41st STFM Annual Spring Conference

FINAL PROGRAM

April 30-May 4, 2008
Baltimore Marriott Waterfront
Baltimore, Md

"Strengthen the Core, Stimulate Progress: Assembling Patient-centered Medical Homes"

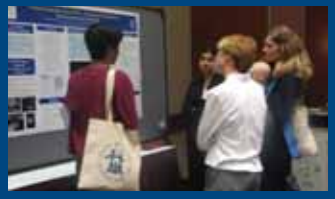
THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

CONFERENCE HIGHLIGHTS:

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

•Nearly 400 Sessions, including workshops, seminars, lecture-discussions, PEER papers, research papers, research and scholastic posters. A wide variety of presentations to help you gain new ideas and vital information to use in teaching.

•Expanded Poster Session—This year's conference will continue to provide two scholastic and research poster sessions, as well as special P4 poster displays. Don't miss this opportunity to learn about the innovations in residency education from those participating in the P4 demonstration project.



•Networking—Participants continue to rank networking as the most important factor for their attendance at the conference. This year's conference will continue to offer YOU ample quality time to make connections and contacts with your peers through common interest and special topic breakfasts, the research fair, and task force and group meetings.

•Educational Resources and Career Opportunity Exhibits—visit with exhibitors and discover helpful literature displays to see how to enhance your teaching, professional development, and work with residents and students in family medicine.

•Computer Café—Conference attendees may visit the Annual Conference's Computer Café at no additional charge. At the Computer Cafe, you can use STFM's notebook computers and high-speed internet connection to check your e-mail and visit Web sites. Each computer also has Microsoft Office installed and is connected to a laser printer. So stop by the Computer Café to keep in touch, learn more by visiting related Web sites, or to get some work done while you're away from the office!

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President's Message

Dear Colleagues,

Welcome to STFM's 41st Annual Spring Conference! Use this year's conference to reconnect with friends, meet new associates, share ideas, learn from others, and help shape the future of family medicine.

The STFM Program and Research Committees have developed a program that is sure to motivate you to new levels of achievement as we strive to "Strengthen the Core and Stimulate Progress: Assembling Patient-centered Medical Homes." The Patient-centered Medical Home (PCMH) has gained prominence and momentum this past year as a solution for a health system that is recognized as unsustainable in its current form. The PCMH is being advanced by physician and patient organizations, community health systems, healthcare corporations, health insurance companies, and many business groups, who all support federal legislation to make the PCMH part of the law of the land. Our ship is coming in, we just need to be ready!

Presentations in the following areas will provide us with the knowledge and skills that will allow us to fulfill the dream of the PCMH and thrive in a changed health care system:
* Transmitting family medicine's core values to students, residents, and patients.
* Equipping faculty, residents, and preceptors to manage relationships, information, and processes.
* Training students, residents, and faculty to achieve characteristics of the Patient-centered Medical Home: patient-centered care, whole-person orientation, team approach, elimination of barriers to access, information systems, focus on quality, and core services.
* Redesigning our departments' and programs' medical practices to achieve characteristics of the Patient-centered Medical Home.

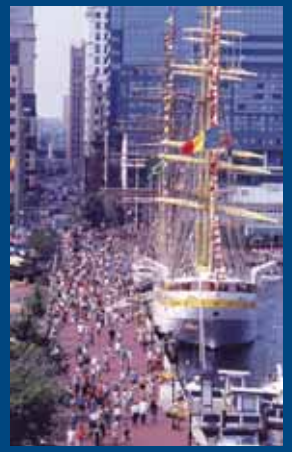
As you step back from the pace of your daily work, take this opportunity to reflect on your accomplishments of the past year and reenergize yourself for the coming year by participating in conference presentations and taking advantage of the environment of the Baltimore Inner Harbor. You are steps from Inner Harbor restaurants and shopping, the National Aquarium, Maryland Science Center & USS Constellation, and Baltimore Orioles baseball at Camden Yards—so enjoy our host city.

I believe you will experience STFM's core values in action at this conference: relationship-centered, openness, nurturing, learning, integrity, and excellence. Have a great meeting!

John Rogers, MD, MPH, MEd
STFM President

The Conference Location—Baltimore

Baltimore, a bustling city built on tradition and civic pride, is an American success story. Since the redevelopment of the Inner Harbor in the late 1970s, Baltimore has set the standard for urban renewal and is now a major travel destination welcoming 12 million business and leisure visitors each year.



The crown jewel of Baltimore is the Inner Harbor, a scenic and popular waterfront area with dozens of retail stores, restaurants and attractions. This, combined with Baltimore's easy accessibility, makes the city unique.

The fun and festive atmosphere of the Inner Harbor is enhanced by street entertainers, open-air concerts, fireworks, parades, paddleboats, and cruise boats. Charming historic neighborhoods surround the Inner Harbor, each offering their own character, history and cuisine. Little Italy is a pasta lover's paradise with outdoor movies on summer weekends, festivals of San Gabriel and St. Anthony, and two bocce ball courts. Fell's Point is the oldest section of Baltimore and still has the feel of an old English neighborhood with cobblestone streets, unique shops and plentiful pubs and restaurants. And, there's Harbor East, a bustling waterfront stop with its own attractions, retail shops and restaurants.

When it's time to eat…Baltimore has restaurants to satisfy nearly every craving. Dining options include elegant gourmet cuisine, ethnic foods from around the world and plenty of fresh seafood from Maryland's Chesapeake Bay. Baltimore is known for its fabulous crabs, and dining at one of the city's many seafood restaurants or crab houses is a must for all who visit.

Visit www.baltimore.org for more information.

PROGRAM COMMITTEE

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

Anthony Peter Catinella, MD
University of Utah

Alison Dobbie, MD
University of Texas, Southwestern

Wanda Gonsalves, MD
Medical University of South Carolina

Memoona Hasnain, MD, MHPE, PhD
University of Illinois at Chicago

David Henderson, MD
University of Connecticut

Patricia Lenahan, LCSW, MFT, BCETS
University of California, Irvine

Patrick McManus, MD (AFMRD Liaison)
Thomas Jefferson University

Lisa Nash, DO
University of Texas Medical Branch at Galveston

The Program Committee would like to acknowledge our wonderful STFM member volunteer reviewers for their assistance in the review and planning process for the 2008 conference: Sam Cullison, MD; Sue Doty, PhD, MD; Warren Ferguson, MD; Jennifer Frank, MD; Craig Gjerde, PhD; Susan Hadley, MD; Mary Nolan Hall, MD; Heather Paladine, MD; David Quillen, MD; William Shore, MD; and Stephen Wilson, MD, MPH.

CONFERENCE SCHEDULE

Wednesday, April 30

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

PRECONFERENCE WORKSHOPS—
Requires preregistration. See Registration Desk for availability and fees

8 am–5 pm — PR1: STFM Faculty Development Series Workshop I: Teaching and Learning Skills—*Dover A-B*

8 am–5 pm — PR2: STFM Faculty Development Series Workshop VIII: Making the Case for Cultural Proficiency: A Workshop for Medical Educators—New Offering!—*Essex A-B*

8 am–5 pm — PR3: Facing Down Our Demons: A Writing Workshop for Family Medicine Faculty—*Kent A*

8 am–5 pm — STFM Predoctoral Directors Development Institute—*Harborside D*

1–5 pm — PR4: The Characteristics and Contributions of Departments of Family Medicine in Highly Ranked Medical Schools—*Laurel A*

1–5 pm — PR5: Women in Family Medicine—*Laurel B-D*

1–5 pm — PR6: Group Medical Visits: From the Basics to Beyond—*Kent C*

1–5 pm — PR7: Training Your International Medical Graduate for Success: A Faculty Development Workshop for Family Medicine Educators—*Falkland*

1–8 pm — STFM Computer Café—*Grand Ballroom Foyer*

5–6 pm — Meeting of the STFM Group Chairs and Board of Directors —*Grand Ballroom III-IV*
This meeting gives group chairs the opportunity to meet with members of the STFM Board of Directors to discuss group activities and have the opportunity to ask questions regarding the society.

6–7 pm — New Member/Attendee Orientation—*Grand Ballroom I-II*
During this informative session, you will learn about STFM as an organization and also get introduced to the ins and outs of the Annual Spring Conference. You will interact in small groups with seasoned members and other new members.

7–8 pm — Welcoming Reception—*Grand Ballroom V*

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

CONFERENCE SCHEDULE

Thursday, May 1

7 am–7 pm	Conference Registration and STFM Computer Café—*Grand Ballroom Foyer*
7–8 am	Common Interest and Group Meeting Breakfasts—*Grand Ballroom I-V* (see page 13 for list)
8:15–10 am	**Opening General Session**—*Grand Ballroom VI-X* President's Address: *John Rogers, MD, MPH, MEd, Baylor College of Medicine* Plenary Address: "Improving Access to High Quality, Affordable Care—How To Eliminate Medical Homelessness"—*Richard Wender, MD, Thomas Jefferson University*
10–10:30 am	Refreshment Break—*Grand Ballroom Foyer*
10:30 am–5:30 pm	Concurrent Educational Sessions *(see pages 18-19; 25-41)*
12:15–1:45 pm	Luncheon With Candidates' Speeches—*Harborside Ballroom*
3:30–4 pm	Refreshment Break—*Grand Ballroom Foyer*
5:30–7 pm	Opening Reception—*Grand Ballroom I-V* Educational Resource and Career Opportunity Exhibits With Research and Scholastic Posters *(see pages 78-91; 95-100)*
6-7:30 pm	"Reinventing Retirement Workshop - Five Things to Know Before You Retire"— *Grand Ballroom VII* *Audrey Croft, Senior Financial Advisor, Ameriprise Financial Services, Inc., Roswell, Georgia* Retirement planning is a combination of identifying your goals and planning for the financial realities on achieving them. "Reinventing Retirement" is a 90-minute interactive session that will help you answer the following questions: What will you retire to? Will you have enough money? How should you invest along the way? This session will address the specific concerns of the pre-retired individual. Sponsored by Ameriprise Financial Services, Inc. For more information, call (866) 518-8146.
7:30 pm	Dine-out Groups Sign-up sheets are posted at Conference Registration Desk/Message Board. Each participant pays own. *(Groups will depart from the hotel lobby)*

Friday, May 2

7–8 am	Special Topic Breakfasts—*Harborside Ballroom* (See pages 14-15)
7 am–6 pm	Conference Registration and STFM Computer Café—*Grand Ballroom Foyer*
8:15–10 am	**General Session**—*Grand Ballroom VI-X* STFM Annual Business Meeting: "The State of STFM" AAFP Greetings: *Daniel Ostergaard, MD, Vice President, Professional Activities* Presentation of F. Marian Bishop Award: *Macaran Baird, MD, MS, STFM Foundation President* Blanchard Memorial Lecture: "The Challenge of Practice Variations and the Future of Primary Care" *John Wennberg, MD, MPH, The Dartmouth Institute for Health Policy and Clinical Practice*
10–10:30 am	Refreshment Break in Display Area—*Grand Ballroom I-V*
10 am–5:30 pm	Research and Scholastic Posters and Educational Resource and Career Opportunity Exhibits—*Grand Ballroom I-V* *(see pages 78-91; 95-100)*

Optional Special Presentation

Friday, May 2, 8–10 pm
Room: Essex

"Sicko: A Patient-Centered Medical Home?"

Peter Catinella, MD, STFM Program Committee—moderator

"Sicko" is producer/director Michael Moore's much discussed and controversial documentary on the US health care system.

Panelists from the United States, Brazil, and Canada will discuss the film from a national and international perspective, and participants can share their insights into what the movie means to them and family medicine from a patient-centered and medical home perspective.The discussion will surely be spirited!

Have an early dinner and join us for popcorn and a special viewing of selected chapters and special features from the movie.

CONFERENCE SCHEDULE

Friday, May 2 Cont'd

10:30 am–5:30 pm	Concurrent Educational Sessions *(see pages 20-21; 42-57)*
12:15-1:45 pm	Luncheon With Awards Presentations—*Harborside Ballroom*
3:30-4 pm	Refreshment Break in the Display Area—*Grand Ballroom I-V*
5:45–6:45 pm	STFM Group and Committee Meetings *(See page 12)*
8–10 pm	Special Presentation: "Sicko: A Patient-Centered Medical Home?"—*Essex* (See sidebar)

Saturday, May 3

6–7 am	Annual Marathonaki Fun Run/Walk *(Group will meet in hotel lobby)*
7–8 am	Breakfast With Exhibitors and Poster Presenters *(see pages 90-94; 101-108)*—*Grand Ballroom I-V*
7 am–5:30 pm	Conference Registration and STFM Computer Café—*Grand Ballroom Foyer*
8:15–10 am	**General Session**—*Grand Ballroom VI-X* Curtis G. Hames Research Award Presentation and STFM Best Research Paper Award Presentation—*James Gill, MD, MPH, Chair, STFM Research Committee* Plenary Address: "Something You Somehow Haven't to Deserve—A Medical Home for Every American"—*John Saultz, MD, Oregon Health and Science University*
10–10:30 am	Refreshment Break in Display Area—*Grand Ballroom I-V*
10 am–Noon	Research Fair, Scholastic Posters, and Educational Resource and Career Opportunity Exhibits
10:30 am–5:15 pm	Concurrent Educational Sessions *(see pages 22-23; 58-71)*
Noon	Closing of Research Fair, Scholastic Posters, and Exhibit Hall
Noon–1:30 pm	Lunch on Your Own
12:30–1:30 pm	Optional Group Meetings *(See list on page 12)*
3:15–3:45 pm	Refreshment Break—*Grand Ballroom I-V*
9 pm–Midnight	After-dinner Dance Party and Coffee Lounge—*Grand Ballroom V* *(Open to all meeting attendees and guests!)*

Sunday, May 4

7–7:30 am	Nondenominational Devotional Gathering—*Dover A*
7 am–Noon	Conference Registration and Computer Cafe—*Grand Ballroom Foyer*
8:15–9:45 am	Concurrent Educational Sessions *(see pages 24; 72-76)*
9:45–10 am	Refreshment Break—*Grand Ballroom Foyer*
10–11:30 am	**Closing General Session**—*Grand Ballroom VI-X* Incoming President's Address: *Scott Fields, MD, Oregon Health & Science University* Plenary Address: "Managing Change to Foster Creative Innovation" —*Barbara Johnson, PhD, TransforMED, Leawood, Kan*
11:30 am	Conference Adjourns

PLENARY ADDRESSES

Thursday, May 1; 8:15–10 am

"Improving Access to High Quality, Affordable Care—How to Eliminate Medical Homelessness"—*Grand Ballroom VI-X*

Richard Wender, MD, Thomas Jefferson University

The evidence supporting the value of the primary care medical home is clear and uncontested. Providing that home improves health and is more affordable than the medical homelessness that so many people experience. However, the reality is that some of the standard features in a high-end medical home make it harder to pay the mortgage—the return on investment in our current payment system just isn't there. Moreover, although we would like to create easy access to our medical homes, many people are getting lost along the way. The mounting dissatisfaction with American health care is providing impetus for change, but we must realize that our uniquely American health care crisis demands a uniquely American solution. At the end of the day, the homes we offer must be comfortable and welcoming, but also efficient and affordable. Our family of patients will be assigned their own set of chores and responsibilities, but we will need to provide the right set of tools to help get the jobs done. The primary care medical home offers a unique opportunity to prevent and manage chronic illness. Together, as educators, we need to keep figuring out how to make it happen.

Richard Wender, MD, is alumni professor and chair of the Department of Family and Community Medicine at Thomas Jefferson University. A graduate of Princeton University and the University of Pennsylvania, Dr Wender directed the family practice residency program at Thomas Jefferson for 10 years, became vice chair of the department in 1995, and chair in 2002. In addition to being a practicing family doctor, Dr Wender's major area of academic focus has been cancer prevention and screening. He was the editor of the American Cancer Society Primary Care Physicians Newsletter for 10 years and is now on the editorial advisory board of *CA: A Cancer Journal for Clinicians*. He served as president of the Philadelphia Division of the American Cancer Society (ACS) and first president of the newly formed Commonwealth Division, now. He was elected ACS president in November 2006, becoming the first primary care clinician to serve as national president in the 93-year history of ACS; he is currently the American Cancer Society's immediate past president. Understanding and overcoming barriers to primary care based preventive health services delivery and chronic disease management is his principle focus of teaching and investigation while improving access to high quality care remains his principle passion.

Moderators: James Tysinger, PhD and Patrick McManus, MD

Friday, May 2; 8:15–10 am

2008 Blanchard Memorial Lecture: "The Challenge of Practice Variations and the Future of Primary Care"—*Grand Ballroom VI-X*

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

Today, the future of primary care and the role its clinicians will play in health care reform is under active debate. An understanding of unwarranted variation in health care delivery provides the basis for defining new roles and responsibilities for health care professionals. The critical issues facing the nation are: (1) poor care coordination and overuse of acute care hospitals in managing chronic illness (in light of evidence that greater care intensity doesn't produce better outcomes), and (2) misuse of discretionary procedures and screening exams that do not reflect the wants and needs of the individual patient. The remedy for unwarranted variation in the management of chronic illness includes care coordination among providers and across sectors of care—ambulatory care, home health care, and institutionalized care, including acute care hospitals. Remedies for unwarranted variation in preference-sensitive treatments require that informed patient choice become the standard for defining medical necessity.

Continued on next page

STFM Past Presidents

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

*deceased

Special Thanks

to our 2008 Regional Partners

STFM extends a heartfelt thank you to our 2008 regional partners for their support of and participation in this year's conference in Baltimore!

Albert Einstein College of Medicine

Eastern Virginia Medical School

Georgetown University Medical Center, Washington DC

UB Family Medicine, Inc, Buffalo, NY

Underwood Memorial Hospital Family Medicine Residency, Woodbury, NJ

University of Maryland

Virginia Commonwealth University

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

John Wennberg, MD, MPH, is the Peggy Y. Thomson Chair in the Evaluative Clinical Sciences and founder and director emeritus of The Dartmouth Institute for Health Policy and Clinical Practice. He has been a professor in the Department of Community and Family Medicine since 1980 and in the Department of Medicine since 1989. He is a graduate of Stanford University and the McGill Medical School. Dr Wennberg and colleague Al Mulley are cofounders of the Foundation for Informed Medical Decision Making, a non-profit corporation providing objective scientific information to patients about their treatment choices using interactive media. Dr Wennberg is the founding editor of The Dartmouth Atlas of Health Care, which examines the patterns of medical resource intensity and utilization in the United States. The Atlas project has also reported on patterns of end of life care, inequities in the Medicare reimbursement system, and the under use of preventive care.

Moderators: Wanda Gonsalves, MD, and Macaran Baird, MD, MS

Saturday, May 3; 8:15–10 am

"Something You Somehow Haven't to Deserve: A Medical Home for Every American"—*Grand Ballroom VI-X*

John Saultz, MD, Oregon Health and Science University

As the debate about health reform in America intensifies, what was once a political issue is becoming a policy challenge. Central to most reform plans are the concepts of universal access and delivery system restructuring and the most respected sources of information about delivery system redesign are talking and writing about the concept of a medical home for every American. But the medical home thus far has been poorly defined and the lack of a clearer definition could become a significant barrier to the reform process. Is the medical home concept a marketing gimmick, or is it actually a new way of caring for patients? The answer seems to depend somewhat on both the author and the audience being addressed. This presentation will review what is known about the medical home concept and will suggest directions for research and education in family medicine that can bring clarity to the delivery system redesign process. In fact, creating a science around the ideal design of a medical home can become the organizing theoretical framework for the future of our discipline.

Professor and chair of the Department of Family Medicine at Oregon Health & Science University, **John Saultz, MD**, completed his residency in family medicine at Dwight David Eisenhower Army Medical Center, and a faculty development fellowship at the University of North Carolina at Chapel Hill. From 1986 to 1994, he was the family medicine residency director at Oregon Health & Science University. He also has served as director of Oregon's statewide Area Health Education Centers Program and was founding medical director of Careoregon, a Medicaid HMO designed to implement the Oregon Health Plan. In 2003-2004, Dr Saultz was named a Bishop fellow. Dr Saultz is a diplomate of the American Board of Family Medicine, a fellow of the American Academy of Family Physicians, and a member of the Society of Teachers of Family Medicine. He has served as president of the Association of Family Medicine Residency Directors and the Oregon Academy of Family Physicians. He has served on the Residency Review Committee for Family Practice and on the Accreditation Council for Graduate Medical Education. He is the author of three books and more than 100 journal articles and book chapters. His current research interests include continuity of care in the doctor-patient relationship, medical decision making, and the future of family medicine.

Moderators: David Henderson, MD, and James Gill, MD

PLENARY ADDRESSES

Sunday, May 4; 10–11:30 am

"Managing Change to Foster Creative Innovation"—*Grand Ballroom VI-X*

Barbara Johnson, PhD, TransforMED, Leawood, Kan

Family medicine has so much hope to offer our broken health care system with its emphasis on keeping the whole person at the forefront of care. To realize this hope in the 21st century, family medicine is undergoing transformational change on both the practice and residency training fronts. Each of these sectors of family medicine have embarked on a path to bring new and creative innovations to this specialty by bringing the patient centered medical home center stage. Will this endeavor succeed? Much depends on how change is managed. Too many beautifully crafted plans end up in the trash heap, not as a result of poor planning but of poor execution. Managing change well is the engine of any creative innovation project. This is no less true in family medicine than anywhere else. What makes change successful? This talk will discuss the core elements of change excellence as they apply to redesigning family medicine for the 21st century.

Barbara Johnson, PhD, is practice enhancement facilitator for TransforMED, assisting family practices with implementing the TransforMED Model of Care. TransforMED's facilitators are completing this project to create specific changes in family practices and to assess the effectiveness of the methods used for doing so.

She has more than 15 years experience implementing social change in both non-profit and for-profit organizations. This experience includes designing and implementing strategic plans, developing change management programs, and leading mission critical projects. She has built and led strong teams, and revitalized organizations to create greater workplace satisfaction, efficiency, accuracy and cost effectiveness. Dr Johnson directed one module of the National Institute of Health Infrastructure project to determine how the Internet could be used to increase the effectiveness and efficiency of medical practices. Conflict resolution and negotiation have been integral aspects of all her endeavors.

She has a PhD in sociology with specialization in medical sociology, organizational behavior, and social psychology. Her certifications include facilitator (Development Dimensions International), Myers-Briggs (Lee Hecht Harrison), and PMP (Project Management Professional). She is in the Who's Who Registry of Executives. Her memberships include: Organizational Development Network, International Society for Performance Improvement, Kansas City Project Management Institute, and the American Society for Training and Development.

Moderator: Memoona Hasnain, MD, MHPE, PhD

Special Thanks:

STFM would like to thank the Baltimore Marriott Waterfront for their support of the STFM Computer Cafe and the Marathonaki Fun Run/Walk.

The Future of Family Medicine Implementation:

STFM Priority Programs and How You Can Be Involved

STFM has a major role in the implementation of the Future of Family Medicine (FFM) Strategic Initiatives and has identified related sessions in this year's annual conference with the "F" next to the title.

To guide STFM's effort, the Board created a Special Task Force on the Future of Family Medicine. The Special Task Force is working on 5 priority programs, and several of the identified sessions in this year's annual conference relate to these programs:

- Develop competency-based curriculum to educate medical students and residents in the New Model
- Educate preceptors in the patient-centered medical home
- Initiate premedical school recruitment
- Develop workforce preparedness curriculum for IMGs on communication skills and cultural competency
- Leadership development for new faculty

The Special Task Force (STF) is working with STFM groups and members, and other family medicine organizations, to implement these programs and urges STFM members to become informed about FFM initiatives and to become involved in moving FFM strategic initiatives and STFM priority programs forward.

Come to a special session on Thursday, May 1, from 4–5:30 pm for an update on STFM FFM Special Task Force initiatives.

GENERAL INFORMATION

Conference Location

Baltimore Marriott Waterfront
700 Aliceanna Street
Baltimore, MD 21202
Guest Phone: 410-385-3000
Guest Fax: 410-385-0330

Rental Car Discount

Budget Rent A Car System, Inc, has been selected as the official rental car agency for this year's conference. For reservations, call Budget at 800-772-3773, or you can make your reservations online at www.budget.com. Be sure to ask for convention discount code: U063655. Car rental rates for the conference begin at $46/daily or $185/weekly, with special weekend rates available beginning at $21 per day! Rates include unlimited mileage and are valid for up to 1 week before/after the conference.

Child Care

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

Ground/Shuttle Transportation:

Super Shuttle provides transportation to BWI airport. The cost is $13 each way, and reservations can be made in advance. Call 800-622-2089 ext. 2 or e-mail bwisales@supershuttle.net or visit www.supershuttle.com. Taxi fares are approximately $25 to BWI airport each way.

Fitness Facilities

Baltimore Marriott Waterfront Fitness Center is pleased to offer guests an in-house fitness center that includes Cardiovascular equipment, free weights, treadmills, elliptical machines, weight machines, and an indoor swimming pool. Complimentary use for guests, open 24 hours a day with guest room key.

Career Opportunity Exhibits and Advertising

The 2008 Exhibit Hall will highlight departments and programs, educational resources, and career opportunities. Exhibits will open with a reception on Thursday, May 1.

Business Session

The STFM Annual Business Meeting will be held on Friday morning, May 2. The business meeting offers members the opportunity to learn about key Society activities and address issues of concern to the STFM Board of Directors. STFM Members not registered for the conference can attend the Business Session without registering for the conference.

GENERAL INFORMATION

Election Procedures

The nominees for STFM office will be announced and nominations from the floor accepted during the luncheon on Thursday, May 1. Candidate speeches will also be given during the luncheon. Ballots will be included with the registration packets of members qualified to vote. Ballots must be turned in at the registration desk by 5:30 pm on Thursday. A majority vote, taken from votes cast at the meeting and from absentee ballots, will determine the election. Results will be announced at the Business Meeting on Friday morning, May 2.

STFM Computer Cafe

STFM will be supplying a Computer Cafe for attendees to check their e-mails and keep in touch with their institutions while at the conference. The Computer Cafe will be located in the Grand Ballroom Foyer. For hours of operation, check the conference schedule listed on pages 4-6. We would like to thank the Baltimore Marriott Waterfront for their support of the 2008 Computer Cafe.

Dineouts

Join your friends and colleagues from the conference for an optional dinner on Thursday, May 1. Restaurant options will be available within walking distance from the hotel. Sign-up sheets will be posted on the conference message board at the STFM Registration Desk. Participants are responsible for their own meal costs.

Conference Meals

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

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

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

CME Hours

This activity has been reviewed and is acceptable for up to 22.75 Prescribed credit hours by the American Academy of Family Physicians. This includes preconference activities. Because some sessions run concurrently, no more than a total of 22.75 credits may be reported. This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the AAFP and the STFM. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. For additional CME information, and to report your credit hours online, please go to: www.aafp.org/cme. This program is approved by the American Osteopathic Association for Category 2 credits for DO participants. For other credit, STFM will assist individuals by providing information needed to the extent possible.

Cell Phones and Pagers

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

No Smoking Policy

Smoking is not permitted at official STFM gatherings.

Mark your calendar!

42nd Annual Spring Conference

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

Group Meetings

FRIDAY, MAY 2; 5:45-6:45 pm

GROUP MEETINGS

Group On Abortion Access and Training—*Bristol*
Group On Adolescent Health Care—*James*
Group On Behavioral Science—*Essex B*
Group On Community Medicine—*Essex C*
Group On Ethics and Humanities—*Iron*
Group On Evidence-based Medicine—*Laurel A*
Group On Faculty Development—*Dover B*
Group On Family-centered Perinatal Care—*Laurel B*
Group On Family in Family Medicine—*Falkland*
Group On Geriatrics—*Galena*
Group On Health Policy and Access—*Laurel C*
Group On Hispanic Faculty/Latino Faculty—*Laurel D*
Group On Integrative Medicine—*Dover A*
Group On Lesbian, Gay, and Bisexual Health—*Chasseur*
Group On New Faculty in Family Medicine—*Kent A*
Group On Nutrition—*Kent C*
Group On Online Cases—*Kent B*
Group On Pharmacotherapy—*Dover A*
Group On Predoctoral Education—*Essex A*
Group On Primary Care Sports Medicine—*Kent C*
Group On Rural Health—*Falkland*
Group On Spirituality—*Galena*
Group On Teaching Research in Residency—*Heron*
Group On Women in Family Medicine—*Dover C*

SATURDAY, MAY 3; 12:30-1:30 pm

GROUP MEETINGS

Group On Abortion Access and Training—*Bristol*
Group On Adolescent Health Care—*Essex A*
Group On Community Medicine—*Essex C*
Group On Education Professionals in Family Medicine—*Essex B*
Group On Evidence-based Medicine—*Laurel A*
Group On Faculty Development—*Dover B*
Group On Family-centered Perinatal Care—*Laurel B*
Group On Hispanic Faculty/Latino Faculty—*Laurel D*
Group On Hospital Medicine and Procedural Training—*Laurel C*
Group On Integrative Medicine—*Dover A*
Group On Lesbian, Gay, and Bisexual Health—*Chasseur*
Group On Osteopathic Family Medicine—*Kent A*
Group On Patient Education—*Kent B*
Group On Rural Health—*Falkland*
Group On STFM Membership Committee—*James*
Group On STFM Program Committee—*Iron*
Group On Violence Education and Prevention—*Heron*
Group On Women in Family Medicine—*Dover C*

Session Educational Tracks:

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

S=Student R=Resident P=Preceptor/Faculty L=Leadership/Senior Faculty F=Future of Family Medicine B=Best Practice

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

THURSDAY, MAY 1; 7-8:15 am

COMMON INTEREST and GROUP MEETING BREAKFASTS

Room: Grand Ballroom I-V

1. Group On Abortion Access and Training
2. Group On Adolescent Health Care
3. Group On Behavioral Science
4. Group On Community Medicine
5. Group On Disabilities
6. Group On Faculty Development
7. Group On Family-centered Perinatal Care
8. Group On Family in Family Medicine
9. Group On Genetics
10. Group On Health Policy and Access
11. Group On Hispanic Faculty/Latino Faculty
12. Group On Hospital Medicine and Procedural Training
13. Group On Integrative Medicine
14. Group On Learner Portfolios
15. Group On Nutrition
16. Group On Oral Health
17. Group On Osteopathic Family Medicine
18. Group On Physician-Patient Interaction
19. Group On Rural Health
20. Group On Spirituality
21. Group On Violence Education and Prevention
22. Group On Women in Family Medicine
23. Getting Them Ready to Begin: The STFM IMG Entering Resident Academy

Session Formats

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

Workshops—Through this 3-hour task-oriented, small-group educational experience, participants will acquire specific skills, ideas, and/or methodologies for teaching or applying in their clinic.

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

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

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

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

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

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

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

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

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

Breakfasts

FRIDAY, MAY 2; 7-8 am

SPECIAL TOPIC BREAKFASTS

Room: Harborside Ballroom

B1:"Generation Gap" From Here to Honduras and India
Thomas Jones, MD

B2: Using an Electronic "Behavioral Case of the Month" to Increase Behavioral Science Education
Jeri O'Donnell, MA, LPCC; Pat Martin, MA, LPCC

B3: Using a Group Evaluation Process to Assess Resident Inpatient Medicine Skills
Robert Skully, MD; Pat Martin, MA, LPCC

B4: Office Protocol for Abnormal Pap Smears and Colposcopy
Gina Glass, MD

B5: A 1-month Long "Enrichment Rotation:" A Great Beginning to Family Medicine Residency Training
Eugene Orientale, MD; Diana Heiman, MD

B6: Hospital Ethics Committee Resources for Family Medicine Faculty
Marc Tunzi, MD; David Doukas, MD; David Satin, MD; Jeffrey Spike, PhD; Brian Recht, MD

B7: Improving Family Medicine's Ability to Care for People With Intellectual Disabilities
Joanne Wilkinson, MD; Laurence Bauer, MEd

B8: Developing Public Health Leaders in Family Medicine: A Seminar for Second-year Residents
Margot Savoy, MD

B9: Getting From Here to There: Quality Tools in Residency
Anne-Marie Lozeau, MS, MD; Maggie Dugan, MS, FNP

B10: FPIN: Research Project to Publication: Faculty and Resident/Medical Student Collaboration
Thomas Satre, MD

B11: Developing Competency-based Evaluation of Faculty and Residents in Abortion Care
Teresa Gipson, MD; Patrice Eiff, MD

B12: Improving Residency Education in Well Child Care: A Family Health Center Model
Alexandra Loffredo, MD; Jenitza Serrano-Feliciano, MD

B13: Capturing Our History—An Interview With Macaran Baird, MD, MS
William Ventres, MD, MA

B14: Resuscitating "Seasoned" Behavioral Scientists: A Sharing of Ideas to Rehydrate Our Work and Our Passion
Deborah Taylor, PhD; Timothy Spruill, EdD; Robert Zylstra, EdD, LCSW

B15: Practice-based Learning and Improvement Using the British Model of Personal Development Planning
Farion Williams, MD; Rich Londo, MD

B16: Core Values of Family Medicine and Osteopathic Medicine: What We Profess and Evaluate
Helen Baker, PhD, MBA; Gretchen Lovett, PhD; Gail Swarm, DO

B17: Teaching Family-oriented Care: Capturing the Core of the Medical Home
Amy Odom, DO; Amy Romain, LMSW, ACSW

B18: International Medical Graduates—Changing Our Teaching Strategies for Changing Residents
Katherine Neely, MD; Martin Seltman, MD; Urooj Shibli, MD; Elizabeth Stifel, MD

B19: Prenatal Group Visits—How to incorporate Them Into Your Practice
Marguerite Duane, MD, MHA

B20: Correctional Health Care: The Role of Academic Family Medicine
Warren Ferguson, MD

B21: Losing Lunchtime Lectures: The Future of Family Medicine Residency Conferences?
Alfred Reid, MA; Cristy Page, MD, MPH; Susan Slatkoff, MD; Clark Denniston, MD

B22: Ready or Not, Here They Come: Making the Most of Intern Orientation
Thomas Koonce, MD; Alfred Reid, MA

B23: Teaching Wellness Concepts to Medical Students
Dan Sepdham, MD

B24: A Medical Home for Spanish-speaking Diabetics
Jacob Bidwell, MD; Miguel Gamez MD, MD

B25: Creating a Patient-centered Medical Home
Kristen Deane, MD; Karl Kochendorfer, MD; Steven Zweig, MD; Marilee Bomar, APRN

B26: Academic Family Medicine Partnerships With Community-based Veterans
Jeffrey Morzinski, PhD, MSW; Melanie Hinojosa, PhD

B27: R-Wars: Dissension in the Residency
Beverlee Ciccone, PhD; Ann George, MD

B28: The Collaboration Conundrum: Helping Family Physicians Make Connections to the Mental Health Community
William Gunn, PhD; Dael Waxman, MD

B29: Group on Learner Portfolios Breakfast
Teresa Kulie, MD

B30: Figuring Out How to Care for Victims of Domestic Violence
Susan Rovi, PhD; Ping-Hsin Chen, PhD; Marielos Vega, BSN, RN; Chantal Brazeau, MD; Linda Boyd, DO; Kathleen Fane, BS; Mark Johnson, MD, MPH

B31: How Can Family Physicians Work With Food Banks to Improve Dietary Compliance in People With Diabetes?
Lia Bruner, MD; Betsy Jones, EdD; Katherine Chauncey, PhD, RD

B32: Research in Residency: Creating a Cultural Shift
Cindy Passmore, MA; Sally Weaver, PhD, MD

B33: iGoogle—Do You Google?
Janet Reschke, BS; Beth Potter, MD; Alex Young, MD

B34: The Use of Geographic Data to Demonstrate the Impact of Primary Care Education
Andrew Bazemore, MD, MPH; Xingyou Zhang, PhD; Robert Phillips, MD, MSPH

B35: Developing Residency Research Collaborations: Testing the Review of Systems
Kimberly Krohn, MD, MPH; Wilson Pace, MD; Daniel Triezenberg, MD; Robert Bales, MD, MPH; Eric Weaver, MD; Derek Rasmussen, MD

B36: A Seventh Competency for Rural Practice
Randall Longenecker, MD; Stanley Kozakowski, MD; Jennifer Joyce, MD; John Brandon, MD; Allan Wilke, MD

B37: Cross-specialty Collaboration in Competency Curriculum Development: Redesigning the Pediatric Curriculum Guidelines
Scott Krugman, MD, MS; Perry Pugno, MD, MPH,CPE

B38: Can Student Free Clinics Be Compatible With Training Learners About the Patient-centered Medical Home?
Nancy Pandhi, MD, MPH

B39: The OB Fellowships: Common Interests and Common Problems
William Rodney, MD

B40: Using Patient-centered, Case-based Clinical Decision-making Presentations and Publications to Develop Cross-cutting Competencies in Residency
Chris Anne Arthur, PhD, MPH, CHES; Shannon Pittman, MD; William Replogle, PhD; Diane Beebe, MD; Judith Gearhart, MD

B41: The Doctor Is Listening: Empowering Residents to Facilitate Dementia Caregiver Support Groups
Marina Compean, LCSW

B42: Evidence-based Quality Improvement—How Do You Do It and Teach It?
John Epling, MD, MSEd; James Gill, MD, MPH; Eugene Mochan, PhD, DO

B43: To OB or Not to OB: Inspiring Residents to Provide Maternity Care
Lauren Gordon, MD

B44: What Is Health?
Donald Woolever, MD

B45: Caring for Our Military Families
Robert Solomon, MD

B46: Curriculum-based Language Access Strategies Within a Medical Homes Model
Kim Bullock, MD; Robert Like, MD MS; Maranda Ward, MPH

B47: Office Mentoring of MS1 and MS2 students, Evaluation, and Prospects
David Yens, PhD; Elizabeth DiNapoli, MEd

B48: In Our Own Words: Using Stories to Convey Values—and Tell It Like It Is
Paul Gross, MD

B49: Primary Care Renewal: Implementing Clinical Redesign at an FHC in a Community Collaborative
Nick Gideonse, MD

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 2008 STFM Recognition Award Winner—
Laurence Bauer, MSW, MEd, is founding chief executive officer of the Family Medicine Education Consortium (FMEC), a not-for-profit corporation that "brings people and ideas together to get things done." The FMEC manages the STFM Northeast Region meeting along with a number of collaborative projects. He has served as chair of the Planning Committee for the STFM Northeast Region since 1990. Throughout these years he's been blessed with the opportunity to learn from and work with colleagues who care passionately about the people we serve. These formative experiences prepared him to serve as the course director for an Academic Fundraising training program, co-sponsored by the STFM New Partners Initiative, that offers leadership training to family physicians across the country.

