unique challenges faced by providers and patients, including enrollment, clinic-patient communication, program adherence, and referral follow-up, this work will serve as a conceptual framework in which care coordination programs can better serve underserved communities.

FP21: Improving Transfers of High Risk Patients Within a Family Medicine Residency Clinic at Academic Year-end

James Honeycutt II, MD, Jeffrey Goodie, PhD, Julie Bosch, PhD

Context: Nearly two million outpatients are transferred annually in primary care residencies. Studies are needed regarding their impact on resource utilization and effective transfer methods. **Objective:** Does patient medical resource utilization increase following outpatient transfer? Does a new patient hand-off system decrease resource utilization? **Design:** Secondary data analysis and descriptive comparative design. **Setting:** Family medicine residency clinic: Eglin AFB, FL. **Patients:** High-risk patients transferred using the previous or new protocol and those not transferred. **Interventions:** Patients transferred provider-to-provider with documented transfer summaries followed by telephone introduction and prescheduled clinic visit. **Main Outcome Measures:** Frequency of encounters 6 months post-transfer. Age, gender, and disease states as possible confounding variables. **Anticipated Results:** Outpatient transfer leads to increased utilization, which is attenuated by an improved transfer protocol.

FP22: Rates of Adolescent Obesity By Geographical Region and Sex: Results From NHIS 2008

David Yuan, MD, Frank D'Amico, PhD, Paul Larson, MD, DTMH, Sabesan Karuppiah, MD

The incidence of childhood obesity has been increasing. This poster presents the results of a database project in which we used data collected from the National Health Interview Survey (NHIS 2008) sample child core segment to further highlight the obesity problem, specifically looking at rates of childhood obesity by region and sex. The results broken down by different regions show a contrasting difference in the rates of being overweight or obese. The Southern and Midwest regions have a higher percentage of obese male adolescents. This could mean that interventions in these regions would be especially beneficial.

FP23: Medical Spanish Curriculum in a Third-year Family Medicine Clerkship

Valerie Evans, MD, David Norris, MD, Thais Tonore, MD

With the increasing numbers of Spanish-speaking patients in all areas of the United States, it is becoming more important for physicians of all specialties to be aware not only of linguistic differences but cultural hurdles to providing care as well. To address this, our department has developed a unique program that exposes third-year medical students to the basics of medical Spanish while also providing them exposure to cultural differences that may affect their practices in the future. Practice sessions with standardized Spanish-speaking patients, including the use of interpreters, is also provided through our university's clinical skills center. Students are also trained to identify resources to assist them in managing their Hispanic patients. Data regarding program effectiveness are currently being collected.

FP24: Dental Care and the Older Adult—Is Anybody Screening?

Ishtpreet Uppal, MD

Dental health is intricately linked to systemic health. The geriatric population is retaining their teeth for longer, increasing their chances of infections. Medicare has no dental coverage. This study tries to measure the awareness of physicians in primary care toward their patients' oral health.

FP25: Assessing Patient Satisfaction of Pain Management at the Near South Clinic

Nastane Le Bec, MD

As a family physician, one is trained to treat a variety of ailments, but little in our training has prepared us to deal with chronic pain. Our study objective is to assess patients' satisfaction with pain management at our clinic. Two anonymous surveys will be given: one to assess our patients' level of satisfaction and the other to assess providers' level of comfort in dealing with chronic pain management requiring the use of narcotics. The questionnaires will capture the patient characteristics such as age, sex, health status, and providers' level of knowledge about medications and non-medical approaches that can be used in chronic pain management. This information will improve physicians' management of their patients' pain.

FP26: A High School Obesity Study

Lee Ha Chan, MD, Walter Woodley, MD, Geniene Wilson, MD, Hsen Tong, MD, Linda Abdul-Ahad, MD

Obesity among young children and adolescents increased almost three fold during the last 3 decades. This study assesses obesity among school students in a small town. The hypothesis is that obesity is a community health issue, and school interventions may reduce childhood obesity. This is a cross-sectional study of 3rd, 7th, and 10th graders. The results show that the overweight/obesity rate in the study population was greater than twice the national average. Prior interventions have not shown significant impact. Further interventions and a 5-year prospective study are planned.

FP27: A Closer Look at Emergency Department Utilization by Our Urban Health Center Patients

Anjani Reddy, MD, Victoria Gorski, MD, Bruce Soloway, MD

This quality improvement project focuses on the ED utilization of our health center's population. A subgroup of our most frequent ED utilizers was selected. A review of their medical problem lists revealed a predominance of psychiatric diagnoses. Further, preliminary chart reviews revealed further psychosocial issues that likely complicate patients' health care. To explore these barriers to care further, we aim to interview 8-10 patients in the clinic, with semi-structured interviews. The overall goal is to apply these findings to our emerging PCMH to address a high-needs population in an effective manner.

FP28: Need for Information Mastery Skills: An Analysis of Web Analytics Data

Shao-Chun Yeh, DO, Adarsh Gupta, DO

Hypothesis: In today's health care practice, physicians are expected to keep up with the latest medical information and be able to obtain it in a short amount of time. Acquiring such skills would help achieve evidence-based practice. We analyzed an online tool to assess the need for Information mastery skills. Methods: In this study, UMDNJ-SOM's Center for Information Mastery's Web site was assessed for its various modes of usage by clinicians. Google analytics was used to analyze how clinicians accessed the site from August 1, 2009 to December 31, 2010. Data: The online tool allows

clinicians to access online databases and resources based on the information needs. The Web analytics shows the need and demand for an organized and efficient method for acquiring clinical information at the point of care.

FP29: Exploring the Role of a Learning Coach in Graduate Medical Education

Margaret Lekander, MD, Jeffrey Borkan, MD, PhD, Paul George, MD

Context: There is consensus that medical education must teach beyond knowledge to meta-cognitive skills. The learning coach has emerged as a promising option. Objective: Describe our model of the learning coach, explore and define other professional/educational models, and discuss our experience with the learning coach. Design: The learning coach was introduced in our residency to meet with second-year residents to develop learning goals, foster reflection, and advance evidence-based learning. We will review the literature about using a learning coach in residency education, demonstrate its use in other professional educational settings, and discuss our experience in implementing a learning coach. Results: We will describe the characteristics and traits of an effective learning coach based on the literature and our experience.

FP30: Epidemiology and Disposition of Pediatric Emergency Room Visits at an Urban Community Hospital

Sylvie Chau, MD, Harry Piotrowski, MS

Context: Over 20 million children seek medical care at ERs yearly; however, epidemiologic data on pediatric ER visits is sparse. Objective: Evaluate diagnoses, number, and disposition of pediatric ER visits. Design: Retrospective descriptive analysis of chart data. Setting: Urban community hospital. Participants: 0-17 year olds who presented to the ER from 2002-2007. Results: Common diagnoses include fever, respiratory symptoms, injury. Visits declined, admissions remained stable, and patients leaving AMA increased (6.0% to 11.2%). Conclusion: Rates of pediatric patients leaving AMA from West Suburban ER are alarmingly high.



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FP31: Improving Resident Education on a Busy Clinical Service: A Resident-led Initiative


Yalda Jabbarpour, MD, Oritsetsemaye Otubu, MD, MPH

Balancing clinical experiences with didactic teaching is a challenge in residency education. Studies have shown that resident satisfaction is directly linked to the quality of education they receive and that the resident-as-teacher model is an effective way to enhance the educational environment. We created a formal inpatient teaching schedule with the resident-as-teacher model. We also modified our core lecture series to include more resident-run, interactive lectures. We were able to implement the changes quickly and efficiently by achieving resident and attending buy in. Outcomes are being measured with pre- and post-implementation surveys of residents' attitudes toward the educational program. We believe our teaching initiative can be easily implemented by other residencies to enhance teaching quality.

FP32: Integrating a Pediatric Caries Prevention Curriculum Into a Family Medicine Residency

Stephanie Gill, MD

Background: Early childhood caries is a significant public health problem. Objective: An oral health curriculum will be developed to train residents at the St. Margaret Family Medicine Residency to perform oral health screenings, dental caries risk assessments, and fluoride varnish application. Methods: Residents will receive didactic and hands-on training to provide oral health screening, risk assessment, varnish application, counseling, and referral. Evaluation: Residents will be evaluated by pretest and posttest surveys. Chart audits will be performed. Conclusion: Residents will show increased knowledge and comfort in preventive oral health in children 3 years old or younger. Documentation will improve.



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FP33: Testing The Initial Validity And Reliability of a Biopsychosocial Evaluation Instrument: Appraising Medical Students' Competency

Melissa Arthur, PhD, LMFT

A sample of 149 digital recordings of medical student ISPE encounters was used to test validity and reliability of the biopsychosocial D-D ISPE (Diabetes, Depression, Integrated Standardized Patient Examination) scoring instrument. The psychometric properties were determined using: Card sort, exploratory factor analysis, discriminant, and convergent validity methods. Discriminant and convergent validity were determined by comparing the ISPE scoring instrument's constructs to the constructs of two other validated instruments. Inter-rater reliability measures were also assessed rater agreement between coders. Results: The D-D ISPE instrument possesses three distinctive factors: (1) biological, (2) psychological, (3) sociological/communication; Cronbach alpha, demonstrated high internal consistency. Good inter-rater reliability was determined. Findings suggest the D-D ISPE can assess biopsychosocial competency of medical students during an ISPE examine focused on diabetes and depression.

FP34: Cultural Acceptability of Group OB Visits to Japanese Women

Kei Miyazaki, MD, Michael Fetters, MD, MPH, MA, Sahoko Little, MD, Satoko Motohara, MA

We established group OB visits for Japanese women and are assessing the cultural acceptability of to these women and their husbands. We developed a group prenatal visit program in Japanese, and to evaluate the program we distribute evaluations at every visit. Ongoing data collection includes demographics, Prenatal Distress Questionnaire, PHQ-4 depression screen, Centering Pregnancy Questionnaires for interim and final assessment, and post-partum qualitative interviews. The first cohort of women have all delivered, and the second cohort has begun. Preliminary findings suggest that the group model of prenatal care is acceptable and that they prefer some adaptations to meet their needs.

FP35: Patient Satisfaction in a Rural Community Health Center Before and After Electronic Medical Record Implementation

Janeen Bjork, MD

Background: Patient satisfaction is an important gauge of successful electronic medical record (EMR) implementation. Although patient satisfaction before and after EMR implementation has been studied in urban and suburban clinics, it has not been extensively studied in rural practices.

Canyonlands Urgent Care is a small health clinic in rural Arizona that sees patients on a walk-in basis only. Full EMR implementation (not phased-in) occurred in July 2010. Methods: Patients of each clinician in the practice completed satisfaction surveys for 6 months before EMR implementation and again for 6 months after EMR implementation. Results: The results are currently being analyzed. Initial analysis shows that overall patient satisfaction is unchanged after EMR implementation.

FP36: Future Faces of Medicine: A Residency Collaboration to Build a Future Primary Care Workforce

Randi Sokol, MD, MPH, Alisha Dyer, MD, Charlene Hauser, MD

With a growing shortage of primary care physicians, it is important to target students early on in their careers and guide them down the "pipeline" of a career in primary care medicine. Three local family medicine residency programs (UC-Davis, Sutter, and Mercy) have thus partnered together to implement a 4-month curriculum with 20 selected high school students. Highly interactive discussions, workshops, simulation exercises, clinical opportunities, and additional longitudinal mentorship will excite students about a career in primary care medicine and provide tools and resources to guide them down a pathway toward this career. Residents also benefit by having designated curricular time to teach about health topics while building a future primary care workforce.

FP37: Bariatric Surgery for Extreme Obesity

Kevin Koo, MD, Frederick Tiesenga, MD, Harry Piotrowski, MS

Studies showing how bariatric surgery promotes sustained weight loss involved patient populations that are not representative of those in western Chicago. Therefore its medical community would benefit from identifying the impact of bariatric surgery on weight loss management. Sixty-nine of 135 charts reviewed thus far have patients with at least 1 year of follow-up. 67% underwent gastric bypass while the rest chose adjustable banding. A statistically significant trend was identified in the reduction of weight and BMI up to 2 years post-operatively. Percent weight loss from pre-operative weight was 31% for gastric bypass patients versus 23% with adjustable banding. Through this cross-sectional study, weight loss appears to be achievable with bariatric surgery, possibly better with gastric bypass, up to at least 2 years post-operatively.



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Seminars

S8: FmCASES: Supporting Students as Learners With Preceptors and Residents as Teachers

Katherine Margo, MD, David Anthony, MD, MSc, Jason Chao, MD, MS, Alexander Chessman, MD, Leslie Fall, MD, Shou Ling Leong, MD, Stephen Scott, MD, MPH, John Waits, MD

Many small, non-university-based residency programs feel that adding resident abortion training to their clinic services is a challenge. Fewer faculty and lack of resources in small programs make it difficult for these programs to consider adding new curricula, especially controversial curricula. The finances and time commitments required to maintain proficiency in abortion skills lead many programs to offer off-campus electives and lectures as the only abortion training. Abortion training helps family medicine residents learn miscarriage management, family planning, and women's health, whether they choose to perform abortions or not. Through sharing ideas, we hope to encourage smaller community-based family medicine residencies to provide abortion services on-site in the residency clinics and to help programs that have started this endeavor to improve on training strategies.

S9: Engaging Scholarly Activity: Electronic Peer Review of Evidence

William Cayley, MD, Brian Alper, MD, MSPH, Michael Mendoza, MD, MPH

Integrating scholarly activity with residency training can be challenging for residents and faculty alike. Peer review provides a unique opportunity for residents and faculty to engage in both critical assessment of the evidence in a content area, and in development of research and writing skills. This seminar will introduce a process for participating in peer-review of an evidence-based online medical reference, which presents unique challenges and opportunities compared to traditional review of books and journal articles. During this interactive session participants will engage in real-time peer review of a clinical topic from Dynamed in order to gain direct experience with the review process for an online medical resource. Following this session, attendees will have the ability to reproduce the peer-review process within their own programs.

S10: Why and How: Let's Share Strategies for Hands-on Abortion Training in Small Residency Programs

Joey Banks, MD, Donald Woolever, MD, Erica Lovett, MD, Linda Prine, MD, Marji Gold, MD

Many small, non-university-based residency programs feel that adding resident abortion training to their clinic services is a challenge. Fewer faculty and lack of resources in small programs make it difficult for these programs to consider adding new curricula, especially controversial curricula. The finances and time commitments required to maintain proficiency in abortion skills lead many programs to offer off-campus electives and lectures as the only abortion training. Abortion training helps family medicine residents learn miscarriage management, family planning, and women's health, whether they choose to perform abortions or not. Through sharing ideas, we hope to encourage smaller community-based family medicine residencies to provide abortion services on-site in the residency clinics and to help programs that have started this endeavor to improve on training strategies.

S11: Building Your PCMH: Project Management and Foundational Requirements 101

Nicole Deaner, MSW, Caitlin O'Neill, MS, RD, Bonnie Jortberg, MS, RD, CDE, Perry Dickinson, MD

Family medicine practices and residency programs are seeking to become Patient-centered Medical Homes (PCMH), yet the key principles of the PCMH are difficult to implement in everyday practice. This session will present the "nuts and bolts" of becoming a PCMH as part of the lessons learned through the Colorado Family Medicine Residency PCMH project. This session will cover the foundational steps required to become a PCMH and the leadership and project management skills necessary for practices to become a PCMH. Specifically, the key components of building a sustainable foundation of a PCMH will be discussed. Topics include developing leadership and quality improvement teams, developing a plan for NCQA recognition, resident involvement, and creating a leadership vision for the practice.

S12: Integrated Curriculum: Teaching Shared Decision Making in the Third-year Clinical Clerkship

Cathleen Morrow, MD, Virginia Reed, PhD

The challenges of creating and implementing an integrated curriculum in family medicine education are significant, given the discipline's diverse clinical work and the breadth of its content in concert with the diversity of practice types and work in which today's family physicians are engaged.

This seminar showcases the implementation of our shared decision making curriculum (SDM) as an exemplar of designing integrated curriculum that demands work across multiple complex domains, mirroring the reality of current primary care practice. Through the use of active learning principles, we will illustrate facets of the curriculum that focus on core skill acquisition across multiple domains including communication skills, commitment to genuine relationship centeredness, technical knowledge about risk communication and preference sensitive care, and the use of decision aides.

S13: A Coaching Model to Promote Self-directed Learning Skills Among Residents

Paul George, MD, Melissa Nothnagle, MD, Gowri Anandarajah, MD

Self-directed learning is an approach in which “Learners are motivated to assume personal responsibility and collaborative control of the cognitive and contextual processes in constructing and confirming meaningful and worthwhile learning outcomes.” We will introduce the concept of a learning coach, a family physician faculty member who meets with second-year residents individually once a month. We will briefly present both quantitative and qualitative evaluation data from our self-directed learning curriculum. We then introduce the stages of self-directedness and show a video clip of an actual coaching session with a learner at each stage. Participants will meet in groups to discuss application of this model at their home institutions. We will conclude with discussion of next steps, including the potential of inter-institutional collaborations.

S14: Great Precepting: Three Essential Tools for Outstanding Teaching Moments

Belinda Fu, MD, Nancy Stevens, MD, MPH

Precepting, ie, case-based teaching in a clinical setting, is the most frequent teaching scenario for a family medicine educator, yet we are infrequently taught how to precept. This seminar will familiarize educators with three core models about student learning and clinical teaching (PRIME, SOAP Bucket, and Teaching Microskills) and then immediately give participants the opportunity to transform them into applied skills, mastering them through live practice during the seminar. Participants will learn how to easily adapt these models to their individual teaching styles and to a variety of teaching settings. The seminar will set the stage for participants to continue developing these skills at their own residency and will enable participants to model and teach these skills to their own learners and colleagues.

Lecture-Discussions

L9A: Teaching Motivational Interviewing to Address Health-related Behavior Change in a Family Medicine Residency Clinic

Keith Stelter, MD, Angela Buffington, PhD

Addressing health-related behavior change in patients is one of the most challenging aspects of clinical practice. Many behaviors such as overeating, lack of exercise, and smoking directly impact medical care and diminish the health status of patients. Motivational Interviewing (MI) is a technique that has shown great efficacy in helping patients achieve health-related behavior change. MI uses a patient-centered approach to counseling on health habits and disease management. This session will describe the initiation of an MI curriculum into a family medicine residency clinic. Attendees will be able to practice MI techniques with others and learn how to implement a similar program at their own institution.

L9B: Behavior Change Management: Knowledge, Skills, Experience and Reflection in the Family Medicine Clerkship

Theresa Woehrle, MD, MPH, Anne Walsh, PA-C, MMSc, Bruce Spring, MD

Brief motivational interviewing (BMI) is a patient-centered counseling method that has been used effectively to facilitate behavior change in the primary care setting. We have successfully developed and implemented curriculum for third year family medicine clerkship students that incorporates didactic methods, practice workshop, personal behavior change and self reflection to improve learner competency in addressing lifestyle choices and behavior change in their patients. In this lecture discussion we share the results and impact of our behavior change curriculum, including a video clip of the workshop, and our students' reflections on their personal behavior change challenge. Participants will have the opportunity to share their institutional approaches to teaching students and residents about patient education and behavior change and discuss opportunities for future curriculum.

L10A: Patient-centered Engagement: A Social Media Approach

Benjamin Miller, PsyD, Mark Ryan, MD

In the current redesign of primary care in the Patient-centered Medical Home, there exist new and exciting opportunities for innovation. Social media is one innovative way to use technology to engage with others. There are numerous examples of popular social media platforms such



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as Twitter, Facebook, and YouTube, each with strengths and limitations. Social media can promote patient centeredness in medical practices by increasing communication and interaction with patients and can be leveraged in medical school, residency, and clinical practice to enhance patient engagement with their providers and their health care. This presentation will introduce attendees to social media and offer suggestions on how to integrate social media tools into medical training, education, and practice.

L10B: The Patient-centered Medical Home: Behavioral Medicine as Part of the Team

Dennis Russo, PhD, Nancy Ruddy, PhD, Linda Garcia-Shelton, PhD, MHSA, Lars Larsen, MD

Integrated behavioral health services are central to the Medical Home. Since few medical and behavioral trainees experience fully integrated care models during training, few develop the attitudes, knowledge, and skills to implement integrated care. Family medicine has an opportunity to lead work force development in this area because behavioral health is central in primary care training, and residency programs already have behavioral faculty. This session will help participants identify ways to increase levels of behavioral health integration in their residency practice and evaluate their system's readiness to provide co-training to behavioral health trainees. Specific co-training program development strategies and teaching resources will be reviewed. Participants will engage in small-group discussion to plan a course toward integrated care and co-training models in their home system.

L11A: E-mail Etiquette: Helping New Physicians Communicate Effectively With Patients

Lance Fuchs, MD, Danielle Cipres

Electronic communication is an integral component of successful patient care. Many physicians have not received formal e-mail etiquette training. A lecture/group discussion program on effective e-mail communication was delivered to resident-physicians at five family medicine residency programs. Measured outcomes were participant knowledge, reported confidence, and patient satisfaction. Resident-physicians demonstrated a higher level of knowledge and reported confidence in the use of electronic communication with patients following this program. Patient satisfaction of receiving needed help via e-mail improved. E-mail

etiquette training improves physician knowledge and skills and improves care and service to patients. This session will help attendees (1) understand guidelines for using e-mail, (2) understand components and qualities of an effective message, and (3) prepare them to implement this program at their own institution.

L11B: When Bad Things Happen to Public Figures: Privacy Versus Need to Know

Elizabeth Garrett, MD, MSPH, Thomas Schwenk, MD, James Peggs, MD

Close working relationships and friendships are formed with colleagues across the US. Technology, listserves, and social networking allow us to communicate 24/7 and stay in close touch. What should occur when one of these colleagues suffers an acute life-threatening medical event? Where is the line between privacy and the need to inform individuals who may be widely dispersed? Who should make the decision about disclosure, and what are the short-term and long-term possible risks and benefits of the decision? These issues will be discussed using the events of a recently hospitalized colleague as the springboard for discussion. A brief literature review will be presented, personal experiences and reflections will be shared by those who were confronted by these questions, and audience input will be encouraged.

L12A: Fully Implementing the Patient-centered Medical Home in Rural Settings: Integrating Residency Education Into Advanced Micro-practices

Steven Crane, MD

The Patient-centered Medical Home (PCMH) has become the dominant model for primary care reform and has produced a strong push to transform family medicine residency training. It may be difficult to achieve significant "patient centeredness" in teaching practices where resident education is a primary goal, particularly in rural practice and training programs. This session is an interactive presentation of our experience with an advanced rural micro-practice that fully implements the key elements of the PCMH model and incorporates resident and student teaching. Participants will be encouraged to share their own experiences and ideas with implementing PCMH elements in their teaching practices and engaged in a brainstorming session about real-time sharing preliminary results of practice transformation to stimulate widespread innovation.

L12B: Implementing and Evaluating Handheld Resources for Medical Information Access in Resource Poor Settings

Inis Bardella, MD, Bruce Dahlman, MD, Amy Willis, Benjamin Deaton

Great opportunity currently exists for family medicine development globally. Current interest in global health is high among students, residents, and faculty. Medical education colleagues in resource-poor settings, including rural and frontier areas of the US, have limited access to current medical information. Thus, a specific opportunity is present to collaborate with colleagues in resource-poor settings to develop and implement information access at the point of care in conjunction with the development of family medicine education. This session will equip family medicine educators who are working globally to effectively integrate access to current medical information into the development of family medicine education, address the challenges and barriers, and evaluate the usefulness of this access in resource-poor settings, including rural and frontier areas of the US.

L13A: Active Families for Life: Making Multidisciplinary Care Accessible in the Patient-centered Medical Home

William Woodhouse, MD, John Dickey, PhD, Brooke Pugmire, PharmD

The Active Families for Life (AFFL) Project was developed to transform the residency clinic into a multidisciplinary Therapeutic Lifestyle Center (TLC). Consistent with the principles of the Patient-centered Medical Home (PCMH), family medicine residents in the TLC experience point-of-care access to individually tailored therapeutic lifestyle interventions, integrated behavioral health services, and patient-centered pharmacotherapy. Session participants will work collaboratively to identify and address barriers to multidisciplinary care in the clinical setting. They will learn the steps in prioritizing target populations and be informed of an ongoing public and private advocacy process for third-party reimbursement of the PCMH. This presentation will be of interest to providers, faculty, behavioral therapists, pharmacotherapists, and anyone who is planning on implementing multidisciplinary aspects of the PCMH.

L13B: Integrating Physical Activity Into the Patient-centered Medical Home

Michele Vaca, MD, Harini Kumar, MD, Jeana Radosevich, Rose Guilbe, MD

Dance interventions have been an effective method for increasing physical activity in underserved populations. Three health centers have implemented a reproducible, sustainable and culturally-appropriate exercise resource--salsa exercise. To ensure sustainability, 15 health care providers have been trained as salsa instructors. To develop resident and student skills in advocacy and group facilitation, salsa exercise has partnered with the Residency Program in Social Medicine and the Albert Einstein College of Medicine. The objectives of the session are 1) to describe the implementation of dance exercise and, 2) to discuss the effectiveness of incorporating health educators, nutritionists, and residents as fitness instructors. During the session, participants will be actively involved through a pair and share discussion regarding strategies for promoting physical activity into the practice.

L14A: Integrated Inpatient Rounds: An Answer for Multiple Residency Needs

Paul Wenner, PhD, Thomas Satre, MD, Toby Christie-Perkins, MD

Over the last 8 years we have included behavioral medicine faculty on inpatient rounds every Tuesday. This has been a partial answer to many things we wanted to accomplish. It has allowed for the direct observation of resident performance by an extra set of eyes with the ability to give immediate feedback. Physician faculty and the psychologist work as a teaching team integrating behavioral medicine into the clinical context. It has increased the psychologist's understanding of faculty physicians' experience. It has given the behavioral medicine faculty the opportunity to work on implementing concepts taught in lectures while setting limits on what he/she can teach. The experience of integrated rounds will be told from the perspectives of the behavioral medicine psychologist, senior resident, and faculty physician.



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L14B: Interprofessional Bedside Family-centered Rounding to Improve Patient Care, Patient Safety, and Resident Education

Jeffrey Schlaudecker, MD, Chris Bernheisel, MD, Megan Rich, MD, Jeff Morgeson, MD

To improve patient care, patient safety, and resident education, The Christ Hospital/University of Cincinnati Family Medicine Residency Program implemented interprofessional bedside family-centered rounding (FCR) on adult patients in 2007. FCR has been extremely well received by patients, staff, and learners at all levels. This lecture-discussion will include videos of different rounding scenarios and discussion on how other programs can implement FCR within their institution. Role-play of bedside interprofessional teaching rounds will also be included in this fun and dynamic presentation that will allow other programs to dramatically improve the experience of inpatient family medicine for attending physicians, residents, and patients.

L15A: Successful Strategies for Infiltrating Family Medicine Core Values in Medical Schools' Curricula: The Brazilian Experience

Pablo Blasco, MD, PhD, Marco Aurelio Janaudis, MD, Adriana Roncoletta, MD, Graziela Moreto, MD, Maria Auxiliadora De Benedetto, MD, Marcelo Levites, MD, Deborah Garcia, MD

Family medicine core values, required for bringing medical students to family practice, are also useful to construct better doctors, here called "good stem cell doctors." When family medicine academic background is lacking, as in Brazil, there is little room to present family medicine core values directly in an attractive way for students, so new strategies are required. In this session, we present the SOBRAMFA-Brazilian Society of Family Medicine experience for infiltrating into medical school and collaborating in several educational projects of the undergraduate curriculum. By now, eight faculty members are teaching in six different medical schools in São Paulo, Brazil, and they are involving students successfully into the family medicine perspective and gaining academic respect.

L15B: The Good Earth: Enriching the Soil of the Required Primary Care Rotation

Michael Flanagan, MD, Ryan Ridenour, DO, Kristen Grine, DO

Current health care reforms are expected to increase the need for family physicians; consequently we must attract more students into our specialty. Faculty at the Penn State College of Medicine developed an enrichment program for the required third-year primary care rotation to enhance this experience. Both elective and required mini-courses are offered, consisting of dedicated training in the following: Basic/Advanced Procedures, Dermoscopy, Disaster Medicine, Hospice, Osteopathic Manipulative Therapy, Sports Medicine, Hospitalist Medicine, CRNP experience, and a publication opportunity. Increased requests for letters of recommendation and greater interest in family medicine have resulted. Participants will explore the Penn State initiative (25 minutes) and then collaborate to create a "virtual brochure" of additional enrichment activities that could be offered at their own institutions (20 minutes).

L16A: Improving Transitions of Care From Hospital to Home: A Health Care Reform Priority

Gina Glass, MD, FAAFP, Barbara Roehl, MD, MBA

The quality of transitions of care from hospital to home impacts a number of patient care issues, including readmission rates. Health Care Reform legislation has given hospitals financial incentives to improve Care Transitions. Family medicine educators are well suited to lead Care Transition quality improvement efforts. Interventions with strong evidence include enhanced information transfer at discharge, follow-up care established at discharge, medication management, post-discharge plan of care, telephone follow-up, telemedicine, electronic health record, multidisciplinary team approach, clinical protocols, and regional guidelines, as well as enhanced palliative care consultation and support. At the end of this session, participants will be able to identify modifiable Care Transition deficits at their own institutions and develop evidence-based strategies to improve the transition of care from hospital to home.

L16B: Lessons From Palliative Care: Recognizing and Treating Hypoactive and Hyperactive Delirium

Joseph Stenger, MD

Delirium is common (10%-40% in hospitalized older patients), has severe implications, and is often not diagnosed correctly. Hyperactive delirium is easily identified, but hypoactive delirium is often missed. Terminal delirium can contribute tremendously to suffering in one's final hours. With the exception of cases of alcohol withdrawal, managing delirium may be unfamiliar to many clinicians. As this syndrome is so common in patients with complex illness, palliative medicine has developed useful protocols for recognition and management of delirium. This talk will educate through a case-based approach regarding evaluation with the Confusion Assessment Method (CAM), diagnostic workup, consideration of goals of care, identification of terminal delirium, and a management decision tree. Participants will leave the session feeling more confident in addressing these challenging situations.

Works In-Progress

Session C: Electronic Medical Record-Underserved Care

WC1: Training Provided to Doctors Implementing Electronic Medical Records in Independent Primary Care Practices

Elizabeth Clark, MD, MPH, Deborah Cohen, PhD

Objective: To understand the training provided to primary care doctors prior to and after implementation of an electronic medical record (EMR). Statement of the problem: EMRs are being used more frequently in small independent primary care practices. Little is known about the training provided to doctors in this setting. Methods: Direct observation of EMR use and depth interviews with primary care doctors in small independent practices in New Jersey. Outcomes (Preliminary): Clinicians reported receiving little training. When training was provided it was based on EMR functions and not on clinical scenarios or tasks. Clinicians primarily learned by trial and error. Pending or possible implications: For EMRs to reach their full potential, the training needs of users must be addressed.

WC2: Evaluation of an Electronic Medical Record Warfarin Flowsheet Within a Family Medicine Residency Program

Nicole D'Antonio, PharmD

In order to provide safe, effective care for patients receiving warfarin therapy, family medicine providers must follow a systematic process for managing and monitoring anticoagulation. Warfarin monitoring is complex, requiring a review of an individual's INR and warfarin history to make optimal dosing changes. Use of a flowsheet in an electronic health record (EHR) is a valuable tool to managing warfarin patients. It also serves as a teaching method of warfarin management for family medicine residents. Development of an accurate electronic flowsheet with multiple users, irregular use, and many data entry points is a challenge. Teaching family medicine residents how to optimally manage both clinical and process issues related to anticoagulation patients is vital.

WC3: Teaching the Electronic Medical Record to Family Medicine Interns: Transforming a Problem Into a Tool

Ray Teets, MD, Andreas Cohrssen, MD, Leslie Hsiung, MD, Joyce Akinyooye, MD

The Electronic Medical Record (EMR) has become an indispensable part of modern clinical practice. It does represent, however, a new skill-set to teach to family medicine residents. The literature suggests that education can help improve residents' attitudes about the EMR. However, it is not clear how to best teach EMR to interns, in a way that remains contextual while giving space for the experimentation needed for an early learner. We suggest one such model to use for teaching an EMR to family medicine interns, developed over 5 years of training. This model involves an active mode of learning that becomes an EMR competency checklist. We will share this competency checklist with the audience.

WC4: The Medical Needs for the San Antonio Homeless Population

Stefani Hawbaker, MS

Haven for Hope in San Antonio, TX, is a new transformational homeless shelter utilizing best practices from nationwide homeless shelters. Prospect Courtyard is an outdoor facility within Haven for Hope for chronically homeless individuals who are not ready to commit to transformational services on campus. A Medical Needs



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Assessment Survey conducted at Prospect Courtyard addresses the current health conditions, access to health care and screening tests, and other medical ailments. A total of 120 interviewed homeless shelter habitants are 76% male averaging 48 years old; 38% Caucasian, 35% Hispanic, 26% African American, and 1% Native American. Common health conditions are high blood pressure and joint pains. Regular doctor/dentist visits and receiving medications remain problems in this population. Most have dental problems, mental health problems, and addictions to smoking.

WC5: Innovative Training of Residents in Cultural Competence and Service to the Underserved

Daniel Knight, MD, Diane Jarrett, EdD

In 2009, the Family Medicine Residency Program at the University of Arkansas for Medical Sciences began implementing a three-year project on training residents to serve the underserved, especially low income African Americans, Hispanics, HIV-positive patients, and the homeless. Training strategies include didactics, standardized patients, resident presentations on individual research, and self-reflections in portfolios. Through experiential learning activities such as community field trips to migrant health centers, clinics for the underserved, and other systems aimed at providing needed resources, residents will directly serve these populations. Additionally, they will be introduced

to opportunities in volunteerism and activism both now and after program completion. Eventual program goals (including EMR improvements) and preliminary results from year one are discussed, along with plans for evaluation of success.

Session D: Geriatrics

WD1: Enhancing the Geriatric Curriculum in One Family Medicine Residency

Sharon Smaga, MD

As the population ages, the family medicine residents need to be prepared to care for elderly individuals. At our program, there was little organized curriculum in geriatrics, and the residents routinely performed poorly on the in-training exam in this area. A federal grant was received to improve the geriatric curriculum in our residency program.

A block rotation was begun in the second year and a clinical component added in the third year. The nursing home experience was enhanced and a CQI project added. The initial results of an attitude survey and data from knowledge tests will be presented.

WD2: Use of Advance Directives Among Geriatric Nursing Home Residents: 2004 National Nursing Home Survey

Lora Cox-Vance, MD, David Yuan, MD

Thirty to forty percent of geriatric nursing home residents do not have an advanced directive in place. Presenters will overview a database study using the National Nursing Home Survey to identify characteristics among elderly nursing home residents that are related to having an advanced directive. By the conclusion of the presentation, audience members will be able to: (1) Describe the relevance of advance directive use in elderly nursing home patients; (2) Identify characteristics associated with having an advanced directive among elderly nursing home patients. Descriptive statistical analysis is performed and demonstrates significant associations between having an advanced directive and race, sex, marital status, and functional status. Results may allow identification of patient populations most vulnerable to the absence of end-of-life planning.

WD3: Outcomes After Discontinuation of Proton Pump Inhibitor Therapy in Geriatric Outpatients

Christine Eisenhower, PharmD, Heather Sakely, PharmD, BCPS, Frank D'Amico, PhD, Lora Cox-Vance, MD, Sangeeta Rana, MD, MPH

Retrospective chart reviews have suggested that up to 30% of community-dwelling patients aged 65 and older receiving a proton pump inhibitor (PPI) have no documented indication. PPIs are commonly continued indefinitely in the geriatric population despite potential risks of long-term therapy. Additionally, up to 20% of geriatric patients are prescribed five or more medications, adding to the opportunity for clinically significant drug-drug interactions with PPIs. Pharmacists and physicians at an outpatient geriatric care center will screen patients to determine eligibility for a trial discontinuation of their PPI. Gastrointestinal symptoms and quality of life will be evaluated periodically after discontinuation. Based on these results, we will develop a standardized discontinuation protocol for all patients on PPI therapy.

WD4: [Canceled]

WD5: Improving Discussion of End-of-life Care in the Center for Family Medicine

Kelly Culbertson, MD, Julie Furlan, DO, Adrienne Ables, PharmD

With an aging population, discussion and documentation of end-of-life wishes have become increasingly important but are often neglected by physicians. Our goal is to determine and improve the rate of documentation of end-of-life wishes for a population age 75 years and older in the Center for Family Medicine (CFM). Using the electronic medical record (EMR), we reviewed charts of patients 75 years and older to identify if there was documentation of end-of-life wishes. Of the 150 charts reviewed, 18% had such documentation. A computer reminder was added to the EMR for 6 months reminding the provider to document advanced care planning. A post-intervention chart review will be performed and results compared to baseline.

Completed Projects & Research

Session B: Residency Education

CB1: A Systematic Review of Curricular Interventions in Scholarly Activity in Family Medicine Residencies

Jeffrey Lanier, MD

Objective: To systematically review the published literature regarding scholarly activity in family medicine residencies. Methods: A comprehensive search of the literature was performed. Fourteen articles met criteria for inclusion. These articles were reviewed and key data elements abstracted. Results: Implementing a new research requirement (10/14) and utilizing longitudinal lectures (10/14) were the most common curricular interventions. Reporting increased scholarly output was the most common endpoint described (9/14). All programs reporting an increase in scholarly output utilized either a new research requirement (5/9) or a longitudinal seminar (6/9) as part of their curricula. Conclusions: Scholarly output is the most common approach to measuring resident participation in scholarly activity, and implementing a research requirement and utilizing a structured longitudinal seminar appear to be

effective at increasing it.

CB2: Effect of Curriculum Innovation on Residency Applications and Match Performance: A P4 Report

Roger Garvin, MD, Patrice Eiff, MD, Alan Douglass, MD, Marguerite Duane, MD, MHA, FAAFP, Richard Young, MD, John Peter Smith, FPRP, John Saultz, MD, Elaine Waller, BA, Patricia Carney, PhD

Objective: It is unclear what influence innovations and restructured training will have on program performance in the National Resident Matching Program. Methods: Applicant and Match data were provided by P4 programs and were compared between 2006/2007 2008/2009 and to national applicant and Match data obtained from ERAS and the NRMP. Results: The mean number of US MD senior applicants increased from 53 to 72 after P4 implementation compared to before P4, while nationally increased from 44 to 53. The percent of positions filled by MD US seniors on July 1 was higher for P4 sites compared to the national average. Conclusions: innovations in curriculum do not appear to adversely affect student interest or program performance in the Match.

CB3: Do Global Health Tracks Increase the Likelihood of Future Care for Underserved Populations?

Winston Liaw, MD, MPH, Andrew Bazemore, MD, MPH, Imam Xierali, PhD, John Walden, MD, Masahiro Morikawa, MD, MPH, Philip Diller, MD, PhD

Objective: To determine whether global health track (GHT) participants are more likely to practice in underserved areas than non-participants. Methods: This is a retrospective cohort study, using the 2009 American Medical Association Masterfile and involving the 480 family medicine residency graduates (1980-2008) from Marshall University and the University of Cincinnati. Results: Thirty-seven percent of Marshall University participants and 20% of non-participants practice in health professional service areas (P value=.048). Sixty-nine percent of University of Cincinnati participants and 55.5% of non-participants practice in areas of dense poverty (P value=.032). All other combined and within-residency differences were not statistically significant. Conclusions: Marshall GHT participants are more likely to work in HPSAs while University of Cincinnati participants are more likely to work in areas of dense poverty.



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CB4: Intern Evaluation Strategies in Residency Education: What Is and Is Not Being Done

Jennifer Yates, MD

A needs assessment was used to ascertain what evaluation tools are being utilized by residency programs to assess incoming interns. We surveyed (mixed mode methodology) US family medicine residency program coordinators about whether and how intern evaluation is done. Of 439, 220 programs responded; 67% think intern evaluation is needed. However, only 30% of programs are actually doing them. Most are performing simulations and assessing knowledge/comfort levels; less than 1/3 consider personality/learning styles; almost no programs evaluate skills. Many programs saw utility in these tools. Several programs expressed concern about how they would use the information once obtained. Most respondents agreed that intern evaluation is useful, but few are actually doing it. This area is not well described in the literature, and residency programs could benefit from sharing information.

2-5:30 pm

Optional Workshop

OPT1: Grant Writing Workshop 101

Alison Dobbie, MD, ChB, James Tysinger, PhD

Grant writing is important for clinician educators for several reasons. Grant awards can enhance personal career satisfaction while funding educational and/or research ideas that advance family medicine as a discipline. In many institutions, grant awards are important for promotion and tenure, yet many faculty lack confidence in their ability to write grants. (Additional fee. Pre-registration required.)

4-5:30 pm

Seminars

S15: The Family Medicine Residency: Is It Time for 4 Years?

Stephanie Rosener, MD, Alan Douglass, MD, Israel Cordero, MD, Kimberly Legere-Sharples, MD, Yadira Acevedo, MD

The 4-year residency is emerging as a promising approach to family medicine residency training, but why are 4 years needed, and what is involved making the transition? In this seminar, the benefits, curricular trends, and early outcomes

of 4-year training models implemented through the P4 Initiative will be presented. Middlesex faculty and residents will describe our program's experience with the transition to a 4-year curriculum and discuss the benefits, challenges, and surprises we have encountered. Group discussion will focus on the reasons for choosing a 4-year residency, practical aspects of curriculum transition, and the role of 4-year models in the training of future family physicians.

S16: Addressing the 10 Most Challenging Communication Moments in Caring for Patients with Cancer

Forrest Lang, MD, Michael Floyd, EdD, Glenda Stockwell, PhD

This seminar will use a set of video clips of stories collected from patients with cancer and interviews with clinicians to highlight frequently identified challenging communication moments. The video clips and the recommendations imbedded (often at odds with each other) will encourage a discussion of the pros and cons of ways to address these moments. The areas for video review and discussion will include dealing with feelings after BBN, discussing a relapse after a promising cure-oriented treatment, whether and how to discuss prognosis, whether and how and when to discuss end of life options, a terminally ill patient responds with a stated preference for ventilation PRN and feeding tube, and others. The video clips used in this seminar will be available on CD-ROM for seminar participants.

S17: Using Medical Simulation to Enhance Resident Education in Obstetrics

Douglas Maurer, DO, MPH, FAAFP

Simulation is the new paradigm in residency education. No longer will residents learn complex procedures, critical incident responses, and appropriate attitudes in difficult situations by practicing only on live patients. Simulation allows residents to learn valuable knowledge, attitudes, and skills first on non-living, high-fidelity simulators. The workshop will present methods of incorporating simulation into any residency program to enhance resident education in obstetrics. Participants will receive hands-on experience running simulated obstetric scenarios including shoulder dystocia, postpartum hemorrhage, and perineal laceration repair. The workshop will enhance patient safety and reduce medical errors while assessing the ACGME core competencies.

S18: An Interactive Curricular Design Seminar: Creating an Interprofessional Education Session That Works for You

Christine Arenson, MD, Christine Jerpbak, MD, Lauren Collins, MD

Objectives: Improving understanding of key principles of interdisciplinary education (IPE) delivery and development of a structured outline for a new IPE program. Rationale: The IOM recommends IPE to improve health care delivery. PCMHs expand this mandate to prepare family physicians and other health professionals to collaborate in interdisciplinary teams. Description: A structured, peer-mentored opportunity to develop or further an idea for new IPE, including: creating measurable learning objectives, selecting teaching partners, choosing target learners, assigning learning activities, and evaluation strategies. Outline: Introductions, including IPE experience—15 minutes; drafting goals and measurable learning objectives—25 minutes; collaborating with partners, selecting the right learners, and deciding on learning activities—25 minutes; developing an evaluation strategy—20 minutes; action plan for home—5 minutes.

S19: The Doctor, the Patient, and the Computer

Joseph Kertesz, MA

Electronic medical records (EMR) utilization is increasing in the family medicine setting. Although there are many advantages, EMR has the potential for interfering with the physician-patient relationship and inhibit the ability of the physician to obtain sensitive psychosocial information. This presentation explores these potential problems, how to train residents to overcome these problems, and how to maximize potential use of computers for psychosocial aspects of medicine. Lecture, videos, and discussion will be used.

Lecture-Discussions

L17A: Pharmacotherapy: A Structured Curriculum Improves Residents' Knowledge

Adrienne Ables, PharmD

Since rational prescribing habits are formed primarily during residency training, a 1-month pharmacotherapy curriculum is required for our interns. Topics reviewed include asthma, chronic obstructive pulmonary disease, coronary artery disease, type 2 diabetes, heart failure, hypertension, and use of antibiotics. The rotation consists of direct patient care

as well as small-group case-based discussions facilitated by assigned readings. Residents take a pretest and posttest in each topic area and complete rotation evaluations of their experience. In 2010, overall test scores improved from 72% to 90%. Residents consistently evaluated the experience as relevant and useful. Perceptions of prescribing practices and patient care also improved after the rotation. A 1-month structured pharmacotherapy curriculum improves medical knowledge and is valued by family medicine interns.

L17B: Implementation of an Expanded Medical School Pharmacology Curriculum That Embraces the Principles of the Patient-centered Medical Home

Thomas Lynch, PharmD

The principles of PCMH center on the concept of a personal physician leading a highly trained team to provide coordinated and integrated care that is safe as well as of the highest quality. Central to this quality of care is the appropriate and safe prescribing of medications. Unfortunately, as documented in a recent AAMC report, most medical students lack fundamental understanding and training in pharmacotherapy by the time they graduate and are poorly prepared for prescribing medications responsibly. This presentation focuses on the development and implementation of an expanded clinical pharmacology curriculum for third- and fourth-year medical students that encompasses many of the new goals set by the AAMC report and, in so doing, also reinforces the principles of PCMH.

L18A: Implementation of Clinical Teams in Three Family Medicine Residency Clinics: Successes and Challenges

Brett White, MD, Roger Garvin, MD, Nick Gideonse, MD, Jennifer Lochner, MD

Research in family medicine has shown that implementing a team approach in a residency clinic can improve measures of physician and staff satisfaction and organizational function (Roth et al. *Fam Med* 2009;41:434-9), though, in general, there is a paucity of information on the implementation and effect of teams in ambulatory teaching clinics. There is a need to create ongoing dialogue about teams in family medicine residency clinics so that programs can learn from the experiences of others. This lecture-discussion will review the experiences of three family medicine residency clinics in various stages of implementation of clinical teams, including their approaches, successes, and challenges.



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L18B: An Integrated Approach to a Residency Practice Transformation: Share Challenges and Success

Tsveti Markova, MD, Marie Mateo, MD, John Porcerelli, PhD, ABPP

The presentation details the principles of the PCMH with specific examples from our experience of how to apply them to the real-world clinical setting and resident education. The clinical initiatives we implement are integrated into the residents' systems-based practice curriculum, with built-in evaluation tools to monitor outcomes. The educational curriculum is fully integrated among staff, residents, and faculty, all functioning in interdisciplinary teams. The goal is to prepare the team to provide high-quality, outcome-focused care and create a culture of continuous improvement. We present data gathered over several years on the effect of teams on the organizational and learning environments, as well as clinical outcomes. We share lessons learned from participating in a Learning Collaborative, leading to PCMH designation.

L19A: Correlation of Adolescent Psychosocial Screening With Health, Academic Performance, and School-based Health Center Utilization

Francesco Leanza, MD, Bryant Williams, PhD, Rachel Roth, MD, Keaton Zucker, LMSW

Washington Irving HS educates 1,500 students in NYC. The student body, mostly Black and Hispanic, has equally diverse academic and interpersonal needs; 15% require special education, and 22% are ESL learners. In 2009, the graduation rate was 38.3% versus 65% nationally. This discrepancy is a potential indicator of future health disparities considering the correlation between high school completion and legal, economic, and health outcomes. The SBHC administers a modified Guidelines for Adolescent Preventive Services questionnaire (GAPS), a screening tool targeting risk factors associated with high dropout rates with the goal of initiating early intervention. We hypothesize the use of the modified GAPS questionnaire will identify students at risk of dropping out and will aid in developing effective interventions, increasing the likelihood of high school completion.

L19B: An Ecological Approach to Family Violence in the Primary Care Centered Medical Home

Jo Marie Reilly, MD, Judith Gravdal, MD

Family violence (FV) impacts individuals, families, communities, and society-at-large. Physicians must lead efforts to identify and prevent family violence. This session introduces participants to an ecological model of violence prevention across the life cycle, spanning child abuse, IPV and elder abuse. It is comprehensive and includes the educational, clinical, legal, community and societal factors that interplay in violence prevention education in our society. It offers educators an approach to teaching violence prevention which is comprehensive and applicable to all health care providers, educators, community leaders, the legal team, students and residents. It offers clinicians a model, whereby they can establish an infrastructure within the context of the primary care medical home, that serves to advocate and balance the community, educational and societal forces that encompass family violence prevention.

L20A: Resources for Physician Training in Drug Abuse and Addiction

Gayathri Dowling, PhD, Cindy Miner, PhD

In 2008, an estimated 71 million Americans used a tobacco product, 58 million binged on alcohol, and 20 million used an illicit drug in the past month—behaviors that contribute to multiple physical health, emotional, and interpersonal problems. Yet only a fraction of individuals who need specialty treatment receive it each year. Primary care physicians are in a unique position to alter this course by making addressing substance abuse a part of routine medical care. However, to do so, it must also become a routine part of medical education. This session presents new resources with scientifically accurate information that can easily be integrated into current curricula to educate physicians in training about substance abuse and addiction and the role they can play in addressing this devastating disease.

L20B: Buprenorphine Prescribing: An Essential Part of the Addiction Medicine Curriculum and the Family Medicine Formulary

Sam Cullison, MD, Paul Gianutsos, MD, MPH

At Swedish Family Medicine Residency Cherry Hill in Seattle all faculty and residents are required to complete an online course that prepares physicians to prescribe

buprenorphine for opiate addiction. Both groups are enthusiastic about the work and understand how it expands clinical options for treating patients with opiate addiction or chronic pain disorders. In addition it builds on and reinforces the remainder of the curriculum on addiction medicine in our program.

L21A: Markers of PCMH Success: Moving the Needle on Insurance Quality Indicators

George Valko, MD, Richard Wender, MD, Mona Sarfaty, MD, MPH, Victor Diaz, MD, Brooke Salzman, MD, Nancy Brisbon, MD, Janis Bonat, NP, Kathleen Hilbert, RN, MS

Achieving NCQA Patient-centered Medical Home Recognition is just the “tip of the iceberg” to functioning as a true medical home and actual improvement in patient care, physician satisfaction, and reimbursement. After receiving Recognition as a Level 3 PCMH in January 2009, Jefferson’s Department of Family and Community Medicine continues to work toward those PCMH goals. Just 2 years into the process, the Department has achieved substantial improvements in numerous quality indicators from its largest regional commercial insurer, which translates into greater income. This income will then be re-invested in the next levels of practice transformation, validating a lesson learned from the National Demonstration Project. This lecture-discussion will describe the ongoing transformation of the JDFCM practices, including the improvement in quality and financial outcomes.

L21B: Tools for Creating Sustainable PCMH Changes: PDSA Cycles, Aim Statements and Process Mapping

Barbara Kelly, MD, Jeffrey Raikes, BS, Cory Gorski, BS, MS, Nicole Deaner, MSW

How is culture changed? How do we create change that is sustainable and maintains itself over time? Our practice is a large university-based family medicine teaching clinic with residents, faculty and staff all working for different organizations. For the past 18 months we have been engaged in a process to align all these parties to reach our goal of becoming a PCMH. We will share our successful approach to using specific practice improvement strategies to bring about change and demonstrate the use of these tools including aim statements, process mapping, and rapid PDSA cycles.

L22A: Advancing Primary Care: COGME's 20th Report

Russell Robertson, MD, Robert Phillips, MD, MPH, Jerry Kruse, MD, MPH

Five recommendations to address the current shortfall of primary care physicians: (1) Raise the percentage of primary care physicians to at least 40% from the current level of 32%. (2) The average incomes of these physicians must achieve at least 70% of median incomes of specialty physicians. (3) Medical schools and academic health centers must develop an accountable mission statement and measures of social responsibility to improve the health of all Americans. (4) Graduate Medical Education (GME) payment and accreditation policies and an expanded Title VII program should support the goal of producing a physician workforce that is at least 40% primary care. (5) Policies to improve the geographic distribution of physicians serving medically vulnerable populations in all areas of the country must be developed.

L22B: From Novice to Master: Developmental Milestones to Mastery and Beyond

Allyson Brotherson, MD, Kimberly Petersen, MD

Competency-based education has challenged medical educators to specifically define the behaviors that residents must demonstrate as they advance through their training and eventual practice in their future careers. This discussion defines the process that our residency program used to develop behavioral descriptors for each stage of training. We combined and expanded the Dreyfus and Bloom taxonomies to nine skill levels. We defined three skill levels for each training year with competency, proficiency and near mastery as the goals for the PGY1, PGY2 and PGY3 resident respectively. Participants will appreciate the use of an educational taxonomy in constructing developmental milestones. They will review the use of developmental milestones as benchmarks for progression through residency and discuss their application in the development of assessment systems.

L23A: Taking the Pain Out of Chronic Pain Management: A Curricular Approach

Geoffrey Jones, MD, James Hall, PhD

The chronic pain patient presents significant challenges for family physicians in training. Resident knowledge and attitudes at our residency program highlight the difficulty of managing this complex problem. An interdisciplinary



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team approach was initiated to design and implement a longitudinal chronic pain management curriculum to teach this important topic at our residency. It includes didactic instruction and participatory activities to maximize the learner's ability to form successful long-term relationships with patients in pain. Existing educational elements of integrated care, evidence-based medicine, and practice management enhancements within the electronic health record are utilized to achieve the goal of greater competence and satisfaction in caring for those with chronic pain. The effect of this innovative approach has been positive.

L23B: Minimizing the Misuse of Opioids in Chronic Pain Treatment: A Case-based Curriculum

Jeffrey Baxter, MD

Chronic pain is most commonly managed in primary care, where providers are inadequately prepared and have limited resources. In prescribing opioids, providers must balance the rights of patients to safe, effective treatment with the responsibility to ensure that these medications are prescribed safely and in a way that minimizes abuse or diversion. In this session, attendees will participate in a case-based module developed for NIDA to introduce students and residents to chronic pain management principles. The teaching materials include clinical tools completed to represent a patient's chart when pain is managed and documented according to national guidelines. In this session we will model implementation of the curricular materials and provide a detailed faculty guide to aid with implementation in participants' home institutions.

L24A: A Foundation for Procedure Acquisition and Competence Using Online Resources, Individualized Education, and Simulation

Beth Fox, MD, MPH, Jason Moore, MD, Janice Schweitzer, MD

The ACGME mandates that family medicine programs develop a means to supervise and evaluate all procedures. They are also instructed to develop graduated experiences to build and maintain procedural skills during their training. Ultimately, FM educators must determine procedural competence and attest that each resident has demonstrated necessary skills for independent practice. This year we incorporated procedural sessions into our clinical simulation

curriculum, utilizing task-trainers and mannequins. During this session, our procedural simulation curriculum will be detailed inviting audience participation regarding procedure selection, instruction, and assessment.

L24B: Building a Personal Digital Journal Article Filing System

George Bergus, MD, MAEd

Physicians have long used paper-based personal article file. Having an organized article file allows quick retrieval of relevant articles so the physician can remind herself/himself about some important details about the diagnosis, treatment, or prognosis of a medical condition. This practice supports both good medical care and self-directed learning. But paper-based article files take up a lot of space and lacks portability. In 2011 it is important to consider digital alternatives to paper-based systems. Having finally made the transition from paper to electrons using free or low-cost applications, the presenter will be exchanging insights and knowledge with other STFM members who have built or are considering building personal digital article files. Please bring your PC, Mac, iPad or E-reader to demonstrate.

Works In-Progress

Session E: Global Health

WE1: An Innovative Approach to Global Health Education: The Integration of Public Health and Clinical Medicine

Anna Doubeni, MD, MPH, Michael Godkin, PhD, Warren Ferguson, MD, James Ledwith, MD, Stacy Potts, MD

The University of Massachusetts family medicine residency program has designed an innovative and unique global health track specifically to integrate key components of public health and clinical medicine in the context of a community-based health care system in a resource poor environment. The interns receive a foundation in global health through a 2-week didactic course. Through a partnership with an international academic institution they will complete a non-clinical group international experience designed to focus on a community-based health system and the role of epidemiology in allocating resources. During the following two years the residents are expected to complete two more international electives. One will have a clinical focus and the other will be to design and complete an epidemiology project.

WE2: Impact of Appointment Request Card Use for Japanese Community in Pittsburgh

Kohhei Nakagawa, MD, Joel Merenstein, MD, Stephen Wilson, MD, MPH

Our clinic has eight Japanese-speaking physicians and we saw approximately 200 Japanese patients last year. Although many of our Japanese patients have language barriers, we do not have a Japanese translator or Japanese speaking staff at the front-desk. As a result, both our Japanese patients and our front office staff experience considerable stress when they interact. Our intervention is to implement an “Appointment Request Card” which is designed to facilitate the scheduling process, decrease stress levels and provide a mechanism for reporting problems with scheduling. This card can be used both at the front desk and over the phone. We will conduct pre and post assessment surveys of both the patients and our staff to assess effectiveness of the card.

WE3: Using Wiki-based Technology to Enhance Health Care Access for Foreigners Living in the United States

Kohhei Nakagawa, MD, Joel Merenstein, MD, Stephen Wilson, MD, MPH

Japanese Community Outreach(JCO) has helped Japanese people living in Pittsburgh to alleviate their concerns about access to health care resources. However, our activities have been limited to offering informational lectures monthly. To disseminate the information to a large audience, we will collaborate with “Pittsburgh Benricho”, a city-guide website popular among Japanese people in Pittsburgh. The website was recently updated to a “Wiki” version. A “Wiki” is a particular type of webpage, the content of which can be easily edited by anyone. Our intervention is to provide the Japanese community with our information more broadly by posting our activities on this website. For evaluation, we will conduct pre and post assessment surveys and will also hold web-analyses to assess utilization of our web pages objectively.

WE4: MyGlobalHealth: An Innovative Approach to Global Health Education

Paul Larson, MD, DTMH

The University of Pittsburgh is responding to a recent explosion of medical student and resident interest in global health education by developing educational tracks in each of the primary care residencies and graduate schools. However, there remains no formal structure to facilitate sharing of

content across residency and graduate programs. This project develops a framework for an integrated curriculum utilizing an innovative on-line learning management system called myGlobalHealth. MyGlobalHealth links all seminars in global health at UPitt and UPMC listed on the Center for Global Health Web site with corresponding online content, student evaluation, seminar feedback, and program tracking. This project fosters collaboration between residencies and graduate schools with global health tracks and deepens the impact of the University Center for Global Health.

WE5: Assessing Lifestyle Cardiovascular Disease Risks for Japanese in Pittsburgh

Nobutaka Hirooka, MD

Cardiovascular disease (CVD) is one of the major causes of death in the US and worldwide. Despite extensive research efforts, this highly lifestyle-associated disease has been relatively unstudied at the individual and/or community lifestyle level. For minority populations, moving to a new environment from other parts of the world makes CVD-related lifestyle much more complex. We will present a project assessing CVD-related lifestyle at the individual and community level for Japanese in Pittsburgh by using a 76-question survey and clinical data. After having designed the project, which was approved by the University IRB, we have started data collection at the time of submission. This project will foster the groundwork for healthy lifestyle promotion to prevent CVD and its risk to the targeted population.

Session F: Innovative Education

WF1: Integrating Team-based Learning and Web-based Instruction in Primary Care Clerkships

Jennifer Purcell, PhD, Deborah Jones, MD, MPH, Sharon Krackov, EdD, Pablo Joo, MD

The impact of team-based learning (TBL) on examination performance when used in combination with web-based instruction during a clerkship has not been studied. As part of our initiative, the primary care clerkships at two medical schools use a joint web-based delivery system to teach five core content areas and employ a common 100-item exam bank to measure student performance. In addition, one school has implemented a TBL curriculum to apply concepts in four of the five content areas. Exam scores for all five



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content areas, using one as a baseline, will be compared across the two schools. Our findings will be of interest to primary care educators in undergraduate medical education who are considering the introduction of TBL and/or web-based instruction to their clinical curriculum.

WF2: Design Studios: Creating Learner-centered Educational Homes Where Busy Clinicians Can Build Academic Skills

Janice Benson, MD, Alicia Vazquez, MD

Clinical medical educators are consumed by increasingly busy clinical schedules, making it difficult to find time for scholarly work despite its value to the future of family medicine. How can academic skill learning be fostered within hectic clinical work environments? A well-established public hospital faculty development program implemented "Design Studios" (Schon) over the last 4 years to improve the accomplishment of project tasks, modeled after the rich educational settings of architectural "design studios" wherein students work separately in one room with a professor present for immediate consultation. In this session, participants will (1) review literature on design studio formats, (2) give feedback on preliminary assessments with faculty development trainees, (3) share implications of incorporating such design studios into their faculty, residency, and student programs.

WF3: Medicine and Art—Introducing Humanistic Education Through the Back Door

Naomi Smidt-Afek, MD, MHPE, Sonia Velez, MD, JD

Currently, up to fifty percent of family medicine residents are International Medical Graduates (IMGs). Many are unfamiliar or have limited exposure to the cultural / moral tenets that are part of our professional and societal discourse. Our course is designed to provide our residents with a broader perspective on these issues and close some educational gaps. The goal of our Medicine and Art program is to provide our residents with a platform to discuss humanistic issues as related to the practice of medicine. The program includes ten after work monthly meetings where a film or a fiction piece is presented followed by a discussion. Each meeting has distinct goals and objectives. A survey to assess knowledge and comfort with certain topics precedes each meeting.

WF4: Behavioral Interviewing Can Improve the Resident Selection Process

Kate Thoma, MD, MME

Residency directors intend to recruit the best residents. They review ERAS data that has low correlation with resident performance. AFMRD identified core character traits of a family physician. We incorporated behavioral interviewing to evaluate all candidates for six of these traits most desired in a resident physician by our faculty and residents: coping, decision making and problem solving, interaction, commitment to task, honesty/integrity and willingness to learn. We used an objective scoring system to evaluate each candidate and incorporated into a final resident candidate score used to develop a match list. A post-interview survey found 77% of respondents agreed or strongly agreed that the questions asked were appropriate and helped them communicate who they were and the type of resident they would be.

WF5: Vitamin D: Evaluation of Current Practices in a University-based Ambulatory Primary Care Clinic

Keisa Bennett, MD, MPH

Research reveals significant vitamin D deficiency among American children and adults. Besides its known preventive role in osteoporosis, possible other benefits related to adequate vitamin D include cancer prevention and glycemic control. The purpose of this pilot study is to determine current practices of health care providers and patient experiences regarding vitamin D discussion, testing, and recommendations in one family medicine clinic. We recruited patients in the clinic's waiting room to complete a survey that demonstrated low rates of patient-provider interactions surrounding vitamin D. A provider survey concerning vitamin D beliefs and practices, as well as barriers and facilitators to appropriate vitamin D management, is currently in progress. These surveys will be used to guide a larger scale intervention and evaluation.

Session G: Pain Management-Mentoring

WG1: Applying Patient-centered Medical Home Concepts to Teach Chronic Pain Management

Thomas Balsbaugh, MD, Randi Sokol, MD, Shelly Henderson, PhD, Kay Nelsen, MD, Joshua Fenton, MD, MPH

Patients with chronic pain need the high quality, safe and coordinated care provided in Patient Centered Medical Homes. Pain management should be integrated into the scope of medical homes and should include tools such as health information technology, evidence-based guidelines, self-management support, and continuous quality improvement. We have developed a curricular innovation that uses PCMH principles for a system of care for chronic pain. Residents who learn to apply medical home principles to the care of chronic pain will feel more confident in this area of practice, and they will also have a better understanding of the PCMH. To have a greater impact on resident education, we must provide a greater number of specific clinical applications for the patient centered medical home.

WG2: Developing a Mentorship Structure to Enhance Diversity of Student Researchers Within a Translational Research Study

Joy Goens, MPH, John Boltri, MD, Monique Davis-Smith, MD, Paul Seale, MD

The Center for Educational Research (CER), housed in a family medicine practice in Macon, Georgia is the host for the CBDPT-2 translational research study including 42 African American churches from two states. The primary investigators of the project are practicing physicians and adjunct professors in the local medical school. Now in the third of five years of the grant, a diverse group of students have contributed to the project in various ways. Strategically planned educational experiences for undergraduate students, medical students, and residents have resulted in award winning projects from a variety of regional college programs. Preliminary analysis of structured experiences show how student opportunities can meet both project goals and curriculum requirements while simultaneously providing a fulfilling community outreach practice for students.

WG3: Making Prescribing Opioids Less Painful: Teaching Residents to Use the Opioid Risk Tool

Julie Yeh, MD, MPH

Many residents are uncomfortable prescribing opioid medications for pain, yet must learn to appropriately manage patients who need them. One tool to assist in management is the Opioid Risk Tool, which has been validated in pain clinic settings. This project seeks to teach family medicine residents how to use this tool, assess their learning, and also potentially evaluate associated patient/process outcomes. Methods include pre-test/post-test knowledge/attitudes assessment and chart reviews. After this session, participants will be able to use the Opioid Risk Tool (ORT), instruct their residents on use of the tool, and evaluate the impact of the instruction.

WG4: Overcoming Opiophobia: Evaluation of a Toolkit for Treating Chronic Pain in a Family Medicine Residency

Linda Myerholtz, PhD, Joseph Thompson, MD, PhD, Priya Kumaraguru, MD, Andre Garcia-Taganas, MD

The management of chronic nonmalignant pain (CNMP) poses a significant challenge for physicians. We developed an educational intervention and toolkit (CAST: Concise Analgesic Surveillance Toolkit) to assist residents and faculty with assessing and treating patients with CNMP. This three-phase study is designed to measure the impact of this educational intervention. In Phase I of the study, we evaluated the impact of the CAST on the knowledge, attitudes, and comfort level of family medicine residents and faculty in treating CNMP. In Phase II, we are measuring the impact on physician management and documentation practices. In Phase III, we are evaluating the impact on patient treatment outcomes (pain ratings) and on aberrant medication-taking behaviors. Challenges in implementing the toolkit will be discussed.

WG5: Gynecologic Procedure Workshop on a Shoestring Budget: Adaptation of a Simple Model for Colposcopy and Endometrial Biopsy Training

Sanford Lax, MD

In 1994, 93% of family practice residencies trained in colposcopy. However, by 2001, this number decreased to 81%. Gynecologic procedure training requires cognitive and psychomotor learning along with repetition. This paucity of office gynecologic procedure volumes limits our



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residents' training experience and threatens the competency of graduating residents. Therefore, a supplemental training method was necessary to teach competency in gynecologic procedures. To supplement resident training, our program adapted a simple and inexpensive workshop model (Apgar 1998) for colposcopy and endometrial biopsy. This model simulated vaginal and cervical dimensions and provided an excellent psychomotor skills teaching model for less than \$15.

Completed Projects & Research

Session C: Office-based Interventions

Moderator: *Randall Clinch, MD, MS*

CC1: Impact On Referral Rates After Adding Healthy Steps to Curriculum

Susan Hughes, MS, Lydia Herrera-Mata, MD

Since children's optimal development is a priority, our family medicine residency training program implemented a change in the pediatric curriculum incorporating aspects of Healthy Steps into well-child care for children under 5 years old. To determine the impact on developmental referral rates at a rural California family medicine residency clinic, medical records were reviewed retrospectively 1 year before and 3 years after the curriculum change. Logs showed a referral rate of 1.2% (10/864) before intervention. After implementation, referral rates were 1.1% (14/1,251) in the non-intervention group and 9.9% (14/141) in the Healthy Steps group. While referral rates did not change in the non-intervention group, developmental referrals rose significantly in the Healthy Steps group ($P < .05$)

CC2: The Effect of the Ages and Stages Questionnaire on Detection of Developmental Delay

Jennifer Bello, MD, Emily Lovaasen, MD

Objective: Evaluate if implementation of the Ages and Stages Questionnaire (ASQ) at an urban Community Health Center improved screening, detection, documentation, and interventions for developmental delay and examine health care provider knowledge of developmental milestones. Methods: Retrospective chart review: 98 well child visits 6 months before and 98 visits 6 months after introduction of ASQ. 2-63 months of age. Anonymous survey of 46 physicians. Chi-Square test for analysis. Results: Positive screens increased from

0% to 23% prevalence. Even with ASQ, 50% of positive screens were not documented; 39% had no intervention. Providers' knowledge mean was 50%. Conclusions: The ASQ greatly improved rates of screening for and detection of delay. Nevertheless, improvements need to be made in documentation, providing interventions for delay and in preparing physicians to assess development.

CC3: The Simulated Patient, the Simulated Physician: Two Workshops Designed to Enhance Health Literacy Communication Skills

James Campbell, PhD, Karen Edison, MD, Stanton Hudson, MA, Kimberly Hoffman, PhD, David Fleming, MD, Dena Higbee, MS, Nicholas Butler, MA

Objective: To develop two workshops, one for patients and one for physicians, to address health literacy in the clinic setting using simulated patients and physicians. Methods: The Health Literacy Simulation (HLS) workshop targeted practicing community physicians. The Straight Talk With Your Doc (STYD) workshop aimed to empower patients. Participants were assessed pre and post using a self-administered survey. Paired t tests were performed. Results: HLS workshop participants improved their knowledge of health literacy issues and their knowledge of strategies and techniques. Participants from the STYD workshop were more comfortable following doctor's instructions, asking for clarification, plus increasing their knowledge of health literacy techniques. Conclusions: Physicians and patients who learn to use good health literacy techniques become more effective in communicating in the patient-physician relationship.

CC4: Use of Standing Orders for Adult Influenza Vaccination: A National Survey of Primary Care Physicians

Richard Zimmerman, MD, MPH, MA, Steven Albert, PhD, Mary Nowalk, PhD, Michael Yonas, PhD,

Faruque Ahmed, MD, PhD

Background: Influenza vaccination of adults remains below recommended levels. Standing orders programs (SOPs) are a proven method to increase vaccination rates. Methods: Using the AMA Master list, a stratified random sample of US family physicians ($n=820$) and general internists ($n=820$) were surveyed by mail. Results: The survey response rate was 67%. Forty-two percent of respondents who immunized adults in their practices reported consistent use of SOPs. The two variables in logistic regression models associated with the highest likelihood of using SOPs were

awareness of recommendations to use them (OR=3.0; 95% CI=2.2-4.1) and agreement with their effectiveness (OR=2.7, 95% CI=1.9-3.8). Conclusion: Physician use of SOPs for influenza vaccination is associated with awareness of policy, as well as agreement with it. Further education is warranted.

Research Posters: Session 1

Best Research Paper Award Winner:

BRP1 Patient Outcomes At 26 Months in the Patient-centered Medical Home National Demonstration Project

Carlos Jaen, MD, PhD, William Miller, MD, MA, Marivel Davila, MPH, Benjamin Crabtree, PhD, Paul Nutting, MD, MSPH, Kurt Stange, MD, PhD, Raymond Palmer, PhD, Robert Wood, DrPH, Elizabeth Stewart, PhD

Purpose: The purpose of this study was to evaluate patient outcomes in the National Demonstration Project (NDP) of practices' transition to patient-centered medical homes (PCMHs). **Methods:** In 2006, a total of 36 family practices were randomized to facilitated or self-directed intervention groups. Progress toward the PCMH was measured by independent assessments of how many of 39 predominately technological NDP model components the practices adopted. We evaluated 2 types of patient outcomes with repeated cross-sectional surveys and medical record audits at baseline, 9 months, and 26 months; patient-rated outcomes and condition-specific quality of care outcomes. Patient-rated outcomes included core primary care attributes, patient empowerment, general health status, and satisfaction with the service relationship. Condition-specific outcomes were measures of the quality of care from the Ambulatory Care Quality Alliance (ACQA) Starter Set and measures of delivery of clinical preventive services and chronic disease care. **Results:** Practices adopted substantial numbers of NDP components over 26 months. Facilitated practices adopted more new components on average than self-directed practices (10.7 components vs 7.7 components, $P = .005$). ACQA scores improved over time in both groups (by 8.3% in the facilitated group and by 9.1% in the self-directed group, $P < .0001$) as did chronic care scores (by 5.2% in the facilitated group and by 5.0% in the self-directed group, $P = .002$), with no significant differences between groups. There were no improvements in patient-rated outcomes. Adoption of PCMH components was associated with improved access (standardized beta [SB] = 0.32, $P = .04$) and better prevention scores (SB = 0.42, $P = .001$), ACQA

scores (SB = 0.45, $P = .007$, and chronic care scores (SB = 0.25, $P = .08$). **Conclusions:** After slightly more than 2 years, implementation of PCMH components, whether by facilitation or practice self-direction, was associated with small improvements in condition-specific quality of care but not patient experience. PCMH models that call for practice change without altering the broader delivery system may not achieve their intended results, at least in the short term. *Ann Fam Med* 2010.8(Suppl 1):s57-s67. [Doi:10.1370/afm.1121](https://doi.org/10.1370/afm.1121).

Best Research Paper Award Honorable Mention:

BRP2 Trends, Major Medical Complications, and Charges Associated With Surgery for Lumbar Spinal Stenosis

Richard Deyo, MD, MPH, Sobail Mirza, MD, MPH, Brook Martin, MD, MPH, William Kreuter, MPA, David Goodman, MD, MS, Jeffrey Jarvik, MD, MPH

Context: In recent decades, the fastest growth in lumbar surgery occurred in older patients with spinal stenosis. Trials indicate that for selected patients, decompressive surgery offers an advantage over nonoperative treatment, but surgeons often recommend more invasive fusion procedures. Comorbidity is common in older patients, so benefits and risks must be carefully weighed in the choice of surgical procedure. **Objective:** To examine trends in use of different types of stenosis operations and the association of complications and resource use with surgical complexity. **Design, Setting, and Patients:** Retrospective cohort analysis of Medicare claims for 2002-2007, focusing on 2007 to assess complications and resource use in US hospitals. **Operations for Medicare recipients undergoing surgery for lumbar stenosis** ($n=32,152$ in the first 11 months of 2007) were grouped into three gradations of invasiveness: decompression alone, simple fusion (1 or 2 disk levels, single surgical approach), or complex fusion (more than 2 disk levels or combined anterior and posterior approach). **Main Outcome Measures:** Rates of the three types of surgery, major complications, postoperative mortality, and resource use. **Results:** Overall, surgical rates declined slightly from 2002-2007, but the rate of complex fusion procedures increased 15 fold, from 1.3 to 19.9 per 100,000 beneficiaries. Life-threatening complications increased with increasing surgical invasiveness, from 2.3% among patients having decompression alone to 5.6% among those having complex fusions. After adjustment for age, comorbidity, previous spine surgery, and other features, the odds ratio (OR) of life-threatening complications for complex fusion compared



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with decompression alone was 2.95 (95% confidence interval [CI], 2.50-3.49). A similar pattern was observed for rehospitalization within 30 days, which occurred for 7.8% of patients undergoing decompression and 13.0% having a complex fusion (adjusted OR, 1.94; 95% CI 1.74-2.17). Adjusted mean hospital charges for complex fusion procedures were US \$80,888 compared with US \$23,724 for decompression alone. Conclusions: Among Medicare recipients, between 2002 and 2007, the frequency of complex fusion procedures for spinal stenosis increased while the frequency of decompression surgery and simple fusions decreased. In 2007, compared with decompression, simple fusion and complex fusion were associated with increased risk of major complications, 30-day mortality, and resource use. *JAMA*. 2010;303(13):1259-1265.

RP1: Impact of a Patient-centered Care Plan on Team-based Care and Health-related Goals

Kavitha Chunchu, MD, Larry Mauksch, MEd, Carol Charles, LICSW, CCM, Valerie Ross, MS

We evaluated if a patient-centered care plan (PCCP) in the EMR improved goal setting and patient or provider satisfaction. A case-control study was conducted in a family medicine residency clinic. The experimental group consisted of eight physicians and a medical assistant working

with 28 patients. The control group had seven physicians and a medical assistant working with 30 patients. Charts were analyzed for evidence of eight goal-setting elements. Follow-up interviews with experimental group patients and providers assessed participant satisfaction. Results indicate a statistically significant difference in the presence of all

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eight goal-setting elements in PCCP charts compared to control charts ($P < .001$). PCCP incorporation into the EMR provides documentation of patient values and health goals and may enhance provider satisfaction, patient activation, and continuity.

RP2: Patient-centered Medical Home: Does It Improve Maternity Care in a Family Medicine Residency Continuity Clinic?

Jay Lee, MD, Brandy Deffenbacher, MD, Emma Swingle, MD, Heather Bleacher, MD

Objective: Using the modified modified continuity index (MMCI), we plan to examine continuity of care of pregnant patients in the resident continuity clinic during a 2-year period prior to implementation of the Patient-centered Medical Home (PCMH) curriculum and a 2-year period after it started. Methods: This was a retrospective study, based on patient chart review. This study was conducted at the AF Williams Family Medicine Center. This clinic is the ambulatory site for the University of Colorado Family Medicine Residency Program located in Denver, CO. Results: A prior study did not show improvement of the continuity index. This study will increase the study period and sample size. Conclusions: We hope to show that the continuity improved after the implementation of PCMH.

RP3: Good Outcomes With Low Cesarean and High VBAC Rates in a Wisconsin Amish Community

Lee Dresang, MD, Laura Lynch

Objective: To review the primary cesarean, vaginal birth after cesarean (VBAC), and perinatal and maternal outcomes in an interdisciplinary (family medicine and midwife) birth center serving Amish and Mennonite women. Methods: Data were analyzed from birth records for 937 Amish and Mennonite deliveries from 1993-2010 at a primary care birthing suite in LaFarge, WI. Results: Birth Center patients had a low cesarean rate, high VBAC rate, and good maternal and perinatal outcomes. Of 92, 88 (95.6%) had a successful VBAC. There were no maternal deaths. The neonatal death rate of 5.4/1,000 was nearly identical to that of Wisconsin. Conclusions: The LaFarge Amish study supports a low-tech approach to delivery where good outcomes are achieved with a low cesarean and high VBAC rate.

RP4: Acculturation, Pregnancy Intention, and Antenatal Depression Among Latinas

Rochelle Tinitigan, MD, Michelle Tinitigan, MD, Fozia Ali, MD, Tiffany Tran, MD, Johra Nasreen, MA, Bryan Bayles, PhD

Objective: To explore the relationship between acculturation, pregnancy intention, and antenatal depression among underserved, pregnant Hispanics. Methods: A total of 144 pregnant Hispanics from community-based obstetrics clinics participated in a cross-sectional study. Questionnaire consisted of demographics, Center for Epidemiologic Studies-Depression (CES-D) scale, depression, General Acculturation Index, social support, and pregnancy intention. Results: Bivariate analyses did not show a significant association between demographics and CES-D scores. Higher CES-D scores correlated with depression and were significantly associated with being unmarried, low social support, unintended pregnancy. Unintended pregnancy is high risk for depression, compared with intended pregnancy (28.6%, 12.3% respectively) ($X^2=5.83$, $df=1$, $P < .05$). Conclusion: Perinatal depression is inadequately addressed in prenatal care settings. Of 29 women classified at high risk for depression, only 4 (14%) received counseling about postpartum depression.

RP5: An Evaluation of an IUD Initiative at Family Medicine Residency Programs

Cara Herbitter, MPH, Jason Fletcher, PhD, Finn Schubert, Megan Greenberg, Marji Gold, MD

Objective: Despite the safety and efficacy of intrauterine devices (IUDs), they are underutilized in the United States, likely due to a lack of clinical training, misconceptions about IUDs, and their prohibitive cost. This study evaluates an initiative to provide free IUDs and educational support to family medicine residencies. Methods: Pre- and post-surveys were collected from residents and faculty at 12 residency programs at baseline and 6 months. Results: At baseline, the majority (69.7%) of residents had not inserted copper IUDs, and nearly half (43.4%) had not inserted hormonal IUDs in the previous 6 months. Common misconceptions included guidelines for patients with a history of STI/PID or ectopic pregnancy. Conclusions: We anticipate the post-survey results will demonstrate increased IUD insertions and greater adherence to established guidelines.



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RP6: Improving Reinfection Rates of Chlamydia Trachomatis and Genitourinary Gonococcal Infections in Louisiana Outpatient Clinics

Brice Mohundro, PharmD, Emily Evans, PharmD, Ann Wicker, PharmD, Tibb Jacobs, PharmD, Shawn Manor, PharmD, Mandy Ranzino, PharmD

Objective: The primary objective is rate of reinfection with chlamydia and/or gonorrhea before and after educational interventions are implemented. Methods: This prospective observational study evaluated patient age, race, gender, and payor method; date of initial diagnosis with chlamydia, gonorrhea, or both; treatment of initial infection; education documented at initial infection; date(s) of subsequent infections; and education. Educational interventions included a DVD presentation for patient viewing, printed patient brochures, and a live in-service training seminar for providers. Results: Expected result is reinfection rates will decrease as the prescribers and patients use the means of prevention on which they have been educated. Conclusion: If expected result achieved, results will demonstrate the effectiveness of a multidisciplinary approach to treating sexually transmitted infections in family medicine residency program clinics.

RP7: Teaching Community Health Workers to Train Peers About Hypertension: Outcomes and Implications

Jeffrey Morzinski, PhD, MSW, Leslie Patterson, MS, Christina Eldredge, MD

Health workers, sometimes called volunteers or navigators, are increasingly relied upon to provide education and support for populations of underserved, diverse patients. Family medicine should establish a central role in preparing, monitoring, and partnering with these workers. This poster describes an innovative train-the-trainer curriculum for health workers (n=51) who, concurrent with training, delivered scripted modules to veteran peer groups to help them manage hypertension. Topics (n=12) included health support, preparing for doctor visits, hypertension myths, and stress management. Evaluation data indicates significant but different levels of workers' skill acquisition, evidence of veterans' behavior change and health improvement. Implications include the importance of family medicine in all project phases and the potential links with medical education and the medical home.

RP8: Continuity of Care and Diabetes Quality Measures

Richard Younge, MD, MPH, Beena Jani, MD, David Rosenthal, PhD, Susan Lin, DrPH

Objective: This study tested the hypothesis that continuity of care leads to better diabetes care and outcomes. Methods: Existing data on 484 diabetic patients who made at least three visits to Farrell Clinic during 2008-2009 were analyzed. Modified Modified Continuity Index (MMCI) was used. Chi-square tests were used to examine the association of care continuity with the HEDIS diabetes quality measures. Results: Patients with higher MMCI scores were less likely to have poor A-1-c but more likely to have better lipid control. There were no significant differences in other diabetes quality measures. Conclusions: Continuity care affected only some of the diabetes quality measures. Future studies are needed to examine the impact of other factors in addition to visit based continuity on diabetes care.

RP9: Diabetic Group Visits in a Residency Program

Justin Price, MD, Steven Crane, MD, Kathleen Walsh, BS, Steve Patch, PhD

This project compares the outcomes of a control cohort of patients receiving individual visits and education alone with a treatment cohort participating in group visits within a residency program. Patients were poorly controlled diabetics referred from a local free clinic. Hemoglobin A1C data were collected retrospectively and analyzed for normality and statistical significance. Final analysis included 17 patients in the control cohort and 23 in the treatment cohort. Of these, the control cohort had a decrease of hemoglobin A1C of .15, while the treatment cohort had a decrease of .93 (P=.291). While not statistically significant, the data suggest that group visits are a viable and effective way of treating diabetic patients.

RP10: Vasectomy Beliefs Among Patients at the University of Southern California Family Medicine Center

Andrea Angelucci, DO, Camilo Zaks, MD, Gregory Stevens, PhD

Objective: Although safer, easier, less expensive, and equally effective as female sterilization, vasectomy remains one of the least used, least understood contraceptives. Understanding reasons for vasectomy reluctance may lead to specific patient education strategies. Methods: A qualitative survey study of 105 adult clinic patients was performed to establish (1) the rate of vasectomy, (2) the rate of considering vasectomy, and whether demographic,

socioeconomic, relationship characteristics, or beliefs regarding vasectomy affect (1) and (2). Results: Belief that vasectomy is more difficult than tubal ligation decreases vasectomy willingness. A trend toward vasectomy reluctance and the beliefs that vasectomy requires hospitalization or is painful is also present. Conclusion: With the identification of specific misconceptions we can develop more effective educational campaigns.

Scholastic Posters: Session 1

SP1: Clinical Outcomes of Diabetic Patients at a Student-run Free Clinic Project

Sunny Smith, MD, Laura Marrone, MD, Ellen Beck, MD, Michelle Johnson, MD

There are now over 50 medical schools with Student-run Free Clinics but literature describing their quality of care and clinical outcomes is sparse. This study examined the quality of care of diabetic patients at one Student-run Free Clinic (N=182) by comparing our outcomes to ADA standards and outcomes from published reports. Retrospective chart abstraction was performed to obtain data for HbA1C, lipid panel, urine microalbumin/creatinine, serum creatinine, blood pressure and ophthalmology exam. We found that our diabetic patients received care that meets or exceeds the care provided to other groups of insured and uninsured diabetics on nearly all measures. This study is one of the first to demonstrate that Student-run clinics provide excellent medical care to patients who otherwise would not have access to care.

SP2: Enhancing Inpatient Education Through Evidence-based Clinical Inquiries and Patient Safety Reports

Sharon Smaga, MD, Marci Moore-Connelley, MD

Changes have been made in the inpatient Family Medicine Service to increase education in the core competencies of Practice-based Learning and Improvement and Systems-based Practice. The first project involves the use of evidence-based medicine to answer specific clinical questions generated on the service. The second project involves the use of a patient safety log to identify possible medical errors or patient safety issues and to suggest possible solutions to prevent recurrence. The residents report a higher degree of satisfaction with the rotation since the changes were implemented. The model will be presented in more detail in this session.

SP3: Management of Sepsis: A Family Medicine Approach

Balprit Randhawa, MD

Sepsis is a severe and complex pathologic process that affects 750,000 individuals every year in the US, resulting in 210,000 deaths. The average cost of caring for a septic patient is \$22,100, and it costs the US health care system \$16.7 billion annually. As such, the recognition and management of the septic patient is crucial to the teaching of the family medicine resident; however, this topic is often overlooked during inpatient and outpatient teaching. I present here a systemic approach to the understanding and treatment of sepsis specifically designed for the family medicine resident.

SP4: A Mathematical Model for Glucose Control in Diabetes

Rebecca Gladu, MD, Timothy Ehiabor, MD, Sara Ehdaie, DO

The control of glucose in the diabetic patient is under the influence of many physiologic factors. One must consider the patient's diet, hunger, the patient's diabetic medications, the amount of insulin sensitivity in the body, the amount of exercise, the production of glucagon, the liver's production of glucose, the obesity factor, and stress hormone effects on glucose metabolism. We have created a mathematical model to account for all of these factors. This formula describes, in mathematical terms, how glucose is affected by multiple factors. The formula can also be used to devise the optimum strategy to favorably influence the most factors at once, giving the patient the best opportunity to achieve glycemic control.

SP5: An Interdisciplinary Direct Observation Precepting Model: Design, Implementation, and Evaluation

Valerie Ross, MS, Mark Beard, MD, Larry Mauksch, MEd

Direct Observation of residents for training and assessment purposes is called for by the AAMC, ACGME, and the IOM. However direct observation rarely occurs in most training sites. Over the past four years we have successfully implemented an innovative Interdisciplinary Direct Observation Precepting Model (IDOPM). Residents are directly observed during clinic by a behavioral scientist and family physician team. We have evaluated this model using surveys and focus groups of residents and faculty. A key finding is that there are a number of fundamental biomedical and psychosocial skills that are not attended to in traditional precepting encounters and are being addressed in our precepting model. Participants will discuss application to teaching in their own settings.



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SP6: Does a Micropractice Give Macrosatisfaction?

Meaghan Combs, MD, MPH, Melissa Stiles, MD, Elizabeth Paddock

Physician quality of work life is a well-recognized key factor in career choice and retention. No comparison exists between traditional practices and Micropractices. Physicians employed by the University of Wisconsin Department of Family Medicine in community and residency clinics and physicians working in Micropractice clinics across the US were surveyed. Wisconsin is a state with high physician satisfaction in family medicine. This biased cohort will compare well to the group of physicians in Micropractice clinics, also expected to have a high satisfaction rate. Survey results are directed toward practicing physicians, residency program curricula, residents, medical school curricula, students, and policy makers to make informed career decisions, to impact policy in regard to practice models, and to expand education regarding Micropractice models of care.

SP7: The "Case of the Month:" Behavioral Science Via E-mail

Pat Martin, MA, LPCC, Jeri O'Donnell, MA, LPCC

As increasing requirements are introduced into family medicine training, duty hours are decreased, and behavioral scientists are more often asked to "earn their keep" with a patient panel; time for behavioral science is often compromised. Use of an electronic "case of the month" increases teaching opportunities using the technology that residents love. A composite case, based on patients seen in the offices, is sent via e-mail. This includes a case study illustrating how the patient may present in the office, discussion, and educational references.

SP8: An Innovative Dual Approach to Faculty Development of Rural Preceptors

Tejal Parikh, MD, Paul Gordon, MD, MPH, Victor Weaver, MD, Julia Hardeman, MD

Faculty development is essential to develop teaching skills of new faculty. At the University of Arizona a new FM residency with a rural emphasis was started. Rural physicians were recruited. Many of the new physicians had neither completed faculty development training nor had worked with residents. They were unaware of the Medicare guidelines for coding patient visits. Faculty development was important but challenging due to long travel distances, time constraints, and decreased productivity from leaving

their rural clinical site. A two-pronged approach for faculty development using distance learning and a face to-face approach was used. We will review the new curriculum developed to meet the needs of these rural preceptors. This will include the didactic sessions, coding handouts, and a rural preceptor handbook.

SP9: Optimizing Care Transitions From Hospital to Home on a Family Medicine Teaching Service

Barbara Roehl, MD, MBA, Gina Glass, MD, Romina Davarpanah, MD

Transitions between health care settings can be hazardous to patients and costly to the health care system. In keeping with national goals of improving quality without increasing cost, the Underwood Memorial Hospital Family Medicine Residency implemented a Care Transitions Program. Its aim is to improve patient satisfaction and decrease readmission rates by facilitating communication with patients and among providers. The intervention involves the inpatient teaching service patients and builds on the existing discharge process. Patients are now scheduled for outpatient follow-up appointments with their primary doctor prior to discharge. They also receive a telephone call within 24-48 hours of discharge. Data is being tracked to evaluate impact. The intervention provides a template for other residencies to improve quality while avoiding the implementation challenges encountered.

SP10: Promoting Learning During Times of Family or Health Stress

Jill Endres, MD

Medical students are often faced with personal and family health issues or caregiver demands that impact many areas of their lives. Such experiences may cause stress and negatively impact education. However, they can also provide rich opportunities for students to learn more about themselves and their coping strategies as well as to learn more about the body of literature on the stresses of these situations. By encouraging reflection and study, students can develop personally and professionally to become more compassionate and better-informed physicians. A Family Transitions elective rotation was implemented to provide medical students with an opportunity to reflect on family health/caregiver experiences, learn about related medical concepts, and share their findings with peers. This presentation will share the objectives, structure, and student evaluations.

SP11: Effectiveness of an E-learning Tool for a Musculoskeletal Topic in a Family Medicine Residency

Andrew Slattengren, DO

Graduates of the University of Wisconsin Madison Department of Family Medicine Residency Program frequently comment that they would have liked more exposure to musculoskeletal topics. Due to limited didactic time allotted to musculoskeletal topics, formal educational experiences have been limited to major joints (shoulder, knee, ankle, lumbar spine). The purpose of this project was to develop and assess the effectiveness of an E-learning tool for teaching an additional musculoskeletal topic, gouty arthritis. Results demonstrate significant improvement in posttest scores when compared to pretest scores. Additionally, residents who were exposed to the E-learning tool had significantly higher scores than their unexposed peers at the same level of training. E-learning may improve knowledge of musculoskeletal topics that residents might otherwise not have adequate exposure to during residency.

SP12: Utilizing the Medical Home to Enhance Interest in Family Medicine

Eugene Mochan, PhD, DO, John Dahdah, Joshua Cullen, MEd

It is becoming increasingly clear that the PCMH will be the new standard in primary health care delivery. However, many medical schools including PCOM have yet to include the key concepts of the PCMH into their standard curriculum. In addition, the number of PCOM graduates entering residencies in family medicine has precipitously fallen over the past 10 years as part of a larger national trend. To address these issues, PCOM has created a Family Medicine Scholars Program (FMSP) that will selectively recruit students who are interested in becoming family physicians. A major component of this program involves educating medical students about the PCMH. During their course of studies, FMSP students will have the opportunity to participate in collaborative projects within PCOM's PCMH.

SP13: An Innovative Approach to Integrating Family Medicine and Community Mental Health

Susan Graham, MSW

A collaborative program between CMH and FM was developed to meet the needs of the underinsured/uninsured mentally ill/substance abuse patients seen in the FMC. It was increasingly difficult to find mental health/substance

abuse services for patients with either no or poor insurance. It left the family medicine residents to address all of these needs even though they felt unprepared to do so. This project looks at the positive outcomes of patients referred into this program. CMH provided a mental health professional to see patients in the FMC 1 day a week. This reduced stigma, improved access, and improved comprehensive care. Improved communication between agencies, caring for patients without admitting them into the mental health system, and greater adherence to the treatment plan were seen.

SP14: A Practical Guide to Preparing Medical Students (and Ourselves) for International Service

Angela Oglesby, MD, Rosemarie Lorenzetti, MD, MPH, Adrienne Zavala, MD

Preparing fourth-year medical students for an international rotation presents numerous challenges to the organizers, no matter how experienced they are. Trip preparation must begin months in advance and include introduction to language skills, commonly encountered diseases, travel safety tips, and required vaccinations. Students must learn about the country and culture they will be visiting. Medical needs of the destination must be ascertained and supplies gathered. After recently organizing such a trip, the presentors will share resources and ideas that were useful in preparing themselves as well as their students for international service. Practical tips and a preparation checklist will be presented and distributed to participants.

SP15: Incorporating a Clinical Obesity Nutritional Screening Process in Medical Education: Attitudes of Students and Physicians

Susan Saffel-Shrier, MS, RD, Bernadette Kiraly, MD

The obesity epidemic has brought nutrition to the forefront of health care issues in the United States. However, nutrition education remains limited in medical school curricula. Understanding attitudes toward the incorporation of obesity nutritional screening in a clinical education setting among medical students, residents, and faculty could assist in understanding this issue. Second-year medical students and family physicians participated in an obesity nutritional screening project that involved both students and practicing physicians jointly performing nutritional screening and counseling patients, using motivational interviewing techniques, in an outpatient setting. A survey



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was administered to assess the participants' attitudes in five areas of clinical care. Three areas were found to have significant differences among participants: nutrition in routine care, physician-patient relationship, and clinical behavior.

SP16: Together We Can Tackle Tobacco Use: Teamwork in a Residency Continuity Clinic

Alexandra Loffredo, MD, Prajna Sidhu, MD

Although smoking prevalence is declining, tobacco use remains the single most preventable cause of death in the US. In our residency training clinic, 42% of adult patients smoke. An interdisciplinary team of medical assistants, nurses, residents, faculty, and patients worked together to research and develop a smoking screening, education, and cessation project. The project capitalizes on the contributions each member of the health care team makes in the care of an individual patient. Clinical interventions included training staff and providers, changing the EMR to facilitate screening, and developing a patient education slide show that plays in exam rooms. We will review the details of this project and present initial findings on its impact on resident and patient knowledge, attitudes, and behaviors regarding tobacco use.

SP17: Palliative and End-of-life Training for Residents: A Curricula Resource Toolkit and Train-the-Trainer Workshops

Alan Roth, DO, Gina Basello, DO, Peter Selwyn, MD, MPH, Laurence Bauer, MSW, MEd

Family physicians play an important role in the care of people of all ages, including those in need of palliative care. Family medicine's philosophy of care is well suited to the needs of people seeking these services. Family medicine values a competent and compassionate response to human suffering and seeks to improve the well-being of people at all stages of life. There is a broad array of resources available to those interested in offering a Palliative Care curriculum. A beginner's "tool kit" has been created along with Train-the-Trainer workshops to make it easier for faculty who wish to strengthen the training offered through their residency program. The tool kit we have developed provides a set of resources that faculty can use to guide their efforts.

SP18: Increasing IUD Utilization: Changing Faculty and Resident Attitudes

Linda Prine, MD, Kara Cadwallader, MD

Barriers to IUD use in a family medicine residency setting are numerous. Some of the barriers that physicians face to the utilization of IUDs include fear of side effects, lack of technical training for providers, outdated protocols, and concern for the time and costs involved in providing services. In our residency practices we were able to slowly break down these obstacles after the institution of a grant funded IUD insertion program. This session will present our IUD utilization data from before and after the funded program and then review the results of surveys that examined the reasons for the huge increase in uptake. We will use a discussion format to help family physicians identify and problem-solve regarding barriers to IUD insertion in their offices.

SP19: Clinic-wide Initiative to Provide Standardized Education on Over-the-Counter Medication Use in Pregnancy

Michelle Hilaire, PharmD, Janell Wozniak, MD, John Cawley, MD

Is it safe to use over-the-counter (OTC) medications during pregnancy? There is no clear cut answer to this question. Historically, there has been little research on their risks or safety; however, the most common medications used in pregnancy are nonprescription or OTC medications. Prescription medications are assigned a pregnancy rating category for use in pregnancy, but OTC products have Drug Fact Labels that tell patients to contact health care providers about their use. The purpose of this project is to provide education and resources to providers, nurses, clinic staff, and patients concerning both safety and use of OTC medications during pregnancy through various learning methods.

SP20: Perceived Barriers and Potential Solutions in the Implementation of a Residency-based Peer Evaluation System

Maria Syl de la Cruz, MD, Adaku Onyeji, MD, Katherine Gold, MD, MSW, MS

Background: Peer evaluations have been shown to be beneficial in residency programs. However, a challenge to the implementation of peer evaluations is poor completion rates. A non-anonymous peer evaluation system was developed in our residency program. Over 8 months, 84% of senior-intern versus 46% of intern-senior evaluations were

completed. Based on these differential results, an additional study was conducted to assess barriers to peer evaluations among junior residents and solutions to overcome them. Methods: A 15-question anonymous, cross-sectional survey was sent to all residents. This survey covers demographics, perceptions of peer review, barriers to completion, and solutions to overcome these barriers. Results: Pending. Conclusion: This study will be useful to our program's peer evaluation system and to other programs who want to utilize peer evaluations.

SP21: Student and Faculty Use of and Feedback About fmCASES

Alexander Chessman, MD, David Anthony, MD, MSc, Jason Chao, MD, MS, Leslie Fall, MD, Shou Ling Leong, MD, Katherine Margo, MD, Stephen Scott, MD, MPH, Martha Seagrave, PA-C, John Waits, MD

This poster will present information about student and clerkship director use of and satisfaction with the STFM initiative: fmCASES. This peer-reviewed set of online patient cases for family medicine clerkships has been available by subscription since July 2010, after 1 year in pilot form. More than 50 medical schools have subscribed. After completion of every case, each medical student was invited to complete a satisfaction survey. We will compare this student feedback from the pilot year to this subscription year. We will report the number of cases required by clerkships, and the average time spent on cases—both perceived and actual. We will clarify how clerkship directors integrated this resource into the clerkship curriculum and how the directors used the affiliated set of multiple-choice questions.

SP22: Are We Screening for Gonorrhea and Chlamydia Appropriately in Sexually Active Young Women?

Allyson Bagenholm, MD, Elizabeth Zimmerman, MD

Background: Gonorrhea and chlamydia are two of the few curable sexually transmitted diseases. The objective is to determine the residents' compliance with the Centers for Disease Control's screening recommendations and to improve screening adherence. Methods: A retrospective review of 180 charts was conducted to assess if appropriate screening was performed in young, non-pregnant female patients seen between January 1, 2007 and December 31, 2009. A lecture given in July 2010 educated residents on recommended screening guidelines. A post-intervention

chart review of patients seen between August 1, 2010 and May 1, 2011 will be performed. This study was approved by the SRHS Institutional Review Board. RESULTS Preliminary data indicate appropriate chlamydia and gonorrhea screening was performed in 57% and 41% of resident clinics' patient charts.

SP23: Adolescent Surveys in Primary Care Visits and Their Impact on Patient Satisfaction and Physician Confidence

April Brownell, PsyD, Alesia Hawkins, PhD, Farion Williams, MD

The purpose of this study is to examine the use of a more comprehensive UIC Family Health Center Adolescent Survey (FHCAS) by better incorporating the biopsychosocial model. The revised FHCAS will be implemented in primary care visits for patients ages 12-17. Residents will also be trained to use the FHCAS as a rapport building tool. The instrument will acquire demographic and health-related information. The literature does not document a validated primary care adolescent survey to date. Questionnaires: A physician questionnaire will assess physician confidence when interacting with this population. A patient questionnaire will measure adolescent patient satisfaction in the visit that the FHCAS is completed. A pre and post administration of these questionnaires will take place to compare data. Preliminary data will be reported.

SP24: Chronic Opioid Therapy Policy and Implementation Review

Karla Hirshorn, MD, Erika Levis, MD

This policy teaches residents a more well-rounded approach to pain management and chronic opioid therapy with a chronic care model in a Patient-centered Medical Home. It looks at medication side effects, non-opioid treatments, quality of life, patient safety, and patient compliance. It also teaches the use of validated assessment tools to help guide clinical decision making taking into account patient motivation, prior therapies, history of substance abuse, comorbid mental health issues, and patient reliability. The policy also aims to improve patient self-management and provides opioid education. The policy uses electronic medical records for standardized record keeping and scheduled regular visits to monitor treatment effects.



FRIDAY, APRIL 29

Schedule at a Glance

7-8 am Grand Ballroom C-E	STFM Groups' Networking and Common Interest Breakfasts	4:15-4:30 pm Grand Ballroom Foyer	Refreshment Break
8-9:30 am Grand Ballroom C-E	STFM Awards Program with Election Results	4:30-5:30 pm Grand Ballroom C-E	STFM Foundation General Session: The 2011 Blanchard Memorial Lecture
9:30-10 am Grand Ballroom B	Refreshment Break in STFM Village		"Engineering Against Nature When Nature Hits Back: The Past and Future of New Orleans"
11:45am-12:45 pm Grand Couteau	Networking "Boxed Lunch" with STFM Group Meetings (see pages 19-20)		<i>John M. Barry, New York Times, New York, NY</i>
	Optional Session: "Transferring Your Values in Addition to Your Valuables: What You Need to Know About Wills, Trusts and Taxes"		

10-11:30 am

Seminars

S20: HIV and Family Medicine: Part I—Epidemiology, Health Services, and Training Issues – **Bayside B**

S21: Group Care Facilitation: An Experiential Seminar – **Bayside A**

S22: Simulated Buprenorphine Treatment Group Visits: Innovative Resident and Faculty Education About Opioid Addiction and Recovery – **Borgne**

S24: Mysteries of the IRB: An Insider's View – **Bayside C**

S25: From Medical Home to "Mommy's Home!": Modeling and Mentoring Work-life Balance for Female Family Physicians – **Maurepas**

S26: The New STFM Smiles for Life Third Edition: How to Implement It in Your Program – **Nottoway**

Lecture-Discussions

L25A: Identifying and Treating Problem Behavior in People With Intellectual Disabilities

L25B: Developmental Disabilities From Childhood Through Adulthood: Addressing a Dangerous Family Medicine Residency Curriculum Gap – **Napoleon A3**

L26A: Training Residents to Care for Complex Patients: Design, Evaluation, and Next Steps

L26B: Training Family Physicians to Competently and Compassionately Care for Patients With Chronic Non-cancer Pain – **Napoleon C1**

L27A: Collaborative Education and Patient Care: Family Medicine Physicians and Clinical Pharmacists

L27B: Physicians and Pharmacists: Teaching Learners From Different Disciplines Using the Five Microskills Model of Precepting – **Napoleon D3**

L28A: Web-based Comprehensive Immunization Curriculum

L28B: Proposal of a Longitudinal Curriculum in EHR Use by Medical Students – **Napoleon C2**

L29A: A Question of Integrity: Using Simulation to Teach Professionalism

L29B: A Psychosocial Resident OSCE: How We Made It Happen Without a School of Medicine Standardized Patient Program and Why We Will Continue – **Napoleon C3**

L30A: PAFP Residency Improving Performing in Practice Medical Home Collaborative Results

L30B: Teaching Residents Quality Improvement by Incorporating PDSA Cycles Into a Longitudinal Chronic Disease Curriculum – **Napoleon B1**

L31A: Resident Phone Visits to Improve Outcomes and Satisfaction for Diabetic Patients in the Patient-centered Medical Home

L31B: Disease Registries: A Foundation for Teaching Chronic Disease Care of Populations in Residency Programs – **Napoleon B2**

L32A: Using Neuropsychology for Effective Presentations

L32B: Beyond Traditional Didactics: The Innovative Clinical Inquiries Conference Model – **Napoleon B3**

Works In-Progress

Session H: Patient-centered Medical Home – **Napoleon A2**

WH1: Creating a Medical School-based Primary Care Community Medicine Program Which Exposes Students to the PCMH

WH2: Complex Continuity Clinic—Practical Application of Medical Home Skills

WH3: Creating a Resident-centered Longitudinal Maternal and Child Health Curriculum

WH4: Evidence-based Patient-centered Medical Home Transformation: The Family Physicians Inquiries Network PCMH Project

WN1: Building a Scholarly Activity Curriculum: Laying the Foundation for a Strong Capstone

Session I: Pharmacy Topics – **Napoleon D2**

WI1: Cost and Outcome Analysis of the Integration of Pharmacists Into the Medical Home (SCRIPT Project)

WI2: Integration of Clinical Pharmacy Into an Integrated Behavioral Health Service in a Family Medicine Clinic

WI3: Are Drug Treatment POEMs Reporting Data in Clinically Useful Ways for Family Physicians?

WI4: Rates of Prescription Smoking Cessation Medications Among Patients Billed for Tobacco Use Disorder

WI5: Rural and Urban Scholars in Community Health: A Premed Pipeline Program

Completed Projects and Research

Session D: Distinguished Papers – **Gallier A**

Moderator: Arch “Chip” Mainous, PhD

CD1: Clinician Knowledge About Use of Intrauterine Devices in Adolescents in South Carolina Residency Programs

CD2: Cost-effectiveness of Dual Influenza and Pneumococcal Vaccination in 50-year-olds

Fellows/Residents/Student Research Works In-Progress Posters

(Note: Posters will be presented in Grand Ballroom A)

FP38: Building Confidence When Providing Medical Care for the Seriously Mentally Ill

FP39: Improving Adherence to Vitamin D Supplementation Recommendations for Infants in a Residency Program

FP40: Outpatient HIV and HCV Care Training: a Survey of Family Medicine Training Programs in NY

FP41: Cerebrovascular Accident Protocol Implementation

FP42: Prevalence of Vitamin D Insufficiency and Supplementation in the Perception of Chronic Musculoskeletal Pain

FP43: Modernizing the Physician’s Approach to Patient Education in Diabetes With Interactive Web-based Learning Tools

FP44: Improving Care Transitions From a Family Medicine Residency Inpatient Service

FP45: Assessing Patient Satisfaction With and Improving Electronic Prescribing in a Community Based Residency Program

FP46: A Method for Teaching Point of Care Learning

FP47: End of Life: Communication and Education

FP48: Disagreement in Aspirin Recommendations Using Risk Calculators in Patients With Diabetes

FP49: The P-DAT Program: Lessons From Patients With Disabilities

FP50: How Can We Connect? An Information Technology Needs Assessment in an Underserved Family Medicine Clinic

FP51: Effects of Sleep Deprivation on Weight During First Year of Residency

FP52: Meet Them Where They Are

FP53: Effect of the National Economic Crisis on Health and Health Care Access: The Maywood Community

FP54: The Metabolic Syndrome Underdiagnosed in Primary Care

FP55: Perspectives on Reproductive Health Care Access Among Homeless Girls Living in Family Shelters in the Bronx

FP56: Daily Impact of Opioid Medications on Users With Chronic Low Back Pain

FP57: Physical Activity and Diabetes: Does Exercise Prescription Increase Physical Activity in Type 2 Diabetic Patients?

FP58: “Who Will Speak for Me?” Advance Directive Completion in a Patient-centered Medical Home

FP59: Is There Association Between Vitamin D Deficiency and Glycemic Control in Type II Diabetic Patients



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Schedule at a Glance

FP60: Barriers Physicians and DM-II Patients Face in Completing Nutritionist Referrals During First 6 Months

FP61: Screening FOR Depression in Uncontrolled Diabetics: An Effort to Improve Outcome in Primary Care

FP62: Effect of the Electronic Medical Record on Facilitation of the Medical Interview

FP63: An Observational Study Comparing Adherence to New Versus Old Gestational Diabetes Screening Recommendations

FP64: Perceptions and Attitudes of Medical Students With Regards to Death, Dying, and End-of-life Care

FP65: A Community Oriented Needs Assessment in Washington Heights, NYC

FP66: Monitoring of Glycosylated Hemoglobin Post Hospitalization of Nursing Home Versus Home-based Diabetic Patients

FP67: Evaluation of Prescribing Patterns in Type 2 DM After Implementation of an Electronic Medical Record

FP69: Improving Smoking Cessation Counseling in Family Medicine Residency

FP70: The Prenatal Care Project: a Longitudinal Family Medicine Experience for Preclinical Medical Students

FP71: Do Group Visits Improve Care? Results of Diabetes Group Visit Model in Family Medicine Residency

FP72: Health Need Assessment of the Arab Population in Washington Heights-North Manhattan

FP73: Exploring How Country of Origin Within the Latino Community Affects Health Needs

FP74: Improving Resident Coding and Accuracy Through Educational Interventions

FP75: Global Health Training in Family Medicine Residency: Meeting the Needs of Residents?

1-2:30 pm

Seminars

S27: HIV and Family Medicine: Part II—Clinical Issues and Practice Guidelines – **Bayside B**

S28: Practicing What We Preach: Using Motivational Interviewing Skills to Facilitate Challenging Teaching Encounters – **Bayside A**

S29: Professional and Ethical Challenges in Writing for Publication – **Bayside C**

S30: Procedural Confidence: Precepting Procedures With a Challenging Learner – **Borgne**

S31: Developing Better Surveys: Best Practices in Survey Design – **Maurepas**

S32: Crucial Conversations: Tools for Faculty Talking When Stakes Are High – **Nottoway**

S33: Think Like a Reviewer – **Oak Alley**

Lecture-Discussions

L33A: Maternity Care for Indigent Patients: Training Future Family Physicians and Behaviorists to Provide Integrated Care

L33B: Ten Trimesters: Residents Providing Continuous Group-based Care From Pregnancy Through Preschool – **Napoleon A3**

L34A: Training Doctors to Treat Chronic Pain

L34B: Treating Chronic Pain Without Killing Yourself or Others: A Resident Curriculum – **Napoleon C1**

L35A: Leading Change: a Residency Curriculum for Developing Family Medicine Leaders of the Future

L35B: The Academic Pipeline: How to Enhance Professional Development and Cultivate Future Colleagues – **Napoleon C2**

L36A: Teaching Experiential Learning, Time Management, and Study Strategies Within a Foundations Month

L36B: Quality Improvement for Practice for Primary Care: An Ambulatory Care Practice Consortium – **Napoleon C3**

L37A: Group Medical Visits in Family Medicine Residency: From Pilot to PCMH

L37B: A Department-based Approach for Reviewing Junior Faculty Progress Toward Academic Promotion – **Napoleon B1**

L38A: Nutrition Education of the Physician in Training

L38B: The Teaching Health Center: A New Model for Residency Training – **Napoleon D3**

L39A: “Mr Smith Makes Me So Mad!” Helping Residents Learn to Effectively Manage Conflict With Patients

L39B: Caring for Ourselves: Integrating an Innovative Educational Model for Physician Wellness Into a Residency Program – **Napoleon B2**

L40A: Wake Up! Introduce an Easy-to-Use and Affordable Audience Response System to Electrify Your Lectures

L40B: A Unique Method for Teaching Residents to be Savvy Interpreters of Pharmaceutical Sales Pitches – **Salon 817/821**

L42A: Teaching Culturally Responsive Health With ACGME in Mind: Patient Care and Systems-based Practice Competencies

L64B: Addressing Challenging Topics in Sexuality in Medical Education – **Napoleon B3**

Works In-Progress

Session J: Patient-centered Medical Home – Napoleon A2

WJ1: The View From Down Under: The Patient-centered Medical Home in Australia

WJ2: PCMH – an Education Point of View

WJ3: Good Grief! How Do I Teach the PCMH to 50 Physicians and 30 Nurses/Staff?