He is also a clinical associate professor in the Department of Family Medicine at Wright State University. He also serves as director of Network Development for the Center for Innovation in Family and Community Health located in Dayton, Ohio.

He believes the best is yet to come and that "we" hold the keys to our future and the future of the people and communities that we serve.

His personal interests include reading, basketball, long distance cycling, gardening, and time with his family. His wife, Noel, is a retired Catholic school teacher. They enjoy their children and grandchildren and many shared interests in their life in Dayton, Ohio.

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 per-sonal excellence in family medicine education, with contributions acknowledged by learners and peers at the regional and national levels.

The 2008 STFM Excellence in Education Award Winner— Kent Sheets, PhD, is associate professor and director of educational development at the University of Michigan. He directs the Family Medicine Faculty Development Institute, which is a faculty development program for faculty, fellows, and senior residents from Michigan and northwest Ohio. Kent's major interests are in curriculum development, faculty development, student specialty choice factors, and preceptor training. He has served as a consultant or externail reviewer for faculty development and/or predoctoral programs nationwide.

He has been active in numerous activities of STFM, including serving as project director of four STFM projects: Curricular Guidelines for Third-year Family Medicine Clerkships Project, Preceptor Education Project, Preceptor Education Project, Second Edition, and the Predoctoral Resource Network Project. Most recently, he served as curriculum consultant for the Family Medicine Curriculum Resource Project.

Within STFM, he has been a member of the STFM Education Committee, the Nominations Committee (including serving as chair), the Group on Predoctoral Education (including serving as cochair), and the Group on Faculty Development. Currently he is a member of the steering committee for the Predoctoral Directors Development Institute. He has twice served as chair of the Predoctoral Education Conference. He was an STFM representative to other medical organizations, including working with two large groups from general internal medicine and general pediatrics to develop core clerkshi curricula in those disciplines in the mid-1990s.

STFM Innovative Program Award

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

The 2008 STFM Innovative Program Award Winner—
The Healer's Art is an elective course for medical students focused on creating a community of inquiry into the basic experiences, values, and intentions of professionalism. Rachel Naomi Remen, MD, first developed the course at the University of California, San Francisco in 1992 and has trained faculty to offer it at 59 medical schools in the United States and internationally.

The course's innovative educational strategy is process driven and based on a discovery model. In a setting of mutual safety, students and faculty reflect on and share their experiences of compassion, loss, healing, awe, mystery, calling, and commitment to service. National research shows that the course is highly evaluated by students across schools who report that it offers valuable content, experiences, and learnings not typically available elsewhere in the medical school curriculum.

The Healer's Art Course is recognized for exploring areas in medicine that are seldom taught in medical school but are essential to the development and education of future compassionate and relationship-centered physicians, such as wholeness and healing, grief and loss, awe and mystery, and care of the soul and service.

STFM Advocate Award

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

The 2008 STFM Advocate Award Winner—Allen Hixon, MD, is a board certified family physician and the vice chair of the Department of Family Medicine and Community Health at the University of Hawaii.

Dr Hixon receives this year's STFM Advocate Award due to his leadership in working with state legislators to increase the size of his family medicine residency and to fund it at the level of $4 million. He helped develop legislation to initiate a statewide family medicine rural training network. This bill was enacted into law July 2007 and has sparked interest in rural health workforce development in Hawaii.

He is currently the president of the Hawaii Academy of Family Physicians and a member of the AAFP Commission on Education. As the STFM nominee, Dr Hixon completed the US Department of Health and Human Services Primary Care Health Policy Fellowship. His research interests include health disparities and health workforce development.

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 2008 Curtis G. Hames Research Award Winner—Howard Rabinowitz, MD, is the Ellen M. and Dale W. Garber Professor of Family Medicine at Thomas Jefferson University. Since 1976, he has served as director of Jefferson's Physician Shortage Area Program, a special admissions and educational program that has been successful in increasing the supply and retention of family physicians in rural areas.

Dr Rabinowitz is a past-president of the American Board of Family Practice (1992-93). From 1992-2000, he was a member of the National Advisory Committee of the Robert Wood Johnson Foundation's Generalist Physician Initiative. From 1993-94, Dr. Rabinowitz was a Robert Wood Johnson Health Policy Fellow. He also served as a consultant to the Council on Graduate Medical Education for their Sixth Report to Congress on "The Effect of Managed Care on the Physician Workforce and Medical Education". From 1997-2002, he was national project director and codirector of HRSA's $8 million "UME-21" project (Undergraduate Medical Education for the 21st Century), a program to develop curricular innovations to better prepare medical students to practice in the changing health care environment. He currently serves on the Robert Wood Johnson Foundation's Health Policy Fellowships Advisory Board, and on the Editorial Board of the *Journal of the American Board of Family Medicine*. Dr Rabinowitz is a member of the Institute of Medicine of the National Academy of Sciences.

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 2008 F. Marian Bishop Leadership Award Winner—Alfred Berg, MD, MPH. Dr Berg has been one of the true luminaries for family medicine in the research arena. His area of expertise is clinical epidemiology in primary care settings.

He has chaired the US Preventive Service Task Force, co-chairing the Otitis Media panel convened by AHCPR, chairing the CDC STD Treatment Guidelines Panel, and currently chairing the CDC panel on Evaluation of Genomic Applications in Practice and Prevention.

Dr Berg is a member of the Institute of Medicine and chairs its Committee on the Treatment of Post-traumatic Stress Disorder. He chaired the Department of Family Medicine at the University of Washington from 1999-2007. He serves as associate editor for the *Journal of the American Board of Family Medicine.*

Best Research Paper Award

Presented since 1989, the STFM Best Research Paper Award recognizes the best research paper by an STFM member published in a peer-reviewed journal between July 1, 2006, and June 30, 2007. Selection is based on the quality of the research and its potential impact.

The 2008 Best Research Paper Award Winner —"The Trial of Infant Response to Diphenhydramine. The TIRED Study—A Randomized, Controlled, Patient-oriented Trial"—***Dan Merenstein, MD, et al.*** *(See abstract on p. 78)*

Thursday, May 1 Morning Sessions

7–8 am **Common Interest and Group Meeting Breakfasts**—*Grand Ballroom I-V*

8:15–10 am **Opening General Session**—*Grand Ballroom VI-X*

President's Address: *John Rogers, MD, MPH, MEd*

Plenary Address: "Improving Access to High Quality, Affordable Care—How to Eliminate Medical Homelessness"
Richard Wender, MD, Thomas Jefferson University

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

10:30 am–Noon

SEMINARS

S1: "Why Don't My Patients Follow My Advice?" Applying Health Behavior Theory to Everyday Patient Encounters [S,P,R]—*Laurel D*

S2: Dermatology Training and Competency Procedural Workshop Seminar [R]—*Kent A*

S3: Family, Technology, and Personalized Medicine [P,B,F]—*Kent B*

S5: Developing a Learning Community Among Residencies: The Integrative Medicine in Residency Project [P,F]—*Dover B*

S6: FPIN: From Scholarly Activity to Accessible Publication [S,P,R]—*Kent C*

S7: The Art of Peer Reviewing: Providing a Comprehensive Review of a Manuscript [P]—*Laurel A*

S8: Patient-centered Care Plans: How Re-framing the Complicated to the Complex Creates a Key Patient-centered Tool [S,P,R]—*Laurel B*

S9: When Pain Is the Disease: Dealing With Chronic Pain in the New Model Practice [S,P,R]—*Laurel C*

S38: Reproductive and Sexual Health Needs of Men [S,P,R]—*Atlantic*

LECTURE-DISCUSSIONS

L1A: Innovations in Student Interest Programming: Collaborating With the Entertainment Industry [S,P,R]
L1B: Literature and Film: Using the Humanities as Faculty Teaching Motivators [P,R]—*James*

L2A: Data-driven Evaluation of Competence—the Real-time Evaluation of Doctor's Independence System [P,R,L]
L2B: Minimizing Variables and Promoting What Is Valuable: Getting Residents and Faculty to Enjoy Resident Assessment [P,R]—*Iron*

L3A: The Most Important Lessons Are Learned at Home: Medical Education and Resident Wellness [P,R]
L3B: Taking Care of Our Own: Confronting Depression and Suicidality in Physicians [P,R]—*Falkland*

L4A: You've Finally Decided to Bite the Bullet—How to Buy and Create a Medical PDA [S,P,R]
L4B: Wouldn't It Be Nice If...? Information Tools That Automate Common Clinical Practices [S,P,R]—*Galena*

L5A: A Simulation Experience for Team-based Health Care—Manage Relationships, Information, and Processes [S,P,R]
L5B: Using Simulators in Medical Education [P,R]—*Heron*

PEER PAPERS-Completed Projects

PEER Session A: Student/Career—Essex A

PA1: Nature Versus Nurture: Factors That Impact Selection of Family Medicine as Specialty and Rural Practice [S,P,R,L]
PA2: Evaluating How Students' Perception of Attitude Toward Family Medicine During Clerkships Impacts Their Career Choice [S,P,R,L]
PA3: Longitudinal Evaluation of a Patient-centered Communications Curriculum: The Road to Reaching Common Ground [S,P,L]

PEER PAPERS-In Progress

PEER Session B: Diabetes—Essex B

PB1: University of Missouri "Better Self-management of Diabetes Program": Methods and 6-month Outcomes [S,R,L,F]
PB2: Diabetes Quality Reports: Helping Doctors and Patients Improve Outcomes [S,R,L,F]
PB3: Impact of Literacy Level Sensitive Education in Diabetes Care: A Systematic Review [S,B,R,L,F]
PB4: Move4Health: Student-run Diabetic Health Education Classes Influence Professional Development [S,B,R,L,F]
PB5: Implementation and Outcomes of a New Model of Care Intervention: Diabetes Group and Planned Visits [S,B,R,L,F]

PEER PAPERS-In Progress

PEER Session C: Pediatrics—Essex C

PC1: Evaluation of a Medical Home for Children With Special Health Care Needs: Implications for Family Medicine [S,B,R,L]
PC2: Attracting Children to FM: Early Evaluation of Group Well-child Visits [S,R,L]
PC3: Teaching Well-child Care: A Longitudinal Curriculum [S,R,L]
PC4: Addition of an Early Childhood Development Component to a FM Residency's Pediatric Curriculum [S,R,L]
PC5: A Birth and Newborn Assessment Workshop for First-year Residents [S,L]

RESEARCH FORUM

Research Forum A: Distinguished Papers—Dover C

RA1: Screening Questions to Predict Limited Health Literacy
RA2: Declining Trends in the Provision of Prenatal Care by Family Physicians

Distinguished papers are chosen by the Research Committee based on their overall excellence, quality of research methods, and relevance to primary care research.

SPECIAL SESSION

SS1: Group Leadership Skill Development for Leaders of STFM Groups—*Dover A*

The workshop will build the leadership skills in the area of group process.

12:15—1:45 pm **Luncheon With Candidates Speeches**—*Harborside Ballroom*

PLEASE NOTE: Lecture-Discussions A&B are held in the same room.

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

Thursday, May 1 Afternoon Sessions

2–3:30 pm

SEMINARS

S10: FPIN: Coauthor Mentoring...Who, What, When, Why, and How [P,R]—*Dover A*

S11: The Healthy Physician: Searching for a Balance Between Meaningful Work and a Prosperous Life [P,L]—*Dover B*

S12: Using the Internet to Quickly Answer Clinical Questions [S,P,B,R,F]—*Laurel A*

S13: Discussing Alcohol Consumption With Patients: Science, Strategies, and Resources [S,P,R]—*James*

S14: Stimulating Progress in Occupational and Environmental Medicine Training for Family Medicine Residents [P]—*Laurel B*

S15: Evidence-based Approaches to Caring for Family Caregivers [S,P,R]—*Laurel C*

LECTURE-DISCUSSIONS

L6B: Look-Up Conference: A Learner-driven Resident Conference Format [P,R]
L40B: Hooking Your Office Up to the Internet–The experiences of a FM group [P,R]—*Falkland*

L7A: The Physical Examination: Is It Still Necessary? [P,R]
L7B: Addressing the Health Issues of Lesbians and WSW [S,P,R]—*Galena*

L8A: Medical School Through CME: Integrating Health Literacy Education Into Training [P]
L8B: Using Films to Teach Self Reflection, Cultural Awareness, and Empathy and Responsibility in Doctor-Patient Relationships [P]—*Iron*

L9A: Identifying Patient Panels to Improve Continuity, Quality, and Access in Family Medicine Teaching Practices [P,L,F]
L9B: Coping With Continuity of Care Challenges: A Model for Implementing Practice-based Improvement and Team Building [P,L]—*Heron*

PEER PAPERS-In Progress

PEER Session D: Underserved—Essex A
PD1: Evaluation of FM Residents' Experience on a Street Outreach Van [S,R,F]
PD2: Chronic Disease Management at a Community Free Clinic—Caring for the Uninsured [S,R,F]
PD3: Walking the Walk: A School Walking Program Conducted By a Residency/Community Partnership [R,F]
PD4: The Impact of a Community Health Assessment Project on Learner and Community [S,R,F]
PD5: Health, Home, and Community: The Longitudinal Community Health Experience of the Duke Family Medicine Residency [S,R.F]

PEER PAPERS-In Progress

PEER Session E: Technology—Essex B
PE1: Embracing the Elephant in the Room: Teaching Students to Integrate the EHR Into Doctor-Patient Communication [S,B,R,F]
PE2: Mobile Medicine Podcast Project [S,R,F]
PE3: EHR Use in the Exam Room's Effect on Patient Satisfaction [S,R,L,F]
PE4: Tuning Into Technology to Teach Didactic Presentations Within a FM Dept [S,R]
PE5: Implementing Point-of-Care Evidence-based Practice: A Qualitative Study of Feasibility and Model Revision [S,R,F]

PEER PAPERS-In Progress

PEER Session F: Medical Students/Assessment—Essex C
PF1: Factor Analysis of the Evaluation Form of Med Students at the Univ of Michigan [S,F]
PF2: Web-based Questionnaires to Enhance FM Clerkship Student Self-assessment and Strategy Formulation [S,F]
PF3: Implementing and Evaluating an Early Clinical Experience Longitudinal Block for Medical Students [S,F]
PF4: Audience Response Systems: When Do Learner Retention Rates Decline and Which Students Benefit the Most? [S,F]
PF5: Validating the Value of a Preceptorship and Exposing Students to Core Family Medicine Principles [S,R,F]

RESEARCH FORUM

Research Forum B: Designing for Dissemination: Quality Improvement—Dover C

2–5:30 pm

WORKSHOPS

W1: Career Advising Skills for Clinical Faculty [P,L]—*Laurel D*

W2: Developing an Ethnically Diverse FM Workforce: Early Interventions With Underrepresented Minority Students [S,P]—*Kent A*

W3: We're In This Together: Management of Clinical Uncertainty Through Small-group Learning [S,P,R]—*Kent B*

W4: Implementing a Basic Course in Early Obstetrical Ultrasound in the Family Medicine Residency Program [P,R,L]—*Kent C*

W5: The Challenge of Patients in Pain: Expanding the Options With Non-pharmaceutical Therapies [P,R,L]—*Atlantic*

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

4–5:30 pm

SEMINARS

S16: Educational Principles for the Successful Use of Simulators in Family Medicine Training Programs [P]—*Essex B*

S17: Remote Observation of Teaching Skills [P]—*Essex C*

S18: Is There a Lawyer in the House? Expanding the PCMH Team [P,F]—*Laurel A*

S19: Reengineering a Residency Office Practice for the Future [P,B,F]—*Laurel B*

S20: Teaching Musculoskeletal Procedures, A Train-the-Trainers Seminar [P]—*Laurel C*

S21: FPIN: Getting Students From Evidence-based Research to Publication—*James*

LECTURE-DISCUSSIONS

L10A: Integrating ALSO With Neonatal Resuscitation: The Meta Mega Code [S,P,R]
L10B: ALSO Update [S,P,R]—*Falkland*

L11A: Supporting Peer-based Professional Development for Faculty Using an Interactive Web-based Tool [P]
L11B: Care and Feeding of Faculty Development Projects So They "Have a Life": The I-EXCITE Model [P]—*Galena*

L12A: Developing Residents' Medical Home Skills By Participation in a Complex Child Interdisciplinary Care Team [P,R,F]
L12B: Team Care Coordination: The Next Step in Effective Patient Management [P,R,F]—*Iron*

L13A: Patient as Healer: Using Patient-centered Inquiry in Patients With Fibromyalgia [S,P,R]
L13B: Stop Worrying and Get a Life: Tools for Residents to Teach Anxious Patients [P,R]—*Heron*

PEER PAPERS-Completed

PEER Session G: Minority Issues—Essex A
PG1: Satisfaction of URM Faculty in Academic Medicine: Linkages to Current Trends in Recruitment and Retention [P,L]
PG2: Do Physicians Identify Patient Race in Admitting History and Physical Examinations? [S,P,B,R,L,F]
PG3: Chronic Disease Care Experiences of Meshketian Turkish Refugees [S,P,B,R]

RESEARCH FORUMS

Research Forum C: Cardiometabolic Disease—Dover B
RC1: Addition of Previous Framingham Scores to a Current Framingham Score on Prediction of Coronary Disease
RC2: Effectiveness of Cinnamon for Lowering Hemoglobin A1C in Type-2 Diabetes: A Randomized, Controlled Trial
RC3: Dietary Patterns Associated With Excessive Weight: A Proposal for Screening in Primary Care Clinics
RC4: Development of a Survey of Patient Attitudes Related to Treatment

Research Forum D: Health Policy—Dover C
RD1: Children Eligible But Not Enrolled in SCHIP: Using Existing Resources to Catch a Moving Target
RD2: Does Medicare Part D Outreach to Asian Americans Work?
RD3: Homeless Health Care Access and Utilization Pilot Study
RD4: Mandatory Reporting of Nursing Home Deaths: Effect on Care Quality

SPECIAL SESSION

SS2: An FFM Update: STFM's Efforts to Promote a Sufficient Family Medicine Workforce [S,P,B,R,L,F]—*Dover A*

Friday, May 2 Morning Sessions

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

8:15–10 am **General Session**—*Grand Ballroom VI-X*

STFM Annual Business Meeting: "The State of STFM"

AAFP Greetings: *Daniel Ostergaard, MD, Vice President, Professional Activities*

Presentation of F. Marian Bishop Award: *Macaran Baird, MD, MS, STFM Foundation President*

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

10–10:30 am **Refreshment Break**—*Grand Ballroom I-V*

10:30 am–Noon

SEMINARS

S23: Adult Post-traumatic Stress Disorder: Screening and Treating in Primary Care [S,P,R]—*Essex C*

S24: Teaching Medical Students: Issues of Greatest Concern to Predoctoral Education Directors and Department Chairs [P,L]—*Laurel A*

S25: Getting Near the End: How Family Physicians Provide Palliative and End-of-Life Care [S,P,R,F]—*Laurel B*

S26: Smiles for Life: The STFM National Oral Health Curriculum—Second Edition Feedback Session [S,P,R]—*Dover A*

S27: Teaching Evidence-based Prevention With the US Task Forces on Clinical and Community Preventive Services [S,P,R]—*Laurel C*

S28: Teaching Contraception: An Update [P]—*Laurel D*

S29: The Residents' Master Class: A Problem-based, Learner-centered Alternative to Lecturing [P]—*Kent A*

S30: Primary Care House Calls: Care and Education in the Patient-centered Medical Home [S,P,R,F]—*Kent B*

S34: Recognizing Clinical Reasoning Errors in Our Learners [P]—*Kent C*

S44: Leadership Skills to Promote Faculty Psychological Health: Facilitating Alignment Within Academic Systems [P.L]—*Dover B*

LECTURE-DISCUSSIONS

L14A: Evaluating The Whole-Program Impact of a Curriculum Innovation: The Integrative Family Medicine Program [P]
L14B: Integrating Integrative Medicine Curriculum—Making it Competency-based, Measurable, and Fun [P,R]—*Falkland*

L15A: How To Teach Excellent Obstetrics Training With Limited Number of Faculty [P]
L15B: Creating an Effective Collaborative Relationship With OB Consultants: Tools for Success [P,R]—*Galena*

L16A: Back From the Edge: Resident Remediation [P]
L16B: The Troubled and Deficient Resident: The Evolution of RCAT [P]—*James*

L17A: The Joy of Book Reviewing [P]
L17B: Increasing Scholarly Activity in Your Residency Program: Focusing on Healthy People 2010 Goals [P,R]—*Heron*

L18A: Psychology Consult, STAT! Integrated Behavioral Health Training in a FM Residency Program [P,R]
L18B: Waiting for the Psychiatry Consult: Teaching Initial Management of Bipolar Disorder to FM Residents [P,R]—*Iron*

PEER PAPERS-Completed Projects

PEER Session H: Women's Health—Essex A
PH1: Family Medicine Patient Preferences in Early Abortion: A Survey of Chicago and New York Patients [P,B,L]
PH2: The Holistic Women's Health Project Final Grant Report [P,B,L]
PH3: Smokeless Tobacco Use in Medical Education: Addressing the Gap [P]

PEER PAPERS-In Progress

PEER Session I: Research—Essex B
PI1: Business Planning in the Context of Primary Care Research Networks [R,L,F]
P12: National University of Rwanda Faculty Assessment: Phase One—Self-administered Questionnaires [L,F]
PI3: Reliability and Validity Testing of a Sedentary Activity Scale for Risk Assessment [S,R,F]
PI4: Validation Study of the Japanese PHQ-9 [S,R,F]
PI5: National University of Rwanda Faculty Assessment: Phase One—Focus Group Discussions [L,F]

RESEARCH FORUMS

Research Forum E: Research in Residency—Dover C

Research Forum J: Resident Scholar Session—Dover A
RJ1: Factors Associated With Smoking Cessation Counseling at Clinical Encounters: Behavioral Risk Factor Surveillance System 2000
RJ2: Apprehension, Barriers and Prioritization of End-of-Life Discussions
RJ3: Nurse Practitioner and Physician Assistant Interesting Prescribing Buprenorphine

12:15—1:45 pm **Luncheon With Awards Presentations**—*Harborside Ballroom*

PLEASE NOTE: Lecture-Discussions A&B are held in the same room.

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

Friday, May 2 Afternoon Sessions

2–3:30 pm

SEMINARS

S31: No-scalpel Vasectomy: A Cost-effective, Patient-centered Procedure to Perform and Teach [S,P,R]—*Essex B*

S32: Transitioning Your Residency to an EHR: Strategies for Success [P,B,F]—*Essex C*

S33: Bingo! Fun With Drug Advertising and Other Innovative Teaching Tools for Evaluating Pharmaceutical Marketing [S,P,R]—*Laurel A*

S35: Using Pay-for-Performance to Strengthen Medical Homes While Protecting Patient-centered Care [P,B,F]—*Laurel C*

S36: New STFM-National AHEC Partnership: Spotlight on Projects-in-Progress to Increase Students in the FM Workforce [P,L]—*Laurel D*

LECTURE-DISCUSSIONS

L19A: Guidelines and Strategies for Meeting Challenging Situations Encountered When Teaching Communications Skills [P,R]
L19B: Teaching Professionalism Using Effective, Valid, and Reliable Educational Interventions [P,R]—*Falkland*

L20A: Coordinating and Tracking Teaching by Community Volunteer Faculty: A New Relational Database Approach [P]
L20B: A Professional Development Course for the Clinical Clerkships: Developing a Student-centered Curriculum [P]—*Galena*

L21A: Helping Patients Pay for Medications: An Algorithmic Approach for Faculty and Residents [S,P,R]
L21B: Quick Start: A Novel Method for Helping Women Meet Their Reproductive Goals [S,P.R]—*Iron*

L22A: Keeping Up With the Jetsons: Adapting Emerging Technologies for Residency Education and Information Management [S,P,R]
L22B: Electronic Medical Records: How to Include the Patients With a Personal Health Record [S,P,R]—*Heron*

L23A: Using Women's Health to Recruit Students to Family Medicine [P,F]
L23B: Introducing Students to the Specialty of Family Medicine: A Comparison of Two Clerkship Orientation Programs [P.F]—*James*

RESEARCH FORUMS

Research Forum F: Using Electronic Health Records for Quality Improvement Studies—Dover C

Research Forum G: Health Disparities—Dover B
RG1: Are There Within-group Disparities in Hispanic Women's Knowledge of Acute Myocardial Infarction and Stroke Symptomology?
RG2: Awareness of MI and Stroke Symptoms Among Hispanic Males
RG3: Controlling for Race and Ethnicity: A Comparison of California HMO CAHPS Scores to NCBD Benchmarks
RG4: The Influence of Race on Gleason Score

SPECIAL SESSION

SS3: Presentations From the Advocate Award Winner and the Innovative Program Award Winner—*Essex A*

2–5:30 pm

WORKSHOPS

W6: Real Life Clinical Teaching: How to Make it Work [S,P,R]—*Kent A*

W7: Preparing the Medical Home for a Pandemic Influenza Outbreak [P,L] —*Atlantic*

W8: Spilling Ink: An Expert's Guide to Getting Your Work Published [P,L]—*Kent B*

THEME SESSION

T1: Health Policy and Family Medicine: Advocacy, Education, Workforce, and Research [S,R,P,L] —*Dover A*

3:30–4 pm Refreshment Break—*Grand Ballroom I-V*

4–5:30 pm

SEMINARS

S37: Using Complexity Science and Syndemics to Consider Contemporary Epidemic Phenomena [P]—*Essex C*

S39: The PCMH: A Focus for the FM Clerkship Curriculum [P,F]—*Dover B*

S40: CMS and Graduate Medical Education: A Dialogue With the Decision Makers [P,L]—*Laurel B*

S41: Cinema for Reaching the Emotions: Improving Teaching Skills and Fostering Re-flection Among Students and Faculty [S,P,R]—*Laurel C*

S42: Innovative Models for Teaching Women's Health Procedures [S,P,R]—*Laurel D*

LECTURE-DISCUSSIONS

L24A: Moving Beyond Evaluations: Creating a Resident Portfolio for Tomorrow's Physician, Today [P,R]
L24B: More Than a Repository: Using Online Portfolios to Teach Reflection and Self-directed Learning Skills [P,R]—*Falkland*

L25A: How to Design the Geriatrics Curriculum to Model PCMH Characteristics [P,F]
L25B: Palliative Care and the FFM: An Institutional Case Study [P,F]—*Iron*

L26A: Caring for the Underinsured: Ethics, Evidence, and Educating Learners to Care for the Poor [S,P,R]
L26B: An Undergraduate Service Learning Program to Promote Patient-centered Care for Vulnerable Patients [S,P,R]—*James*

L27A: Improving Access and Quality in the Medical Home for Patients With Limited English Proficiency [P,R]
L27B: Building a Chronic Care Home for Underserved Patients: Creating Language-Concordant "Teamlets" in a FMR Clinic [P,R]—*Galena*

L28A: Teaching FPs the Art of Safe, Cost-effective and Evidence-based Prescribing [P,R]
L28B: Clinical Pharmacists: Enhancing Learning and Clinical Care [P,R]—*Heron*

L50A: Boundary Crossing: Sexual, Racial, Intentional, Accidental, or Social—Teaching Difficult Topics With Learners —*Laurel A*
L50B: Cancelled

PEER PAPERS-Completed Projects

PEER Session J: Patient/Education/System Issues—Essex A
PJ1: Internet Usage and its Applicability as a Patient Education Tool in a Low Socio-economic Population [S,R,F]
PJ2: The Reengineered Discharge Improves Readiness for Discharge and PCP Follow-Up and Reduces Hospital Utilization [S,R,F]
PJ3: Frontline Diabetes: Supplementing Education and QI in FMR Training [P,R,L]

PEER PAPERS-In Progress

PEER Session K: Medical Students/Curriculum—Essex B
PK1: Senior Elective for Medical Students to Enhance Understanding of Patients' Spirituality/Religion [S,F]
PK2: Community-Responsive Physicians: Roles and Responsibilities [S,F]
PK3: Enhancement of Musculoskeletal Diagnostic Clinical Skills Through a Workshop for Students, Residents, and Fellows [S,R,F]
PK4: Using Standardized Patients to Teach Communication and Physical Exam Skills Through Problem-based Learning [S,R,F]
PK5: Evaluating Medical Student Competence in EBM [S,F]

RESEARCH FORUM

Research Forum H: Research and Residency Education—Dover C
RH1: Applicant Characteristics and Poor Performance in a FM Residency
RH2: FMR Educational Characteristics and Career Satisfaction in Recent Graduates
RH3: Impacting FMR Selection: Evaluating the Effects of a Statewide Preceptorship Program
RH4: Improving End-of-life Medical Care: Evaluation of a Residency-based Longitudinal Curriculum

5:45–6:45 pm STFM Group and Committee Meetings (see page 12)

Saturday, May 3 Morning Sessions

7–8 am **Breakfast With Exhibitors and Poster Presenters**—*Grand Ballroom I-V*

8:15–10 am **General Session**—*Grand Ballroom VI-X*

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

Plenary Address: "Something You Somehow Haven't to Deserve—A Medical Home for Every American"
John Saultz, MD, Oregon Health and Science University

10–10:30 am **Refreshment Break**—*Grand Ballroom I-V*

10:30 am–Noon

SEMINARS

S45: New Approaches for Management of First-trimester Pregnancy Complications [S,P,R]—*Essex B*

S46: Lost and Found in Translation: Using Evidence Translation to Support Patient Decision-Making [P,B,F]—*Essex C*

S47: Reflection and Connection: Best Practices of Group Reflective Techniques for Teaching Relationship-centered Care Skills [P]—*Dover B*

S48: Peer Reviewing Manuscripts Submitted to Medical Journals [P]—*Laurel B*

S49: Inpatient Medicine and the Future of Family Medicine [P,F]—*Laurel C*

S50: A Comprehensive, Multidisciplinary Approach to Diagnosis and Remediation of the Challenging Learner [P]—*Laurel D*

S51: Mindfulness Training in Family Medicine: An Experiential View [P,R]—*Kent A*

S4: Faculty Development in the Third Age: New Ideas and Roles for Senior Faculty—*Kent B*

LECTURE-DISCUSSIONS

L29A: Family Medicine Proceduralists and Hospitalists: Defining the Scope Without Limiting the Breadth [P,R]
L29B: Educational Interventions to Improve Resident Confidence in Sideline Medical Management at Sporting Events [P,R]—*Iron*

L30A: Increasing the Number of Students Choosing Family Medicine: Can We Learn From a National Leader? [P,R,L]
L30B: An Innovative Professionalism Workshop: Putting Family Medicine's Core Values to Work [P,R]—*Galena*

L31A: Teaching Outstanding Medical Learners [P]
L31B: Leading Across the Generations: Preparing Family Medicine for the Millennial Generation [P,L]—*James*

L32A: Politics and the PCMH: Health Care Reform in 2008 [P,R,F]
L32B: The Supervisit: Changing the Paradigm of Care for Vulnerable Populations—*Falkland*

L33A: Practical Models for Effectively Training Community and Residency Faculty to Design and Conduct Practice-based Research [P]
L33B: Scholarly Activities Across State Borders—Working Together for Meaningful Results [P,R]—*Heron*

L34A: Obstetrics in Family Medicine: An Endangered Species? [P]
L34B: Teaching Maternity Care of Patients With Female Circumcision [P]—*Bristol*

PEER PAPERS-Completed Projects

PEER Session L: Program Development—*Laurel A*
PL2: Group Visits: Evidence-based Answers to Common Questions [S,R,F]
PL3: Developing Faculty for a Primary Care Urology Teaching Clinic: A Family Medicine/Urology Collaboration [L,F]

RESEARCH FORUM

Research Forum I: Best Research Paper Presentation/Curtis Hames Research Award Presentation—*Dover C*

SPECIAL SESSION

SS4: Leading Through Change—Early Outcomes From the P4 Residency Demonstration Initiative [F]—*Harborside B*

12:30–1:30 pm **STFM Group and Committee Meetings** (see page 12)

PLEASE NOTE: Lecture-Discussions A&B are held in the same room.

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

Saturday, May 3 Afternoon Sessions

1:45–3:15 pm

SEMINARS

S52: Using Graham Center Resources to Meet Advocacy and Planning Needs of Primary Care Educators [P,L]—*Essex A*

S53: Build a Model: The Inexpensive Alternative to Circumcision Training [S,P,R]—*Essex B*

S54: Creative Strategies for Teaching Residents About Professionalism [P,R]—*Essex C*

S55: Group Maternity and Well-child Care: Successful Implementation of New Models in Family Medicine Training [P,F]—*Kent A*

S56: Translating Evidence Into Practice: Effective Faculty/Resident Collaboration [P,R]—*Kent B*

S57: The Medical Solution Is the Problem": Teaching Residents Chronic Care Management [P]—*Kent C*

LECTURE-DISCUSSIONS

L35A: Implementing Toyota Lean Principles in a FM Residency [P,L,F]
L35B: From a TransforMED Self-directed Site: Building the New Model While It's Still in Motion [P,L,F]—*Falkland*

L36A: How to Be an Effective Study Section Member [P,R]
L36B: The IRB Made Plain and Simple [P,R,F]—*Galena*

L37A: Building a New Health Center—Family Medicine Residency Partnership: The Education Health Center [P,R,F]
L37B: The Decision to Redesign: An Exploration of the Beginnings of Our P4 Adventure [P,R,F]—*Heron*

L38A: I am a Great Mentor…Right? [P,R]
L38B: Supporting New Faculty in Family Medicine—Ideas From the STFM Group On New Faculty in Family Medicine [P,L]—*Iron*

L39A: Pre-clinical Competency-based Curriculum: A Multidisciplinary Approach [P,R]
L39B: This Ain't Your Father's Clerkship: Objective-based Clerkship Design [P,R]—*James*

PEER PAPERS-In Progress

PEER Session M: Residency—Dover B
PM1: The Majors and Masteries Curriculum: Implementing Radical Change in Family Medicine Residency Curriculum [S,R,L,F]
PM3: Tales From the Other Side: Partnering With a Managed Care Organization in Residency Education [S,R,F]
PM4: Providing Psychiatric Consultation in the Medical Home [S,B,R,F]
PM5: Competency-based Practice Management Curriculum With Assessment and Validation Tools [S,R,F]

RESEARCH FORUMS

Research Forum K: Communication, Trust, and Patient Satisfaction—Dover C
RK1: Trust Between Doctors and Patients With Chronic Low Back Pain
RK2: Do Drug Samples Jeopardize Patient Safety?
RK3: Does Age Influence How Patients Perceive Communication With Their Health Care Providers?
RK4: Are Patients Satisfied With Open Access Scheduling?

1:45–5:15 pm

WORKSHOPS

W9: Grading Evidence: Sorting Out the Best Information for Our Patients and Our Learners [P,R,L]—*Atlantic*

W10: Career Management for Clinical Faculty: A Workshop for Junior Faculty and Those Who Mentor Them [P,L]—*Laurel A*

W11: Teaching the SMART (Sideline Management Assessment Response Techniques) Course [P,R]—*Laurel B*

W12: Team Learning: An Innovative Method for Medical Education [S,P]—*Laurel C*

W13: FPIN: Practical Faculty Scholarship—Writing for an Evidence-based Point-of-care Publication [P,L]—*Laurel D*

3:15–3:45 pm Refreshment Break—*Grand Ballroom Foyer*

3:45–5:15 pm

SEMINARS

S58: Beyond Information: Negotiating With Patients and Evidence to Create Smart Patient-centered Care Plans [P,R,F]—*Essex A*

S59: Options Counseling Training and Assessment for Teaching Faculty [P]—*Essex B*

S60: Integrating Osteopathic Manipulative Treatment Into Clinical Care [P,R]—*Essex C*

S61: Advanced Features of FMDRL: Pushing the Envelope on Cyber Editing and Collaboration [P,R]—*Kent A*

S62: Quality as Culture: How to Make Quality 'Stick' [P,B,F]—*Kent B*

S63: Dr Smith Goes to Washington: A Family Medicine Advocacy Primer [P,L]—*Kent C*

LECTURE-DISCUSSIONS

L6A: Beyond PowerPoint: Giving Dynamic Presentations [P,R,F]
L40A: America's Next Top Doctor: Teaching Practice Management to Today's Residents [P,R]—*Galena*

L41A: Health Care Disparities at the Bedside: Teaching Residents to Address Quality/Equality in Patient-centered Clinical Care [P,R]
L41B: The Medical Health Care Disparity Certificate Program: Educating Future Physicians About Prevalent Health Care Disparity Issues [P,R]—*James*

L42A: A Family Chart in the Electronic Age—Challenges and Opportunities for a Family-oriented Medical Home [P,R,F]
L42B: Building a Medical Home: The Joys and Challenges of Bringing Group Visits to Residency Practices [P,R,F]—*Heron*

L43A: Meeting LCME ED2 Guidelines—A Sustainable Model for a Moving Target [P]
L43B: Integrating LCME Patient Case Reporting Into Clerkship Evaluations Using a Web-based Tool [P]—*Falkland*

L44A: Walking the Global Health Tightrope Without a Net: Developing Global Experiences at a Community-based Residency [P,R]
L44B: Incorporating a Patient Advocacy Curriculum Into a Well-established Preclinical Elective [P,R]—*Iron*

L49A: Prevention Truths That Aren't Quite Self-evident: The USPSTF Reaffirmation Process and Lessons for Your Learners [S,P,R]
L49B: CDC's Web-based Familial Risk Assessment Tool: How Can We Use It to Prioritize Preventive Care? [S,P,R]—*Bristol*

PEER PAPERS-In Progress

PEER Session N: Residency—Dover B
PN2: Inpatient Procedural Skill Training: Addressing Barriers to Successful Procedures [S,R,L,F]
PN3: A Standardized Patient Approach to Assessing Resident Cultural Competency [R,F]
PN4: An Experience With Formative Resident Learner Portfolios [R,L,F]
PN5: Don't Worry—Be Happy: Quick Tools for Panic and Phobias for Residents Teaching Anxious Patients [B,R,F]

RESEARCH FORUM

Research Forum L: Teaching Rigorous Evaluation Methods for Educational Programs—Dover C

SPECIAL SESSION

SS5: Revenue Enhancement in FM Residencies and Departments—*Dover A*

Sunday, May 4 Morning Sessions

8:15–9:45 am

SEMINARS

S22: Professionalism Exercises to Strengthen the Core Values of the Individual and Team [P]—*Dover A*

S64: Leadership Skills Essential for Systems Change: Leading From the Middle? [P,L]—*Laurel A*

S65: Functional Literacy in Health Settings: Tips and Techniques for Providers [S,P,R]—*Laurel C*

S66: Advanced Medical Ethics Skills for Residency Faculty: Improving Patient Care for the Present and Future [P,B,F]—*Kent A*

S67: Residents as Teachers: Strategies for Improving Peer-based Education in a Community-based Residency Program [P,R]—*Kent B*

S68: The Ultimate Maternity Leave: Going, Going, Gone and then Back for More [P]—*Laurel D*

S69: Can You Stay Relationship Centered if You Work Part Time? [R,L]—*Kent C*

LECTURE-DISCUSSIONS

L45A: Meeting the Resident Scholarly Activity Requirement While Implementing the Chronic Care Model at Your FMC [P,R]
L45B: From Exposure to Experience: Best Practices for Teaching Quality Improvement to Residents [P,R]—*Galena*

L46A: The Harvard Street Forum: A Successful Community-Campus Collaborative [S,P,R]
L46B: Implementing the New Model of Family Medicine at an Academic Program [P,R,F]—*Heron*

L47A: A Step Ahead: Assessing Baseline Skills of an Incoming Resident in 30 Minutes or Less [P]
L47B: Developmental Performance Assessment: A Resident Evaluation Form Assessing Competency for Interpersonal and Communication Skills [P]—*Iron*

L48A: Kaiser Permanente Patient-centered Medical Homes: Lessons Learned in Two Residencies and Applicable Elsewhere [P,R,F]
L48B: Supporting the Medical Home Concept in Rural America: An Academic-community Partnership [P,R,F]—*Falkland*

PEER PAPERS—In-Progress

PEER Session O: Women's Health—Dover B
PO1: Health Care Can Change From Within: A Sustainable Model for Intimate Partner Violence Intervention and Prevention [S,B,R,L,F]
PO2: Using Gender & Ethnic Medicine (GEM) Project Resources in Medical Education [R,F]
PO3: Patients Delivering Away From the Medical Home: Implications of Who, Why, and How Many [S,R,L,F]
PO4: Fresno Breast Cancer Navigator Pilot Project [S,R,F]
PO5: The Addition of an Obstetrical Ultrasound Curriculum to a Family Medicine Residency [S,R,L,F]

RESEARCH FORUMS

Research Forum M: Clinical, Public Health and Leadership Research in Family Medicine—Dover C
RM1: Ectopic Pregnancy Rates, Treatment Utilization, and Outcomes Among Medicaid Patients in Four States
RM2: Predictors for IUD Removal: A Family Medicine Perspective
RM3: Is It Cost Effective to Require Recreational Ice Hockey Players to Wear Face Protection?
RM4: The Path to Leadership Among Community Health Center Medical Directors: Implications for Medical Training

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

10–11:30 am **Closing General Session**—*Grand Ballroom VI-X*

Incoming President's Address: *Scott Fields, MD*

Plenary Address: "Managing Change to Foster Creative Innovation"
Barbara Johnson, PhD, TransforMED, Leawood, Kan

PLEASE NOTE: Lecture-Discussions A&B are held in the same room.

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

Thursday, May 1, 2008; 10:30 am-noon

SEMINARS

S1: "Why Don't My Patients Follow My Advice?" Applying Health Behavior Theory to Everyday Patient Encounters [S,P,R]

Jennifer Middleton, MD; Laura Miller, MD

Residents and students often approach their teachers with frustrations regarding their patients' failures to make recommended behavior changes such as losing weight or quitting smoking. Understanding why individuals make the health choices they do can both decrease provider frustration and increase the effectiveness of behavioral interventions in the outpatient setting. In this animated and interactive seminar session, participants will learn about the Health Belief Model and Social Cognitive Theory, two highly accepted and well-studied health behavior theories. We will explore ways to apply these theories to patient encounters and brainstorm how we might incorporate this knowledge into precepting encounters with residents and students.

Room: Laurel D

S2: Dermatology Training and Competency Procedural Workshop Seminar [R]

Julie Sicilia, MD; Dale Patterson, MD; John Andazola, MD; Roberta Gebhard, DO

Providing procedures in the primary care medical home is essential for timely access and quality care for patients. Office procedures also contribute to the fiscal "bottom line" in the primary care setting. It is crucial that residency educators offer excellent procedural training to assure competency to perform these procedures for their learners. Our seminar will demonstrate how faculty can organize dermatologic training workshops for their learners. We will also introduce resources and competency standard checklists to ensure learner proficiency on inanimate models prior to starting in the patient care setting. Finally, we will give participants the chance to practice giving feedback to learners related to procedural training with role-play situations.

Room: Kent A

S3: Family, Technology, and Personalized Medicine [P,B,F]

William Feero, MD, PhD; Nancy Stevens, MD, MPH; Valerie Ross, MS; John Cavacece, DO; Susan McDaniel, PhD; Lili Church, MD; Michael Crouch, MD, MPH; Don Hadley, MS; Sylvia Shellenberger, PhD

The concept of "family' has long been recognized by family physicians to encompass not only the biological aspects of heredity but also relationship qualities, social networks, and shared environments. Importantly, emerging genetic technologies and the advent of "personalized medicine" are driving a wider recognition of the importance of both the biological and non-biological aspects of "family." This session will examine the confluence of family systems-based approaches in primary care with the emerging area of personalized medicine and the adoption of electronic health records.

Room: Kent B

S5: Developing a Learning Community Among Residencies: The Integrative Medicine in Residency Project [P,F]

Patricia Lebensohn, MD; Craig Schneider, MD; Dael Waxman, MD; Benjamin Kligler, MD, MPH; Mary Guerrera, MD; Victor Sierpina, MD; Rita Benn, PhD; Selma Sroka, MD; Victoria Maizes, MD; Tieraona LowDog, MD

Eight residencies across the United States are creating a learning community by developing a common Web-based curriculum in integrative medicine. The curriculum, which is about 250 hours long, will be implemented in the usual 3-year family medicine residency. The curriculum has been created following the Accreditation Council for Graduate Medical Education Outcome Project guidelines and includes a needs assessment and specific content and evaluation methodologies. During the presentation, we will describe the process of creating the curriculum and the content for each year. Following the presentation, we will discuss the challenges, advantages, and impact of implementing this new curriculum in family medicine residencies.

Room: Dover B

S6: FPIN: From Scholarly Activity to Accessible Publication [S,P,R]

Thomas Satre, MD; Bernard Ewigman, MD, MSPH

The Family Physicians Inquiries Network (FPIN) collaborates with residencies and family medicine departments around the country to help residents and faculty succeed with "synthesis research" and meet Residency Review Committee scholarly activity requirements. With FPIN's structured clinical scholarship program, faculty alone, or faculty working with residents, can add value to their research projects through accessible and rewarding clinical publication, utilizing Evidence-Based Practice's own HelpDesk Answer series as a template. HelpDesk Answers can be researched, completed, and published in as little as 6-8 weeks, as students and residents learn research and critical appraisal skills, using the best available evidence. Participants will learn the process of researching, critically appraising, and writing for an evidence-based publication and how to get faculty and students/residents working together to achieve scholarly activity goals.

Room: Kent C

S7: The Art of Peer Reviewing: Providing a Comprehensive Review of a Manuscript [P]

Valerie King, MD, MPH; Shannon Moss, PhD; Sean Gaskie, MD, MPH; Richard Guthmann, MD

Peer review—it can be a force for good or evil. The review process is a vital component of academic publishing where you will both provide constructive feedback on others' manuscripts and accept important feedback on your own. Reviews are also the final check on a manuscript to ensure that the content is truly evidence based and an important contribution. Participants in this seminar will gain a working knowledge of the review process and how to write a peer review for publication. Small groups will work through a peer review and develop specific techniques for completing a peer review and providing feedback to the author. Participants will become familiar with a structured peer-review form and how to respond to structured feedback as an author.

Room: Laurel A

Thursday, May 1, 2008; 10:30 am–noon

SEMINARS cont'd

S8: Patient-centered Care Plans: How Reframing the Complicated to the Complex Creates a Key Patient-centered Tool [S,P,R]

Daniel Eubank, MD; William Gunn, PhD; Lora Council, MD

Using goal-directed, shared care plans that incorporate complexity theory enhances care that addresses the needs, wants, and values of patients. Care plans traditionally use a complicated approach of multiple problems and solutions. Understanding how to reframe the complicated into the complex shows how to redesign care plans to provide better patient-centered care. This seminar will introduce the differences between complicated and complex and then help participants reframe a question from their own clinic. We will present our experience with developing and implementing care plans, with an emphasis on how care plans are a practical office tool to address complexity. Participants will draft care plan outlines and discuss the implications of these on team care, patient empowerment, teaching of patient-centered skills, and quality improvement efforts.

Room: Laurel B

S9: When Pain Is the Disease: Dealing With Chronic Pain in the New Model Practice [S,P,R]

Thomas Gates, MD

Perhaps no group of patients is more in need of the services of a "medical home" than those dealing with chronic pain, who are often poorly served in the current disjointed medical care system. Yet for providers, these patients are often enormously frustrating, as we try to balance our desire to "fix" the pain with the risk of abuse and addiction. Using primarily case presentations and group discussion, we will review the epidemiology of chronic pain, evidence for and current standards for use of opioids in non-cancer pain, treatment of neuropathic pain, and the use of office protocols to promote standardized treatment.

Room: Laurel C

S38: Reproductive and Sexual Health Needs of Men [S,P,R]

Emily Jackson, MD; Marji Gold, MD

Reproductive/sexual health care providers have traditionally served women or, secondary to HIV/AIDS, men having sex with men. The reproductive/sexual health needs of heterosexual men, from sexual debut to partnering to parenthood, have remained largely invisible and poorly addressed by the medical community. Recent national data indicate that less than half of men, despite visiting medical providers, receive adequate reproductive/sexual health care. Family physicians are uniquely poised to address the health care needs of men. In this session, we will discuss barriers and solutions for meeting the reproductive/sexual health care needs of men and review current practice guidelines. Participants will leave this session ready to address the reproductive/sexual health care needs of men, not just in relation to their partners, but in their own right.

Room: Atlantic

LECTURE-DISCUSSIONS

L1A: Innovations in Student Interest Programming: Collaborating With the Entertainment Industry [S,P,R]

Linda Stone, MD; Mary Jo Welker, MD; Kirsten McNamara, BS

For years we have heard that "if only we could bring back Dr Welby" we might increase student interest in family medicine. But maybe we are asking for the wrong thing. Dr Welby was cutting edge in his time but what is cutting edge for this generation—maybe it is time for Dr Welby to meet the Internet. A year-long collaboration between our Department of Family Medicine and 2 Under Entertainment has resulted in the MedShow product to be launched in the fall of 2008. This entertainment/education Internet portal will be a destination site for those exploring a career in medicine and will focus on family medicine. In ways Dr Welby could only hope for, we can create the family medicine education/entertainment home online.

L1B: Literature and Film: Using the Humanities as Faculty Teaching Motivators [P,R]

Jo Marie Reilly, MD

Family medicine physicians spend many hours teaching, mentoring, and instructing interns, residents, and medical students. While faculty development exists on curricular development and multiple continuing medical education topics for training residents, there is less focus on motivating faculty to teach. Specifically, how do you inspire or re-inspire both new and seasoned faculty to continue to train students and residents in the patient-centered home? How do you motivate faculty to transmit family medicine's core values year after year without burning out? This lecture-discussion will provide take-home, practical, humanities-based tools for faculty and residency directors at the pre- and post-doctoral levels to use as sources of teaching inspiration.

Room: James

L2A: Data-driven Evaluation of Competence—the "Real-time Evaluation of Doctor's Independence" (REDI) System [P,R,L]

Gary Reichard, MD

Since 2003, Phoenix Baptist Residency's "Real-time Evaluation of Doctor's Independence" system (REDI) has exemplified a data-driven evaluation system required by phase 3 of the Accreditation Council for Graduate Medical Education Outcomes Project. By graduation, residents accumulate approximately 700 evaluations of clinical competence in the office. Data show distinct growth over time, meaningful distinctions between learners, and responsiveness to interventions—all foundations of a successful data-driven system. The REDI system is easy to use and has been readily accepted. This session will describe the rationale, design, and outcomes of the REDI system, including original research. A key element—defining competence as independent "performance"—has far-reaching implications that should generate lively discussion. Groups will explore the use of large data sets for evaluation, improvement, and research.

L2B: Minimizing Variables and Promoting What Is Valuable: Getting Residents and Faculty to Enjoy Resident Assessment [P,R]

Netra Thakur, MD; Sallie Rixey, MD, MED

The resident advisee-faculty advisor system is commonly used in residency programs to foster mentorship and ensure assessment of the resident's competency. The Franklin Square Hospital Family Medicine Residency has implemented a system to decrease variation and increase value to the advisor-advisee meeting. This discussion will outline the evolution of our resident assessment process that led to detailed, standardized, half-day, group, advisee-advisor sessions, formatted on licensed evaluation software and conducted in August, October, January, and April. We will demonstrate how this system maintains the ability to mentor residents, streamlines the tracking of residents' progress and portfolios, and also provides benefits of peer mentorship, team-building, and faculty development.

Room: Iron

L3A: The Most Important Lessons Are Learned at Home: Medical Education and Resident Wellness [P,R]

Jodie Eckleberry-Hunt, PhD; Cynthia Fisher, MD; Ronald Hunt, MD; David Lick, MD

Burnout is a well-defined syndrome affecting as many as 70% of physicians, potentially leading to depression, anxiety, substance abuse, suicide, and medical errors. Residents may be particularly vulnerable due to multiple stressors and lack of coping skills, yet little scientific evidence exists documenting specific stressors that predict burnout. No evidence exists about factors that protect from burnout. This presentation will highlight data obtained from 167 multi-specialty residents regarding the presence of burnout, factors that cause burnout, and factors that protect from burnout. Barriers to obtaining professional assistance with burnout will also be reviewed. Attendees will brainstorm interventional methods that residency programs may use based on the data. Discussion will focus on changing the culture of medical education to create an appropriate medical home for residents.

L3B: Taking Care of Our Own: Confronting Depression and Suicidality in Physicians [P,R]

Kathryn Fraser, PhD; Delicia Haynes, MD

The medical community struggles with depression and suicide professionally and personally. Depression tends to be under-treated in the general population, and many physicians with depression do not seek help. Barriers to treatment center around the pressures of being in a high-level profession of overachievers who often see their own mental illness as a weakness. As medical educators, we do a disservice to our profession and to our students when we ignore this problem because the physician's mental well-being is the cornerstone of the "medical home." This presentation will review the literature on depression and suicide in physicians, including tips for educators to help students and colleagues find treatment and improve self-care.

Room: Falkland

L4A: You've Finally Decided to Bite the Bullet—How to Buy and Create a Medical PDA [S,P,R]

Catherine Churgay, MD; Christine Krause, MD

Medical providers like resident and faculty physicians use personal digital assistants (PDAs) for personal use and patient care. Second-generation PDAs have Wi-Fi (wireless Internet) and Bluetooth (wireless mobile phone) technology. A 2007 survey by Morris et al published in Family Medicine revealed that most residents and faculty are self-taught about PDAs and desire formal training in small-group interactive formats. This interactive lecture-discussion will define common PDA terminology, rate and recommend second-generation PDAs and smart phones using Consumer Reports, and provide access to commonly used PDA medical programs such as prescription drug references, preoperative cardiac risk assessment tools, the Framingham 10-year percent risk of cardiac mortality, pediatric hypertension based on growth curves, and ICD-9 codes.

L4B: Wouldn't It Be Nice If . . . ? Information Tools That Automate Common Clinical Practices [S,P,R]

Gregory Sawin, MD, MPH; Allen Shaughnessy, PharmD

Wouldn't it be nice if there were tools that automated documentation, referrals, and coding? Wouldn't it be nice if there were tools that automated prescription writing and test ordering, avoiding duplication? Wouldn't it be nice if there were tools that supported the diagnostic process, promoted use of best practices, and provided us with condition-specific guidelines? Research of family physicians found we have many questions but only search for an answer for one third of them. Well-designed clinical decision support tools can help us by pushing key information at the point of care without requiring a search. In this session, we'll discuss key characteristics that make these clinical decision support systems work and discuss how these tools can better equip our residents to manage information.

Room: Galena

Lecture-Discussions continued on next page

PLEASE NOTE: Lecture-Discussions A&B are held in the same room.

Thursday, May 1, 2008 10:30 am–noon

LECTURE-DISCUSSIONS cont'd

L5A: A Simulation Experience for Team-based Health Care—Manage Relationships, Information, and Processes [S,P,R]

Dennis Breen, MD; Richard McClaflin, MD

Family physicians, especially those practicing in rural and underserved settings, must develop and retain competence in a wide variety of skills, some of which they perform infrequently in their practices. Critical care, procedural, behavioral, and teamwork skills are difficult to teach consistently and even more difficult to evaluate. Our experience with human patient simulation will be presented along with a process to develop a simulated clinical experience that focuses on improving interdisciplinary team-based patient care and skill competence. These simulated clinical experiences are adaptable to a variety of health care settings.

L5B: Using Simulators in Medical Education [P,R]

Ann Rodden, DO; Donna Kern, MD

As technology improves, simulators are becoming a part of the medical education experience. These tools allow learners hands-on education with procedural skills such as central line placement, clinical skills such as pelvic and rectal examinations, and emergency team skills such as caring for the unstable patient and running codes. Clinical experiences can occur in a safe environment outside of the typical doctor-patient situation. Simulators come in many forms from task trainers to human patient simulators. This lecture-discussion will delve into this new technology and specifically focus on the pelvic simulator and how it has been used in teaching and assessment in a residency program. Session attendees will learn about simulators, how they may be utilized, and drivers and barriers to using simulators in medical education.

Room: Heron

PEER PAPERS–COMPLETED PROJECTS

PEER SESSION A: STUDENT/CAREER

Moderator: James Tysinger, PhD

PA1: Nature Versus Nurture: Factors That Impact Selection of Family Medicine as Specialty and Rural Practice [S,P,R,L]

Gwen Halaas, MD, MBA; Therese Zink, MD, MPH

Since 1971, the Rural Physician Associate Program (RPAP) at the University of Minnesota has educated third-year medical students for 9 months in rural communities. Sixty percent of RPAP graduates now practice in a rural setting. About 70% go into family medicine, and about 80% into primary care specialties. Of the graduates who become specialists, 40% practice in rural communities. Students come from rural, suburban, and urban origins and from two campuses—one whose mission is to graduate family physicians for rural or American Indian practice. This success in recruitment and retention has multiple factors that include selection, mentoring, and immersion. The RPAP program has years of data, including essays, surveys, and demographic data that are in the process of analysis.

PA2: Evaluating How Students' Perception of Attitude Toward Family Medicine During Clerkships Impacts Their Career Choice [S,P,R,L]

Shou Ling Leong, MD; Dennis Gingrich, MD

Background: Negative comments may dissuade students from choosing family medicine as a career. This paper explores its potential impact on career selection. Methods: For 4 years, questionnaires on frequency and impact of negative experiences during clerkships were completed by students at the end of the third year. Respondents were sorted into four groups based on specialty interest and if they switched out of family medicine. Analyses were performed between the groups. Results: A total of 368 questionnaires were returned. Negative events were experienced by all students. Compared to students sticking with family medicine, students who abandoned family medicine were significantly (P= 0.012) more bothered by negative experiences. Conclusion. Students leaving family medicine as a career choice were more sensitive to being hassled than students who stayed with family medicine.

PA3: Longitudinal Evaluation of a Patient-centered Communications Curriculum: The Road to Reaching Common Ground [S,P,L]

Gail Marion, PA-C, PhD; Sonia Crandall, PhD, MS; Stephen Davis, MA

Although patient-centered communication improves trust, satisfaction, and outcomes, students receive mixed messages in preclinical versus clinical settings. Our department of family medicine led our school's effort to address this challenge. We will present the development and assessment of Common Ground (CG), a criteria-based, patient-centered communications model known for its ease of use and validated assessment instrument. Over 3 years, CG curriculum was incrementally implemented into the first-year medical student communications course. Reliably trained non-faculty raters evaluated more than 700 videotapes. Cross-sectional and longitudinal analyses revealed that first-year students learned the skills, sustained the skills in the second year, and with additional training and feedback further improved their skills in the third year. Continued improvement occurs when students receive CG criteria-driven feedback.

Room: Essex A

PEER PAPERS–IN PROGRESS

PEER SESSION B: DIABETES

Moderator: Peter Catinella, MD

PB1: University of Missouri "Better Self-management of Diabetes Program": Methods and 6-month Outcomes [S,R,L,F]

Joseph Lemaster, MD, MPH; Robin Kruse, PhD; David Mehr, MD, MS; Tamara Day, RN, BSN

Establishing a medical home for low-income people with diabetes in rural US communities requires a well-coordinated, innovative approach. We are conducting a primary care practice-community partnership intervention to improve diabetes self-management in two rural mid-Missouri counties. The intervention includes three components: (1) developing and implementing a strategic

plan for diabetes self-management using community partnerships, (2) training community members with type 2 diabetes to lead diabetes self-management support groups, and (3) helping rural practices to develop an enhanced care model to support self-management among patients with diabetes. The project aims to identify patient characteristics that predict success in improving glycemic control (HbA1c), reported diabetes self-care behaviors, and self-care-related self-efficacy. We will present lessons learned thus far in the project and 6-month changes in the above outcomes.

PB2: Diabetes Quality Reports: Helping Doctors and Patients Improve Outcomes [S,R,L,F]

Jermaine Joefield, MD; Patricia Bouknight, MD

Objective: The aim of this study was to document compliance with diabetes quality care measures and to implement changes to improve outcomes. Methods: In November 2006, a registry of 90 diabetic patients was established for the family medicine clinics. Baseline data on quality measures included hemoglobin A1C, eye exam, blood pressure (BP) control, and LDL. Comparison to national standards was presented to residents and staff. Improvement initiatives included reeducating physicians and nurses and patient-centered incentives. In November 2007, quality measures will be remeasured and compared to baseline values. Results: Baseline measurements in all categories were below national NCQA averages. Follow-up data will be presented.

PB3: Impact of Literacy-level Sensitive Education in Diabetes Care: A Systematic Review [S,B,R,L,F]

Vikram Arora, MD; Shannon Bolon, MD; Stephen Wilson, MD, MPH

Research has established that patients who suffer from chronic diseases have comparatively lower levels of literacy and experience higher rates of morbidity and mortality. However, there is no strong consensus that adapting diabetic education to patient literacy level impacts disease-oriented outcomes. We performed a systematic review of published literature on type-2 diabetes mellitus, patient education, and literacy. Three reviewers independently evaluated the search results for applicability to the research question. Additional bibliographical reviews and searches for non-published literature were also conducted. Data collection is in progress. Data analysis will be completed by December 2007. We hypothesize that patient education will improve HbA1c in type 2 diabetics, but adapting the intervention to patients' education or literacy level will cause greater HbA1c reduction.

PB4: Move4Health: Student-run Diabetic Health Education Classes Influence Professional Development [S,B,R,L,F]

Patrick McManus., MD; Beth Careyva

Introduction: Move4Health is a student-led interdisciplinary exercise and education class for women with Type 2 diabetes in which the impact on both participants and involved students has been studied. Methods: Three focus groups of students were held to assess the influence of running this program on professional development, career choice, and beliefs about chronic disease. Results: Students expressed that their participation changed their attitudes about chronic disease, influenced their career choice, and gave them practical clinical knowledge. Discussion: Student-initiated health education programs provide an opportunity for early clinical exposure to patients with chronic diseases and influence students' professional development. Chronic disease health education programs should be utilized to supplement formal medical education.

PB5: Implementation and Outcomes of a New Model of Care intervention: Diabetes Group and Planned Visits [S,B,R,L,F]

Michael King, MD; Elizabeth Tovar, PhD, RN, FNP-C

The Future of Family Medicine's New Model of Care emphasizes chronic disease management, quality improvement, and new delivery systems that are patient centered and provide proactive planned care. Group visits and planned care visits can be easily implemented and enhanced by using the chronic care model as a means to close the quality chasm in diabetes care. The presentation will demonstrate how these new models of care converge with improved patient outcomes for diabetes care in a residency training program. By utilizing residents as educators and organizers of these proven interventions, comprehensive chronic disease management and new models of care can be realized in a clinical and training environment for their future practices.

Room: Essex B

Thursday, May 1, 2008; 10:30 am–noon

PEER PAPERS–IN PROGRESS

PEER SESSION C: PEDIATRICS

Moderator: Lisa Nash, DO

PC1: Evaluation of a Medical Home for Children With Special Health Care Needs: Implications for Family Medicine [S,B,R,L]

Rebecca Malouin, PhD, MPH; Shawn Jennings, RN, BSN, CCRP; Yakov Sigal, MD; Jane Turner, MD

Background: Healthy People 2010 states that "All children with special health care needs (CSHCN) will receive regular ongoing comprehensive care within a medical home." CSHCN account for 70% of the pediatric health care costs annually, yet represent only 13% of children. Methods: Families and clinicians of CSHCNs within two general pediatric practices completed either the Medical Home Family Index or the Medical Home Index at two time points. Outcomes: Outcomes include "medical homeness" of the practices, measured at baseline and 6-month follow up, by clinicians and families in intervention and usual care groups. Implications: Understanding the benefits and disadvantages of this model of provision of a medical home for CSHCN may provide insight into development of a medical home for other primary care patients with chronic conditions.

PEER Papers continued on next page

Thursday, May 1, 2008; 10:30 am–noon

PEER PAPERS–IN PROGRESS Cont'd

PEER SESSION C: PEDIATRICS

PC2: Attracting Children to Family Medicine: Early Evaluation of Group Well-child Visits [S,R,L]

Cristy Page, MD, MPH

Pediatric visits to family physicians are declining nationally, and we are challenged to create attractive medical homes for this population. Interest in group visits is growing, yet little is known about the application of group visits to pediatric care. We developed a group well-child care model for infants, "WellBabies," at an academic family medicine center. After implementation, we used semi-structured interviews to explore the experiences of mothers who participated. Major themes were support, developmental comparisons, learning from others' experiences, and more time with providers. The WellBabies group model appears to be a positive experience and a feasible way for the mothers to receive care for their infants. Next steps include an analysis of recruiting success and retention in our practice after participation in the model.

PC3: Teaching Well-child Care: A Longitudinal Curriculum [S,R,L]

Jenitza Serrano Feliciano, MD; Alexandra Loffredo, MD

Improving our residents' training in the ambulatory care of the child and adolescent, the foundation of which is the well-child visit, is one of our program's priorities. To address this priority, we developed a longitudinal curriculum in well-child care that includes a stand-alone well-child clinic within our Family Health Center (FHC), a didactic series on preventive pediatric health topics, and open access for pediatric patients in the FHC. We have implemented these activities and are now in the process of assessing the project's outcomes. We will share our curriculum and related activities, describe the outcomes we have identified, and seek participants' input so we can further improve this project.

PC4: Addition of an Early Childhood Development Component to a Family Medicine Residency's Pediatric Curriculum [S,R,L]

Ann Tseng, MD; Anita Softness, MD; Cassie Landers, PhD

Early childhood development is an important component of family medicine training for which there is insufficient formalized teaching and dedicated time during residency. In this session, the presenters propose a formalized rotation that focuses on early childhood development. This rotation utilizes an early childhood center to implement a core curriculum highlighting speech development, feeding, attainment of developmental milestones, motor development, nonverbal communication, and the development of interpersonal relationships to teach early childhood development to family medicine residents. The rotation can be inserted into an existing family medicine residency rotation in ambulatory pediatrics and meets pediatric Residency Review Committee requirements for family medicine. Further, the rotation allows family medicine residents to apply their knowledge to their own patient panel and illustrates an example of the Medical Home Model.

PC5: A Birth and Newborn Assessment Workshop for First-year Residents [S,L]

Janice Spalding, MD; Ellen Whiting, MEd; Susan Labuda-Schrop, MS

Incoming family medicine PGY1 residents have varied training and hands-on experiences in obstetrics and examining a newborn. To address this variance and to ensure a minimal level of competence and comfort, we provided a 1-day workshop to teach the fundamental concepts of prenatal care, labor, and an uncomplicated delivery and neonate assessment, focusing on what residents would need in preparation for their first day of an obstetrics rotation. Residents from six family medicine residency programs affiliated with a medical school were invited to attend this workshop, which included didactic sessions, hands-on workstations and independent modules in obstetrics, and a presentation on the newborn assessment. We will describe lessons learned while we developed, implemented, and evaluated the workshop.

Room: Essex C

RESEARCH FORUM

RESEARCH FORUM A: DISTINGUISHED PAPERS

Moderator: James Gill, MD, MPH

RA1: Screening Questions to Predict Limited Health Literacy

William Miser, MD, MA; Kelly Jeppesen, MPH; James Coyle, PharmD

Objective: To determine which screening questions and demographic variables can predict health literacy deficit. Method: A total of 225 adults were asked questions regarding their reading ability. Answers were used to predict whether a subject had marginal or inadequate health literacy. Main outcome was a Short Test of Functional Health Literacy in Adults score less than 23. Potential predictors were self-rated reading ability (SRRA), education level attained, Single-Item Literacy Screener (SILS), patient's reading enjoyment, age, gender, and race. Results: In the final logistic model, the following were independently associated with literacy (OR per point increase, [95% CI]): SRRA 3.37 [1.71, 6.63]; SILS 2.03 [1.26, 3.26]; education 1.89[1.12, 3.18]; male gender 4.46[1.53, 12.99]; nonwhite race 3.73 [1.04, 13.40]; none were confounded by age. Area under ROC curve was 0.9212. Conclusions: SRRA, SILS, education level attained, gender, and race predict possible limited health literacy. Clinicians should be aware of these associations and ask questions to identify patients at risk.

RA2: Declining Trends in the Provision of Prenatal Care by Family Physicians

Donna Cohen, MD, MSc; Andrew Coco, MD, MS

Objective: Measure trend in proportion of prenatal visits provided by family physicians. Methods: Analysis of prenatal visits to family physicians and obstetricians in National Ambulatory Medical Care Survey, 1995 to 2004 (n=6,203). Results: The percentage of prenatal visits provided by family physicians decreased from 11.6% in 1995-1996 to 6.1% in 2003-2004 (P=.02). Prenatal visits made to family physicians were significantly associated with location in a rural area (OR=5.56, CI=3.23-9.62), Medicaid insurance (OR=1.76, CI=1.10-2.82),

and age greater than 30 years (OR=0.63, CI=0.41-0.95). Conclusions: Family physicians reduced their provision of prenatal care by nearly 50% over a 10-year period. These findings should be considered as family medicine restructures the role of maternity care in the discipline and future residency training.

Room: Dover C

SPECIAL SESSION

SS1: Group Leadership Skill Development for Leaders of STFM Groups [F]

Sim Galazka, MD; Rick Ricer, MD; Lisa Rollins, PhD

STFM has recently prioritized supporting and strengthening its many Groups. Funding has been identified through the STFM Foundation to assist Groups in their work. The intent of the workshop is to build the skills of these leaders in the area of group process. We will review the importance of Groups On within the organization and as an entry to other STFM leadership opportunities at the beginning of the workshop. The primary focus of this workshop will be introducing the concepts inherent in "intentional design" model for task oriented group process developed by Napier and his colleagues. This model is ideal for our Groups because it includes a range of design structures to comprehensively engage members of a Group and focus their activities together to a specific endpoint. Working group process domains can include idea generation, decision making, discussion and debate, developing a consensus position, and team-building, amongst others. The intentional design model is a specific approach to organizing the Group's process through design of group members' interaction while working together. Different process designs lead to different conclusions. Agendas are often mistaken for designs. In fact, an agenda identifies the content of the group's work, whereas the methods of intentional design determine the way each of the content issues is managed to a targeted end. The workshop presenters have 10 years experience with this approach. All participants will receive a workbook and reference on intentional design methods for use with their Groups.

Room: Dover A

Thursday, May 1, 2008: 2–3:30 pm

SEMINARS

S10: FPIN: Co-author Mentoring—Who, What, When, Why, and How [P,R]

Peter Smith, MD; Edward Vincent, MD; Shannon Moss, PhD; Kevin Kane, MD, MSPH

New Residency Review Committee requirements have forced family medicine residencies to rapidly develop programs that demonstrate scholarly work. Often, residencies must develop such programs without much expertise or formal training. FPIN has a system of co-author mentorship to help first-time authors ease into the world of scholarly writing. These mentors can assist even the best writer with organizing and focusing his/her thoughts to deliver a manuscript that is ready for editorial review. Mentoring also provides a wonderful foundation for faculty development and resident research. FPIN editors will review the qualifications and role of the co-author mentor and offer advice for identifying mentors at your program. Participants will be given tools and resources to use toward becoming a co-author mentor at their program.

Room: Dover A

S11: The Healthy Physician: Searching for a Balance Between Meaningful Work and a Prosperous Life [P,L]

Donald Carufel-Wert, MD; Sarina Schrager, MD, MS

Work life balance is an important goal for most family physicians. Both male and female physicians face the difficult challenge of developing their careers while being able to participate fully in family and outside activities. Balanced physicians are less likely to experience burnout and therefore to be more productive at their jobs. The session will explore ways that physicians can work toward life balance as well as strategizing how the discipline can promote balanced physicians as role models for students and residents. Statistics about part-time work will be reviewed, individuals will share personal stories in small groups, and a large-group discussion will focus on strategies to support the development of balanced family physicians for the future of family medicine.

Room: Dover B

S12: Using the Internet to Quickly Answer Clinical Questions [S,P,B,R,F]

Brian Alper, MD, MSPH; Beth Potter, MD; Anne-Marie Lozeau, MD

Health care professionals find it challenging to quickly obtain useful information. The volume and lack of organization of information on the Internet can make finding information appear impractical. This seminar will introduce efficient ways to use the Internet to meet clinician and patient information needs, covering useful Web sites in the first 45 minutes and useful strategies in the latter 45 minutes. Additional opportunities for hands-on experience may occur in the Computer Cafe or after the conference using handouts with practice questions. A free Web portal (www.myhq.com/public/a/l/alper) that provides an organized approach to accessing useful medical sites will be discussed.

Room: Laurel A

S13: Discussing Alcohol Consumption With Patients: Science, Strategies, and Resources [S,P,R]

Roger Shewmake, PhD, LN

A discussion on alcohol consumption that includes screening will help health professionals ensure that their adult patients who choose to drink are consuming moderately and responsibly, recognize potential problems early, and provide brief intervention and/or referral. Research also shows that parents have the most positive influence over a child's decisions about drinking. Health professionals can partner with parents to prevent and reduce underage drinking by integrating alcohol screening, age-appropriate talking points, and take-home resources into patient visits thus facilitating productive and effective parent/child discussions regarding the dangers of underage drinking. The session will conclude with role plays to demonstrate the use of two available resources for patient discussions: The 2007 Educational Tool Kit on Beverage Alcohol Consumption and A Family Tool Kit.