WJ4: Workshops to Help Community Faculty Learn About the Patient-centered Medical Home

WU2: Teaching Prenatal Care Through Group Visits: Learning From Experience

Session K: Women's Health – Napoleon D2

WK1: Improving Pelvic Examination Skills of Family Medicine and Internal Medicine Residents Using Gynecological Teaching Associates

WK2: Abnormal Cervical Cytology Follow-up in a Family Medicine Residency Clinic

WK3: New Tricks Against Trichomonas: Evaluating a Novel Urinary Antigen Test

WK4: Weight Gain With Depot-Medroxyprogesterone Acetate Use: the Role of Hypovitaminosis D

Completed Projects and Research

Session E: Special Research Session – Gallier A/B

CE1: Changing the Culture of Department or Residency Program: Developing Strategies for Research and Scholarship

2:45-4:15 pm

Seminars

S34: The Resilient Practitioner: UVA's Model for Cultivating Physical, Emotional, Relational, and Spiritual Health in Residency – **Bayside A**

S35: Compass Learning Management System: An Online Environment That Facilitates Learning and Assessment in Residency Education – **Bayside C**

S36: Teaching EBM With Two Visual Decision Analysis Tools – Experience and Opportunities for Collaboration – **Borgne**

S37: Using Electronic Knowledge Resources at the Point of Precepting – **Maurepas**

S38: Welcoming New Faculty to Family Medicine – **Nottoway**

Lecture-Discussions

L41B: The Future of Family Medicine: How Do We Recruit the Next Generation?

L42B: The Joys of Teaching – **Napoleon C1**

L43A: Low Hanging Fruit: Strategies to Increase Publication Rates Among Clinical Faculty

L43B: What Should We Do About the Fourth (Senior) Year of Medical Student Education? – **Napoleon C2**

L44A: One Million Hits and Counting! Utilizing YouTube and iTunes U in Family Medicine Programs

L44B: This Revolution Will Not Be Televised—Social Media in Medical Education – **Napoleon D3**

L45A: Meeting the Family Medicine RRC Faculty Development Requirements: Curriculum and Program Evaluation Highlights From Year 1

L45B: Learning Research Skills by Learning How to Review a Research Grant Proposal – **Napoleon C3**

L46A: Integrating Simulation Into Family Medicine Residency Education: Beyond Chest Tubes and Resuscitations

L46B: See One, Do One, Teach One? Precepting Procedures With Family Medicine Residents – **Napoleon B1**



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Schedule at a Glance

L47A: Getting Home in Time for Dinner: Using Your Electronic Health Record to Save Time

L47B: Order Sets are Everything! Family Physician Involvement in Developing and Teaching Computerized Physician Order Entry – **Napoleon B2**

L48A: Increasing Medical Student Recruitment Into Family Medicine: Effect of a Unique Curriculum in Integrative Medicine

L48B: Culturally Responsive End-of-Life Care: Teaching Strategies for Awareness, Knowledge, and Skills – **Napoleon B3**

Works In-Progress

Session L: Quality Assurance – Napoleon A2

WL1: Medication Reconciliation: The Boring Reality of Getting It Right for Patient Safety and Adherence

WL2: How Do We Do Medication Reconciliation in the Outpatient Setting?

WL3: Developing a Curriculum in Care Transitions at a Community-based Family Medicine Residency

WL4: Care Transitions: A Qualitative Analysis of Students' Critical Incidents

WL5: Inpatient Handoffs: Improving Patient Safety and Provider Efficiency

Session M: Research Education – Napoleon A3

WM2: Teaching Community-engaged Population Health Research to Family Medicine Residents: A New Duke Approach

WM3: Teaching Clinical Efficiency in Residency Education

WM4: Integrating Cosmetic Dermatology Into a Family Medicine Residency Curriculum

WM5: Does Resident Comfort Level With Teaching Change After Feedback From Medical Students?

WM1: An EMR-based Intervention to Increase Patient Recruitment Into Medical Research

Session N: Resident Curriculum – Napoleon D2

WX2: Promoting Dialogue and Collaboration Among Medical, Nursing and Pharmacy Students

WN2: Effectiveness of a Novel Longitudinal Rotation to Teach Evidence-based Medicine

WN3: No Resident Left Behind, Curriculum Redevelopment Using Moodle

WN4: Family Medicine Accelerated Track: Update on an Innovative 6-year Medical School Family Medicine Residency Curriculum

WN5: How to Revise the Didactics Curriculum to Improve in Training Examination Scores

Completed Projects and Research

Session F: Patient-centered Medical Home – Gallier A/B

Moderator: George Bergus, MD

CF1: The Starting Gate: Early Barriers to Patient-centered Medical Home Transformation in Family Medicine Residencies

CF2: Baseline Assessment of “PCMH-ness” in Colorado Family Medicine Residency Programs

CF3: Correlation Between Residents' Attitudes Toward and Exposure to PCMH Features

CF4: If You Build It, Will They Come? Gauging Student Interest in Teaching Health Centers

Special Session

SS3: New Federal Initiatives to Promote Implementation of USPSTF Recommendations – **Cornet**

2:45-4:15 pm

Research Posters

(Note: Posters will be presented in Grand Ballroom A)

RP11: Correlates of Positive Attitudes Toward the Clinical Management of Substance Use

RP12: Family Physician's Care/Referral Patterns for HIV/AIDS Patients

RP13: Integrating Abortion Training Into Family Medicine Residencies: Critical Factors and Useful Practices

RP14: A Resident Run Telephone Intervention to Optimize Lipid Parameters in Patients With Diabetes and Hyperlipidemia

RP15: Resident-led Intervention to Increase Colorectal Cancer Screening: A Practice-based Improvement Project

RP16: Readability of English- and Spanish-language Children's Health Insurance Program (CHIP) Electronic Enrollment Applications

RP17: Scratch the Match—a New Residency Recruitment Model

RP18: Analysis of Prescribing Practices and Return Clinic and Hospital Visits for Outpatient Cellulitis

RP19: The Shared Medical Appointment for Weight Management

RP20: The 2-on-2 Precepting Model: A Method for Enhancing and Integrating the Biopsychosocial Perspective

RP27: The Blues of Having Back Pain

Scholastic Posters

(Note: Posters will be presented in Grand Ballroom A)

SP25: Osteopathic Manipulative Therapy for the Allopathic Resident Rotation

SP26: The Diversity of Family Medicine: The Incorporation of Correctional Medicine Into the Residency Curriculum

SP27: Incorporating Basic Osteopathic Manipulative Medicine Into the MD Precepting Repertoire

SP28: Pharmacy Resident in Underserved Care: Creating the Business Case

SP29: Barriers to Diabetes Self-management in African American Patients

SP30: Comprehensive Model of Curriculum Design and Evaluation in a Residency Program

SP31: From Classroom to Clinical Practice: Reinforcing the Longitudinal SBIRT Curriculum

SP32: UNC Faculty Development Fellowship: A Survey Examining Professional Formation From 32 Years of Fellowship Graduates

SP33: An Interprofessional Curriculum in Integrative Medicine

SP34: The STFM Residency Education Webinars: Next Steps

SP35: Development of a Holistic and Mission-based Process for School of Medicine Admissions

SP36: Evaluation of Compliance to American College of Chest Physicians Guidelines for Warfarin Reversal With Phytonadione

SP37: Introduction of Advanced Life Support in Obstetrics in Ethiopia

SP38: But What Can I Learn From a Normal Patient? Lessons From Patti Sullivan's Pregnancy

SP39: Development of Geriatric Skill Sets to Enhance Learning in an Innovative Geriatric Longitudinal Experience Setting

SP40: Developing Effective Relationships With Our Specialty Colleagues: The Northwestern Family Medicine Residency Pediatric Subspecialty Outpatient Rotation

SP41: Development of Longitudinal Sports Medicine Track in a Family Medicine Residency

SP42: The Next Generation of Family Physicians: Current Residents' Preferences Regarding Training and Future Practice

SP43: Professionalism and Communication Skills: They Can Be Taught. A Resident Behavioral Academic Remediation Plan

SP44: If You Build It, They Will Come: An Underserved Primary Care Curriculum

SP45: Developing an HIV Curriculum at a Family Medicine Residency

SP46: Syncope and Migraine: A Unique Co-morbidity

SP47: An Initial Assessment of Medical Needs and Community Resources in the Huayhuash Region of Peru

SP48: [Canceled]

SP49: Strain-counterstrain: Expanding Myofascial Pain Treatment Modalities for Allopathic Trained Resident Physicians



FRIDAY, APRIL 29

Concurrent Educational Sessions

10-11:30 am

Seminars

S20: HIV And Family Medicine: Part I—Epidemiology, Health Services, and Training Issues

Peter Selwyn, MD, MPH, Kevin Carmichael, MD, Cynthia Carmichael, MD, Carolyn Chu, MD, MSc, Andrew Coco, MD, MS

HIV/AIDS has become a chronic, manageable disease, with many patients living for decades on effective treatment regimens. Early diagnosis and treatment are key elements in the recently promulgated National HIV/AIDS Strategy for the United States. With geographic diffusion of cases, decreasing numbers of HIV specialists, and multiple comorbidities affecting a large, aging cohort of HIV-infected patients, family physicians can play a strategic role in HIV care in the current era. In two interactive sessions, participants will be familiarized with basic principles and practical clinical content regarding the epidemiology of HIV infection, HIV testing and diagnostics, routine HIV-related primary care, antiretroviral therapy, HIV in pregnancy, models of care, and residency training issues applicable to different family medicine settings.

S21: Group Care Facilitation: An Experiential Seminar

Sara Shields, MD, MS, Allison Hargreaves, MD, Linda Clark, MD, Stephanie Carter, MD, MS, Katharine Barnard, MD, Jennifer O'Reilly, MD, Margo Gill, MD, Erica Holland, Tracy Kedian, MD

The philosophy of group prenatal care fits that of the New Model of Family Medicine and the patient-centered medical home: patient-centered care, self-management, and patient empowerment. Group care merges the fundamental aspects of experiential learning theory with the power of peer dialogue found in group process models. While medical students and residents often learn in small group settings, structured teaching about group facilitation for patient care is rare. Medical students and residents doing group prenatal care need to learn not only a basic knowledge of prenatal care but also the skills of collaborative patient-centered care and group facilitation. This experiential workshop, simulating a prenatal group visit, will demonstrate strategies for teaching facilitated group interaction that emphasizes self-assessment, education, and self-care, and de-emphasizes professional control.

S22: Simulated Buprenorphine Treatment Group Visits: Innovative Resident and Faculty Education About Opioid Addiction and Recovery

Kenneth Saffier, MD, Natasha Pinto, MD

Until recently, effective medical treatment of opioid addiction was limited to methadone in strictly regulated programs, often not accessible to many of our patients interested in treatment. About the same time as an exponential rise in opioid addiction to pain medicines, buprenorphine, a partial opioid agonist, became available as an approved treatment. Often called a “miracle drug” by patients, it can be prescribed in an office setting by physicians who receive a few hours of approved on-line or in-person training. This session will simulate our noon conferences and group visits with attendees in an interactive role play as patients with opioid addiction who want to learn about this therapy from our buprenorphine patients who will share their answers via video clips to commonly asked questions.

S24: Mysteries of the IRB: An Insider's View

Eugene Orientale, MD

Why does the IRB seem like an impediment to research? What is the real function of an IRB anyway? This seminar will provide an insider's view of the “inner sanctum” of the IRB review process—from the perspective of a program director who has served as a member of a large institutional IRB for the past 5 years. Participants will learn some of the pearls and pitfalls of the IRB submission process. As a result, they may navigate this process more smoothly in the future. This seminar could also aptly be titled, “Everything you want to know about the IRB, but were afraid to ask!”

S25: From Medical Home to “Mommy's Home!”: Modeling and Mentoring Work-life Balance for Female Family Physicians

Juliet Bradley, MD, Abigail Love, MD, MPH, Anne Jacobson, MD, MPH

As the physician workforce has become increasingly feminized, practice patterns have evolved to accommodate women's need to balance work and family. On the average, female doctors choose to work fewer hours than their male counterparts; despite this, female physicians continue to be at significant risk for burnout. Choosing part-time work has significant implications for salary, career advancement,

and relationships with practice partners. Family medicine residency faculty must be able to appropriately counsel physicians in training about contemporary practice options for family physicians. They must also be able to mentor residents around the decision-making process in choosing a particular way of practicing family medicine and help them identify the personal and professional tradeoffs involved. Our seminar will focus on mentoring female family medicine residents in their career choices.

S26: The New STFM Smiles for Life Third Edition: How to Implement It in Your Program

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

Oral health impacts overall health. However, not all medical schools or residencies teach the recognition and prevention of oral problems. To address this need and compliance with RRC requirements in oral health, STFM's Group on Oral Health created the award-winning Smiles for Life curriculum. It includes educational objectives, online courses, 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, fluoride varnish, and the oral examination. All new third edition materials are available free at www.smilesforlifeoralhealth.org. Facilitators will review the prevalence of oral disease and highlight key elements of curricular materials. Participants will formulate strategies for implementing the curriculum at their programs.

Lecture-Discussions

L25A: Identifying and Treating Problem Behavior in People With Intellectual Disabilities

Deborah Dreyfus, MD, Joanne Wilkinson, MD

Individuals with intellectual disabilities (ID) are living long into adulthood. There is a need for physicians with training and interest to care for a variety of adults with intellectual disabilities. An area of discomfort for primary care physicians is behavioral issues in adults with ID and how to handle them in the course of an office visit. The presentation will be led as a case-based forum for group discussion in the area of behavioral issues and how to evaluate them.

L25B: Developmental Disabilities From Childhood Through Adulthood: Addressing a Dangerous Family Medicine Residency Curriculum Gap

Wendy Gray, MD, Bruce Kelly, MD, Matthew Holder, MD, MBA

Individuals with Intellectual Disabilities and Developmental Disabilities (ID/DD), such as cerebral palsy, Down Syndrome and autism are living longer and entering the mainstream adult community in increasing numbers. As a result, the American health care system must accommodate growing numbers of adult patients with ID/DD. However, there has not been, to date, a nationally accepted strategy to universally train primary care physicians outside of the specialty of pediatrics in health care issues particular to ID/DD. This session will provide attendees with insight into this problem and will engage attendees in a discussion of how an existing family medicine residency curriculum may be augmented to provide family practitioners with necessary training related to ID/DD. A model of a curricular initiative will be presented for discussion and debate.

L26A: Training Residents to Care for Complex Patients: Design, Evaluation, and Next Steps

Justin Osborn, MD, Carol Charles, LICSW,CCM, Frederica Overstreet, MD, MPH, Valerie Ross, MS, Hale Sarah, MD

Training residents to care for complex patients is a priority and challenge. More than half of adults in primary care have multiple chronic illnesses, many with significant psychosocial and economic stressors. We will present the design and evaluation results of a 3-year project on teaching the management of complex patients. A centerpiece of our curriculum is a rotation that incorporates complexity assessment, interdisciplinary teaching, teamwork, community resources, and skill practice. Residents and faculty will share reflections on how this experience has positively impacted patient care and professional satisfaction.

L26B: Training Family Physicians to Competently and Compassionately Care for Patients With Chronic Non-cancer Pain

Julie Rickert, PsyD, Diane Jackson, LCSW, Viviana Martinez-Bianchi, MD, Karen Kingsolver, PhD, Lisa Goldstein, MD, Shefali Gupta, MD, Megan Adamson, MD

Chronic non-cancer pain (CNCP) is a serious medical problem. There are not enough pain specialists to meet the needs of all patients with chronic pain. In addition,



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It could be argued that chronic pain is best cared for in the patient's medical home. However, treating chronic pain can be confusing and intimidating for primary care physicians. Training on managing chronic pain is often limited. Prescribing practices vary widely. Many physicians experience fear of regulatory oversight and find it challenging to work collaboratively with patients who experience CNCP. Presenters from four residency programs will discuss methods for simultaneously improving the doctor-patient relationship while developing more comprehensive, consistent, and evidence-based treatment plans for patients with chronic non-malignant pain. Implications for residency education will be explored.

L27A: Collaborative Education and Patient Care: Family Medicine Physicians and Clinical Pharmacists

Dana Carroll, PharmD, BPharm, Jonathan Ference, PharmD, John Waits, MD, Nathan Pinner, PharmD, Gretta Gross, DO

The lecture-discussion will detail the clinical and educational roles and responsibilities of the clinical pharmacists within two different family medicine residency programs, highlighting the use of interprofessional practice and education to advance the movement toward a Patient-centered Medical Home. Both physician and pharmacist perspectives will be addressed. The funding models to support and clinical pharmacist involvement will be reviewed, and other avenues for developing clinical pharmacy relationships will be explored.

L27B: Physicians and Pharmacists: Teaching Learners From Different Disciplines Using the Five Microskills Model of Precepting

Allen Last, MD, MPH, Stephen Wilson, MD, MPH, Jonathan Ference, PharmD, Beth Musil, PharmD, Nicole D'Antonio, PharmD

As PCMH principles gain traction, our training programs are evolving into medical homes with professionals from various disciplines. Family Medicine (FM) residents will receive more direct teaching from pharmacists, social workers and other non-physicians, who have received variable levels of training in clinical precepting, ranging from non-existent to fellowship trained. The "One-Minute Preceptor" (OMP) model is a structured approach that utilizes the five microskills of precepting, a discreet set of clinical teaching skills that is both time sensitive and high-

yield. While familiar to seasoned FM teachers, OMP will be novel to many Junior Faculty and Clinical Pharmacists and this session is focused on them. We will review the fundamentals of this technique, provide examples and demonstrations, and lead small group sessions to practice these techniques.

L28A: Web-based Comprehensive Immunization Curriculum

Gail Colby, MD, Wendy Biggs, MD

Limited education on immunizations occurs during medical student and resident training. This free Web-based curriculum provides an opportunity for all medical students and residents across the US to learn important immunization strategies. Competency-based testing assesses commonly experienced immunization problems/needs. Implementation of the learning modules in the Midland Family Medicine Residency appeared effective. Improved immunization knowledge and practice will contribute to improved immunization practices among residents who participate in this curriculum as they move on into practice and work toward providing patient-centered medical care.

L28B: Proposal of a Longitudinal Curriculum in EHR Use by Medical Students

Bruce Britton, MD, Christine Matson, MD

The Electronic Health Record (EHR) is an increasing part of patient care, and a mandatory component of the Patient Centered Medical Home. Literature is developing on the effective integration of the EHR into patient care. Medical schools are allowing access to EHRs to students both in the hospital and ambulatory care setting. There has been some preliminary research on the EHR and patient communication with medical students, but research into the formal integration of training medical students in the effective use of the EHR is scant. This lecture discussion will review the current literature on teaching medical students use of the EHR in patient care, and then propose a longitudinal curriculum that teaches stepwise acquisition of integrated EHR and clinical skills for review and discussion.

L29A: A Question of Integrity: Using Simulation to Teach Professionalism

Eron Manusov, MD, Stephen Quintero, MD

The use of simulation with standardized patients is used to access learner clinical and communication skills while eliminating the fear of harm to patients.

Simulation, however, has not been used to a great extent to teach complex social and behavioral concepts such as professionalism. This presentation is a 90-minute didactic and experiential opportunity to describe the use of conventional large-group didactics, small-group discussion, media, reflective writing, and simulation to teach professionalism to medical students. Participants will receive background information, a video example of a simulation scenario, and then break up into groups to develop a scenario. The final 30 minutes will be dedicated to presenting scenario ideas with feedback from the presenters trained and experienced in simulation and medical education.

L29B: A Psychosocial Resident OSCE: How We Made It Happen Without a School of Medicine Standardized Patient Program and Why We Will Continue

Rebeca Lopez, MPH, Victoria Sorlie, MD, Neelu Mehra, MD

Standardized patients (SPs) and objective structured clinical examinations (OSCEs) are requirements of undergraduate medical education; affiliated clinical skills labs have the staff and funding necessary to produce such exams. SPs in residency training are a growing trend, but what if your program does not have the support of a standardized patient program? Can it be done? In this session, we present how we made a psychosocial-themed resident OSCE a reality despite the aforementioned challenge, including: the process of recruiting and training local actors, faculty time requirements, OSCE cases and materials, resident and faculty evaluations, and the costs involved. Participants will watch video of SP encounters (including an interpreter) and faculty observer feedback. Lessons learned and expected and unexpected benefits of the OSCE will be discussed.

L30A: PAFP Residency Improving Performing In Practice Medical Home Collaborative Results

William Warning, MD, CMM; Lee Radosh, MD

Preliminary results of the PAFP Residency IPIP Medical Home Collaborative, the largest residency Medical Home collaborative in the country, comprised of 22 residency programs, will be reviewed. The PAFP residency collaborative began in June 2010 with the goals of improving chronic care management and transforming each practice to an NCQA recognized Patient-centered Medical Home (PCMH). The collaborative is uniquely designed as a physician-led collaborative drawing on the experience of core physician faculty already involved in Pennsylvania's

IPIP Chronic Care Initiative. Each practice developed an IPIP team consisting of a lead physician, clinical and administrative point persons, and a resident physician. These teams attended four learning sessions and participated on monthly webinar conference calls, "virtual faculty office hours" and listserv forums.

L30B: Teaching Residents Quality Improvement by Incorporating PDSA Cycles Into a Longitudinal Chronic Disease Curriculum

Jeremy Law, MD, Kay Nelsen, MD

A cornerstone of the Patient Centered Medical Home is the use of Continuous Quality Improvement (CQI) to optimize patient outcomes and safety. Consequently, family medicine residents should be well-prepared to lead CQI teams in their future practices. The ACGME addresses this by outlining competencies in "Practice Based Learning and Improvement" and "Systems Based Practice." While there are many ways to teach quality improvement, we found that incorporating CQI into a longitudinal chronic disease curriculum would ensure that all residents receive adequate training in this core competency. The "Plan-Do-Study-Act" (PDSA) cycle was taught and used throughout our longitudinal curriculum, successfully engaging residents in the CQI process and allowing them to see the results of their efforts over time.

L31A: Resident Phone Visits to Improve Outcomes and Satisfaction for Diabetic Patients in the Patient-centered Medical Home

Jamie Osborn, MD, Audley Williams, MD

Setting LDL targets for diabetic patients is simple; equipping residents to achieve these targets in a resource-limited PCMH is another matter entirely! We present our pilot of a resident-driven lipid phone visit protocol. We reenact a phone visit while you follow along with our protocol visually. We explore challenges and barriers to implementation and will present outcomes comparing routine care to phone visit care: HgA1c and LDLs, qualitative data from resident interviews, and patient and resident satisfaction are presented. Participants will discuss challenges and potential solutions and will leave equipped with our protocol and process to adapt/implement in their own settings. We will stimulate you to innovate further in phone visit training, achieving population health goals using learners in community and academic settings.



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L31B: Disease Registries: A Foundation for Teaching Chronic Disease Care of Populations in Residency Programs

Edward Shahady, MD

Many residency programs believe they provide quality of care for chronic diseases but periodic audits do not confirm their beliefs. The major emphasis in residency education is “face to face care” and teaching care of patient populations may not receive similar emphasis. This leads to the creation of practitioners who may not be prepared to provide quality chronic disease care for patient populations. Registries that include all patients from a practice with a disease measure care gaps within populations. Care of populations is based on these measurements. This session will demonstrate how a registry is used in several residency programs to identify and resolve population care gaps and adherence to evidence based goals for diabetes, hypertension, and dyslipidemia.

L32A: Using Neuropsychology for Effective Presentations

Aaron Michelfelder, MD

Have you ever wondered what colors or graphs help people learn best? This session will use PowerPoint as a model to apply adult learning theory and neuropsychology to the subtle presentation choices we make to enhance student learning. You will learn what colors, fonts, tables, art, graphs, and more will help students learn your intended lessons the best. You’ll learn about how the human retina works and how the learning centers of the brain respond to different stimuli during presentations. Bottom line: this talk will change how you construct your presentations to learners. So bring your laptop and follow along, or simply listen and learn as the neuropsychology of effective presentations is demonstrated.

L32B: Beyond Traditional Didactics: The Innovative Clinical Inquiries Conference Model

Alexandra Loffredo, MD, Nida Emko, MD, Michelle Tinitigan, MD

The Family Medicine RRC requires a didactic curriculum to supplement clinical learning. Traditional lecture-based conferences do not always accommodate adult learning styles, nor does pure lecture build practical lifelong learning skills for residents to carry forth into their careers. In response to these challenges, our residency developed a unique conference format we call “Clinical Inquiries.” This format provides residents with faculty-supervised

opportunities to identify evidence-based answers to clinical questions, mirroring the self-directed learning skills physicians use to care for patients in practice. These flexible afternoons have a common structure that adapts to different subject areas and faculty styles. During the first hour, residents work individually under faculty supervision researching answers using the Internet; afterward they come together to share their findings.

Works In-Progress

Session H: Patient-centered Medical Home

WH1: Creating a Medical School-based Primary Care Community Medicine Program Which Exposes Students to The PCMH

Jo Marie Reilly, MD, Erin Quinn, PhD, Cousineau Michael, MPH, PhD, Yvonne Banzalli, MBA, MAMFT, CCEC

The need for primary care and community minded-physicians in the era of health care is sky-rocketing. This need is often juxtaposed with the fast paced, quaternary-care medical schools where most medical students receive their education. In order to mitigate this challenge and train medical students about the need for primary care in a PCMH, it is vital to have a vibrant, comprehensive, primary care and community medicine program to improve student exposure, mentoring, clinical opportunities, career counseling and role-modeling within the specialties of family and community medicine and other primary care specialties. The USC-KSOM has developed the primary care and community medicine program (PCCMP) to meet these needs and is tracking the interest, awareness and number of student entering primary care specialties over time.

WH2: Complex Continuity Clinic—Practical Application of Medical Home Skills

William Gunn, PhD, Gail Fayre, MD, Doug Dreffer, MD

This session will describe a half-day clinic we have developed in a community-based residency program. The Complex Continuity Clinic (CCC) is part of a longitudinal curriculum focused on developing patient-centered medical home skills. Third year residents are scheduled for continuity medical clinics in which two patients from their panel having “complexity” are seen. Complexity is defined as “when usual care is not working” and/or psychosocial

complexity are included. Medical and behavioral faculty preceptors meet with the resident and this core team of nurses and care managers both before the patients are seen and after the visit to debrief. The objectives of this clinic are for the residents and their teams to learn new ways of taking care of complex patient situations.

WH3: Creating A Resident-centered Longitudinal Maternal and Child Health Curriculum

Camilla Larsen, MD, Gail Floyd, MD

Noting frequent conflict about the residents' availability for OB call and overall decreased delivery numbers, we set out to determine contributing factors and implement a change. We solicited reasons from faculty for not having a resident present at the delivery and received 18 different scenarios – most referencing work-duty hours. Tallied 11 month deliveries for the department = 261 with 57% resident participation. We introduced in-house OB call for senior residents on weekends. The resident participates in all L&D activity during their call (vs. solely FM). We anticipate an increase in delivery numbers and competency while having less of an impact in clinics and rotations, and less call days. We will compare numbers over the same time frame before and after implementation and survey faculty regarding skill mastery and satisfaction.

WH4: Evidence-based Patient-centered Medical Home Transformation: The Family Physicians Inquiries Network PCMH Project

Peter Smith, MD, Brian Bacak, MD, Linda Montgomery, MD, Mary Onysko, PharmD, Michael Park, MD

As practices begin the process of transforming into Patient-centered Medical Homes (PCMH), they will need to ask the right questions and answer them using the best evidence available. This session will introduce the efforts of FPIN and its distributed academic network to solicit, answer, and disseminate answers to family physicians' PCMH-related questions. We will discuss our efforts to develop an initial question database and present a preliminary PCMH question taxonomy. Participants will be able to describe the FPIN PCMH Question Project, the unique challenges in developing an evidence base for PCMH transformation, the preliminary question taxonomy, and how to get involved in the project. Finally, participants will be able to submit their own PCMH questions during the session for inclusion in the database.

WN1: Building a Scholarly Activity Curriculum: Laying the Foundation for a Strong Capstone

Randall Reitz, PhD, Keith Dickerson, MD

Meeting the ACGME's scholarly activity requirement can be complicated for community-based residencies where faculty and residents often lack interest and experience in research. Many programs sell themselves short by focusing on a stand-alone "senior project" without expectations for hands-on evidence-based medicine experience during PGY-1 and PGY-2. St. Mary's FMR implemented a step-wise scholarly activity process that begins with new resident orientation and builds on EBM experiences in PGY-1 and PGY-2 to encourage a noteworthy "capstone" scholarly project. Key components of this process include maximizing usage of external resources, including AAFP's METRIC and FPIN's Help Desk programs.

Session I: Pharmacy Topics

WI1: Cost and Outcome Analysis of the Integration of Pharmacists Into the Medical Home (SCRIPT Project)

Nicholas Owens, PharmD, Patricia Klatt, PharmD, Joel Merenstein, MD, Melissa Somma, PharmD

The role of pharmacist services in family medicine continues to expand and evolve. High quality cost-oriented evaluations of these services are needed to assess their economic impact. A pretest/posttest cost analysis of pharmacist integration into the four primary care practices participating in the Successful Collaborative Relationships to Improve Patient Care (SCRIPT) Project will be conducted. Data collected will include practice demographics, total practice revenue, hospitalization costs, hospitalization rates, and readmission rates. The objectives of this presentation are to give a brief description of the methods, discuss results thus far, and receive feedback and ideas from the audience. The audience will gain insight into the financial sustainability of a collaborative family medicine-pharmacist practice model.



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WI2: Integration of Clinical Pharmacy Into an Integrated Behavioral Health Service in a Family Medicine Clinic

Casey Gallimore, PharmD, Kenneth Kushner, PhD, Elizabeth Zeidler, PhD

Access Community Health Wingra Family Medical Center has adopted an integrative medical model in which psychologists, pharmacists, and primary providers jointly provide coordinated medical and psychiatric care. Clinical pharmacists are qualified to aid in management of psychiatric medication regimens, but to date little has been published describing pharmacy's role in integrated behavioral health services. The goal of this presentation is to describe, through retrospective chart reviews, a clinician satisfaction survey, and case descriptions, clinical pharmacy's contributions to an integrated behavioral health service in a family medicine residency training clinic.

WI3: Are Drug Treatment POEMs Reporting Data in Clinically Useful Ways for Family Physicians?

Brent Duncan, MD, Adrienne Ables, PharmD

Background: Primary care clinicians are inundated with new medical information daily. POEMs (Patient Oriented Evidence that Matters) define articles that are relevant, but are results published in clinically useful ways? Methods: Two reviewers independently performed a retrospective review of drug treatment articles in JAMA during a 1-year period. Articles identified as POEMs were reviewed for validity and clinical usefulness, ie, reporting of ARR, NNT, and NNH. Similar methods were applied to the following medical journals: BMJ, New England Journal of Medicine, Pediatrics, Archives of Internal Medicine, Obstetrics & Gynecology, and the Lancet. Results: 22% of drug therapy articles in JAMA were identified as POEMs, and only 7% reported ARR, NNT, or NNH. Full results will be presented.



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WI4: Rates of Prescription Smoking Cessation Medications Among Patients Billed for Tobacco Use Disorder

Mary Callis, MD, MPH, Memoona Hasnain, MD, MHPE, PhD

In an analysis by the United States Preventive Services Task Force (USPSTF) smoking cessation treatment for adults was one of the highest-ranked services in terms of its cost effectiveness and potential to reduce the burden of disease. Yet, smoking cessation has one of the lowest delivery rates of all preventive services. Evidence indicates a combination of counseling and medication to be more effective than either alone and both should be offered (Strength of Recommendation A). However, despite these recommendations, it is unclear if medication for tobacco use disorder is being routinely prescribed to patients by physicians. The purpose of this study is to evaluate the rate of medication prescription for tobacco use disorder by physicians in two urban academic family medicine residency clinics.

WI5: Rural and Urban Scholars in Community Health: A Pre-Med Pipeline Program

Marjorie Stearns, MA, MPH, Patricia Cobb, MS, Julie Foertsch, PhD

The Rural and Urban Scholars in Community Health (RUSCH) program was launched in 2009 by the University of Wisconsin School of Medicine and Public Health in partnership with two UW system universities, UW Milwaukee and UW Platteville. The aim of RUSCH is to develop and recruit into medical school undergraduates who are interested in practicing medicine in rural and urban underserved areas of Wisconsin. Family medicine faculty have been instrumental in developing and implementing this program. This presentation will describe the program rationale and components and discuss early outcomes.

Completed Projects & Research

Session D: Distinguished Papers

Moderator: Arch "Chip" Mainous, PhD

CD1: Clinician Knowledge About Use of Intrauterine Devices in Adolescents in South Carolina Residency Programs

Vanessa Diaz, MD, MS, Nikki Hughes, MD, Lori Dickerson, PharmD, Andrea Wessell, PharmD, Peter Carek, MD, MS

Objective: To describe use of intrauterine devices (IUDs) by family physicians in the South Carolina Area Health Education Consortium (SC AHEC). Method: Analysis of an anonymous survey with scenarios where IUD use would be appropriate. Modified Wald method utilized to calculate 95% confidence intervals; proportions compared using Chi-square or Fisher's Exact Test. Results: Response rate was 53.8% (n=133). Most respondents (78%) prescribed IUDs and 42% inserted them, but more than 90% reported prescribing or inserting < 10 a year. Only 27% (95% CI 20.2-35.2) would recommend IUDs for a sexually active adolescent, whereas 60% (95% 51.7-68.1) would for a postpartum adolescent. For similar scenarios in non-adolescents, more clinicians would recommend IUD use. Conclusions: Increasing appropriate IUD recommendations may increase IUD use and improve contraceptive counseling for adolescents.

CD2: Cost-effectiveness of Dual Influenza and Pneumococcal Vaccination in 50-year-olds

Richard Zimmerman, MD, MPH, MA, Kenneth Smith, MD MS, Marky Nowalk, PhD, Bruce Lee, MD, MBA, Mahlon Raymund, PhD

Influenza vaccination is now recommended for all ages; CDC pneumococcal polysaccharide vaccination (PPV) recommendations are comorbidity-based in non-elderly patients. We constructed a Markov decision analytic model to estimate the cost-effectiveness of dual influenza and pneumococcal vaccination in 50-year-olds. Patients were followed for 10 years, with differing time horizons examined in sensitivity analyses. With 100% vaccine uptake, dual vaccination cost \$37,700/QALY gained compared to a CDC recommendation strategy; with vaccine uptake at actual levels in the US, dual vaccination cost \$5,300/QALY. Results were sensitive to shorter time horizons, favoring CDC recommendations. We found dual vaccination of all 50-year-olds economically reasonable. Shorter duration models may not fully account for PPV effectiveness over time and may underestimate the impact of dual vaccination.



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Fellows/Residents/Student Research Works In-Progress Posters

FP38: Building Confidence When Providing Medical Care for the Seriously Mentally Ill

Julie Voelker, MD

To address the difficulties providers perceive when administering medical care to the seriously mentally ill, a local advocacy group developed a seminar that included a mentally ill person, a family member of someone with mental illness, and a family medicine-psychiatry resident. This was presented at the educational lectures of three departments. Participants completed a pre- and post-seminar survey regarding their comfort level during these appointments. The results showed significant improvement in confidence of providers for establishing rapport, having efficient visits, and interacting with family. Family physicians perceived greater improvement than did other specialties.

FP39: Improving Adherence to Vitamin D Supplementation Recommendations for Infants in a Residency Program

Laurie Hommema, MD

Updated recommendations for vitamin D supplementation in infants has been available since the end of 2008; however, a recent report by the AAP showed that most infants are not receiving proper supplementation. In our practice an internal chart reviewed showed similar low rates, how are you doing in your practice? We took multiple steps to increase adherence to the new recommendations including education of residents and parents, as well as implemented new changes in our EMR to increase the ease of prescribing and monitoring of vitamin D supplementation. Stop by and see if any of our suggestions can help improve adherence in your practice.

FP40: Outpatient HIV and HCV Care Training: a Survey of Family Medicine Training Programs in NY

Geniene Wilson, MD, Alvaro Carrascal, MD, MPH, Rachel Hart, MPH, Margarita Mosquera, MD, MPH

The burden of both HIV and Hepatitis C (HCV) has changed significantly, resulting in a growing need for primary

care management of these chronic infections. Training primary care providers to care for patients with HIV and HCV would allow us to better meet the needs of these growing populations. This study evaluates family medicine residency programs in NY State regarding attitudes toward training residents to provide primary care to patients with HIV or HCV and factors that may limit this training. We will also obtain a baseline understanding of HCV training in family medicine residencies in NY.

FP41: Cerebrovascular Accident Protocol Implementation

Carlos Villamarin, MD, Claudia Geyer MD

Guidelines for CVA management have been developed to standardize best practices. Objective: To implement care of CVA at our institution to decrease morbidity and mortality. Design: To develop and implement: a multidisciplinary stroke team, a computerized order set, clinical decision support, discharge instructions. Setting: 250-bed hospital. Patients: Patients presenting to the hospital with symptoms and signs compatible with CVA. Intervention: Applying a standardized protocol for management of CVA from admission to discharge. Main outcome measures: Assess for use and compliance with protocol and outcomes. Anticipated results: Decrease in post-event mortality and morbidity. Conclusions: Implementation of this management approach will provide patients with better quality of care.

FP42: Prevalence of Vitamin D Insufficiency and Supplementation in the Perception of Chronic Musculoskeletal Pain

Christine Yia, MD, Perlita Young, MD, Farideh Zonouzi-Zadeh, MD

The significance of this study is to explore the prevalence of Vitamin D insufficiency or deficiency in patients with complaints of chronic musculoskeletal pain in an East New York urban underinsured underserved community. Chart reviews will be done using a primary list based on patients who presented to the health center with a diagnosis of musculoskeletal pain from June 2010 to December 2010. Prevalence of primary musculoskeletal and medical comorbid conditions will be assessed. Prevalence of Vitamin D insufficiency will be determined. Descriptive methods of data analysis will be used.

FP43: Modernizing the Physician's Approach to Patient Education in Diabetes With Interactive Web-based Learning Tools

Melissa Huck, MD

Is there a better way to communicate information to patients other than handouts or brochures? This project centers on creating interactive, Web-based patient education materials to be used by diabetic patients in our residency clinic. We will be able to use these materials to complement the office visit and reinforce material. We will then assess patient response and in later months, retention of information. The goal will be to create a comprehensive list of topics important to the diabetic patient that can be accessed both at home and in clinic. With innovating patient education, our desire to teach and heal can be brought to the next level. The evolution of the project will be discussed including successes and areas where improvement was needed.

FP44: Improving Care Transitions From a Family Medicine Residency Inpatient Service

Romina Davarpanah, MD, Amutha Sornaraj, MD, Oladotun Akinmurele, MD, Jibin James, MD, Kolawale Oshiyoye, MD, Gina Glass, MD, Barbara Roehl, MD, MBA

Transitions of care are a risky time for patients. A Care Transitions intervention has been implemented for patients discharged from the Underwood-Memorial Hospital FMR inpatient service consisting of discharge information faxed to PCP office, follow-up appointment scheduled prior to discharge, and telephone follow-up 24-48 hours after discharge. Outcomes to be measured are 72 hour and 30 day readmission rates, compliance with hospital follow up appointments and effectiveness of communication between inpatient service and PCP. As a result, improved communication and increased compliance with follow up appointments, eventually resulting in reduced hospital readmission rates, are anticipated.

FP45: Assessing Patient Satisfaction With And Improving Electronic Prescribing In a Community Based Residency Program

Sherri Schwartz, MD, Alexis Jesup, MD, Lori Dickerson, PharmD, Vanessa Diaz, MD, MS, Peter Carek, MD, MS, Andrea Wessell, PharmD; Marty Player, MD, MS

To evaluate our adult patient population's satisfaction with the recently introduced electronic prescribing, we anonymously surveyed patients during their visit to a

community-based family medicine residency clinic. The survey included questions about timeliness, efficiency, and patient opinions of electronic prescribing. Seventy-four patients were surveyed. Eighty-four percent of patients were either satisfied or very satisfied with electronic prescribing. Also, 84% had no preference or preferred electronic prescriptions over paper prescriptions.

FP46: A Method for Teaching Point of Care Learning

Yoder Danie, MD, Steven Crane, MD, Travis Johnson, MD

From medical school on, we learn that reading and learning in a clinical context is the most effective way for us to retain information and the most practical for our patients. However, many constraints often prevent us from learning at the point of care. By providing residents access to evidence-based learning tools and tracking their usage, we were able to increase the habit and effectiveness of learning in the clinical context.

FP47: End of Life: Communication and Education

Jennifer Bhavsar, MD, Michael Campbell, MD, Lori Dickerson, PharmD, Vanessa Diaz, MD, MS, Peter Carek, MD, Marty Player, MD, MS

End of life (EOL) discussions are an important aspect of patient and family physician communication and care. The purpose of this study was to evaluate patients' attitudes, beliefs, and desires of EOL care, improve a physician's ability to discuss EOL issues by providing tools that can be utilized in an outpatient setting, and enhance the education provided to patients on EOL care. A modified survey based on the Life's End Institute Community Assessment Instrument was used to measure patients' comforts and desires regarding EOL care; as a result, many patients desire these discussions. Afterwards, a new electronic medical record template was created to increase the initiation of these conversations and is currently in use in an outpatient clinic.

FP48: Disagreement in Aspirin Recommendations Using Risk Calculators in Patients With Diabetes

Katherine Seawright, MD, Laura Lee Smith, MD, Vanessa Diaz, MD, MS, Lori Dickerson, PharmD, Peter Carek, MD, MS, Andrea Wessell, PharmD, Marty Player, MD

Diabetes increases the risk of cardiovascular events, and aspirin is a recommended risk-reduction strategy. American Diabetes Association guidelines recommend aspirin for cardiovascular risk reduction, and three different calculators



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are recommended to determine this risk. However, risk calculation appears to be inconsistent using these tools. Therefore, a retrospective chart review of the diabetes registry was conducted in a family medicine residency population. Recommended risk calculators were used to determine patients' eligibility for aspirin. Disagreement in aspirin recommendations was found in more than half of the population (53.6%). Further analysis will include correlation with current aspirin use.

FP49: The P-DAT Program: Lessons From Patients With Disabilities

Casey Bonaquist, DO, Sweetie Jain, MD

The Patients with Disabilities as Teachers (P-DAT) program is an innovative medical education approach to provide training in disability awareness and etiquette. Patients with disabilities, a parent of a child with disabilities, a physician who is blind and community advocacy members complete specialized training to become P-DAT program teachers. These teachers train medical students, residents and other health care providers in the context of culturally sensitive care. Through group discussions, video clips, art work, role playing and narrative reflections, health care providers learn from a patient's perspective. Preliminary research from the evaluations and narrative reflections has been positive. Involving patients in education enables future health care providers to improve communication and understanding of patients with disabilities. As teachers, patients also become leaders in changing health care.

FP50: How Can We Connect? An Information Technology Needs Assessment in an Underserved Family Medicine Clinic

Blaine Olsen, MD

Information technology is changing the ways in which patients and physicians interact and ultimately may be a key tool to help medical practices move toward the Patient-centered Medical Home goal of allowing for comprehensive, consistent, and accessible communication between patients and all members of the health care team. This study aims to determine patient access to and comfort with the use of information technology, such as text messaging, mobile health apps, e-mail, and the Internet in a residency clinic with high numbers of uninsured and Medicaid patients.

FP51: Effects of Sleep Deprivation on Weight During First Year of Residency

Ignacio Guzman, MD, Susan Hughes, MS

Intern physicians undergo intense physical and mental stresses while training. Research shows a correlation between weight gain and sleep deprivation. We investigated changes in weight in family medicine interns over 1 year. Participants were grouped into on/off call every fourth night (Q4). Weight, physical activity level, and sleep habits were measured before residency and after 13 4-week rotations. Preliminary results for 11 interns showed median weight loss of 0.4 pounds when Q4 and a gain of 0.5 pounds when not Q4. Contrary to our expectation of weight gain with sleep deprivation, our results showed weight loss when Q4.

FP52: Meet Them Where They Are

Charlie Wittenberg

Objectives: A qualitative study of teenage patients exploring attitudes, concerns, and obstacles to delivery of comprehensive, patient-centered health care. The desired outcome is insight into adolescent perceptions to inform best practice when providing services to this underserved population. **Methods:** Focus groups and individual interviews to address participants' experiences in interaction with providers. Questions will serve as a platform for conversation focused on issues of communication; trust; confidentiality; racial, cultural, and age sensitivities; and unforeseen concerns in this population.

FP53: Effect of the National Economic Crisis on Health and Health Care Access: The Maywood Community

Nathan Kittle, Amy Luke, PhD, Eva Bading, MD, Maria Wusu, Stephanie Teng, Whitney Richie, Sharla Rent, MD, Michael Weaver, Laura Heinrich, Jaclyn Walsh, Alicia Kurtz

Loyola University Stritch School of Medicine is located in the community of Maywood, IL, a suburban community of approximately 25,000 residents. In an effort to assess the impact of the recent economic recession on the health and health care access of Maywood residents, we designed and conducted a community-based survey called the Maywood Community Health Project (MCHP). Our data describe a village heavily impacted by both the recent economic downturn and long-term economic instability, yet also illustrate many positive attributes of the community.

FP54: The Metabolic Syndrome Underdiagnosed in Primary Care

Katherine Hurst, MSc, MD, Krishna Hanal, MD

The metabolic syndrome has surpassed smoking as the number one cause of cardiovascular deaths in the US. However, it remains under-diagnosed in primary care. To test this hypothesis, a chart review was done to calculate the prevalence of metabolic syndrome in patients assigned to residents. This number was then compared to the estimated national average, which according to the International Diabetes Federation is 24% in patients over 18 in the US and increases with age.

FP55: Perspectives on Reproductive Health Care Access Among Homeless Girls Living in Family Shelters in the Bronx

Lin-Fan Wang, MD, April Wilson, MD, Sharon Phillips, MD, Andrea Littleton, MD, Marji Gold, MD

Homeless adolescents experience multiple barriers to contraceptive use, and they have high rates of unintended pregnancy and poor birth outcomes. Fifteen semi-structured interviews will be conducted with homeless female adolescents ages 14-18 at family shelters in the Bronx. Interviews will include questions on demographic data and open-ended questions regarding beliefs about contraception, experiences with accessing reproductive health care, future plans, and specific barriers to accessing reproductive health care as an adolescent living in a family shelter. The purpose of our study is to (1) describe the experience of unintended pregnancy, abortion, and contraceptive use, (2) identify barriers to reproductive health care access including contraception, and (3) describe preferences for reproductive health care access in homeless teens. These data will generate data for targeted changes in services.

FP56: Daily Impact of Opioid Medications on Users With Chronic Low Back Pain

Joshua Splinter, Sandra Burge, PhD, Tamara Armstrong, PsyD

Low back pain will affect 90% of all people in the United States in their lifetimes and is the leading cause of missed work and disability. Many patients will be treated with opioid medications. We examined quality of life issues in this patient population. We compared BMI, pain severity, employment status, physical function, and role function across the three different usage groups. We were surprised to find that while increasing doses of opioids were associated with declining role function, the dose of opioid had little impact on physical function or pain control.

FP57: Physical Activity and Diabetes: Does Exercise Prescription Increase Physical Activity in Type 2 Diabetic Patients?

Safwat Dous, MD, Farideh Zonouzi-Zadeh, MD, Sanjeev Nischal, MD, Frederick Lambert, MD, MPH

This study is designed to increase the physical activity level of patients with type 2 diabetes using an exercise prescription tool according to American Diabetes Association guidelines. All patients with type 2 diabetes presented to LaMarca Family Medicine Health Center will be offered participation in this study. A pre-study self-administered questionnaire will be completed by patients regarding their physical activity level. Then patients will be educated about how physical activity can improve diabetes and will be given individualized exercise prescription. The study will measure weight, BMI, level of diabetic control (eg, HbA1c), and lipid profile.

FP58: "Who Will Speak for Me?" Advance Directive Completion in a Patient-centered Medical Home

Aliya Wilson, MD, Felicity Kelly, MD, Lindsey Styles, MD

Background: In Texas, advance directive completion rates are low. An initial query of our clinic's EMR of active adult patients revealed a current advance directive completion/discussion rate of 4%. Barriers to completion arise from both patients and physicians. Goals: (1) Increase patient awareness about advance directives, (2) Increase physician knowledge about advance directives, (3) Increase the number of patients with advance directives. Methods: To increase physician awareness, a didactic noon conference, combined with pre- and post-session surveys, and a prompt in the EMR will be used. Expected Results: The post-survey assessment will show a substantial increase in physician awareness and patient completion rates.

FP59: Is There Association Between Vitamin D Deficiency and Glycemic Control in Type II Diabetic Patients

Maryam Corwin, MD, Farideh Zonouzi-Zadeh, MD, Perlita Young, MD

Low level of vitamin D has long been suspected as a risk for glucose intolerance. We will review the charts of 200 Type 2DM patients who were seen at Lamarca Clinic and Wyckoff Heights Medical Center Family Medicine clinic, from January 2010 to January 2011. The data will include the age (range-30 to 80 years old), race, HbA1c, 25(OH) Vitamin D Level, BMI, albumin, calcium level, and family history of Type 2 Diabetes Mellitus. We will evaluate the



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relationship between serum 25-hydroxyvitamin D concentrations and HbA1c, with SPSS software being used to apply t-test, Chi-square tests, ANOVA, and Pearson Correlation for analysis of data.

FP60: Barriers Physicians and DM-II Patients Face in Completing Nutritionist Referrals During First 6 Months

Santiago Lopez, MD, Farideh Zonouzi-Zadeh, MD, Perlita Young, MD

Objective: To determine the barriers that physicians and patients with type II diabetes mellitus (DM-II) in an underserved NYC community have to accomplish a nutritionist referral during the first 6 months of their DM-II diagnosis. Methods: The clinical data obtained from the electronic medical system at our FMC (LaMarca Clinic) will be used to look up patients who had presented to the clinic for treatment of DM-II between 2006 and 2010. A total of 100 DM-II patients will be selected, and these charts will be reviewed to determine whether they were referred to a nutritionist during the first 6 months of treatment.

FP61: Screening FOR Depression in Uncontrolled Diabetics: An Effort to Improve Outcome in Primary Care

Devina Prasad, MD, Farideh Zonouzi-Zadeh, MD, Shantie Harkisoon, MD

Depression is frequently associated with poor adherence to diabetes self care, which includes following dietary regulations, medication compliance, exercise regimen, and glucose monitoring. This in turn worsens the clinical outcome for these patients. The primary aim of the project will be to determine the frequency of previously undiagnosed depressive symptoms in the study population. The secondary aim will be to assess the change in reporting of depressive symptoms at 3- and 6-month intervals and correlate with change in glycemic control and secondary endpoints like medication adherence, BMI, and home blood glucose monitoring.

FP62: Effect of the Electronic Medical Record on Facilitation of the Medical Interview

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 while documenting with paper charts. The videotape findings are reviewed here.

FP63: An Observational Study Comparing Adherence to New Versus Old Gestational Diabetes Screening Recommendations

Joseph Magley, MD, Suzanne Eidson-Ton, MD, MS, Jeremy Law, MD, Kristin Setliff, MD

The American Diabetes Association and the International Association of Diabetes and Pregnancy Study Groups recently recommended more stringent diagnostic criteria for gestational diabetes. Our purpose is to evaluate compliance with the new guidelines at one institution (implemented on 10/1/2010) and barriers to recommended screening. Using electronic medical records, we are measuring patient, provider, and laboratory compliance with both new and old screening guidelines and rates of fetal macrosomia. Factors examined include, patient sociodemographics, timing of initial prenatal visit, risk factors, patient noncompliance, provider errors, difficulties with laboratory scheduling, and availability of laboratory services (including timing for fasting and non-fasting testing). Results should inform quality improvement efforts directed toward gestational diabetes care and outcomes.

FP64: Perceptions and Attitudes of Medical Students With Regards to Death, Dying, and End-of-life Care

Jeremy Johnson

Objectives: To assess University of Minnesota medical students' perceptions and attitudes toward death, dying, and end-of-life care and to use this information to assess and improve the current curriculum in this area of medical education. Methods: All current University of Minnesota medical students were asked to take an online survey regarding their perceptions and attitudes surrounding certain issues within the realm of end-of-life care as well as their familiarity and level of comfort in discussing end-of-life issues. Analysis of variables such as sex, age, student year, Duluth and Twin Cities campuses, recent experience with loss, and perceived closeness to that loss will be assessed.

FP65: A Community Oriented Needs Assessment In Washington Heights, NYC

Jillion Harris, MD, Bonnie Chang, DO, Mona Dalal, MD, Parham Khalili, MD, Lisa Singh, MD, Venis Wilder, MD, Anita Softness, MD

Community-oriented primary care is a longitudinal curriculum designed to address unmet health needs. New York City zip code 10031 was identified as an area with health disparities and poor access to care. From focus groups and key informant interviews held in this community, five themes emerged as barriers to healthy living: the definition of health, prevalence of chronic disease, health literacy and education, health care access, and overall living environment. Health data analysis revealed African Americans had poorer health outcomes in managing chronic disease compared to Latino residents. Plans for community-centered and culturally competent interventions are underway.

FP66: Monitoring of Glycosylated Hemoglobin Post Hospitalization of Nursing Home Versus Home-based Diabetic Patients

Ramez Sulaiman, MD, Farideh Zonouzi-Zadeh, MD, Ana Tanase-Teaca, MD

The study is a retrospective chart review for 50 DM patients admitted from Buena Vida Nursing Home to Wyckoff Heights Medical Center in 2009 (case group) and 50 DM patients admitted to the same hospital in 2009, but are home based (being followed up at Wyckoff clinics or are home visits). The study will review their Hb A1c levels during hospitalization and compare it with subsequent levels post hospitalization (during the 12 months after hospitalization) for both (case and control) groups.

FP67: Evaluation of Prescribing Patterns in Type 2 DM After implementation of an Electronic Medical Record

April Hebert McCulloh, MD, Brice Mohundro, PharmD

The ADA recommends prescribing patients with type 2 DM and hypertension or kidney disease either an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB), initiating statin therapy in certain patients, as well as using aspirin (ASA) in patients at increased cardiovascular risk. The primary objective is to determine rate of patients prescribed an ACEI (or ARB), statin, and ASA in a family medicine residency program clinic. The secondary objective is to determine if this improved after implementing an electronic medical record (EMR). A

retrospective chart review was performed using the EMR. Subjects were identified by diagnosis code and excluded if they were < 40 years old, pregnant, and/or had their last office visit before June 1, 2010. Results pending.

FP69: Improving Smoking Cessation Counseling In Family Medicine Residency

Jennifer Keswani, DO

Despite the high risk of smoking to health, about 20% of adults in the United States currently smoke. Family physicians have a vital role in smoking cessation process. To improve physician counseling practices in smoking cessation, we have implemented a template in our electronic medical record so that tobacco cessation activities can be part of our routine patient encounters. The template includes patient assessment on tobacco use and quitting history, documentation of counseling, patient handouts, resources for smoking cessation products, and follow up visits. After 2 months of program implementation, we anticipate our data would show improvement on physician counseling practices and increase in the number of patients who quit smoking.

FP70: The Prenatal Care Project: a Longitudinal Family Medicine Experience for Preclinical Medical Students

Nell Kirst, MD, Maggie Riley, MD, En-Ling Wu

Early exposure to family medicine in the preclinical years may help increase medical student interest in the specialty. The Prenatal Care Project was developed to give medical students a longitudinal experience with family medicine residents and their prenatal patients and to encourage mentorship between medical students and family medicine residents. Medical students are paired with a prenatal patient and will attend her prenatal appointments, labor, and delivery. Pre- and post-participation surveys will be administered to students to assess multiple outcomes. Anticipated results include increased comfort in an obstetrical setting, increased perception of the importance of continuity in prenatal care, and improved perception of quality of care given by family physicians.

FP71: Do Group Visits Improve Care? Results of Diabetes Group Visit Model in Family Medicine Residency

Josephine Agbowo, MD, Grace Yu, MD

The idea of the group visit has recently become a hot topic in family medicine education. Although the literature suggests that group medical care can lead to improved



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outcomes for chronic illnesses, there is little documentation of proven benefits of this model in an educational setting. Our community-based resident clinic has been conducting diabetes group visits for approximately 3½ years. The group visit is conducted with the goals of improving patient understanding and self-management of their diabetes and training residents in a novel form of chronic care delivery. We have been monitoring outcomes of patients attending the visits, while also maintaining a general diabetes registry for all clinic patients. Our presentation will share data that indicate improved clinical outcomes and patient self-management of diabetes.