Room: James

Thursday, May 1, 2008; 2–3:30 pm

SEMINARS Cont'd

S14: Stimulating Progress in Occupational and Environmental Medicine Training for Family Medicine Residents [P]

William Simpson, MD; Ivar Frithsen, MD

Training in occupational and environmental medicine (OEM) is an important aspect of family medicine training. Due to a shortage of board-certified OEM physicians, family medicine-trained physicians are often called upon to perform OEM-related duties. ACGME requirements specifically mandate that OEM training should be incorporated into family medicine residency training. We will provide a brief introduction to the field of OEM as it relates to family medicine training, and we will describe the development of an OEM curriculum for family medicine residents. We will also describe the structure and content of an OEM rotation for family medicine residents, including the various teaching and assessment modalities utilized. The session will conclude with an audience-driven discussion of implementing an OEM curriculum.

Room: Laurel B

S15: Evidence-based Approaches to Caring for Family Caregivers [S,P,R]

Barry Jacobs, PsyD; Mitchell Kaminski, MD

In the past decade, extensive research has found that long-term family caregivers are vulnerable to an array of medical and psychiatric consequences. In the last 5 years, preliminary studies have begun to delineate the interventions that are most effective for preserving caregiver health. While the American Academy of Family Physicians and the American Medical Association have adopted policy statements encouraging physicians to care for family caregivers, there are few guidelines in the family medicine literature on how family physicians can operationalize those ideals. In this seminar, we will highlight the key research findings and then suggest specific means for family physicians to assess and intervene with family caregivers in time-efficient ways. Special emphasis will be placed on using formal assessment tools, developing alliances, and measuring outcomes.

Room: Laurel C

LECTURE-DISCUSSIONS

L6B: "Look-up Conference:" A Learner-driven Resident Conference Format [P, R]*

Timothy Stephens, MD; Allen Shaughnessy, PharmD

Can we teach residents how to learn at the same time they are learning? To be successful throughout their careers, residents must make the transition from dependent to independent learner to successfully manage their knowledge and skills. Research indicates that case-based interactive resident-led conferences result in better learning outcomes. We will discuss the method we have developed for resident conferences that focuses on using information mastery techniques to answer case-based clinical questions in a specific manner that can be remembered and implemented. The process helps residents develop specific skills such as a self-learning technique and creates a culture of finding answers from evidence-based review sources rather than relying on memory, opinion, or conjecture. Participants will be involved in a simulation of this conference method.

L40B: Hooking Your Office Up to the Internet—The Experiences of a Family Medicine Group [P,R,F]

John Bachman, MD; Kurt Angstman, MD

Setting up an Internet portal for appointment scheduling, prescription refills, virtual visits, and messaging is a necessary step for family doctors. This presentation discusses the experiences and lessons learned at Mayo Clinic in its Department of Family Medicine.

Room: Falkland

L7A: The Physical Examination: Is It Still Necessary? [P,R]

Eugene Orientale, MD

Given the advancement of medicine, the increasing sophistication of medical diagnostic testing, and our increasing reliance on laboratory testing, should we consider abandoning the physical exam altogether? Are there elements of the physical exam that are more reliable than others? Are parts of the exam so unreliable that they should no longer be practiced? And how do our gold standards of diagnostic testing hold up to the same level of evidence-based analysis? This session will explore the historical development of our present day physical exam and place the physical exam under the scrutiny of the best available medical evidence to determine its overall merit.

L7B: Addressing the Health Issues of Lesbians and WSW (Women Who Have Sex With Women) [S,P,R]

Tara Stein, MD; Silvia Amesty, MD; Emily Jackson, MD; Marji Gold, MD

WSW (women who have sex with women) or lesbian patients may be at higher risk for certain preventable diseases such as obesity, tobacco use, and some cancers. Misinformation, heterosexism (a term used to describe the presumption that everyone is straight or heterosexual), and poor communication among health care providers and their lesbian patients have resulted in inadequate or limited access to medical care. This impact on lesbian health is evidenced by rates of chronic illnesses and avoidance of preventive health services by lesbians. To improve lesbian health care, heterosexism should be addressed within the medical profession, and lesbian patients and their providers must become better informed about important health issues.

Room: Galena

L8A: Medical School Through CME: Integrating Health Literacy Education Into Training [P]

Susan Labuda-Schrop, MS; Ellen Whiting, MEd; LuAnne Stockton, BA, BS

Literacy can have a profound impact on health. Physicians must attend to literacy issues during all patient encounters; however, many have had little or no formal education in this area. This session will provide the opportunity to discuss options for integrating literacy training into medical education. Stimulus

materials will include descriptions of medical school curricular offering and five interactive self-instructional modules that can be used to educate health care professionals about literacy and health literacy. Participants will discuss strategies and barriers for integrating literacy education throughout the medical education curriculum, including medical school, residency, and CME.

L8B: Using Films to Teach Self Reflection, Cultural Awareness, and Empathy and Responsibility in Doctor-Patient Relationships [P]

Glenda Stockwell, PhD; Jaya Bajaj, MD

Finding ways to teach residents self reflection, empathy and responsibility in relationships, and cultural awareness is daunting, yet these skills are helpful throughout life in relationships with patients, families, and friends. Each month our "Movie Group," which consists of 6-10 PGY 1, 2, and 3 residents, spends the afternoon watching a movie together. This experience establishes common ground for discussion and provides a format for introducing and exploring life issues important to medical practice that are unrelated to biomedical content. It puts learners in novel situations, allows vicarious emotional involvement, emphasizes process education, introduces underrepresented populations, and shows a wide range of life experiences and emotional responses to them. It's also creative and fun! Core competencies addressed: professionalism, interpersonal/communication skills, and medical knowledge.

Room: Iron

L9A: Identifying Patient Panels to Improve Continuity, Quality, and Access in Family Medicine Teaching Practices [F]

Bruce Soloway, MD; Jonathan Swartz, MD

In teaching practices, with multiple part-time providers at different skill levels and regular turnover of resident providers, definition of continuity panels is an ongoing challenge. This lecture-discussion will describe a computer-based algorithm that assigned a unique active primary care provider to each patient in two family medicine teaching practices based on a combination of provider input and visit history. This algorithm was used to generate patient panel lists for each provider, to identify panels that were too small or too large and to rectify these imbalances, to develop provider-specific disease registries and performance reports, and to help reassign patients when their providers completed residency training. Participants will explore how such an analysis might be developed and applied in their home practices.

L9B: Coping With Continuity of Care Challenges: A Model for Implementing Practice-based Improvement and Team Building [P, L]

Mary Talen, PhD; Tricia Hern, MD; Alvia Siddiqi, MD; Kinjal Kadakia, MD

A cornerstone of family medicine is continuity of care for patients. However, residency practices are riddled with obstacles, such as limited scheduling times for physicians, patients seeing multiple providers, and communication barriers between the medical team members—which interrupt continuity in doctor-patient relationships. With 40 residents/fellows and 12 attending faculty, we used a practiced-based improvement model to assess our continuity of care. Before continuity teams were established, we surveyed the faculty, residents, and staff on the problems and communication obstacles in daily practice. These results helped pinpoint problem areas and direct problem-solving strategies within the new team structure. The survey was re-administered after 4 and 8 months to provide continuous feedback on the changes between the team members and mapping the progress in continuity of care.

Room: Heron

Thursday, May 1, 2008; 2–3:30 pm

PEER PAPERS–IN PROGRESS

PEER SESSION D: UNDERSERVED

Moderator: Patrick McManus, MD

PD1: Evaluation of Family Medicine Residents' Experience on a Street Outreach Van [S,R,F]

Lara Weinstein, MD; Daniel Dejoseph, MD; Daisy Wynn, MD

With the support of a Heath Resources and Services Administration Residency Training Grant, we have developed an innovative Population Health curriculum to train family physicians to care for underserved populations. As a component of the curriculum, each resident accompanies a Project HOME community worker on an outreach van shift to assist in the medical and psychological evaluation of chronically homeless individuals. Before and after this experience, the residents complete a survey designed to evaluate residents' conceptions of the homeless. The residents' evaluation of the experience will be used to shape an innovative future program, currently under development, to provide ongoing care to medically fragile homeless individuals in a community based patient-centered medical home.

PD2: Chronic Disease Management at a Community Free Clinic—Caring for the Uninsured [S,R,F]

William Cayley, MD

Community free clinics are an important part of the safety net for uninsured persons and often serve as the medical home for uninsured patients requiring care for chronic illness. This presentation will describe the process of expanding a grant-funded diabetes care program at a community free clinic into a broader chronic disease management program for uninsured patients. Specifically, this presentation will address: (1) the process of developing and funding the initial diabetes management program, (2) the identification of target chronic diseases to be addressed by a chronic disease management (CDM) program, (3) the development of clinical processes and programs to support CDM for uninsured patients, and (4) the incorporation of educational experiences for medical students and residents into the free clinic CDM program.

PEER Papers continued on next page

Thursday, May 1, 2008; 2–3:30 pm

PEER PAPERS–IN PROGRESS Cont'd

PEER SESSION D: UNDERSERVED

PD3: Walking the Walk: A School Walking Program Conducted by a Residency/Community Partnership [R,F]

Joseph Stenger, MD; Rosemary Kirousis, RN; Suzanne Cashman, ScD

Problem Statement: The need for increasing physical activity has been well documented. Through learning community medicine skills, family medicine residents can increase the likelihood of patients' positive change. Project Methods: A family medicine practice and teaching site partnered with a community-based organization (co-founded by several practice providers) to develop a school-based walking program. Teachers learned how to incorporate physical activity into the curriculum; children received pedometers and logged in their walking data. Outcomes (so far): In 4 months, 173 third- and fourth-grade students used pedometers and logged 16,621,860 steps—approximately 6,295 miles. Family medicine residents report learning ways of partnering with community-based organizations to improve health. Implications: Family medicine practices and their residents and can effect community-wide changes by partnering with community-based organizations to increase physical activity.

PD4: The Impact of a Community Health Assessment Project on Learner and Community [S,R,F]

Gwen Halaas, MD, MBA

Since 1971, the RPAP program has had medical students in 110 rural communities in Minnesota. These community physicians, health care staff, and patients have participated in educating future physicians as an investment in their health care future in terms of the satisfaction of their current physicians and the recruitment of future practice partners. The Community Health Assessment project was developed to improve the student's competency in systems-based health care, practice-based improvement, and population health but also to provide community-based health improvement efforts that could continue to provide value to the community after the student was gone. Some of the communities have continued the efforts supported by AHEC grants that will improve health outcomes and create interprofessional learning opportunities.

PD5: Health, Home, and Community: The Longitudinal Community Health Experience of the Duke Family Medicine Residency [S,R,F]

Michelle Lyn, MBA, MHA; Frederick Johnson, MBA; Viviana Martinez-Bianchi, MD; Kimberly Yarnall, MD

Teaching and modeling effective community engagement strategies that lead to collaborative community-based clinical, care management, and chronic disease prevention/reduction services can be a challenge for family medicine residency programs. Placing residents in community practices to deliver clinical care is critical training but not enough. This session will describe the immersion of residents in both the design and operation of community-engaged health services across the spectrum, from service development to clinical care. Often, community engagement builds new and sometimes non-traditional models of care that reflect the needs of community members and can be effective in improving patient and population health. This session will provide information describing the approach used in Duke's Community Health Longitudinal Experience for Family Medicine Residents, lessons learned, and plans for future activities.

Room: Essex A

PEER PAPERS–IN PROGRESS

PEER SESSION E: TECHNOLOGY

Moderator: Peter Catinella, MD

PE1: Embracing the Elephant in the Room: Teaching Students to Integrate the EHR Into Doctor-Patient Communication [S,B,R,F]

Jay Morrow, DVM, MS; Scott Kinkade, MD, MSPH; Alison Dobbie, MD

Statement of the Problem: A 2007 Medline search revealed no teaching methods for medical students to incorporate electronic health records (EHRs) into ambulatory settings. Our study will establish and test best practices for teaching this important topic. Project Methods: Using a quasi-experimental study design, students will be assigned to control (n=30) or intervention (n=30) groups. During clinic skills sessions, both groups will receive EHR training and practice history taking. The intervention group will also learn EHR integrative communications skills. We will test both groups on a standardized patient (SP) case, using a checklist we develop. Outcomes (so far): We will statistically compare the two groups' performances on the SP case. Implications: Our methods will be of widespread interest and practical use in many US medical schools.

PE2: Mobile Medicine Podcast Project [S,R,F]

Thea Lyssy, MA; James Tysinger, PhD; Mark Nadeau, MD

Annually, family medicine residents are required to take the American Board of Family Medicine In-training exam (ITE). The ITE is similar in format to the national board exam. Poor performance on the ITE can be an indication of how residents will perform on the national board exam and their potential risk of failure. Historically, about one third of our residents score below the 20th percentile nationally during their intern year. Development of a Mobile Medicine Podcast Program, including MP3 players and access to podcast recordings, provides residents with a convenient and portable learning venue. Residents scoring lower on the ITE are participating in this study to assess the applicability of podcasts in learning clinically relevant topics applicable to patient care and improving In-training exam scores.

PE3: EHR Use in the Exam Room's Effect on Patient Satisfaction: A Systematic Review [S,R,L,F]

Jihad Irani, MD; Jennifer Middleton, MD; Hajime Kojima, MD

Electronic health record (EHR) use in office-based practices is rising. The Future of Family Medicine report recommends its widespread use, but many practitioners hesitate to implement EHRs due to fears about its effect on patient relationships. We are conducting a systematic review to determine if physician use of EHR during the patient encounter affects patient satisfaction.

Our preliminary findings suggest that patient satisfaction does not decline with the use of EHR during the medical encounter. Although concerns about the quality of patient-physician relation are understandable, they should not prevent implementation of an EHR and its use in the exam room.

PE4: Tuning Into Technology to Teach Didactic Presentations Within a Department of Family Medicine [S,R]

Farion Williams, MD; Carlos Aguero-Medina, MD; Sherry Falsetti, PhD

Most didactic experiences occur in clerkships and residencies in the early morning, the noon-time period, or after completion of the day's clinical duties. Given Duty Hour requirements it has become increasingly difficult for learners be able to attend all of their didactic training sessions. As educators we sometimes question the long-term value of our learner's educational experiences given potential fatigue. Many disciplines have begun to use technology-based education in an attempt to adapt their teaching methods to enhance learning. Our Department of Family and Community Medicine has started using podcasts and blackboard-based discussion groups to help facilitate and improve learning outcomes. This presentation will focus on the successes and failures of this project.

PE5: Implementing Point-of-care Evidence-based Practice: A Qualitative Study of Feasibility and Model Revision [S,R,F]

Jennifer Hoock, MD; Rex Queampts, MD, MS

Evidence-based practice (EBP) promises better health care, but we need a model, training, and implementation with assessment of patient outcomes. We evaluated the feasibility of an EBP model with training and provision of online resources and identified potential revisions. This primarily qualitative study included workshop and online-tutorial training with Web-portal access to EBP resources. A pre and post questionnaire with debriefing sessions over a 1-year observation period provided triangulated quantitative and qualitative assessment. Physicians rapidly acquired the skills and knowledge required to access evidence using a portal page, though they need ongoing support with implementation. They endorsed the concept of EBP, increased use of online evidence-based databases, and identified model modifications to make EBP feasible in current clinical practice.

Room: Essex B

PEER PAPERS–IN PROGRESS

PEER SESSION F: MEDICAL STUDENT/ASSESSMENT

Moderator: David Henderson, MD

PF1: Factor Analysis of the Evaluation Form of Medical Students at the University of Michigan [S,F]

James Lim, MD; Kent Sheets, PhD; Douglas Gelb, MD, PhD

The grades of third-year medical students at the University of Michigan are determined by evaluations that rank each student from 1 to 9 on 12 individual components, such as physical examination. The purpose of this study is to use the statistical method of factor analysis to determine whether certain individual components consistently correlate with each other, forming clusters, and whether these clusters correspond to intuitive categories, such as interpersonal skills. We will also investigate whether the same clusters are identified in all the clerkships. The second part of the study will determine if these clusters correlate with external measures of student performance, such as standardized test scores.

PF2: Web-based Questionnaires to Enhance Family Medicine Clerkship Student Self-assessment and Strategy Formulation [S,F]

William Huang, MD; Ellen Tseng, EdD; Fareed Khan, MD; Elvira Ruiz; Tai Chang, MA

Student self-assessment and development of strategies to improve their performance are important aspects of self-learning. In this session, we will present Web-based pre-clerkship and post-clerkship questionnaires, which our clerkship students use to self-rate their achievement of clerkship competencies before and after the clerkship. These questionnaires also allow students to formulate strategies to achieve competencies at the beginning of the clerkship and realize at the end of the clerkship the actual strategies they used. During the 2006-2007 academic year, students more highly rated their knowledge and achievement of each clerkship competency at the end of the clerkship compared to the beginning ($P<.01$ for all items). Students also shared a number of strategies they used during the clerkship that contributed to these improvements.

PF3: Implementing and Evaluating an Early Clinical Experience Longitudinal Block for Medical Students [S,F]

Lia Bruner, MD; Betsy Jones, EdD; Tommie Farrell, MD; Kathryn McMahon, PhD

At our institution, a new longitudinal block, the Early Clinical Experience (ECE), was implemented in the first year of medical school during 2005-2006 to better prepare students in the clinical skills necessary to become physicians adept at patient communication, interviewing, and physical examination. As that cohort of students moved into its second year of training, their ECE activities continued to expand as well, including additional clinical training sites and new skills for mastery. This presentation will review evaluation tools and techniques for the MS1 and MS2 Early Clinical Experience curriculum, and it will outline evaluation results across 2 academic years, focusing on student feedback of the clinic teaching and small-group sessions.

PF4: Audience Response Systems: When Do Learner Retention Rates Decline, and Which Students Benefit the Most? [S,F]

Sean Reed, MD; Susan Pollart, MD; Lisa Rollins, PhD

Utilizing effective learning strategies is critical in the pre-doctoral curriculum where the pace of learning has been compared to drinking from a fire hose. Social as well as knowledge-based insecurities can impede students' learning. Audience response systems (ARS) offer faculty a new tool. Enhanced technology and reduced cost has increased their use. Increased learning retention and improved classroom interaction are key measurements of effective teaching. A longitudinal lecture series will be taught to third-year students with and without (control) an ARS component. Follow-up surveys completed at 1, 3, and 6 months will be completed to assess retention. Study results and a discussion of specific student populations that might benefit will be reviewed in an interactive demonstration of ARS technology.

Thursday, May 1, 2008; 2–3:30 pm

PEER PAPERS–IN PROGRESS Cont'd

PEER SESSION F: MEDICAL STUDENTS/ASSESSMENT

PF5: Validating the Value of a Preceptorship and Exposing Students to Core Family Medicine Principles [S,R,F]

Julie Robbs, MA; Amber Barnhart, MD; Harald Lausen, DO, MA

Our institution developed a student pre and post survey 5 years ago to explore student self-assessment in six core areas of family medicine. Our goal was to validate that the preceptorship is a valuable learning experience for students in the required 6-week clerkship and increases students' knowledge about core family medicine principles. The six questions asked students prior to and after the preceptorship if they feel they acquired knowledge about core family medicine principles. We gathered data from the classes of 2004 through 2008 and found a significant increase for each question for every class except for a question for the class of 2004. The results strongly support the family medicine preceptorship. This session will review the goals, results, and implications of the survey.

Room: Essex C

RESEARCH FORUM

RESEARCH FORUM B: Designing for Dissemination: Quality Improvement as Research

Moderators: Richelle Koopman, MD, MS, Andrew Bazemore, MD, MPH

RFB: Designing for Dissemination: Quality Improvement as Research

Peggy Wagner, PhD; Chris Feifer, DrPH; Donna Cohen, MD, MSc

Quality Improvement is a vital process in our mission to provide safe, timely, effective, efficient, equitable, and patient-centered care in our practices. And good ideas should be shared! Let our three experts guide you in designing your efforts for dissemination during this interactive session. Dr Peggy Wagner will share her ideas about patient-centered approaches to QI, specifically demonstrating a Clinical Dashboard "real-time" feedback strategy using AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurement approach. Because quality varies across settings, but feasible measures do not always capture or explain these differences, Dr Chris Feifer will address issues in measuring practice and health plan level quality, in various population types. Dr Donna Cohen will tell us what it takes to successfully implement QI research within a residency curriculum, including basic project requirements, key faculty and institutional resources, and a realistic timeline. Dr Cohen will review common benefits and difficulties encountered in building successful collaborations between faculty and residents as part of the QI research initiative. Participants in this interactive session may experience moments of inspiration that lead to projects that will improve the quality of care for patients.

Room: Dover C

Thursday, May 1, 2008; 2–5:30 pm

WORKSHOPS

W1: Career Advising Skills for Clinical Faculty [P,L]

Jeanette Calli, MS

We know from the Association of American Medical College's Graduation Questionnaire that a top factor influencing students' specialty choice is advising. And while advisors play an important role in providing career guidance to students, it is also one of the lowest-rated services offered by schools. This session will provide clinical faculty with a foundation for working with students on career and specialty decisions. We will present the philosophy of Careers in Medicine, a 4-year career planning program for medical students with advising as a key component and introduce valuable resources and skills to assist clinical faculty in providing sound career advice to students.

Room: Laurel D

W2: Developing an Ethnically Diverse Family Medicine Workforce: Early Interventions With Underrepresented Minority Students [S,P]

Vanessa Diaz, MD; Manuel Oscos-Sanchez, MD; Crystal Cash, MD; Mark Johnson, MD, MPH

Family medicine, along with other American health care agencies and medical education systems, face the challenge of providing an ethnically diverse workforce to meet the needs of continually growing underserved populations. Both the Association of American Medical Colleges, with a goal of 3000 by 2000, and the Institute of Medicine report on the impact of health care disparities, highlight the need for strategies to increase interest among potential medical school recruits. There have been many recommendations for remedies, but implementing effective programs has been difficult. In this workshop, presenters from the STFM Group on Minority and Multicultural Health and the Group on Hispanic/Latino Faculty will work with participants in designing programs to enhance opportunities for underrepresented minority students to participate in activities that will encourage and mentor them into careers in medicine.

Room: Kent A

W3: We're in This Together: Management of Clinical Uncertainty Through Small-group Learning [S,P,R]

Lucia Sommers, DrPH; Tina Kenyon, ACSW; Michael Potter, MD

The clinical uncertainty endemic to primary care practice is only partially reduced by practice guidelines. Curbsiding and surfing the Web as needed, clinicians traditionally navigate alone through patients' undifferentiated symptoms, health worries, and psychosocial complexities. Safe havens for learning uncertainty management skills are much needed in today's climate. "Practice Inquiry" (PI), a small-group learning model, uses case-based uncertainty as content for regularly scheduled meetings where colleagues collaborate in reflective decision making, searching for and managing information, and crafting tools for building patient relationships. More than 120 clinicians in Northern California currently participate. PGY-3 family medicine residents in New Hampshire were recently introduced to PI as a practice model. This interactive workshop will demonstrate practice-based learning from uncertainty through involving participants in PI groups.

Room: Kent B

W4: Implementing a Basic Course in Early Obstetrical Ultrasound in the Family Medicine Residency Program [P,R,L]

Evelyn Figueroa, MD; Emily Godfrey, MD, MPH; Joey Banks, MD; Suzan Goodman, MD, MPH

Family physicians and residents provide care to pregnant women. Almost one third of women will have a pregnancy complication in the first trimester. Incorporating first-trimester obstetrical ultrasound into the family medicine center broadens the scope of resident and faculty participation in maternity and reproductive health care. The training required for evaluation of fetal viability and gestational age in the first trimester is much easier to acquire than comprehensive obstetrical ultrasound beyond the first trimester. The ability to offer first-trimester ultrasound facilitates management of miscarriage and medical abortion, both being within the family physician's scope of practice. Faculty from three family medicine residencies will give an overview of ultrasound in early pregnancy to include a sample training workshop for residents, elements of privileging, and competency. Participants will be instructed on live patients the basics of an early obstetrical and pelvic ultrasound. Attendance limit: 18

Room: Kent C

W5: The Challenge of Patients in Pain: Expanding the Options With Non-pharmaceutical Therapies [P,R,L]

Paula Gardiner, MD; Robert Bonakdar, MD; Mary Guerrera, MD; William Elder, PhD; Janice Daugherty, MD

Today's health care professionals regularly treat patients with acute and chronic pain. This session is designed to expand the repertoire of non-pharmaceutical techniques to work with patients who have chronic or acute pain. The focus will be on adjunctive treatments to medications such as psychotherapy, mind-body techniques, acupuncture, and dietary supplements. We will review the evidence and safety for each technique followed by a demonstration and skill-building exercise. Participants will be able to discuss and counsel patients on non-pharmaceutical techniques and receive resources on how to get more training on specific techniques.

Room: Atlantic

Thursday, May 1, 2008: 4–5:30 pm

SEMINARS

S16: Educational Principles for the Successful Use of Simulators in Family Medicine Training Programs [P]

George Bergus, MD, MAEd; LuAnne Stockton, BA, BS; Julie Robbs, MA

Simulation has long been used in medical education. Better models, more powerful computers, and greater focus on patient safety are rapidly expanding its use. However, it remains an educational tool that needs to be used well. This seminar focuses on the educational principles central to the successful use of simulation to enhance the training of medical students and residents. Simulators relevant to family medicine education include part task trainers, simulated patients, mannequins with computer controls, and simulated work environments. Educators should be familiar with the educational theories behind using simulation and the common characteristics of its use. Key concepts and principles to effectively use simulation to support medical student and resident training will be discussed.

Room: Essex B

S17: Remote Observation of Teaching Skills [P]

Alan Wrightson, MD; William Melahn, MD; Andrea Milam, EdD; Amy Conley, MD; Lisa Goldstein, MD; Tetyana Tackett, MD; Denis Aliker, MD

The ability to assess and demonstrate educational outcomes as the achievement of competency-based learning objectives is fundamental to residency education. It requires active participation of learner and teacher and forms the basis for practice-based learning and improvement, wherein attending family physicians have multiple opportunities to transmit family medicine's core values by encouraging residents to seek and receive feedback from patients, other care providers, peers, and themselves. Precepting encounters can facilitate or frustrate efforts toward competency-based education wherein clinical encounters must provide valid and reliable data that ultimately improve residents' performance. This seminar will demonstrate remote observation of teaching skills, a faculty development initiative aimed to improve precepting quality and efficiency in the day-to-day clinical environment, where much resident education occurs.

Room: Essex C

S18: Is There a Lawyer In the House? Expanding the Patient-centered Medical Home Team [P,F]

Patricia Lebensohn, MD; Anne Ryan, JD; Hope Tipton, JD

The Tucson Family Advocacy Program at the University of Arizona and Project HEAL (Health, Education, Advocacy, and Law) at the Johns Hopkins Children's Center are multidisciplinary partnerships of physicians, lawyers, and social workers collaborating to improve patient health. Physicians often recognize the effect of social factors (eg, poor housing) on the health of vulnerable patients but face barriers to addressing them. By providing free legal services to low income patients in a clinic setting and educating health care providers about legal issues impacting patient health, patients receive the help they need to avoid or resolve crises that undermine health. Learn why to and how to incorporate legal services into a patient-centered medical home, including initial steps, obstacles, and partnership models.

Room: Laurel A

S19 Reengineering a Residency Office Practice for the Future [P,B,F]

Geoffrey Jones, MD; Steven Crane, MD

The New Model of Family Medicine involves quality patient-centered care, a team approach, integrating technology, and creating functional practices. Our residency program implemented an office reengineering project to promote these goals and enhance the training of future family physicians. It revolutionized patient flow and allowed us to use our electronic health record (EHR) to improve the efficiency and quality of the care we provide. This seminar will include a description of the reengineering concept, our rationale for initiating the project, and our own program's experience, including its challenges, outcomes, and future directions.There will be small-group discussion on how various components of the redesign process can address challenges in providing residents with the skills necessary to advocate for better health care.

Thursday, May 1, 2008; 4–5:30 pm

SEMINARS Cont'd

S20: Teaching Musculoskeletal Procedures, a Train-the-Trainers Seminar [P]

Steven Roskos, MD; Julie Sicilia, MD; Roger Garvin, MD; Dale Patterson, MD; Kaparaboyna Kumar, MD; Roberta Gebhard, DO

Medical procedures of all kinds are a key component of the patient-centered medical home. It is important that family medicine educators teach procedures well. We will present a method of instruction that involves demonstrating the procedure in a clear manner by calling attention to the task in general, calling attention to specific steps, saying and then doing each step, and then having learners recall the steps. We will also distribute a certification checklist that includes not only the technical portion of the procedure but other aspects such as appropriate indications, informed consent, and post-procedure instructions. Participants will practice giving instruction and receive feedback from experienced faculty as they "teach" co-participants how to inject a model of a knee, subacromial bursa, or lateral epicondyle.

Room: Laurel C

S21: FPIN: Getting Students from Evidence-based Research to Publication

Kara Cadwallader, MD; Norman Fredrick, MD; Michael Flanagan, MD

The Family Physicians Inquiries Network (FPIN) has developed an editorial process by which individuals can write and publish on personal areas of interest in a minimal amount of time, in dot point format for the handheld and online. Participants will receive the tools they will need, including templates and examples, to personally write as well as implement scholarly student research at their own institution, as well as outcomes-based information showing how this impacted one school of medicine and can do the same for theirs.

Room: James

LECTURE-DISCUSSIONS

L10A: Integrating ALSO With Neonatal Resuscitation: The Meta Mega Code [S,P,R]

Robert Darios, MD; Amy Odom, DO; Kenneth Thompson, MD; Karen VanGorder, MD

The Advanced Life Support in Obstetrics (ALSO) and Neonatal Resuscitation courses have become fixtures at most family medicine residencies. Each course is designed from only one point of view, either the delivering doctor or the baby's doctor. In family medicine, we care for mother and baby simultaneously in integrated couplet care. We now teach the two courses together, culminating in an integrated mega code that spans both course algorithms: the Meta Mega Code. We will demonstrate an integrated Meta Mega Code and show how this experience more realistically simulates a family medicine delivery and the emergency situations a family physician will have to know how to handle. Outcome data from residents show that this program increases the resident's confidence to handle emergencies.

L10B: ALSO Update [S,P,R]

Madelyn Pollock, MD; Jeffrey Quinlan, MD; Diana Winslow, BSN

Advanced Life Support in Obstetrics (ALSO®), currently taught in 80+% of residency programs, teaches the knowledge and skills residents need to effectively manage potential emergencies during the perinatal period. Recently, there have been important new developments in the course content, format, and delivery as well as new teaching aids and a risk management tool developed. In this session, two of the current ALSO Board members will update faculty on these changes. After this session, participants will be able to (1) Describe new curricular elements added to the ALSO® course, (2) Effectively use mannequins and case scenarios in teaching topics previously taught in lecture, (3) Discuss a new risk management product for use with ALSO® in hospital maternity care departments to meet quality improvement benchmarks.

Room: Falkland

L11A: Supporting Peer-based Professional Development for Faculty Using an Interactive Web-based tool [P]

Suki Tepperberg, MD, MPH; Laura Goldman, MD; John Wiecha, MD, MPH

Today's academic family physician has to wear many hats—clinician, teacher, administrator, and researcher. A priority for STFM is to equip faculty to manage relationships, information, and processes, and with our faculty review committee we have worked to integrate goal setting and performance review along these lines. Each faculty member needs time to plan academic advancement. Each family medicine department needs a clear faculty development structure to stay vibrant and maintain retention of valued members. Our innovation is to (1) use a Web-based documentation system to improve efficiency and (2) provide faculty peer feedback to augment the supervisor's input. We will discuss recent pressures within our discipline and our institution toward supporting faculty in their development of skills and documentation of achievements.

L11B: Care and Feeding of Faculty Development Projects So They "Have a Life": The I-EXCITE Model [P]

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

Faculty development training must include a model for project development that is broadly applicable. Fellows' projects must meet a need, build on existing information, and be exported. We have implemented the I-EXCITE model, which allows development of the skills for each step of a complete project process with diffusion of innovation. The five project steps/phases are: Identify a Program or Information need (problem or question); EXamine the current situation and previous attempts to address the need; Create an intervention to address the need; Implement the intervention; Test the effectiveness of the intervention (implementation and effect); Export the model you have developed with instructions for others. This session will describe the model, its use, and outcomes in terms of program evaluation data.

Room: Galena

L12A: Developing Residents' Medical Home Skills by Participation in a Complex Child Interdisciplinary Care Team [P,R,F]

George DeVito, MD; Leslie Manning, RN; Pat McLean, RN, MEd

During an integrated 3-year Medical Home Curriculum, residents become members of a pediatric interdisciplinary care team, where they identify complex children from their own panel and see these families for comprehensive review. This experience is designed to enhance core medical home knowledge; model patient-centered, culturally effective, team-based care; and result in a negotiated, goal-oriented care plan. Residents assume increasing team leadership responsibilities and practice skills necessary for effective future medical home practice. This discussion provides an overview of the NHDFMR 3-year medical home curriculum and details the goals and methods used in this interdisciplinary pediatric experience. The attendee will gain understanding of our curricular design, effective EMR care plan development, and will consider how similar learning experiences help foster future medical home practice.

L12B: Team Care Coordination: The Next Step in Effective Patient Management [P,R,F]

Linda Cohn, RN; Connie Kinnee, BSHCA

Diseases such as diabetes type II, hypertension, and hypercholesterolemia can be controlled or avoided through lifestyle modifications. Addressing these health promotion issues and assisting patients in making lifestyle changes is challenging for family physicians due to the limited time during appointments. Ambulatory care coordinators can assist physicians in educating and helping patients to make lifestyle changes. Through a grant-funded program, two RN care coordinators and one data coordinator were hired at two sites that serve the uninsured. Using a patient-centered focus, the care coordinators use a computerized Health Risk Assessment (HRA) to help patients identify what lifestyle changes they want to make and coach them through making those changes. In this lecture-discussion, we will share our program's successes and challenges.

Room: Iron

L13A: Patient as Healer: Using Patient-centered Inquiry in Patients With Fibromyalgia [S,P,R]

David Williams, MD

Patients with fibromyalgia tend to be challenging patients for physicians to work with due to the debilitation from chronic pain and often comorbid complex psychosocial issues. A unique research project using a patient-centered approach was created to investigate how physicians can redefine the doctor-patent relationship and potentially reduce pain, increase the sense of well being, and empower these patients. This session will provide an overview of how this research was conducted, the results of the research, and the process of patient-centered inquiry. The audience will be engaged in exploring variations on the doctor-patient relationship, ideas of health and healing, and novel approaches to working with complicated patients that may increase both physician and patient satisfaction.

L13B: Stop Worrying and Get a Life: Brief Tools For Residents to Teach Their Anxious Patients [P,R]

Sally Dunlap, PhD; Nida Emko, MD

"I am an old man who has known many troubles in my life, most of which never happened."—Mark Twain. Residents often say they want to counsel their patients suffering from worry and anxiety in their office visits, if only they had brief tools. This presentation describes/demonstrates our resident conference, in which our multidisciplinary team adapted evidence-based cognitive behavioral tools for use with patients suffering with normal and abnormal worrying. The tools are each intended to take less than 5 minutes within a routine office visit and intended to be flexibly adapted to a broad range of worry problems, to aid patients with normal life situations develop life skills to handle anxiety as well as patients suffering from anxiety disorders to reduce worry and to build mental health skills.

Room: Heron

Thursday, May 1, 2008; 4–5:30 pm

PEER PAPERS-COMPLETED

PEER SESSION G: MINORITY ISSUES

Moderator: Wanda Gonsalves, MD

PG1: Satisfaction of URM Faculty in Academic Medicine: Linkages to Current Trends in Recruitment and Retention [P,L]

Deborah Witt, MD; Leanne Marcotrigiano, BA

Current evidence indicates that diversity in medicine is associated with improved access to care, greater patient choice and satisfaction, and better educational experiences for medical students and residents. However, the representation of under-represented minority (URM) faculty within academic medical centers is far below their representation in the general population. An examination of the current national trends of URM faculty revealed a paucity of research as for strategies for recruitment and retention of URM faculty. A comparative analysis from the AAMC Faculty Roster and the JMC Faculty Satisfaction Survey established a linkage between satisfaction and recruitment and retention. Additionally, career advancement and professional climate were discussed within the realm of satisfaction.

PEER Papers continued on next page

Thursday, May 1, 2008; 4–5:30 pm

PEER PAPERS-COMPLETED Cont'd

PG2: Do Physicians Identify Patient Race in Admitting History and Physical Examinations? [S,P,B,R,L,F]

Lee Radosh, MD; Alex Lambi, BA; David Carrier, BA; Ryan Wennell, BA

There are well-documented racial disparities in health care. Patient-physician interactions, including subconscious biases, may play a part in this. Despite this, little is known regarding how physicians identify patients in formal case presentations. This study is the first of its kind. At a large community hospital, we undertook a methodologically rigorous chart review of 1,000 consecutive inpatient hospital admissions. Trained coders reviewed dictated histories and physicals that met specific inclusion criteria. Associated patient and physician demographics were also reviewed. The findings show that minority patients' race is identified differently than are white patients. This may have implications for racial disparities in health care. Details of the methods, as well as an in-depth discussion of results and associated demographics, will be reviewed at this session.

PG3: Chronic Disease Care Experiences of Meshketian Turkish Refugees [S,P,B,R]

Fern Hauck, MD, MS; Svetlana Lanstman, BS

Family physicians and training programs are seeing larger numbers of refugee patients in their practices, yet often lack the knowledge and tools to effectively care for them. The International Family Medicine Clinic (IFMC) at the University of Virginia serves refugees from more than 50 countries. Meshketian Turks were granted refugee status after decades of forcible relocations and ethnic violence; about 50 families have been receiving care at the IFMC. To ascertain patients' understanding of their medical conditions and to improve outcomes of care, interviews were conducted with 12 adult patients diagnosed with hypertension, hyperlipidemia, and/or type 2 diabetes mellitus. The patients lacked understanding of their conditions, including what causes the condition, how it can be prevented or treated, and the treatment rationale. This helps explain why they often don't follow their doctors' recommendations. Health care providers need to educate their refugee patients about these common conditions and the rationale for the treatments prescribed to them.

Room: Essex A

RESEARCH FORUMS

RESEARCH FORUM C: CARDIOMETABOLIC DISEASE

Moderator: Richelle Koopman, MD, MS

RC1: Addition of Previous Framingham Scores to a Current Framingham Score on Prediction of Coronary Disease

Arch Mainous, PhD; Charles Everett, PhD; Marty Player, MD; Dana King, MD; Vanessa Diaz, MD, MS

Objective: To evaluate whether accounting for previous Framingham Risk Scores (FRS) improves the predictive ability of a current FRS for future CHD in middle-aged adults. Methods: FRS were calculated for participants in the ARIC cohort at baseline and 3 and 6 years prior. Cox regressions computed risk of CHD development by FRS 6 years from baseline and risk using scores from baseline plus 3 and 6 years prior. Results: In women, baseline FRS plus previous FRS 6 years before improved CHD risk prediction area under the ROC curve from 0.667 to 0.709 (P<.05) compared to baseline alone. There was no improvement for CHD risk prediction in men. Conclusions: Addition of previous FRS improves prediction of current FRS for CHD development in women.

RC2: Effectiveness of Cinnamon for Lowering Hemoglobin A1C in Type-2 Diabetes: A Randomized, Controlled Trial

Paul Crawford, MD

Objectives: This study's objective was to determine if cinnamon lowers hemoglobin A1C (HbA1C) in type 2 diabetics, so we performed a randomized, controlled trial to evaluate whether daily cinnamon plus usual care versus usual care alone lowers HbA1c. Methods: We randomized 109 type-2 diabetics (HbA1C>7.0) from a military population. Both groups received usual care with management changes, but the treatment group also received cinnamon capsules (1g daily). HbA1C was drawn at baseline and 90 days and compared with intention-to-treat analysis. This study is IRB approved. Results: Cinnamon lowered HbA1C 0.83% (95% CI -0.46% to -1.20%) compared to usual care alone 0.37% (95% CI -0.15% to -0.59%) (P<.04). Conclusions: Cinnamon lowers HbA1C 0.83% in type 2 diabetics in a real-world clinical trial that simulates primary care.

RC3: Dietary Patterns Associated With Excessive Weight: A Proposal for Screening in Primary Care Clinics

Jessica Greenwood, MD

Objective: Our goal was to create a clinical screening questionnaire for eating behaviors associated with obesity. Methods: We developed a questionnaire based on eating behaviors associated with obesity. After pilot testing and revision, we administered the questionnaire to patients in two primary care clinics. We analyzed the relationship between measured body mass index (BMI) and eating behaviors, demographic factors, and physical activity. Results: We collected 261 completed questionnaires with weight and height measurements. After analysis, questions about consumption of sugar-added beverages, restaurant or fast food, and large portion-size meals were independently associated with BMI. Conclusions: We suggest that future research focus on the questions regarding sugar added beverages, restaurant or fast food, and large portion size meals to develop a tool for clinical screening.

RC4: Development of a Survey of Patient Attitudes Related to Treatment

Gregory Cowan, PhD

Objective: The objective of this study was to develop a patient self-report measure of attitudes toward treatment and to determine if this measure predicts patient adherence. Methods: A literature search regarding patient attitude and factors related to treatment adherence led to construction of the Survey of Patient Attitudes Toward Treatment (SPATT), a 25-item measure comprising five

factors judged relevant to attitude and adherence. SPATT scores were correlated with a measure of treatment adherence. Results: Internal reliability of the measure suggests that the SPATT does indeed measure a construct, arguably patient attitude toward treatment. Factor analysis suggests the SPATT comprises four factors, two of which correlated significantly with adherence. Conclusions: Discussion of these results highlights the need for continued emphasis in residency training on patient-centered treatment.

Room: Dover B

RESEARCH FORUM D: HEALTH POLICY

Moderator: Caroline Richardson, MD

RD1: Children Eligible But Not Enrolled in SCHIP: Using Existing Resources to Catch a Moving Target

Jennifer DeVoe, MD, DPhil; Moira Ray, BS; Lisa Krois, MPH

Objective: This study aims to describe children eligible but not enrolled in the Oregon Health Plan (OHP), a state public insurance program. Methods: We used a mixed methods approach including secondary analysis of two statewide administrative databases supplemented with collection and analysis of a statewide mail return survey. Results: Approximately 23% of children on food stamps, presumed eligible for public coverage, were not enrolled in OHP. Among families with children not enrolled in OHP per administrative data, 20.2% reported that their children were covered by OHP. Children not publicly or privately insured reported more unmet health care needs. Conclusions: We found surprising discrepancies between administrative data and self-reports. These findings may reflect the high rates of insurance discontinuity among this vulnerable population of children.

RD2: Does Medicare Part D Outreach to Asian Americans Work?

Phuong Luu, BS; Frederick Chen, MD, MPH; Kenneth Fink, MD, MGA, MPH

Objectives: This study aimed to determine the effectiveness of Medicare Part D outreach efforts to educate and enroll Asian Americans. Methods: We surveyed a convenience sample of Asian American Medicare beneficiaries in nine clinical and non-clinical settings about Part D. Results: Overall, 78% had heard about Part D, 76% knew a lot or a little about it, and 62% had enrolled in a plan; these results did not differ significantly between English and non-English speakers. However, English speakers compared to non-English speakers were more likely to have learned about Part D from mailings (30% versus 6%, P<.01). Conclusions: While overall enrollment in a Part D plan was low, non-English speaking did not appear to be a barrier.

RD3: Homeless Health Care Access and Utilization Pilot Study

Jennifer DeVoe, MD, DPhil; Brigit Adamus, BS; Tanya Page, MD

Introduction: The purpose of this study was to explore the relationships between demographic characteristics and health status of the homeless population, access to health care, and appropriate utilization of care. Methods: Cross-sectional analysis. Created a unique survey tool to gather information from homeless subjects regarding their self-reported access and utilization of medical services and related independent variables. Results: Homeless individuals in Portland demonstrate significant morbidity and numerous barriers to health care. Older age, female gender, and greater morbidity are associated with positive access measures but access measures are not associated with appropriate utilization of the emergency department. Discussion: Homeless individuals have great unmet health care needs that are complicated by difficulties with both access and utilization issues.

RD4: Mandatory Reporting of Nursing Home Deaths: Effect on Care Quality

Erik Lindbloom, MD, MSPH; David Zimmerman, PhD; James Robinson, PhD

Objective: In Pulaski County, Arkansas, a law mandating nursing home death reports to the local coroner has led to thousands of on-site death investigations. In other Arkansas counties, there have been almost no on-site investigations. This project explores the potential impact of the law on care quality. Methods: We abstracted all Pulaski County investigation records from 1999-2004 and matched them with Minimum Data Set (MDS) information and deficiency reports, examining trends in care quality inside and outside Pulaski County. Results: We identified no differences in quality indicators between Pulaski County and other Arkansas counties over this time period. Discussion: We found no evidence for care improvement as a result of this law, but we were limited by the use of retrospective data and self-reporting.

Room: Dover C

Thursday, May 1, 2008: 4–5:30 pm

SPECIAL SESSION

SS2: An FFM Update: STFM's Efforts to Promote a Sufficient Family Medicine Workforce [S,P,B,R,L,F]

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

This session will update members on the STFM Future of Family Medicine Special Task Force's projects related to "Promoting a Sufficient Family Medicine Workforce" and allow members to comment on this work. Four projects will be highlighted: (1) competency-based instructional units on quality improvement, the chronic care model, EHRs, advanced access, group visits, and EBM, (2) the FutureFamilyDocs program, strategies for encouraging family physicians to mentor young people to become family physicians, (3) STFM's Entering Resident Academy (teaches individuals entering family medicine residencies about GME and the US health care system), and (4) Leadership development initiative, a new priority designed to develop the skills of the family medicine leaders of tomorrow.

Room: Dover A

Friday, May 2, 2008; 10:30 am–noon

SEMINARS

S23: Adult Post-traumatic Stress Disorder: Screening and Treating in Primary Care [S,P,R]

Linda Nakell, PhD; Natasha Pinto, MD; Joanna Eveland, MD; Patricia Hennigan, PhD

Trauma and post-traumatic stress disorder (PTSD) affect patients' physical health and daily functioning. Primary care physicians should remember to screen for trauma history and symptoms of post-traumatic stress disorder when patients present with somatization, chronic pain, or other unexplained symptoms. Perceived loss of control, including physical exams and procedures, may be frightening, and physicians should ask the patient's permission before touching them. Patients with PTSD benefit from treatment, including both psychopharmacology (primarily SSRIs) and psychotherapy. Finally, hearing patients' stories of trauma and exposure to very sick patients can be traumatizing for physicians, who are encouraged to actively engage in self-care activities.

Room: Essex C

S24: Teaching Medical Students: Issues of Greatest Concern to Predoctoral Education Directors and Department Chairs [P,L]

Michael Magill, MD; Scott Fields, MD

Medical student education must evolve to prepare students to deliver care in a patient-centered medical home (PCMH), while sustaining our commitment to the enduring core values of family medicine. This session will be hosted by the president of the Association of Departments of Family Medicine, the president-elect of STFM, predoctoral leaders from both organizations, and from a Task Force of the Council of Academic Family Medicine. It will review national initiatives underway to meet this need, including development of a model family medicine core curriculum and standardized examination. Seminar participants will offer input to these strategies and help place them in context of other issues, such as funding for predoctoral education, recruitment and training of teachers, and access to model practices demonstrating the PCMH.

Room: Laurel A

S25: Getting Near the End: How Family Physicians Provide Palliative and End-of-Life Care [S,P,R,F]

Alan Roth, DO; Mark Sanders, DO, JD, MPH; Marina Compean, LCSW; Laurence Bauer, MSW, MEd; Peter Selwyn, MD, MPH

There is need to improve the end-of-life experience for all people. Family physicians play an important role in the care of people of all ages, including offering end-of-life and palliative care services. Family medicine's philosophy of care is well suited to the needs of people seeking these services. Family physicians care for substantial numbers of people in all settings who need palliative care and end-of-life services. We seek to articulate and "strengthen the voice of a generalist approach to care" within the clinical, education, research, and public advocacy arenas.

Room: Laurel B

S26: Smiles for Life: The STFM National Oral Health Curriculum—Second Edition Feedback Session [S,P,R]

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

Although oral health significantly impacts overall health, few medical schools or residency programs train learners to recognize and prevent oral problems in children, adults, and elders. To address this deficit and aid compliance with new Residency Review Committee education requirements in oral health, STFM's Group on Oral Health created a national oral health curriculum in 2004 that includes educational objectives, six PowerPoint modules, test questions, resources for further learning, PDA applications, and patient education materials. The Second Edition addressing oral health's relationship to systemic health; infant, adult, and geriatric oral health; oral issues in pregnancy; dental emergencies; and fluoride varnish will be released in summer 2008. Group members will present the newly revised materials. Attendees will provide valued input into their final development and implementation.

Room: Dover A

S27: Teaching Evidence-based Prevention With the US Task Forces on Clinical and Community Preventive Services [S,P,R]

Kenneth Lin, MD; Mary Barton, MD, MPP; Tracy Wolff, MD, MPH

The US Preventive Services Task Force (USPSTF), an independent panel of non-federal experts in prevention, makes evidence-based recommendations on clinical preventive services. The Task Force on Community Preventive Services provides leadership in the evaluation of community, population, and health care system preventive strategies in public health and health promotion. We will discuss the following concepts and describe strategies for teaching in different settings using the Task Forces' methods: properties of a good screening test, harms of screening, lead time bias, length time bias, critical evaluation of literature, communicating risk, and shared decision making. Challenges to implementation of preventive services and the use of tools in teaching from both the USPSTF and the Community Guide will be presented.

Room: Laurel C

S28: Teaching Contraception: An Update [P]

Norma Waxman, MD; Ruth Lesnewski, MD, MS; Anna O'Malley, MD

With one of the highest unintended pregnancy rates in the developed world, the United States urgently needs improvement in contraceptive services. Limited access to primary health care and basic sex education diminishes American women's contraceptive options. Unfortunately, however, well-intentioned physicians contribute to the problem as well. By linking contraception to Pap smears, disregarding women's personal preferences, and neglecting to consider the full range of contraceptive options for each woman, we may unwittingly increase the risk of unintended pregnancy among our own patients. This seminar presents strategies for teaching a patient-centered, flexible approach to contraception, emphasizing the need to use evidence to challenge outmoded medical traditions.

Room: Laurel D

S29: The Residents' Master Class: A Problem-based, Learner-centered Alternative to Lecturing [P]

Alfred Reid, MA; Thomas Koonce, MD

Despite evidence that lectures have little or no lasting educational impact, they remain a mainstay of residency curricula. This is true, at least in part, because lectures provide a relatively low-cost method for both teachers and learners to meet the ACGME didactic curriculum requirement. In the fine arts, master classes have traditionally been used to bring advanced students together to refine their art with the help of a "master" artist. In this seminar, we describe how we adapted the master class concept to resident education as a problem-based, learner-centered alternative to the lecture. We also present data on learner outcomes and provide the opportunity for participants to develop master classes for their own learners.

Room: Kent A

S30: Primary Care House Calls: Care and Education in the Patient-centered Medical Home [S,P,R,F]

Peter DeGolia, MD; Evelyn Duffy; Brent Feorene, MBA

A total of 5,600 people turn 65 daily in the United States. For the frailest of these seniors, the current health care system, focused on acute and episodic care, has difficulty meeting their needs, resulting in fragmented and delayed crisis care. A new care delivery paradigm is necessary based on a redesign that achieves the characteristics of the patient-centered medical home, bringing primary medical care into the home and working collaboratively with other health care and psycho-social support providers to manage and coordinate care. Attendees will learn about the importance of the house call model of care in the context of the medical home and the key educational and operational issues based on the experiences of the Department of Family Medicine at University Hospitals Case Medical Center.

Room: Kent B

S34: Recognizing Clinical Reasoning Errors in our Learners [P]

Heidi Chumley, MD; John Delzell, MD, MSPH

Expert clinical reasoning is needed to provide the high-quality, safe medical care required for a patient-centered medical home. Many physicians never become experts in clinical reasoning as evidenced by the high prevalence of clinical reasoning errors. At least 32 types of clinical reasoning errors have been described; however, many medical educators are unfamiliar with the types of errors. Recognizing specific clinical reasoning errors allows medical educators to provide concrete feedback to learners as the learners are developing this cognitive skill. Participants in this seminar will be introduced to common clinical reasoning errors and will practice identifying those errors in learner-patient scenarios. The presenters will also lead a brief discussion on strategies for specific errors based on the medical education literature and their own experience.

Room: Kent C

S44: Leadership Skills to Promote Faculty Psychological Health: Facilitating Alignment Within Academic Systems [P,L]

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

This interactive seminar will highlight leadership skills important for faculty and academic leaders in contemporary academic health centers. Brief presentations will address factors that contribute to the psychological experience of faculty and to the pressures faced by faculty and leaders of academic health centers. Based on their personal and consulting experiences, the presenters will identify the leadership skills that are pivotal in aligning the faculty and institution for optimal faculty and institutional health. We will share self-assessment frameworks for faculty and for the psychological health of the institution. Participants will use these frameworks to discuss faculty and system development efforts that may be implemented in their own academic systems.

Room: Dover B

Friday, May 2, 2008; 10:30 am–noon

LECTURE-DISCUSSIONS

L14A: Evaluating the "Whole-Program" Impact of a Curriculum Innovation: The Integrative Family Medicine Program [P]

Benjamin Kligler, MD, MPH; Victoria Maizes, MD; Mary Koithan, PhD; Patricia Lebensohn, MD

Assessing the impact of a curriculum innovation on a residency program as a whole rather than on the individual learners can be challenging. Using the experience developed in the Integrative family medicine program—a six-site national pilot program of a major curriculum intervention—as a case study, this session will discuss several of the possible strategies for evaluating "whole program" change. These will include a longitudinal evaluation of recruitment patterns, the results of a qualitative study incorporating interviews with faculty and resident leadership at the six sites, and the outcomes of a whole-program measure of attitude change using a validated evaluation instrument.

L14B: Integrating Integrative Medicine Curriculum: Making It Competency Based, Measurable, and Fun [P,R]

Andrea Gordon, MD; Paula Gardiner, MD

Integrative medicine aims to use the best practices of both conventional and complementary/alternative medicine. The challenge is to define competency—what a family medicine resident should know—in this area. The scope of the field and the multiple areas it encompasses makes this a daunting task. To develop this clinical competency module (one of 25 in our residency), we identified a set of goals and defined 30 explicit, measurable objectives for competency using a team of residents and faculty members. From these objectives, we designed a 2-week rotation that presented residents with learning opportunities, resource lists, and exercises to satisfy these objectives. We will share our 2 years of experience and present some reflections from our learners.

Room: Falkland

Lecture-Discussions continued on next page

Friday, May 2, 2008; 10:30 am–noon

LECTURE-DISCUSSIONS Cont'd

L15A: How To Teach Excellent Obstetrics Training With Limited Number of Faculty [P]

Eduardo Scholcoff, MD; Adriana Tobar, MD

The challenge of training family medicine residents in obstetrics is an ongoing problem to many residency programs. This lecture-discussion intends to describe what has been developed at the Family Medicine Residency Program, University of Illinois, Rockford, when we also encountered this reality. Over time the OB training has grown and now is one of the major strengths of the program. Bi-weekly meetings with the residents with interactive case presentations, following the Williams Obstetrics Book and the ALSO recommendations, has helped the development of this training. We intend to provide the audience a curriculum description as well as a brief simulated case, so it can be implemented at programs facing the same difficulties we have had in the past.

L15B: Creating an Effective Collaborative Relationship with OB Consultants: Tools for Success [P,R]

Christina Gillespie, MD, MPH; Patricia Evans, MD

Maternal health care is not only an integral part of family medicine residency training, it is also a vital component of the patient-centered medical home. Effective collaboration with our obstetrical colleagues is necessary to provide safe, high-quality maternity care. Building a strong relationship requires ongoing communication and teambuilding between departments. This session provides several concrete tools to help family physicians improve their relationships with obstetrics consultants. We will examine the two processes most essential for communication between departments: privileging family physicians for obstetrical practice and consultation for high-risk cases. We will then present several teambuilding activities that can improve OB/family medicine collaboration. Participants will have an opportunity to explore how these tools may be adapted for use at their own institutions.

Room: Galena

L16A: Back From the Edge: Resident Remediation [P]

Jasen Gundersen, MD; Shannon Jenkins, MD; Stacy Potts, MD

As the number of US medical students applying for positions in family medicine residencies across the country has declined substantially, we are now faced with a broad range of skills in our new interns. At the University of Massachusetts, we have instituted a program using one-on-one attending supervision with our struggling residents. By providing a structured environment with a skilled educator, a proper needs assessment can be completed. From this, we can develop an individualized learning plan and work with our residents to try to overcome their deficiencies. While not all cases are successful, a properly devised program provides an excellent opportunity to remediate struggling young physicians and, when unsuccessful, the documentation provides a proper case for dismissal.

L16B: The Troubled and Deficient Resident: The Evolution of RCAT [P]

Jacob Bidwell, MD; Seth Dubry, MD; Alan Wolkenstein, MSW; Janice Litza, MD

Residents in difficulty present a unique challenge to residency programs. The need to assist the troubled and deficient resident and implement the Accreditation Council for Graduate Medical Education competencies has created the need to transcend the residency's ability to properly educate its residents. Our program has responded by creating a psycho-educational process of assessing, enhancing, and restoring the needs of residents while creating a common mission for faculty. This lecture-discussion will introduce our process, describe its evolution into a preventive and formative evaluation and remediation process, and share lessons learned. Participants will share their expertise in dealing with residents in difficulty, discuss feedback on our process, and discuss the need to assist residents in difficulty and engage faculty in this collaborative process.

Room: James

L17A: The Joy of Book Reviewing [P]

Cathleen Morrow, MD; William Ventres, MD, MA

In this lecture-discussion, the editors of *Family Medicine's* book review section will explore the pleasures and pain of medical book reviewing. We will review the literature on writing book reviews for medical journals and explore approaches to the wide diversity of medical literature from which authors might choose. The group will consider styles of medical writing, examine techniques for evaluation of usefulness of texts, and entertain optional approaches to critiquing medical publications, CDs, and other Web-based learning resources.

L17B: Increasing Scholarly Activity in Your Residency Program: Focusing on Healthy People 2010 Goals [P, R]

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

With increasing expectations for family medicine residencies to have scholarly activity, program directors are being asked to develop more extensive academic activities for their programs. During this session, the faculty of a successful community-based academic family medicine residency will present ways that they have increased the scholarly activity in their program. These include a mandatory resident research experience with a focus on Healthy People 2010 goals. Specific strategies will be presented, and implementation methods will be discussed.

Room: Heron

L18A: Psychology Consult, STAT! Integrated Behavioral Health Training in a Family Medicine Residency Program [P,R]

Heather Paladine, MD; Linda Garcia-Shelton, PhD, MHSA; Paul Sucgang, DO

Family medicine resident education focuses on the biopsychosocial model when working with patients' understanding of their health and illness. Psychology and mental health training are required components of resident education. However, a potential shortcoming in residency rotations is a focus on traditional mental health settings and illnesses, rather than the patients and presenting complaints more typically encountered in the Family Health Center (FHC). We present a model of integrated, co-located training that not only integrates psychology trainees into the FHC and the preceptor room but also allows them to focus on less-traditional psychology consult requests (such as a new medical diagnosis, insomnia, or smoking cessation)—and to teach these counseling skills directly to residents. This session also includes a discussion of program financing.

L18B: Waiting for the Psychiatry Consult: Teaching Initial Management of Bipolar Disorder to Family Medicine Residents [P,R]

Karen Blackman, MD; Karen VanGorder, MD

There is little argument that bipolar disorder is a diagnosis most comfortably made by the psychiatrist and that once the disorder is identified it is ideally managed in the psychiatrist's office or with psychiatric consultation. However, family physicians often see these patients first, and it may be months before a psychiatry appointment is achieved. The suspected bipolar patient may present as depressed, yet give a history that makes the physician wonder if there could have been a mania in the past. Or a psychotherapist may refer a patient to the family physician, asking for help in urgently managing a patient's suspected bipolar manic symptoms. Attendees will learn how to teach family medicine residents a rational approach to the suspected bipolar patient until the psychiatry consult.

Room: Iron

PEER PAPERS–COMPLETED PROJECTS

PEER SESSION H: WOMEN'S HEALTH

Moderator: Lisa Nash, DO

PH1: Family Medicine Patient Preferences in Early Abortion: A Survey of Chicago and New York Patients [P,B,L]

Emily Godfrey, MD, MPH; Susan Rubin, MD; Erica Smith, BS; Marji Gold, MD

Little is known about patients of family physicians seeking a first-trimester abortion as to where they would prefer to receive this service. We undertook this survey study to determine the proportion and characteristics of women seeking first-trimester abortion at two freestanding abortion clinics in New York and Chicago who stated they would prefer to have their abortion at their family physician's office. Sixty-two percent stated they would have preferred to have their abortion procedure at their family physician clinic. Characteristics most strongly associated with this preference were age, education, comfort with physician, and no prior abortions. In conclusion, most women desiring early abortion at an abortion clinic and who have a family physician would prefer to have their procedure with their family physician.

PH2: The Holistic Women's Health Project Final Grant Report [P,B,L]

Roberta Weintraut, MD; Monique Davis-Smith, MD

The Holistic Women's Health Project was a 3-year Health Resources and Services Administration-funded residency training grant comprised of focused interventions in residency training in oral health, nutrition, alternative modalities, cultural competency, and health literacy. Our intent was to demonstrate increased resident knowledge, comfort, and skills in the holistic approach to women's health care. We review specific interventions, outcomes, and plans for incorporation into ongoing curriculum.

PH3: Smokeless Tobacco Use in Medical Education: Addressing the Gap [P]

John Spangler, MD, MPH; Sonia Crandall, PhD, MS; Kristie Foley, PhD, MS; Kathy Walker, BS

Despite the unique health and epidemiological aspects of smokeless tobacco use, medical education regarding this topic is virtually lacking. To fill this gap in medical student education, we have developed a model curriculum for medical schools that includes specific instruction in basic and clinical sciences as they relate to both smoked and smokeless tobacco. This Web-based, comprehensive curriculum is the only one we are aware of treating this topic. Medical education must devote more attention to instruction in smokeless tobacco use, given its adverse health effects, including cancer and cardiovascular disease.

Room: Essex A

Friday, May 2, 2008; 10:30 am–noon

PEER PAPERS–IN PROGRESS

PEER SESSION I: RESEARCH

Moderator: Memoona Hasnain, MD, MHPE, PhD

PI1: Business Planning in the Context of Primary Care Research Networks [R,L,F]

Cindy Wilson, PhD, CHES; Mark Stephens, MD; Brian Reamy, MD

Increasing numbers of primary care research networks are being developed to perform research relevant to everyday practice. The Primary care Evaluation And Research Learning (PEARL) practice-based research network (PBRN) developed four business objectives: (1) Generate and answer primary care research questions relevant to our community of patients, (2) Focus research attention on health disparities, sports medicine, and clinical decision support within the electronic medical record, (3) Collaborate with family medicine clinics within the military health system, (4) Provide research training, resources, and mentorship to physicians, fellows, residents, and medical students within our network. Ultimately, we will compare the number of research projects, academic publications, and intramural and extramural grants awarded to the PEARL Network before and after implementation of our business plan.

PI2: National University of Rwanda Faculty Assessment: Phase One—Self-administered Questionnaires [L,F]

Inis Bardella, MD; Miriam Dickinson, PhD; Mark Hotchkiss; Michelle Shiver, BSE

University of Colorado has USAID funding to assist the National University of Rwanda (NUR) with enhancing current postgraduate programs and developing family medicine. The aim of Faculty Assessment Phase One is to determine baseline faculty needs and behaviors. Self-administered Questionnaires were used to determine individual faculty development needs. Response rate was 42%. Self ratings for use of interactive teaching and proficiency with methods for learner difficulty were high. PDAs were the preferred faculty development format (mean=4.43, SD=1.15—5-point scale), though few faculty own PDAs. Challenges to conducting this assessment influenced outcomes. Full analysis must be completed before these results can guide faculty development interventions. Successes and challenges encountered can guide development of faculty assessment models for the developing world.

PI3: Reliability and Validity Testing of a Sedentary Activity Scale for Risk Assessment [S,R,F]

Bennett Shenker, MD; Cynthia Cheng, MD, PhD; Lindsay Simon, BS

Physical inactivity is a major contributor to cardiovascular risk. Increased sedentary activity does not equal lack of physical activity. Specific sedentary behaviors such as television viewing are associated with increased cardiovascular risk. While validated questionnaires have been developed to assess physical activity, no instruments exist to assess sedentary behaviors alone. The Seated Activity Scale is a nine-item questionnaire that assesses sedentary behaviors. This instrument was evaluated for test-retest reliability and validity with 69 initial surveys, 60 follow-up surveys, and 14 activity logs. The test-retest reliability of the scale was 0.7381. The validity of the scale was r=0.8011 (P=.0006). Therefore, the Seated Activity Scale is a short, easy to administer, reliable, and valid instrument that may be a useful clinical and research risk assessment tool.

PI4: Validation Study of the Japanese PHQ-9 [S,R,F]

Hajime Kojima, MD

The nine-item Patient Health Questionnaire (PHQ-9) is a well-validated tool for depression screening, diagnosis, and measurement of severity. This tool is used frequently in patient care and has been proved to be effective and efficient in improving patient care as well as residents' education. This study is to validate Japanese PHQ-9 by comparing it with the Structured Clinical Interview of DSM IV (SCID) for depression. Development of a validated Japanese PHQ-9 will aid depression screening, diagnosis, and treatment for Japanese expatriates in the United States. Also, further investigation by using this Japanese PHQ-9 can be conducted in much larger Japanese populations in Japan. The benefit of this study is not limited only to the Japanese population but can also be extrapolated to other non-English-speaking communities.

PI5: National University of Rwanda Faculty Assessment: Phase One—Focus Group Discussions [L,F]

Inis Bardella, MD; Miriam Dickinson, PhD; Mark Hotchkiss; Douglas Fernald, MS; Michelle Shiver, BSE

The University of Colorado has USAID funding to assist the National University of Rwanda (NUR) with enhancing current postgraduate programs and developing family medicine. The aim of Faculty Assessment Phase One is to determine baseline faculty needs and behaviors. Focus Group Discussion incorporating Nominal Group Process was used to determine and rank strengths, weaknesses, solutions, and barriers for postgraduate programs. Statistical analysis is pending. Response review revealed recurrent patterns across groups regarding strengths, weaknesses, solutions, and barriers. Priority ranking was high for processes addressing physician, equipment, and supply shortages. Challenges to conducting focus groups in this setting influenced outcomes. The results of this assessment will guide NUR faculty development activities. Successes and challenges encountered can guide development of faculty needs assessment models for the developing world.

Room: Essex B

RESEARCH FORUMS

RESEARCH FORUM E: RESEARCH IN RESIDENCY

RE1: Research in Residency: Using Quality Improvement Projects to Teach Research Skills

Sandra Burge, PhD; Anthony Valdini, MD; Richard Young, MD; Sally Weaver, PhD, MD; Peter Carek, MD, MS

Participants will: (1) Review the challenges facing research curricula in residency programs; (2) Learn how and why residency programs have modified their research curricula to incorporate quality improvement (QI) projects; and (3) Assist STFM's new Group on Teaching Research in Residency to identify research/QI resources. The Future of Family Medicine calls for incorporating QI into the training and practice of every family physician. At the same time, residency programs are under increasing pressure to demonstrate an effective curriculum in research and other scholarly activities. Many programs have begun to incorporate QI projects as a useful tool to teach research skills such as literature review, study design, analysis and evaluation. The presenters all have extensive experience in residency training and research, and will discuss current programs that combine QI and research.

Room: Dover C

RESEARCH FORUM J: RESIDENT SCHOLAR SESSION

Moderator: Jay Crosson, PhD

RJ1: Factors Associated With Smoking Cessation Counseling at Clinical Encounters: Behavioral Risk Factor Surveillance System 2000

Sean Lucan, MD, MPH

Purpose: To characterize factors associated with smoking-cessation counseling in clinical encounters. Methods: multivariate logistic regression; for quit advice in smokers having >=1 office visit from BRFSS 2000 data (n=10,582) . Results: ~55% of sample advised to quit. Odds of receiving quit advice increased with patient age, education, BMI, diagnosis of asthma, and private health insurance. There was a 4% to 23% chance of receiving quit advice from a physician, and the odds receiving such advice did not rise significantly with number of visits. Conclusion: Smoking-cessation counseling may be provided preferentially on the basis of patient demographics, and often is not provided at all. In a given year, just over half of smoking patients are advised to quit, and such counseling is provided at less than a quarter of clinical encounters.

RJ2: Apprehension, Barriers and Prioritization of End-of-Life Discussions

Austin Bacchus, MD; Gina Mohr, MD; Jamie Osborn, MD; Kelly Morton, PhD

Family Medicine residents have cited "lack of time" and "poor training" as barriers to discussing end-of-life (EOL) care with patients in outpatient settings. A 36-question survey was designed and electronically distributed to all US family medicine residency programs in 2007, to examine the impact of communication apprehension, barrier perception and prior EOL-care experience on prioritization of outpatient EOL discussions. Of 9,997 eligible residents, 244 responses were received, and 211 were included in the final analysis. Communication apprehension was positively correlated with all perceived barriers except "Time Constraint," which was perceived by most respondents, regardless of apprehension. Prior experience was negatively correlated with apprehension and barrier perception. Residents prioritized discussions about "emotional issues" above "EOL care" in all clinical scenarios except the most critical (metastatic cancer).

RJ3: Nurse Practitioner and Physician Assistant Interest in Prescribing Buprenorphine

Robert Roose, MD, MPH; Hillary Kunins, MD, MPH, MS; Nancy Sohler, PhD, MPH; Rashiah Elam, MD; Chinazo Cunningham, MD

Office-based buprenorphine places health care providers in a unique position to combine HIV and drug treatment in the primary care setting. However, federal legislation restricts nurse practitioners (NPs) and physician assistants (PAs) from prescribing buprenorphine, which may limit its potential for uptake and inhibit the role of these nonphysician providers in delivering drug addiction treatment to patients with HIV. This study aimed to examine the level of interest in prescribing buprenorphine among nonphysician providers. We anonymously surveyed providers attending HIV educational conferences in six large U.S. cities about their interest in prescribing buprenorphine. Overall, 48.6% (n = 92) of nonphysician providers were interested in prescribing buprenorphine. Compared to infectious disease specialists, nonphysician providers (adjusted odds ratio [AOR] = 2.89, 95% confidence interval [CI] = 1.22–6.83) and generalist physicians (AOR = 2.04, 95% CI = 1.09–3.84) were significantly more likely to be interested in prescribing buprenorphine. NPs and PAs are interested in prescribing buprenorphine. To improve uptake of buprenorphine in HIV settings, the implications of permitting nonphysician providers to prescribe buprenorphine should be further explored. D 2007 Elsevier Inc. All rights reserved.

Room: Dover A

Friday, May 2, 2008; 2-3:30 pm

SEMINARS

S31: No-scalpel Vasectomy: A Cost Effective, Patient-centered Procedure to Perform and Teach [S,P,R]

Gregory Herman, MD

Procedures are a vital part of patient-centered care in their medical home. In the age of declining reimbursements both for private and residency practices, procedures can be a cost effective way of providing comprehensive, family-oriented care while improving a practice's bottom line. Vasectomy is the "near perfect" procedure in this regard. It is easy to learn, easy to perform, and is cost effective regarding time, equipment, and training required to institute in a practice or residency. It is also a "practice builder." Therefore, learning and teaching vasectomy (specifically the no-scalpel method) is a win-win proposition for all programs and private practices. Using creative reimbursement techniques can help a practice offer this service to more patients.

Room: Essex B

S32: Transitioning Your Residency to an EHR: Strategies for Success [P,B,F]

Madelyn Pollock, MD; Jay Morrow, DVM, MS; Alison Dobbie, MD; Donald Graneto, MD

Implementing an electronic health record (EHR) in the residency setting involves many educational challenges over and above those faced by private practices or non-teaching hospitals. These educational challenges include training and integrating multiple levels of learners, fulfilling the primary care exception attestation requirements, and staying in compliance with Medicare documentation rules. In this session, experienced faculty who have successfully transitioned their residencies to the EHR share practical tools and strategies to avoid pitfalls, reduce educational and patient care disruption, and minimize the impact on productivity. After this session, participants will be able to (1) Describe common challenges to residency EHR implementation, (2) Perform a SWOT analysis of their residency's readiness for an EHR, and (3) Outline an EHR implementation plan for their residency.

Room: Essex C

S33: Bingo! Fun With Drug Advertising and Other Innovative Teaching Tools for Evaluating Pharmaceutical Marketing [S,P,R]

Steven Brown, MD

Medical journals are filled with drug advertising, and most family physicians and trainees interact with pharmaceutical representatives. However, there is little formal training in how to evaluate information from advertisements and representatives. Additionally, questions have been raised about the role pharmaceutical representatives should play in our training programs. During this interactive session, we will analyze pharmaceutical marketing techniques by playing "Drug Ad Bingo," debate the role pharmaceutical representatives should play in our training programs, and compare non-rational sales techniques with the rational "STEPS" approach to evaluating drug information.

Room: Laurel A

S35: Using Pay-for-Performance to Strengthen Medical Homes While Protecting Patient-centered Care [P,B,F]

David Satin, MD; Macaran Baird, MD, MS; Jennifer Welsh, MD; Sara Johnson, MD; Sara Hartfeldt, MD

There are currently more than 150 pay-for-performance (P4P) quality improvement programs in the United States. On July 1, 2007, Medicare and Medicaid released their nationwide P4P program. Yet, few residency programs are taking advantage of P4P quality initiatives. This session will (1) explain how current P4P policies support primary care medical homes, (2) demonstrate how P4P programs pose a challenge to patient-centered care, (3) provide data-driven resident perspectives on P4P's impact on patient-centered medical homes, and (4) offer a practical approach to harnessing P4P to strengthen medical homes while protecting patient-centered care. Participants will engage in a sampling of small- and large-group discussions that model residency exercises required to successfully navigate these specific P4P benefits and burdens within a residency program.

Room: Laurel C

S36: New STFM-National AHEC Partnership: Spotlight on Projects-in-Progress to Increase Students in the Family Medicine Workforce [P,L]

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

STFM developed the FutureFamilyDocs campaign to focus on students before they enter medical school as a way to improve the quality of the family medicine workforce. STFM found a good partner in the National AHEC Organization (NAO), because AHECs already develop/sponsor local programs in every state to increase the supply, quality, and distribution of health professionals, and STFM members have long been active participants and leaders in local AHEC activities. In this seminar, participants will (1) learn about the new STFM-NAO collaborative agreement, (2) explore/critique six spotlighted AHEC-STFM pilot projects, and (3) debate these and other initiatives to solve our workforce issues.