FP72: Health Need Assessment of The Arab Population in Washington Heights-North Manhattan

Lama El Zein, MD

As cited in the literature, Arabs living in the US share some cultural norms influenced by religion, customs, and restrictions that may affect their health behavior. Few studies assessed the health need of Arab population in New York City, which is estimated to be 0.5% of the population. Identifying the health needs of the Arab population living in the area around New York Presbyterian Hospital will help generate information about the urgent needs of this population and the various factors affecting their health. This study will be divided into a quantitative and a qualitative part. In the first part, a questionnaire will be distributed to the Arab population in Washington Heights. The questionnaire was adapted from a health need questionnaire validated in Arab countries. Participants will also be asked to give the survey to family members for them to complete. As for the second part, three focus groups (adult men and adult-pregnant women) will be interviewed about their health needs, beliefs, and behaviors. A statistical analysis through SPSS will be done after the surveys are completed.

FP73: Exploring How Country of Origin Within the Latino Community Affects Health Needs

Erin Ferencik, MD, Ricardo Jimenez-Kimble, MD

Primary care physicians must appreciate how ethnic differences impact basic health needs, issues of access, and the delivery of health care itself. Given the sociocultural differences among ethnicities within the Latino community, we hypothesize that the health needs of the Mexican

population differ from those of the Dominican population in Washington Heights, an immigrant neighborhood in New York City. Further, we suggest that understanding these differences will better inform physicians' clinical decision making.

FP74: Improving Resident Coding and Accuracy Through Educational Interventions

Wai-Kiu Lee, MD, MBA, Katherine Gardner, MD, MBA, Ashby Wolfe, MD

Proper documentation for outpatient visits is critical to medical care and billing; however, many family medicine residents graduate with limited understanding of Current Procedural Terminology (CPT) evaluation and management codes. This was confirmed in a survey of University of California, Davis Medical Center (UCDMC) family medicine residents, which showed relatively low levels of confidence in medical coding in all years of training. Over the next 3 years, our prospective cohort study will track the coding of our 45 current family medicine residents and the 16 subsequent residents each year. To date, we have collected data on baseline levels of coding. Our interventions include educational coding workshops, individual formative feedback sessions, interactive multimedia training modules, and summarized individual progress in quarterly dashboards. As it stands now, limited studies exist on interventions to improve coding for family medicine residents. To monitor our progress, we will track coding knowledge through surveys and the percentage of 99,214 (established patient visits) and 99,203 (new patient encounters) visits. In addition, we will compare the resident assigned CPT codes to those assigned by our patient record abstractors (PRA) coding staff. Ultimately, the goal is to improve coding expertise for our residents and develop an educational intervention that is reproducible.

FP75: Global Health Training in Family Medicine Residency: Meeting the Needs of Residents?

Gregory Rachu, MD, Gowri Anandarajah, MD

Background: The AAFP has recommended global health curriculum guidelines for family medicine residencies. Residents have an increased interest and need for knowledge in global health issues. Objective: To assess family medicine residents perspectives on their preparation for future work in international/resource-poor settings. Methods/Procedures: An online survey will be used to gather FM resident information regarding prior participation in international health electives, interest in global health issues, preparation

for future work and ability to address global health issues, and barriers to pursuing international health electives in residency. Likert scores and qualitative data will be analyzed descriptively. Anticipated Results: It's likely that most family medicine residents are interested in global health issues but do not feel well prepared for future global health work.

1-2:30 pm

Seminars

S27: HIV and Family Medicine: Part II—Clinical Issues and Practice Guidelines

Peter Selwyn, MD, MPH, Cynthia Carmichael, MD, Kevin Carmichael, MD, Carolyn Chu, MD, MSc, Andrew Coco, MD, MS

HIV/AIDS has become a chronic, manageable disease, with many patients living for decades on effective treatment regimens. Early diagnosis and treatment are key elements in the recently promulgated National HIV/AIDS Strategy for the United States. With geographic diffusion of cases, decreasing numbers of HIV specialists, and multiple comorbidities affecting a large, aging cohort of HIV-infected patients, family physicians can play a strategic role in HIV care in the current era. In two interactive sessions, participants will be familiarized with basic principles and practical clinical content regarding the epidemiology of HIV infection, HIV testing and diagnostics, routine HIV-related primary care, antiretroviral therapy, HIV in pregnancy, models of care, and residency training issues applicable to different family medicine settings.

S28: Practicing What We Preach: Using Motivational Interviewing Skills to Facilitate Challenging Teaching Encounters

Catalina Triana, MD

When faced with a roadblock while attending, do we give in, give up, push harder? It is easier to just tell our learners what to do, isn't it? When we teach we are asking someone to see things from our point of view; this involves change. When learners are not ready, they resist and the interaction becomes challenging. Drawing from our clinical experience, we recognize the value of a relationship-centered style, such as Motivational Interviewing (MI), as an effective approach to minimize resistance and promote change. This seminar will demonstrate the use of MI principles and skills to facilitate a challenging teaching encounter and give the audience opportunity to practice.

S29: Professional and Ethical Challenges in Writing for Publication

John Frey, MD, Patricia Carney, PhD, Louise Acheson, MD, MS, Elizabeth Bayliss, MD, Deborah Cohen, PhD, Robert Ferrer, MD, MPH, James Gill, MD, MPH, Robin Gotler, MA, Laura McLellan, MLS, William Phillips, MD, MPH, Kurt Stange, MD, PhD, Stephen Zyzanski, PhD

Objectives: To identify professional and ethical issues in writing and reviewing manuscripts for publication and learn processes for resolving them. Rationale: The rapidly changing research and publishing environments present a variety of important challenges for authors, reviewers, and editors. This session provides participants with skills and resources for addressing these issues in their academic work. Content: Topics include determining authorship, duplicate publication (including dividing or condensing study reports), plagiarism and auto-plagiarism, conflicts of interest, and recognizing/reporting misconduct. Participants will have the opportunity to discuss their experiences as authors or reviewers. We welcome both experienced and early career researchers and reviewers.

S30: Procedural Confidence: Precepting Procedures With a Challenging Learner

Beth Choby, MD, Eduardo Scholcoff, MD, Stuart Forman, MD, Kaparaboyana Kumar, MD, FRCS, Scott Loeliger, MD, MS, Julie Jeter, MD, Michael Tuggy, MD, Daniel Stulberg, MD, Viviana Martinez-Bianchi, MD, FFAFP, Kimberly Stutzman, MD, Stephen Fox, MD, Amanda Hutchinson, MD

Procedural training is a strong interest of both medical students and family medicine residents. Procedural training varies widely between different residency programs. Both geographic location and residency scope of practice impact the availability and depth of procedural training. The STFM Group on Hospital Medicine and Procedural Training has defined the sets of procedures common to all residency training programs as well as subsets of more intensive procedural training. This seminar seeks to develop faculty skills in providing real-time feedback in precepting procedures with "challenging learners". Management strategies for building learner confidence and protecting patient safety will be addressed through both discussion and role-play. Participants can then incorporate learned skills into their home institution's procedural training curriculum.



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S31: Developing Better Surveys: Best Practices in Survey Design

Michael Bridges, PhD, David Yuan, MD, Erin Imler, MD

Surveys are everywhere. Patient satisfaction surveys. Course and program evaluations. Alumni questionnaires. Surveys of faculty. Surveys of Residency Directors. Too often, survey development is guided by intuition rather than the research that supports the scholarship of survey design. As a result, far too many surveys are unclear, ambiguous or just too confusing to complete. This seminar is designed to equip educators and researchers with an understanding of the basic principles of good survey design and to provide them with a systematic process to approach the development of effective surveys.

S32: Crucial Conversations: Tools for Faculty Talking When Stakes Are High

Walter Mills, MD, MMM, FACPE, Jeffrey Haney, MD

Teachers of family medicine cannot escape crucial conversations, defined as conversations with high stakes, high emotions, and opposing views. The Santa Rosa Family Medicine Leadership Institute developed Crucial Conversations for faculty based on a foundation taught during NIPDD+ to Program Directors. Eighteen core faculty were taught during a 90 minute Faculty Development Workshop. Surveys administered at the completion of the workshop and followed for six months, demonstrated faculty understood theory and skills taught in the workshop successfully. Faculty found that by mastering their own high-stakes discussions they improved their performance, satisfaction and strengthened the residency program. Seminar participants at STFM will be better prepared to be effective teachers and leaders in the New Model of Family Medicine.

S33: Think Like a Reviewer

Naomi Lacy, PhD

One of the most difficult parts of the publication process may be having your work reviewed and critiqued. However, understanding the review process can help you succeed in having your work accepted by conferences and journals. This discussion will feature information about the environment in which reviews often take place, some metrics used to evaluate submissions, and common problems that can prevent a research presentation proposal or a

manuscript from being accepted. The session will end with attendees working in small groups to practice reviewing a writing sample. Although the session is oriented toward conference submissions and manuscripts, many of the same principles apply to grant applications.

Lecture-Discussions

L33A: Maternity Care for Indigent Patients: Training Future Family Physicians and Behaviorists to Provide Integrated Care

Nancy Ruddy, PhD, Ruth Dietz, MD, Joanna Wolfson, MA

Many family medicine residencies offer maternity care to indigent patients. Research literature is clear that this population tends to be higher risk for pregnancy complications and poor outcomes, often due to larger system, behavioral, and relational issues. This lecture/discussion reviews a program that integrates behavioral specialists into maternity care via screening, group medical appointments, and real-time consultation services.

This program review will highlight potential training opportunities for both residents and mental health trainees. A resident and mental health trainee will describe their experiences in this program and how it will affect future practice. Participants will have an opportunity to share their experiences regarding maternity care training issues, behavioral health factors in maternity care, and strategies for providing optimal clinical care and training.

L33B: Ten Trimesters: Residents Providing Continuous Group-based Care From Pregnancy Through Preschool

Suki Tepperberg, MD, MPH

The Boston University Family Medicine Residency assigns residents to facilitate group care for a cohort of pregnant women whom they will follow along with their children until 18 months post delivery. Centering(TM) is a group care model that addresses many of the needs of our pregnant and parenting patients such as health care disparities, increasing resilience, activation, and social connection. This model of patient care also enhances concrete residency educational needs around clinical medicine and practice management within the medical home. We will share our experience of how we implemented group care within the residency program and review the details of the integrated curriculum that evolved from this program. We will also share proposed strategies for future evaluation of both clinical and educational outcomes.

L34A: Training Doctors to Treat Chronic Pain

James Ansel, PhD

Residency teaching experience and recent empirical publications indicate that doctors addressing chronic pain and disability actually deteriorate across residency training in skills and disposition. The purpose of the workshop is to explicate how this deterioration happens and challenges programs and educators to stem this tide. The session's content will include a brief literature review, a report of developments from one residency program involving a pain management clinic, consideration of the broader system context including faculty development, and a proposal for remediation. Time will be provided for small- and larger-group discussions to foster shared appreciation for how to better prepare doctors to address chronic pain. Time and attention will be available for brief case discussion and for specific educational challenges.

L34B: Treating Chronic Pain Without Killing Yourself or Others: A Resident Curriculum

Catherine Casey, MD, John Gazewood, MD, MSPH

Residents identify patients with chronic pain as being among the most challenging to treat. Lack of medical knowledge about appropriate diagnostic and therapeutic strategies, uncertainty about goals of care, and discomfort with boundary-setting interrupt the normal dynamics of the doctor-patient relationship. A 3-year curriculum, tailored to each resident's level of training and experience with chronic pain patients, achieves for residents what most doctors strive for with their patients: maximal improvement of function with minimal suffering.

L35A: Leading Change: a Residency Curriculum for Developing Family Medicine Leaders of the Future

Stephen Schultz, MD, Colleen Fogarty, MD, MSc

Our health care system is rapidly changing. There are no certainties as to what our future health care system will look like, except that primary care will be a more prominent feature of our health care delivery. With changes occurring so rapidly, and the future so difficult to predict, one of the most important skills we can teach our residents is how to lead change. Our residency has developed a didactic and experiential leadership curriculum that also serves as the foundation of the University of Rochester Medical Center's Chief Resident Leadership course. We will present our curriculum and provide opportunities for participants to participate in small-group exercises that are part of our curriculum.

L35B: The Academic Pipeline: How to Enhance Professional Development and Cultivate Future Colleagues

Kristen Goodell, MD, Deborah Erlich, MD, Celeste Song, MD, Gregory Sawin, MD, MPH

Increasing medical school class sizes and significant changes in medical education demand that we recruit and develop family medicine educators. Over the last 7 years, our institution has developed initiatives to involve medical students, residents, and fellows in teaching in formalized academic settings. These programs have been highly successful in producing academic family physicians including several of our own department members. In addition, giving residents didactic teaching experience enhances their learning and adds an important and often-missed dimension to physicians' professional development. We will discuss how we involve students in teaching, our longitudinal teaching elective, our fellowship, and other teaching programs we have established at every educational level. As a group we will brainstorm ways to modify these for other institutions.

L36A: Teaching Experiential Learning, Time Management, and Study Strategies Within a Foundations Month

Lisa Gussak, MD, Stacy Potts, MD, Tracy Kedian, MD, Mark Quirk, EdD

In 2009, the Worcester Family Medicine Residency adopted a 4-week Foundations orientation month. Clinical skills assessment and preparation is a primary goal of the month. To further develop residents' skills in lifelong learning, two workshops on experiential learning, time management, problem-solving, and study strategies have been incorporated into Foundations. This session will explore the rationale and content of these workshops in detail. Participants will become familiar with ways to help learners increase the educational benefit of clinical encounters and develop more efficient approaches to studying and learning.

L36B: Quality Improvement for Practice for Primary Care: An Ambulatory Care Practice Consortium

Peter Carek, MD, MS, Lori Dickerson, PharmD, Chuck Carter, MD, 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 (EQulP PC). Through the delivery of a standardized curriculum and experience in quality improvement, the project is evaluating



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the impact on the quality of patient care provided by graduates after completion of their formal residency program. Programs have identified quality coordinators, implemented the curriculum, and developed patient care registries based on areas of clinical importance in their practice. Programs meet bi-annually to review project objectives and outcomes. Assessments are being conducted annually to evaluate the impact of the curriculum in the graduates' Patient-centered Medical Home (PCMH).

L37A: Group Medical Visits in Family Medicine Residency: From Pilot to PCMH

Carmen Strickland, MD

Group medical visits (GMVs) are one of the most difficult of Patient-centered Medical Home (PCMH) elements to implement in both practice and training. Residency programs, however, are tasked with providing quality experience with this innovative model of care. We will describe the development, from a resident elective experience, of an ongoing group medical visit program within the residency curriculum. Participants will be able to discuss and identify key strategies for planning and implementation of GMVs in family medicine residency.

L37B: A Department-based Approach for Reviewing Junior Faculty Progress Toward Academic Promotion

Jeffrey Morzinski, PhD, MSW, Linda Meurer, MD, MPH, Richard Holloway, PhD, Melly Goodell, MD, William Geiger, MD, Bruce Ambuel, PhD

Family medicine faculty members can get so busy with multiple roles and tasks they forget their responsibility to monitor their steps toward academic promotion. This may have dire consequences for them, their departments, and the field. While nationally available tools for career success can help, this assistance is limited because faculty members' own departments and schools set performance standards and make promotion decisions. This session presents a department-specific approach, the Faculty Progress Review Committee, for advising junior faculty toward promotion. We summarize 4 years of experience with committee structure, successes, and lessons learned. Attendees will discuss local support strategies for advancement and offer ideas for resolving such challenges as getting started, rank and tenure politics, recruiting reviewers, small departments, and isolated teaching sites.

L38A: Nutrition Education of the Physician in Training

Roger Sheumake, PhD, LN

The public is regularly presented with confusing and sometimes contradictory information about optimal nutrition. Four of the 10 leading causes of death in the United States are diet-related conditions (diabetes, heart disease, stroke, and cancer). Most Americans say they regard their physician as their primary source for reliable nutrition advice, yet many physicians are poorly trained in this area. The daily clinical practice for most physicians includes numerous patients with nutrition-related problems. This session will describe optimum nutrition education for physicians in training that emphasizes applied skills, interactive teaching, and the presence of physician and nutritionist role models that demonstrate clinical nutrition skills as a component of comprehensive assessment and patient care.

L38B: The Teaching Health Center: A New Model for Residency Training

Frederick Chen, MD, MPH

HRSA's Teaching Health Center program is a new \$230 million, 5-year GME payment program aimed at increasing the number of primary care medical residents trained in community-based settings such as Community Health Centers. This session will describe the background and current efforts in implementing the Teaching Health Center program. Participants will discuss the opportunities, challenges, and practical aspects of creating and operating a Teaching Health Center.

L39A: "Mr Smith Makes Me So Mad!" Helping Residents Learn to Effectively Manage Conflict With Patients

Timothy Ramer, MD, Tasaduq Mir, MD

Conflict between patients and providers in the exam room is common, often unexpected, and disconcerting, especially to learners. Participants in this session will gain the skills both to apply a new model of conflict management and to teach it to residents. We will present the results of a survey of family medicine residents and faculty about their comfort with managing conflict. Participants will learn a new model and mnemonic (PEEERS) for applying collaborative problem solving as a conflict management tool in the exam room. This mnemonic complements and extends the BATHE technique. We will also present the details of a workshop for residents on conflict management including effectiveness data.

L39B: Caring for Ourselves: Integrating an Innovative Educational Model for Physician Wellness Into a Residency Program

Anna Svircev, DO, MPH, Jennifer Caragol, MD

As family medicine works to establish Patient-centered Medical Homes, we must simultaneously prepare knowledgeable physicians who are self-aware, who find meaning and satisfaction in medicine, and who are adept at making patient-physician connections. Residency education rightfully emphasizes prevention, diagnosis, and management of disease. However, it must address growing concerns of high rates of depression among medical students, burnout among residents, and the job dissatisfaction growing in primary care physicians. This lecture will outline why physician wellness is important, describe in detail the curriculum and how our program has integrated the curriculum into the existing schedule, and discuss how it has thus far been perceived. Participants will engage in a centering exercise, reflective writing session, and discussion of wellness curricula between participants.

L40A: Wake Up! Introduce an Easy-to-Use and Affordable Audience Response System to Electrify Your Lectures

Andrew Schechtman, MD, Keegan Duchicela, MD

Audience response systems (ARS) have been used by lecturers for many years as an effective way to engage with their audience. Prohibitively expensive until recently, technology improvements and new platforms have dramatically lowered the costs for these systems. Educational research has demonstrated that the use of an ARS can improve knowledge retention rates in both medical and non-medical settings. Family medicine programs on a tight budget can harness this technology by using free or low-cost Web-based ARS applications. This session will provide an overview of free and inexpensive options for implementing an audience response system, highlighting significant features and costs, and modeling the process of creating and using an ARS live during the presentation.



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L40B: A Unique Method for Teaching Residents to be Savvy Interpreters of Pharmaceutical Sales Pitches

Sandra Counts, PharmD

Some programs allow pharmaceutical sales representatives to interact with their residents, while others have banned this practice. I would like to share a unique system that we have been successfully using for 2 years that teaches residents to develop critical appraisal skills when being detailed on new drugs. We designed an evaluation form to rate each rep on their marketing tactics. We also provide handouts on the new drugs being discussed from unbiased sources such as the Medical Letter or Prescribers Letter so residents can compare this to what they hear from the rep. We wrap it up with a faculty-led point/counterpoint discussion each Friday for 15 minutes before noon conference to discuss the pros and cons of the week's presentations. Attendees will be able to take what they have learned and apply it in their own practices.

L42A: Teaching Culturally Responsive Health With ACGME in Mind: Patient Care and Systems-based Practice Competencies

Jeffrey Ring, PhD, Julie Nyquist, PhD

This presentation will provide tangible, effective and creative teaching strategies for faculty who strive to fulfill the ACGME Core Competency teaching mandates for Patient Care and Systems-Based Practice, while at the same time implementing or enhancing a curriculum for culturally responsive health care. Devastating health disparity data create the imperative that physicians must acquire optimal awareness, knowledge and skills for practicing patient-centered care in a diverse world. Participants will receive a number of resources for teaching in these areas, including the SOAP Grid which is a helpful tool for raising cultural, patient care and systems issues within a precepting encounter.

L64B: Addressing Challenging Topics in Sexuality in Medical Education

Cara Herbitter, MPH, Finn Schubert, Rebecca Bak, Marji Gold, MD

Despite the increased availability of resources for incorporating sexuality into medical education, mainstream medical education regarding sexuality remains limited. This is of concern, as sexuality is a central component of patients' lives and sexual minorities continue to face discrimination within the health care system. As educators, it is imperative

that we train the next generation of family doctors to engage their patients in a non-judgmental manner on a variety of sexual behaviors and sexual health topics. This interactive session will introduce challenging topics in sexuality, defining terms and describing barriers to health care among patients engaging in these behaviors. We will have a group discussion about strategies for incorporating these topics into family medicine residency education, as well as share resources uniquely designed for medical education.

Works In-Progress

Session J: Patient-centered Medical Home

WJ1: The View From Down Under: The Patient-centered Medical Home in Australia

Ian Kamerman, FACRRM, FRACGP, Casey Wadwell, FRACGP

Like America, Australia has a significant workforce shortage in family medicine with roughly 75% of medical graduates entering specialist practice over the last 20 years. Currently we too are going through a major health reform process with increasing emphasis on primary care and integration of a disparate workforce into medical teams. Northwest Health is a new, vertically integrated, teaching practice in rural Australia that has adopted the American Patient-centered Medical Home as its model for training in family medicine.

WJ2: PCMH—an Education Point of View

Sherly Abraham, MD, Apar Bains, MD, Vasantha Kondamudi, MD

The Brooklyn Hospital Center (TBHC) Family Medicine Center upon deciding to be a PCMH in early 2010, took on an extensive task in planning, researching, implementing, tracking and analyzing complex practice management and patient care principles. A daunting amount of work, the implementation was integrated into the residency curriculum by educating the residents and faculty regarding PCMH and assigning Performance Improvement (PI) projects with faculty advisors. Standards were divided between Teaching Interdisciplinary Care (TIC) teams led by teaching faculty advisor along with residents and staff to implement, improve, monitor and maintain these standards. Over 7 months, TBHC FM Center improved from a baseline score of 48.5 (Feb 2010) to 85.25 (Aug 2010) at time of submission of Level III Medical Home certification. We are currently awaiting NCQA certification.

WJ3: Good Grief! How Do I Teach the PCMH to 50 Physicians and 30 Nurses/Staff?

Alexandra Loffredo, MD, Mark Nadeau, MD

Academic family health centers face unique challenges in adopting systems consistent with the principles of the Patient-centered Medical Home (PCMH). Our residency program focuses on preventive health topics to teach and implement these principles. In particular, we are adapting the Chronic Care Model to make clinic-wide changes to enhance delivery of preventive health services. Three interdisciplinary teams, comprised of medical assistants, nurses, residents, faculty, and patients are each tasked with developing clinic interventions to improve the quality of a particular preventive health service. The teams serve as controls for one another in this project, which studies the affect of the curriculum on knowledge, attitudes, and behaviors of residents, staff, and patients as well as assesses the impact of interventions on quality of care.

WJ4: Workshops to Help Community Faculty Learn About the Patient-centered Medical Home

William Huang, MD, Delbert Myers, MD, Carolyn Olson, Jane Corboy, MD, John Rogers, MD, MPH, MEd

For medical students to experience the Patient-centered Medical Home (PCMH) model at their preceptor sites, departments of family medicine will need to help community faculty learn about the PCMH and incorporate aspects of it into their practices. In this session, we will present a series of preceptor development workshops on the PCMH that we offered to our community faculty. We conducted the workshops in a period of over 1 year on topics including an introduction to the PCMH, open access models, clinical performance evaluation systems, and implementing an electronic medical record. Attendees completed a pre- and post-self assessment questionnaire at each workshop, and these data indicate that each workshop was useful in helping community faculty learn about specific aspects of the PCMH.

WU2: Teaching Prenatal Care Through Group Visits: Learning From Experience

Susanna Magee, MD, MPH, Jordan White, MD, Sara Shields, MD, MS, Jessica Gamboa

The benefits to patients of group prenatal care are well studied. Group visits can also be used in teaching prenatal care. We developed a small pilot program in which family medicine residents facilitated group visits based on the Centering Pregnancy® model. Patients (group members and

controls) filled out pre- and post-questionnaires regarding knowledge and satisfaction with care. Residents (group facilitators and controls) evaluated their own knowledge and comfort with prenatal care. Preliminary results show that group prenatal visits are well liked by participants; other outcomes are being analyzed. Collaborating with a more established group program, we will discuss ways to address the challenges raised by our pilot. Overall, group prenatal visits are an enjoyable, successful teaching tool in family medicine.

Session K: Women's Health

WK1: Improving Pelvic Examination Skills of Family Medicine and Internal Medicine Residents Using Gynecological Teaching Associates

Ann Evensen, MD, Shobhina Chheda, MD, Katherine White, MD, David Deci, MD, Craig Gjerde, PhD

Statement of problem: Improving resident physicians' pelvic examination skills and documenting competency in these skills are difficult. Project Methods: Residents took written knowledge test and self-assessed pelvic examination skills in three domains: dexterity, communication and patient management. Residents were then trained by gynecologic teaching associates (GTAs). Competency was determined by direct faculty observation and written evaluation of examinations of clinic patients. Outcomes: Training with GTAs improved written knowledge and self-confidence scores in all domains immediately after training. No differences in scores were noted at 1 year compared to untrained residents. No difference between groups noted in the number of pelvic examinations observed in clinic needed to achieve competency. Implications: Further evaluation of GTA training is required to determine if it improves resident confidence and skills.

WK2: Abnormal Cervical Cytology Follow-up in a Family Medicine Residency Clinic

Helen Luce, DO, Ann Evensen, MD, Clarissa Renken, DO

Need for improvement: Cervical cancer and precancerous changes are easily treatable when found early. However, poor communication can delay appropriate medical care, increase patient anxiety, and expose physicians to litigation. At baseline 87% of the patients were being correctly notified of abnormal results and the need for further testing. 75% of patients were getting the care specified by the national guidelines. Key improvements made: A pap tracking spreadsheet and review strategy were developed. Physician-patient communication and care management improved



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approximately 10%. Lessons learned and next steps: Evaluation will continue through November 2011. Using the spreadsheet and monthly review, patient-oriented education and feedback can be given to clinicians, in order to achieve a goal of 100% appropriate communication to patients and 85% compliance to national guidelines.

WK3: New Tricks Against Trichomonas: Evaluating a Novel Urinary Antigen Test

Shailendra Prasad, MD, MPH, Tanner Nissly, DO, Laura Wellington, MD, Leah Kutcher, MPA

Trichomonas vaginalis (TV) is a clinically relevant infection that has been under-recognized and under-reported in the clinical setting. There is increasing evidence to support the assertion that it is associated with added morbidities than previously thought. A previous study at our institution compared the efficacy of testing for presence of TV in vaginal wet mount (traditional method for detection of TV) versus rapid antigen test (RA) of vaginal secretion and was favorable to RA. We present our next study in which we compare RA test for TV antigen in urine and in vaginal secretions. We discuss the implications of this study, including improved identification, partner tracing, and public health implications. The process of development of this resident-driven study is also discussed.

WK4: Weight Gain With Depot-Medroxyprogesterone Acetate Use: the Role of Hypovitaminosis D

Jason Ricco, MD, MPH, Shailendra Prasad, MD, MPH, Renee Crichlow, MD

Depot-medroxyprogesterone acetate (DMPA) is an effective form of contraception with pregnancy rates similar to tubal ligation. One of the main reasons given for discontinuation of DMPA is weight gain. DMPA has been linked to decreased insulin sensitivity and increased body fat deposition. Growing evidence indicates a role for Vitamin D in glucose homeostasis, insulin resistance, and obesity. Hypovitaminosis D is common in the US, particularly among African Americans. Current research suggests that hypovitaminosis D may increase susceptibility to weight gain from DMPA-induced metabolic effects. This study will compare 25-hydroxyvitamin D levels in high weight-gaining women using DMPA with those who gain less weight in a predominantly African American population, and implications for future therapeutic trials of Vitamin D supplementation will be discussed.

Completed Projects & Research

Session E: Special Research Session:

CE1: Changing The Culture of Department Or Residency Program: Developing Strategies for Research And Scholarship

Navkiran Shokar, MD, MPH, Charles Clinch, DO, MS, Andrew Coco, MD, MS, Betsy Jones, EdD, Dean Seehusen, MD, MPH

Scholarly work is an essential component of being an academic faculty member, for advancing family medicine, and for successful promotion and tenure. Faculty members often struggle with how to best define a standard for scholarly activity and how to meet expectations for scholarly productivity. This interactive session will allow participants to discuss barriers to scholarly output, to review types of scholarly activity, and to develop strategies that can be instituted at both a departmental and personal level to become successful in producing scholarly work.

2:45-4:15 pm

Seminars

S34: The Resilient Practitioner: UVA's Model for Cultivating Physical, Emotional, Relational, and Spiritual Health in Residency

Claudia Allen, PhD, Theodore Siedlecki, PhD, Craig Seto, MD

As part of a three year HRSA training grant, the UVA Department of Family Medicine began in 2007 to develop "The Resilient Practitioner Curriculum," a comprehensive curriculum that integrates resilience-building tools into each year of residency training, multiple times a week. Participants will learn the components of the Resilient Mindset, which utilizes principles of cognitive behavioral theory to develop a stance toward life that can withstand adversity and disappointment. Participants will learn about the theory and components of the Self-Care Toolkit, which teaches skills to support Physical and Mental Health, Relationships, a Personal Philosophy of Life, and Professional Mastery. Participants will personally experience at least three different self-care tools, and be able to replicate those tools in their own practices.

S35: Compass Learning Management System: An Online Environment That Facilitates Learning and Assessment in Residency Education

Molly Cohen-Osher, MD, Allen Shaughnessy, PharmD, Gregory Sawin, MD, MPH

Reflection, self-directed learning, higher order thinking –these are characteristics that educators would like to instill in all physicians-in-training. But how? We have developed Compass Learning Management System, an online environment that supports and enhances learning and assessment at our residency program. The framework of our system is competency modules, which describe learning objectives that represent the minimum understanding, skills and knowledge a resident must master by the end of training. Each competency module includes multiple assessment tools, learning resources and a written reflective component. Compass includes features such as space for reflective entries and self-assessment, and allows residents to develop learning plans, chart learning trajectories, and showcase acquired knowledge. This new system is based on sound educational theories to create self-directed, reflective, life-long learners.

S36: Teaching EBM With Two Visual Decision Analysis Tools – Experience and Opportunities for Collaboration

David Pepper, MD, John Lee, MD

The two presenters have spent decades teaching visual approaches to Diagnostic Probability, Evidence based medicine and Decision Making at two separate teaching institutions – much preceding the visual environment of the Web's recent explosion in popularity and acceptance. The presenters will present their visual models, review learning styles and tools to teach EBM and then discuss areas for multidisciplinary collaboration and standardized clinical approaches that emerge when teaching with graphic tools. Possible reasons for resistance, including: flaws in the models, poor presentation, inconsistencies with learning theory, traditional inertia and lack of supporting technology will be discussed. The audience will weigh in on the models. Several resident perspectives will be shared. The models:

- Multiphasic Algorithmic Protocols - MAPS (STFM 1995)
- Animation of the 2x2 table on Test Predictability (STFM 2001)

S37: Using Electronic Knowledge Resources at the Point of Precepting

Michael Mendoza, MD, MPH, Ingrid Watkins, MD, Mathew Devine, DO, William Cayley, MD, Alexander Chessman, MD

Clinical precepting during resident outpatient office sessions represents a perfect storm of clinical, educational, and administrative priorities. To precept effectively, faculty must organize information that residents provide into succinct teachable moments in a short period of time.

Accessing evidence-based information efficiently can greatly enhance the quality of teaching. In this seminar, we will briefly review conceptual models for effective precepting, highlight selected electronic knowledge resources that can be used while precepting, and provide seminar participants with an observed structured teaching exercise where they can practice what they have learned. We will close with a discussion about how to replicate this exercise as a way to promote faculty development in clinical precepting.

S38: Welcoming New Faculty to Family Medicine

Cheryl Seymour, MD, Alison Dobbie, MD, ChB, Keisa Bennett, MD, MPH, Rahmat Na'Allah, MD, MPH, Kristen Goodell, MD, Manjula Julka, MD, Keith Dickerson, MD, John Waits, MD

Supporting new faculty is crucial to the success of family medicine. The Group On New Faculty proposes a seminar to welcome new faculty to the meeting, to STFM and to academic family medicine. Presenters will facilitate small group discussions around common challenges, existing resources and ongoing development needs among participants. We will present for feedback an "orientation packet" which we plan to develop with STFM leadership over the course of this year. A panel of new and veteran STFM members will take questions and offer advice for participants. Finally, we will orient attendees to other opportunities for connection at the Annual Meeting. We aim through this session to foster discussion and collaboration that will enhance the support network for this group of future leaders.



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Lecture-Discussions

L41B: The Future of Family Medicine: How Do We Recruit the Next Generation?

Joel Heidelbaugh, MD, James Cooke, MD, Thomas Schwenk, MD

Current health care reform, which seemingly embraces the key components of the Patient-centered Medical Home model, is in desperate need for family physicians to provide outstanding cost-effective and evidence-based provisions of care for our patients. With interest in primary care (especially family medicine) continuing to lag behind that of higher-paying specialties, it is imperative that medical schools embrace the concept of recruiting suitable students to family medicine. This lecture/discussion will provide the platform for a discussion for collective brainstorming as to how family physicians, as well as current residents and students, can spearhead efforts to increase recruitment to family medicine that will play an integral role on the national level and help to create a new landscape of patient-centered care in the future.

L42B: The Joys of Teaching

Jenifer VanDeusen, MEd

Behavioral medicine faculty can enhance the learning of their residents and students by improving the skillfulness of their teaching. In this session, a career educator will engage participants in an interactive exploration of the latest vision for educating physicians in the 21st century and current research on instructional strategies that improve learning. Participants will co-create steps to apply this knowledge to their settings.

L43A: Low Hanging Fruit: Strategies to Increase Publication Rates Among Clinical Faculty

Sarina Schrager, MD, MS

Like it or not, writing for publication is a requirement for success in academic family medicine. Many clinical faculty members do not write for various reasons, including lack of time, no experience with writing for publication, not enough departmental support for writing, and difficulty getting started. This presentation will explore the barriers to writing and discuss methods that make writing for publication more accessible to clinical faculty. Examples will include writing with residents, an innovative strategy to “break down” a large topic so that each faculty only needs to write a short

piece, and alternative venues for writing, such as online. Participants will be encouraged to develop strategies to take back to their respective institutions.

L43B: What Should We Do About the Fourth (Senior) Year of Medical Student Education?

John Delzell, MD, MSPH, Heidi Chumley, MD, Anne Walling, MB, ChB

Although theoretically representing 25% of medical student curricular time, the fourth year has received relatively little attention in the educational reforms of recent decades. Limited consensus exists on the purpose, format, design, or expectations for senior courses. Conversely, several basic aspects of the senior year remain vigorously debated. New challenges are emerging, especially related to increased competition for residency. This session will review previous and current trends in fourth year education and examine the potential for optimizing this potentially valuable but frequently under-utilized phase of medical student education.

L44A: One Million Hits and Counting! Utilizing YouTube and iTunes U in Family Medicine Programs

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

Medical education needs to adapt to the newer ways of learning and the emerging technologies students are utilizing. According to the 2010 Horizon Report, mobile computing and open content are the two technologies that have the greatest potential for teaching, learning, or creative inquiry in the next year. This session will discuss the development and outcomes of the University of Wisconsin Department of Family Medicine’s YouTube channel that utilizes podcasts and videos to highlight curriculum content, research, patient education, and residency programs. Within 3 years, the channel had more than 1,000,000 views from more than 30 countries. The session will also review the potential uses of iTunes U in residency education.

L44B: This Revolution Will Not Be Televised—Social Media in Medical Education

Deborah Clements, MD, Michael Sevilla, MD

From the electronic health record to social media tools, technology is being used more frequently in the delivery of health care. In this presentation, we will introduce social media definitions and overview several types of uses. Examples will include Facebook, Twitter, Linked-in, blogs, audio podcasts, live podcast sites like blogtalkradio.com,

video sites like You Tube & ustream.tv, and other platforms. We will include a discussion of the use of social media for marketing, recruitment, teaching, learning, networking, and career enhancement. We will also provide examples of newly established guidelines for use of Web 2.0 in the academic health center.

L45A: Meeting the Family Medicine RRC Faculty Development Requirements: Curriculum and Program Evaluation Highlights From Year 1

Joseph Brocato, PhD, Mark Yeazel, MD, MPH, Erik Solberg, MA

Ongoing faculty development is crucial for family medicine faculty, with demonstration of a set of core faculty skills now being required. Meeting this mandate is challenging for many residencies. We will demonstrate a systematic approach to curriculum development and program evaluation for faculty development used in our multi-residency department. Further, we will share our longitudinal faculty development needs assessment data from our eight residency programs. Finally, we will discuss some of the resources available for faculty development and how we used evaluation data to revise the curriculum after the first year. This session will provide participants with a framework and tools to begin to develop and continuously revise the curriculum for a local faculty development program that is grounded in evaluation data.

L45B: Learning Research Skills by Learning How to Review a Research Grant Proposal

Douglas Woolley, MD, MPH, Gretchen Dickson, MD

Too few FM faculty feel qualified to review research grant proposals. We developed a three-session project for faculty to learn about, then do, grant reviews (of proposals submitted previously to the AAFP Foundation Joint Grant Awards Program). The project's final product was the group's review of a current AAFP-F proposal, and submitting it to the AAFP-F. A key strategy was to teach research methods by teaching critique of research proposals. This session reviews the project's goals, objectives, methods, outcomes and assessment. Session participants will discuss 1) merits of the methods, 2) whether and how these methods might be applied to developing other faculty scholarship skills, 2) transferability of these methods to their settings, considering program needs, project requirements, barriers, and program resources.

L46A: Integrating Simulation Into Family Medicine Residency Education: Beyond Chest Tubes and Resuscitations

Erika Ringdahl, MD, Kristen Deane, MD

The University of Missouri Family Medicine Residency Program developed a simulation curriculum to evaluate incoming residents, promote teamwork and physician leadership, teach motivational interviewing, and meet ACGME Core Competencies in professionalism and communication. Needs assessment, curriculum development, and evaluation data will be shared. Small groups will identify existing "best practices" and brainstorm ideas for programs without existing simulation resources.

L46B: See One, Do One, Teach One? Precepting Procedures With Family Medicine Residents

Peter Koozman, MD, Erik Lindbloom, MD, MSPH

Procedural education during the course of a family medicine residency remains a challenge. Precepting a procedure often provokes discomfort for both the resident and the preceptor. During our session, we will present a structured and rational approach to the procedural precepting encounter that takes into account its unique challenges and hopefully will lessen the discomfort of both the teacher and the learner. We will highlight current defined procedural curricula and present our residency's experience with integrating these curricular elements into faculty and resident education. We will identify offline and online resources to facilitate teaching procedures both didactically and during precepting encounters. Through group discussion we will elicit participant's perceived challenges to procedural training and their own attempted and successful solutions.

L47A: Getting Home in Time for Dinner: Using Your Electronic Health Record to Save Time

Laura Morris, MD, Karl Kochendorfer, MD

Time management is a critical element for both residents and faculty in a busy family medicine program. Providers experience continually increasing demands for efficiency in electronic information management and documentation. The Department of Family & Community Medicine at the University of Missouri has developed innovative features within our EHR to save time for providers in both the inpatient and outpatient settings. Features such as an inpatient EHR-generated rounding report, outpatient disease summary screens, and incorporation of clinical calculators into the EHR have streamlined providers' data management and saved valuable minutes. Efficient use of the EHR



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improves providers' satisfaction, improves quality and facilitates the most complete and informed patient care possible. We will demonstrate these innovations and engage participants to brainstorm EHR solutions to audience questions.

L47B: Order Sets are Everything! Family Physician Involvement in Developing and Teaching Computerized Physician Order Entry

Katrina Miller, MD

Unprecedented reimbursement is available for using EHRs that demonstrate quality improvement outcomes. In creating the electronic aspects of the Patient Centered Medical Home, we must create order sets that work efficiently and have evidence basis that culminate in quality care. How are computerized order sets for CPOE developed? It is a challenge that is perfect for the specific skills of family physicians. More of us should be involved in the process, and it is a great group activity for Systems Based Practice and the other 5 core competencies. In this lecture-discussion, HITECH terms and topics will be elucidated, and we will reconstruct an order set for CPOE as a demonstration for those who want to learn it, do it, and teach it.

L48A: Increasing Medical Student Recruitment Into Family Medicine: Effect of a Unique Curriculum in Integrative Medicine

Patricia Lebensohn, MD, Sally Dodds, PhD, Benjamin Kligler, MD, MPH, Victor Sierpina, MD, Selma Sroka, MD, John Woytowicz, MD, Victoria Maizes, MD

Although 2010 saw the highest number of US medical graduates entering family medicine since 2004, increasing US student interest in family medicine remains a concern. New models of residency curricula are needed to attract medical students into family medicine. Education in Integrative Medicine (IM) fills a gap in medical knowledge and skills and may attract competitive residency applicants. Three years of recruitment data in 8 family medicine residencies offering IM training will be compared with national numbers. Results from a survey completed by incoming residents will demonstrate their interest in learning IM and the importance of the IM curriculum in their ranking order. Discussion will center around feasibility of incorporating new IM curriculum in different residency settings and effects on recruitment of competitive medical students.

L48B: Culturally Responsive End-of-Life Care: Teaching Strategies for Awareness, Knowledge, and Skills

Alan Roth, DO, Jeffrey Ring, PhD, Gina Basello, DO, Jo Marie Reilly, MD

The devastating racial health disparity data around morbidity, mortality and end-of-life serve as a blaring wake-up call for family medicine educators. It is incumbent upon programs to enhance end-of-life curricula such that we empower residents to provide excellent end-of-life care with confidence and effectiveness, particularly to patients from underserved and minority groups. This session will provide participants with an understanding of the dimensions of the health disparities at the end-of-life, along with a number of tangible tools and teaching strategies that they can immediately implement upon returning to their programs. These curricular strategies will include teaching in the areas of awareness/attitudes (of both end-of-life and diversity), knowledge (of health disparities at the end-of-life) and skills of providing culturally responsive palliative and end-of life care.

Works In-Progress

Session L: Quality Assurance

WL1: Medication Reconciliation: The Boring Reality of Getting It Right for Patient Safety and Adherence

Kristen Rundell, MD, Miriam Chan, PharmD

Are your medication lists cluttered with old antibiotic prescriptions, duplicate medications, and insurance substitutions? We have the same problem. This problem has resulted in confusion about medications when patients are admitted to the hospital or seeing an outside referral physician. One can only imagine the errors that could occur from outdated medication lists when patients are outside of their medical home. We evaluated our practice and designed a patient-centered model of medication reconciliation using our electronic medical record. We planned a health care team approach to incorporate this project into a busy schedule and appease resistant residents. Our primary outcomes were to increase patient safety and medication adherence. We will demonstrate our model and discuss our results.

WL2: How Do We Do Medication Reconciliation in the Outpatient Setting?

Allen Pelletier, MD, Patrick Hatch

Problem: Medication reconciliation (MR) in the outpatient setting is an important patient safety goal, but we don't know how best to do it. Methods: Development of a process to encourage MR and document it in the outpatient medical record. Measurement: 100% compliance for MR at each patient encounter is the goal. We have improved from less than 20% documentation to 80% by using an EMR template to document and streamline the process. Implications: All family medicine practices need to think about how to incorporate MR as a routine part of the outpatient visit. Ours is one approach. Participants will be encouraged to write out and develop their own process to start doing MR in their practice.

WL3: Developing a Curriculum in Care Transitions at a Community-based Family Medicine Residency

Blaine Olsen, MD

There is a need for improved instruction of residents in the management of care transitions. Evidence shows that errors are common during care transitions and that harm to the patient and increased health care costs often result. We are in the process of developing and implementing a curriculum in care transitions, which will include formal instruction in writing discharge summaries, small group learning centered on patient cases, direct observation of resident communication with patients surrounding discharge planning, and home visits. Through the development of this curriculum we hope to train residents who are competent in the management of patients undergoing care transitions. By effectively managing these care transitions, they will ultimately decrease re-admissions, lower health care costs, and improve patient outcomes.

WL4: Care Transitions: A Qualitative Analysis of Students' Critical Incidents

Staci Young, PhD, Paul Koch, MD, MS, Jeffrey Morzinski, PhD, MSW, Deborah Simpson, PhD, Emily Densmore, MD, Heather Toth, MD, Nancy Havas, MD, Michael Weisgerber, MD, Karen Marcante, MD

Problem Statement: Patient care transitions create some of the greatest potential for medical errors and compromised patient safety and quality of care and yet only 25% of US & Canadian Internal Medical Clerkship Directors reported any patient-safety related curriculum. Objective:

To identify themes associated with students' care transitions experiences for curriculum design. Methods & Measures: Qualitative analysis of 200 M3 student authored critical incidents around care transitions to identify themes to inform curricula, particularly focused on transitions to/from patient center/primary care medical home. Data to Date: Preliminary analysis reveals major themes around lack of communication and/or documentation, accepting responsibility for patient care and "frustration" about ineffective transitions. Possible Implications: Identification of specific student roles and responsibilities to support effective and efficient care transitions.

WL5: Inpatient Handoffs: Improving Patient Safety and Provider Efficiency

Jeff Markuns, MD, EdM, Brian Penti, MD

Problem: Handoffs are recognized as a critical moment in patient care. It is important to determine their implications and methods to systematize them. Methods: We instituted a standardized handoff system with novel approaches incorporating the continuity responsibilities of the involved providers, measured with pre- and post-surveys of family medicine inpatient providers. Data: Over 90% of respondents (n=61) to pre-surveys report handoffs are safe, however 57.4% report important information is left out. 22.9% experienced compromises in patient care as a result of an insufficient handoff and 16.4% reported a minor adverse event. Implications: Initial results show substantial room for improvement in handoffs. We will share our standardized process, the successes and barriers to implementation, and any changes in the perceived safety of our handoff process.

Session M: Research Education

WM2: Teaching Community-engaged Population Health Research to Family Medicine Residents: A New Duke Approach

Mina Silberberg, PhD, Viviana Martinez-Bianchi, MD, FAAFP, Brian Halstater, MD

Medical providers can play a key role in addressing the social and health system issues that affect the health of their patients and the broader community. As the link between the patient and the health care system, the family physician has a unique understanding of and relationship to both. Developing effective new approaches to population health will require that physicians help generate new knowledge and engage with social service providers, neighborhood



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leaders, and other community partners. Duke Family Medicine has taken a number of steps to better prepare residents for this potential role in improving population health, including launching a course for second year residents on community-engaged population health research. This presentation describes this new course, resident response, and our approach to course evaluation.

WM3: Teaching Clinical Efficiency in Residency Education

Wendy Shen, MD, PhD, George Bergus, MD, MAEd

Delivering comprehensive care for patients in allotted clinic time is challenging in the primary care setting. This study is to assess the need for teaching clinical efficiency to residents and to assess the possible effective teaching to achieve the education goal. We sent out two surveys to the faculty and residents in our department. Twenty out of 22 teaching faculty (91%) and 10 out of 23 residents (43%) returned the survey. The survey inquired about the importance of teaching clinical efficiency, their past experience, the strategies that are being used to improve clinic efficiency and potential teaching methods. Our survey showed that 83% of people feel the clinical efficiency should be a key curriculum component. Direct observation and feedback should be explored as teaching tools.

WM4: Integrating Cosmetic Dermatology Into a Family Medicine Residency Curriculum

Thomas Bui, MD, Renu Mittal, MD, Gideon Kwok, DO

Family Medicine physicians increasingly perform cosmetic dermatology procedures, but during residency they receive neither standardized nor formal training on cosmetic skills. Patient satisfaction and economic incentives drive private practice physicians to offer cosmetic dermatology. Residents' exposure to practical techniques not only bolsters skills of dermatologic diagnosis and patient-centered counseling, but also teaches the scope of cosmetic dermatology, including cancer screening, laser tattoo removal, cutaneous pathophysiology, and dermal fillers. We integrate cosmetic skills into our formal curriculum, and residents' evaluations consistently rank high learning satisfaction. Didactics improve residents' knowledge of facial expression anatomy/physiology, basic laser physics, skin classifications, as well as suturing and injections. Family medicine physicians trained in cosmetic dermatology uniquely build on long-term patient care relationships, thus encouraging patients' comprehensive diet and lifestyle modifications.

WM5: Does Resident Comfort Level With Teaching Change After Feedback From Medical Students?

David Yuan, MD

Purpose: Determine if formative feedback from medical students to residents in the outpatient setting will improve residents' comfort with teaching. Study Design: Randomize residents to a feedback group and a control group. Intervention: Medical students will be instructed how to give useful formative feedback. They will fill out one feedback form per resident they work with during their outpatient rotation. The residents in the feedback group will receive these forms monthly. The residents in the control group will receive the forms at the end of the study. Outcome: A survey, the Teacher Identity Scale (modified), will be given to both the feedback group and the control groups monthly. The survey is intended to measure residents' identification, satisfaction, and comfort with teaching.

WM1: An EMR-based Intervention to Increase Patient Recruitment Into Medical Research

Arch Mainous, PhD, Daniel Dean, MS, Lea Soderstrom, MS, Daniel Smith, PhD, Vanessa Diaz, MD, MS

Physician recommendation is a key factor in successfully recruiting patients into medical research. The purpose of this study is to evaluate an EMR-based intervention designed to increase recruitment in medical research. We are conducting a study implementing a novel computer program into the EMR of an intervention clinic at the Medical University of South Carolina (MUSC). Another clinic at MUSC that also uses the same EMR is acting as a control group. Both clinics have ongoing clinic trials for which they are recruiting patients. Patient recruitment rates prior to the intervention and 6 months after introduction of the intervention are being collected in both the intervention and control clinics. We will discuss the findings of the evaluation of this strategic intervention to increase patient recruitment.

Session N: Resident Curriculum

WX2: Promoting Dialogue and Collaboration Among Medical, Nursing, and Pharmacy Students

Paul George, MD, Celia MacDonnell, PharmD, Richard Dollase, EdD

As health care becomes increasingly more complex, health care providers will need to work in teams to provide evidence-based care to patients. Preclinical medical students often receive minimal formal training in working with allied

health fields. In our study, nursing and pharmacy students join medical students in an introductory interdisciplinary workshop. We present data focusing on medical students' attitudes and perceptions in working with students from allied health professions. Moreover, we present data on the effectiveness of different forms of teamwork using defined team roles as opposed to undefined team roles in an OSCE exercise. Using our findings, we hope to construct future experiences for preclinical medical students in working cooperatively and effectively with allied health professionals to improve patient care.

WN2: Effectiveness of a Novel Longitudinal Rotation to Teach Evidence-based Medicine

Kathleen Rowland, MD, Umang Sharma, MD

Participants will learn about our novel curriculum for teaching EBM and will discuss preliminary results of our objective evaluation of this new rotation. The curriculum seeks to provide residents with the needed skills to translate clinical research to practice: formulation of a clinical question, development of search strategy skills, analysis and grading of evidence, and implementation into patient care. All residents participate in formal EBM didactics, and second-year residents participate in a 12-week longitudinal rotation. We use the validated Fresno Test of EBM skill to evaluate the residents' change in knowledge and performance after implementation of this curriculum. We expect that this new curriculum and our evaluation of it will inform future curricula and add to the literature about best practices for teaching EBM.

WN3: No Resident Left Behind, Curriculum Redevelopment Using Moodle

Kevin Raff, MD, Lauren Giammar, MD, Grant Morrison, MD

We performed a Needs Assessment Survey relating to our Pediatrics curriculum. We found that there were deficiencies with residents learning procedures, behavioral pediatrics, awareness of rotational goals and objectives, and being provided educational materials. To a lesser extent there was a lack of exposure to a full range of pediatric pathologies. To remedy this a Moodle site was created. The Moodle site contains the goals and objectives, knowledge and skill expectations (with reading list and videos), a place for residents to blog about the rotation, a rotation feedback survey, and a quiz. The site is currently being populated with the necessary materials. We hope to perform a follow-up survey to see if it improved the residents education. This

format could be applied to all rotations.

WN4: Family Medicine Accelerated Track: Update on an Innovative 6-year Medical School Family Medicine Residency Curriculum

Betsy Jones, EdD, Kim Peck, MD, Mike Ragain, MD, MSED, Ronald Cook, DO, MBA, Fiona Prabhu, MD, Jamie Haynes, MD, Steven Berk, MD, Simon Williams, PhD

Just as the "new Flexner Report" aspires "to stimulate reform and to encourage innovation and creativity in medical education," our institution is implementing a 3-year accelerated medical school curriculum that culminates in the MD degree and places students in one of our three FM residency programs. F-MAT, which has received LCME approval, offers students a seamless transition between their predoctoral and residency training settings and curricula. It both modifies and accelerates the standard medical curriculum through the development of new curricular experiences, with extensive mentoring and evaluation, for completion in 3 years. Participants in this session will be able to describe the program, list the steps involved in its implementation, evaluate its likely impact, and offer input, advice, and collaboration on this and similar innovations.

WN5: How to Revise the Didactics Curriculum to Improve in Training Examination Scores

Kathleen Soch, MD, Jose Hinojosa, MD

There is little evidence that traditional lecture-based didactics help residents to increase medical knowledge or to improve their scores on the In Training Examination (ITE). Performance on the ITE is important because scores predict future success on the certification examination. Current literature suggests that resident participation and active engagement in the learning process are key to increased learning. The purpose of this session is to explore the characteristics of a poor performing resident and describe interventions that have been shown to increase resident knowledge as measured by better ITE scores. A sample didactics program will be presented, and the challenges of implementing the curriculum will be explored.



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Completed Projects & Research

Session F: Patient-centered Medical Home

Moderator: *George Bergus, MD*

CF1: The Starting Gate: Early Barriers to Patient-Centered Medical Home Transformation in Family Medicine Residencies

Douglas Fernald, MA, Nicole Deaner, MSW, Caitlin O'Neill, MS, RD, Bonnie Jortberg, MS, RD, CDE, Perry Dickinson, MD

Objectives: To highlight significant barriers encountered early in Patient-centered Medical Home (PCMH) implementation in family medicine residencies. Discuss strategies to overcome barriers. Methods: Qualitative study of 10 family medicine residency practices receiving practice coaching and other support for PCMH implementation, iterative analysis of field notes, key informant interviews, learning collaborative, meeting notes. Results: Obstacles and challenges with ineffective or inappropriate leadership, insufficient or poor internal communication, reluctance to change, persistent pessimism and criticism, past history of poor processes or failed change efforts, inexperience with practice-wide teamwork, and hospital impediments are among key barriers family medicine residencies faced when embarking on becoming PCMHs. Conclusions: Resources, tools, and people can be more effectively planned for and deployed when early barriers that impede progress are identified.

CF2: Baseline Assessment of "PCMH-ness" in Colorado Family Medicine Residency Programs

Bonnie Jortberg, MS, RD, CDE, Douglas Fernald, MA, Perry Dickinson, MD, Nicole Deaner, MSW, Caitlin O'Neill, MS, RD

The objective of this study is to determine baseline PCMH characteristics of the Colorado family medicine residency practices and curricula. Methods used include questionnaires to determine baseline PCMH characteristics. Participants in the study include faculty, staff, and residents in the family medicine residencies. Three surveys assessed baseline practice and curriculum PCMH characteristics. Total surveys completed: PSQ=378, PCMH-CA=212, PCMH-CCR=121. Across the various assessments the residency practices had

their lowest scores in the areas of use of a team approach to care, population management, and the availability and use of PCMH information systems. Results from these surveys showed that project residencies demonstrated the greatest need for support and resources for population management and information systems. These are key components of the PCMH and may need extra attention.

CF3: Correlation Between Residents' Attitudes Toward and Exposure to Patient-ce Features

Patricia Carney, PhD, Patrice Eiff, MD, John Saultz, MD, Larry Green, MD, Samuel Jones, MD, Elaine Waller

Objective: To assess the association between residents' exposure to features of the Patient-centered Medical Home and their ratings (0=don't know, 5=very important) of importance to clinical practice. Methods: We surveyed all 24 continuity clinics in the P4 project about features of PCMH in place and then assessed all 330 residents in the P4 baseline cohort to assess perceived importance. Results: Associations for presence and higher importance were found for hospital EHR with fully computerized physician order entry, electronic health record-based chronic disease registries, group visits, using teams to manage patient care, and presence of clinical pharmacy support. Conclusion: Associations between perceived importance of and exposure to PCMH exist for many but not all features.