Room: Laurel D

Friday, May 2, 2008: 2-3:30 pm

LECTURE-DISCUSSIONS

L19A: Guidelines and Strategies for Meeting Challenging Situations Encountered When Teaching Communications Skills [P,R]

Forrest Lang, MD; Michael Floyd, EdD; Glenda Stockwell, PhD; Bruce Bennard, PhD

To prepare faculty to teach a communications skills course that uses a small group with standardized patient format, experienced faculty from one Department of Family Medicine constructed guidelines that identify strategies for effectively addressing challenging teaching situations frequently encountered in the course. Guideline development involved several steps: (1) videotaping live small-group sessions, (2) identifying challenging teaching situations, (3) re-shooting challenging teaching situations with actors and standardized patient, (4) presenting re-shot video vignettes with observation rating forms at STFM and other national workshops, (5) analyzing comments provided on forms by workshop participants, and (6) constructing guidelines based on themes emerging from content analysis of comments. Session participants will discuss the value of the guidelines for teaching communications skills in their respective institutions.

L19B: Teaching Professionalism Using Effective, Valid, and Reliable Educational Interventions [P,R]

Peter Katsufrakis, MD, MBA

Much has been written about professionalism, yet educators still struggle to provide meaningful, effective training. This session will involve participants in judging educational interventions to enhance professionalism using a model adapted from van der Vleuten's utility assessment. Following a brief discussion of the elements of professionalism, the presenter will elicit from the group examples of professionalism training drawn from their personal experience. The presenter will use these examples to illustrate findings of published educational interventions that enhance residents' and medical students' professionalism, as demonstrated by reliable, valid assessment tools. To conclude, the presenter will summarize interventions with demonstrated impact on professionalism and lead attendees in considering how this knowledge may be used in enhancing the professionalism of physicians in training.

Room: Falkland

L20A: Coordinating and Tracking Teaching by Community Volunteer Faculty: A New Relational Database Approach [P]

David Anthony, MD, MSc; Julie Taylor, MD, MSc; Jeffrey Borkan, MD, PhD

The inclusion and full utilization of volunteer physician faculty in undergraduate and residency-level education is essential to teaching our specialty and vital to departments of family medicine. Yet, due to increasing pressures on community faculty and medical school departments, the optimal use of this resource is challenged. In an effort to better track and coordinate the teaching provided by community faculty, we have developed a relational database of community faculty, clinical sites, and teaching assignments using commonly available software. In this lecture-discussion, we aim to demonstrate the features of this database, discuss our experiences using it at Brown, and encourage group discussion about similar experiences and solutions. We aim to promote future collaboration on expanding and improving the use of this and similar tools.

L20B: A Professional Development Course for the Clinical Clerkships: Developing a Student-centered Curriculum [P]

Laura Hill-Sakurai, MD; Cindy Lai, MD; Christina Lee, MD; Adam Schickedanz, BA

Introduction: Professionalism is a particularly salient topic to third-year students as they become integral members of health care teams. Description: Our curriculum consists of three large group panels, each followed by a small group. Before each small group, students prepared critical incident reports. The individual topics were (1) transition to clerkship learning, (2) challenges to professional behavior, and (3) medical errors. In 2006, based on student feedback, we piloted a revised student-centered panel on professionalism that was based entirely on themes from students' critical incident reports. Evaluation: Students rated the pilot panel curriculum 4.38 on a 5-point Likert scale. Discussion: Critical incident reports can be used in both small- and large-group formats to promote professional development among third-year medical students.

Room: Galena

L21A: Helping Patients Pay for Medications: An Algorithmic Approach for Faculty and Residents [S,P,R]

Thomas Lynch, PharmD

As medication costs continue to rise faster than the consumer price index, more patients are having difficulty paying for medications. It is absolutely essential that residents and faculty be in tune to the needs of these patients and be able to quickly and efficiently identify the best medication assistance programs available to them. This lecture will first review the advantages, disadvantages, and eligibility criteria of all medication assistance programs currently available, including Medicare Part D. The lecture will then focus on the use of a unique but simple algorithm that enables a provider to determine what programs are available to patients depending on age, income, and marital status. Participants will then learn to use the algorithm via several case examples.

L21B: Quick Start: A Novel Method for Helping Women Meet Their Reproductive Goals [S,P,R]

Yael Swica, MD; Noa'a Shimoni, MD

Unintended pregnancy remains a major public health issue in the United States, accounting for half of all pregnancies. Improved methods of pregnancy prevention can change this outcome. One new approach is Quick Start (QS), which initiates contraception at any time during a woman's cycle. In this session, we will review the evidence for this approach to pregnancy prevention and strategies to teach it to learners. Using a case-based and small-group format, we will lead participants through an evidence-based discussion of QS and demonstrate various strategies to teach this information and skills to residents and students. At the end of the session, participants should feel comfortable both in offering these methods to their patients and in teaching this approach to others.

Room: Iron

Lecture-Discussions continued on next page

Friday, May 2, 2008; 2-3:30 pm

LECTURE-DISCUSSIONS Cont'd

L22A: Keeping Up With the Jetsons: Adapting Emerging Technologies for Residency Education and Information Management [P,R]

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

Medical education needs to adapt to the emerging technologies students are utilizing and the newer ways of learning. According to the 2007 Horizon Report, social computing and personal broadcasting are two technologies that have the greatest potential to change education. This session will discuss the ways NetGen (a.k.a. Gen Y) students learn and explore ways to incorporate emerging technologies into residency education.

L22B: Electronic Medical Records: How to Include the Patients With a Personal Health Record [S,P,R]

Colin Kopes-Kerr, MD; Cynthia Solomon, MA

Electronic medical records (EMRs) improve workflow processes and communication in health care sites, but they do not represent the patient directly. The traditional EMR belongs to the organization, not to the patient, and its operations reflect only the organization's needs, and it is not usually available when the patient is seen elsewhere. We describe an add-on, the Personal Health Record (PHR), a Web-based software solution that gives patients control over the construction of and access to their records. Patients can take their health record with them wherever they go as long as internet access is available. Providers at any site may add information to these records with the patient's consent. A PHR can share patient information better, be more up-to-date, and eliminate duplication of services among different sites.

Room: Heron

L23A: Using Women's Health to Recruit Students to Family Medicine [P,F]

Heather Paladine, MD; Michael Zionts, MD; Alison Abreu, MD; Norma Jo Waxman, MD

Family medicine departments work closely with medical students during both the preclinical and clinical years, with the goal of exposing students to the discipline of family medicine and encouraging a larger percentage of students to choose our field. Many medical students are interested in aspects of women's health (such as maternity care or reproductive health); these students may be planning careers in obstetrics and gynecology and may not have considered family medicine. In this discussion, we will review factors that influence medical student specialty choice. We will then share ideas that have been successfully used in different departments to provide students with exposure to womens' health within family medicine.

L23B: Introducing Students to the Specialty of Family Medicine: A Comparison of Two Clerkship Orientation Programs [P,F]

Marguerite Duane, MD, MHA; Amy McGaha, MD

The American Academy of Family Physicians has produced excellent resources to introduce students to the specialty of family medicine. For our clerkship orientation, we used two of these resources to educate students about the specialty of family medicine. In the first half of the year, we did a slide show presentation titled "Your Future Is Family Medicine" and in the second half, we showed the students a video titled "You Are a Family Physician." Students completed a questionnaire before and after the presentations to assess their knowledge and understanding of the specialty of family medicine. We will share these results as well as excerpts from these programs to help you decide whether or not to incorporate either one into your clerkship orientation.

Room: James

RESEARCH FORUMS

RESEARCH FORUM F: USING ELECTRONIC HEALTH RECORDS FOR QUALITY

RF1: Using Electronic Health Records to Facilitate Scholarship and Research in Quality Improvement

James Gill, MD, MPH; Peter Carek, MD, MS; Lori Dickerson, PharmD; Charles Henley, DO, MPH

Scholarly activity is essential for faculty as well as residents and other learners in family medicine. One way to facilitate scholarship while improving patient care is through quality improvement projects and research. However, these projects are often difficult and time-consuming because of the difficulty in collecting clinical data in primary care. Electronic health records (EHRs) can facilitate this process. This session will demonstrate the use of EHRs to conduct quality improvement scholarship and research. We will highlight two examples of residency programs and medical school departments that have used EHRs to build a successful track record of scholarly projects and published research for residents, students and faculty. We will also describe how EHRs can be used to conduct national studies in quality and outcomes research.

Room: Dover C

RESEARCH FORUM G: HEALTH DISPARITIES

Moderator: Norman Oliver, MD

RG1: Are There Within-group Disparities in Hispanic Women's Knowledge of Acute Myocardial Infarction and Stroke Symptomology?

May Lutfiyya, PhD; Marites Cumba, BS; Robert Bales, MD, MPH; Carlos Aguero Medina, MD, MPH; Adriana Tobar, MD; Cynthia McGrath, MS, FNP; Michelle Brady, MS, APN; Julia Zaiser, MS, APN/CNP; Martin Lipsky, MD

Introduction: Few studies have examined myocardial infarction (MI) and stroke symptom awareness among adult Hispanic women, a group at high risk for

delays in treatment. Research is needed to elucidate their knowledge of warning symptoms for these vascular events. Methods: BRFSS data from states using the Heart and Stroke modules were examined by multivariate techniques. Results: Adult Hispanic women earning low scores on the MI and stroke knowledge questions were more likely to have less than a high school education, be uninsured, live in an household with an annual income <$35,000, and not have a primary care provider. Discussion: These results suggest that strategies to educate Hispanic women on signs and symptoms of MI and stroke might benefit from targeting groups with low knowledge scores.

RG2: Awareness of MI and Stroke Symptoms Among Hispanic Males

May Lutfiyya, PhD; Ricardo Bardales, BS; Robert Bales, MD, MPH; Carlos Medina, MD, MPH; Michelle Brady, MS, APN; Adriana Tobar, MD; Cynthia McGrath, MS, FNP; Julia Zaiser, MS, APN/CNP; Martin Lipsky, MD

Introduction: Knowledge of warning signs of MI or stroke are important to decrease morbidity and mortality. Knowledge of MI and stroke symptoms in Hispanic men remains largely unexamined. Methods: National survey data were analyzed. Only data from states using the Heart and Stroke modules were examined by multivariate techniques. Results: Adult Hispanic men who earned low scores on MI and stroke knowledge questions were more likely to have less than a high school education, have deferred medical care because of cost, not have a primary care provider, and be uninsured. Discussion: Multivariate analysis revealed significant within-group differences. By educating this group of Hispanic men on signs and symptoms of MI and stroke and knowing how to seek care, the public health status would be improved.

RG3: Controlling for Race and Ethnicity: A Comparison of California HMO CAHPS Scores to NCBD Benchmarks (Research Forum)

John Zweifler, MD, MPH; Susan Hughes, MS; Rebeca Lopez, BS

Objectives: California HMOs consistently score lower than national HMOs on Consumer Assessment of Health Plans Study (CAHPS) surveys. This study tests the hypothesis that low California HMO CAHPS survey results are partially attributable to the state's racial/ethnic composition. Methods: California HMO CAHPS survey responses were compared to the 2005 National CAHPS Benchmark Database (NCBD) for six selected measures. Results: CAHPS scores in California were significantly lower than the nation after controlling for race/ethnicity. California race/ethnicity scores showed the same patterns as the nation: Asians scored the lowest on all measures, while Blacks scored the highest on almost all measures. Conclusions: The impact of controlling for race/ethnicity as case-mix adjustments for California as well as national HMO CAHPS survey scores warrants further study.

RG4: The Influence of Race on Gleason Score

Scott Woods, MD, MPH, MEd

Objective: To determine if Gleason score exhibits any significant variation between African Americans and Caucasian men with prostate cancer. Methods: We conducted a retrospective cohort of men with prostate cancer reported to the TriHealth tumor registry from 1995-2005. Gleason score was divided into low-grade (1-6) and high-grade disease (7-10). Results: A total of 1,916 patients, (1,476 Caucasians, 440 African Americans) were eligible. There was no significant difference between the races for age, insurance status, and the percent age of men needing a TURP. African American men with prostate cancer were significantly more likely to have a high-grade Gleason score compared to Caucasian men (OR=1.22, 95% CI=1.11-1.35). Conclusion: African American race is a predictor of more advanced Gleason score at the time of diagnosis of prostate cancer.

Room: Dover B

SPECIAL SESSION

Presentations from the STFM Advocate Award Winner and the STFM Innovative Program Award Winner

SS3A: Advocate Award Winner Presentation on His Advocacy Efforts

Allen Hixon, MD

The University of Hawaii, Department of Family Medicine and Community Health developed a $4,000,000 legislative bill to initiate a statewide family medicine rural training network. This bill was enacted into law July 2007 and has sparked interest in rural health workforce development in Hawaii. This session will describe the process of packaging the concept, writing the bill and supporting documents, finding legislative sponsors, building a support base, developing the "elevator speech", testifying before House and Senate committees, and attracting federal matching funds. The session will focus on lessons learned applicable to health policy initiatives in other states.

SS3B: The Healer's Art: Innovations in Medical Education About Mission, Values, and Awe

Rachel Remen, MD; Michael Rabow, MD

The Healer's Art is an elective course for medical students focused on creating a community of inquiry into the basic experiences, values, and intentions of professionalism. Rachel Naomi Remen, MD, first developed the course at UCSF in 1992 and has trained faculty to offer it at 59 medical schools in the United States and internationally. The course's innovative educational strategy is process driven and based on a discovery model. In a setting of mutual safety, students and faculty reflect on and share their experiences of compassion, loss, healing, awe, mystery, calling, and commitment to service. National research shows that the course is highly evaluated by students across schools who report that it offers valuable content, experiences, and learnings not typically available elsewhere in the medical school curriculum. The Healer's Art course has been supported by grants from the Institute for the Study of Health and Illness at Commonweal, from private donors, and the following foundations: the George Family Fund, the ALMI Foundation, the Barnard OSHER Foundation, The Arthur Vining Davis Foundations, the Flow Fund, The Nathan Cummings Foundation and the Fetzer Institute.

Room: Essex A

Friday, May 2, 2008; 2-3:30 pm

WORKSHOPS

W6: Real Life Clinical Teaching: How to Make It Work [S,P,R]

John Turner, MD; Mary Dankoski, PhD

Clinical preceptors often lack time to develop teaching skills. Yet, such skills are core to the educational mission, and teaching well takes effort and continual development. This workshop is designed to succinctly review critical theoretical and practical aspects of improving one's own clinical teaching. Participants will watch and critique video segments in light of shared principles of effective teaching. Small groups will be challenged to develop practical strategies to apply to case examples involving commonly encountered problem learners. A novel version of the "feedback sandwich" will be taught and practiced. Participants will improve their ability to prepare for learners, create safe learning environments, promote active learning and continual feedback, and model these behaviors in their own practice.

Room: Kent A

W7: Preparing the Medical Home for a Pandemic Influenza Outbreak [P,L]

Lauren DeAlleaume, MD; Grace Alfonsi, MD

Are you prepared for a future pandemic flu outbreak? We will present an interactive tabletop exercise that will help you learn how to prepare your practice for a pandemic influenza outbreak. Tabletop exercises are major tools used for disaster preparedness training by government agencies and public health departments. After a brief review of current information about avian and pandemic influenza, you will participate in the exercise where you will respond to a simulated pandemic influenza outbreak occurring in your state. By the end of the presentation you will have the tools to prepare your practice for such an outbreak. We will also discuss how this exercise and similar planning tools can help you teach disaster or emergency preparedness to residents and other family physicians.

Room: Atlantic

W8: Spilling Ink: An Expert's Guide to Getting Your Work Published [P,L]

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

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

Room: Kent B

Friday, May 2, 2008; 2-5:30 pm

THEME SESSION

T1: Health Policy and Family Medicine: Advocacy, Education, Workforce, and Research [S,R,P,L]

Eric Henley, MD, MPH; Russell Robertson, MD; Margaret Kirkegaard, MD, MPH; Bruce Goldberg, MD; Valerie Reese, MD; Ronald Labuguen, MD; Patricia Gotsch, MD

This theme session will cover a variety of health policy topics relevant to family medicine. The session includes a seminar discussing four state health reform proposals (Illinois, California, Pennsylvania, and Texas), some including the medical home model and incorporates a discussion of why and how we should teach health policy advocacy to learners. In one lecture-discussion, the chair of COGME will review workforce developments relevant to primary care. In the other, the director of Oregon's Department of Human Services will discuss how health policy is made and how research can influence it. All the presenters are family physicians, several of whom are in positions directly involved in policymaking or policy implementation. The session will include ample opportunities for large-group and small-group discussion.

Room: Dover A

Friday, May 2, 2008; 4-5:30 pm

SEMINARS

S37: Using Complexity Science and Syndemics to Consider Two Contemporary Epidemic Phenomena: Diabetes and Cesarean Sections [P]

Lucy Candib, MD; William Miller, MD, MA; Sara Shields, MD, MA

Type 2 diabetes and cesarean section are two seemingly disparate phenomena attaining epidemic status in family medicine settings, and both are associated with increased risks and higher costs. Is there some hidden underlying linkage? How can we think about these disparate yet indirectly linked and accelerating epidemics? Complexity science and syndemics both recognize multiple interacting forces producing medical and public health phenomena. These approaches examine the unpredictability of events in the health care system and the role of human and institutional actions in provoking those events and in generating and perpetuating diseases. This seminar will engage participants in the rudiments of complexity and syndemic thinking and begin applying it to these problems in the context of the patient-centered medical home.

Room: Essex C

S39: The Patient-centered Medical Home: A Focus for the Family Medicine Clerkship Curriculum [P,F]

Harald Lausen, DO, MA; Jerry Kruse, MD, MSPH; Amber Barnhart, MD; Julie Robbs, MA

Over the past 2 years, our department has been modifying the family medicine clerkship curriculum to address components of the medical home, which has

now been further defined as the patient-centered medical home. The purpose of this presentation is to review the curricular modifications we have made, discuss the new components we will be implementing, and explore future possibilities for curriculum design. Additionally, we will contextually reference the Future of Family Medicine Report and the Family Medicine Curriculum Resource Project as we review the principles of the patient-centered medical home. Attendees will have the opportunity to participate in small-group discussion while exploring future possibilities for teaching the characteristics of the patient-centered medical home within a clerkship curriculum.

Room: Dover B

S40: CMS and Graduate Medical Education: A Dialogue With the Decision Makers [P,L]

Terrence Steyer, MD; Hope Wittenberg, MA

The financing of graduate medical education is under assault by the Center for Medicare and Medicaid Services (CMS). From the need to pay salaries to volunteer preceptors to disallowing Medicaid funds to pay for residency expenses, CMS has interpreted legislation to the detriment of graduate medical education, especially for family physicians. During this special seminar, key decision makers from the Centers for Medicare and Medicaid Services will present their current interpretation of the legislation and how they believe it impacts residency programs. A significant portion of the seminar will be dedicated to a discussion with these individuals about how the CME decisions are affecting our residencies and what changes we would like to see implemented to preserve the future of family medicine.

Room: Laurel B

S41: Cinema for Reaching the Emotions: Improving Teaching Skills and Fostering Reflection Among Students and Faculty [S,P,R]

Pablo Blasco, MD, PhD; Marcelo Levites, MD; James Tysinger, PhD; Graziela Moreto, MD; Mariluz Gonzalez-Blasco, BA

Learning through aesthetics—in which cinema is included—stimulates learner reflection. Because emotions play key roles in learning attitudes and changing behavior, family medicine educators must impact learners' affective domain. In life, important attitudes, values, and actions are taught using role modeling, a process that impacts the learner's emotions. Since feelings exist before concepts, the affective path is a critical path to the rational process of learning. While technical knowledge and skills can be acquired through training with little reflection, reflection is required to refine attitudes and acquire/incorporate values. In this seminar, participants will enhance their skills in using movie clips to teach, experience how movie clips can be used to improve teaching, and learn a strategy for preparing movie clips to use in teaching.

Room: Laurel C

S42: Innovative Models for Teaching Women's Health Procedures [S,P,R]

Linda Prine, MD; Julie Sicilia, MD; Julia Helstrom, MD; Honor MacNaughton, MD; Barbara Kelly, MD; Vanita Kumar, MD

One of the most challenging issues for a junior faculty member is teaching procedures and determining procedural competence in learners. Few CME courses teach learners how to do specific procedures. Even fewer courses teach educators how to determine procedural competence in learners and how to give feedback to junior faculty who are just beginning to teach learners themselves. Additionally, it is rare to find any courses that teach junior faculty how to set up women's health procedural training workshops based on inanimate models. This session will demonstrate procedures on low-cost inanimate models, such as fruits; will provide handouts of competency checklists; and will model and practice feedback to learners as they practice on the models provided.

Room: Laurel D

Friday, May 2, 2008; 4-5:30 pm

LECTURE-DISCUSSIONS

L24A: Moving Beyond Evaluations: Creating a Resident Portfolio for Tomorrow's Physician, Today! [P,R]

Thea Lyssy, MA; Margaret Mann-Zeballos, MD; Mark Nadeau, MD

This session will highlight the results of a project designed to facilitate the creation of electronic resident portfolios through the use of longitudinal portfolio assignments and how portfolio assignments can help to better evaluate residents on the Accreditation Council for Graduate Medical Education core competencies. The session will also address the added benefits of creating a central repository for a residency, such as better information dissemination, increased ownership of learning by residents, centralization of resources, and the availability of various learning venues. The use of a learning management software (LMS) program to manage portfolio assignments and create a central repository for information will also be discussed. Participants will see examples of several different learning management systems available.

L24B: More Than a Repository: Using Online Portfolios to Teach Reflection and Self-directed Learning Skills [P,R]

Stacy Potts, MD; Allison Hargreaves, MD

Portfolios have been recognized as a flexible and useful tool in documenting growing competency. The Accreditation Council for Graduate Medical Education finds portfolios most useful for evaluation of competencies more difficult to measure in other ways. This lecture-discussion will explore the use of portfolios as a tool to develop residents' skills in self-assessment, reflection, and lifelong learning. A comprehensive portfolio can facilitate mentoring and supervisory relationships by compiling diverse experiences into an accessible, comprehensive review and providing a vehicle to discuss the residents' longitudinal learning process. Session attendees will discover portfolios as a method to individualize learning, personalize the assessment process, and provide learning through assessment.

Room: Falkland

Lecture-Discussions continued on next page

Friday, May 2, 2008; 4-5:30 pm

LECTURE-DISCUSSIONS

L25A: How to Design the Geriatrics Curriculum to Model Characteristics of the Patient-centered Medical Home [P,F]

Kathleen Soch, MD; Michael Bross, MD

The American Academy of Family Physicians, the Society of Teachers of Family Medicine, and other agencies representing primary care physicians have adopted the "Joint Principles of the Patient-centered Medical Home." (February 2007 at www.aafp.org; a copy of this paper will be distributed.) Although models of patient-centered care currently are being developed, each family medicine residency program must teach and role model these concepts to new residents as much as possible. The geriatrics curriculum required at every teaching program already incorporates many of the characteristics of patient-centered care. The purpose of this lecture-discussion is to explore how the geriatrics curriculum can be redesigned specifically to teach the concepts of the patient-centered medical home.

L25B: Palliative Care and the Future of Family Medicine: An Institutional Case Study [P,F]

Phillip Rodgers, MD

Palliative care is a rapidly growing field that shares fundamental values with family medicine and for which family physicians are uniquely qualified. The demographic imperatives driving the growth of palliative care also offer many opportunities for family medicine departments and programs to influence practice, education, and scholarship that support a compassionate and responsive medical home for patients and families throughout their lives. This session will present a case study of a family medicine-led effort to establish an interdisciplinary Palliative Care Program at the University of Michigan, to stimulate discussion among participants about how best to identify and capitalize opportunities to lead at all levels in advancing care for patients and families facing complex, life-limiting illness.

Room: Iron

L26A: Caring for the Underinsured: Ethics, Evidence, and Educating Learners to Care for the Poor [S,P,R]

William Cayley, MD

Medical care continues to grow in complexity and cost, while a significant portion of the US population remains uninsured or underinsured. Family physicians seeking to provide a medical home for these patients in the larger context of their life situation must balance the competing demands of quality care, financial realities, and ethical decision making when patients are unable to afford medically necessary testing and treatment. This presentation will survey the development of current ethical thinking on care of the poor, will use case studies to explore the ways ethics and evidence-based medicine inform care for the poor, and will explore strategies for educating learners to effectively care for and advocate on behalf of those who lack adequate health insurance.

L26B: An Undergraduate Service Learning Program to Promote Patient-centered Care for Vulnerable Patients [S,P,R]

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

Despite the growing recognition of the need for patient-centered care, there is a paucity of training programs designed to explicitly inculcate in medical students and residents the attitudes and competencies necessary to provide such care. At-risk vulnerable populations face even greater barriers to patient-centered care. This lecture-discussion will introduce participants to a service learning program that emphasizes the provision of patient-centered care for underserved vulnerable populations, particularly those who are afflicted with HIV/AIDS, who are homeless, and/or who are victims of domestic violence. Participants will leave the session with an understanding of the key curricular elements of this unique service learning program. They also will become conversant with the challenges and potential pitfalls of integrating such a program into a medical school curriculum.

Room: James

L27A: Improving Access and Quality in the Medical Home for Patients With Limited English Proficiency [P,R,F]

Mary Lindholm, MD; Warren Ferguson, MD

The globalization of family medicine and the rapidly changing demographics of the United States population require us as a specialty to care for patients who speak a wide variety of languages other than English. Best practices and guidelines for assuring adequate communication with limited English proficient (LEP) patients have not been fully developed, yet health disparities for our LEP patients exist based solely on their inability to speak English well. This lecture-discussion will educate participants about the disparities experienced by LEP patients and introduce them to a quality collaborative focused on language services improvement. This project is helping to define guidelines to improve language services for LEP patients as we develop models for practicing and teaching in the medical home.

L27B: Building a Chronic Care Home for Underserved Patients: Creating Language-concordant "Teamlets" in an FMR Clinic [P,R,L,F]

Ellen Chen, MD; Thomas Bodenheimer, MD; Hali Hammer, MD; George Saba, PhD; Lisa Ward, MD, MScPH, MS; Frances Baxley, MD; Rebecca McEntee, MD

Building a chronic care home for underserved patients with resident providers poses special challenges for academic programs. By describing the creation of "teamlets" composed of resident and medical assistant pairings at the UCSF/ San Francisco General Hospital Family Health Center, this lecture-discussion focuses on the role of health care teams in a year-long PGY1 continuity clinic curriculum. Using a registry of patients with cardiovascular risk factors, these language concordant "teamlets" have allowed PGY1s to implement essential elements of the chronic care model such as self-management support and planned visits for patients with limited English proficiency and literacy.

Preliminary data tracking educational and clinical measures will be presented. Participants will discuss strategies and barriers in creating an experiential chronic care curriculum at residency clinics for underserved populations.

Room: Galena

L28A: Teaching Family Physicians the Art of Safe, Cost Effective, and Evidence–based Prescribing: Two Approaches [P,R]

Adrienne Ables, PharmD; Rajasree Nair, MD

Errors in prescribing are the most common errors encountered in family medicine and yet most physicians do not have structured education in clinical pharmacotherapy after their medical school training. The most significant factors associated with prescribing errors are knowledge and the application of knowledge regarding drug therapy. An accurate and reconciled patient medication list forms a central core to patient safety and the patient-centered medical home. The goal of this session is to discuss ways to integrate pharmacotherapy education into a family medicine curriculum, with and without a clinical pharmacist faculty member. Data from both curricula will be presented. Additionally, participants will have the opportunity to begin to design a curriculum for use within their own programs.

L28B: Clinical Pharmacists: Enhancing Learning and Clinical Care [P,R]

Allen Last, MD MPH; Stephen Wilson, MD, MPH; Jonathan Ference, PharmD; Patricia Klatt, PharmD; Beth Musil, PharmD, RPh

The Institute of Medicine's Health Care Quality Initiative and the Future of Family Medicine Report both call for a reformation of health professionals' education, and redesigning of care delivery, including provision of a "medical home." Collaboration with clinical pharmacists may help us achieve these goals by improving clinical outcomes and enhancing the quality of pharmacotherapeutic education received by residents. Although numerous physician-pharmacist collaboration models exist, few have been described. This lecture-discussion will highlight different models of collaboration with clinical pharmacists at three separate residency programs as they relate to patient care and resident education. Session attendees will gain an understanding of the advantages of working with clinical pharmacists in residency programs as well as barriers that exist.

Room: Heron

L50A: Boundary Crossing: Sexual, Racial, Intentional, Accidental or Social, Teaching Difficult Topics With Learners

David Quillen, MD; Linda Montgomery, MD; Kendall Campbell, MD

Crossing social boundaries can be a useful way of thinking about common difficult interactions with patients. The crossings can be as simple as an inaccurate greeting, inappropriate intentional or accidental sexual or racial comments or inappropriate requests. Poorly managed crossings can be more serious and can lead to inappropriate medical care or development of inappropriate relationships between patient and clinicians. These interactions can be very stressful and problematic for clinicians and patients. With audience participation, we will explore the complex issues and brainstorm strategies for management and teaching.

L50B: Cancelled

Room: Laurel A

Friday, May 2, 2008; 4-5:30 pm

PEER PAPERS–COMPLETED PROJECTS

PEER SESSION J: PATIENT/EDUCATION/SYSTEM ISSUES

Moderator: Alison Dobbie, MD

PJ1: Internet Usage and Its Applicability as a Patient Education Tool in a Low Socioeconomic Population [S,R,F]

Vikram Arora, MD

The Institute of Medicine (IOM) and Future of Family Medicine (FFM) report recommend providing continuous patient-centered care. This is in sharp contrast to the current practice of episodic office visits. A large number of studies have investigated the utility of internet-based physician-patient communication, suggesting a strong potential in improving disease management and patient care. However, each office caters to a certain subset of the population, and many physicians have raised concerns about Internet accessibility and usage by poorer and less educated people. Therefore, we conducted a cross-sectional survey among our office population, primarily low socioeconomic patients, to evaluate the accessibility and computer literacy in this group. We also assessed if additional factors like age, sex, or education impact their Internet usage.

PJ2: The Re-Engineered Discharge Improves Readiness for Discharge and PCP Follow-Up and Reduces Hospital Utilization [S,B,R,F]

Brian Jack, MD

Objective: To test the effectiveness of the re-engineered discharge (RED) in improving patient outcomes following hospital discharge. Methods: Randomized controlled trial. Intervention subjects receive the 11 components of the RED from a discharge nurse using the "After Hospital Care Plan" tool and a post-discharge phone call from a pharmacist (n=289) compared with usual care (n=282). Results: At 30 days, subjects receiving the RED report knowing more about their medications (88% versus 83%), appointments (87% versus 80%), and diagnoses (67% versus 57%) to feel more prepared for discharge (67% versus 55%), to see their primary care provider (64% versus 50%), and less likely to have an emergency department visit (41 visits versus 60; P<.05) than controls. Conclusion: The RED improves readiness for discharge and PCP follow-up, and reduces ED visits.

PEER Papers continued on next page

Friday, May 2, 2008; 4-5:30 pm

PEER PAPERS–COMPLETED PROJECTS Cont'd

PEER SESSION J: PATIENT/EDUCATION/SYSTEM ISSUES

PJ3: Frontline Diabetes: Supplementing Education and Quality Improvement in Family Medicine Residency Training [P,R,L]

Peter Carek, MD, MS

Frontline Diabetes is an educational partnership between the Association of Family Medicine Residency Program Directors (AFMRD) and Novo Nordisk. This project examines the knowledge of family medicine residents regarding the diagnosis, evaluation, and management of diabetes mellitus as well as the practice patterns and compliance with American Diabetes Association (ADA) of family medicine residents in regards to their patients with diabetes before and after an intensive 2-day workshop regarding diabetes mellitus. Improvement in both these areas has been noted.

Room: Essex A

PEER PAPERS–IN PROGRESS

PEER SESSION K: MEDICAL STUDENTS/CURRICULUM

Moderator: Patrick McManus, MD

PK1: Senior Elective for Medical Students to Enhance Understanding of Patients' Spirituality/Religion: Opportunity for Personal/Professional Growth [S,F]

Mimi McEvoy MS, MA; Victoria Gorski, MD; Deborah Swiderski, MD; Elizabeth Alderman, MD

Eighty-six percent of Americans profess belief in a higher being; yet 45% of physicians think it's inappropriate to inquire about patients' religion/spirituality. This elective aims to bridge this divide. Our month-long senior elective has been ongoing for 3 years. We craft curriculum around students' learning goals relevant to religion/spirituality, including shadowing chaplains, visiting houses of worship, and inadvertently reflecting on one's own religious/spiritual beliefs. Students to date (n=12) have rated curricular content highly, particularly reflecting on learning goals, working with chaplains, discussing journal articles, and visiting places of worship. Courses on religion/spirituality in the fourth year of medical school might serve as a timely opportunity for students to examine this dimension in patients' lives and to reflect on personal beliefs and professional growth.

PK2: Community-responsive Physicians: Roles and Responsibilities [S,F]

Jerry Daniel, PhD, JD, MPH, MSW, MS; Marie Dent, PhD, EdS, MBA, MS; Dona Harris, PhD

Medicine has experienced a major paradigm shift during the past 2 decades creating a need for physicians to become more community responsive. Despite the need for physicians to practice from a community-based approach, the literature presents little guidance in operationalizing the term "community-responsive physician." Based on a set of roles that are more familiar to social work, the current study examined medical students' reflections regarding community-based experiences in rural and underserved areas of Georgia. One hundred thirty-five reflections revealed that medical students identified the clinician, educator, broker, advocate, and leader roles as roles in which their preceptors engaged. Students also reported that the experience provided a greater appreciation for rural and primary care medicine. The study has implications for medical education and research.

PK3: Enhancement of Musculoskeletal Diagnostic Clinical Skills Through a Workshop for Students and Residents/Fellows [S,R,F]

Marguerite Duane, MD, MHA; Steven Schwartz, MD

Musculoskeletal problems are among the most common complaints that students and residents/fellows will encounter in the outpatient family medicine setting. A workshop was incorporated into our clerkship to teach students an organized approach to performing a focused history and physical exam on three musculoskeletal regions. We also developed workshops to train residents/fellows how to properly perform the musculoskeletal exam and then incorporated them in teaching the musculoskeletal workshop for students. Anticipated outcomes are demonstrated competency and increased confidence in the history and exam skills of the shoulder, knee, and back for both students and residents; improved teaching skills for the residents/fellows; and more informed student attitudes about the role family physicians play in caring for patients with musculoskeletal complaints.

PK4: Using Standardized Patients to Teach Communication and Physical Exam Skills Through Problem-based Learning [S,R,F]

Jessica Muller, PhD; Elisabeth Wilson, MD, MPH; Carrie Chen, MD, MSEd; Calvin Chou, MD, PhD; Amin Azzam, MD; Eva Chittenden, MD

Problem-based learning (PBL) is a form of case-based instruction that has been widely used in medical education to help students integrate basic science and clinical knowledge, improve clinical reasoning, and develop self-directed and collaborative learning skills. In small groups, students encounter ill-structured, yet authentic, patient problems presented through instructional triggers. While paper- and video-based cases are typical triggers, live patients (real or standardized) are less common. Because interacting with live patients allows students to practice their clinical skills as well as patient-centered care, we now primarily use standardized patients in the University of California, San Francisco PBL curriculum to help students learn communication and physical examination skills in the context of clinical problem solving. Evaluation data suggest students and faculty are satisfied with this curricular innovation.

PK5: Evaluating Medical Student Competence in Evidence-based Medicine [S,F]

Henry Barry, MD; Christopher Reznich, PhD

Problem: Typically, evaluating student performance in evidence-based medicine (EBM) addresses critical appraisal and not all components of EBM. Methods: We developed an examination to assess medical student competence in question formulation, searching, critiquing, and applying research to patients. Each student read a case, framed a question addressing the case, searched the literature, critiqued an article, and then reported how they would resolve

the question. The second part was a knowledge-based examination. We pilot tested the examination with eight medical students. Outcomes: Five students asked appropriate questions and used appropriate search strategies. All students could critique the articles' validity; however, they were variable in applying the information. The knowledge-based examination covered a reasonable spectrum of difficulty. Implications: Evaluating medical student competence in EBM is feasible but requires validation.

Room: Essex B

Friday, May 2, 2008; 4-5:30 pm

RESEARCH FORUM

RESEARCH FORUM H: RESEARCH AND RESIDENCY EDUCATION

Moderator: Andrew Bazemore, MD, MPH

RH1: Applicant Characteristics and Poor Performance in a Family Medicine Residency

Michael Park, MD

Objective: To explore whether any applicant characteristics are associated with subsequent poor performance in a family medicine residency. Methods: For this case-control study, cases were defined as residents who (1) underwent remediation, (2) were put on probation, or (3) did not complete residency. Bivariate analyses were performed to identify any demographic, academic, or other characteristics associated with poor performance. Results: Poor performers had lower US Medical Licensing Examination scores than controls (Step 1: 197 versus 212, P=.02; Step 2: 190 versus 214, P=.004) and demonstrated a trend toward having been college basic science majors (odds ratio [OR]=4.20, 95% confidence interval [CI]=0.90-19.65) or international medical graduates (OR=4.03, CI=0.82-19.75). Conclusions: This exploratory study suggests trends worthy of further study, which should include different training settings such as university-based, military and rural programs.