CF4: If You Build It, Will They Come? Gauging Student Interest in Teaching Health Centers

Brandon Abbott, MPH, Frederick Chen, MD, MPH

Despite great attention on the new Teaching Health Center (THC) model of residency training in community health centers (CHCs), medical student interest has not been measured. We surveyed 200 junior and senior medical students at the A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA) with a 10-item survey. Seventy-three percent of students would consider a THC program; 61% felt a CHC environment would not be too hectic to support residency training; 62% felt the CHC staff would be supportive of GME; 71% felt patients at the CHC would be supportive of a residency program. This study revealed a high level of interest in residency training in a THC environment as well as some of the factors that play into that decision.

Special Session

SS3: New Federal Initiatives to Promote Implementation of USPSTF Recommendations

David Garr, MD, David Schulke

The US Preventive Services Task Force (USPSTF) recommendations have long provided evidence-based guidelines for delivering preventive services. With the enactment of the Affordable Care Act, it is essential for all health practitioners to be aware that the USPSTF A and B grade recommendations will be covered by Medicare and by many private insurance plans with no patient cost-sharing. In 2010, the Agency for Healthcare Research and Quality (AHRQ) launched an initiative to increase implementation of the USPSTF recommendations by health professions educators. In 2011, AHRQ's initiative is being expanded to reach students and practicing clinicians. This session will describe new free resources for educators, and ask participants' to share successes and challenges they are encountering in integrating prevention into their teaching and care.

Research Posters

RP11: Correlates of Positive Attitudes Toward the Clinical Management of Substance Use

Manuel Angel Oscos-Sanchez, MD, Alexandra Loffredo, MD, Sandra Burge, PhD

Objective: Examine correlates of positive attitudes toward the clinical management of substance use. Methods: A total of 65 residents completed questionnaires and SBIRT knowledge tests at baseline and 12 months. Three linear regression models with the outcome variables of Belief That Substance Use is Treatable, Belief That Physicians Have a Responsibility to Perform SBIRT, and Belief That Physician Use of SBIRT Will Improve Treatment Success were constructed. Results: The strongest predictors of positive attitude at 12 months was baseline attitude ($P < .006$) and increase in score on the SBIRT Knowledge test ($P < .024$). Conclusions: To increase the likelihood that future physicians have positive attitudes toward the clinical management of substance use, residency programs should actively recruit students with positive baseline attitudes and seek to increase SBIRT knowledge during training.

RP12: Family Physician's Care/Referral Patterns for HIV/AIDS Patients

Robert Baldor, MD, Philip Fournier, MD, Judith Savageau, MPH

Purpose: We conducted a follow-up study to a 1994 cohort to see how HIV/AIDS care and referral patterns have changed. Methods: A cross-sectional survey was mailed to Massachusetts Academy of Family Physicians members. Results: Compared with 1994, the number of HIV+ patients in practices remained the same, but practices with no AIDS patients were significantly higher. A total of 39.0% referred HIV+ patients immediately, 57.0% co-managed, 4.1% managed alone (1994 cohort: 7.0%, 45.8%, 47.2%, respectively; $P < .0001$). 61.7% referred AIDS patients immediately (18.3% in 1994); 36.8% co-managed (74.3% in 1994); only 1.5% managed these patients alone (7.4% in 1994; $P < .0001$). Conclusions: A significant shift with regard to HIV/AIDS referral patterns has occurred over the last decade.

RP13: Integrating Abortion Training Into Family Medicine Residencies: Critical Factors and Useful Practices

Marji Gold, MD, Finn Schubert, BA, Cara Herbitter, MPH

Objective: Though first-trimester abortion is within the scope of family medicine, very few family medicine residencies offer integrated abortion training. This literature review synthesizes the results of family medicine journal articles that discussed the process of integrating abortion training into family medicine residency programs, including strategies for overcoming common barriers. Methods: A Medline (Ovid) search was conducted, and results were screened for relevance. Eight articles were selected for analysis. Results: Successful programs generally had a "faculty champion" with dedicated time and resources to pursue the project. Departmental support and cross-departmental collaboration were critical. Values clarification workshops and educational interventions were useful in overcoming resistance. Conclusions: Several barriers appear to be common across sites but can be overcome with strong communication and a stepwise process.



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RP14: A Resident Run Telephone Intervention to Optimize Lipid Parameters in Patients With Diabetes and Hyperlipidemia

Kelly Morton, PhD, April Wilson, MD, Audley Williams, MD, Aaron Sartin, MD, Jamie Osborn, MD

Objective: Evaluate the efficacy of scheduled telephone visits to improve lipids in patients with diabetes and hyperlipidemia in a residency clinic. Methods: Residents were randomized and trained for usual or telephone protocol. A total of 132 resident patients were eligible, 51 consented, and 27 completed follow-up (14 phone, 13 usual). Telephone visits occurred monthly for 3 months and focused on medication adherence and lifestyle modification. Results: There was a trend for mean reductions in LDL for the telephone group of 3% ($P>.05$) and increases in LDL for the usual group of 6% ($P>.05$) over the study period tested with ANCOVA. Conclusion: Telephone visits are safe, cost effective, and may be efficacious to improve lipids over time.

RP15: Resident-led Intervention to Increase Colorectal Cancer Screening: A Practice-based Improvement Project

Anne Sullivan, MD, Satnam Singh, MD, Kelly Hoenig, PharmD, Donald Nelson, MD

Objective: Colorectal cancer screening is an effective but underutilized intervention. This practice-based improvement project aimed to increase screening, as well as teaching residents the importance of population management. Methods: A total of 103 patients ages 50-75 without appropriate colorectal cancer screening were contacted by four residents. Data were collected 12 months later to compare the number of patients with completed screening tests with patients from nine other residents who received usual care. Results: Of 103 patients, 27 (26%) from the intervention group completed appropriate colorectal cancer screening, compared to 50 of 319 patients (16%) in the usual care group ($X^2=5.80$, $df=1$, $P=.016$). Conclusions: Resident-led intervention to increase colorectal cancer screening is an effective intervention to improve patient care, as well as an important part of teaching population management.

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RP16: Readability of English- and Spanish-language Children's Health Insurance Program (CHIP) Electronic Enrollment Applications

Lorraine Wallace, PhD, Jennifer DeVoe, MD, DPhil

Objective: To evaluate reading demands, layout characteristics, and document complexity of state-issued English- and Spanish-language CHIP enrollment applications (EAs). Methods: We located English- and Spanish-language Internet-based CHIP EAs from each state and the District of Columbia. Reading demands of CHIP EAs was estimated using the Lexile Analyzer. CHIP EA layout characteristics were assessed utilizing the User-Friendliness Tool, while document complexity was evaluated using the PMOSE/IKIRSCH scale. Results: All CHIP EAs were written at a high school reading level. Use of small text font size and inadequate white space were common, while document complexity ranged from level 3 (moderate) to level 5 (very high). Conclusions: CHIP enrollment applications need to be extensively revised to achieve consistency and meet established low-literacy guidelines.

RP17: Scratch the Match—a New Residency Recruitment Model

Amer Shakil, MD, Alison Dobbie, MD, ChB

Objective: With few US seniors choosing family medicine, in 2009 we implemented an innovative recruitment strategy to recruit superb candidates from all sources. Methods: Ours is a university-based 8-8-8 program. We redesigned our recruitment strategy by (1) defining our mission, (2) celebrating our strengths, (3) establishing screening criteria, and (4) defining preferred applicant characteristics. In a three-step selection process, our coordinator pre-screened ERAS applicants, senior faculty conducted telephone interviews, and interested candidates attended tailored personal interviews. Results: We screened 697 candidates, reviewed 130 applications, conducted 62 telephone interviews, and personally interviewed 24 applicants. We offered seven pre-Match positions, and five candidates accepted. We ranked 11 candidates and matched three. We saved \$45k (66%). Conclusions: We recruited superb candidates with significant time and costs savings.

RP18: Analysis of Prescribing Practices and Return Clinic and Hospital Visits for Outpatient Cellulitis

Joshua Tessier, DO, Kristin Horning, PharmD

Based on anecdotal reports of increased reactions to Trimethoprim/Sulfamethoxazole (TMP-SMX) in our community, this study analyzed adverse reactions from TMP-

SMX compared to other antibiotics in treating cellulitis as represented by return visits. This was a retrospective chart review of 290 patients at four primary care clinics. Data analysis revealed no significant difference between unscheduled follow-up visits of any type in patients prescribed TMP-SMX and Cephalexin compared to all other antibiotics. The percentage of patients who received appropriate coverage for CA-MRSA was lower than our reported prevalence rates. Patients not placed on TMP-SMX for cellulitis showed greater odds of treatment failure. We feel the results from our study support the practice of TMP-SMX as a first line agent for cellulitis; however, future studies are warranted.

RP19: The Group Appointment for Weight Management

Gregory Baird, Jessica Greenwood, MD, MSPH, Patricia Eisenman, PhD, FACSM, Jennifer Leiser, MD

Objective: Measure weight change and patient satisfaction in the management of the overweight and obese utilizing a shared medical appointment (SMA). Methods: 10-15 patients (21 to 65 years old) with BMI > 25 will be recruited. We will exclude those lacking 3 months of data. We will analyze changes in weight measures utilizing paired t tests. Patient satisfaction surveys will be compared to the baseline satisfaction survey utilizing qualitative and descriptive analysis. Results: We anticipate significant improvement in weight measures and subjective patient satisfaction in the management of their obesity. Conclusions: We anticipate that this research will demonstrate an efficacious and cost-effective model in the management of the obesity epidemic.

RP20: The 2-on-2 Precepting Model: A Method For Enhancing And Integrating The Biopsychosocial Perspective

Yusef Williams, MD, Doug Reich, MD, Loredana Ladogana, MD, Jose Tiburcio, MD, Amir Levine, PhD, LCSW, CASAC

Objectives: To implement a specialized precepting model with first-year residents that: monitors resident's learning needs, teaches an integration of the biopsychosocial perspective into patient care, and fosters trusting longitudinal resident-preceptor relationships. Methods: Program evaluation surveys were administered to nine PGY-1 residents and four faculty attendings who participated in the 2-on-2 precepting experience. Results: Residents reported that the 2-on-2 model had improved their understanding of patients' bio-psychosocial needs and fostered trusting relationships between faculty and



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residents. Faculty reported greater ability to monitor residents' learning needs. Conclusions: The Bronx Lebanon Department of Family Medicine Residency Program has found the 2-on-2 precepting model to be successful at forming trusting relationships and teaching residents to integrate the biopsychosocial perspective into patient care. Faculty reported strengths of monitoring residents' learning needs.

RP27: The Blues of Having Back Pain

Elena Pogolian, MD, Michelle Tinitigan, MD, Kaparaboyna Kumar, MD, Sandra Sanchez-Reilly, MD, Sandra Burge, PhD

Objective: To determine the relationship between depression, quality of life (QOL), and chronic low back pain (CLBP). Methods: Outpatients with CLBP participated in a prospective cohort study of the Residency Research Network of Texas. Questionnaire consisted of demographics, QOL, pain severity, and depression. Results: A total of 367 CLBP patients consisted of 72% women; 43% were white, with mean age of 53 years. Fourteen percent had private health insurance; 76% were unemployed. Fifty-six percent screened positive for depression. Depression was positively associated with pain severity ($P=.000$) and negatively associated with physical function ($P=.000$) and health score ($P=.000$). Conclusions: Depressed patients had worse CLBP, functioning, and health. Treatment of co-existing depression with CLBP is essential. Pain, physical function, health score, educational level, and opioid use all have an important influence on depression.

Scholastic Posters

SP25: Osteopathic Manipulative Therapy for the Allopathic Resident Rotation

Andrew Slattengren, DO

Graduating residents often expressed concern with their comfort regarding the care of a multitude of musculoskeletal conditions that are common in family medicine, including low back pain, myofascial pain syndromes, and chronic pain. Osteopathic Manipulative Therapy for the Allopathic Resident is a rotation at the University of Wisconsin Madison Department of Family Medicine Residency added to the curriculum in 2009 to improve the musculoskeletal training of residents. Residents who have completed this rotation have demonstrated improved diagnostic skills

and treatment plan organization as evaluated by the faculty physician. A rotation introducing the allopathic resident to osteopathic manipulative therapy has improved musculoskeletal training as demonstrated by improved resident ability to address common musculoskeletal conditions seen by family physicians.

SP26: The Diversity of Family Medicine: The Incorporation of Correctional Medicine Into the Residency Curriculum

Tina Walker, MD, Renu Mittal, MD

Family medicine residents train in a broad array of circumstances and across a wide range of medical specialties. However, few residency programs offer training opportunities in correctional medicine, despite many hospitals receiving inmates as part of the patient population. Our family medicine residency program has recently implemented a Correctional Medical experience for second- and third-year residents. The residents surveyed about their experience report enjoying their time during these visits. The encounters give residents exposure to a rewarding career opportunity that they may have never considered otherwise, show them a diversity of medical problems that are not usually seen in the typical practice environment, and give the opportunity to serve a primarily low income, uninsured minority population in dire need of health care.

SP27: Incorporating Basic Osteopathic Manipulative Medicine Into the MD Precepting Repertoire

Peter Bockhorst, DO, Mark Brummel, DO, Joanne Lubrano, DO

Osteopathic students entering ACGME residencies historically have let an integral part of their training wither during their residency. Few of these residents take advantage of external programs in manipulative medicine such as refresher courses and workshops. Understandably, few MD faculty preceptors have traditionally been comfortable or willing to precept osteopathic manipulative techniques during resident outpatient clinic. There have been many instances in our clinic when an osteopathic resident has been unable to perform an indicated manual technique due to a lack of an osteopathic preceptor. We created a curriculum for our MD faculty to facilitate a basic level of familiarity and comfort with osteopathic philosophy and techniques. This session will outline our curriculum and the potential benefit it may bring to family medicine residencies.

SP28: Pharmacy Resident in Underserved Care: Creating the Business Case

Patricia Kowalsky, PharmD, Sharon Connor, PharmD, Lauren Jonkman, PharmD, Patricia Klatt, PharmD, Melissa Soma-McGivney, PharmD

Many family medicine residency programs focus their mission on improving the health of the underserved. Opportunities are growing for pharmacists to provide direct patient care as part of the health care team, a role that can be especially valuable in underserved settings where patients often struggle with multiple medical, economic, and social concerns. To train pharmacists to succeed in this role, focus should be placed on pharmacy residency programs specializing in care to underserved populations. Currently there is little data on the role of pharmacy residents in underserved settings, and few pharmacy residency programs focus on this patient population. This project investigates the role of a pharmacy resident in an underserved environment, focusing on drug therapy problems detected, interventions made, and costs averted.

SP29: Barriers to Diabetes Self-management in African Americans Patients

Roger Zoorob, MD, MPH

Objective: Purpose of the study was to identify factors affecting type 2 diabetes self-management and elicit recommendation to overcome barriers. Methods: Questionnaires were administered to African American adults with diabetes. Focus groups involving providers and patients with type 2 diabetes were conducted. Results: Providers perceived lack of education and food and transportation-related costs as major barriers to self-care. Data show a low level of awareness regarding diabetes care and diabetes-related complications. Patients perceived knowledge deficits of side effects and how medications work as a cause of noncompliance. Conclusions: Study offers useful information for designing patient education programs targeting low income minorities.

SP30: Comprehensive Model of Curriculum Design and Evaluation in a Residency Program

James Cooke, MD, Tara Master-Hunter, MD, Eric Skye, MD, Leslie Wimsatt, PhD, Elizabeth Wilson, MFA

Medical education has historically been based on a model of apprenticeship and structured clinical experiences that led to an assumption of competence when the trainee

completed the program. Several factors are converging that challenge these historical norms and are necessitating changes in both our training paradigms and measures of competence. We describe a comprehensive curriculum design that includes Web-based knowledge content that is tied to preclinical training with skill simulators to prepare learners for their clinical experiences. Knowledge and skill acquisition assessments are integrated into the end of the clinical experiences for future educational planning and as a clinical outcome measure.

SP31: From Classroom to Clinical Practice: Reinforcing the Longitudinal SBIRT Curriculum

Thea Lyssy, MA, James Tysinger, PhD, Rochelle Tinitigan, MD

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to early identification and management of persons at risk for substance use disorders. We designed a curriculum to teach family medicine residents how to screen patients for substance abuse and incorporate SBIRT into their clinical practice. Since application of knowledge gained in the classroom must be applied and evaluated in clinical practice, we integrated repeated and diverse SBIRT learning activities in both classroom and clinical learning settings across all 3 years of training with our third years teaching some of the classroom sessions. The poster will describe the screening tools residents were taught to use and discuss the outcomes of our SBIRT curriculum.

SP32: UNC Faculty Development Fellowship: A Survey Examining Professional Formation From 32 Years of Fellowship Graduates

Kathryn Kramer, PhD, Sam Weir, MD, Dawn Brock, MPA

Participants will be able to: 1) examine professional formation of graduates from the past 32 years; 2) describe curricular trends in faculty development, and 3) discuss transitions that may be needed to address future faculty development initiatives. The UNC Family Medicine Faculty Development Fellowship has demonstrated success in preparing clinician-educators for academic family medicine, and this survey will provide an update on current activities of graduates and the role of faculty development in their professional formation. Survey results from over 450 graduates about leadership, scholarship, career satisfaction, etc. will be presented. The continued need to prepare academicians for leadership, scholarship, and teaching roles in light of health care reform and the move toward patient centered medical homes will be discussed.



FRIDAY, APRIL 29

Concurrent Educational Sessions

2:45-4:15 pm (cont.)

SP33: An Interprofessional Curriculum in Integrative Medicine

Shelley Adler, PhD

An increasing number of academic health institutions are committed to integrative medicine health-care principles such as partnership between patient and practitioner; collaborative, interprofessional health care; and promotion of health and the prevention of illness. A 2005 IOM Report recommends that health professions schools incorporate CAM into their standard curricula; however, there is neither agreement on the ideal core competencies for medical, nursing, pharmacy, and dental students nor the ways in which integrative medicine should be included in the training (including interprofessional training) of these future health-care providers. The objective of this NIH-funded five-year curriculum project is to develop, implement, evaluate, and disseminate a multidisciplinary, interprofessional curriculum in integrative medicine.

SP34: The STFM Residency Education Webinars: Next Steps

Luigi Tullo, MD, Kathy Zoppi, PhD, MPH, Laurel Millburg, PhD, Crystal Cash, MD, Christine Jerpbak, MD, Mark Lisby, MD, Alan Roth, DO, Angela Broderick, CAE

As an outgrowth of the efforts of the Patient Centered Medical Home initiative by STFM, a task force was charged with preparation of trainees for residency program practice. Over the past five years, the STFM Residency Preparation task force has developed materials to help the almost 50% of International Medical Graduates to succeed in family medicine residency training. Workshops were led in early years; in 2009, STFM launched webinars as training aids for programs and individuals. This session will review the evaluations of these methods of training and identify next steps for GME training.

SP35: Development of a Holistic and Mission-based Process for School of Medicine Admissions

Kim Peck, MD, Betsy Jones, EdD, Steven Berk, MD

Our School of Medicine's (SOM) mission includes an emphasis on striving "to meet the primary and specialty care needs of the community," and a goal of improving "access to quality health care for [the institution's] target populations," across rural areas of our state. Thus, the SOM (with extensive involvement from FM faculty) has implemented a holistic review of student admissions, whereby candidates are evaluated by criteria that are institution-specific, broad-

based, and mission-driven and that are applied equitably across the candidate pool. This poster will describe SOM Admissions strategies that include targeted recruiting of under-represented students and minority populations; grouping applicants to decrease comparison bias; blinding interviewers to GPA and MCAT at the time of interview; and increasing flexibility to consider lower scores among under-represented groups.

SP36: Evaluation of Compliance to American College of Chest Physicians Guidelines for Warfarin Reversal With Phytonadione

Giavanna Russo-Alvarez, PharmD

Phytonadione therapy is commonly used to reverse the anticoagulation effect of warfarin. However, elevated INR management often varies from the recommended American College of Chest Physicians (ACCP) guidelines. A retrospective evaluation will be performed to assess the appropriateness of elevated INR management in hospitalized patients. ACCP guidelines will be used as the basis for compliance. After the administration of phytonadione, the incidence of thrombosis and minor and major bleeding will be quantified.

SP37: Introduction of Advanced Life Support in Obstetrics in Ethiopia

Ann Evensen, MD, Lee Dresang, MD, Cynthia Haq, MD, Mark Huth, MD, Sabrina Wagner, MD

Statement of purpose: To evaluate the introduction of Advanced Life Support in Obstetrics in Ethiopia. Importance to family medicine education: 25,000 women die annually in Ethiopia from childbirth. In addition, Ethiopia has no family medicine training programs. By introducing ALSO to Ethiopia we may decrease maternal mortality and introduce the concepts of family medicine. Description of innovation: The first ALSO course in Ethiopia was taught in June, 2010. Participants were surveyed in a group discussion and via confidential survey. Summary of available data: Participants responded that the training was beneficial, but the course should be longer and better tailored to the Ethiopian context. Implications: Participant feedback will be used to improve the ALSO course that will be given in Ethiopia in 2011.

SP38: But What Can I Learn From a Normal Patient? Lessons From Patti Sullivan's Pregnancy

Sandra Shea, PhD, Ramesh Gupta, PhD, William Hamilton, MD

First year medical students are so eager to start on the road to becoming a physician they want to concentrate more on learning diseases before understanding healthy systems. To address this, we developed a special Sequential Patient Simulation (SPS) for our Problem-Based Learning Curriculum. This pregnancy case could harbor many illnesses and conditions but proceeds over 5 curricular weeks with few complications. Students often jump at the unusual, e.g., hemophilia, while trying to skip the normal, e.g., conception, and the tutors help steer them back. In a decade of use "Patti Sullivan" has led students to explore a number of basic science disciplines, but one of her enduring lessons can be found in many student evaluations – "I learned a lot from a healthy patient."

SP39: Development of Geriatric Skill Sets to Enhance Learning in an Innovative Geriatric Longitudinal Experience Setting

Wilhelm Lehmann, MD, Susan Saffel-Shrier, MS, RD, Karen Gunning, PharmD, Timothy Farrell, MD, Nadia Miniclier, MS, PA-C

In the fall of 2007, the University of Utah Family Medicine Residency Program received an RRC variance in the continuity of care longitudinal geriatric experience which allowed the program to move from a long-term care/nursing home facility to an assisted living experience. Results of this 2 year project showed a significant increase in satisfaction for both faculty and learners, but competency evaluations did not meet expected goals. Based on these findings, the 19-point direct observation competency form was divided into smaller skill sets that would be more time-efficient to apply and teach. The finished product is a series of Geriatric Skill Sets that are available as templates within the Epic electronic medical record in both the assisted-living facility and the residents' home clinic practices.

SP40: Developing Effective Relationships With Our Specialty Colleagues: The Northwestern Family Medicine Residency Pediatric Subspecialty Outpatient Rotation

Gail Patrick, MD, MPP, Santina Wheat, MD, MPH, Dorothy Dschida, MD, Deborah Edberg, MD

Historically, the art of consultation is a skill that has not been deliberately taught in medical school or residency training. Few resources exist to guide decision-making in

the referral process or what constitute appropriate referrals. Communication between the primary care physician and specialist is often incomplete, impacting quality of care and patient safety. The Northwestern McGaw Family Medicine Residency provides residents with a structure for working effectively with specialty colleagues. This poster will present the design and initial outcomes of our eight-week Pediatric Subspecialty Care curriculum. We hope this curriculum inspires residents to take a thoughtful approach to the specialty referral process and consider the importance of specialty referrals in delivering high quality, cost effective and efficient health care while supporting patient-centered medical home ideals.

SP41: Development of Longitudinal Sports Medicine Track in a Family Medicine Residency

Philip Salko, MD

A sports medicine concentration during residency inspires a higher quality of teaching related to orthopedic and musculoskeletal curriculums. By creating an official sports medicine track with opportunities to focus on sports medicine throughout all 3 post-graduate years, residents particularly interested in sports medicine will graduate with a strong experience as a team physician. This can be an attractive recruitment tool, offering curricula similar to those residencies affiliated with a sports medicine fellowship. It can help a residency strengthen its overall sports medicine curriculum while cultivating those residents with specific interest in sports medicine to pursue job opportunities in sports medicine. We will describe our programs' development of a sports medicine track and help troubleshoot for those programs interested in developing one.

SP42: The Next Generation of Family Physicians: Current Residents' Preferences Regarding Training and Future Practice

Tricia Hern, MD

With new RC requirements in family medicine and new ACGME duty hour guidelines imminent, all residency programs are anticipating changes to their programs. Informing our family medicine educator leaders about the practice preferences of the next generation of family physicians will provide a context around which such changes should be shaped. A survey was administered to all current family medicine residents in the state of Indiana (n=approx 240) to determine their training and practice preferences. Results were gathered anonymously, and will be shared in aggregate.



FRIDAY, APRIL 29

Concurrent Educational Sessions

2:45-4:15 pm (cont.)

SP43: Professionalism and Communication Skills: They Can Be Taught. A Resident Behavioral Academic Remediation Plan

Stephanie Caples, PhD, Rosa Vizcarra, MD

Family Medicine residents experiencing significant deficits in professionalism and interpersonal communication skills pose challenges to their training institutions. Programs designed to remediate these deficits have not yet been described in the literature. This presentation offers a model for instituting an academic curriculum for behavioral modifications. TTUHSC-PB has designed a model by which residents showing deficits on these competencies, complete a behavioral academic plan. Identified residents complete the curriculum which involves training sessions with behavioral health faculty. During each session different topics are addressed by way of discussion, assignments, and activities. A 360 degree evaluation method provides information on any observed changes in the resident's behavior. Utilizing an academic behavioral curriculum allows a training program to employ direct instructional methods for behavioral remediation.

SP44: If You Build It, They Will Come: An Underserved Primary Care Curriculum

Vicky Borgia, MD, Sarah Morchen, MD

Teaching Health Centers will play an increasing role in family medicine resident education and are in a unique position to train and recruit future physicians to practice in underserved areas. Our intervention involves designing a formalized curriculum for the residents and medical students that will serve to address the attitude, knowledge and skills of the resident in underserved medicine of diverse populations. This curriculum will enhance resident's and student's attitudes and knowledge of the social, economic and cultural aspects of underserved health care making them more likely to pursue a career in underserved primary care.

SP45: Developing an HIV Curriculum at a Family Medicine Residency

John Nusser, MD, Mary Annese, MPA, Jeremy Hitchcock, MD, Havilah Debell, MD, Christopher Gilbert, MD

Developing and implementing an HIV residency curriculum could help meet the national shortage of physicians competent in HIV care. To assess the impact of Northwest AIDS Education and Training Center training on one faculty's quality of HIV care, 16 retrospective chart reviews were performed. Laboratory testing, monitoring, and overall adherence to DHHS guidelines were significantly improved

post training. To improve organizational capacity, a patient registry was created, clinic policies implemented, and interdisciplinary staff were trained. HIV didactics served to encourage interest and expertise in a few residents. A popular HIV half day clinic was developed and an HIV elective is under development. The AETC was extremely helpful in meeting HIV educational needs. HIV care competency of residents could be quantitatively assessed in the future.

SP46: Syncope and Migraine: A Unique Co-morbidity

Shweta Arora, MD, Krishnan Narasimhan, MD, Pankaj Thakur, MD, Daryl McCartney, MD

Syncope has a unique co-morbid association with migraine which may be confusing for the physician. Migraine headache is a very common condition seen in a primary care setting and recognition of the association is important. We highlight the case of an 18 year old female who presented with syncopal migraine episode with headache for 6 days. She had 5 similar syncopal episodes in the past. Her risk factors included positive family history, stress and OCPs. Examination and Imaging were negative for other etiologies. She was discharged stable on prophylactic therapy. Various researches have looked into different etiologies for the association e.g ANS dysfunction, familial component. Reassurance of the patient, knowledge of risk factors (OCPs, stress, family history) and medication compliance is the key to management.

SP47: An Initial Assessment of Medical Needs And Community Resources In The Huayhuash Region of Peru

Erin Stratta, Amy Luke, PhD, David Shoham, PhD, Graham Rogers

The Cordillera Huayhuash, in Peru's Central Andes, is home to the villages Llamac and Huayllapa. Non-profit Mountain Medics International (MMI) recently completed an assessment of community resources to prioritize health goals while providing basic health care. Health care volunteers completed 96 community assessment surveys and 376 medical encounter forms in Llamac and Huayllapa. Only 7.7% of families in Huayllapa consumed fruits/vegetables and 46.2% any protein foods the previous day, compared with 26.3% and 84.2%, in Llamac. 50% of Huayllapa families were connected to a tubed water system, compared with 100% in Llamac. Medical encounter forms revealed a high prevalence of diarrheal infections in Huayllapa (54%), largely absent in Llamac. The data obtained will be utilized to direct effective public health projects in Huayllapa.

SP48: [Canceled]

SP49: Strain-counterstrain: Expanding Myofascial Pain Treatment Modalities for Allopathic Trained Resident Physicians

Richard McKinney, MD, Magdalen Edmunds, MD, MPH, Evie Precechtil, MD

Chronic pain is a frequent primary care complaint. As an allopathic trained physician, pain is often treated with medication and other treatment modalities, such as manipulative therapies, are not taught as part of a core

resident teaching curriculum. One such modality for treating specifically myofascial pain is the strain-counterstrain technique (SCS). Residents at the UCSF Family and Community Medicine Program were exposed to the SCS technique by an attending who uses the technique. Based on resident interest, a SCS clinic was established to allow training in this technique. It was proposed this experience would improve resident self-efficacy in treating myofascial pain as well as improve knowledge in the musculoskeletal system.

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SATURDAY, APRIL 30

Schedule at a Glance

6:30-7 am Hotel Lobby	Annual “Marathonaki” Fun Run	10-10:30 am Grand Ballroom B	Refreshment Break in the STFM Village
7-8 am Grand Ballroom C-E	Round Table Presentations of Scholarly Activity	Noon-1:30 pm	Lunch on Own
8:15-10 am Grand Ballroom C-E	STFM Annual Business Meeting: Perry Dickinson, MD, STFM President	12:30-1:30 pm	“Optional” STFM Group Meetings (see page 19-20)
	AAFP President’s Greetings: Roland A. Goertz, MD	3:15 3:45 pm Grand Ballroom Foyer	Refreshment Break
	General Session: “O Brother Where Art Thou?” <i>Robert Phillips, Jr., MD, MSPH, Robert Graham Center: Policy Studies in Family Medicine and Primary Care, Washington, DC</i>	Evening	Optional Group Activities

10:30 am-Noon

Seminars

S39: Making “Meaningful Use” Truly Meaningful to Our Patient-centered Medical Homes – **Bayside A**

S40: Feedback and Debriefing: More Than Just a Sandwich! – **Bayside C**

S41: Establishing and Maintaining Group Medical Visits in Underserved Communities – **Borgne**

S42: Research Lessons Learned the Hard Way: Common Mistakes to Avoid in Your Scholarly Investigations – **Maurepas**

S43: Uterine Aspiration and Intrauterine Device Placement Using a Papaya Model and Patient-centered Communication – **Bayside B**

S44: Reinventing Family Medicine Residencies: P4 Residents’ Perspectives of Innovation and PCMH Adoption By P4 Residencies – **Grand Couteau**

S45: Group on Minority and Multicultural Health Service Project: Mentoring Minority Students – Napoleon D2

Lecture-Discussions

L49A: Development of an Interdisciplinary Leadership Curriculum for Family Medicine Residents

L49B: Interdisciplinary Teaching and Learning: Out of the Silos and Into the Fields – **Napoleon C1**

L50A: Help!! I’m Alone in the Office With an “OXY” Shopper!

L50B: Rethinking Chronic Pain: Teaching Residents Safe Prescribing Practices and an Integrated Approach to Pain – **Napoleon C2**

L51A: Team Care in the Patient-centered Medical Home. The Duke Experience

L51B: Clinical Microsystems: A Team-based Structure for Reshaping the Residency Clinic and Resident Education – **Napoleon C3**

L64A: Integrating a Human Sexuality Curriculum Into Family Medicine Residency

L52B: Models of Geriatric Curricula – **Napoleon A3**

L53A: The Matrix Map: A Tool for Navigating the Complexities of Integrative Health Care

L53B: Developing Online Training; Lessons From the Integrative Medicine Special Interest Group’s Online Curriculum Project – **Napoleon D3**

L54A: Building a Medical Home for Foster Children: A COPC/PCMH Residency Project

L54B: Training Family Physicians to Improve Care for Transition Age Youth and Adults With Complex Disabilities – **Napoleon B1**

L55A: Developing Rubrics Using a Collaborative Interview

L55B: From Concept to Clinic: Development of Technological Advances – **Napoleon B2**

L56A: Research and Scholarship: An Introduction to the FPIN Approach

L56B: Resident Scholarly Activity: Lessons Learned in Organizing a Herd of Cats – **Napoleon B3**

Works In-Progress

Session O: Quality Assurance – Salon 817/821

W01: Improving Resident Education in Quality Improvement and Patient Safety

W02: Practice-based Improvement for the Very Small Rural Residency

W03: How to Improve the Quality Improvement Process in a Family Medicine Residency Setting: One Practice's PDSA Cycles on Quality Improvement

W04: Quality Improvement in Practice: Screening for Depression in the Chronically Ill

Session P: Resident Education – Salon 825/829

WP1: Did We Get It Right? Evaluating the Effectiveness of Remedial Teaching

WP2: Evaluating Interns in a New Residency Program Using a July OSCE

WP3: Teaching the Trainee Teachers: A Resident and Faculty Teaching Workshop

WP4: Development of a Checklist of Human Patient Simulation Performance in Family Medicine

WP5: Residents Supporting Residents—An Innovative Program of Intern Support

Completed Projects and Research

Session G: Best Research Paper and Curtis Hames Presentations – Gallier A/B

Moderator: Arch "Chip" Mainous, PhD

Custis Hames Award Winner

Special Session

SS2: "Getting Your Proposal Accepted: Tips From the Reviewers" – **Cornet**

Fellows/Residents/Student Research Works In-Progress Posters

(Note: Posters will be presented in Grand Ballroom A)

FP68: A Peer-teaching Intervention to Increase Clinical Acumen and Community Engagement in First-year Medical Students

FP76: Domestic Violence—"Don't Ask, Don't Tell"

FP77: Practice Management Program Shows Improvement in Billing and Coding Among Family Medicine Residency Programs

FP78: Sugar-sweetened Beverage Consumption and Health Status in Geographically Disparate Populations

FP79: Assessing Residents' Experiences and Comfort Level with Substance Use Disorders

FP80: Point of Use Ceramic Water Filtration in Haiti and the Dominican Republic

FP81: Children, Health, Exercise, and Food Survey

FP82: Evaluation a Clinic Based Intervention on Patient Tobacco Smoking Knowledge, Attitudes and Behaviors

FP83: Do Improved Smoker-identification Systems Help Increase Effective Physician Documentation and Smoking Cessation Counseling Reimbursement Rates?

FP84: Single Leg Hop Tests as a Tool for Function in NCAA Athletes

FP85: Comparison Family Medicine Residency to Endocrinologist in Type II Diabetes Mellitus Care

FP86: Does Hearing Impairment Affect Performance on the MMSE?

FP87: Improving Heart Failure Management in Primary Care

FP88: SBIRT Assist Assessment Form Screening, Brief Intervention, and Referral to Treatment

FP89: Staff Perceptions of Patient-centered Medical Home Implementation in Two Urban Clinics

FP90: Low Rates of Screening and Treatment of Depression in Pregnancy and Postpartum

FP91: Molst...Is It Time Yet?

FP92: Impact of the 2009 USPSTF Recommendations on Screening Mammography in Primary Care

FP93: Implementation of Prenatal Group Visits in a Community-based Family Medicine Residency



SATURDAY, APRIL 30

Schedule at a Glance

FP94: Intimate Partner Violence Screening in a Community-based Pediatric Clinic: Getting Input From the Community

FP95: Parental Health Care Seeking Tendencies and How They Are Influenced by Ethnotheories

FP96: Weight Gain in Women During Drug Recovery

FP97: Training Received by Primary Care Residents in Caring for LGBT Patients

FP98: Osteoporosis Treatment by Primary Care Physicians (PCPs) in the US Outpatient Setting

FP99: Physician Attitudes and Adherence to Breast Cancer Screening Guidelines and Shared Decision Making

FP100: How a House Calls Curriculum Prepares Medical Students for the Health Care Needs of Older Adults

FP101: Curriculum Development for Group Prenatal Visits at a Family Medicine Clinic in Washington Heights

FP102: Chronic Disease Management Program: Does It Improve Health Outcomes?

FP103: Correlation Between the Diameter of Hematoma in Cases of Threatened Abortion and Outcome of Pregnancy

FP104: The Role of HPV Testing in Cervical Cancer Screening for Low Risk Women Ages 30-65

FP105: Risk Factors Associated With Bone Density Screening in a Population of Adults With Intellectual Disabilities

FP106: Success in Achieving Goals Among Participants of a Healthy Living Program

FP107: Resident Training in Opiate Addiction Therapy: A Residency Practice QI Project

FP108: Correlation Between BMI and Knowledge, Attitudes, or Behaviors in Breast Cancer Prevention in Hispanic Adult Females

FP109: Comparison of Approaches to Screening, Diagnosis, Repletion, and Maintenance Therapy for Vitamin D Deficiency

FP110: There Should Be a Better System: A Qualitative Assessment of Health Challenges in Maywood, IL

FP111: Improving Influenza Vaccination Documentation Rates in Patients >50 years of age at Madsen Clinic, a CQI Project

FP112: Evaluating Methods to Increase Vaccination of Amish Children in Three Missouri Communities

FP113: Medical Student Perceptions of Hospital Discharge Transitions in Care

FP114: Examining Religiosity and Self-reported Hypertension In Maywood, IL

1:45-3:15 pm

Seminars

S46: One More Curriculum? Women's Health in Family Medicine: An Effortless Fit – **Bayside A**

S47: Knowing When to Say When: Transitioning Chronic Pain Patients From Opioid Therapy – **Bayside C**

S48: Achieving and Maintaining Work-life Balance – **Borgne**

S49: Beginners' Guide to Designing Effective Surveys and Questionnaires – **Grand Chenier**

S50: Food Revolution: Creating and Implementing an Innovative Food Advocacy Curriculum for Family Medicine Residents – **Maurepas**

S51: Patients With Disabilities as Teachers: An Educational Innovation – **Nottoway**

S52: The Jazz Consultation – **Grand Couteau**

Lecture-Discussions

L57A: The Role of Office Staff in Teaching Family Medicine Residents

L57B: Teaching Residents and Family Health Center Staff Quality Improvement Using a Multidisciplinary Clinical Team Model – **Napoleon C1**

L58A: Best Practices for Precepting and Teaching Billing and Coding

L58B: Adding Experiential Learning Opportunities to a Management of Health Systems Curriculum – **Napoleon C2**

L59A: Beyond the Medical Home: The Tools and the Time for Chronic Disease and Preventive Care

L59B: Actively Managing Continuity and Access in Residency Teaching Practices to Build Patient-centered Medical Homes – **Napoleon C3**

L60A: An Innovative Approach to Integrating Behavioral Health in a Patient-centered Medical Home (in an Underserved Setting)

L60B: Building the Medical Home in an Inner-city, Community-based Residency Training Practice – **Napoleon B1**

L61A: Leadership and Education Program for Students in Integrative Medicine: LEAPS Into Successful, Innovative Educational Collaborations

L61B: Precepting Integrative Medicine and Wellness in Residencies and Medical Schools – **Napoleon B2**

L62A: Removing Barriers to Contraceptive Access for Low-income Women—Evidence for Incorporating Over-the-counter Access

L62B: Preventing Unintended Pregnancy by Expansion of Training in Immediate Postpartum Contraception Methods – **Napoleon A3**

L63A: "Abstract Attack"—a Transformative Journal Club Experience as a Basis for a Longitudinal EBM Curriculum

L63B: Promoting Resident Scholarship: Journey Down the Path – **Napoleon B3**

Works In-Progress

Session Q: Psychology – Salon 817/821

WQ1: Care Management for Depression: Improving Outcomes—But Can We Do Better?

WQ2: What's Your Bias? Behavioral Health Practitioners Help Teach Residents Options Counseling in the PCMH

WQ3: "What About the Patient?" The Case Conference Meets the Patient-Centered Clinical Method

WQ4: Addressing Substance Use Disorders in the Patient-centered Medical Home

WQ5: The FMEC-IMPLICIT Care Managers for Perinatal Depression Trial

Session R: Resident Teaching – Salon 825/829

WR1: Teaching iResidents With New Technology

WR2: Improving the Precepting Encounter for the Teacher, the Learner, and the Patient

WR3: Locus of Control and Self-assessment as Predictors of Family Medicine Resident's Academic Performance: Year Two Cohort Results

WR4: Learning From Ourselves: A Practice-based Approach to Outpatient Residency Rotations

WR5: Chart Rounds: An Interprofessional Approach to Teaching Population Health

Completed Projects and Research

Session H: Special Research Session – Gallier A/B

CH1: Saving Time, Money, and Work: How to Do Secondary Data Analysis

Session I: Community Medicine – Napoleon D2

Moderator: Andrew Bazemore, MD, MPH

C11: Defining Positive Youth Development Priorities With a Latino Community

C12: Assessing Concordance of Perinatal Depression Screening Tools in a Community Health Center

C13: El Joven Noble Reduces Substance Use Among High Risk Latino Youth

C14: How Readable Are Spanish-language Medicaid Applications?

3:45-5:15 pm

Seminars

S53: No Time to Weight: Fighting Childhood Obesity One Family at a Time – **Bayside A**

S54: OB Boot Camp: Innovative Training of Incoming G1 Residents in Family Medicine and Obstetrics – **Bayside C**

S55: Inspiring Health and Wellness in the Underserved: Tools for Practicing and Teaching Integrative Medicine – **Borgne**

S56: Reading "A Fortunate Man" – **Nottoway**

S57: Maximizing Your Effectiveness on Guideline Panels – **Maurepas**

Lecture-Discussions

L65A: Developing Effective Clinical Teams: The Power of Huddles and Co-location of Clinical Staff

L65B: The Interdisciplinary Team Meeting: A Vehicle for Teaching Team-based Care in a Residency Practice – **Napoleon C1**

L66A: Residency Training in Screening, Brief Intervention, and Referral to Treatment for Alcohol and Substance Abuse



SATURDAY, APRIL 30

Schedule at a Glance

L66B: Resident Training in Opiate Addiction Therapy: Strategies for Success – **Napoleon C2**

L67A: Implementation and Development of Learner Portfolios: The Next Important Step in the ACGME Outcomes Project

L67B: Making the Assessment of Core Competencies Real: The Radar Graph – **Napoleon C3**

L68A: Amish Midwife Conferences: Improving Maternal-Child Care Using an Interdisciplinary Training Model

L68B: Standardized OB Precepting for the Non-delivering Faculty – **Napoleon B1**

L69A: Developing and Evaluating Outpatient Procedure Competencies Through Workshops

L69B: Improving Resident Care of Knee Arthritis – **Napoleon B2**

L70A: Continuity Matters: Incorporating Primary Care Counseling Training in Residency Education

L70B: Community Engagement in Research: Educating the Educators – **Napoleon B3**

Works In-Progress

Session S: Resident Education – Napoleon D2

WS1: Factors Impacting Active Involvement in the Evaluation Process

WS2: Educational Experience Assessment by Residents

WS3: Insights and Lessons Learned From the International Medical Graduate Institute

WS4: [Canceled]

WS5: Teaching Through Collaboration: Measuring Medical Resident Education on a Medication Management Rotation Experience

Session T: Student Education – Napoleon D3

WT1: Management of Professional Boundaries Between Patients and Medical Students and Physicians in Rural Primary Care

WT2: Enhancing Medical Student Education Through Centers of Excellence

WT3: Are Students Less Likely to Report Pertinent Negatives in Clinical Notes?

WT4: Introducing a Comprehensive Patient-centered Medical Home Model to Preclinical Medical Students

WT5: Update on Student Interest Stakeholders Summit

Session U: Maternity Care – Napoleon A3

WU1: Teaching Family-centered Maternity Care in the Patient-centered Medical Home

WU3: Evaluation of a New Maternity Care Curriculum Using Group Prenatal Care

WU4: Obstetrical and Neonatal Emergencies Care Course

WU5: Multidisciplinary Simulation Training for Neonatal and Obstetrical Emergencies

Completed Projects and Research

Session J: Prescribing – Gallier A/B

Moderator: Andrew Coco, MD, MS

CJ1: Patients' Ability to Adequately Dose a Liquid Pediatric Prescription Medication: A Randomized Controlled Trial

CJ2: Can an Image Recognition Program Identify Pills at the Point of Care?

CJ3: The Effect of a Rapid In-office Test on Physician Prescribing Practices for Infectious Conjunctivitis

CJ4: Outcomes of a Third-year Family Medicine Clerkship Curriculum in Safe Prescription Writing

Session K: Women's Health – Salon 817/821

Moderator: Betsy Jones, EdD

CK1: Women's Abortion Experiences in Family Medicine: A Multi-site, Cross-sectional Survey

CK2: How Often Do Physicians Address Other Medical Problems During Preventive Women's Health Care?

CK3: The Impact of Clinical Prompts on Prenatal Care

CK4: Barriers to Colorectal Cancer Screening Among Publicly Insured Women in New York City

Special Session

SS4: Katrina and Her Impact on the People of New Orleans: A Local Panel Perspective – **Cornet**

3:45-5:15 pm

Research Posters

(Note: Posters will be presented in Grand Ballroom A)

RP21: Preventive Care Quality Improvements in the CMS MCMP Demonstration Project

RP22: Health Needs Assessment of Day Laborers in an Urban Los Angeles Community

RP23: Development of an Effective Strategy for Family Medicine Resident Physicians to Use Pharmacy Services

RP24: Electronic Medical Record Prompts for Lab Orders in Patients Initiating Statins

RP25: Does Rural Background Predict Entry to Family Medicine and Rural Practice?

RP26: [Canceled]

RP27: The Blues of Having Back Pain

RP28: Serum Creatinine in the Athlete

RP29: Influence of Physician Acknowledgement on Patient Perceptions of Overweight and Obesity in the United States

Scholastic Posters

(Note: Posters will be presented in Grand Ballroom A)

SP50: [Canceled]

SP51: A New Research Curriculum for Family Medicine Residents

SP52: A Novel Refugee Curriculum for Family Medicine Residents

SP53: All Things Ambulatory

SP54: Bridge House: The Innovation of a Student-run Clinic

SP55: Development of a Patient Screening and Monitoring Algorithm for Depot Medroxyprogesterone (DMPA)

SP56: The Role of the Interdisciplinary Team in a Novel Primary Care Leadership Track

SP57: This Will Only Hurt a Little: Developing a Resident Stress Assessment Program

SP58: Residency Faculty Teaching Community-based Global Health Care Onsite: A Innovative Opportunity for Learning and Service

SP59: Caring for Vulnerable Populations: A Longitudinal Curriculum With an Immersion Experience

SP60: The Canadian Triple C Competency Based Curriculum—Advancing a National Process Toward Curriculum Renewal

2010 STFM Behavioral Science/Family Systems Fellowship Program (BFEF): Fellows Posters

(Note: Posters will be presented in Grand Ballroom A)

SP61: Use of the Johari Window Model to Enhance Resident Listening Skills

SP62: Adolescent-Family Interviewing Skills: Assessing Residents Learning Needs in Family Medicine and Pediatric Residency Programs

SP63: The Patient's Perspective of Resident Communication Skills: Benchmark Data for the Communication Assessment Tool

SP64: Do Ecomaps Improve Primary Care Residency Training?

SP65: Developing a Disaster Behavioral Medicine Curriculum

SP66: [Cancelled]

SP67: Communication Teaching Strategies in the Physician-Patient Encounter: What Physicians Say and What Patients Understand

SP68: Behavioral Science Across North America: A Survey

SP69: Mental Health Integration Within the Family Medicine Residency: Perspectives of Behavioral Science Faculty and Program Directors

SP70: An Orientation Curriculum That Enhances Doctor-Patient Relationships, Effective Communication, and Culturally Responsive Health Care

SP71: Community Service as a Teaching Strategy: Implications for Using Extracurricular Learning to Enhance Clinical Interventions



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Concurrent Educational Sessions

10:30 am-Noon

Seminars

S39: Making “Meaningful Use” Truly Meaningful to Our Patient-centered Medical Homes

Scott Fields, MD, MHA, John Saultz, MD, Brett White, MD, Roger Garvin, MD, Jennifer Lochner, MD, John Ruggie, MD, MPH, Nicholas Gideonse, MD, Johanna Warren, MD, Jessica Flynn, MD

One transformational aspect of the Patient-centered Medical Home is use of population-based practice analysis to improve care systems. “Meaningful use” is currently known as a checklist of items to receive additional compensation from public programs. Yet the real key to meaningful use is to improve the patients’ experience, both in quality and satisfaction. Practice leaders must understand fundamentals of quality management, of tools to reinforce system change, of team development between clinicians, operational managers, and data analysts, and of the methods to integrate the program into an active clinical practice. This requires a Quality Data Team with expertise. Participants in this seminar will gain an understanding of the fundamentals of meaningful use, plan their own Quality Data Team, and strategize implementation in their practices.

S40: Feedback and Debriefing: More Than Just a Sandwich!

Martin Krepcho, PhD, Wendy Orm, MD, Tod Sugihara, DO, Michelle Le, MD

What happens when Generation Y meets the apprenticeship model of residency? That’s the challenge facing graduated medical educators. One solution to this reality is to combine our current apprenticeship model with simulation training. Simulation training literature states that the proper identification of performance gaps followed by feedback and debriefing can be effective formative assessment elements in training. This session will provide participants with a new model for identifying performance gaps and applying new techniques to feedback and debriefing strategies. Incorporating these techniques into current curriculum can lead to reflective practice while being easy to integrate into curriculum due to their reproducibility all without risk to the patient. Participants will learn how to be “cognitive detectives” while looking at outcomes, learner actions, and their thought processes (frames).

S41: Establishing and Maintaining Group Medical Visits in Underserved Communities

Jeffrey Geller, MD, Fasih Hameed, MD, Onna Lo, MD, Corinne Basch, MD, Tracy Juliao, PhD

Group medical visits (GMV) are an efficient medical intervention which supports the concept of the medical home. In addition to medical care, GMV provide mental, behavioral health, and family-centered care through group support and efficiency of medical intervention. Our panel will share our GMV models to treat underserved patients with various chronic illnesses and associated suffering (pain, disability, depression, loneliness). These models include empowerment-based, therapy-based, as well as didactic styles with a wealth of activities. GMV allow us to see patients as individuals, part of their families, and in the context of their community in a way that is efficient, effective, and sustainable. We hope to inspire others and provide them the tools (i.e. logistics, billing) to start and maintain groups of their own.

S42: Research Lessons Learned the Hard Way: Common Mistakes to Avoid in Your Scholarly Investigations

Richelle Koopman, MD, MS, Debra Parker Oliver, PhD, MSW, Kevin Everett, PhD, David Mehr, MD, MS

Through entertaining stories about their own past research missteps and mistakes, four experienced researchers will educate you and help you avoid common research mistakes. While our panel of MDs and PhDs has a history of major federal and foundation funding, they have also done many small, unfunded, and pilot projects. They have significant expertise in quantitative and qualitative methods, and in EHR evaluation, clinical trials, community action research, telemedicine research, and social science research. In this interactive session, participants will be encouraged, to the level of their comfort, to also share their own concerns, barriers, and experience. From budgeting to recruitment to IRB, come let us show you how NOT to do it and conversely, how to get it right the first time!

S43: Uterine Aspiration and Intrauterine Device Placement Using a Papaya Model and Patient-Centered Communication

Sarah Miller, MD, Sharon Phillips, MD, Leah Rothman, DO, Rachel Roth, DO, Marji Gold, MD, Linda Prine, MD, Beth Dana Schonberg, MD

Through entertaining stories about their own past research missteps and mistakes, four experienced researchers will educate you and help you avoid common research mistakes.

While our panel of MDs and PhDs has a history of major federal and foundation funding, they have also done many small, unfunded, and pilot projects. They have significant expertise in quantitative and qualitative methods, and in EHR evaluation, clinical trials, community action research, telemedicine research, and social science research. In this interactive session, participants will be encouraged, to the level of their comfort, to also share their own concerns, barriers, and experience. From budgeting to recruitment to IRB, come let us show you how NOT to do it and conversely, how to get it right the first time!

S44: Reinventing Family Medicine Residencies: P4 Residents' Perspectives of Innovation and PCMH Adoption by P4 Residencies

Stanley Kozakowski, MD, Jay Fetter, MSA

The Preparing the Personal Physician for Practice (P4) Residency Initiative is one of several organized efforts to study and test innovation across multiple residency programs. In this session you will: hear residents share their experiences in shaping how family physicians will be trained in the future, find out how individualized flexible training options can enhance residents' learning experiences, learn why experimental four-year models are changing residents' experiences, and explore how residents' view elements of the PCMH when applied to a residency setting.

S45: Group on Minority and Multicultural Health Service Project—Mentoring Minority

Judy Washington, MD, Lucy Candib, MD, Monique Davis-Smith, MD, Jeffrey Ring, PhD

After finally making it into medical school, many minority students originally interested in family medicine continue to face major obstacles. They may be faced with limits on their choice of specialty because of the cost of financing their education. They may have trouble finding successful role models in family medicine. The purpose of this two tracked session is to introduce students to a range of individual career paths, residency program choices, and financial options in career plans--all offered by a diverse group of successful family physicians who will describe their unique career journeys. Dr. Lucy Candib will run a parallel session to work with students interested in writing an effective personal statement to strengthen their residency applications. Students choosing this track should bring a draft of their personal statement. Dr. Candib is an experienced writer and editor in family medicine who

will guide participants to engage in individual and peer review of their drafts. Participants will leave this session with a more lively and engaging draft of their statements and more energy for further essay writing. The Group on Minority and Multicultural Health will also offer a common interest breakfast for students who received scholarships to attend this annual STFM meeting. This informal session will allow the students an opportunity to reflect together on their conference experience, discuss concerns about the future, and consider ways to maintain their connection with mentors from the STFM Group on Minority and Multicultural Health.

Lecture-Discussions

L49A: Development of an Interdisciplinary Leadership Curriculum for Family Medicine Residents

James Cooke, MD, Leslie Wimsatt, PhD

Preparing primary care physicians capable of successfully implementing the PCMH model necessitates that medical schools across the country provide enhanced leadership development training for residents. Project management and leadership skills that served physicians well in traditional practice may be insufficient to fuel successful PCMH implementation, yet creating a formal leadership curriculum at the residency level is fraught with inherent challenges (eg, residency scheduling, accreditation mandates, faculty time constraints). This session will explore an interdisciplinary approach undertaken by the presenters to create a longitudinal leadership development curriculum for residents. Session attendees will review existing models of health care leadership development, explore best practices in implementation of leadership curricula, and explore potential ways of applying this information to educational improvement projects.

L49B: Interdisciplinary Teaching and Learning: Out of the Silos and Into the Fields

David Brechtelsbauer, MD, Jodi Heins, PharmD

Implementation and maintenance of interdisciplinary learning experiences for undergraduate professional students face significant logistical and pedagogic challenges. This session will review the "Interdisciplinary Palliative Care Seminar" that for 10 years has involved faculty and students in medicine, nursing, pharmacy, social work, and chaplaincy. Problems and solutions will be discussed. Participants will



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receive resources to support interdisciplinary faculty facilitation of small-group learning sessions and student interdisciplinary home visits. Application of principles of adult learning, a key component of the seminar's success, will be discussed. Measured changes in medical student self-evaluations will be reviewed and compared with those of other professional students. An interdisciplinary panel of audience members will facilitate discussion and illustrate the strengths of interdisciplinary team input.

L50A: Help!! I'm Alone in the Office With an "OXY" Shopper!

Sandra Coleman, PhD

This lecture-discussion focuses on our residency program's longitudinal method for helping residents cope with dilemmas posed by drug-seeking patients. A beginning highlight is the use of "teachers" in recovery from our local drug treatment program. Interns learn about drugs and accompanying lifestyles of the addict instructors. Residents have an unusual opportunity to dialogue first hand in a face-to-face experience with those with long histories of drug addiction. Most importantly, residents learn how abusers "con" prescriptions from doctors. Our interns' reactions to the experience are presented via brief video clips. Presentation includes an overview of educational processes that continue throughout residency. After three years we are confident that our graduates are well prepared to cope with and to understand the vicissitudes of addictive disorders.

L50B: Rethinking Chronic Pain: Teaching Residents Safe Prescribing Practices and an Integrated Approach to Pain

Diana Coffa

Since 1990, rates of opioid prescriptions for chronic pain have increased more than five-fold. In parallel, rates of opioid abuse and overdose have increased dramatically, leaving physicians concerned about the safety of opioids. Nevertheless, chronic pain remains a debilitating condition requiring active management. There are specific tools and evidenced-based approaches to prescribing controlled substances for chronic pain, including the use of "universal precautions", validated assessment tools, and a multidisciplinary approach. We will discuss our own residency's experience implementing a curriculum and clinic-wide program to improve the safety and efficacy of chronic pain management, and will present specific precepting techniques to help residents work with these often difficult patients.

L51A: Team Care in the Patient-centered Medical Home. The Duke Experience

Viviana Martinez-Bianchi, MD, Gloria Trujillo, MD, Brian Halstater, MD, Samuel Warburton, MD, Melinda Blazar, PA-C, Brantley Amy, PA-C, Priscilla Tu, DO, Joyce Copeland, MD, Devdutta Sangvai, MD, MBA, Howard Ragsdale, MD

In the Patient Centered Medical Home, teams have an important role to ensure quality outcomes and to support provider-patient relationships. For the last 6 years at the Duke Family Medicine Center, diverse multidisciplinary teams have been working in direct patient care, Chronic Disease Management, Obstetric Management, Gynecology Management, Musculoskeletal Disorders, Dermatology Procedures, Anticoagulation Management, Population Health Management and Quality Improvement. The efficient, effective and harmonious functioning of these teams is a key part of a successful PCMH. Duke's experience with team care and our measures in patient satisfaction, outcomes and quality will be shared during this presentation. Difficulties encountered during the process of implementation, elements of team training, student and resident teaching, and our failures and successes will be shared with the audience.

L51B: Clinical Microsystems: A Team-based Structure for Reshaping the Residency Clinic and Resident Education

Edmund Claxton, MD, Donald Woolever, MD, Bethany Picker, MD

Using a process improvement approach based on the Dartmouth Institute's Clinical Microsystems work, the Central Maine Family Medicine Residency Clinic has radically improved patient access, enhanced care and used the Clinical Microsystems philosophy and tools to create curriculum that promotes competency in Interpersonal and Communication Skills, System-Based Practice and Practice-based Learning and Improvement. After reviewing key elements of the Clinical Microsystems Improvement Process and the Improvement Ramp, we will share some of our clinical outcomes, review early educational results, especially in the area of leadership development, and use a survey tool to highlight the extent to which teaching and educational opportunities can be layered upon this structure.

L64A: Integrating a Human Sexuality Curriculum Into Family Medicine Residency

Joshua Rehmann, DO, Daniel Harkness, PhD

Sexuality is a required component of most FMR programs. Unfortunately, previous literature is inconclusive on the best approaches of what information to present, how to present it, and how to evaluate effectiveness. Family physicians are identified by patients as the “most trusted” professional to discuss sexual issues, yet we struggle to identify best practices for educating residents. This workshop describes and provides evidence for a multidisciplinary, multimodal approach to teaching communication, didactic and procedural issues of sexuality education in a 2-week “breakout” educational format.

L52B: Models of Geriatric Curricula

Suzanne Gehl, MD, Sharon Smaga, MD

With the need to prepare physicians for care of our growing elderly population, residency programs strive to provide stimulating, comprehensive education. There is not a “standard” geriatric curriculum, but the RRC has required certain minimum criteria must be met. This session will review two existing curricula, with detailed description of their components. Small group discussion will allow sharing of “pearls and pitfalls” of other programs’ experiences, and a large group discussion will offer time for questions and problem-solving to optimize all of our approaches to geriatric education.

L53A: The Matrix Map: A Tool for Navigating the Complexities of Integrative Health Care

Mary Talen, PhD, Rupal Bhatnagar, DO, Christina Arellano, MD

Navigating the complexities of integrative health is often chaotic and does not easily fit into a linear continuum of collaboration. We have outlined an organizational map to help us chart the various terrains in integrative care. This 3-dimensional model has a robust matrix of integrative team functioning. These categories include practice levels, communication modes, diverse roles, and relationship factors. We will present an overview of the matrix map of integrative health care, share examples of how this matrix is applied to PCMH and offer opportunities for others to apply this map to diagnosis their team functioning and design strategic interventions within their health care settings.

This is a useful tool to help multidisciplinary teams assess their functioning, develop consistent communication and collaborate on shared goals.

L53B: Developing Online Training; Lessons From the Integrative Medicine Special Interest Group’s Online Curriculum Project

Paula Gardiner, MD, Robert Bonakdar, MD, Suzanne Mitchell, MD, John Wiecha, MD, MPH, Erica Lovett, MD, Miriam Chan, PharmD

Over the last two years, with a grant from STFM, members of the Integrative Medicine Special Interest Group undertook an online curriculum project. Our group has successfully developed three online teaching cases. During this lecture we will share our experience and research on developing online teaching cases for residents. This lecture is for those who wish to develop online resources to facilitate medical student, resident, and faculty education in online evidenced-based medicine. We will share our experience and lessons learned about collaboratively planning, developing, implementing, evaluating, and disseminating web based content. There will be a strong focus on skill building in using online curriculum skills.

L54A: Building A Medical Home for Foster Children: A COPC/PCMH Residency Project

Donna Sullivan, MD, Bernard Birnbaum, MD, Robert Davidson, LCSW

Foster children represent some of the most underserved, medically complex, and highest risk pediatric patients. The Healthy Harbors Project at the Fort Collins Family Medicine Residency Program is an innovative approach to comprehensive care, subspecialty coordination, and medical, dental, and mental health case management for these children. The multi-year project involves inter-agency care coordination, creating a medical home for foster/kinship-care children. Foster children receive improved care and residents gain valuable experience and insight into caring for this population of high risk, chronically ill children. This session will present outcomes and evaluation data from the first year of our project. We will explore the health needs of foster care children, resources best suited to meeting these needs, and a model for integrating services for coordinated care.



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L54B: Training Family Physicians to Improve Care for Transition Age Youth and Adults With Complex Disabilities

Clarissa Kripke, MD

Objectives: 1. Describe barriers to care faced by adults with developmental disabilities. 2. Describe competencies required of family physicians and health systems. 3. Identify sources of quality clinical and training resources.

Rationale: People with developmental disabilities represent 2% of the population. Unlike 30 years ago when most lived in institutions, their life expectancy now approaches that of the general population. Lack of access to interprofessional care has resulted in health disparities.

Content: The Office of Developmental Primary Care <http://DevelopmentalMedicine.ucsf.edu> has developed disability training, clinical and policy resources. Discussion will focus on developing collaborations, and on strategies for incorporating competencies and curricular activities into predoctoral, residency and faculty development training.

L55A: Developing Rubrics Using a Collaborative Interview

Naomi Lacy, PhD, Ana Maria Arroyave, MD, MPH

Rubrics are a useful means of assessing performance. First, they use concrete descriptors to identify how well the criteria for a given grade have been met. Second, they provide feedback to the student about which elements of their performance are weak. Third, if shared with the learners in advance, they have the added value of making desired outcomes clear to the learner. The ideal rubric is valid and reliable. However, developing a rubric can be difficult if you don't have a lot of experience. In this presentation, we share our collaborative interview based approach to building an initial rubric. Our process uses common elements of a rubric as a set of interview questions.

L55B: From Concept to Clinic: Development of Technological Advances

Kelly Jones, MD, Carrie Nichols, MD, Lyndee Knox, PhD, Christopher Forest, MSHS, PA-C, Jonathan Lasch, PhD, Ricardo Hahn, MD

How can we improve patient care with new devices? How can we improve on existing devices or tools? A new perspective will be presented using a team approach to bringing innovative tools to market. As family physicians and educators, we all come across ideas to improve the

efficiency, time and patient comfort during medical procedures. This presentation will feature cases from work done at the USC Alfred E. Mann Institute for Biomedical Technology in the research, development, and dissemination of primary tools to primary care physicians. We will demonstrate how teamwork among physicians, mechanical engineers, rapid prototype developers, attorneys and others can result in the evolution of new tools to clinicians in a cost-effective manner.

L56A: Research and Scholarship: An Introduction to the FPIN Approach

Nancy Stevens, MD, MPH

This workshop will focus on how the Family Physicians Inquiries Network (FPIN) assists departments and residency programs with meeting RRC requirements, while building curricula for research and scholarship. We will describe how to develop a successful plan for implementing the FPIN approach and review other successful programs. We will outline steps to membership and how programs can test drive the various publication projects. Project liaisons will discuss specific steps for engagement and practical tips for launching FPIN at your program.

L56B: Resident Scholarly Activity: Lessons Learned in Organizing a Herd of Cats

Thomas Satre, MD

Providing appropriate resident scholarly activities can be a challenge when faced with the other competing demands of family medicine resident education. The Family Physicians Inquiries Network (FPIN), a consortium of academic family medicine centers, has produced a process for researching and writing answers to clinical questions. This process can be readily adapted to provide a structured program for resident scholarly activity. This presentation will briefly explore the important elements in developing, implementing, and maintaining a resident scholarly activity program through the process of mentoring residents in writing "Help Desk Answers" through FPIN. Then, through facilitated discussion, participants who are experienced in this process will discuss barriers encountered and lessons learned while participants new to the process will be able to draw on their experiences.

Works In-Progress

Session O: Quality Assurance

W01: Improving Resident Education in Quality Improvement and Patient Safety

Ramon Cancino, MD, Sally-Ann Pantin, MD, John Bachman, MD, Floyd Willis, MD

The American Academy of Family Physicians states that the family practitioner is in a “unique position” to systematically improve the quality of medical care in our nation. Principles of quality improvement and patient safety are now required as part of residency training. Yet, there is a paucity of information regarding outcomes of family medicine training in this field. Further, family medicine teachers currently have little consensus on how to properly go about installing, developing, and evolving this educational field. Nevertheless, residency programs have installed varying methods to teach these principles to its residents. This session will provide attendees a method of implementing a quality improvement program based on the work of four residency programs in different states using the Institute for Healthcare Improvement Open School.

W02: Practice-based Improvement for the Very Small Rural Residency

Karen Bartley, MD, Petra Warren, MD

Curriculum in a small residency needs to be dynamic and sustainable. We asked the question as to whether the available online tools of METRIC and the American Board of Family Medicine’s Maintenance of Certification were enough to truly help residents understand the PQRI process. To answer this question we developed a simple curriculum to address the dual objectives of (1) resident leadership of an interdisciplinary team and (2) faculty ability to mentor an improvement project. We allow residents to choose either an online tool or their own PDSA-type intervention. Early data have revealed residents prefer a mentoring model.

W03: How to Improve the Quality Improvement Process in a Family Medicine Residency Setting: One Practice’s PDSA Cycles on Quality Improvement

Jamie Howard, MD, Paula White, MA

Problem statement: What is the most effective way to engage care team members and teach the QI process in a family medicine residency clinic? Methodology: Utilizing PDSA cycles to create care teams in a residency setting. Outcomes: Initially, we found size of the teams too unwieldy

to make rapid change. We are currently in the STUDY phase. The next step is to ACT by reevaluating our original goal. Our new objective is: Involve two clinical care team groups in the QI process by integrating their input into a smaller more nimble QI group that meets more often. Implications: Other practices might utilize UAMS Department of Family and Preventive Medicine experience as a model for developing care teams and QI process in an FM residency clinic.

W04: Quality Improvement in Practice: Screening for Depression in The Chronically Ill

Ann Rutter, MD, Elizabeth Meza, MD, Dana Neutze, MD, PhD, Khalilah Dann, MD, Ronnie Laney, MD,

Caleb Pineo, MD, Kristine Ross, MD, Emma Williams, MD

This presentation will describe a model of a resident-led quality improvement initiative that focuses on achieving Patient-centered Medical Home goals. The project focused on depression screening in patients with chronic diseases. Residents are using Plan-Do-Study-Act cycles to implement screening within the clinic and then assess its effectiveness. An initial study, carried out on one of the four clinical teams, found a 62% completion rate of the depression screen. Residents are collaborating with nurses, other providers, and information technology personnel to improve the screening rate and ensure that the project is self-sustaining in future years. We propose that adding a depression screen to this registry will be an efficient and effective way to ensure that our patients are being screened and to track treatment follow-up.

Session P: Resident Education

WP1: 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 toward an evidence-based method of remediating these critical skills. This pilot study is evaluating the effectiveness of an intensive, 1:1 remedial teaching program



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that has been in place for more than 10 years. Videotaped student encounters and well validated assessment tools will demonstrate whether this remediation results in improved performance.

WP2: Evaluating Interns in a New Residency Program Using a July OSCE

Paul Gordon, MD, MPH, Tejal Parikh, MD, Julia Hardeman, MD, Victor Weaver, MD

An eight-station OSCE was used to assess skills in the first intern class in a new family medicine residency program. The many challenges facing a residency program with its new intern class are magnified when it's a new residency program. In our program, the eight matched interns came from US schools, both allopathic and osteopathic as well as off-shore medical schools. Half of the group came through the regular Match in March while the other half came through the pre-Match. Uncertain of their skill set, the PD scheduled an OSCE aimed at making an early assessment to identify their strengths and weaknesses. Both real-time assessment and ongoing evaluation through the use of videotapes has helped this new program with its first class of interns.

WP3: Teaching the Trainee Teachers: A Resident and Faculty Teaching Workshop

William Cayley, MD

Residents are an integral part of medical student education. While a variety of resident-as-teacher (RAT) programs exist, there is no consistent evidence base regarding the optimal format and educational methods for training residents to teach in the outpatient family medicine setting. This project presents the use of a 3-hour RAT workshop in a family medicine residency, including a description of the educational methods used, discussion of feedback from participants, and recommendations for future workshop improvements.

WP4: Development of a Checklist of Human Patient Simulation Performance in Family Medicine

Beth Fox, MD, MPH, Peter Bockhorst, DO, Jason Moore, MD, Glenda Stockwell, PhD, Gary Kukulka, PhD

Introduction: With limited opportunities to observe residents during direct patient care, the purpose of this research was to construct a checklist for use with Human

Patient Simulation as a measure of performance. Methods: A convenience sample of family medicine resident volunteers participated in three simulation scenarios. Up to four evaluators assessed performance on a 14-item checklist in real-time and video review. Checklist items were tested with Cronbach's alpha-scale reliability coefficient and the interclass correlation coefficient. Results: A total of 128 reviews were completed using the HPS performance checklist. Cronbach's alpha reliability coefficient was 0.89 and interrater reliability was 0.86. Conclusion: The use of a reliable checklist of specific performance skills provides a consistent evaluation measure across simulated scenarios when used by faculty evaluators.

WP5: Residents Supporting Residents—An Innovative Program of Intern Support

John Bachman, MD, Sara Oberhelman, MD

First year of residency is a stressful year, with many transitions for new physicians and their families. Traditionally, support groups have been facilitated by faculty members. At Mayo, we have developed a new program where upper-class residents provide this support with resident-designed and resident-facilitated support meetings. This project includes the design, format, and initial successes of this approach.

Completed Projects & Research

Session G: Best Research Paper and Curtis Hames Presentations

Moderator: Arch "Chip" Mainous, PhD

Best Research Poster Award Winner Patient Outcomes At 26 Months in the Patient-centered Medical Home National Demonstration Project

Carlos Jaen, MD, PhD, William Miller, MD, MA, Marivel Davila, MPH, Benjamin Crabtree, PhD, Paul Nutting, MD, MSPH, Kurt Stange, MD, PhD, Raymond Palmer, PhD, Robert Wood, DrPH, Elizabeth Stewart, PhD

Purpose: The purpose of this study was to evaluate patient outcomes in the National Demonstration Project (NDP) of practices' transition to patient-centered medical homes (PCMHs). Methods: In 2006, a total of 36 family practices were randomized to facilitated or self-directed intervention groups. Progress toward the PCMH was measured by

independent assessments of how many of 39 predominately technological NDP model components the practices adopted. We evaluated 2 types of patient outcomes with repeated cross-sectional surveys and medical record audits at baseline, 9 months, and 26 months; patient-rated outcomes and condition-specific quality of care outcomes. Patient-rated outcomes included core primary care attributes, patient empowerment, general health status, and satisfaction with the service relationship. Condition-specific outcomes were measures of the quality of care from the Ambulatory Care Quality Alliance (ACQA) Starter Set and measures of delivery of clinical preventive services and chronic disease care. Results: Practices adopted substantial numbers of NDP components over 26 months. Facilitated practices adopted more new components on average than self-directed practices (10.7 components vs 7.7 components, $P = .005$) ACQA scores improved over time in both groups (by 8.3% in the facilitated group and by 9.1% in the self-directed group, $P < .0001$) as did chronic care scores (by 5.2% in the facilitated group and by 5.0% in the self-directed group, $P = .002$), with no significant differences between groups. There were no improvements in patient-rated outcomes. Adoption of PCMH components was associated with improved access (standardized beta [SB] = 0.32, $P = .04$) and better prevention scores (SB = 0.42, $P = .001$), ACQA scores (SB = 0.45, $P = .007$), and chronic care scores (SB = 0.25, $P = .08$). Conclusions: After slightly more than 2 years, implementation of PCMH components, whether by facilitation or practice self-direction, was associated with small improvements in condition-specific quality of care but not patient experience. PCMH models that call for practice change without altering the broader delivery system may not achieve their intended results, at least in the short term. *Ann Fam Med* 2010.8(Suppl 1):s57-s67. Doi:10.1370/afm.1121.

Curtis Hames Award Winner: Thomas Rosenthal, MD
“Little r and BIG R Research in Family Medicine”

Special Session

SS2: “Getting Your Proposal Accepted: Tips From the Reviewers”

Stephen Wilson, MD, MPH, Warren Ferguson, MD, Pat Lenahan, LCSW, MFT, BCETS

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.

Fellows/Residents/Student Research Works In-Progress Posters

FP68: A Peer-teaching Intervention to Increase Clinical Acumen and Community Engagement in First-year Medical Students

Anthony Cheng, Joanne Kim, Richard Leiter, Azmina Lakhani, Mokaram Rauf, Mark Loafman, MD, MPH

Early in their medical education, students have the time, interest, and enthusiasm to participate in medical community service in underserved populations but often lack the specific knowledge and skills to fully engage with and learn from these activities. This is a prospective cohort study investigating the effectiveness of the High Yield Clinical Skills Workshop, a 9-week, peer-taught enrichment program for first-year students at a private, urban medical school. The intervention focused on teaching physical exam skills, building knowledge of primary care and its most prevalent diseases, and engendering a positive attitude toward primary care and community health. We will present both objective measures of performance on a standardized clinical skills assessment and survey data concerning participants’ attitudes toward primary care.



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FP76: Domestic Violence—“Don't Ask, Don't Tell”

Silpa Yalamanchi, MD, Vikram Arora, MD, Paul Bell, PhD

One in every four women experience domestic violence. Medical offices present a unique opportunity to assess prevalence and undertake timely interventions, but barriers still exist in routine and productively screening for it. Consequently, we undertook the current study to assess our clinic's performance in screening for domestic violence, followed by an exploration into barriers to screening. An initial chart review of 50 patients was performed, showing overall screening rates of about 15%. A physician-based survey, subsequently developed, will be performed to assess the provider's comfort and barriers for screening. Utilizing these results, interventions would be developed to enhance provider comfort and screening rates, which in the end we anticipate would benefit patients by greater awareness and access to resources available in the community.

FP77: Practice Management Program Shows Improvement in Billing and Coding Among Family Medicine Residency Program

Tam Nguyen, MD, Ashmeeta Kapadia, MD, Ramiro Zuniga, MD

Objective: There is little research on coding, and multiple surveys of residents in various residency programs show that billing and coding is inadequately taught. In this study, we have implemented a simple and straightforward billing and coding program that improved the reimbursement rate across our residency program. Design: First, all residents had to complete their own CPT and ICD9 charges. Second, the residents and attending physicians received lectures regarding billing and coding. Residents would meet with a business office representative to analyze their individual billing and coding pattern. Results: Before the program was implemented, the reimbursement rate was about 23.2%. After 2 years, the residency has been able to maintain a reimbursement rate of about 30.4% (31% improvement). Under-coding decreased by 51%.

FP78: Sugar-sweetened Beverage Consumption And Health Status In Geographically Disparate Populations

Kaitlyn Van Arsdell, Elizabeth Brown, Sean McGrath, Stephanie McLemore, Lara Dugas, PhD, David Shoham, PhD, MSPH, Amy Luke, PhD

This ongoing study will compare disease risk between African-origin groups living in five different countries, examining whether these differences are related to variation

in sugar-sweetened beverage (SSB) consumption. All data will come from the Modeling the Epidemiological Transition Study, a survey of diet, physical activity, and chronic disease risk, which will ultimately include 2,500 participants. Currently, some preliminary data are available from three sites. These data show chronic disease risk to be highest in the US, intermediate in Seychelles, and lowest in Jamaica. However, average SSB consumption was highest in Jamaica, followed by the US, and very low in Seychelles. This suggests that, in comparisons of populations with very different diets, it may be difficult to determine associations between individual food types and health status.

FP79: Sugar-sweetened Beverage Consumption and Health Status in Geographically Disparate Populations

Kaitlyn Van Arsdell, Elizabeth Brown, Sean McGrath, Stephanie McLemore, Lara Dugas, PhD, David Shoham, PhD, MSPH, Amy Luke, PhD

Substance abuse is a considerable cause of morbidity and mortality. However, substance abuse care and screening is rarely integrated into routine health services. Surveys conducted with primary care physicians have shown that they have difficulty diagnosing substance use disorders and do not recommend treatment for a variety of reasons. A survey assessed family medicine and psychiatry residents' training experiences and comfort level with substance use disorders. Primary care physicians have a unique opportunity to intervene to avoid the devastating costs of substance abuse. Improving education beginning in medical school and residency could have a substantial impact on substance abuse outcomes.

FP80: Point of Use Ceramic Water Filtration in Haiti and the Dominican Republic

Cecilia Disney, Johane Boursiquot, Ian Bennett, MD, PhD

Ceramic point of use water filtration (POUWF) is potentially an effective and sustainable approach to water treatment. However, few studies have assessed production or long-term utilization of these filters. We present ongoing work (2009-present) with the non-governmental organization (NGO) Filterpure in the Dominican Republic and Haiti to improve the production and effective delivery of locally produced ceramic filtration systems for household purification of water. A pragmatic, cost-effective, and reliable quality assurance system for filter production and a survey of households (>150) that received ceramic filters were developed and implemented. The survey was aimed at evaluating the benefits of a comprehensive

educational program for filter use. Together these projects provide support for ongoing development of POUWF in communities without access to safe drinking water.

FP81: Children, Health, Exercise, and Food Survey

Saira Khan, MD, Alexandra Loffredo, MD, Fozia Ali, MD, Rochelle Tinitigan, MD, Oscar Seda, MD

The incidence of childhood obesity is increasing at a startling rate. The objective of this cross-sectional study, based in a large academic family health center in San Antonio, TX, is to examine the association between children's BMI percentile, eating habits, exercise, and food availability. In addition, the project correlates these findings with parents' demographics, their BMIs, and attitudes about weight. This information will help target future patient care strategies to address childhood obesity. A total of 125 consecutive parent-child pairs make up the study sample. Preliminary data indicate no significant difference in dietary habits or physical activity between overweight and healthy weight children. However, food availability appears to have an impact, and families who rely on food stamps tend to have normal weight children.

FP82: Evaluation a Clinic Based Intervention On Patient Tobacco Smoking Knowledge, Attitudes And Behaviors

Fozia Ali, MD; Saira Khan, MD; Alexandra Loffredo, MD

Tobacco smoking is the most common preventable cause of lung cancer. This health care project involved screening for smoking, identifying patients' knowledge, attitude, and behavior toward smoking and intervention. Two samples of 400 Hispanic adults were surveyed as pre- and post-intervention. Intervention included health care provider training and use of media messages displaying graphic images and evidence-based data about smoking cessation. Understanding relationships between intervention and smoking cessation may contribute to lung cancer prevention. Final results will be presented once post-test evaluation is completed.

FP83: Do Improved Smoker-identification Systems Help Increase Effective Physician Documentation and Smoking Cessation Counseling Reimbursement Rates?

Kiran Rayalam, MD MPH, Farideh Zonouzi-Zadeh, MD, Sanjeev Nischal, MD, Karen Pleines, MS

Research by the AAFP's Tobacco Cessation Advisory Committee states that only 70% of family physicians asked their patients about tobacco use, and only about 40% took

action to help patients quit. The most common reason physicians gave for not offering intervention in this research was lack of reimbursement. Our research aims at the impact of Improved Smoker-Identification systems on physician documentation and subsequent reimbursement rates. Following a baseline chart review, resident physicians will be educated on smoking cessation counseling, appropriate documentation, and coding. In addition, smoking status will be included as a vital sign at our family health center. A comparison will be made with a post-intervention chart review, looking for resident physician counseling and coding practices and its impact on reimbursement.

FP84: Single Leg Hop Tests as a Tool for Function in NCAA Athletes

Asad Mehdi, MD

The Single Leg Hop Test (SLHT) is a simple test that has been used by many practitioners for evaluation of various lower extremity injuries. There are data supporting the use of the SLHT to assess function and improvement in function for ACL/ knee or ankle injuries, separately. However, there are no data on the use of the SLHT to assess function in combined lower extremity disability. Our aim is to validate the SLHT for function and improvement in function in non-operative/stable lower extremity injuries. If valid, the SLHT will provide an easy clinical test to assess function in these injuries.

FP85: Comparison Family Medicine Residency to Endocrinologist in Type II Diabetes Mellitus Care

Jessica Knapp, DO

Objective: To compare a family medicine residency and private endocrinology setting on recommended guidelines for type II diabetes mellitus (DMII). Design: Retrospective collection of data from the past year (2010). Setting: Private endocrinology office and family medicine residency. Participants: DMII patients from a private endocrinology office (n=120) and a family medicine residency (n=120). Main outcome measures: Core measures investigated were HbA1C, LDL, systolic blood pressure, and microalbumin to creatinine ratio. Results: T-values and Wilcoxon rank sum were calculated. Family medicine had significantly lower HbA1C and Ma/CC. Endocrinology had significantly lower systolic BP and LDL. Conclusions: Data suggest that there are differences in each practice but that each setting is meeting recommended guidelines in all but HbA1C and systolic BP.



SATURDAY, APRIL 30 Concurrent Educational Sessions

10:30 am-Noon (cont.)

FP86: Does Hearing Impairment Affect Performance on the MMSE?

Sameer Naik, MPH; MD; Gisele Wolf-Klein, MD; Martin Lesser, PhD

MMSE, the Mini-Mental State Examination (MMSE), is one of the most widely used tools implemented by physicians to evaluate a patient's cognitive status. Several studies have highlighted the limitations of MMSE as a screening tool when facing variables like education level, ethnicities, language, etc. The role, if any, of hearing loss contributing to poorer scores on the standard MMSE increasing the disease burden and inappropriate diagnosis has not been properly explored. Our null hypothesis is that loss of hearing acuity in persons over the age of 65 has no bearing on their standard MMSE score(s) and does not lead to an inaccurate estimation of their dementia.

FP87: Improving Heart Failure Management in Primary Care

Megan Adamson, MD, Gloria Trujillo, MD, Brian Halstater, MD, Sarah McBane, PharmD, Lynn Bowlby, MD, Larry Greenblatt, MD, Diana McNeil, MD, Tiffany Callaway, MD, Eric Velasquez, MD, Midge Bowers, Vickie McKee, RN, Karol Harshaw-Ellis, MSN, Minnie Blackwell, RN, Jessica Simo, MHA, Allison Chalecki, RD

Because heart failure affects 5.3 million Americans, it is essential that primary care providers are equipped to educate patients in self-management and to function within patient-centered care systems to optimize these individuals' health outcomes. Though collaborative effort between Duke Primary Care, Community Health, and Cardiology, we developed educational and patient self-management tools that will be utilized across our hospital system and surrounding community. We will measure outcomes, including rates of hospital admission, ED visits, and mortality. By creating uniform educational tools across inpatient and outpatient settings and a more efficient connected clinical system, we aim to improve health outcomes and quality of life for our CHF patients.

If your patient was abusing prescription or illicit drugs, would you know?

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NM ASSIST 

Screening for Drug Use

- Quick and Full Screen
- Self-scoring Online Screening Tool
- Clinician's Resource Guide




FP88: SBIRT Assist Assessment Form Screening, Brief Intervention, and Referral TO Treatment

Prajna Sidhu, MD, Fozia Ali, MD, Adeliza Jimenez, MD, Sandra Burge, PhD

The SBIRT ASSIST Form (Alcohol, Smoking and Substance Involvement Screening Test) (SAAF) was used to screen patients with substance abuse to determine whether the patients required brief intervention or referral to more intensive treatment. The patients admitted to the Inpatient family medicine service at University Hospital, San Antonio, were screened using the four-step SAAF: (1) Pre-screening questions for substance abuse, (2) ASSIST, (3) ASSIST score to determine need for level of intervention, and (4) Checklist describing intervention, patient response, and future plan. ASSIST scores indicated 56% benefited from brief intervention, 25% from referral to treatment. The results showed 19% of patients were in the pre-contemplative stage of change, 13% in the contemplation stage, 50% in the preparation stage, and 14% in the action stage.

FP89: Staff Perceptions of Patient-centered Medical Home Implementation in Two Urban Clinics

Scott Ikeda, MD, Fey Akanki, MD, Claudia Lechuga, MS, Eliana Korin, DiplPsic, Diane McKee, MD

The Patient-centered Medical Home (PCMH) has received attention as a cost-effective way to address the myriad problems facing the US primary care system. As more practices become PCMHs, staff must carry out this change; however, their perceptions of the PCMH and the change process may not be congruent. We will compare staff opinions of the PCMH transformation at two primary care clinics in the Bronx, NY, using four focus groups consisting of providers and support staff and analyze recorded transcripts for themes. We anticipate the analysis will yield insight into perceptions of the PCMH and the capacities of the clinics to carry out their transformations that will be useful to other practices as they begin their own transformation processes.

FP90: Low Rates of Screening and Treatment of Depression in Pregnancy and Postpartum

Elizabeth Cius, MD, Ian Bennett, MD, PhD, Andrew Coco, MD, MS

We utilized the National Ambulatory Medical Care Survey (NAMCS) results from years 2005-2008 to estimate the US rates of screening and treatment of depression in the perinatal periods (pregnancy and postpartum, n=12,196) in

comparison to reproductive-aged women (15-45, n=29,704) in primary care. The relative adjusted odds of depression screening in the perinatal period was 0.39 (95% CI=0.18-0.86) while the relative odds of perinatal depression identification was 0.58 (95% CI =.43-.77) in comparison to primary care. Among women who were identified as depressed the relative odds of antidepressant treatment was 0.38 (95% CI=0.21-0.66) while referral to psychological counseling was 0.46 (95% CI=0.22-0.96). Women in pregnancy and postpartum are less likely to be screened, identified, or treated for depression than women in general primary care.

FP91: Molst...Is It Time Yet?

Anna Clarissa Araw, MD, Anna Marissa Araw, MD, Gisele Wolf-Klein, MD

Advances in health care have led to an aging population facing increasingly complex end-of-life care. The MOLST form provides "clear and convincing evidence" of a patient's wishes regarding life-sustaining treatment in the State of New York. A major expectation of the MOLST process is a more effective communication of patients' preferences for specific interventions throughout the continuum of care. We studied the interval between MOLST form completion and time of death in two long-term care settings in New York. A third of patients complete MOLST forms within 33 days of their deaths. Further studies need to address the factors that may increase the success of obtaining and implementing MOLST advance directives in nursing facilities.

FP92: Impact of the 2009 USPSTF Recommendations on Screening Mammography in Primary Care

Martha Johnson, MD, Kathleen Rowland, MD

We hope to assess the impact on primary care practice of the 2009 United States Preventative Services Task Force mammography guidelines for screening women at low risk for breast cancer. We will be using the Northshore University Healthsystems dataset, a large electronic medical record. Data will be gathered from primary care doctors in this database for the period 12 months before and after the publication of the guidelines. We hope to analyze the number of screening mammograms ordered per day for female patients ages 40-90+, stratified by age. We will use standard methods to examine changes in mammography as a function of the publication of the new guidelines. We expect to see an initial increase in mammograms followed by a return to baseline mammography levels.



SATURDAY, APRIL 30

Concurrent Educational Sessions

10:30 am-Noon (cont.)

FP93: Implementation of Prenatal Group Visits in a Community-based Family Medicine Residency

Jesse Rokicki-Parashar, MD MSc, Alicia Lee, MD, Grace Yu, MD

Prenatal group visits can improve on traditional models of care by creating a supportive cohort and facilitating a self-management approach to prenatal care. However, implementing prenatal group visits in a family medicine residency can mean overcoming logistical and cultural hurdles. This poster presents our successes and challenges in implementing a program at our 8-8-8 community-based program. We present patient data on satisfaction with prenatal care and knowledge of pregnancy, learner data on attitudes toward group medical care, comfort performing prenatal counseling and self-management goal setting, and beliefs regarding the physician-patient relationship. Lessons learned will also be discussed.

FP94: [Canceled]

FP95: Parental Health Care Seeking Tendencies and How They Are Influenced by Ethnotheories

Ryan Jackman, BA, Michael Farrell, MD

Previous research has identified factors that influence adults to delay seeking care from a doctor. This study sought to identify, through descriptive surveys, what factors significantly influence parents to expedite or delay taking their children to the doctor. Research assessed multiple factors, including (but not limited to): annual income, highest level of education, age, gender, race, and insurance coverage for the child. Three factors were found to significantly influence parents to expedite care seeking, while no factors significantly influenced a delay in seeking care.

FP96: Weight Gain in Women During Drug Recovery

Brian Kim, MD

Illicit substance abuse is an ongoing problem in the United States. Abusers include people from all walks of life, regardless of race, age, social status, or gender. As a primary care provider, screening for and recognizing substance abusers is key to care for, or even save the life of the patient. However, both the mental and physical struggles the patient endures during drug recovery are often overlooked. A very common reported side effect during drug recovery is weight gain. The goal of my research project is to quantify and analyze how much and possibly why many patients experience this side effect.

FP97: Training Received by Primary Care Residents in Caring for LGBT Patients

Benjamin Shepherd, MD

The LGBT (lesbian, gay, bisexual, transgender) population, comprising 3%-6% of the patients seen by physicians, has unique primary care health needs that are not well researched. Family medicine has a range of training across specialties that make family physicians well suited for caring for this patient population. However, resident education about the needs of the LGBT population is not standardized across primary care residencies. This project was conducted to more completely assess current practice of family medicine residents with respect to LGBT patients. This was accomplished using a survey, to provide future direction for curricular changes.

FP98: Osteoporosis Treatment By Primary Care Physicians (PCPs) In The US Outpatient Setting

Dheeraj Anand, MD, Rafia Rasu, PhD, Olasunkanmi Adeyinka, MD, Angela Stotts, PhD, Nahid Rianon, MD, DrPH

A cross-sectional study analyzed the US National Hospital Ambulatory Medical Care Survey (NHAMCS) data from 2002-2008 to determine national trend of osteoporosis treatment by PCPs in the outpatient setting on patients 50 years and older. Osteoporosis was identified either by ICD-9-CM or by National Drug Code for osteoporosis treatment. Multivariate logistic regression determined associations between osteoporosis treatment and physician type (PCPs or non-PCPs). About 9 million nationally weighted visits were reported for osteoporosis from 2002-2008, 50% of which were with PCPs. About 66% of patients visiting PCPs received bisphosphonates. The national survey showed positive trend of osteoporosis treatment using bisphosphonates by PCPs.

FP99: Physician Attitudes and Adherence to Breast Cancer Screening Guidelines and Shared Decision Making

Amanda Swenson, MD

Some of the most debated preventive health guidelines are those surrounding breast cancer screening. The United States Preventive Services Task Force released new recommendations in November 2009, including a recommendation for shared decision making. Several studies have examined adherence to past breast cancer screening guidelines, using retrospective chart review and surveys to assess whether appropriate screening took place. There have

not been many studies that examine physician attitudes and perceived barriers toward specific breast cancer screening recommendations. In this study, a survey was developed and sent to family physicians to assess adherence to the new guidelines, barriers to adherence, and attitudes about shared decision making in breast cancer screening. Results are pending.

FP100: How a House Calls Curriculum Prepares Medical Students for the Healthcare Needs of Older Adults

Clarissa Wong, Opeoluwa Eleyinafe, Wanda Cruz-Knight, MD, Peter DeGolia, MD

This geriatric house calls curriculum seeks to expose medical students to the issues involved in the comprehensive care for the older adult. Through a series of lectures discussing polypharmacy, nutrition, home safety assessments, and geriatrics in medical specialties, along with patient home visits targeting these topics, first-year medical students explore what is involved in the unique health care of the older adult. Pre- and post-intervention surveys, as well as focus groups, examine the participants' comfort with working with older patients and their interest in integrating geriatric medicine into their future careers compared to non-participants. This pilot course ran from November 2010 to February 2011 at the Case Western Reserve University School of Medicine.

FP101: Curriculum Development for Group Prenatal Visits at a Family Medicine Clinic in Washington Heights

Urmi Desai, MD, Inna Ryvkin, MD

Antenatal care is a core service provided to 200 patients annually at Farrell Family Medicine Clinic, the residency practice at Columbia-Presbyterian Hospital in Manhattan's Washington Heights Neighborhood. The traditional model of 10 15-minute long visits during pregnancy has created challenges to addressing bio-psycho-social aspects of pregnancy. We are creating a curriculum for group prenatal visits tailored to our patient population. It will include 9 modules. Four interdisciplinary areas will be addressed within each module: wellness, nutrition, physiology, and anticipatory guidance. We will survey focus groups of providers and post-partum women to guide curriculum development. Our hope is to implement the curriculum and provide care that engages and connects patients and providers, empowers women through education, and strengthens a sense of community at the health center.

FP102: Chronic Disease Management Program: Does It Improve Health Outcomes?

Medhat Kalliny, MD, PhD, Roger Zoorob, MD, MPH, Mohamad Sidani, MD, MS, Kristy Goodman, MSW, LCSW, Sylvie Akohoue, PhD, Robert Levine, MD

In North Nashville, Davidson County, chronic diseases-related mortality rates among African Americans are higher than that among Davidson County whites and African Americans nationwide. A chronic disease management program is currently being implemented at the Meharry Medical College Family Medicine Residency-based clinics. Patients with chronic cardiac and metabolic diseases will receive standardized evidence-based medical care from a physician-led team that includes a physician (family medicine and preventive medicine), a nurse practitioner, a social worker, and a nutritionist. The implemented model is a multidisciplinary system that involves case management, multidisciplinary care, nutritional counseling, life style modification, behavioral intervention, and self management. This program is designed for the management of cardiac and metabolic chronic disease as applicable to obesity and overweight, diabetes mellitus, hypertension, and hyperlipidemia.

FP103: Correlation Between The Diameter of Hematoma In Cases of Threatened Abortion And Outcome of Pregnancy

Shami Goyal, MD, Rowena Ravano, MD, Katherine Neely, MD

A study was conducted in 100 patients of first-trimester vaginal bleeding. Diameter of hematoma was measured in these cases of sac separation and correlated with pregnancy outcome. Of the 43 pregnancies deemed viable by sonography, 38 continued. In all the 43 cases, diameter of hematoma was measured and correlated to outcome of pregnancy. Echo free crescent area between fetal membranes and uterine wall was regarded as hematoma. Thirty cases had diameter of hematoma < 4 cm, and 27 of them continued (90.0%). The diameter of hematoma was > 4 cm in 13 cases, and 11 continued with their pregnancies (84.61%). There was no significant difference in outcome of pregnancy between the two groups (P>.05)



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FP104: The Role of HPV Testing in Cervical Cancer Screening for Low Risk Women Ages 30-65

Marisyl de la Cruz, MD, Alisa Young, MD, Mack Ruffin, MD, MPH

The American College of Gynecology recommends HPV DNA testing combined with cervical cytology every 3 years in low-risk women over 30 as an option for cervical cancer screening. This study investigates the current practices of family medicine providers for cervical cancer screening in this low-risk population compared to the practices of other departments in the University of Michigan Health System. Additionally, we will analyze the frequency of HPV testing by cytology data from the last 5 years performed on this low-risk population. Data will help provide information on provider attitudes and practices of screening using combined testing.

FP105: Risk Factors Associated With Bone Density Screening in a Population of Adults With Intellectual Disabilities

Deborah Dreyfus, MD; Joanne Wilkinson, MD

Studies show that adults with intellectual disabilities (ID) have lower bone mineral density than people without ID but also lower rates of bone density screening. Current guidelines for screening are inconsistent. A first step in characterizing this inconsistency is identifying which characteristics in people with ID are currently noted to increase screening rates. Methods: A secondary database analysis was performed studying adults who receive services from the Department of Developmental Services. We will analyze social and disability-related variables to see if they are associated with screening using bivariate analyses for analysis then logistic regression. Discussion: By identifying variables associated with bone density screening, we may be able to identify subpopulations with ID who need particular attention in terms of programs to increase screening rates.

FP106: Success in Achieving Goals Among Participants of a Healthy Living Program

Holly Ann Russell, MD; Jennifer Carroll, MD, MPH

The health benefits from weight loss and physical activity come from sustained lifestyle changes. No longitudinal data have been collected for the participants of a Healthy Living Program (HLP) at Westside Health Services in Rochester, NY. Design: Mixed design using a written survey followed by focus groups with participants of the HLP. Outcomes:

Evaluate elements of the HLP program and personal characteristics that helped facilitate success. Identify opportunities for improvement in the HLP curriculum, identify personal or environmental characteristics that are barriers to goals, and track post-participation physical parameter data. Anticipated results: We expect results consistent with previous research about successful behavioral change and hope that using qualitative methods we might learn about undocumented barriers or facilitators of change, especially among an underserved population.

FP107: Resident Training in Opiate Addiction Therapy: A Residency Practice QI Project

Awais Siddiki, MD, Minh Nguyen, MD, Ayach Mouhanad, MD, Katherine Fitzgerald, DO

Increased opioid addiction rates, particularly with prescription analgesics, produces a need for resident training in opioid addiction and appropriate opioid prescribing. A quality improvement project seeks to improve access to care within the residency practice and to improve resident preparation to provide this therapy in future practice. The objectives of the project are to improve access to treatment for opioid dependency, increase favorable resident attitudes toward opioid addicted patients and their treatment, and increase knowledge about diagnosis and treatment of opioid addiction in primary care settings.

FP108: Correlation Between BMI and Knowledge, Attitudes, or Behaviors in Breast Cancer Prevention in Hispanic Adult Females

Rochelle Tinitigan, MD, Nasreen Johra, MD, Ali Fozia, MD, Robert Wood, DrPH, Mark Nadeau, MD, Linda Ivy, MD, Max Otiniano, MD, PhD

Elevated BMI has been shown to increase the risk of post-menopausal breast cancer. Objective: To determine what might be detectable between patient BMI and Knowledge, Attitudes, or Behaviors (KAB) toward breast cancer prevention. Design: Cross sectional. Setting: FHC waiting room in San Antonio, TX. Patients or participants: 402 Hispanic patients, 150 (37%) are female and >40 y/o. Participants filled out a 98-item 10-page questionnaire in English or Spanish. Intervention/instrument: A survey about patient demographics, medical conditions and BMI probing for the level of knowledge, attitude, and behaviors for breast cancer. Anticipated results: Patients' BMI will be associated with breast cancer KAB scores. Conclusions: To

demonstrate a patient's BMI and breast cancer KAB may influence one another and may contribute to breast cancer prevention.

FP109: Comparison of Approaches to Screening, Diagnosis, Repletion, and Maintenance Therapy for Vitamin D Deficiency
Jocelyn Ricasa, MD, Jennifer Ryal, MD

This study evaluated the various clinical approaches to vitamin D deficiency between primary care physicians and endocrinologists in patients with normal gastrointestinal and kidney function. We hypothesized that the most successful repletion course will have the most total international units of vitamin D given for the course's duration. However, no significant correlation was found to exist between the change in serum 25-OH vitamin D levels and the total repletion dose. Endocrinologists screen for vitamin D deficiency predominantly in patients with type 2 diabetes mellitus, while in comparison, family physicians look for vitamin D deficiency in patients with osteopenia, essential hypertension, and hypercholesterolemia. There is a statistically significant inverse relationship between a subject's BMI and serum 25-OH vitamin D level.

FP110: There Should Be a Better System: A Qualitative Assessment of Health Challenges in Maywood, IL

Maria Wusu, Amy Luke, PhD, Lara Dugas, PhD, David Shoham, PhD, Lena Hatchett, PhD, Brittany Lees, Stephanie Teng, Jaclyn Walsh, Michael Weaver

Loyola University Stritch School of Medicine is located in Maywood, IL, a community of 25,000 residents. According to the 2008 US Census, 19.6% of Maywood residents live below the poverty level, and 12.3% are unemployed. Loyola medical students designed and implemented the Maywood Community Health Project (MCHP), a survey to assess the impact of the recent economic recession on the health and health care access within the community. Through interviews, residents were asked to identify current challenges to the health of their community, as well as potential solutions. The primary challenges identified were lack of medical insurance, unsafe and unhealthy habits, and not being able to afford health care. Solutions suggested for improvement included creating access to affordable health care, providing health education, and increased community involvement/cooperation.

FP111: Improving Influenza Vaccination Documentation Rates in Patients >50 years of age at Madsen Clinic, a CQI Project

Erica Baiden, MD, Susan Pohl, MD

Annualized data have been collected on influenza immunization documentation at Madsen Health Clinic. This data was not tied to seasonal visits, and rates of documentation were only 20%. No effort has been made to target documentation of immunizations given within the community. The objectives of this continuous quality improvement project are to gather accurate monthly data on prevalence of documenting influenza vaccination and to implement changes in clinic processes that result in documentation of influenza vaccination for 80% of patients 50 years of age or older at Madsen Health Center. The project cycle: 09/2010-03/2011. Early data shows improvement in documentation.

FP112: Evaluating Methods to Increase Vaccination of Amish Children in Three Missouri Communities

Amy Williams, MD, Erik Lindbloom, MD, MSPH, Debra Howenstine, MD

Lower vaccination rates in Amish communities result in a disproportionately high burden of disease outbreaks. In July 2010 a pertussis outbreak occurred in two Amish communities in northern Missouri. This descriptive study aims to estimate immunization rates and clarify the attitudes toward immunization among three Amish communities in Missouri. The communities of Jamesport, Clark, and Bowling Green, MO, utilize different methods to increase vaccination of Amish children. This study uses mailed questionnaires to the approximately 360 households in these communities to inquire about vaccination status of all children, vaccine outreach efficacy, and parental attitudes toward childhood vaccination. The results will be communicated to Amish community members as well as local and state public health departments to assist with future programming.

FP113: Medical Student Perceptions of Hospital Discharge Transitions in Care

Beth Careyva, MD, Danielle Snyderman, MD

Improved coordination of care is needed after hospitalizations to prevent readmissions and undesirable outcomes. Third-year students completing their internal medicine clerkship were required to identify a patient to complete a telephone interview after hospital discharge.



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Patients included were 18 years of age and older and recently discharged to home, rehab, and subacute facilities. Each student was asked to comment on patients' adherence with discharge instructions as well as students' own experiences. The students obtained a greater understanding of the challenges associated with hospital discharge and will likely be more attuned to these issues as they progress through their training.

FP114: Examining Religiosity and Self-reported Hypertension in Maywood, Illinois

Laura Heinrich, MD Candidate; Nathan Kittle, MD Candidate; Alicia Kurtz, MD Candidate; Brittany Lees, MD Candidate; Sharla Rent, MD Candidate; Whitney Richie, MD Candidate; Mark Stoltenberg, MD Candidate; Stephanie Teng, MD Candidate; Jaclyn Walsh, MD Candidate; Michael Weaver, MD Candidate; Michael Weaver, MD Candidate; Maria Wusu, MD Candidate; Lara Dugas, PhD; Amy Luke, PhD

Loyola University Chicago Stritch School of Medicine is located in the suburban community of Maywood, IL. Maywood has approximately 25,000 residents and according to the 2008 American Community Survey of the US Census Bureau, an unemployment rate of 12.3% with 19.6% of its residents living below the national poverty level. A group of Loyola medical students designed and implemented a survey to assess the impact of the recent economic recession on the health, including chronic disease states, and health care access of local community residents, the Maywood Community Health project (MCHP). This subset examines the relationship between self-reported hypertension and religiosity.

1:45-3:15 pm

Seminars

S46: One More Curriculum? Women's Health in Family Medicine—An Effortless Fit

Katherine Neely, MD

In a Patient Centered Medical Home, a woman should see a provider who is up-to-date and cognizant about gender-specific issues in her care. ACGME requirements for family medicine include “non-obstetrical, non-gynecologic care of women.” But what does this really mean, how do we teach it, and how will it fit? Published curricula and analysis of in-training exams provide the basis for a simple gender lens that can be applied across our existing curricula. In this seminar, we will consider ways programs are currently meeting the women's health requirement, proposed content of a thorough women's health curriculum, and ways of implementing a gender specific curriculum in a teaching program. Small-group time will allow attendees to process and begin to apply concepts to their own programs.

S47: Knowing When to Say When: Transitioning Chronic Pain Patients From Opioid Therapy

Jeffrey Baxter, MD, Kenneth Saffier, MD, Philip Whitecar, MD, Hunter Woodall, MD, Natasha Pinto, MD

Abuse of, and overdose deaths from, prescription opioids have increased dramatically over the last decade. Over 80% of the medications being misused come from legitimate prescriptions. To minimize abuse and diversion, it is critical that, during outpatient pain management with opioids, family physicians recognize when safety is compromised and understand how to respond. In this seminar, participants will work in small groups with a facilitator utilizing a case-based curriculum developed for NIDA. This curriculum explores warning signs that opioid pain management is becoming unsafe and strategies for increasing the structure of care, discontinuing opioids through medically supervised withdrawal, and transitioning patients to addiction treatment. Curriculum resources will be provided and teaching and implementation strategies for using the materials in participants' home institutions will be discussed.

S48: Achieving And Maintaining Work-life Balance

Jennifer Middleton, MD, MPH, Patricia Klatt, PharmD,
Michael Bridges, PhD, Jennifer Broders, PharmD

Provider mental health, particularly physician burn-out, has garnered significant attention in the medical literature and lay press recently. With increases in patient demands and decreases in medical reimbursement, physicians are finding it difficult to balance patient needs over maintaining their own emotional, physical and spiritual health. Identifying imbalances is the first step in achieving progress toward positive work-life equilibrium, followed by choosing priorities, negotiating for those priorities and developing an action plan for mitigating the obstacles. Once we are able to do this for ourselves, we are better positioned to provide the necessary leadership and mentorship that our residents and students depend on us for.

S49: Beginners' Guide to Designing Effective Surveys and Questionnaires

Cindy Passmore, MA, Sally Weaver, PhD, MD

Most faculty have been involved with survey research at some level, although they are generally not aware of the principles of good survey design. Additionally, survey research is often used by residents to fulfill scholarly activity requirements during residency. As we modify our residencies to incorporate more aspects of the Patient Centered Medical Home (PCMH), 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.

S50: Food Revolution: Creating and Implementing an Innovative Food Advocacy Curriculum for Family Medicine Residents

Tara Scott, MD, Rachel Friedman, MD

Our patients' food choices are influenced by a complex web of factors. Standard medical education about food tends to focus on macro- and micro-nutrients while ignoring the complex food environment in which we live. In 2009, our residency developed and instituted an innovative "Food Advocacy" curriculum. The curriculum teaches residents an

intuitive, patient-centered approach to food education. It also encourages residents to recognize their role as advocates for healthy food on a community, state, and national level. This interactive seminar will lead participants through a novel "personal food map" exercise, provide a detailed description of the curriculum, and will address the successes and barriers to implementing such a curriculum in a residency setting.

S51: Patients With Disabilities As Teachers: An Educational Innovation

Sweetie Jain, MD, Cheryl Dougan, MA

The Patients with Disabilities as Teachers (P-DAT) program is an innovative approach in medical student education. It is unique in that the teachers include a patient with disabilities, a parent of a child with disabilities, a physician who is blind and members from the community advocacy groups. These teachers receive training and then go on to teach medical students, residents, nurses and front desk secretaries at a Family Medicine Residency affiliated clinic. The program is now in its third year and has been expanded to include small group discussions, video clips, art work, literature, role playing and narrative reflection. It has received very positive evaluations and can be replicated with modifications to suit different medical school and residency curricula.

S52: The Jazz Consultation

Amy Begel, LCSW, LMFT, Mark Josefski, MD, David Keith, MD, Robert Schiller, MD

Good jazz music has a lot in common with healthy family functioning. Players need to listen & support each other, understand the ground rules, create a healthy balance for individual expression while maintaining the integrity of the group. Family practitioners frequently find themselves in the middle of stressful family dynamics. We will show a "live" jazz consultation to demonstrate a unique therapeutic method to increase participants' understanding of family dynamics. The jazz consultation offers a playful way to understand difficult family interactions and have a "freeing" effect on both families and observers. Participants will observe the process and share their observations of the family interaction. Just like in jazz, there are no "wrong notes".



SATURDAY, APRIL 30

Concurrent Educational Sessions

1:45-3:15 pm (cont.)

Lecture-Discussions

L57A: The Role of Office Staff in Teaching Family Medicine Residents

Heather Paladine, MD, Beena Jani, MD, Sylvester Foote, RN, Katherine Takayasu, MD, David Rosenthal, PhD

Family medicine residents spend the majority of their time training in the Family Health Center. In the Patient-centered Medical Home model, office staff are key members of the interdisciplinary patient care team. Staff can contribute to medical education by teaching residents about office policies, patient flow, and systems of care. However, they may be unaware of their potential teaching role or may not have the skills to teach their knowledge to residents. In this session, we will share the results of focus groups and surveys with office staff and residents about this potential teaching role for office staff. We will then lead a discussion about a curriculum for office staff to educate them about their teaching role and how to work with residents.

L57B: Teaching Residents and Family Health Center Staff Quality Improvement Using a Multidisciplinary Clinical Team Model

Laura Beth Chamberlain, MD, Shirin Madjzoub Celebi, MD, MPH, Carlos Cappas, PsyD, Dean Cleghorn, EdD, Kiame Mahaniah, MD, Sara Diaz, MD, Christine Rooney, MD

Quality improvement (QI) and practice-based care teams are among several foundational elements of establishing Patient-centered Medical Homes (PCMH). However, barriers such as time, money, and inertia hinder their utilization. Additionally, scheduling issues often prevent residents and clinic staff from taking leadership roles in clinic functioning. For clinics experimenting with these tools, it is still early in the process, and there is utility in learning from each other's efforts. This session presents a model developed to establish a more easily accessible culture of QI at our Community Health Center, using multidisciplinary clinical teams. Goals of this model were (1) Teach residents and clinic staff QI using team-initiated clinic-based projects as a learning platform and (2) Teach residents to take leadership roles in facilitating care teams.

L58A: Best Practices for Precepting and Teaching Billing and Coding

Kristy Brown, DO, Maggie Riley, MD, Joel Heidelbaugh, MD, Tara Master-Hunter, MD

Practice management is a difficult subject to teach, but is imperative for residents to learn if they expect to succeed after graduation. Inaccurate billing practices are a major source of lost revenue for residency programs and practicing family physicians. We developed a new program for billing and coding education focused on improving accuracy of resident billing. Faculty and residents initially attended interactive sessions on common billing and coding topics to strengthen our knowledge base. Increased focus was placed on discussing billing with residents at every patient encounter, and resident billing was tracked for each clinic session to give instant feedback. Quarterly data was given to residents, preceptors, and faculty to track changes. We greatly improved resident billing practices and knowledge through this educational intervention. [STFM Foundation Group Project Fund Recipient.]

L58B: Adding Experiential Learning Opportunities to a Management of Health Systems Curriculum

Allen Last, MD, MPH, Julianne Falleroni, DO, MPH, Jennifer Steinhoff, MD

Traditionally, it is challenging to engage residents as active learners in a Management of Health Systems (MHS) curriculum until just prior to graduation when it becomes more obviously relevant. We have developed a combined longitudinal and rotational experience that fulfills all of the Residency Review Committee (RRC) required MHS components and others that we felt were important. As one part of this curriculum, each of our third year residents design their own practice, work with nursing staff, clinic management and the medical director to plan and implement it and then practice in this model in the FMC. We will review the benefits and challenges of adding various experiential learning opportunities to the curriculum as well as describe how they fit into our larger MHS program.