RH2: Family Medicine Residency Educational Characteristics and Career Satisfaction in Recent Graduates

Richard Young, MD; Anita Webb, PhD; Nuha Lackan, PhD; Lucille Marchand, BSN, MD

Objective: To determine aspects of family medicine residency training associated with career satisfaction. Methods: National survey of 1,000 family physicians who graduated within the last 10 years. Factor analysis and linear regression were performed to identify residency characteristics, demographics, and current work characteristics that were associated with career satisfaction. Results: Response rate: 55.8%. Three factors explained the majority of career satisfaction: global medical career and job satisfaction, rigorous training, and current work intensity. Multivariate analysis demonstrated that training that was exceptionally broad and in-depth was independently associated with career satisfaction (beta=.092, P=.002). The largest contributor to career satisfaction was the global medical career score (beta=.479, P<.001). Conclusions: Rigorous family medicine training may positively impact early career satisfaction.

RH3: Impacting Family Medicine Residency Selection: Evaluating the Effects of a Statewide Preceptorship Program

Victoria Kubal, MS; John Zweifler, MD, MPH; Susan Hughes, MS; Jo Marie Reilly, MD; Sandra Newman, MPH

Purpose: To investigate the relationship between participating in the California Academy of Family Physicians Foundation (CAFP-F) Family Medicine Preceptorship Program and matching into a family medicine residency. Methods: Preceptorship program applicants between 1996 and 2002 were followed until residency match. Chi-square analysis compared family medicine match for program participants, non-participants, and non-applicants. Logistic regression investigated whether program participation, medical school, and match year are predictors of family medicine match. Results: Program participants matched into family medicine residency programs at 24%, compared to 13% of non-participants and 13% of non-applicants (chi-square=24.97, P<.001). Participants were 2.7 times more likely (95% CI=2.0-3.6) than non-applicants to match into family medicine (P<.001). Conclusion: CAFP-F Family Medicine Preceptorship Program participants were more likely than both non-participants and non-applicants to select a family medicine residency.

RH4: Improving End-of-life Medical Care: Evaluation of a Residency-based Longitudinal Curriculum

Jo Marie Reilly, MD; Jeffrey Ring, PhD

Forty-nine residents were surveyed on their perceived technical and emotional preparedness for providing emotionally challenging end-of-life (EOL) care to patients. Surveys were administered at the beginning of their internship year and during the month prior to their third-year graduation. A comparison group from three local family medicine residencies completed the post-residency surveys as well. Residents' perceptions of the degree of challenge inherent in EOL care did not shift significantly over the 3 years of training, although they did report significant improvement in self-perceptions of their technical and emotional preparedness to handle an array of EOL clinical situations. The resident study group had a slightly higher technical and emotional preparedness score than the comparison group.

Room: Dover C

Saturday, May 3, 2008; 10:30 am–noon

SEMINARS

S45: New Approaches for Management of First-trimester Pregnancy Complications [S,P,R]

Yael Swica, MD; Tara Stein, MD; Panna Lossy, MD; Noa'a Shimoni, MD

Nearly one third of pregnant women have a complication in the first trimester, including threatened abortion and nonviable intrauterine pregnancy. Family physicians can treat many of these complications without referral to specialists. Care in the family medicine office facilitates continuity, post-pregnancy contraception, and emotional support during a difficult time. This seminar introduces participants to first-trimester ultrasound, manual vacuum uterine aspiration, and misoprostol for nonviable intrauterine pregnancy. It also covers diagnosis of ectopic pregnancy and criteria for managing it medically. Clinical care, practice management issues, and training will be discussed.

Room: Essex B

S46: Lost and Found in Translation: Using Evidence Translation to Support Patient Decision Making [P,B,F]

Valerie King, MD, MPH; Sandy Robinson, MSPH; Cathy Gordon, MPH; Erin Davis, BA; John Rugge, MD, MPH

Translating evidence about effectiveness is necessary to make research results understandable and usable in decision-making for patients as well as clinicians. The Agency for Health Care Research and Quality's John M. Eisenberg Clinical Decisions and Communications Science Center promotes evidence-based decision making and informed choice by translating evidence for clinicians and consumers. Participants in this seminar will gain a working knowledge of the evidence translation process and its application to their work teaching other clinicians to communicate research results. Small groups will work through translation tasks to familiarize them with the translation process and concepts. Participants will become familiar with how to bridge literacy and numeracy gaps to aid comprehension of research results.

Room: Essex C

S47: Reflection and Connection: Best Practices of Group Reflective Techniques for Teaching Relationship-centered Care Skills [P]

Mary Hall, MD; Maria Devens, PhD; Laurel Milberg, PhD; Richard Addison, PhD; Todd Detar, DO; Kristin Reihman, MD; Katina Bonaparte, MD; Michelle Plaster, MD

Recent literature and competency requirements highlight the need to create opportunities for primary care physicians to develop skills for providing relationship-centered care (RCC) and for reflecting on their own practice. The capacity for self-reflection on physician patient interactions has been identified (Epstein 1999) as one of the higher levels of a mindful practice. Experiential group approaches offer residents multiple perspectives on patient encounters and, in doing so, provide an effective and stimulating means of learning and practicing the skills of RCC. In small groups, participants will experience two complementary group reflective methodologies, compare and contrast them, explore approaches and barriers to implementation of each, and share other methods they have used successfully to teach RCC.

Room: Dover B

S48: Peer Reviewing Manuscripts Submitted to Medical Journals [P]

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

The editors of *Family Medicine* will lead a hands-on workshop designed to teach participants how to peer review manuscripts submitted to medical journals. After an introductory presentation by the editors, participants will read and review sections of actual manuscripts submitted to *Family Medicine*. This workshop will be useful to both novice and experienced authors and to individuals who serve or wish to serve as reviewers.

Room: Laurel B

S49: Inpatient Medicine and the Future of Family Medicine [P,F]

Jasen Gundersen, MD; Jeremy Fish, MD; Barbara Kelly, MD

The rising role of hospitalists nationwide coupled with the decision to decrease the amount of inpatient training in our residency programs is placing the future of the family physician in the inpatient setting at risk. A review of inpatient training and interests post-residency graduation will be reviewed. We will then focus on the case of prolonging, and potentially increasing, the training of family medicine residents in the inpatient setting through fellowships in hospital medicine. The demand for inpatient care is rising at an astronomical rate, and we are headed toward a cross road. The well-trained family physician could play a key role or lose out in this transition.

Room: Laurel C

S50: A Comprehensive, Multidisciplinary Approach to Diagnosis and Remediation of the Challenging Learner [P]

Tracy Kedian, MD; Lisa Gussak, MD

Family medicine departments are devoting increasing resources to the management of the challenging learner, often without a framework for formal evaluation and management of learner needs. The UMASS Center for Academic Achievement (CAA) has a process of in-depth evaluation and instruction of learners with diverse needs. Working with the learner's program, the CAA identifies needs in organization, clinical problem solving, time management, communication skills, and other areas and tailors a program of instruction that results in improved learner performance. The multidisciplinary faculty group provide a more comprehensive approach than can often be provided by the learners current program. This seminar will discuss common areas of learning need in medical education along with the needs assessment and instruction process offered by this innovative program.

Room: Laurel D

S51: Mindfulness Training in Family Medicine: An Experiential View

Colleen Fogarty, MD, MSc; Laurie Donohue, MD

Mindfulness is the purposeful intentional self-awareness that allows us to assess our own perceptions, thoughts, feelings, and technical skills on a

moment-to-moment basis. Mindfulness allows us to understand the internal and external factors contributing to our effectiveness at dealing with them. Medical educators see mindfulness as an essential element of communication, technical skill, professionalism, teamwork, and life-long learning. This seminar will present an overview of mindfulness training experiences for resident education in family medicine. Drawing on the experience of faculty members from two programs with varied backgrounds in mindfulness training, we will provide a forum for introductory concepts and techniques to incorporate into existing family medicine training experiences.

Room: Kent A

S4: Faculty Development in The Third Age: New Ideas and Roles for Senior Faculty [L]

William Shore, MD; Jeffrey Stearns, MD; John Frey, MD

In recent years at STFM meetings, there has been increased attention to the developmental needs of senior faculty among STFM members. At the Annual Spring Conference in 2007, there was significant enthusiasm regarding this area of focus and a survey was created and sent to "senior" faculty (over 50) who are members of STFM. We will present the results of the survey, which addressed a broad array of potential developmental needs, differentiated those of university-based faculty from community-based faculty, and identified what role and mechanisms STFM as can play in meeting these needs. The goal of this seminar is to discuss the results of the survey, identify additional needs and concerns, and develop specific action plans to present to the STFM leadership and members.

Room: Kent B

Saturday, May 3, 2008; 10:30 am–noon

LECTURE-DISCUSSIONS

L29A: Family Medicine Proceduralists and Hospitalists: Defining the Scope Without Limiting the Breadth [P,R]

Stuart Forman, MD; William Ellert, MD

The STFM Group on Hospital Medicine and Procedural Training held a summit in January 2007 to discuss enhancing procedural and hospital training in residency programs. We defined procedural categories and the level of training to establish competency in a given procedure. A list of procedures was established that we recommended all family medicine residencies be required to provide training. The Commission on Education of the American Academy of Family Physicians (AAFP) has adopted the procedure list as an AAFP position to be communicated to the Residency Review Committee, and the list was accepted for publication in *Family Medicine*. The list is now being discussed and debated by the other family medicine organizations. Our 2008 Summit will make recommendations for revision, develop competency assessment tools, and define advanced procedures that require focused training. We also addressed the issue of hospitalist practices within the specialty of family medicine.

L29B: Educational Interventions to Improve Resident Confidence in Sideline Medical Management at Sporting Events [P,R]

John Wood, MD; Amity Rubeor, DO; Michael Petrizzi, MD; Steven Cole, MEd, ATC, CSCS

The Residency Review Committee recommends sports medicine be a "clear and separate curriculum" and include acute evaluation of musculoskeletal trauma. To meet these recommendations, the Lancaster General Hospital Family Medicine Residency (LGHFMR) encourages residents to participate in sporting event medical coverage. Initially, residents were hesitant to participate. We hypothesized that confidence at managing sporting medical emergencies influenced the hesitancy and designed two educational interventions to improve resident confidence in sideline medical management—a 1-hour lecture discussing sideline medical management and an abbreviated SMART^SM (Sideline Management Assessment Response Techniques) hands-on workshop. We will describe our rationale for introducing these interventions and share our study outcomes. Participants will discuss opportunities for implementation in their programs and brainstorm solutions to anticipated barriers.

Room: Iron

L30A: Increasing the Number of Students Choosing Family Medicine: Can We Learn From a National Leader? [P,R,L]

John Delzell, MD, MSPH; Heidi Chumley, MD; Scott Moser, MD; Joshua Freeman, MD; Michael Kennedy, MD

Family medicine educators around the country are struggling to find ways to increase the number of students choosing family medicine. Reasons for medical student specialty choice are complex, but there are some institutional variables that may influence student choice. Presenters, from a school with a high success rate, will introduce a conceptual model that will be used to discuss some of the factors contributing to our continued high success rate in spite of declining numbers nationally. The conceptual model divides student influences into input, process, and output variables. The discussion will focus on the process and output variables at our institution and their applicability to other institutions.

L30B: An Innovative Professionalism Workshop: Putting Family Medicine's Core Values to Work [P,R]

Robert Hatch, MD, MPH; David Feller, MD

Recently, there has been a surge of interest in ways to better teach professionalism to medical students and residents. In 2006–2007, we began an innovative medical student workshop to teach professionalism and help students cultivate exemplary professional behavior. It emphases many core values of family medicine and has received excellent evaluations. The session will begin with a brief review of the literature, followed by an overview of our professionalism workshop. Discussion will then focus on the range of methods family physicians can use to teach professionalism. Participants will be encouraged to share their experiences teaching professionalism and the lessons they have learned. The group will generate a list of ways family physicians might teach professionalism and suggestions for how to do so well.

Room: Galena

Lecture-Discussions continued on next page

Saturday, May 3, 2008; 10:30 am–noon

LECTURE-DISCUSSIONS Cont'd

L31A: Teaching Outstanding Medical Learners [P]

Dean Seehusen, MD, MPH; Fred Miser, MD, MA

Outstanding medical learners are a recently described subset of medical learners with special educational needs. Outstanding medical learners belong to a group known as "gifted adults" and have common characteristics that set them apart from other learners. Teaching these learners may be difficult or intimidating. Educators who understand the characteristics of these learners will be better equipped to meet the challenges unique to teaching this group. Participants in this session will be given specific guidance on how to unlock the potential of these learners through the creation of individualized educational curricula. Participants will also be given an opportunity to share their experiences regarding this group of learners. Educational interventions that have worked, as well as those that haven't, will be discussed.

L31B: Leading Across the Generations: Preparing Family Medicine for the Millennial Generation [P,L]

Lisa Rollins, PhD; Daniel McCarter, MD

Society changes as the generations change. To continue toward the vision of the Future of Family Medicine with patient-centered medical homes, we will need to partner with the new generation (Millennial Generation or Generation "Y") who are now coming through college and medical school and will soon be our junior residents and faculty. It will be important for us to recognize the differences in this generation to adapt our teaching and recruiting styles to better reach this group. The purpose of this session is to present the differences between the generations and, as a group, to generate and discuss recommendations pertaining to the evolution of family medicine, attracting students to our specialty, and designing educational experiences in family medicine.

Room: James

L32A: Politics and the Patient-centered Medical Home: Health Care Reform in 2008 [P,R,F]

Terrence Steyer, MD; Hope Wittenberg, MA

The goal of having every American in a patient-centered medical home is a lofty one. However, it cannot be accomplished without fundamental changes in the American health care system, especially in the areas of health care financing and health care delivery. During this presidential election year, health care reform is a top issue for many Americans as they consider whom to vote for. During this interactive session, a summary of the leading presidential candidates' health care reform proposals will be presented. Participants will discuss how we can best inform our learners about health care reform as a component of their medical education.

L32B: The "Supervisit": Changing the Paradigm of Care for Vulnerable Populations

Carl Morris, MD, MPH; Amanda Kost, MD

"Supervisits" attempt to change the training and provision of ambulatory care for vulnerable patient populations. The curriculum enhances resident education through the modeling of an innovative ambulatory care approach and the acquisition of the skill set needed to coordinate and lead a team in the provision of patient-centered and health-oriented care for underserved patients. Supervisits are a 2.5-hour clinic visit designed to identify and prioritize patient needs and barriers to health through collaborative care between the patient and a multidisciplinary team of care providers. The lecture-discussion will provide an outline of the curriculum, design of the supervisit clinic, and review of patient/provider satisfaction and health outcome measures.

Room: Falkland

L33A: Practical Models for Effectively Training Community and Residency Faculty to Design and Conduct Practice-based Research [P]

James Werner, PhD; Stephen Zyzanski, PhD; Carl Tyler, MD; Susan Flocke, PhD; Vanessa Panaite, BA

Ensuring the participation of future generations of family physicians in the development of new knowledge is a key element of the Future of Family Medicine project in transforming and renewing the discipline. However, most full-time family physicians and residency faculty are inadequately prepared to develop research studies or to mentor others in doing so. Session leaders will present the features and processes of two multi-year HRSA-funded projects for research skill development: a group process model and an individualized learning model. A discussion of the strengths, weaknesses, and outcomes of the learning models will be facilitated. Leaders will guide attendees in designing effective and efficient research training programs that support the transfer of research skills within attendees' local contexts of clinical training programs for residents and medical students.

L33B: Scholarly Activities Across State Borders—Working Together for Meaningful Results [P,R]

Daniel Triezenberg, MD; Robert Bales, MD, MPH; Kimberly Krohn, MD, MPH

The speakers are leaders in the AAFP National Research Network Residency Branch; they have developed a project to test Review of Systems questions for their ability to lead to new diagnoses during primary care health maintenance visits. They will discuss their experience with developing this project as a multi-residency research project with support from the NRN. They will illustrate the benefits of the project to the individual residents and residencies. They will present the progress of a multi-center project currently in process. Participants will have an opportunity to discuss challenges in their own efforts to implement meaningful research projects in their own residencies.

Room: Heron

L34A: Obstetrics in Family Medicine: An Endangered Species? [P]

Sarina Schrager, MD, MS; Beth Choby, MD

Maternal child health is an integral part of family medicine education. According to recent AAFP statistics, only 20.6% of US family physicians perform deliveries, down from 46% in 1978. Factors influencing whether graduating residents continue maternity care include the cost of professional liability insurance, lack of role models, and lifestyle issues. This session explores barriers

to family physicians providing maternity care and examines alternative care models that promote maternal child health within family medicine. Job sharing, small-group call sharing, and in-house consultants are possible ways family physicians can provide maternity care in the community while maintaining work-life balance.

L34B: Teaching Maternity Care of Patients With Female Circumcision [P]

Grace Alfonsi, MD; Katherine Miller, MD

Caring for a woman who has been circumcised involves skills that are in the armamentarium of the family physician. As more patients emigrate from Africa to the United States, maternity care providers are needed to provide a medical home for these patients and their families. Although there is literature describing the psychological and cultural aspects of circumcision, there is little information about prenatal and delivery care. Because our residency practice provides care for many of these women, we have developed a curriculum to teach these skills to our residents. The curriculum includes a discussion of anatomy, strategies for prenatal care, and delivery room management. We will present our teaching curriculum and provide curricular materials.

Room: Bristol

PEER PAPERS–COMPLETED PROJECTS

PEER Session L: Program Development

Moderator: Peter Catinella, MD

PL2: Group Visits: Evidence-based Answers to Common Questions [S,R,F]

Sarah Carricaburu, MD; Norman Oliver, MD; David Slawson, MD

As the American population ages, family physicians have increasingly focused on management of chronic diseases. This shift has created a gap between the needs of the population and traditional processes of practicing medicine. Group visits have been proposed as an innovative way to move away from traditional one-on-one office visits and optimize care for those with chronic disease. Unfortunately, they have been difficult to study and implement. The lack of systematic studies, processes, structure, and content for these visits undoubtedly leaves family physicians with questions. This study will define questions doctors have about group visits and attempt to answer them by systematically reviewing the literature.

PL3: Developing Faculty for a Primary Care Urology Teaching Clinic: A Family Medicine/Urology Collaboration [L,F]

Joel Heidelbaugh, MD; Masahito Jimbo, MD, PhD, MPH; Karl Rew, MD

Rationale: In the patient-centered medical home, family physicians can manage most urologic conditions. Collaborative and focused faculty training can enhance the clinical delivery and teaching of primary care urology in family medicine. Methods: The departments of family medicine and urology at the University of Michigan collaborated to develop a primary care urology/men's health clinic where focus is placed on non-surgical urologic problems commonly seen in primary care. Outcomes: Three family physicians volunteered to collaborate with the urology department. Conditions appropriate for primary care urology were identified. Clinic logistics and training processes for family medicine faculty and staff were developed and implemented. Implications: The ongoing collaboration can become a model to develop a primary care urology and men's health clinic.

Room: Laurel A

RESEARCH FORUM

RESEARCH FORUM I: Presentations from the Best Research Paper Award Winner and the Curtis Hames Research Award Winner

Moderator: James Gill, MD, MPH

RI1: Best Research Paper Winner Presentation: The Trial of Infant Response to Diphenhydramine. The TIRED Study—A Randomized, Controlled, Patient-oriented Trial

Dan Merenstein, MD

(see page 78 for abstract)

RI2: Curtis Hames Award Winner Presentation: "People, Perspectives & Policy: 3 Key Ingredients of Family Medicine Research"

Howard Rabinowitz, MD

Dover C

Saturday, May 3, 2008; 10:30 am–noon

SPECIAL SESSION

SS4: Leading Through Change—Practical Learnings From the P4 Residency Demonstration Initiative [F]

Samuel Jones, MD; Larry Green, MD; Patricia Carney, PhD; Stanley Kozakowski, MD

Amid calls for (1) a new model of practice using new technologies, (2) standardization of a set of services carefully tailored to respond to individual needs and preferences of people from all backgrounds and circumstances, and (3) a period of innovation and experimentation in the training of family physicians, several family medicine organizations set out to examine new residency models for training future family physicians. The Preparing the Personal Physician for Practice (P4) Residency Demonstration Initiative is designed to guide the discipline in the development of a forward-thinking graduate medical education curriculum that will ensure family medicine graduates can deliver and perform in new models of practice such as the patient-centered medical home. This session will review the underpinnings of the P4 effort and share the early learning circumstances of P4 innovators.

Room: Harborside B

Saturday, May 3, 2008; 1:45–3:15 pm

SEMINARS

S52: Using Graham Center Resources to Meet Advocacy and Planning Needs of Primary Care Educators [P,L]

Andrew Bazemore, MD, MPH; Robert Phillips, MD, MSPH; Philip Diller, MD; Hope Wittenberg, MA; Amy McGaha, MD

State and local policy-makers—including deans—are critical to the survival of primary care education, yet educators are struggling to convey the dire straits facing the primary care pipeline. Desperately needed is evidence-driven advocacy relevant to regional needs and interests. The Robert Graham Center for Policy Research generates evidence and resources relevant to family medicine educators for these purposes. These resources—including online mapping tools, study findings, and medical education datasets—can help departments and residency programs by informing their strategic planning and advocacy efforts. In this session, Graham Center researchers, AAFP medical education experts, STFM advocacy staff, and a family medicine residency director will review and demonstrate practical applications of current Graham Center data resources and tools.

Room: Essex A

S53: Build a Model: The Inexpensive Alternative to Circumcision Training [S,P,R]

Teresa Myers, MD; Jetuan Rowley, MD; Gina Pontius, MD; Nathan Seaman, DO

This "build a model" session provides instruction and materials to construct an inexpensive (less than $1) genitalia model for practicing neonatal circumcisions. Circumcision techniques are demonstrated on this life-like model. It simulates the relevant anatomy and allows participants, and subsequently residents, to practice the psychomotor skills necessary to successfully complete this surgical procedure. The presenters will demonstrate how to build the model and teach the circumcision procedure. The participants will practice building a model and performing the simulated circumcision. They will have an opportunity to then teach the skills to others. A six-part circumcision lecture series will be provided. The topics in this series include Circumcision Options/Contraindications, Counseling/Informed Consent, Equipment/Preparation/Sterile Procedures, Anesthesia Options/Technique/Anatomy, Complications/Appropriate Reaction, and Post-operative Care.

Room: Essex B

S54: Creative Strategies for Teaching Residents About Professionalism

Austin Bailey, MD; Roger Bermingham, MD; Kim Marvel, PhD; Kristen Bene, MS

Professionalism is a curriculum requirement but is a challenging topic to teach in a meaningful and engaging manner. In our community-based program, we teach professionalism through small-group seminars composed of participatory activities to engage resident interest and reflection. We also have included ratings of professional behavior in our 360-degree resident evaluations. In this seminar, we will share the content of the small-group seminars and our evaluation methods. Examples of interactive teaching tools include videotapes of patient perspectives on professionalism, ethical case studies, movie clips, and anonymous staff evaluations of unprofessional resident behavior. We also will discuss an effective process for facilitating discussions about professionalism. Participants will hear about the successes and challenges other programs have had with this topic.

Room: Essex C

S55: Group Maternity and Well-child Care: Successful Implementation of "New Models" in Family Medicine Training [P,F]

Carmen Strickland, MD; Cristy Page, MD, MPH; Martha Carlough, MD, MPH; Ellen Chetwynd, RN

Group visits are an important element of the new model of patient-centered practice in the Future of Family Medicine (FFM). Experience with group care will be essential for family medicine graduates. This session highlights the feasibility of implementing group prenatal and well-child care in academic family medicine settings. The presenting team will review the history and key components of models of group prenatal and well-child care that have operated successfully at UNC-Chapel Hill since 2003. The session will include an interactive discussion of the benefits and challenges of working with group care in residency training. In small groups, participants will apply a SWOT analysis to their home program settings and develop tailored strategies to begin the process of incorporating group care models into residency training.

Room: Kent A

S56: Translating Evidence into Practice: Effective Faculty/Resident Collaboration [P,R]

Stephen Ratcliffe, MD, MSPH; Wendy Barr, MD, MPH, MSCE; Nina Tomaino, MEd, MA; Jacqueline Julius, MD; Lauren Oshman, MD, MPH; Natasha Kelly, DO

In this seminar we will develop models of how to foster successful faculty/resident collaborations in the areas of continuous quality improvement (CQI) and practice-based research based on the collective expertise of the participants and drawing on 3 years of successful experiences from a practice-based CQI network of family medicine residencies known as IMPLICIT.

Room: Kent B

S57: The Medical Solution is the Problem: Teaching Residents Chronic Care Management [P]

Frank Diego, MD; Lorne Campbell, MD; Michol Polson, PhD

Increasingly, the literature laments the lack of educational models to teach residents effective skills in chronic care management. As Baby Boomers age and chronic illnesses increase, programs face increasing demand to teach management skills for chronic care. We present our educational model to educators for curriculum consideration. Residents learn algorithms to determine an acute or chronic care approach for their differential, diagnostics, and intervention(s). Treatment planning integrates Prochaska's Readiness to Change Model, charting 12-24 month plans, principles of motivation, coaching strategies to target lifestyle behaviors, engaging family members, and harnessing community resources. Residents learn to recalibrate their expectations from rapid change (acute) to the slower cumulative pace of change inherent in chronic care solutions.

Room: Kent C

LECTURE-DISCUSSIONS

L35A: Implementing Toyota Lean Principles in a Family Medicine Residency [P,L,F]

Jeffrey Mathieu, MD; David Mistretta, MA; Heidi Mayville, PharmD

The TransforMED model of care challenges us to create redesigned more functional offices with a focus on quality and safety. Toyota Lean Principles are being adopted as a model of continuous quality improvement in many health systems across the country and can readily be applied to residency practices. This lecture-discussion demonstrates how Toyota Lean Principles were applied within a family health center to both improve care and to teach principles of practice improvement to the residents. The presenters will present Toyota Lean Principles and their integration into residency practice and curriculum. Summary data for practice improvement will be presented as well as the development of a residency practice dashboard. Attendees will also see how this best practice can be used to enhance a learning culture.

L35B: From a TransforMED Self-directed Site: Building the New Model While It's Still in Motion [P,L,F]

Andrew Lockman, MD; Sim Galazka, MD

The new model of care has been proposed as a vehicle to help us to travel with clear direction and a better sense of identity in creating a recognizable personal medical home for our patients. How much has your practice really changed in 15 years? If your practice were a car, could you update your 1990 automobile with a bigger engine, modern safety features, and up-to-date information and communication systems, all while continuing to travel rapidly every day on the highway? We will share our experience as a self-directed TransforMED National Demonstration Project site in developing key areas–the ones that can best keep your vehicle in motion–of the personal medical home and start your planning for your own practice change process.

Room: Falkland

L36A: How to Be an Effective Study Section Member [P,R]

Mark Johnson, MD, MPH; Carlos Jaen, MD, PhD; Susan Rovi, PhD

One of the recommendations from the Future of Family Medicine project was to increase the number of family medicine researchers who serve on National Institutes of Health (NIH) study sections. Study sections are the groups that review research proposals for scientific merit. Increasing the number of family medicine researchers on study sections is even more important at a time that the NIH wants to expand clinical and translational research. This session will provide potential study section members with the information they need to be effective reviewers.

L36B: The IRB Made Plain and Simple [P,R,F]

William Miser, MD, MA

What do the atrocities of Nazi medical research have to do with performing an educational research project with your students? Both involve research on human subjects. Over the years, the Institutional Review Board (IRB) has become increasingly more important, and to some, more daunting as new federal regulations are created. HIPAA regulations have also influenced the complexity of getting research approved. All research done on human subjects, including educational research, requires IRB approval prior to starting that research. This session will provide the participants a clear understanding of the major components of the IRB approval process and will review the more common mistakes that delay research.

Room: Galena

Lecture-Discussions continued on next page

Saturday, May 3, 2008; 1:45–3:15 pm

LECTURE-DISCUSSIONS Cont'd

L37A: Building a New Health Center—Family Medicine Residency Partnership: The Education Health Center [P,R,F]

Carl Morris, MD, MPH; Frederick Chen, MD, MPH; Mark Loafman, MD, MPH; Tom Curtin, MD; Kevin Murray, MD

Health center-family medicine residency (HC-FMR) affiliations represent a unique resident training solution for safety net systems and primary care workforce. HCs and FMRs have been collaborating for the past 25 years to train physicians to care for vulnerable populations. A multi-pronged work plan, a grassroots partnership between HC and FMR leaders, research, and public policy has created a model for future HC-FMR affiliations. We will bring leaders of HCs, FMRs, and government officials together to discuss this important educational innovation. The key components of a new type of health center, the Education Health Center, will be outlined and discussed utilizing a didactic presentation, panel discussion, and small-group break-out sessions.

L37B: The Decision to Redesign: An Exploration of the Beginnings of Our P4 Adventure [P,R,F]

Daniel Burke, MD; Frank deGruy, MD; Deborah Seymour, PsyD; David Graham, MD; John Nagle, MPA

In response to the Future of Family Medicine report and other calls to action, many residencies and faculty are contemplating or involved in substantial change processes. In this session, we will explore in a case study format the leadership challenges and management considerations involved in our program's decision to participate in the P4 demonstration project. The thoughts, observations, and considerations experienced during our decision-making process from the unique perspective of various faculty members will be presented. These faculty include the department chair, clinic medical director, behavioral science faculty, associate director of education, and the program director. Participants will be invited to consider the unique features of their own programs that present opportunities and challenges for transformative change.

Room: Heron

L38A: I Am a Great Mentor... Right? [P,R]

Teresa Kulie, MD

With the changes in resident evaluation stimulated by the Accreditation Council for Graduate Medical Education (ACGME) competency requirements, many residency programs increasingly depend on faculty mentors (advisors) to help residents interpret their evaluations and progress toward competency. Yet how can a resident be sure that his/her mentor is competent? How can mentors themselves know they are meeting expectations? We created a half-day faculty development session designed to allow faculty mentors to (1) review the ACGME competencies, (2) practice interpreting evaluation tools and guiding resident goal-setting, and (3) experience a behaviorally anchored evaluation of their own performance as a mentor. In this session, we will model our faculty development half-day lesson plans as well as distribute competency-based evaluation tools used by residents to evaluate the competency of their faculty mentors.

L38B: Supporting New Faculty in Family Medicine—Ideas From the Group On New Faculty [P,L]

Cheryl Seymour, MD; Lisa Ward, MD, MScPH, MS

Supporting new faculty is crucial to the success of family medicine. We are not only the educational workforce of the future but are well placed today to inspire and attract medical students into our chosen field. The transition into a teaching role is fraught with personal, clinical, academic, and administrative challenges. The Group on New Faculty was formed in 2007 as a peer group of teachers of family medicine in their first 5 years. Leaders and members of the group will share common challenges, unique or successful solutions, and ongoing development needs identified by our group members. We aim to foster discussion and collaboration among both new and veteran STFM members that will enhance the support network for this group of future leaders.

Room: Iron

L39A: Preclinical Competency-based Curriculum: A Multidisciplinary Approach [P,R]

Carol Motley, MD; Amanda McBane, MD; Allen Perkins, MD, MPH

The creation of the Collaborative Curriculum project has led to an opportunity for development of outcomes-focused curricula in the preclinical years that parallel the Accreditation Council for Graduate Medical Education competencies. Because of the nature of the content, family medicine will not be the sole discipline represented in these activities. Additionally, aspects of the competencies of interpersonal and communication skills, professionalism, and system-based learning are not amenable to multiple question tests. This activity will present an approach to curriculum transformation, multidisciplinary curriculum development, and use of service learning in the preclinical years. Discussion will include problem solving around creation of multidisciplinary instructional activities as well as service-learning activities.

L39B: This Ain't Your Father's Clerkship: Objective-based Clerkship Design [P,R]

Amanda McBane, MD; Carol Motley, MD; Allen Perkins, MD, MPH

The third-year clerkship is the key clinical educational experience for medical students. This educational experience has only recently begun to be explored in depth. This activity will review principles, themes, and topic areas for a family medicine curriculum. Key components include development of educational materials and specific objectives. Challenges in developing a manageable clinical knowledge set, which is readily updated and maintained, will be discussed in small groups. A syllabus of common problems seen by family physicians will be reviewed. The audience will explore specific objectives for clinical skills proficiency, including interview skills, communication, and professionalism. A method of assessment of these skills based on learning objectives will be suggested. Finally, there will be a comprehensive review of an objective-based core clerkship.

Room: James

Saturday, May 3, 2008; 1:45–3:15 pm

PEER PAPERS–IN PROGRESS

PEER SESSION M: RESIDENCY

PM1: The Majors and Masteries Curriculum: Implementing Radical Change in Family Medicine Residency Curriculum [S,R,L,F]

Michael Mazzone, MD; Leigh LoPresti, MD; Bruce Ambuel, PhD

In 2006, P4 called for new models of family medicine residency training. Waukesha Family Medicine Residency initiated a strategic planning process with faculty, residents, and affiliates and fundamentally changed the curriculum. The new curriculum includes (1) focused training in a chosen area of special interest (community health, practice management, OB, sports medicine, etc), (2) an optional fourth year leading to an MPH, MBA, or advanced OB training, (3) an Electronic Learners File to track learning experiences and competencies, (4) integration of goal setting, reflection, and competency testing, and (5) systematic incorporation of Accreditation Council for Graduate Medical Education competencies throughout the curriculum. We describe the planning process that launched this fundamental change and describe the evolving curriculum and lessons learned.

PM3: "Tales From the Other Side": Partnering With a Managed Care Organization in Residency Education [S,R,F]

Netra Thakur, MD; Patryce Toye, MD

Residency programs must balance the need to teach residents necessary skills in working within a managed care system with the constraints of limited curricular time and faculty availability and skill. The Franklin Square Family Medicine Residency developed a partnership with Helix Family Choice (HFC), a local Medicaid MCO to facilitate resident learning of managed care from the payer perspective. This session will describe (1) the formation of this collaboration, (2) the creation of four modules to introduce residents to key concepts in managed care, and (3) the reformatting of the modules based on resident evaluation of the curriculum.

PM4: Providing Psychiatric Consultation in the Medical Home [S,B,R,F]

Pat Martin, MA, LPCC; Robert Skully, MD

A majority of patients rely on their family physician for diagnosis and treatment of psychiatric disorders. Recognizing this, a community-funded program provides psychiatric consultations in the family medicine offices and clinic affiliated with a residency program. Residents, faculty, and clinic attendings may refer their patients for a consultation and then receive the evaluation, diagnosis, and recommended treatment plan. The psychiatrist is also available for informal questions and consults. Providing consults in the medical home improves patient care and access and increases resident education in the diagnosis and treatment of psychiatric disorders.

PM5: Competency-based Practice Management Curriculum With Assessment and Validation Tools [S,R,F]

David Kolva, MD; Christopher Morley, MA, CAS

We made significant revisions in our residency program practice management curriculum to achieve all six Accreditation Council on Graduate Medical Education competencies. As a result, graduating residents have improved their reported knowledge levels of key practice management principles. We are developing tools to follow the group's future knowledge retention levels to validate and improve the curriculum. Increased emphasis on medicolegal topics and process improvement principles has made the curriculum more relevant to the needs of our graduating residents. All curricular materials are available via the STFM's Family Medicine Digital Resources Library.

Room: Dover B

RESEARCH FORUM

RESEARCH FORUM K: COMMUNICATION, TRUST, AND PATIENT SATISFACTION

Moderator: Caroline Richardson, MD

RK1: Trust Between Doctors and Patients With Chronic Low Back Pain

Sandra Burge, PhD; Shashi Mittal, MD; F. David Schneider, MD, MSPH

Objective: To examine predictors of trust relationships between doctors and patients with chronic low back pain. Methods: Students enrolled 218 outpatients with chronic low back pain and surveyed patients and doctors about trust, pain treatment, health, functioning, and visit characteristics. Results: Overall, doctors' and patients' trust levels were high. Doctors had lower trust toward younger men and anxious patients and higher trust toward Latinos, higher-educated people, and continuity patients. Regarding patients' trust, younger Latino men were less trusting toward doctors, but continuity patients were more trusting. Patients who requested opioid medications by name were more trusting toward doctors, but doctors were less trusting toward them. Conclusions: Family physicians' mistrust may be directed toward patients with poor pain control.

Research Forum continued on next page

Saturday, May 3, 2008; 1:45–3:15 pm

Research Forum Cont'd

RK2: Do Drug Samples Jeopardize Patient Safety?

Lorraine Wallace, PhD; Amy Keenum, DO, PharmD; Steven Roskos, MD; Gregory Blake, MD, MPH; Strant Colwell, MD; Barry Weiss, MD

Objective: To examine readability of consumer medication information (CMI) accompanying prescription medication samples. Methods: We collected samples from four outpatient clinics and reviewed 83 pill/tablet samples. CMI instruction presentation, reading level, text size, format/layout, and comprehensibility were assessed. Results: No CMI was present in 39 (46.9%) samples. Average reading difficulty of CMI was at the 10th grade level (range=6 to 15), and text point size was small. Fewer than 25% met recommended standards for format and comprehensibility. Conclusions: Almost half of samples did not include any type of CMI, thereby potentially posing a threat to patient safety. For those that had CMI, it was often written at a reading difficulty level higher than the average reading skills of American adults.