L59A: Beyond the Medical Home: The Tools and the Time for Chronic Disease and Preventive Care

Carl Morris, MD, MPH, Sara Thompson, MD

Group Health Family Medicine Residency has implemented all parts of the medical home over the past 8 years. The residency has a robust EMR, virtual medicine and telephone visits, online patient EMR access and scheduling,

prospective individual and population-based preventative and chronic disease management, team-based outreach care coordination, and quality and service-based evaluation and incentives. As a result, our residency has the tools and the infrastructure to combine chronic disease teaching and patient care into the same teaching session. We will present the design and implementation of a longitudinal curriculum in which residents receive case-based teaching using evidence-based guidelines and apply it to their panel of patients in the same afternoon.

L59B: Actively Managing Continuity and Access in Residency Teaching Practices to Build Patient-centered Medical Homes

Sam Weir, MD, Cristy Page, MD, MPH

Both continuity of care (a personal physician) and enhanced access are foundational principles of the Patient Centered Medical Home. Applying advanced access principles to residency program practices is challenging due to the varying requirements of different inpatient rotations and duty hour restrictions. Implementation of advanced access in residency program teaching practices has met with mixed results. This session will focus on identifying and resolving barriers to continuity and access in teaching practices using principles of advanced access: understanding and balancing supply and demand, queuing theory, reducing demand and developing contingency plans. Each of these principles will be discussed in small groups. Throughout the session, participants will be asked to identify steps they can take to improve continuity of care and access in their own sites.

L60A: An Innovative Approach to Integrating Behavioral Health in a Patient-centered Medical Home (in an Underserved Setting)

Thomas Staff, MD, MPH, Mark Rastetter, MD, Katherine Suberlak, AM

Research literature indicates patients are more likely to access mental health treatment through primary care providers. However, these providers are often unprepared or not adequately trained to address mental health concerns. Integrated behavioral health within a primary care setting can increase access to care and enhance clinical outcomes for patients with mental health concerns. This presentation will show how to integrate behavioral health into a primary care setting beyond simply co-locating the services. The presentation focuses on a successful implementation example at a teaching Federally Qualified Health Center. The discussion will include the phenomenon of the

cultural shift that occurs when mental health and health professionals work together. Recommendations are provided for professionals seeking to operate in a consultative role on a primary care team.

L60B: Building the Medical Home in an Inner-city, Community-based Residency Training Practice

Bruce Soloway, MD, Mary Duggan, MD, Diane McKee, MD

In early 2010, Montefiore Hospital agreed to fund a PCMH pilot project at the Montefiore Family Health Center (FHC), a federally-qualified, multicultural family medicine residency training site with a large Medicaid and uninsured population. Support for the FHC pilot included funding for 9 additional full-time equivalent nurses and clerical support staff. The project is being developed jointly by the Montefiore Medical Group (the hospital's ambulatory care administrative unit) and the Department of Family and Social Medicine with extensive resident and faculty participation, and includes teams working on clinical workflows and quality, curriculum transformation, and evaluation and research. This lecture-discussion will offer lessons learned from this initiative and an opportunity to exchange successful practices with other academic departments engaged in similar efforts.

L61A: Leadership and Education Program for Students in Integrative Medicine: LEAPS Into Successful, Innovative Educational Collaborations

Mary Guerrero, MD, Wendy Kohatsu, MD, Henri Roca, MD, Neda Kaveh, Shari Dogbo, MBA, Janet Polli, Jennifer Young

LEAPS into IM, the Leadership and Education Program for Students in Integrative Medicine, is an innovative program designed to foster the development of the next generation of medical student leaders in Integrative Medicine (IM). The presentation will describe the development of a week-long leadership training program launched in June 2010. Twenty (20) medical students selected from across North America engaged in hands-on and didactic IM education, leadership skills, self-care, and community building curricula with leading experts serving as teachers/mentors. Concepts of an 'optimal learning environment' and outcomes from the program's evaluation will be shared. The unique, diverse and effective collaboration of the LEAPS team will be discussed as a model for others seeking successful interdisciplinary teamwork.



SATURDAY, APRIL 30

Concurrent Educational Sessions

1:45-3:15 pm (cont.)

L61B: Precepting Integrative Medicine and Wellness in Residencies and Medical Schools

Amy Locke, MD, Sean Zager, MD

Patient and resident interest in Integrative Medicine (IM) is high. Many groups recommend education about IM topics in medical schools and residencies. STFM released recommended IM competencies in 2010. These encompass information about alternative therapies, as well as information about self care and wellness. Many faculty do not have adequate training to support this level of education, nor do many physicians practice adequate self-care. This session will discuss available electronic resources to facilitate precepting sessions. It will discuss the importance of self-care and include an example of a self care mind-body exercise. The goal of this session is to help faculty acquaint themselves with available resources around IM topics and physician wellness and ultimately incorporate recommended competencies into training programs.

L62A: Removing Barriers to Contraceptive Access for Low-income Women—Evidence for Incorporating Over-the-counter Access

Sharon Phillips, MD, Suzan Goodman, MD, MPH

Despite availability of a broad range of contraceptive methods, unintended pregnancy rates remain high in the US, particularly among low-income and minority women. A potential strategy to reduce these disparities is over-the-counter (OTC) availability of oral contraceptive pills, the most common method among US women. This lecture-discussion will explore the safety, risks, benefits, and varied perspectives on over-the-counter access to oral contraceptives, possible roadblocks, and potential improvements with regulatory change. As primary care providers who are widely distributed in this country and who routinely provide contraceptive health services, family physicians are important stakeholders in the effort to prevent unintended pregnancy and to address core challenges in contraceptive access.

L62B: Preventing Unintended Pregnancy by Expansion of Training in Immediate Postpartum Contraception Methods

Larry Leeman, MD, MPH, Catherine DeGood, DO, Tony Ogburn, MD

Participants will learn the public health and societal implications of repeat unintended pregnancy or short interpregnancy intervals. The recent introduction of

immediate insertion of intrauterine devices on labor and delivery and subdermal progesterone implants on the postpartum unit offers the potential to profoundly expand our ability to offer highly effective postpartum contraception. The logistics of introducing these methods and the techniques for placing the two types of IUDs will be presented. New CDC guidelines for use of hormonal contraception allow initiation of several methods earlier in the postpartum period and we will present model patient education materials for lactating women.

L63A: "Abstract Attack"—A Transformative Journal Club Experience as a Basis for a Longitudinal EBM Curriculum

Renee Crichlow, MD, Tanner Nissly, DO, Robert Levy, MD

This lecture presents and discusses a curriculum that provides a transformative approach to journal club, called "Abstract Attack." This curriculum teaches rapid, critical appraisal of medical literature. Its goal is to provide uniform acquisition of skills and knowledge, sufficient for a resident to become a practicing clinician who can confidently participate in efficient and effective critique of the medical literature at the point of care. This presentation will review the contents of the curriculum, the skills for the rapid critical appraisal pathway, which is the basis of the teaching strategy of Abstract Attack, and participants will experience an Abstract Attack for themselves. It is fun, interactive, engaging, and appropriate for every level of medical training.

L63B: Promoting Resident Scholarship: Journey Down the Path

Memoona Hasnain, MD, MHPE, PhD, Mark Potter, MD, Abbas Hyderi, MD, MPH

Integration of research and scholarly work in family medicine residency training programs is an ongoing challenge. Despite the emphasis on the relevance and utility of research training and active engagement in scholarship for family medicine residents, residency programs are struggling to integrate such training. This lecture-discussion will provide a forum for presenters and participants to share their learned experiences regarding integration of research training in residency curricula. Presenters will present evaluation data on and discuss the evolution of the content and process of the resident scholarship program at the University of Illinois at Chicago over the last seven years, highlighting key recommendations and pitfalls to avoid for successful implementation of resident training in research and scholarship.

Works In-Progress

Session Q: Psychology

WQ1: Care Management for Depression: Improving Outcomes—But Can We Do Better?

Kurt Angstman, MD

Currently, management of depression treats 46%-57% of patients, and 18%-25% receives adequate therapy. The collaborative care model has been consistently shown to achieve sustained effectiveness. The model requires the development of a depression registry, screening of depressed patients using the Patient Health Questionnaire-9, the weekly oversight of a psychiatrist, and relapse prevention education. Using this model of care, we have found a significant improvement in response and remission compared to usual care; however, there is noted a slight increase in initial utilization. The most significant costs are in those patients who are not improving. Screening for anxiety, chemical dependency, and mood suggests that there are clinical clues that alert the team about those patients that are at increased risk for not responding to therapy.

WQ2: [Canceled]

WQ3: “What About The Patient?” The Case Conference Meets The Patient-Centered Clinical Method

John Gazewood, MD, MSPH, Lisa Rollins, PhD

Learning about patient communication should be integrated with clinical teaching. We noted that our residency program’s case conferences focused almost exclusively on the biomedical aspects of a patient’s illness. We are incorporating components of the Patient-Centered Clinical Method into all of our case conferences, and have found that ongoing faculty leadership is necessary for this to occur. Participants have found that discussions fostered by these conferences have resulted in suggested strategies addressing difficult issues in the physician-patient relationship. Incorporating components of the Patient-Centered Clinical Method into case conferences can enhance teaching about patient communication and the physician-patient relationship.

WQ4: Addressing Substance Use Disorders in the Patient-centered Medical Home

Norman Wetterau, MD

One way to improve health care and reduce costs is to address substance use disorders at an early phase in primary care. The proposed NCQA requirements for the Patient-centered Medical Home for 2011 have requirements for screening for alcohol and for addressing substance use disorders as a chronic disease. There are many ways to do this in a practice, and much of it can be done by nonphysicians or on Internet sites. This session will look at the process for screenings and interventions in tobacco, alcohol, and drugs. Participants will share the obstacles they face and try to find solutions. Part of the basis for the discussion are some materials prepared by the addiction interest group on this subject.

WQ5: The FMEC-IMPLICIT Care Managers for Perinatal Depression Trial

Ian Bennett, MD, PhD, Donna Cohen, MD, MSc, Stephen Ratcliffe, MD, MSPH

The Patient-centered Medical Home provides opportunities to overcome many of the obstacles to perinatal depression care faced by low-income women in the US. Continuity from pre-pregnancy, through pregnancy and postpartum in a multi-disciplinary setting could have many advantages, but little work has been done to assess this model. We describe an ongoing randomized clinical trial within two family medicine residency practices and two Federally Qualified Health Care Centers to evaluate a multidisciplinary, team-based approach to perinatal depression care. Funded by the RWJ Foundation this 3-year trial began in October 2010. The study assesses the benefits and costs of care managers in the setting of the existing Family Medicine Education Collaborative (FMEC) IMPLICIT network multi-component intervention, which will also be described.



SATURDAY, APRIL 30

Concurrent Educational Sessions

1:45-3:15 pm (cont.)

Session R: Resident Teaching

WR1: Teaching iResidents With New Technology

Allyson Brotherson, MD, Kimberly Petersen, MD, Jerry Potts, MD

Technology is changing at an amazing pace. In theory the goal of technology is to help in the care of patients and the teaching of residents. The seamless integration of this technology into the human interactions between provider and patient, teacher and student is our goal. Participants will explore how the use of portable technology can enhance patient care; compare touch pad technology with keyboard and mouse for patient care and resident teaching and investigate how the use of portable technology enhances patient care.

WR2: Improving the Precepting Encounter for the Teacher, the Learner, and the Patient

Carrie Link, MD

Improvement of the precepting process requires maximizing the educational value of typical ambulatory encounters while providing excellent patient-centered care in a timely fashion. This session explores the needs of all three participants in the precepting experience: the resident, the preceptor and the patient. The unique needs of these participants poses a challenge to effective communication, but using scripts to template the precepting encounter improves the learning process, clarifies expectations, decreases confusion, and improves satisfaction overall.

WR3: Locus of Control and Self-assessment as Predictors of Family Medicine Resident's Academic Performance: Year Two Cohort Results

Joseph Brocato, PhD, Shailendra Prasad, MD, MPH, Erik Solberg, MA

This work-in-progress study examines the relationships between individual family medicine resident's locus of control and self-assessment of fundamental clinical knowledge and skills as predictors of their future academic performance. We'll report the findings of the second year of this five-year longitudinal study from respondents from seven residency programs at the University of Minnesota's Department of Family Medicine and Community Health.

WR4: Learning From Ourselves: A Practice-based Approach to Outpatient Residency Rotations

Kirsten Rindfleisch, MD

The family doctor of the future must be skilled in practice-based learning, population health, and working in multidisciplinary teams to coordinate patient care in a complex health care system. Only cursory attention is given to these skills in a traditional family medicine curriculum. Meanwhile, family medicine residents in their second and third years spend 40%-50% of their outpatient educational time observing specialists in their clinical practices, despite research that demonstrates that patients presenting to specialty clinics differ from those seen in primary care practice in many respects. In this presentation, an alternative approach to outpatient rotations will be described. Now in pilot implementation in the UW-Madison clinics, this model emphasizes critical appraisal of practice-based data together with interactive Web-based didactics and visits to specialty clinics.

WR5: Chart Rounds: An Interprofessional Approach to Teaching Population Health

Suzanne Cashman, ScD, Warren Ferguson, MD, Konstantinos Deligiannidis, MD, MPH, Heather Haley, PhD, Stacy Potts, MD

For 30 years, Chart Rounds have been an important method for teaching clinical problem solving at the UMass Family Medicine Residency. Over time, chart rounds have evolved to include teachers from other disciplines, including behavioral health, pharmacy, and library science. Residents present cases, and a faculty member leads discussion. We developed the mnemonic COMPLETE to ensure population and social determinants of health perspectives. We surveyed residents (97% responding) to assess this change. Results show: increasing satisfaction with librarian participation from PGYI to PGY III; diminishing reported value of behavioral health involvement, possibly indicating residents' increased confidence over time in assessing behavioral aspects of patient care; consistent satisfaction with pharmacist participation across all years at all practice locations, suggesting the high value of medication consultation.

Completed Projects & Research

Session H: Special Research Session

CH1: Saving Time, Money, and Work: How to Do Secondary Data Analysis

Vijay Singh, MD, MPH, MS, Arch Maimous, PhD, Andrew Coco, MD, MS

For many scholarly questions, primary data collection isn't necessary because the data already exists. Many funders and prominent journals are very interested in secondary analyses. This session will define secondary data analysis, types of questions that can be answered, advantages and disadvantages of secondary data analysis, where and how to access data, and sources of data. We will give examples of data sets that can be analyzed. We will address audience questions of what research topics can be investigated, how the questions can be answered, and where they can go to find answers.

Session I: Community Medicine

CI1: Defining Positive Youth Development Priorities With a Latino Community

Manuel Angel Oscos-Sanchez, MD, Janna Lesser, PhD, RN, Dolores Oscos-Flores, BSED

Purpose: Define Positive Youth Development priorities of 3rd-12th grade students and their parents in an urban Latino community. Methods: Face-to-face survey of a campus and grade stratified random sample of 197 3rd-12th grade students and one of their parents. Results: A similar pattern of relative importance was seen; however, parents had significantly higher scores ($P < .001$). Mean scale scores for the (students, parents) were: Achieve School and Career Goals (4.40, 4.58), Be Involved With Family (4.26, 4.56), Demonstrate Character (4.09, 4.32), and Be Involved With Culture and Community (3.38, 3.77). In multiple linear regression models, a consistent predictor of students' scores was their parents' score ($P < .002$). Conclusions: Students and parents in this Latino community had similar Positive Youth Development priorities. Parents' beliefs strongly influence children's beliefs.

CI2: Assessing Concordance of Perinatal Depression Screening Tools in a Community Health Center

Amelia Ryan, MD, Marjorie Altergott, PhD, Julia Eckersley, MD, Andrea McGlynn, CNM

Objective: Explore feasibility of the PHQ-9 for perinatal depression screening in predominantly Hispanic/Latino population in a community health center. Methods: Prospective study, screening women during pregnancy or within 12 months postpartum. EPDS and PHQ-9 were administered to 152 women who were pregnant or within 12 months postpartum. Results: There were 86.8% concordant and 13.1% discordant scores. Discordance occurred twice as often in prenatal than postpartum patients. African-Americans were 10.9 times more likely to have discordance than Latinas (odds ratio 10.9 [CI: 1.8-65.6], $P = .009$). Screens completed in Spanish were four times more likely to be discordant ($P = .06$). Conclusion: The majority of scores were concordant; either screen is reasonable to use in the primary care obstetric setting and specifically in our underserved, primarily Hispanic/Latino and African-American population.

CI3: El Joven Noble Reduces Substance Use Among High Risk Latino Youth

Manuel Angel Oscos-Sanchez, MD, Janna Lesser, PhD, RN, Dolores Oscos-Flores, BSED

Objective: Determine effects of participation in El Joven Noble (JN) on reducing frequency of substance use among students in a disciplinary alternative education program in a predominantly Latino school district. Methods: A total of 285 students enrolled (141 treatment/144 control); 244 completed baseline and 3 month follow-up surveys. Results: Participants of JN had a greater reduction in frequency of alcohol use ($P = .01$) and other substance use ($P = .05$). In linear regression models, participation in JN persisted as a predictor of decreased frequency of alcohol and other substance use; however, Exposure to Community Violence (ECV) was associated with increased frequency of alcohol, marijuana, and other substance use ($P < .04$). Conclusions: The study supports the use of JN as a strategy to reduce substance use; however, ECV must also be addressed.



SATURDAY, APRIL 30

Concurrent Educational Sessions

1:45-3:15 pm (cont.)

C14: How Readable Are Spanish-language Medicaid Applications?

Lorraine Wallace, PhD, Julie Hansen, MPH, Jennifer DeVoe, MD, DPhil

Objective: To examine the readability, layout characteristics, and document complexity of state-issued Spanish-language Medicaid enrollment applications (EAs). Method: We calculated the readability of each EA “Signature” page using the Spanish Lexile Analyzer. We assessed EA layout characteristics utilizing the User-Friendliness Tool and document complexity using the PMOSE/IKIRSCH scale. Results: The average Lexile score estimated an 11th-12th grade reading level (M=1184, SD=192) for “Signature” pages of enrollment applications (n=38). Most EAs used small font size and lacked adequate white space. Document complexity ranged from level 3 (moderate) to level 5 (very high); the majority of applications ranked at level 4 (high). Conclusions: Spanish-language Medicaid EAs should be revised to adhere to low-literacy guidelines, which may improve the accessibility of Medicaid coverage for eligible Spanish-speaking families.

3:45-5:15 pm

Seminars

S53: No Time to Weight: Fighting Childhood Obesity One Family at a Time

Suki Tepperberg, MD, MPH

By enhancing a primary medical home with the development of local expertise in the area of nutrition, family motivation, and physical activity support, the Codman Square Health Center has become a regional leader for innovation in the prevention and treatment of childhood obesity in Boston. Using a team-based, comprehensive approach to address core lifestyle choices has proven successful in turning the tide for families participating in the Healthy Weight Collaborative; a collaborative that includes seven CHCs in Massachusetts, each working locally to fight childhood obesity. This session will review the extent of efforts locally and around the nation to combat obesity. It will outline this PCMH approach to obesity treatment. Concrete skills, including nutrition assessment and motivational interviewing for families, will be introduced to participants.

RHEDI Reproductive Health **ED**ucation In Family Medicine

Montefiore Department of Family and Social Medicine

RHEDI promotes comprehensive reproductive health training and services in family medicine.

RHEDI resources include:

- ✓ Funding and technical assistance for family medicine residency programs to establish required rotations in abortion and family planning
- ✓ Grand Rounds speakers on reproductive health for family medicine residency programs
- ✓ Clinician resources and patient handouts, available for free download at www.rhedi.org

For more information: www.rhedi.org | info@rhedi.org

S54: OB Boot Camp: Innovative Training of Incoming G1 Residents in Family Medicine and Obstetrics

Kurt Angstman, MD, Nathan Jacobson, DO, Brian Brost, MD, Tara Kaufman, MD, Elizabeth Westby, MD

With increasing work hour restrictions and emphasis on patient care, training in obstetrics is attempting to evolve, allowing residents to become experienced physicians in their 4 years of training while always focusing on the best interests of the patient. We sought to prepare new interns by an innovative training program exclusively in a simulation center to teach the basic skills needed to perform greater than 90% of the intern specific procedures. The goal was to develop procedural competence prior to providing care in the clinical arena. Previous studies have shown that when interns are exposed to a simulated learning experience, with subsequent placement in a clinical environment, they do better than their counterparts who have not had similar structured learning opportunity.

S55: Inspiring Health and Wellness in the Underserved: Tools for Practicing and Teaching Integrative Medicine

Benjamin Brown, MD, Fasih Hameed, MD, Corinne Basch, MD, Paula Gardiner, MD

If you are interested in teaching or practicing the principles of evidenced-based integrative medicine like healthy eating and stress reduction in an underserved setting, this session will give you the concrete tools. Integrative medicine is often perceived as 'boutique medicine' with limited applicability to underserved populations; there are also perceived barriers to introducing this material in a teaching program. Over the last two years, the IM4U collaborative has gathered monthly to share our experiences of implementing integrative medicine in underserved populations. Join us for an interactive seminar presenting our hard-earned lessons as well as our new web-based toolkit, which includes teaching materials and patient handouts describing evidence-based, affordable, and time-efficient integrative therapies for a range of common conditions.

S56: Reading "A Fortunate Man"

John Frey, MD, Gayle Stephens, MD, Lucy Candib, MD, David Loxterkamp, MD

The book "A Fortunate Man" has been in wide use in education in the health professions and in continuous publication since it appeared in 1967. Both its format and content have influenced generations of others writing and teaching about medicine. Four senior family physicians

have written about, taught, and researched the book and will provide their personal reflections on its relevance to themselves and medicine over 40 years. After presentations by the seminar leaders, the audience will be asked to add personal perspectives on the themes, past and future, that come from the book.

S57: Maximizing Your Effectiveness on Guideline Panels

Doug Campos-Outcalt, MD, MPA, Ted Ganiats, MD, Michael LeFevre, MD, MSPH, Herbert Young, MD

This session will provide information and skills that will assist family medicine faculty to participate effectively on clinical guideline panels. National and local guideline panels are increasingly proposing clinical guidelines as standards of care and the basis of performance measures. These panels often seek participation by family physicians in an attempt to broaden the panel and to gain legitimacy among family physicians. Participation on such panels can be challenging, and to be effective family physician participants need to be well versed in guideline development methods. The session leaders will be family physicians with experience serving on guideline panels. They will describe the process and provide tips on how to increase effectiveness on panels that may be dominated by specialty content experts.

Lecture-Discussions

L65A: Developing Effective Clinical Teams: The Power of Huddles and Co-location of Clinical Staff

John Cawley, MD, Kristen Bene, MS, Bernard Birnbaum, MD, Marcia Snook, RN, BSN

Transforming a clinic into a Patient-Centered Medical Home (PCMH) is a challenging task. As the Fort Collins Family Medicine Program continues to transform into a PCMH, we have identified bottlenecks, efficiency, and coordination of ancillary services as the largest obstacles to providing effective patient centered care. This lecture-discussion will examine the experience of the Fort Collins Family Medicine Residency Program using Huddles, and Co-Location of clinical staff to transform a traditional clinic into care teams providing comprehensive patient care. Participants will leave the session with an understanding of the complexity of this transformation, potential barriers, and strategies for successfully implementing these two activities.



SATURDAY, APRIL 30

Concurrent Educational Sessions

3:45-5:15 pm (cont.)

L65B: The Interdisciplinary Team Meeting: A Vehicle for Teaching Team-based Care in a Residency Practice

Linda Montgomery, MD, FFAFP, Deborah Seymour, PsyD

Teaching residents to be collaborative members of health care teams can be a challenge. Nothing brings this bit of education to life for residents more than caring for their own complex patients on interdisciplinary teams. We'll present how we've created hour long interdisciplinary meetings as a hub for learning team-based care. Participants will learn about the structure and process of running interdisciplinary team meetings and how we've fit them into our larger PCMH curriculum. We'll present our version of a patient-centered care plan that guides discussion and is the end product of our meetings. We'll also discuss the challenges of executing interdisciplinary care in residency practices and describe how we've sought to overcome them.

L66A: Residency Training in Screening, Brief Intervention, and Referral to Treatment for Alcohol and Substance Abuse

James Bray, PhD, Alicia Kowalchuk, DO, Vicki Waters, MS, PA-C, Larry Laufman, EdD

Misuse, abuse, and dependence on alcohol and drugs, including prescription medications, increase the risk of many health problems. Standardized screening, brief intervention, and referral to treatment (SBIRT) can reduce future alcohol consumption and injury recurrences as well as decrease repeat Emergency Department visits and hospitalizations. Incorporating SBIRT training into residency programs can positively impact the next generation of practicing physicians. In 2009, the Baylor College of Medicine Department of Family and Community Medicine received a 5-year SAMHSA grant to develop, implement, and evaluate a curriculum incorporating SBIRT into primary care residency programs at Baylor. This presentation will cover the development, field testing, and challenges of implementing the curriculum across multiple residency programs serving multiple clinical venues in a large, decentralized medical center.

L66B: Resident Training in Opiate Addiction Therapy: Strategies for Success

James Ledwith, MD, Beth Mazzyck, MD, Nicholas Apostoleris, PhD, Rajneesh Hazarika, MD

Opiate addiction is a highly prevalent problem with particularly large impact in vulnerable populations. Concern about abuse of prescribed opiates challenges every physician

caring for patients who complain of severe chronic pain. This presentation will address the development of an integrated buprenorphine treatment program within our practice and the implementation of a resident curriculum designed to help the resident better assess and treat both opiate dependence and non-malignant pain. Residents actively seek to participate after observing successful therapy and dramatic functional improvements. We will discuss the implementation of the interdisciplinary care program, and a strategy for integration in clinical training. We will engage participants in a dialog about best practices in other settings.

L67A: Implementation and Development of Learner Portfolios: The Next Important Step in the ACGME Outcomes Project

Stacy Potts, MD

The ACGME has recognized learner portfolios as an important tool in evaluation and documentation of resident competency and is likely to soon require the use of a learner portfolio for all accredited programs. This presentation will prepare participants to develop a learner portfolio that will not only meet the accreditation requirements but also will ensure residents will benefit from the learning environment of the portfolio. Working with learners through the portfolio building process will allow a transparent and collaborative learning environment to develop professionals able to self assess and address their individual learning needs throughout their careers. Participants will have the opportunity to discuss their portfolio triumphs and pitfalls and collectively work towards identifying best practices for successful implementation and development.

L67B: Making the Assessment of Core Competencies Real: The Radar Graph

Julie Dostal, MD, Drew Keister, MD

The assessment tools and process that were created by our program satisfy both the ACGME requirement to move to a competency-based model and avoid the Lake Wobegon effect typically derived from Likert-type scales utilized in global rotational evaluation forms. In addition, the competency-based tools shift the focus of residents and assessors away from the attainment of imprecise relative rankings (performing at level expected) and towards the performance of actual observed behaviors that count in the delivery of patient care and the demonstration of professional competency. The innovative radar graph format provides graphic detail for the resident to monitor their progression to competency and for a residency to demonstrate the overall effectiveness of the program.

L68A: Amish Midwife Conferences: Improving Maternal-Child Care Using an Interdisciplinary Training Model

Mark Gideonsen, MD

Women should have unfettered access to high quality culturally-competent maternity care. Old Order Amish comprise a minority population who face significant barriers to accessing hospital-based maternal-child care, and rely instead on traditional birth attendants (TBAs). Our program seeks to improve care provided by TBAs by employing an interdisciplinary approach to present semi-annual Amish Midwife Conferences. We present eight years of experience working with this community, developing relevant curricula, hosting well-received conferences, and assessing outcomes. This experience suggests TBAs are anxious to learn how to best care for women and babies; that their care is enhanced by attending the conferences, and that there is much we as physicians can learn from TBAs.

L68B: Standardized OB Precepting for the Non-delivering Faculty

Alicia Milan-Flanigan, MD, Jim Christoforidis, MD

With the decrease of faculty doing OB, challenges are increasing in residency programs to keep the quality of the prenatal care and consistency when precepting residents with prenatal patients. In this session, we will discuss and explain a model that the SSMC FM Residency Program is using to do more effective OB precepting and how to avoid surprises for those who deliver all residents' pregnant patients. The model consists of understanding the essential elements of prenatal care, pre-precepting OB cases, the effective use of an OB Case Management form and consultation guidelines, and OB Manual with the current evidence-based medicine prepared by our own FP-OB Faculty. We will discuss the challenges, barriers, and solutions encountered when using the present model.

L69A: Developing and Evaluating Outpatient Procedure Competencies through Workshops

Corey Lyon, DO

The ACGME states residencies must provide procedural training. Developing a structured system for evaluating and documenting competency in performing procedures can be difficult. In addition, moving the initial training away from the patient and using simulated teaching models is becoming more and more common in residency procedural

training. This curriculum involves five different outpatient procedure workshops that are repeated during the 3-year residency. The workshops are designed to teach and evaluate the resident to provide patient counseling, consenting, procedure technique, and post-procedure instructions.

L69B: Improving Resident Care of Knee Arthritis

John Turner, MD, Jon Woo, MD

Osteoarthritis of the knee is commonly seen, and treatment is often not maximized. Residents are uncomfortable with the characteristic exam findings and unsure of which therapeutic options to use. Despite the wealth of high-level evidence related to multiple treatments, resident education regularly focuses on expert opinion and narrow treatment options. Teaching faculty also have uncertainty about their own skills and expertise in caring for knee arthritis. This session is designed to improve clinical care by concisely reviewing pertinent anatomy, pathophysiology, symptomatology, and radiographic and exam findings. This session systematically reviews the evidence behind 11 treatment options. A "train the trainer" model is utilized to improve resident education, and participants will leave with educational slides, clinical assessment tools, and condensed treatment algorithms for knee osteoarthritis.

L70A: Continuity Matters: Incorporating Primary Care Counseling Training in Residency Education

Sachiko Kaizuka, MD, Pebble Kranz, MD, Barbara Gawinski, PhD, Susan McDaniel, PhD

The University of Rochester/Highland Hospital Family Medicine Residency Program includes a 16-week psychosocial medicine rotation for all PGY2 residents. Twice weekly ninety-minute sessions over the 16-week rotation are spent on developing primary care counseling skills utilizing patients from each resident's continuity panel with live and video supervision and feedback by behavioral medicine faculty and peers. This aspect of the rotation enhances basic skills in psychosocial counseling in the continuity setting. Residents find that live feedback is instrumental in building these skills for their future practice settings. We will share the development and implementation of this rotation, educational tools, and discuss elements that could be implemented in other residencies.



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L70B: Community Engagement in Research: Educating the Educators

Syed Ahmed, MD, MPH, DrPH

Community Engagement in Research (CER) may enhance a community's ability to address its own health needs and health disparities issues while ensuring that researchers understand community priorities. However, there are researchers with limited understanding of and experience with effective methods of engaging communities. The National Institutes of Health Director's Council of Public Representatives (COPR) developed a community engagement framework that includes values, strategies to operationalize each value, and potential outcomes of their use. Use of this framework for educating researchers to create and sustain authentic community-academic partnerships will increase accountability and equality between the partners.

Works In-Progress

Session S: Resident Education

WS1: Factors Impacting Active Involvement in the Evaluation Process

Richard Stringham, MD, Memoona Hasnain, MD, MHPE, PhD

Evaluations are increasingly used throughout medical education as a means of assessment of both learners and teachers. Despite an emphasis upon the importance of evaluations, little is known about the psychological factors that contribute to evaluators' willingness and motivation to participate in the evaluation process. This presentation will summarize findings of an in-progress study exploring factors impacting active participation in the evaluation process by medical students, resident physicians, and faculty. This is a follow-up study to one conducted by the principal investigator that attempts to gain a more detailed understanding of the anxieties experienced by different groups of evaluators. Findings of this research will provide insights to assist educators in reducing barriers to effective evaluation content and processes.

WS2: Educational Experience Assessment By Residents

Elizabeth Meza, MD, Ann Rutter, MD, Alfred Reid, MA, Kathryn Kramer, PhD, Clark Denniston, MD

Residents' evaluation of their educational experience is vital to curriculum development. Currently there is sparse literature on how residents perceive this evaluation process with regard to effectiveness and value. We audited evaluation methods currently in use in North Carolina family medicine residency programs. A survey of residents in North Carolina will assess the benefit/work burden and explore potential alternative efficient and effective evaluation methods. The objective of this research is to identify best practices and suggest improvement for residents' evaluation of their educational experience. We hypothesize that residents will perceive evaluation methods with the following characteristics as effective: high relevance, occurring with suitable frequency, appropriate time commitment, and leading to rewarding excellence and implementing improvements when suggested.

WS3: Insights and Lessons Learned From the International Medical Graduate Institute

Constance Hixson, MD, Bruce Bennard, PhD, Fred Tudiver, MD

Foreign born international medical graduates (IMGs) applying to and filling family medicine residency program slots are increasing in number. An innovative, experiential 3-day clinical skills and assessment Institute for IMGs was designed and offered in December 2009 and August 2010 by a Department of Family Medicine to help prepare IMG participants for entry into U.S. based residency programs. The twelve participants were exposed to concepts in communications, patient evaluation, case presentation, and critical clinical thinking using the Human Patient Simulator. Institute organizers developed a self-administered, post-program follow up survey to determine the perceived value to the IMGs and how their professional goals had changed since the Institute. Survey results will be presented at the STFM meeting.

WS4: [Canceled]

WS5: Teaching Through Collaboration: Measuring Medical Resident Education on a Medication Management Rotation Experience

Nicholas Owens, PharmD

Pharmacist-directed medication management services in an outpatient setting represent a potential advancement 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 6 years, providing a unique setting for collaborative learning. A prospective pretest/posttest study is being conducted to assess the impact of a 1-month rotation with the service on medical residents' confidence performing medication management skills and ability to conduct complete medication histories. 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.

Session T: Student Education

WT1: Management of Professional Boundaries Between Patients and Medical Students and Physicians in Rural Primary Care

Kathleen Brooks, MD, Therese Zink, MD, MPH, Diann Elay, MSc, PhD

Rural family physicians manage the dual professional/personal relationships with patients in their community routinely. The literature on medical student development of professionalism suggests challenges in learning to manage such relationships. The Rural Physician Associate Program sends 40 third-year medical students each year to rural communities for 9 months to complete clerkships and nurture interest in rural primary care. Students are closely mentored by family medicine preceptors and learn how they manage dual relationships. We interviewed 14 participants (12 physicians and two students) to understand their experience with and perceptions of rural physicians' dual relationships. Interviews were audiotaped, transcribed, and read for common themes. Analysis will be completed for the meeting. This study will inform future work in longitudinal continuity programs for medical students.

WT2: Enhancing Medical Student Education Through Centers of Excellence

Michele Doucette, PhD, David Gaspar, MD, Mark Deutchman, MD

Twenty percent of our population is rural, yet only about nine percent of our physicians live in a rural setting. Thus, it is imperative to address new strategies to increase the number of physicians who locate in rural areas. Evidence suggests that providing medical students a learning experience with rural physicians who are enthusiastic about their own practice and eager to teach, positively affects the likelihood that students will choose a career in rural medicine. This session will present a new 3rd year clerkship faculty development program in which we established Centers of Excellence in Rural Training (CERT) sites to enhance community faculty teaching skills. This session will also provide attendees the opportunity to discuss avenues for rural clerkship programs to engage host rural communities.

WT3: Are Students Less Likely to Report Pertinent Negatives in Clinical Notes?

Anne Walling, MB, ChB, FFPHM, Scott Moser, MD, Gretchen Dickson, MD

Students are believed to under-report about 30% of key clinical information obtained during patient interviews but little is known about the type of data most likely to be omitted from the postencounter note (PEN). A pilot study comparing items obtained (documented by standardized patient checklist) and reported in the postencounter note (scored by faculty) during a clinical skills assessment indicates that pertinent negative items are significantly more likely to be under-reported than pertinent positives. Data from this and a subsequent study can contribute to improved teaching of clinical documentation, with potential downstream benefits in clinical care and reduction in medical error.

WT4: Introducing a Comprehensive Patient-centered Medical Home Model to Preclinical Medical Students

Kathryn Dolan, PhD

Recent efforts to implement patient centered medical homes (PCMH) have identified challenges practices face in this transformation and the benefits for their patients. Preclinical education can facilitate these efforts by exposing students to the value and need for the PCMH approach, encourage them to actively participate in the change processes during their training and learn these vital skills for their own future



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practices. Family practice faculty have developed a comprehensive curricula designed to introduce students to the community wide system of health care and support services and to develop the knowledge base necessary to improve patient centered care. Presentation of this work in progress will give participants the opportunity to see the curricula in detail and develop strategies for implementing it in their own schools.

WT5: Update on Student Interest Stakeholders Summit

Ashley DeVilbiss Bieck, MPA

Despite a small increase in the family medicine match rate in 2010, fewer medical students chose family medicine in the 2009 Match than in any previous year. Strategy 1.4 from the AAFP Strategic Plan aims to increase the number of allopathic U.S. medical student graduates going into family medicine residency programs to 47% by 2010. This initiative will sponsor four workshops around the country that will bring together stakeholders like AAFP chapters, FMIG faculty advisors, clerkship directors, AHECs, residency directors, department chairs, resident and student leaders, with the goal of building knowledge, skills, and attitudes in the development of their own student interest activities. A report on the outcomes from the first of the four meetings is included.

Session U: Maternity Care

WU1: Teaching Family-centered Maternity Care in the Patient-centered Medical Home

Suzanne Eidson-Ton, MD, MS, Shelly Henderson, PhD

Truly family-centered maternity care is the quintessential example of patient-centered care in a medical home (PCMH), and from a residency education perspective, offers the opportunity to model and teach many aspects of the PCMH. In our residency, a psychologist and a physician faculty co-precept first year residents who are learning to perform new prenatal visits. We emphasize the psychosocial-cultural context of pregnancy as the most important information to gather in the initial prenatal visit, in addition to attending to patient-physician communication and the development of a therapeutic relationship. We will present our curriculum for this clinic, as well as survey data from residents, regarding their knowledge, attitudes, and self-assessment of skills related to family-centered maternity care and patient-centered medical home concepts.

WU3: Evaluation of a New Maternity Care Curriculum Using Group Prenatal Care

Wendy Barr, MD, MPH, MSCE, Sana Aslam, BA, Andreas Cohrssen, MD, BahiaZoe Wahba, Marc Levin, MD

There is growing evidence that group prenatal care improves birth outcomes. This has led to a growing interest among family medicine residencies to start prenatal groups in their practices. The impact of using group prenatal care to teach maternity care to family medicine residents has not been evaluated. Using a mixed methods design that includes retrospective chart reviews, pre-post analysis of exam scores, and an email survey of graduates, the Beth Israel Residency in Urban Family Practice is evaluating the impact on their group prenatal program on resident knowledge, attitudes, and skills around maternity care. The more intensive exposure to experienced faculty and more interaction with patients in group care have the potential to improve family medicine residents' knowledge, attitudes, and skills in maternity care.

WU4: Obstetrical and Neonatal Emergencies Care Course

Ann Rodden, DO, MSCR, Lars Peterson, MD, PhD

Family medicine residency programs are required to teach residents to recognize and manage certain emergencies in the obstetrical patient and neonate. As such, our program developed a course to provide such education to incoming residents before they begin any clinical work. This lecture-discussion will delve into the development and implementation of an obstetrical and neonatal emergencies care course using a lecture series along with multiple simulated scenarios. Session participants will learn the steps necessary to provide such a course at their own facilities and will discuss the drivers and barriers to developing it.

WU5: Multidisciplinary Simulation Training for Neonatal and Obstetrical Emergencies

Susanna Magee, MD MPH

Obstetrical and neonatal emergencies are relatively common experiences for residents in family medicine, yet training residents and nurses to communicate efficiently and effectively while providing the necessary emergent care can be a difficult task. We developed a pilot project where faculty actors simulated an emergency while second-year residents and labor and delivery nurses acted as the providers. Graduate nursing students, after a short training session, then facilitated a feedback and reflection session

after each simulation. Participants thus far show improved medical knowledge in the handling of an emergency and, just as importantly, rate their ability to communicate with the nursing staff as improved in all medical settings. The graduate-level nursing facilitators also claim improved communication skills with physicians as a result of participation.

Completed Projects & Research

Session J: Prescribing

Moderator: Andrew Coco, MD, MS

CJ1: Patients' Ability to Adequately Dose a Liquid Pediatric Prescription Medication: A Randomized Controlled Trial

Lorraine Wallace, PhD, Amy Keenum, DO, PharmD, Jennifer DeVoe, MD, DPhil, Shannon Bolon, MD, MPH, Julie Hansen, MPH

Objective: To assess participants' ability to describe and accurately dose a liquid pediatric prescription medication (LPPM) as a function of receipt of written instruction format. Methods: English-speaking women (n=193), ages 21-45 years, were randomized to review one of two sets of LPPM instructions. Participants' sociodemographic characteristics, health literacy (HL) skills, and ability to dose medication were assessed. Results: Most women were white (81.9%) and had inadequate HL skills (48.7%). Seventy-two (37.3%) participants were able to correctly describe how they would give this medicine, while 75.1% were able to correctly demonstrate how they would administer the medication. Written instruction type did not affect participants' ability to either correctly describe or administer the medication to a child. Conclusion: Misinterpretation of LPPM instructions is common.

CJ2: Can an Image Recognition Program Identify Pills at the Point of Care?

Bennett Shenker, MD, MS, MSPH, FFAFP, Joshua Raymond, MD, Joseph Mangiafico, HS, Jessica Barofsky, HS, Allison Barofsky, HS

Objective: To determine if an image recognition application for smartphones can accurately identify pills. Methods: We analyzed photographs of medications using image recognition software; samples (group 1), edited group 1 photographs (group 2), internet images of group 1 medications (group 3), and common medications (group 4). We used three online pill identification Web sites for

comparison. Results: Image recognition software correctly identified a significantly higher proportion of pills in group 3 versus 1 (22/87 versus 2/87; $P < .0001$). No other significant differences were found between groups. Three online pill identification Web sites outperformed image recognition software (136/174, 75/174, 76/174 versus 26/174; $P < .0001$). When limited to group 4, significance was lost for two of the Web sites. Conclusions: Image recognition software correctly identifies pills under limited circumstances.

CJ3: The Effect of a Rapid In-office Test On Physician Prescribing Practices for Infectious Conjunctivitis

Amanda Davis, MD, Andrew Coco, MD, MS, Michael Horst, PhD, Krysta Brown, BS, Erica Cavanaugh, MS, MHS, Jaclyn Beckett, MS

Objective: To measure the effect of a rapid in-office test (RPS Adeno Detector™) for adenovirus on the antibiotic prescribing rate for acute infectious conjunctivitis. Methods: Patients (age > 1 year) presenting to a primary care practice with symptoms of acute infectious conjunctivitis were randomized to receive the test versus routine care with clinical diagnosis. Results: From November 2009 to August 2010, 81 patients were enrolled. Thirty-six tests were performed with only one (3%) positive for adenovirus. The antibiotic prescribing rate for the intervention group was 56% (20/36) versus 62% (28/45) for the control group ($P = .54$). Conclusions: The prevalence of adenovirus was unexpectedly low. There was no statistically significant difference in antibiotic prescribing rates for acute infectious conjunctivitis with the use of the RPS Adeno Detector™.

CJ4: Outcomes of a Third-year Family Medicine Clerkship Curriculum in Safe Prescription Writing

Christopher Reznich, PhD, Mary Noel, MPH, PhD, RD, Henry Barry, MD, Vincent WinklerPrins, MD, Dianne Wagner, MD

Objective: Educating third-year medical students in a systematic approach to preventing medication errors. Methods: We taught concepts in safe prescribing practices, medication error prevention, and error response. Job-aids summarized essential concepts. Students practiced writing prescriptions in class. Students were evaluated based on 10 required elements on two prescriptions during their summative year 3 OSCE. Results: We tested 146 students. Common student errors: missing elements (16%), illegibility (9%), or wrong information (12%). Frequent correct items: refills (92%), drug name (85%), and drug strength (86%).



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Frequent erroneous elements: directions (59%) and purpose (29%). Frequent missing elements: dispensing amount (41%) and provision of patient-specific information (35%). The most frequent illegible element was the signature (59%). Conclusions: Students need more practice and feedback. We are implementing required prescription writing practice across clerkships.

Session K: Women's Health

Moderator: *Betsy Jones, EdD*

CK1: Women's Abortion Experiences in Family Medicine: A Multi-site, Cross-sectional Survey

Justine Wu, MD, MPH, Emily Godfrey, MD, MPH, Honor McNaughton, MD, Linda Prine, MD, Kathryn Anderson-Clark, PhD, Manji Gold, MD

Objective: To describe women's satisfaction with abortion services in the family medicine setting. Methods: We conducted a cross-sectional written survey of 210 women undergoing elective medication or aspiration abortion at four urban family medicine residency sites. Results: The majority of women (93%) reported being very satisfied (4-point Likert Scale with 4=very satisfied) with their overall experience, regardless of abortion type or study site. The satisfaction scores for specific components of care (staff, doctor, abortion counseling, contraceptive counseling) were also high (mean scores \pm SD, 3.9 ± 0.3 , 4.0 ± 0.2 , 3.9 ± 0.4 , 3.9 ± 0.4 , respectively). Conclusions: Women were very satisfied with their abortion experiences, highlighting the need for continued integration of abortion services in family medicine and family medicine residency programs. [STFM Foundation Group Project Fund Recipient.]

CK2: How Often Do Physicians Address Other Medical Problems During Preventive Women's Health Care?

Donna Cohen, MD, MSc, Andrew Coco, MD, MS

Objective: Family physicians and obstetrician-gynecologists serve as primary care physicians to women. It is unknown if they differ in issues addressed during preventive visits. Methods: We analyzed National Ambulatory Medical Care Survey to characterize and compare number and type of concurrent diagnoses addressed by family physicians and obstetrician-gynecologists during preventive women's health visits. Results: A total of 5,599 visits were included. Compared to obstetrician-gynecologists, family physicians

were 3.44 times more likely to include a concurrent diagnosis (OR 3.44; 95% CI 2.80-4.21) and significantly more likely to provide a concurrent diagnosis in nine ICD-9-CM diagnostic categories (< 0.001 for each). Conclusions: Family physicians are significantly more likely to include a concurrent diagnosis during preventive women's health visits, demonstrating their vital role in providing comprehensive health care to women.

CK3: The Impact of Clinical Prompts on Prenatal Care

Maggie Riley, MD, Susan Bettcher, MD, Lee Green, MD

Objective: We assessed the effect of prenatal care reminders on adherence to standards of prenatal care. Methods: Chart reviews were done on prenatal patients at baseline, during an intervention period when clinical reminders were activated, and after the reminders were inactivated. Results: A total of 9.5% of patients received all recommended care at baseline compared to 55.7% in the intervention period ($P < .001$), decreasing to 17.1% post-intervention ($P < .001$). The most commonly missed services were offering first trimester and genetic screening, HIV screening, considering the need for repeat GC/Chl screening, and influenza vaccination. These standards were most improved by the prenatal reminders. Conclusions: This study supports the use of prenatal care reminders as an effective way to help family medicine physicians provide comprehensive prenatal care.

CK4: Barriers to Colorectal Cancer Screening Among Publicly Insured Women in New York City

Allen Dietrich, MD

Objectives: To assess barriers to colorectal cancer screening among urban Medicaid-insured women and how they changed between 2001 and 2007-2008. Methods: Eligible women were selected using health plan administrative data. Barriers were assessed by telephone. Results: Thirty percent of overdue women had never heard of colonoscopy or sigmoidoscopy; 57% had never heard of home Fecal Occult Blood testing (hFOBT). Twenty-two percent reported no clinician recommendation for endoscopy, and 44% reported the same for hFOBT. Lack of knowledge and the absence of a clinician's recommendation increased significantly as barriers to hFOBT between 2001 and 2007-2008.

Conclusions: Lack of both information and a clinician's recommendation persist as important barriers. An increase in clinician recommendations paired with support from lay health workers could lead to greater screening compliance.

Special Session

SS4: Katrina and Her Impact On the People of New Orleans: A Local Panel Perspective

Pat Lenahan, LCSW, MFT, BCETS, Richard Streiffer, MD, Alvin Reed, Priscilla Noland

Although Hurricane Katrina struck New Orleans on 8/28/05, the effects of this deadly storm continue to be felt in the city today. The images of post-Katrina New Orleans are etched in the minds of most Americans who watched as the disaster unfolded. This devastating hurricane resulted in untold deaths, social upheaval and family displacements, destruction of property, economic losses and significant damage to the healthcare infrastructure. The immediate health concerns were compounded by lack of food, potable water and proper sanitation. This panel, consisting of individuals who experienced the storm and its aftermath first-hand, will include a discussion of the health care needs amid the destruction, disaster mental health concerns, and perspectives of a survivor, an unsung hero of the disaster.

Research Posters

RP21: Preventive Care Quality Improvements in the CMS MCMP Demonstration Project

William Jih, MD

Introduction: This study implemented an asynchronous care process to improve preventive care for mammography, colorectal cancer screening, and influenza and pneumonia vaccinations in a population of Medicare patients in the MCMP Demonstration project. **Methods:** We called all Medicare patients who had no indication of fulfilling these four preventive care measures and mailed lab/mammogram orders or scheduled a clinic or nurse visit for vaccinations or further discussion of the recommendation. Only patients who designated our providers as primary care physicians were included. **Results:** We significantly increased colorectal cancer screening and vaccination rates; however, mammography rates did not improve. **Conclusions:** Asynchronous care is effective to improve several preventive care quality indicators. Further study should examine why mammography rates showed no improvement.

RP22: Health Needs Assessment of Day Laborers in an Urban Los Angeles Community

Gilberto Granados, MD, MPH, Jyoti Puvvula, MD, MPH, Karen Olmos, MD, MPH, Yeymi Deleon, MD, Christian Takayama, MD, Cesar Barba, MD, Michael Core, MD

Objective: Nationwide there are 120,000 day laborers. Our objective was to study their health status, utilization of health care services, and about this predominantly immigrant group's attitudes toward health care services, which is important with the recent passage of health care reform. **Methods:** In-person interview survey of day laborers in an urban Los Angeles community. **Results:** A total of 88 interviews were completed (response rate 63%); 84% were uninsured. A third had not visited a doctor in >5 years. A total of 47% of respondents rated their health as fair or poor. Work rather than obtaining health care services was the primary reason for coming to this country. **Conclusions:** Health status of day laborers is poor; their utilization of health services is scant. Health care reform is an opportunity to provide health insurance coverage for this marginalized population.

P23: Development of an Effective Strategy for Family Medicine Resident Physicians to Use Pharmacy Services

Jody Lounsbury, PharmD, Jean Moon, PharmD, Shailendra Prasad, MD, MPH

Objective: We present a project designed to develop effective strategies for resident physicians to use pharmacy services. **Methods:** The primary measure of success was the number of physicians effectively using the services. Common themes from informal surveys of pharmacists and focus groups of resident physicians were used to create engagement strategies, including pharmacists working with each resident on a half day of clinic and an announcement board with visual reminders of pharmacy services. **Results:** After the engagement strategies, encounters with resident physicians went from 51% to 57% and encounters with faculty went from 23% to 19%. **Conclusions:** Pharmacists saw fewer, but more complex, patients and responded to more drug information questions. Pharmacists serve as a resource to enhance education and provide care to complex patients.

RP24: Electronic Medical Record Prompts for Lab Orders in Patients Initiating Statins

Dana Carroll, PharmD, BPharm, Chelley Alexander, MD, James Leeper, PhD, Elizabeth Radford, PharmD, Douglas Carroll, PharmD

Objective: To assess the impact of nonintrusive-intrusive prompts from an electronic medical record (EMR) on recommended laboratory monitoring in patients initiated on statins. **Methods:** Hybrid nonintrusive-intrusive prompts for



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laboratory monitoring for statin initiation were implemented in the EMR. A retrospective chart review was conducted to compare 6 months prior to and 6 months after initiation of prompts. A total of 173 patients met inclusion criteria. Results: There were no significant differences in assessment of baseline monitoring. There were significant differences in follow-up liver transaminase levels (18% versus 33%, $P=.035$). Conclusions: A hybrid noninvasive-intrusive specific prompts improved follow-up lab assessments for liver transaminases but did not improve baseline assessments of CK or liver transaminases in patients initiated on statins.

RP25: Does Rural Background Predict Entry to Family Medicine and Rural Practice?

Helen Baker, PhD, MBA, Gretchen Lovett, PhD

Does hometown predict rural and family practice? For the West Virginia School of Osteopathic Medicine graduating classes of 1991 through 2005, zip code at admission was classified by RUCA code. Separate analyses were conducted regarding the proportion entering (1) rural practice and (2) family medicine, with individuals with missing data removed from each analysis. Of 755 WVSOM students during this period with rural hometowns, 295 (39.1%) were in rural practice, while for the 165 students with urban hometowns, 21 (12.7%) were in rural practice ($P<.001$). Data on practice specialties were available for 937 graduates. Of the 768 graduates in this analysis from rural home towns, 411 (53.5%) entered family medicine, while of the 169 graduates from urban home towns, 60 (35%) entered family medicine ($P<.001$).

RP26: [Canceled]

RP28: Serum Creatinine in the Athlete

Christine Higgins, MD, Deborah Aguilar, MD, Veronica Betancur, MD, Rebecca Campos, MD, Sarah Bohn, MD, Tyson Purdy, MD, Sabrina Solomon, MD, Nicholas Hanson, MD, Tamara Armstrong, PsyD

Serum creatinine concentration is a common measure of renal function. Creatinine is generated from muscle metabolism and cleared by the kidneys. We hypothesize creatinine levels in athletes will be elevated compared to the general population. This cross-sectional study evaluates creatinine levels from approximately 570 participants on a non-training day prior to training season. Preliminary results support the hypothesis that college athletes have a high

normal to slightly high creatinine level compared to the general population; however, statistical analysis is pending. This study involves establishing normal ranges for creatinine in college athletes. Further, we aim to investigate thresholds for further evaluation of abnormal creatinine levels, which may warrant secondary investigation and proper allocation of health care funding.

RP29: Influence of Physician Acknowledgement on Patient Perceptions of Overweight and Obesity in the United States

Robert Post, MD, MS, Arch Mainous, PhD, Seth Gregorie, Michele Knoll, MA, Vanessa Diaz, MD, MS, Sonia Saxena, MD

Objective: To evaluate whether physician acknowledgement of the overweight patient's weight status is associated with perceptions of their own weight. Methods: Analysis of overweight adults from the 2005-2008 NHANES. Logistic regressions were performed to evaluate the main outcomes. Results: If they were ever told by their doctor that they were overweight, participants were more likely to perceive themselves as overweight (OR 8.26, 95% CI 6.60-10.34), desire to lose weight (OR 7.58, 95% CI 5.83-9.84), and attempt to lose weight (OR 2.51, 95% CI 2.15-2.94). Conclusions: Among patients who are overweight or obese, patient reports of being told by a doctor that they were overweight were associated with more realistic perceptions of their own weight, desires to lose weight, and recent attempts to lose weight.

Scholastic Posters

SP50: [Canceled]

SP51: A New Research Curriculum for Family Medicine Residents

Adrienne Williams, PhD, Shana Ntiri, MD, MPH

ACGME requires a research component in residency education. However, many family medicine residencies struggle with development and implementation of a research curriculum. University of Maryland's Department of Family and Community Medicine recently developed a new full research curriculum that is easily adaptable to both academic and community-based residencies, regardless of size. This presentation will provide full details of this new curriculum and the resources needed to implement this training into other residencies.

SP52: A Novel Refugee Curriculum for Family Medicine Residents

Bernadette Kiraly, MD, Peter Weir, MD, Sonja VanHala, MD

Refugees are a growing part of the underserved population in the U.S. Although discussed as a single entity, refugees are a diverse and changing group based frequently on global conflict. Primary care physicians should possess the knowledge, skills and attitudes necessary to care for refugees in the context of the patient-centered medical home. We have created a model refugee health residency curriculum with a focus on delivering culturally competent care that encompasses didactic education, direct patient-care clinical education and an elective longitudinal educational experience at a refugee specific clinic.

SP53: All Things Ambulatory

Joanne Williams, MD, MPH

Exposing medical students to the world of primary care and ambulatory medicine in a creative and inviting manner is a challenge faced by all medical schools. Our school had the typical 4 week family medicine clerkship for fourteen years. During the past three years, the entire curriculum was revised. A clerkship was developed which incorporated various and multiple aspects of the world of outpatient medicine. The curricular changes deprived several surgical subspecialties of their opportunity to have electives in which students could be exposed to their specialties; namely the departments of ear, nose, and throat, ophthalmology, orthopedics and urology. Palliative care and dermatology were also incorporated into this block, since they are primarily concerned with patient care provided outside of the inpatient hospital setting.

SP54: Bridge House: The Innovation of a Student-run Clinic

Azikiwe Lombard, MD

Student Run Clinics offer an exciting opportunity to teach the value of family medicine. The purpose of this poster is to explore the innovation of a student run clinic and the value of being a preceptor. Bridge House, a completely student governed and student sustained clinic, began over 10 years ago as a family medicine clerkship student project, where students apply evidence to patient-oriented issues to develop a product. Students, with faculty support and participation, work at a non-profit drug abuse treatment center, where they perform admission physicals and address acute and

chronic medical issues the residents have. Preceptors serve to observe and teach the students valuable clinical skills that are well received and carried throughout their medical career.

SP55: Development of a Patient Screening and Monitoring Algorithm for Depot Medroxyprogesterone (DMPA)

Christopher Woodis, PharmD, Brian Halstater, MD, Gloria Trujillo, MD, Cheryl Horn, RN

Millions of women use hormonal contraception for prevention of pregnancy, including the depot medroxyprogesterone (DMPA) injection. Even though adherence may be improved with the DMPA injection, the effect on bone loss raises concern. Since DMPA injections are a contraceptive routinely encountered by family medicine clinicians, it is important to appropriately screen patients for diseases, conditions, and medications that may also contribute to bone loss prior to DMPA initiation. Patients should be educated on incorporating appropriate amounts of calcium and vitamin D into their diets. In addition, it is recommended that after two years of DMPA use, other means of contraception are considered secondary to possible bone loss. If no other contraception options are acceptable after two years, bone mineral density should be considered.

SP56: The Role of the Interdisciplinary Team in a Novel Primary Care Leadership Track

Nancy Weigle, MD, Joyce Copeland, MD, Barbara Sheline, MD

The Primary Care Leadership Track (PCLT) is a unique 4-year track to train primary care leaders who can enter residency prepared to engage with communities and practices to help improve health outcomes. This track builds on a longstanding partnership between the university and local community to understand the causes of health disparities, create a strong research focus on community engagement, and learn how to redesign clinical programs to better serve patient needs at the individual and population level. Student clinical experiences will follow a nine month, longitudinal, integrated model. The core of the clinical experience will imbed students in interdisciplinary teams as they follow cohorts of patients through the health care system.



SATURDAY, APRIL 30

Concurrent Educational Sessions

3:45-5:15 pm (cont.)

SP57: This Will Only Hurt a Little: Developing a Resident Stress Assessment Program

Daniel Harkness, PhD, Chris Champion, DO

The resident 80-hour duty week regulation created potential problems for programs, educators and residents. In 2003, our community-based program created a resident stress assessment program sensitive to concerns of confidentiality, cost, accessibility to providers, communication gaps with support service providers and lack of follow-up. The program utilizes 30 minute interviews with each first- and third-year resident. Residents also complete the Maslach Burnout Inventory and SF-36 health questionnaire. Results of interview data indicate the use of spirituality, social support and exercise in managing stress. Quantitative results highlight moderate levels of emotional fatigue and exhaustion. Residents reported appreciation of the program and utilized referrals for follow-up.

SP58: Residency Faculty Teaching Community-based Global Health Care Onsite: A Innovative Opportunity for Learning and Service

Jennifer Hooch, MD, Teresa Wallace, MD

Given our global community, training for students/residents in international health care is gaining increased importance with high levels of interest and the huge need for primary care. To better serve our diverse communities here at home as well as underserved worldwide, health care students need structured educational programs. International rotations are a key component of this training, and the one most commonly undertaken, but the quality of experiences is highly variable and often lacks the critical components of ongoing care and community involvement with an educational focus. We will present a model of ongoing community-based care with which allows learners to travel with faculty from the U.S. to work in a model setting of collaborative care based on long-term commitment to address community health needs.

SP59: Caring for Vulnerable Populations: A Longitudinal Curriculum With an Immersion Experience

James Tysinger, PhD, Kaparaboyna Kumar, MD, Lena Vasquez, MD, Cordelia Moscrip, MD

Although medical students often care for patients from high-risk populations, they rarely have a longitudinal curriculum with a required clinical immersion experience that equips them to care for vulnerable patients. Our HRSA-funded Predoctoral Training in Primary Care Grant provides medical students with direct instruction in caring for patients from at-risk groups (eg, the elderly, homeless, victims of domestic violence, people who abuse substances, and people who are HIV positive or have AIDS) in their preclinical years and in their family medicine clerkship. Students also receive a mandatory clinical immersion experience caring for patients from at least one vulnerable group during their family medicine clerkship. This poster will describe our longitudinal "Caring for Vulnerable Populations" curriculum and note outcomes it is producing in our students.

SP60: The Canadian Triple C Competency Based Curriculum—Advancing a National Process Toward Curriculum Renewal

Ivy Oandasan, MD, CCFP, MHSc, FCFP

In 2006, a curriculum review process was launched by the College of Family Physicians of Canada (CFPC) to make recommendations on its 2-year Family Medicine Residency Program. Based upon the work of multiple committees, dialogs with several stakeholders, and an extensive literature review and environmental scan, the CFPC revised its residency program, expecting all 20 of its university based programs to adopt a Triple C Competency Based Curriculum – a curriculum that is competency based, comprehensive, focused on continuity and centred in family medicine. The goal of the poster is to highlight the three building blocks of the Triple C Curriculum. Through the poster presentation, participants will understand concepts that underpin the discipline of family medicine and learn about concrete competencies that define the scope of family medicine; they will learn how to embed a family medicine assessment blueprint into a CanMEDS-FM competency framework and; they will gain change strategies based upon the learnings from the CFPC in its roll-out of the curriculum process.

BFEF 2010 Fellows Posters

SP61: Use of The Johari Window Model to Enhance Resident Listening Skills

John Talley, MSW, LCSW

The Johari Window is an innovative teaching tool for self-awareness, personal development, and understanding relationships. The tool uses a process of self-disclosure and feedback to reveal unconscious processes that are part of interpersonal relationships and everyday communication. Residents can become more competent listeners by making them aware of possible patient perceptions that are hidden from the view of the physician. This study will examine the usefulness of a two-part workshop using the Johari Window for resident listener training. Resident awareness of listening preferences will be measured using the Listening Preference Profile (Barker, Watson). Four listening preferences are targeted: people-oriented listening, action-oriented listening, content-oriented listening, and time-oriented listening. The resident's perception and feedback of the effects of the training will be collected at both workshops.

SP62: Adolescent-Family Interviewing Skills: Assessing Residents Learning Needs in Family Medicine and Pediatric Residency Programs

Tanya White-Davis, PsyD

In 2001, the American Board of Family Practice (ABFP) first offered a certificate for qualification in Adolescent Medicine highlighting the growing needs to improve attention to adolescent health. The physician who provides care to the adolescent by including the family system is nurturing the overall health of the patient, and improving the quality of care provided. To provide quality family-oriented adolescent care, it is necessary to explore physician's knowledge, skills, and attitudes about incorporating families during adolescent visits. Conducting a needs assessment to create an ideal curriculum initiative, is the first step in addressing the needs of the learner. This poster session will present data obtained from a needs assessment for a learner-centered curriculum that could be taught through the use of experiential methods.

SP63: The Patient's Perspective of Resident Communication Skills: Benchmark Data for the Communication Assessment Tool

Linda Myerholtz, PhD

The Communication Assessment Tool (CAT), developed by Makoul et al assesses patient perceptions of physicians' interpersonal and communication skills. The objective of this study is to expand on initial benchmarking data for the use of the CAT in family medicine residency programs. CAT data from multiple family medicine residency programs will be summarized. We will examine differences in patient perceptions of resident communication skills based on resident training year, gender, and native language. We will also discuss implications and strategies for using the CAT as both an evaluative and a learning tool to improve resident communication skills.

SP64: Do Ecomaps Improve Primary Care Residency Training?

Jill Schneiderhan, MD, Amy Romain, LMSW, ACSW

The authors of this study wanted to look at the ecomapping tool as a way to teach primary care residents the skill of obtaining a complete psychosocial history, which informs assessment, diagnosis and intervention. This study uses a survey that measures residents' sense of value regarding the importance of obtaining a psychosocial history, their level of confidence in their ability to obtain this history and whether the ecomapping tool was a useful one to gather this data. The survey was administered twice, at the beginning and end of the academic year. During the year the authors rounded with the inpatient medicine service and used the ecomap with the residents to obtain a psychosocial history and then plan targeted interventions based on that history.

SP65: Developing a Disaster Behavioral Medicine Curriculum

Samantha Blanchard, MSW, Bryant Martin, MD

The military family residency program at Nellis AFB does not have a behavioral medicine component to disaster medicine. This is not only a priority in the military community but in the civilian community because of the level of threat of terrorism, natural disaster, and large scale manmade accidents. This proposal will survey the behavioral medicine needs of post deployers to combat as well as humanitarian missions. This survey will be utilized to develop a curriculum in behavioral disaster medicine.



SATURDAY, APRIL 30

Concurrent Educational Sessions

3:45-5:15 pm (cont.)

SP66: [Canceled]

SP67: Communication Teaching Strategies in the Physician-Patient Encounter: What Physicians Say and What Patients Understand

Christopher Ebberwein, PhD

Low health literacy contributes to low patient understanding and dissatisfaction with the physician-patient encounter (Weiss, 2007). Communication during the medical encounter tends to be less effective between physicians and minority patients. This discrepancy has received insufficient attention as a contributor to health disparities (Johnson, 2004). Our aim is to assess physician-patient communication during a clinical encounter. The research will identify communication strategies used by physicians to increase patient understanding and whether physicians use different strategies when working with minority patients. Through patient interviews, researchers will investigate the impact those strategies have on patients' ability to explain information about their conditions and to describe instructions for care. Patients' view of their relationship with the physician will be surveyed using a self-report tool.

SP68: Behavioral Science Across North America: A Survey

Todd Hill, PhD

Behavioral Science is an integral component of family medicine residency training. At its foundation, Behavioral Science helps residents recognize the centrality of 'the person' and relationships in providing health care. Despite clear mandates from international governing agencies, Behavioral Science curriculum continues to vary widely in what is taught, how it is taught and how it is supported. For the present study, a survey of the current residency programs in family medicine across North America is proposed to collect information about current Behavioral Science curriculum, teaching methods, infrastructure and support.

SP69: Mental Health Integration Within the Family Medicine Residency: Perspectives of Behavioral Science Faculty and Program Directors

Kara McDaniel, PhD

Within the field of medicine and behavioral science, there has been an abundance of research devoted to mental health integration within primary care settings. However, no research to date has assessed the level of integration readiness as well as the anticipated challenges to Mental

Health Integration within FMRs. Using a modified version of the Delphi method, the present study seeks to bridge this existing gap. The purpose of the study is to answer the following questions: 1. What is the readiness level of Mental Health Integration within FMRs? 2. From the perspectives of BS Faculty and Program Directors, what are perceived barriers and challenges to Mental Health Integration within their respective Family Medicine Residency Program? Finally, limitations and directions for future research are discussed.

SP70: An Orientation Curriculum That Enhances Doctor-Patient Relationships, Effective Communication, and Culturally Responsive Healthcare

Mary Wassink, EdD

While our orientation month introduces residents to traditional inpatient, outpatient, and community-based services, it lacks opportunities to teach residents about relationship-centered care. Consequently, our goal has been to introduce the experience and skills of effective communication on many levels as a foundation for resident orientation. We focused on building cohesive resident teams, enhancing doctor/patient communication skills, and providing opportunities for self awareness, multicultural awareness, and empathy. Our method was to combine experiential, teambuilding, and didactic activities that addressed cultural competencies, doctor/patient relationships, and health care team communication. In this pilot project, residents completed a survey evaluating 30 hours of interactive activities during the orientation month and they participated in feedback interviews.

SP71: Community Service as a Teaching Strategy: Implications for Using Extracurricular Learning to Enhance Clinical Interventions

Jennifer Ayres, PhD

This poster will present the Blackstock Community Project (BCP), a joint venture between the UT Southwestern Austin Family Medicine Residency Program and the Down Syndrome Association of Central Texas (DSACT). BCP was designed as an opportunity for residents and faculty to gain exposure to children with special needs in a nonmedical setting and later to apply understanding gained from this exposure to their interactions with patients in the clinical setting. The goals and objectives of BCP will be discussed, as will results from an anonymous survey completed by residents that assesses the efficacy of the intervention to address the training goals and objectives. Practical considerations of organizing this venture and implications for training will also be addressed in this poster.

SUNDAY, MAY 1
Schedule at a Glance

7-7:30 am Evergreen	Nondenominational Devotional Gathering	10-11:30 am (cont.) Grand Ballroom C	Closing General Session: "The Future is Here: Celebrating Rising Leaders in Family Medicine"
7:30-8 am Grand Ballroom Foyer	Coffee Service	<i>Discussant: Denise V. Rodgers, MD, University of Medicine and Dentistry of New Jersey, Newark, NJ</i>	
9:45-10am Grand Ballroom Foyer	Refreshment Break	<i>Panelists: Amy McIntyre, MD, (Family Medicine Resident) 2007 Pisacano Scholar, Boise, Idaho; Rohan Radhakrishna, (Medical Student) 2010 Pisacano Scholar, University of California San Francisco/Berkeley Joint Medical Program; Erika Bliss, MD (Community Physician) 1999 Pisacano Scholar, Seattle, Washington</i>	
10-11:30 am Grand Ballroom C	Incoming President's Address: Jeri Hepworth, PhD	11:30 am	Conference Adjourns
	Community Service Project Presentation		

8:15-9:45 am

Seminars

- S23:** Faculty M and M: Learning From Our Mistakes – **Bayside A**
- S58:** How to Integrate Narrative Medicine and Evidence-based Medicine in Clinical Practice – **Bayside C**
- S59:** Strategies and Tools to Teach Patient-centered Interactions: Blending Efficiency and Quality – **Grand Couteau**
- S60:** Uncertainty in Clinical Decision Making: Embracing the Challenges for Educators and Learners – **Maurepas**
- S61:** Match Made in Heaven: Promoting Family Medicine Leadership Through Partnership With Service Innovators – **Nottaway**
- S62:** [Canceled]
- S63:** Building Resident Self-management Skills During Family Medicine Training – **Oak Alley**

Lecture-Discussions

- L71A:** "Professional" Blogging: Experiences and Lessons From Academic Family Physicians
- L71B:** Help, I'm Caught in the Web: Information Management in 2011 – **Napoleon B1**
- L72A:** On the Road to Honduras: Teaching Family Medicine to Students Entering Medical School
- L72B:** The Delivery of Comprehensive Health Care to Underserved Haitian Populations Through Medical Student-Coordinated Field Clinics – **Napoleon B2**
- L73A:** Evaluating the Readiness of Interns to Become Senior Residents: The Power of the OSCE
- L73B:** Dual Accredited Family Medicine Residencies: An Opportunity for "Dual" Growth for Residents and Their Faculty - **Napoleon B3**

Works In-Progress

Session W: Diabetes Education & Care – Napoleon A1

- WW1:** Improving Residency Education/Care of Type II Diabetes Mellitus, Using an EHR Template and Traditional Didactics
- WW2:** Intermediate Outcomes of Diabetes Group Visit Program in the Jefferson Family Medicine Associates Practice
- WW3:** Families Actively Improving Their Health Works: A Family Diabetes Prevention Intervention in African American Churches
- WW4:** Preliminary Outcomes From the NIH-funded Church-based Diabetes Prevention and Translation-2 Study
- WW5:** Moving Chronic Care Patients From Urgent Care to Primary Care: A Clinical And Educational Innovation



SUNDAY, MAY 1

Schedule at a Glance

Session X: Students Skills & Collaboration - Napoleon A2

WX1: Training Medical Students on Research Processes and Family Medicine Practice

WX3: The Power of Pretend: Impact of SP Encounters on Participants

WX4: Impact of a Community Health Assessment Exercise on Medical Student Skill Development and Educational Experience

WX5: A Collaborative Wikispace to Teach Effective Sociocultural Inquiry to Third-year Students

Session Y: Women's Health - Napoleon A3

WY1: IMPLICIT II: Current Interconception Care Practices Among Family Physicians at Well Child Visits

WY2: Global Women's Health: Charting a Research Agenda in Jazan, Saudi Arabia

WY3: Challenges to Recruiting Teen Mothers in a Community-based Approach to Teen Pregnancy Prevention

WY4: Should We Assess Pregnant Women for Violence Exposure in a Family Medicine Clinical Setting?

WJ5: Practice Management in Rural Rotations: Integrating the Patient-centered Medical Home

Completed Projects and Research

Session L: Chronic Disease – Gallier A/B

Moderator: Navkiran Shokar, MA, MD, MPH

CL1: The Health Mentors Program: Early Outcomes of a Longitudinal, Patient-centered Interdisciplinary Team-based Curriculum

CL2: Quality of Life and Social Adjustment for Aphasic Stroke Survivors

CL3: Colorectal Cancer Screening Is Associated With Glycemic Control in Diabetics

CL4: Evaluation of Medical Students' Biostatistical Confidence and Knowledge



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SUNDAY, MAY 1

Concurrent Educational Sessions

8:15-9:45 am

Seminars

S23: Faculty M and M: Learning From Our Mistakes

Sandra Sauereisen, MD, MPH, Stephen Wilson, MD, MPH, Jennifer Middleton, MD, MPH

This seminar proposes that disclosure of “flops,” mishaps or unanticipated ramifications related to teaching and learning activities by faculty can be a novel faculty development experience. Participants have great fun and engage in collegial camaraderie as they openly share experiences and model humility. Seminar leaders will be prepared to present several personal examples of teaching or administrative bungles. Faculty M and M will also examine teaching methodologies and offer opportunities for improvement and growth among faculty. New and experienced faculty will benefit from reviewing basic principles of teaching in this enjoyable and sharing format. Faculty M and M will also help clinical teachers model/practice transparency and open disclosure, two important facets to performance improvement in any industry.

S58: How to Integrate Narrative Medicine and Evidence-based Medicine in Clinical Practice

James Meza, MD, Daniel Passerman, DO

Both Narrative Medicine and Evidence-based Medicine (EBM) have a strong literature base that supports their use in clinical care. Rarely are the two conceptualized as co-constitutive processes that unfold simultaneously in practice. This workshop uses hands-on methods to demonstrate how this is accomplished. The participants will be introduced to the fundamental elements of narrative and EBM while working through a clinical scenario. The workshop outlines a six step process to accomplish this goal. The workshop relies heavily on internet resources, so participants are encouraged to bring a laptop with internet access. The presenters will share their experience and lessons learned over the five years that this process has been part of residency curriculum.

S59: Strategies and Tools to Teach Patient-centered Interactions: Blending Efficiency and Quality

Larry Mauksch, MEd

Success in health care is founded on effective and efficient communication with patients. Most medical trainees do not receive adequate communication training because of limited faculty time for direct observation and limited training to teach communication skills. Participants will learn to

use tested educational strategies and tools that promote practice, reflection, and growth without demanding a lot of faculty time. Strategies and tools include a skill model that blends quality and efficient communication derived from a literature review, a practical video teaching strategy, the use of the Patient Centered Observation Form (PCOF) with free online training and curricular development strategies.

S60: Uncertainty in Clinical Decision Making: Embracing the Challenges for Educators and Learners

Ellen Tattelman, MD, Margaret Rosenberg, MD, Marji Gold, MD

Uncertainty is inherent in making many medical decisions; residents and students need to develop personal approaches to dealing with this uncertainty in clinical practice. In family medicine, we see patients with complex manifestations of health and illness, without clear diagnoses or treatment strategies. Making decisions with these patients can be frightening and/or stimulating for physicians as they embrace clinical work. The ability to share uncertainty with patients changes the dynamic of physicians' dominance in decision-making and leads to more mutual relationships and professional satisfaction. This interactive seminar will focus on self-assessment of comfort with uncertainty and its development. The group will address the question of how to increase learners' comfort with uncertainty in the context of medical practice.

S61: Match Made in Heaven: Promoting Family Medicine Leadership Through Partnership With Service Innovators

Frederica Overstreet, MD, MPH, Lisa Hilton, MA, Caitlin Rippey, Ian Maki, MPH, Rachel Lazzar, MSW, Sharon Dobie, MD, MCP

The Community Health Advancement Program (CHAP) at the University of Washington School of Medicine has earned a reputation throughout the medical school as an exemplary opportunity for students to build character as they work with others in their school and community to create service projects based on unmet need as defined by communities and the organizations serving them. This year, CHAP celebrates its 30 year anniversary of preparing future family physicians to care for the underserved—its underlying mission. Our partners provide connection, stability and housing to communities with unmet needs. We will describe a long-standing partner's organization and a model of experiential learning while illustrating how service-learning opportunities enhance both missions. Participants will leave with a template for planning service projects.



SUNDAY, MAY 1

Concurrent Educational Sessions

8:15-9:45 am (cont.)

S62: [Canceled]

S63: Building Resident Self-management Skills During Family Medicine Training

Debra Gould, MD, MPH, Kirk Strosahl, PhD, Patricia Robinson, PhD

Burnout is a prominent topic in today's discourse on medical training. Its onset is insidious and its consequences staggering. With increasing symptoms of burnout, physicians demonstrate increased isolation and use of alcohol, tobacco, and psychotropics. Physicians experiencing burnout are also more likely to consider leaving the field. Family members also experience significant distress. Based on Acceptance and Commitment Therapy, we developed a series of workshops to teach "Self-management Skills" to residents and enhance their resilience to burnout. We take a developmental approach to teaching residents to use self-assessment strategies, acceptance and mindfulness interventions, and behavioral action planning based on personal and professional values. Our goal is to enhance a resident's resiliency and help them maintain a balance between work and family life.

Lecture-Discussions

L71A: "Professional" Blogging: Experiences and Lessons From Academic Family Physicians

Allen Perkins, MD, MPH, Joshua Freeman, MD

The World Wide Web allowed everybody to access information at the point of care. "New" electronic forms of communication, including blogs, Facebook, Twitter, etc, are becoming increasingly important in the current environment, with most students being exposed to Web 2.0 technology. Blogs are a particular form of electronic communication. With 126 million of them in 2009, they can carry a great deal of information (or misinformation) and require some effort on the part of the reader. This Lecture-Discussion will focus on two blogs. The bloggers in this presentation focus their postings on family medicine education (Training Family Doctors) and issues of social justice (Medicine and Social Justice). They will focus on advantages to and disadvantages and offer a demonstration and discussion.

L71B: Help, I'm Caught in the Web: Information Management in 2011

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

In this age of information technology, physicians are confronted daily with the dilemma of how to deal with an excess of medical and personal information. To do this efficiently and effectively it is important to be aware of new technologies and their application. Our presentation will focus on cloud computing technologies to assist family medicine educators in organizing this flow of information in an efficient way.

L72A: On the Road to Honduras: Teaching Family Medicine to Students Entering Medical School

John Bachman, MD

The Department of Family Medicine has provided two experiences a year to medical students in Honduras. This past year, one third of our entering class went prior to the start of classes. It allows the students to experience family medicine in a developing country, work together as a interdisciplinary team, and learn the basics of primary care. In this presentation you will see how the trip is prepared, get on a virtual bus and go to a village, and see how we operate. You will see the methods used to teach and how we do evaluations. You will see how to turn on the students to family medicine in this setting.

L72B: The Delivery of Comprehensive Healthcare to Underserved Haitian Populations Through Medical Student-Coordinated Field Clinics

Coleman Pratt, MD, Alison Smith, Christopher Rodgman, MD

The role of medical students in organizing field clinics with supervision from family medicine physicians and residents influences the delivery of health care to impoverished communities. It provides access to populations lacking in basic health infrastructure. Medical students also gain unique opportunities to treat a wide range of patients and practice clinical skills. Tulane medical students are intimately involved in the delivery of medical care to a community in the Central Plateau of Haiti and to refugee populations in the Dominican Republic. In six total efforts to date, 5,000 patients have received medical treatment. Students, under close supervision with family medicine physicians, run clinics for these isolated populations. A focus on sustainability is provided by working with local physicians to arrange year-round patient care and follow-up.

L73A: Evaluating the Readiness of Interns to Become Senior Residents: The Power of the OSCE

William Miser, MD, MA, Parita Patel, MD, MA

Before family medicine residents enter their second year of training, it is essential for faculty to determine their readiness to take on the additional clinical, teaching, and supervisory roles. This interactive session will identify those key skills necessary for senior residents and identify ways in which preparedness can be assessed. We will present several clinical scenarios we used in an OSCE format that allowed us to identify deficiencies that could be corrected before graduation to the 2nd-year of training. Challenges and benefits will be addressed. Participants will modify these scenarios that will allow them to use them at their own training program.

L73B: Dual Accredited Family Medicine Residencies: An Opportunity for "Dual" Growth for Residents and Their Faculty

Julianne Falleroni, DO, Andrew Slattengren, DO, Helen Luce, DO

Dual accredited post-graduate programs have been attractive options for osteopathic graduates and residency programs. Many dual programs have limited DO faculty which creates a scenario where most "supervision" of DO residents is done by allopathic faculty. This can cause uneasiness when faculty evaluate a resident performing OMT, and can prevent full integration of osteopathic modalities into the residents' patient encounters. This creates opportunities to advance the strengths of dual programs. This session will introduce a basic review of osteopathic medicine, and elaborate on survey results from osteopathic residents and allopathic faculty regarding OMT. Finally a simple, four step process for allopathic faculty to use when staffing OMT will be introduced. Faculty can feel more confident as they supervise resident procedures they themselves do not perform.

Works In-Progress

Session W: Diabetes Education & Care

WW1: Improving Residency Education/Care of Type II Diabetes Mellitus, Using an EHR Template and Traditional Didactics

John Malaty, MD

Residency programs face the challenge of teaching standard of care to training physicians. Their practices include complex patients with multiple chronic medical conditions. In addition, practice guidelines are constantly evolving with an increasing body of evidence-based literature. Thus, it is

not surprising that residency programs have been found to do a poor job delivering standard of care for chronic medical problems, such as Type II Diabetes Mellitus, despite current educational efforts. We will review a simple, but effective approach, which has been implemented at our program. In addition to traditional lecture, we are using EMR templates at the point-of-care, which not only help new physicians learn evidence-based guidelines, but assist them to implement, document, and track these standards of care, even when faced with time-limits.

WW2: Intermediate Outcomes of Diabetes Group Visit Program in the Jefferson Family Medicine Associates Practice

Jeffrey Reitz, PharmD, MPH, Mona Sarfaty, MD, James Diamond, PhD, Brooke Salzman, MD, Victor Diaz, MD, Nancy Brisbon, MD, Janis Bonat, NP, Kathleen Hilbert, MSN

This session will discuss the impact of a weekly diabetes group visit program offered by JFMA that integrates key aspects of the Chronic Care Model into clinical practice and includes an individual clinical visit, an interactive class, and a patient-centered action-planning exercise that an interdisciplinary team carries out. The program seeks to engage diabetics in adopting desired behaviors and assuming responsibility for the management of their disease. A preliminary evaluation used a matched comparison group design and compared achievement of target hemoglobin A1c, blood pressure, and low density lipoprotein concentrations between diabetics who attended group visits over several months and those who did not attend. There was consistent improvement from baseline in the percentages of patients who achieved the target outcomes across all measured outcomes.

WW3: Families Actively Improving Their Health Works: A Family Diabetes Prevention Intervention in African American Churches

Monique Davis-Smith, MD, John Boltri, MD, Joy Goens, MPH, Shabnam Nourparvar

FAITH Works is a pilot study based on integrated concepts from the NIH Diabetes Prevention Program Epstein's Stop Light Diet, and Coordinated Approach to Child Health designed to reduce risk of diabetes in overweight /obese African American adults and their children 6-11 years old, without a current diagnosis of Type 2DM in the parent or child. This 8-week intervention occurs in a church setting and addresses nutrition, exercise, policy issues, and behavior



SUNDAY, MAY 1

Concurrent Educational Sessions

8:15-9:45 am (cont.)

change with concurrent age appropriate curriculum for 6-8, 9-11 year olds and adults. Individual as well as family goals are set weekly. Weight, BMI, Hgb A1c, exercise, screen time, family environment, and involvement in policy making issues will be followed. Six-month data will be presented.

WW4: Preliminary Outcomes From the NIH-funded Church-based Diabetes Prevention and Translation-2 Study

John Boltri, MD, Monique Davis-Smith, MD, Joy Goens, MPH, Rebecca Satterfield, Paul Seale, MD, Judith Fifield, PhD

CBDPT-2 is a 5-year study based on the NIH Diabetes Prevention Program (DPP) that includes 42 African American churches randomized to intensive lifestyle intervention group (ILI) or control group (CG). It includes congregants with pre-diabetes (PDM) and BMI \geq 25. CG receives three sessions on healthy lifestyles and monthly newsletters. ILI receives an intensive six-session church DPP and monthly faith-based maintenance meetings. BMI, fasting glucose, and blood pressure are followed. Results from the first 14 churches indicate a high participation rate; 1,492 participants screened, 730 (49%) were high risk, 440 (60%) tested for fasting glucose, and 110 have both PDM and BMI \geq 25. Mean weight loss for ILI and CG after 6 months is 2.6 and .03 pounds respectively (P=.000). Twelve-month data will be presented.

WW5: Moving Chronic Care Patients From Urgent Care to Primary Care: A Clinical And Educational Innovation

Ronald Labuguen, MD, Margo Vener, MD, MPH

Many patients with chronic diseases which are more appropriately managed in primary care settings instead seek care in urgent care centers and emergency departments. We established the Primary Care Pathway program in our urgent care center to (1) provide interim care for unlinked patients with uncontrolled hypertension and/or diabetes and (2) facilitate their entry into primary care medical homes. The Primary Care Pathway program serves as a model for linking patients to primary care that can be adopted in other ambulatory acute care settings. It also provides medical students and residents unique and valuable hands-on opportunities for learning about systems-based practice, particularly quality improvement and health care delivery, through short-term quality improvement projects.

Session X: Students Skills & Collaboration

WX1: Training Medical Students on Research Processes and Family Medicine Practice

Sandra Burge, PhD, Jason Hill, MS, Bryan Bayles, PhD

Background: The purpose of this article is to outline a highly effective training model with a sufficient level of practice occurring within a six week timeframe for the training of medical students on family medicine practice and research within a predominantly community clinic setting. Methods: A sample of medical students completed a modular-training course nested within a family medicine preceptorship over six weeks. Course content consisted of sessions centering on research conduct encompassing: (1) development of research questions, (2) experimental design, (3) research ethics, (4) qualitative research, (5) statistics, (6) structuring research writing, (6) results presentation and (7) research poster design. Results: Training efficacy was evident as students completed research posters, conference presentations and won awards. The outcomes contributed to a large translational research initiative.

WX3: The Power of Pretend: Impact of SP Encounters on Participants

Gretchen Lovett, PhD

Objectives: Appreciate the humanistic experience of participants in Standardized Patient (SP) encounters and the potential, therein, for personal growth. Problem: We know that standardized medical encounters can feel very "real" to participants on each side: both the interviewer and the interviewee. There is little understanding of this phenomenon. Methods: Qualitative assessment of SP and student reactions to a Death and Dying Lab, in Year 2 of medical school. Additionally, a case-base short story yields rich insight into this dynamic interpersonal event. Implications: Subjective data using six SPs and more than 200 students shows that the standardized patient encounter in the Death and Dying Lab is both powerful and influential to all parties involved. A case-based short story reveals the potential implications of this very "real" work.

WX4: Impact of a Community Health Assessment Exercise on Medical Student Skill Development and Educational Experience

Jacob Prunuske, MD, MSPH, Patrick Remington, MD, MPH

We modified the curriculum of a required community medicine rotation to include a community health assessment exercise and requirement that students identify effective

evidence-based programs for addressing important health problems. We will present our curriculum, assessment rubric, and student performance results. We will also present data from pre- and post-student self assessments of (1) skill in performing a community health assessment, (2) skill in identifying evidence-based public health interventions, and (3) likelihood of participating in a community health assessment as a practicing physician. The integration of a community health assessment exercise and evidence-based population health intervention training into a required clinical rotation may help future doctors address the many health issues facing our nation at both a population and an individual level.

WX5: A Collaborative Wikispace to Teach Effective Sociocultural Inquiry to Third-year Students

Deborah Jones, MD, MPH, Michelle Hall, MA, Michael Devlin, MD

The challenge of teaching third-year students effective inquiry into the sociocultural context of patient illness is deepened when clinical training sites are geographically dispersed from the main medical school campus. In situations when face-to-face group discussions are not possible, the use of electronic social networks has demonstrated varying degrees of success in the literature. Our 5-week required primary care clerkship, employing 13 practices across the country, has successfully introduced a student exercise utilizing a wikispace in which students collaboratively reflect on the social context of patient experience of illness. Students reported an overall increased satisfaction with this mode of collaboration. A collaborative wiki-based exercise can successfully improve student understanding of the sociocultural aspects of patient care.

Session Y: Women's Health

WY1: IMPLICIT II: Current Interconception Care Practices Among Family Physician at Well Child Visits

Stephanie Rosener, MD, Wendy Barr, MD, MPH, MSCE, Stephen Ratcliffe, MD, MSPH, Joshua Barash, MD

Strategies for reducing prematurity and low birth weight typically focus on prenatal care despite a lack of demonstrated efficacy. Interconception Care (ICC) has emerged as a potential strategy, but little is known about its use. Objective: To evaluate current ICC practices by family physicians at well child visits and determine maternal receptivity. Methods: A cross-sectional survey was administered to mothers bringing infants for well-child visits. Frequency of addressing maternal depression, smoking, contraception, and folic acid use and maternal

receptivity were assessed. Results: Data collection is ongoing. Infrequent inclusion of ICC at well-child visits, but positive receptivity by mothers is expected. Discussion: Results will contribute to the development of a brief ICC model suitable for implementation in a wide variety of settings.

WY2: Global Women's Health: Charting a Research Agenda in Jazan, Saudi Arabia

Memoona Hasnain, MD, MHPE, PhD, Stacie Geller, PhD, Ibrahim Bani, MD, DTM&H, PhD, Hussein Ageely, MD, MACG

This presentation will describe the development of a program of women's health research in Jazan, Saudi Arabia. The first two investigators carried out an initial needs assessment which included a site visit and focus group discussions with key stakeholders, including university leaders, teaching faculty, medical students, health care providers, administrators and female patients. The initial site visit report was discussed with Jazan investigators. The key issues that were identified are grouped into four categories: clinical, behavioral, health systems, and social/cultural. Next steps of this work include a descriptive study of knowledge, attitudes, and behaviors related to key women's health issues. Findings will guide subsequent steps which include culturally-appropriate community education and awareness and intervention research that will contribute to the field of global women's health.

WY3: Challenges to Recruiting Teen Mothers in a Community-based Approach to Teen Pregnancy Prevention

Collette Ncube, MPH, Jeannette South-Paul, MD

Clinician researchers in the Greater Pittsburgh Area found that a significant number of teen mothers experience multiple pregnancies—94% of whom were not trying to get pregnant. This research study, entitled “Young Moms: Together We Can Make a Difference” is a mixed methods (qualitative and quantitative) study designed to prevent or delay unintended pregnancy among teens through the development of a novel, effective, low cost, sustainable intervention that can be implemented in Family Health Centers (FHCs). Despite close connections with local hospitals and FHCs, the goal of recruiting and retaining 90 teen mothers has not been realized as a result of low call-in volumes, frequently disconnected numbers, changed addresses, loss of interest, inconsistent attendance, challenges with obtaining consent for minors, and lability of their schedules.



SUNDAY, MAY 1

Concurrent Educational Sessions

8:15-9:45 am (cont.)

WY4: Should We Assess Pregnant Women for Violence Exposure in a Family Medicine Clinical Setting?

Alesia Hawkins, PhD, Sherry Falsetti, PhD, April Brownell, PsyD

Violence against women is a significant public health concern in the US. Epidemiological studies estimate approximately 1.5 million women are physically and/or sexually assaulted in the US every year. Rates are highest among women of reproductive age. Violence during pregnancy poses detrimental health risks for the woman and her fetus. Unfortunately, routine inquiry around victimization is often not implemented in primary care settings (PCS). Considering frequent contact between women and health care providers during pregnancy, screening during this period may provide a unique opportunity for identifying victim, increasing intervention/prevention efforts. Less is known about the prevalence of violence exposure among pregnant women. This study examines violence exposure prevalence among expectant mothers receiving care in a family medicine clinic, and preliminary data will be presented.

WJ5: Practice Management in Rural Rotations: Intergrating the Patient-centered Medical Home

Kimberly Stutzman, MD, David Schmitz, MD

Conveying the important skills of practice management in today's diversity of environments is challenging for both learner and instructor. Coupling this skill development with learning the features of a patient centered medical home (PCMH) can be daunting for many residents. We are a TransforMED site at our residency and have developed a curriculum that is presented during rural rotations allowing residents not only the opportunity to evaluate these practices based on the features of a PCMH but allows them to better engage these rotations to enhance the residents understanding of practical approaches to running a business.

Completed Projects & Research

Session L: Chronic Disease

Moderator: Navkiran Shokar, MA, MD, MPH

CL1: The Health Mentors Program: Early Outcomes of a Longitudinal, Patient-centered Interdisciplinary Team-based Curriculum

Christine Arenson, MD, Lauren Collins, MD, Christine Jerpbak, MD, Leigh Ann Hewston, MPT, Reena Antony, MPH, BSN, Elena Umland, PharmD, Stephen Kern, MSOT, PhD, Molly Rose, MSN, PhD

Objective: To describe the early impact of the Health Mentors Program, a novel patient-centered, team-based interprofessional education (IPE) curriculum. Methods: Longitudinal mixed methods evaluation of 1,599 students from medicine, nursing, occupational therapy, physical therapy, pharmacy, and couples and family therapy. Results: Students enter professional training with very positive attitudes toward IPE, which are maintained over 1 year. However, fewer than 50% of students express positive attitudes toward care of persons with chronic conditions. Qualitative data support achievement of program goals: understanding roles of colleagues and the perspective of patients with chronic conditions. Conclusions: Students value learning from the Health Mentor and gain insight into roles of peers in other health professions. Ongoing evaluation will elucidate the impact of IPE on future practice and patient outcomes.

CL2: Quality of Life And Social Adjustment for Aphasic Stroke Survivors

Joanne Wilkinson, MD, Thomas Gilbert, MD, MPH, Barbara Bokhour, PhD, Cristina Deis, BA

Background: Stroke survivors with expressive aphasia face challenges in social and occupational adjustment and quality of life; researchers have not explored this. Methods: Qualitative study with 12 subjects interviewed on multiple occasions over the first 2 years after their stroke. Transcripts were analyzed using methods based in grounded theory and salient themes identified. Results: Subjects identified depression, impact on their relationship with partner and family, and occupational transition as being important themes in their lives post-stroke. Contact with other aphasic patients and with supportive health care workers was extremely helpful. Conclusions: The effects of expressive aphasia are far-reaching and underestimated by physicians. Potential for support by primary care physicians is significant.

CL3: Colorectal Cancer Screening Is Associated With Glycemic Control in Diabetics

Joanne Wilkinson, MD, Larry Culpepper, MD, MPH

Background: Diabetics have increased risk for colorectal cancer; factors affecting their colorectal cancer screening (CRCS) are unknown. Methods: Secondary data analysis using electronic medical records at a large urban medical center. Diabetics age 50+ who had received CRCS (per USPSTF) were compared to those who had not on race/ethnicity, gender, language, renal disease, number of primary care visits, and average a1c. We used chi-square (bivariate analyses) and conducted logistic regression (backwards stepwise selection). Results: With 6,000 subjects, adjusting for other variables, the following were strongly associated with NO CRCS : <4 primary care visits/year (aOR=2.33) and poor (a1c>8) glycemic control (aOR=1.48).

Conclusions: Diabetics with poor glycemic control are less likely to receive CRCS than well-controlled diabetics, even after adjusting for number of primary care visits.

CL4: Evaluation of Medical Students' Biostatistical Confidence and Knowledge

Jessica Greenwood, MD, MSPH, Christina Porucznik, PhD, MSPH

Objective: To evaluate the impact of a public health rotation for medical students with regards to biostatistics confidence and knowledge. Methods: Pretest/posttest design using the same instrument in two successive student cohorts. The second cohort received feedback on their performance, and posttest knowledge scores were included in their overall grade. No feedback was given to the first cohort, nor did their posttest scores count toward the final grade. Results: Year 1: Confidence scores increased by 1 point ($P<.001$), but knowledge scores did not ($P=0.27$). Year 2: Confidence scores increased by 2 points, and knowledge scores increased by 1 point ($P<.001$ and $P=.01$). Conclusions: Providing constructive feedback and incentive helps to improve medical students' biostatistics knowledge.



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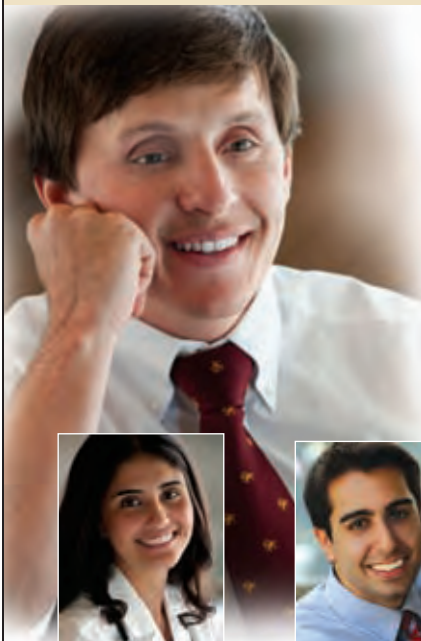


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The Program Committee would like to thank and acknowledge the STFM Research Committee and our wonderful STFM member volunteer reviewers for their assistance in the review and planning process for the 2011 conference:

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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, up to \$2,000 awarded to attend the annual conference + registration
- International Scholars Award, \$3,500 to attend the annual conference + registration
- Faculty Enhancement Experience, up to \$2,000 awarded for 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, \$111,000 has been awarded for 14 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 TransformMED 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, established by the STFM Foundation and administered by STFM, promotes and **supports STFM Group members to collaboratively plan, develop, implement, evaluate, and disseminate findings** from educationally related scholarly projects that benefit group members, STFM, and the discipline of family medicine. Foundation Trustees will set aside up to 50% of the undesignated net proceeds of each annual giving campaign to fund these projects.

2011 Group Project Fund Recipients

Project: The SAGE Project: Assessing the Social Accountability of Global Health Experiences. Do Global Health Tracks During Family Medicine Residency Increase the Likelihood of Underserved Care?

Group on Global Health, Winston Liaw, MD, MPH, Principal Investigator

Award: \$9,732 over 2 years

Project: An Ounce of Prevention: How We Are Managing the Early Assessment of Residents' Clinical Skills

Group on Learners in Academic Difficulty, Tracy Kedian, MD, Principal Investigator

Award: \$8,150 for one year

Project: Identifying the Motivators and Challenges for Senior Faculty in Family Medicine

Group on Senior Faculty, Jeffrey Stearns, MD, Principal Investigator

Award: \$8,500 over 2 years

Project: Rural Health Pre-doc Book Discussion Groups

Group on Rural Health, Theresa Zink, MD, MPH, Principal Investigator

Award: \$9,920 over 2 years

Group Projects Presenting at the Conference

Project: Behavioral Science Educator Fellowship. 11 of the 12 scholars in the inaugural class of this project are presenting posters.

Project: Online Training in Dietary Supplements for Family Medicine Physicians. Principal Investigator Paula Gardiner, MD, is presenting a lecture on developing online training curricula (L53B).

YOU can help us continue, and expand, this innovative research effort by becoming a member of our Foundation family. Visit the Foundation Station at the STFM Village!

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 2009 Denise Rodgers, MD
 2008 Laurence Bauer, MSW
 2007 Joseph Hobbs, MD
 2006 Joshua Freeman, MD
 2005 Dona Harris, PhD
 2004 Paul Paulman, MD
 2003 Thomas Schwenk, MD
 2002 David Swee, MD
 2001 Jay Siwek, MD
 2000 Katherine Krause, MD
 1999 Hilliard Jason, MD, EdD; Jane Westberg, PhD
 1998 Howard Stein, PhD
 1997 Donald Fink, MD
 1996 Anthony Vuturo, MD, MPH
 1995 Joseph Tollison, MD
 1994 Peter Coggan, MD, MSED; Robert Massad, MD
 1993 Robert Van Citters, MD; John Lein, MD
 1992 Annie Lea Shuster
 1991 James Jones, MD
 1990 Rosemarie Sweeney, MPA
 1989 Eugene Farley, MD, MPH
 1987 Thomas Leaman, MD; Rafael Sanchez, MD
 1986 Julio Ceitlin, MD; John Frey, MD
 1985 David Sundwall, MD; William Burnett, MA
 1984 Edward Shahady, MD; Nicholas Pisacano, MD
 1981 Richard Moy, MD
 1978 Robert Knouss, MD

Advocate Award

2010 Elissa Palmer, MD
 2009 Larry Green, MD, Perry Pugno, MD, MPH, CPE, Samuel Jones, MD
 2008 Allen Hixon
 2007 WWAMI Network of Family Medicine Residencies
 2006 Robert Crittenden, MD, MPH
 2005 Daniel Onion, MD
 2004 Jeffrey Cain, MD

Excellence in Education Award

2010 Sam Cullison, MD
 2009 Laurel Milberg, PhD

2008 Kent Sheets, PhD
 2007 Anita Taylor, EdD
 2006 Mark Quirk, EdD
 2005 John Pfenninger, MD
 2004 William Anderson, PhD
 2003 William Mygdal, EdD
 2002 Cynthia Haq, MD
 2001 Deborah Simpson, PhD
 2000 Peter Curtis, MD
 1999 Stephen Bogdewic, PhD
 1998 Frank Hale, PhD
 1997 Marian Stuart, PhD
 1996 Norman Kahn, Jr, MD
 1995 Robert Blake, Jr, MD
 1994 Joel Merenstein, MD
 1993 Lucy Candib, MD; Wm. MacMillan Rodney, MD
 1992 Michael Gordon, PhD;
 1991 Larry Culpepper, MD, MPH; Dona Harris, PhD
 1990 Jack Froom, MD; Gabriel Smilkstein, MD
 1989 Carole Bland, PhD; Robert Taylor, MD
 1988 Jack Medalie, MD, MPH; Katharine Munning, PhD
 1987 Nikitas Zervanos, MD
 1986 Jack Colwill, MD; William Reichel, MD
 1985 Jorge Prieto, MD; Donald Ransom, PhD
 1984 Robert Davidson, MD, MPH
 1983 B. Lewis Barnett, Jr, MD; Arthur Kaufman, MD; Fitzhugh Mayo, MD
 1982 Frank Snope, MD
 1981 Hiram Curry, MD; Theodore Phillips, MD
 1980 John Geyman, MD; G. Gayle Stephens, MD
 1979 F. Marian Bishop, PhD, MSPH; Ian McWhinney, MD; Thomas Stern, MD
 1978 Lynn Carmichael, MD

Innovative Program Award

2009 Family Medicine Digital Resources Library
 2008 The Healer's Art Course/ Rachel Remen, MD
 2007 Smiles For Life Steering Ctme

2006 Gurjeet Shokar, MD; Robert Bulik, PhD
 2005 Richard Zimmerman, MD, MPH; Sanford Kimmel, MD; Donald Middleton, MD
 2004 Ellen Beck, MD
 2003 Marji Gold, MD
 2002 Allen Shaughnessy, PharmD; David Slawson, MD
 2001 Perry Pugno, MD, MPH; Frank Dornfest, MD
 2000 Kent Sheets, PhD
 1999 Jeffrey Stearns, MD
 1998 Richard Zimmerman, MD, MPH; Ilene Burns, MD, MPH
 1997 Susan Skochelak, MD
 1996 James Damos, MD
 1995 Scott Fields, MD; William Toffler, MD
 1994 Luis Samaniego, MD
 1992 Patrick McBride, MD
 1991 Frank Dornfest, MD
 1990 H. John Blossom, MD; Diane Plorde McCann, MD
 1989 Peter Curtis, MD
 1988 Thomas Campbell, MD; Susan McDaniel, PhD
 1987 Norman Kahn, MD

Curtis Hames Research Award

2010 Alfred Berg, MD, MPH
 2009 Lillian Gelberg, MD, MSPH
 2008 Howard Rabinowitz, MD
 2007 Peter Franks, MD
 2006 Jack Colwill, MD
 2005 Allen Dietrich, MD
 2004 Stephen Zyzanski, PhD
 2003 Paul Nutting, MD, MSPH
 2002 Julian Tudor Hart, MD
 2001 Lorne Becker, MD
 2000 Klea Bertakis, MD, MPH
 1999 Carole Bland, PhD
 1998 Larry Green, MD
 1997 Larry Culpepper, MD, MPH
 1996 Roger Rosenblatt, MD, MPH
 1995 Eugene Farley, MD, MPH
 1994 Martin Bass, MD, MSc
 1993 Paul Frame, MD
 1992 Gerald Perkoff, MD
 1991 George Parkerson, MD, MPH
 1990 John Geyman, MD



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1989 Ian McWhinney, MD
1988 Jack Medalie, MD, MPH
1987 Jack Froom, MD
1986 Kerr White, MD
1985 Maurice Wood, MD

F. Marian Bishop Leadership Award

2010 Lucy Candib, MD
2009 Warren Heffron, MD
2008 Alfred Berg, MD, MPH
2007 Robert Taylor, MD; Ed Ciriacy, MD
2006 John Frey, MD
2005 G. Gayle Stephens, MD
2004 John Geyman, MD
2003 Robert Avant, MD
2002 Jack Colwill, MD
2001 Marjorie Bowman, MD, MPA
2000 Robert Graham, MD
1999 William Jacott, MD
1998 Paul Young, MD

1997 Paul Brucker, MD
1996 B. Lewis Barnett, MD
1995 Reginald Perkin, MD
1994 Daniel Ostergaard, MD
1993 David Satcher, MD
1992 Robert Rakel, MD
1991 Thomas Stern, MD
1990 Nicholas Pisacano, MD

Annual Blanchard Lecture

2010 Jerome Kassirer, MD
2009 John Wennberg, MD
2008 Rachel Naomi Remen, MD
2007 Kevin Grumbach, MD
2006 Barbara Starfield, MD, MPH
2005 Joseph Scherger, MD, MPH
2004 Edward Wagner, MD, WA
2003 David Satcher MD, PhD
2002 Rachel Naomi Remen, MD
2001 Ruth Hart, MD
2000 Holmes Morton, MD

1999 John Molidor, PhD
1998 Audrey Manley, MD, MPH
1997 Nancy Wilson Dickey, MD
1996 William Jacott, MD
1995 Theodore Phillips, MD
1994 R. Eugene Rice, PhD
1993 Sheldon Greenfield, MD
1992 Lynn Carmichael, MD
1991 Daniel Callahan, PhD
1990 Fitzhugh Mayo, MD
1989 Christine Cassel, MD
1988 US Senator Orrin Hatch
1987 Willis Goldbeck
1986 Robert Graham, MD
1985 B. Lewis Barnett, Jr, MD
1984 G. Gayle Stephens, MD
1983 Paul Brucker, MD
1982 Curtis Hames, MD
1981 John Lister, MA, MD
1980 Sissela Bok, PhD
1979 C.H. William Ruhe, MD

Best Research Paper Award

2010 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
2009 Alex Krist, MD, MS; Resa Jones, MPH, PhD; Steven Woolf, MD, MPH; Sarah Woessner, MD; Daniel Merenstein, MD; J. William Kerns, MD; Walter Foliaco, MD; Paul Jackson, MD
2008 Dan Merenstein, MD; Marie Diener-West, PhD; Ann Halbower, MD; Alex Krist, MD; Haya Rubin, MD, PhD
2007 William Ventres, MD, MA; Sarah Kooienga, FNP; Ryan Marlin, MD, MPH; Peggy Nygren, MA; Valerie Stewart, PhD
2006 Allen Dietrich, MD; Thomas Oxman MD, John Williams Jr, MD, MHS; et al
2005 Charles Mouton, MD, MS; Rebecca Rodabough, MS; Susan Rovi, PhD; et al
2004 Joseph DiFranza, MD; Judith Savageau, MPH; Nancy Rigotti, MD; et al
2003 David Mehr, MD, MS; Ellen Binder, MD; Robin Kruse, PhD; et al
2002 Kurt Stange, MD, PhD; Susan Flocke, PhD; Meredith Goodwin, MS; et al

2001 Kevin Grumbach, MD; Joe Selby, MD, MPH; Cheryl Damberg, PhD; et al
2000 Allen Dietrich, MD; Ardis Olson, MD; Carol Hill Sox, Engr; et al
1999 Kurt Stange, MD, PhD; Stephen Zyzanski, PhD; Carlos Jaen, MD, PhD; et al
1998 Michael Fleming, MD, MPH; Kristen Barry, PhD; Linda Baier Manwell; et al
1997 Daniel Longo, ScD; Ross Brownson, PhD; Jane Johnson, MA; et al
1996 Alfred Tallia, MD, MPH; David Swee, MD; Robin Winter, MD; et al
1995 Bernard Ewigman, MD, MSPH; James Crane, MD; Fredric Frigoletto, MD; et al
1994 Michael Klein, MD; Robert Gauthier, MD; Sally Jorgenson, MD; et al
1993 Paul Fischer, MD; Meyer Schwartz, MD; John Richards, Jr, MD; Adam Goldstein, MD; Tina Rojas
1992 Thomas Nesbitt, MD, MPH; Frederick Connell, MD, MPH; L. Gary Hart, PhD; Roger Rosenblatt, MD, MPH
1991 William Wadland, MD, MS; Dennis Plante, MD
1990 Paul Fischer, MD; John Richards, MD; Earl Berman, MD; Dean Drugman, PhD
1989 Allen Dietrich, MD; Eugene Nelson, DSc; John Kirk, MD; Michael Zubkoff, PhD; Gerald O'Connor, PhD, DSc



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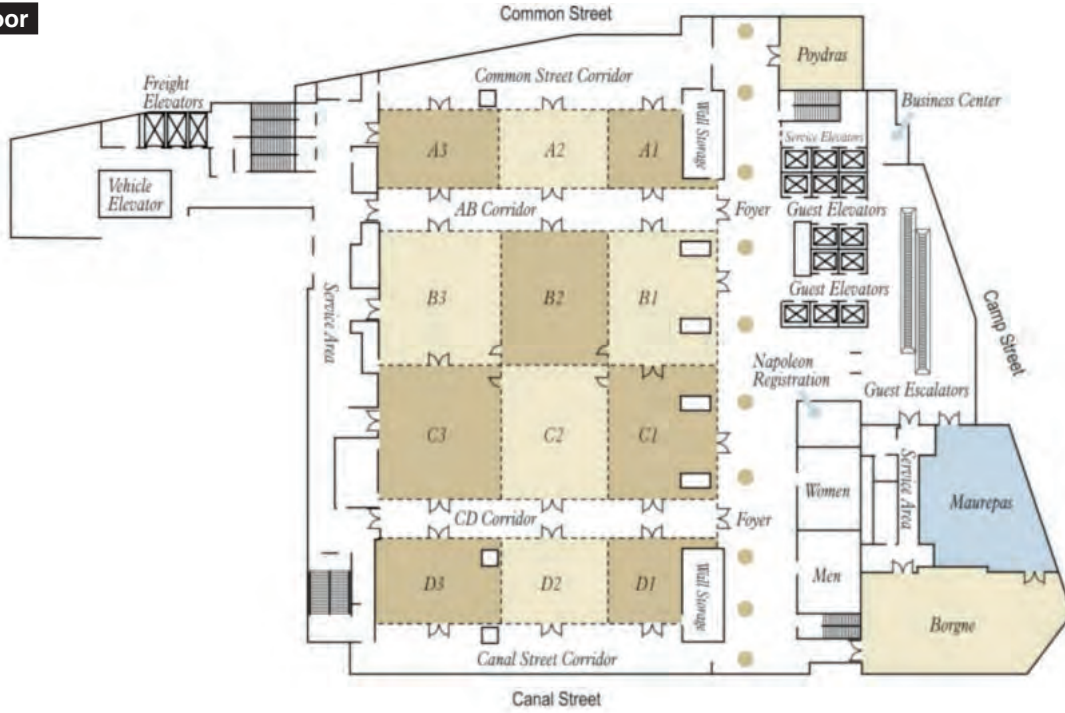
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