RK3: Does Age Influence How Patients Perceive Communication With Their Health Care Providers?

Jennifer DeVoe, MD, DPhil; Lorraine Wallace, PhD; George Fryer, PhD

Objective: To determine if patient perceptions of health care communication differ by age. Methods: Cross-sectional analysis of the 2002 Medical Expenditure Panel Survey, limited to US adults who had a recent health care visit (n=16,700). Results: In multivariable analyses, compared to patients over 64 years of age (reference=1.00), patients between the ages of 18-24 were less likely to report that their provider always listened to them (OR=0.65, 95% CI=0.57-0.75), always explained things so they could understand (OR=0.85, 95% CI=0.74-0.97), always showed respect (OR=0.65, 95% CI=0.57-0.74), and always spent enough time with them (OR=0.61, 95% CI=0.53-0.71). Conclusions: This study suggests that patient perceptions of communication in health care settings vary by age. These differences matter to improving health care services in practice and policy.

RK4: Are Patients Satisfied With Open Access Scheduling?

Randa Sifri, MD; Andrew Rosner, BS; Christine Jerpbak, MD; Kevin Eanes, BS; James Diamond, PhD; Richard Wender, MD; George Valko, MD

Objectives: Jefferson Family Medicine implemented open access (OA) scheduling in 2002. The purpose of this study was to determine patient factors associated with satisfaction with OA. Methods: A survey was administered to 1,000 patients in August 2005 and to 500 patients in October 2005. Univariate and multivariate analyses were performed. Results: The response rate was 89%. Overall, 64% of patients were very/somewhat satisfied with OA scheduling, 11% were neutral, and 25% were somewhat/very dissatisfied. Multivariate analysis showed that those who were more satisfied were younger (P=.0016), made fewer calls for an appointment (P<.0001), and stayed on hold for a shorter period of time (P<.0009). Conclusions: The majority of patients were satisfied with OA. Satisfaction with the phone system had the strongest association with satisfaction.

Room: Dover C

Saturday, May 3, 2008; 1:45–5:15 pm

WORKSHOPS

W9: Grading Evidence: SORTing Out the Best Information for Our Patients and Our Learners [P, R, L]

Paul Crawford, MD; Valerie King, MD, MPH

Rating the quality of clinical studies and grading the overall evidence from a body of clinical studies and guidelines is a key skill for providing medical care and teaching learners. This skill has taken on greater importance in the electronic era because vast quantities of data can be accessed in seconds. This session will focus on the Center for Evidence-based Medicine (CEBM) system and Family Medicine's Strength of Recommendation Taxonomy (SORT) as tools for rating the quality of data and clinical recommendations. Attendees will obtain a practical working knowledge in how to use evidence rating scales for sifting through the evidence that is immediately applicable to teaching, academic writing, and clinical practice.

Room: Atlantic

W10: Career Management for Clinical Faculty: A Workshop for Junior Faculty and Those Who Mentor Them [P,L]

Julie Nyquist, PhD; Jeffrey Ring, PhD

In family medicine, as in all of academic medicine, clinical faculty are under increasing pressure from multiple directions, patient care, supervision of residents, teaching of medical students, administrative tasks, etc. Often, what suffers most is the faculty's own career development and career management as they become overwhelmed with daily tasks. Faculty members need tools to aid them in this important personal endeavor. During this hands-on workshop, participants will be introduced to career management strategies and two tools—Professional Network Questionnaire and Career Planning Tool. As part of the workshop, participants will complete the networking questionnaire, work on their career plan, personal needs assessment, and development strategies. Participants will engage in paired and small-group discussion on tool results and career management strategies.

Room: Laurel A

W11: Teaching the SMART (Sideline Management Assessment Response Techniques) Course [P,R]

Michael Petrizzi, MD; Amity Rubeor, DO; John Wood, MD

Less than 20% of high school football teams have a working relationship with a physician. The 2006 Residency Review Committee requirements and the AAFP Curriculum Guidelines require a sports medicine rotation that includes serving as a team physician. The SMART (Sideline Management Assessment Response Techniques) Course is designed to teach physicians the hands-on skills necessary to be both competent and confident in their ability to serve the community on the sideline. This evidence-based workshop has been presented at AMSSM and AAFP national meetings as well as at several residencies. The course has also been validated as an effective method to acquire the skills needed to cover football games. This workshop helps train faculty how to teach the SMART course to residents and students.

Room: Laurel B

W12: Team Learning: An Innovative Method for Medical Education [S,P]

Sylvia Shellenberger, PhD; Dona Harris, PhD; Paul Seale, MD; Carrie Dodrill, PhD; Mary Velasquez, PhD; Olasunkanmi Adeyinka, MD

In contrast to educational methods that depend on passive learning such as the lecture format, team learning (TL) engages the resident, student, or faculty member in critical thinking and social interaction for the purpose of introducing and reinforcing new information. In the first part of the workshop, the steps in the TL process are described, participants engage in TL related to the subject of screening and brief intervention (SBI) for alcohol misuse, evaluate their learning experience, and receive materials developed for the Georgia-Texas Improving Screening and Brief Intervention Project. In the second part of the workshop, in small groups, participants identify ways to incorporate TL in new or established curriculum. Small groups report to the large group, receiving feedback on implementation ideas and plans.

Room: Laurel C

W13: FPIN: Practical Faculty Scholarship—Writing for an Evidence-based Point of Care Publication [P,L]

Kara Cadwallader, MD; Bernard Ewigman, MD, MSPH; Vincent Winkler-Prins, MD; Melissa Stiles, MD

The Family Physicians Inquiries Network (FPIN) offers many practical and doable scholarship opportunities for clinician faculty, including supportive editorial systems through which faculty, fellows, and residents can publish on clinical topics of personal areas of interest. Advantages of publishing in PEPID PCP includes a publication credit, free access to PEPID (handheld or Web based), and less time requirement than most scholarly publications. This interactive, hands-on workshop will provide instructions, templates, and examples in workshop writing and editorial feedback. Outcomes expected are that each participant will have the opportunity to publish his/her topic of choice within 6 weeks of the workshop, as well as strategies and opportunities to engage other faculty and residents in publishing in PEPID PCP.

Room: Laurel D

Saturday, May 3, 2008; 3:45–5:15 pm

SEMINARS

S58: Beyond Information: Negotiating With Patients and Evidence to Create Smart Patient-centered Care Plans [P,R,F]

Linda Montgomery, MD; David Graham, MD

The New Model Practice described in the Future of Family Medicine report portrays a family doctor as an expert navigator of the information-rich waters of 21st-century medical practice who uses that information to coordinate comprehensive care. Family medicine residency education is traditionally weak in modeling how to obtain, synthesize, utilize, and communicate information to patients. How, then, do we equip residents for the New Model? The University of Colorado Family Medicine Residency Program's participation in the Preparing the Personal Physician for Practice Initiative has afforded a unique opportunity to create a new model of teaching information management. We have redesigned our curricula in practice management and EBM to form the basis for the ultimate in comprehensive care: the patient-centered personal care plan.

Room: Essex A

S59: Options Counseling Training and Assessment for Teaching Faculty [P]

Emily Godfrey, MD, MPH; Maria Devens, PhD

In 2006, the requirements for graduate medical education (GME) in family medicine expanded to include "options counseling for unintended pregnancy" during the required 1-month structured curriculum in gynecology. To meet this requirement, supervising faculty must first have the knowledge themselves and must then obtain the skills to provide meaningful feedback to residents. Experienced faculty from a residency that has implemented systematic training in options counseling will give an overview of essential components of the options counseling interview, as well as provide a video reflection and an opportunity to practice a precepting interaction among participants.

Room: Essex B

S60: Integrating Osteopathic Manipulative Treatment into Clinical Care [P,R]

Helen Luce, DO; Marguerite Elliott, DO, MS

With the advent of dual-accredited family medicine residency training programs, many allopathic faculty find themselves precepting osteopathic manipulative treatment (OMT) performed by osteopathic residents. In addition, many allopathic residents express interest in learning how to perform OMT. This interactive seminar will provide learning opportunities for both allopathic faculty and residents. The presenters will demonstrate several routine clinical situations, such as sinusitis and post-op ileus, in which OMT can be utilized. We will also allow participants the opportunity to discuss, suggest, and observe other clinical scenarios in which OMT can be used. Active participation will be encouraged in the form of experiencing and/or performing specific treatments. The presenters will review the osteopathic philosophy and how it affects the application of OMT in clinical situations.

Room: Essex C

S61: Advanced Features of FMDRL: Pushing the Envelope on Cyber Editing and Collaboration [P,R]

Richard Usatine, MD; Sandra Burge, PhD, Traci Nolte, BA

The Family Medicine Digital Resources Library has been a powerful collaborative tool for family medicine educators and STFM. Groups such as the Future of Family Medicine group and the Online Case group have used the Wiki functionality to develop collaborative documents and Web pages. Participants will learn how to use Wiki and RSS feeds. Participants will add RSS feeds to their own Web accounts such as Google or Yahoo. STFM members who want to become group editors of FMDRL will learn what they need to succeed as an online group editor. Resources being peer reviewed at various stages of review and editing will be posted for simulation purposes, and the participants will critically evaluate the reviews and learn the role of the group reviewers and editors.

Room: Kent A

Saturday, May 3, 2008; 3:45–5:15 pm

SEMINARS Cont'd

S62: Quality as Culture: How to Make Quality "Stick" [P,B,F]

William Woodhouse, MD; Sandra Hoffman, MD

Central to the Patient-centered Medical Home is a focus on practice measurement, quality of care, and patient safety. Family medicine educators are challenged to integrate practice measurement into residents' existing practices in a non-threatening way that fosters an atmosphere of learner safety and buy-in. This seminar will introduce key components of a pervasive and innovative curriculum in practice measurement, quality, and patient safety. Each participant will receive a summary of the quality curriculum. The process for individual Performance Improvement Projects will be described, and the results of a sample resident project will be presented. The audience will participate in a group sentinel event evaluation using audience response devices to collectively identify clinical issues, recommend steps to quantify the problem, and plan for a systems response.

Room: Kent B

S63: Dr Smith Goes to Washington: A Family Medicine Advocacy Primer [P,L]

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

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

Room: Kent C

Saturday, May 3, 2008; 3:45–5:15 pm

LECTURE-DISCUSSIONS

L6A: Beyond PowerPoint: Giving Dynamic Presentations [S,P,R]

Jennifer Frank, MD

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

L40A: America's Next Top Doctor: Teaching Practice Management to Today's Residents [P,R,F]

Troy Fiesinger, MD; Peter Valenzuela, MD, MBA

Teaching practice management to residents in a stimulating manner is a challenge in today's family medicine residencies. Our learners desire more knowledge of the business of medicine to prepare for a rapidly changing environment with multiple competing financial pressures. We can bridge the gap between residents' desire for more knowledge and their ability to incorporate lessons without years of practical experience by using the residency clinic as a teaching laboratory. Our curricula incorporate the Accreditation Council for Graduate Medical Education core competencies and encourage active learning and the acquisition of tools that will enable them to meet future challenges. We will show how a combination of case studies, simulated scenarios, and living examples of different practice models enhance the ability of faculty to teach practice management through a small-group format.

Room: Galena

L41A: Health Care Disparities at the Bedside: Teaching Residents to Address Quality/Equality in Patient-centered Clinical Care [P,R]

Ellen Chen, MD; Elizabeth Harleman, MD; Alicia Fernandez, MD

Family medicine residents are often aware of health care disparities (HCD) but are not sure how to address them in the context of daily patient care with system and time constraints. Residents, however, play a key role as teachers and transmitters of core values in clinical care, specifically in addressing causes of HCD such as language barriers and racial stereotyping. We will present an interactive case-based curriculum designed to (1) frame HCD as problems of quality, (2) increase familiarity with the evidence base about HCD, and (3) encourage residents to openly address commonly observed HCD in clinical care and teaching. Session attendees will discuss curricular strategies for trans forming a "hidden curriculum" issue into an opportunity for resident teaching and improvement of patient-centered care.

L41B: The Medical Health Care Disparity Certificate Program: Educating Future Physicians About Prevalent Health Care Disparity Issues [P,R]

Dain Vines, MD; Pamela Frasier, PhD

After Congressional request, the Institute of Medicine assessed the magnitude of disparities existing between patients of differing racial backgrounds. They found demonstrable inequities, with patient preferences, health care system, and provider discrimination as causal factors. The Medical Healthcare Disparity Certificate (MeHDiC) Program is an elective 4-year longitudinal experience for students desiring to address and curtail health care disparities. The program includes required and elective/selective courses, plus an experiential or research tract providing opportunities for scholarly publications and presentations. After completion of this program, graduates should be able to discern current US health care inequities, provide culturally appropriate, patient-centered care, and develop or continue work addressing health care disparities. The MeHDiC program content, rationale, and outcomes will be presented during this lecture-discussion session.

Room: James

L42A: A Family Chart in the Electronic Age: Challenges and Opportunities for Family-oriented Medical Home [P,R,F]

Tadao Okada, MD, MPH; Akira Matsushita, MD

A family chart (family folder in the paper age) was supposed to be an innovative way to promote one of the unique core values of our discipline, family orientation. However, recent literature show most family physicians do fine in providing family-oriented care without a thick and heavy family folder. In the electronic age, putting the information about an entire family together should be easier. One of the presenters' practice successfully implemented EHR (electronic health record) with family chart feature as the other's practice still struggles in finding who's related with whom. The presenters will explore the possibilities and barriers of integrating family chart into an EHR in the time of confidentiality demands, individualism, and changing definition of "family." (Electronic genogram is not our focus.)

L42B: Building a Medical Home: The Joys and Challenges of Bringing Group Visits to Residency Practices [P,R,F]

Wendy Barr, MD, MPH, MSCE; Andreas Cohrssen, MD; Yauvana Venkataraman, MD; Gina Foster, MD; Julia Helstrom, DO; Sarah Morrison, MD; Marc Levin, MD; Melissa Borerro, MD

In this session, we will discuss the advantages and disadvantages of using the group visit model to teach chronic disease management and prenatal care in a residency practice. The New Model for Family Medicine lists group visits as instrumental in creating a cost-effective, patient-centered medical home. This model of care will need to be actively taught and used in residencies if we expect graduates to implement group visits into their future practice. There are many challenges to incorporating this model into residency practices; however, there are also numerous educational advantages. We will identify possible barriers and advantages for using this model in participant's own settings.

Room: Heron

L43A: Meeting LCME ED2 Guidelines—A Sustainable Model for a Moving Target [P]

Elizabeth Garrett, MD, MSPH; Kimberly Hoffman, PhD; Caroline Kerber, MD

The Liaison Committee on Medical Education ED2 requirement has prompted discussion and innovation as medical schools and clerkships have developed a variety of approaches to meeting this requirement. The presenters will share the institution-wide response of their medical school to this challenge. All seven clinical clerkships agreed on a unified Web-based approach that allows for a high level of consistency while still providing flexibility within each clerkship. Three categories of entries were developed with the ability of students and clerkship directors to regularly track progress in achieving the clerkship requirements. We will share 12 months of data and discuss our future plans for this powerful tool and the impact of the recently revised Standard ED2.

L43B: Integrating LCME Patient Case Reporting Into Clerkship Evaluations Using a Web-based Tool [P]

Amanda Keerbs, MD, MSHS; Wes Fitch, BS; Robert Keys, MA; Tom Greer, MD, MPH

The medical education literature contains many examples of how medical schools and clerkships are tracking students' patient care experiences. A common theme among these papers is the authors' concerns that students feel these logs are time-consuming "busywork." In this presentation, we will discuss a Web-based patient care log that is integrated into the formative and summative feedback sessions for our family medicine clerkship. In preliminary evaluations, students highly rate this integrated process. The reporting functions of the system have streamlined tracking students' completion of the required and highly desired learning objectives of the course across 26 clerkship sites and by academic quarter. Students' pattern of completing the form before each evaluation period raises questions about the validity of the data captured by the system.

Room: Falkland

L44A: Walking the Global Health Tightrope Without a Net: Developing Global Experiences at a Community-based Residency [P,R]

Michael Miller, DO; Karen Wildman, MD

Family medicine is the most natural home for global health work, and there is an increasing interest in creating a structured program to teach this to our residents. For university-based programs with a medical school, multiple departments and disciplines, and greater faculty resources, this goal may not be daunting. But for a community-based, rural residency, the challenge seems insurmountable. Efforts can often get bogged down in scheduling conflicts, limited numbers of available faculty and residents, and variance among the faculty in appreciating the value of such a program. Our residency has spent several years in developing a viable, structured opportunity for residents and faculty to participate in and learn about global health, and this session will present our efforts to others with similar goals.

L44B: Incorporating a Patient Advocacy Curriculum Into a Well-established Preclinical Elective [P,R]

Julie Taylor, MD, MSc; Susanna Magee, MD; Laura Dawson, BA; Courtney Olson, ScB

Patient advocacy is a fundamental but often neglected component of physician training. Including this topic in undergraduate curriculum can be logistically difficult. Medical education is currently being transformed to ensure that physicians learn to provide a personal medical home for their patients. We propose that a patient advocacy program be included as an essential part of this new curriculum. Medical students' Outreach to MotherS-to-be (MOMS) is a preclinical elective that pairs medical students with prenatal patients in an underserved community longitudinally. MOMS students learn about patient advocacy through didactic sessions, patient interactions, and prenatal visits. This program serves as a model for integrating patient advocacy into existing curriculum that can be easily transferred to other institutions.

Room: Iron

Lecture-Discussions continued on next page

Saturday, May 3, 2008; 3:45–5:15 pm

LECTURE-DISCUSSIONS Cont'd

L49A: Prevention Truths That Aren't Quite Self-Evident: The USPSTF Reaffirmation Process and Lessons for Your Learners [S,P,R]

Kenneth Lin, MD; Mary Barton, MD, MPP

Disease prevention is an essential part of primary care and family medicine practice. Some preventive services with the longest history of clinical effectiveness and a well-established evidence base rarely come under new scrutiny. In a discussion about how the USPSTF updates topics for which it opts to maintain current recommendations, we will focus on several Reaffirmation Updates for topics with compelling evidence and a prior recommendation grade of "A" from the USPSTF. These updates are based on a streamlined literature review. We will describe the methods of reaffirmation updates and the findings of literature reviews for newborn screening topics (phenylketonuria, congenital hypothyroidism, and sickle cell disease screening), screening for hypertension in adults, and screening for asymptomatic bacteriuria in pregnant women.

L49B: CDC's Web-based Familial Risk Assessment Tool: How Can We Use It to Prioritize Preventive Care? [S,P,R]

Louise Acheson, MD, MS

Family medical history is an important risk factor for most chronic diseases but not consistently assessed in practice. The Centers for Disease Control and Prevention (CDC) developed a self-administered, Web-based risk assessment tool (Family Healthware™) that captures family history and preventive behaviors for six common diseases. Family Healthware™ creates personalized recommendations for screening and lifestyle, prioritized according to familial risk of coronary heart disease; stroke; diabetes; and colorectal, breast, and ovarian cancer. The Family Healthware Impact Trial offered this tool in primary care practices to investigate its effects on patients' health risk perceptions, preventive care, and communication with family and physicians about family history. This session will describe the study, demonstrate the family history tool, and stimulate participants to discuss how they might use Family Healthware™ in practice, teaching, and research.

Room: Bristol

Saturday, May 3, 2008; 3:45–5:15 pm

PEER PAPERS–IN PROGRESS

PEER SESSION N: RESIDENCY

Moderator: Patrick McManus, MD

PN2: Inpatient Procedural Skill Training: Addressing Barriers to Successful Procedures [S,R,L,F]

Michael King, MD; Andrea Milam, EdD, PT

Performing inpatient procedures such as thoracentesis, paracentesis, and lumbar puncture requires knowledge, skills, and confidence, not easily acquired through opportunistic teaching opportunities that typically occur during inpatient rounds using a "see one, do one, teach one" model. This teaching and learning approach often fails to provide residents with ample opportunity to learn and practice difficult skills. Therefore, many residents are ill-prepared and lack confidence performing these and similar inpatient procedures. Using the "Top 10 Inpatient Diagnoses" to organize simulation workshops for residents' procedural skills training provides a means by which to systematically instruct and assess resident competence in a controlled environment before performing them in a more challenging situation. This learner-centered approach utilizes readily available resources and is easily reproduced.

PN3: A Standardized Patient Approach to Assessing Resident Cultural Competency [R,F]

Gregory Cowan, PhD

Statement of problem: First-year resident performance on a videotaped clinical assessment of culturally competent examination of a standardized non-English-speaking patient has been variable, at times poor. Project methods: A cultural competence section of the second-year resident behavioral health rotation was expanded to include specific and generic information on culturally competent treatment. Following this rotation segment, second-year residents repeated the videotaped standardized patient examination. Evaluation of these videotaped sessions will be done, with anticipated improvement in resident performance between the first and second patient encounters. Outcomes so far: Two residents provided before and after data last year. This year, five more residents are expected to do so. Implications: Data will serve as an outcome assessment of the cultural competence segment of the behavioral health rotation.

PN4: An Experience With Formative Resident Learner Portfolios [R,L,F]

Jennifer Griffiths, MD

The Accreditation Council for Graduate Medical Education is likely to soon mandate portfolios as a tool for residents to encourage individualized learning and career growth and to track competency achievement. Unlike test scores or rotation evaluations, learning portfolios encourage self-reflection and personalized learning goals. A successful model used with senior residents will be presented demonstrating the process of resident engagement with portfolio activities during protected time each month. Successes and pitfalls will be highlighted, including the use of sections for resident career dreams, personalized self-accountability for competency improvement, finding inspiration, and completing a CV. Sharing of session participants' own resident portfolio projects will be encouraged.

PN5: Don't Worry—Be Happy: Quick Tools for Panic and Phobias for Residents Teaching Anxious Patients [B,R,F]

Sally Dunlap, PhD; Nida Emko, MD

Don't Worry—Be Happy exemplifies our Promoting Mental Health Grant, to teach brief evidence-based skills residents can teach patients to build or repair their mental health. Don't Worry is first of a two-part conference to encourage residents to create an "anxiety black bag" to help patients surmount worry, anxiety, and panic. We integrated teaching cognitive and behavioral tools with a Family Health Center patient telling the story of the development of his panic disorder and agoraphobia and gradual reduction during treatment. Throughout his story, residents interviewed and questioned him. Cognitive tools highlighted patient education about panic symptoms. We taught coping via distraction, ex, thought stopping, exercise, and treating (reducing) the symptoms via step-by-step actions (exposure).

Room: Dover B

RESEARCH FORUM

RESEARCH FORUM L

RL1: Using Rigorous Evaluation Methods to Assess Educational Programs

Patricia Carney, PhD; Arwen Bunce, MA

This session will provide an overview of evaluation designs and methods that, if planned well, can provide vital programmatic information. Undergraduate and graduate medical education programs and both qualitative and quantitative methods will be discussed. The goals of this session are to: 1. Identify which methods can be best applied to different educational approaches, such as lectures, clinical skills exams, preceptorships and small groups. 2. Identify quantitative evaluation designs (historical cohorts, case-control, randomized and other cross-over designs) and their strengths and weaknesses. 3. Identify qualitative methods (journaling, focus groups, interviews with students and faculty and observational follow-up) and how to make the best use of the qualitative data you obtain. 4. Describe different venues to find funding for your evaluation efforts. 5. Identify how collaborations with other medical schools can enhance your efforts.

Room: Dover C

SPECIAL SESSION

SS5: Revenue Enhancement in Family Medicine Residencies and Departments

William Mygdal, EdD; Harold Williamson., MD, MSPH; Laurence Bauer, MSW, MEd; Lee Vogel, MD; Mark Quirk, EdD; Eric Henley, MD, MPH; Douglas McKeag, MD; Macaran Baird, MD, MS

Leaders of family medicine residencies and departments manage large and complex businesses, and they experience continuing pressure to enhance their organization's revenues. Few academic medicine leaders are trained to increase revenues, and many feel inadequate in this area. Yet revenue enhancement is a skill set that can readily be acquired. This session will provide participants with perspectives on six approaches to revenue enhancement that have been identified by the newly formed Council of Academic Family Medicine as offering great potential for our discipline. Participants will hear brief lecture-discussions of each topic that include an overview, examples from the presenter's experience, and suggestions for key resources, including training, Web sites, books/articles, and people. One third of the session will be reserved for dialogue and interaction.

Room: Dover A

Sunday, May 4, 2008; 8:15–9:45 am

SEMINARS

S22: Professionalism Exercises to Strengthen the Core Values of the Individual and Team [P,R]

Karen Kingsolver, PhD; Viviana Martinez-Bianchi, MD; Gloria Trujillo, MD

Professionalism is based on values and is essential in creating the culture of the patient-centered medical home. We describe and illustrate our newly developed experiential professionalism training methods to help individuals and teams enhance or change their behaviors in the service of core values. Participants' real-life difficulties are used to focus on the core values of family medicine and to teach the useful psychological skills, principles, and strategies to increase effectiveness in challenging situations. Experiential exercises are flexible and work well with small or large groups and in short or longer sessions. Experiential exercises are also more enthusiastically received and rated as more helpful than professionalism lectures with pre-planned cases.

Room: Dover A

S64: Leadership Skills Essential for Systems Change: Leading From the Middle? [P,L]

Jeri Hepworth, PhD; Robert Cushman, MD

This interactive seminar will highlight leadership skills important for supporting systems change to restructure health care, within family medicine programs and throughout hospitals and academic health centers. The seminar will encourage participants to use systems principles to facilitate collaborative discussion and implementation for change, even when they are not identified as explicit leaders. The advantages of mid-level leadership with attention to fostering mission, relationship, inclusion, and collaboration will be highlighted. Participants will have opportunities to consider ways that they can increase their effectiveness at their own institutions to promote the mutual goals of departments and institutions during this period of change and opportunity.

Room: Laurel A

S65: Functional Literacy in Health Settings: Tips and Techniques for Providers [S,P,R]

Yumi Jarris, MD; Becky Wexler, MSc

Less than half of the adults in the United States have adequate health literacy skills. They have trouble finding, understanding, and using health information that can help them prevent disease and keep their families safe from public health threats. Healthy People 2010 includes a goal to "improve the health literacy of persons with inadequate or marginal literacy skills" but doesn't instruct health care workers how to close the gap. To create a truly patient-centered Medical Home, caregivers must communicate effectively with patients who have limited literacy skills. In this seminar, we will define the scope of the health literacy problem and teach participants how to assess the difficulty of written materials and to simplify both written and spoken language for effective provider-patient communication.

Room: Laurel C

S66: Advanced Medical Ethics Skills for Residency Faculty: Improving Patient Care for the Present and Future [P,B,F]

Marc Tunzi, MD; David Doukas, MD; David Satin, MD; Jeffrey Spike, PhD; Brian Recht, MD

Medical ethics is an integral part of residency education. Privacy, autonomy, informed consent, and advance directives are specifically noted in Accreditation Council for Graduate Medical Education-Residency Review Committee Family Medicine Program Requirements. In addition to these competencies, family physicians' broad clinical and behavioral skills make us ideal candidates for advanced ethics training. In response to JCAHO standards, most US hospitals have an ethics consultation service—usually a subcommittee of the hospital ethics committee—but 45% of "ethics consultants" have had no formal training. Faculty development in medical ethics can help present and future family physicians fill this void. Using short lectures and interactive exercises, members of the STFM Group on Ethics and Humanities will present tools for teaching advanced ethics skills, including how to assess patient decision-making capacity and perform case consultation.

Room: Kent A

S67: Residents as Teachers: Strategies for Improving Peer-based Education in a Community-based Residency Program [P,R]

Bernard Birnbaum, MD; Kim Marvel, PhD; Kristen Bene, MS

A large percentage of resident learning occurs through peer-based teaching. Upper-level residents help our interns and their peers attain the knowledge and skill they need to be family physicians. We will present a "residents as teachers curriculum" developed in our community-based residency program along with the challenges inherent in peer-based education. Participants will actively participate in the role plays we have developed and used for our residents. Small groups will discuss the challenges raised by these role plays and identify the challenges specific to peer-based teaching. Participants in our seminar will gain an understanding of the literature on peer-based education, our curriculum, and ideas about future directions for curricular development and research.

Room: Kent B

S68: The Ultimate Maternity Leave: Going, Going, Gone and Then Back for More [P]

Julie Taylor, MD, MSc; Susanna Magee, MD

Careers in academic medicine can be extremely demanding. Most institutions use a promotion timeline based on full-time employment. There are fewer women than men in academic medicine, and women are less likely to be promoted. Balancing a young family with the significant logistical and time demands of a junior faculty position is therefore a daunting endeavor, particularly with scarce role models. This seminar will provide, collaboratively, an opportunity for junior women faculty who are mothers of young children (or plan to be) to explore strategies for personal and professional success during their reproductive years. This year, we will focus specifically on the logistics of planning, taking, and returning from a maternity leave within the constraints of an academic career.

Room: Laurel D

S69: Can You Stay Relationship Centered If You Work Part Time? [R,L]

Susan Mathieu, MD; Sweety Jain, MD; Jeffrey Mathieu, MD; Kristin Reihman, MD; Kristin Bresnan, MD; Shayla Graham-Brock, MD

The Future of Family Medicine project encourages us to teach and model relationship-centered care. Duty hours, resident and faculty lifestyles, and an increase in women in family medicine can challenge this model. In this seminar, faculty and residents from Lehigh Valley Hospital Family Medicine Residency will discuss how we maintain a relationship-centered approach to care in our office while embracing these challenges. We will review our current part-time and shared residency policies. Attendees will interact with part-time and full-time residents and their part-time and full-time faculty role models. We will review the daily challenges regarding patient care, residency teaching in a P4 world, and group dynamics and will address the structural changes that we have made in our residency to support part-time members.

Room: Kent C

Sunday, May 4, 2008; 8:15–9:45 am

LECTURE-DISCUSSIONS

L45A: Meeting the Resident Scholarly Activity Requirement While Implementing the Chronic Care Model at Your FMC [P,R]

Paul Dassow, MD, MSPH; Michael King, MD; Elizabeth Tovar, NP, PhD; Shersten Killip, MD, MPH

Many family medicine residency programs have struggled with implementing the new requirements for resident scholarly activity. Some ambiguity persists regarding what sorts of activities qualify as bona fide scholarly activity (eg, case reports, presentations to colleagues). This lecture-discussion will describe a process for sheparding residents through a quality improvement curriculum that results in the yearly production of scholarly activity. This curriculum capitalizes on the utility of the chronic care model developed by Wagner et al to address the challenge of chronic disease management in our family medical centers. Session attendees will become familiar with the curriculum, discuss the resources necessary to implement the curriculum, experience the process of translating quality improvement activities into scholarly activity, and view recent resident output.

L45B: From Exposure to Experience: Best Practices for Teaching Quality Improvement to Residents [P,R]

Tom Wroth, MD, MPH; Bron Skinner, PhD

Improving the quality of care for chronic disease patients is a key element of the patient-centered medical home, but how to best teach quality improvement to residents is unclear. To improve chronic disease outcomes, residents must learn to use teams, information systems, and skills in supporting self management. We describe 3 years of experience with an innovative curriculum in improving chronic illness care. With residents as drivers of practice redesign, they were able to overcome typical barriers to practice improvement seen in academic practice settings. Participants will be able to describe the current evidence base for quality improvement teaching models and design a curriculum that will prepare residents to practice in a patient-centered medical home model.

Room: Galena

L46A: The Harvard Street Forum: A Successful Community-Campus Collaborative [S,P,R]

Nancy Baker, MD; Jon Hallberg, MD; Joseph Brocato, PhD

In 2005, faculty from the Department of Family Medicine and Community Health and the Center for Arts and Medicine at the University of Minnesota, along with members of Grace University Lutheran Church, cocreated the Harvard Street Forum. Its mission is to be a place "where conscience and calling embrace the world's needs"—where health sciences students, faculty, and members of the surrounding community debate issues of relevance and controversy that affect our lives. We've addressed such issues as military medicine and torture, disaster response, racism in medicine, AIDS and social justice, and aging. We've met our short-term objectives of increasing attendee knowledge and facilitating intra-professional and campus-community dialogue. Our long-term goal is to motivate colleagues to work for social justice as enlightened citizens.

L46B: Implementing the New Model of Family Medicine at an Academic Program [P,R,F]

Randall Forsch, MD, MPH; Jean Malouin, MD, MPH

The New Model of Family Medicine recommended many significant patient care changes. Beginning in 2004, the University of Michigan Department of Family Medicine has implemented changes including forming and coordinating ambulatory patient care teams, defining clinical roles and responsibilities of team members, utilizing electronic clinical information to better manage our patient populations, converting to a electronic health record, and developing electronic visits and group visits. The positive impact of these changes on employee, faculty, and patient satisfaction has been measured, and the change process is ongoing. This talk will outline the process by which these changes were explored, developed, and implemented with a discussion of the successes and challenges of the New Model implementation in an academic department and at residency sites.

Room: Heron

Lecture-Discussions continued on next page

Sunday, May 4, 2008; 8:15–9:45 am

LECTURE-DISCUSSIONS

L47A: A Step Ahead: Assessing Baseline Skills of an Incoming Resident in 30 Minutes or Less [P]

Andrea Wendling, MD; Philip Baty, MD

Wouldn't you love to have some insight into whether a new intern could recognize whether a patient was sick, provide a baseline assessment, and communicate his or her concerns to a senior physician prior to that first night of solo call? For the past 6 years, the GRFPR program has administered a Clinical Judgment Evaluation to incoming residents during orientation week. Learn how the evaluation system is designed, what we've learned about residents, and how we use that information. Resident feedback will be shared as well as data regarding predictive value of the system. Handouts will include necessary materials to begin evaluations at your own institution.

L47B: Developmental Performance Assessment: A Resident Evaluation Form Assessing Competency For Interpersonal and Communication Skills [P]

Eliana Korin, DiplPsic; Alice Fornari, EdD, RD; Mary Frances Duggan, MD; Mark Polisar, MD

In response to the Accreditation Council for Graduate Medical Education mandate to align residency education and competency-based evaluation processes, the family medicine residency program revised their resident evaluation forms. Considering the integrated psychosocial focus of the curriculum, faculty had the challenge to bridge competency-based assessment for interpersonal and communication skills with formative and summative evaluation techniques. Challenges faced in developing this core competency form included distinguishing developmental milestones over 3 years of training and using clear and descriptive anchors to reliably evaluate behaviors, while addressing the complexity of interpersonal and communications skills. We will describe the process our medical and psychosocial faculty used to develop and pilot this innovative competency-based approach. The form, with anchors specific for interpersonal and communication skills, will be shared.

Room: Iron

L48A: Kaiser Permanente Patient-centered Medical Homes: Lessons Learned in Two Residencies and Applicable Elsewhere [P,R,F]

Timothy Munzing, MD; Walter Mills, MD, MMM, FACPE

It is well recognized that Kaiser Permanente is a leader in the use of advanced technology to leverage its model as an efficient integrated delivery system dedicated to many of the propositions embodied in the Future of Family Medicine's Patient-centered Medical Home (PCMH). Two family medicine residencies (Kaiser Permanente Orange County (California) and Santa Rosa, California) have collaborated to compare and contrast developing the faculty and curriculum to train residents proficient in the PCMH. Because residents are taught in the Kaiser offices, community health clinics, and private practice environments, a laboratory rich with innovative practice redesign ideas has resulted. These lessons are shared in the presentation, with each attendee ultimately developing a plan to bring back to their own program, resulting in actionable curriculum changes.

L48B: Supporting the Medical Home Concept in Rural America: An Academic-Community Partnership [P,R,F]

Elizabeth Burns, MD, MA; Sharon Ericson, MA

In 2006, the Domestic Violence Intervention Network, a collaborative partnership of the University of North Dakota National Center of Excellence in Women's Health Region VIII Demonstration Project (CoE), the Community Violence Intervention Center (CVIC), Grand Forks, North Dakota, and Valley Community Health Centers in Northwood and Larimore, North Dakota (VCHC) was formed. The organizing concept for the intervention was the medical home as the nexus for obtaining domestic violence (DV) services. This approach offers many advantages and overcomes some of the barriers to service found in rural areas. Working with clinical preceptors in this project also offered an additional opportunity for faculty development.

Room: Falkland

Sunday, May 4, 2008; 8:15–9:45 am

PEER PAPERS–IN PROGRESS

PEER SESSION O: WOMEN'S HEALTH

Moderator: Wanda Gonsalves, MD

PO1: Health Care Can Change From Within: A Sustainable Model for Intimate Partner Violence Intervention and Prevention [S,B,R,L,F]

Bruce Ambuel, PhD

Intimate partner violence (IPV) is a significant source of preventable morbidity and mortality in female patients who are at increased risk for physical injury, death, disability, depression, suicide attempts, PTSD, hospitalization for all causes, less preventive care, and more acute care. Primary care clinics and emergency departments are ideal sites for IPV prevention and intervention. Health Care Can Change From Within is a new sustainable model for improving the health care system's response to IPV. We describe the model's implementation and evaluation in two family medicine clinics, an emergency department and a pediatrics clinic, funded by grants from the Healthier Wisconsin Partnership Program and the US Centers for Disease Control and Prevention. We discuss the intervention process, preliminary results, and lessons learned.

PO2: Using GEM (Gender and Ethnic Medicine) Project Resources in Medical Education [R,F]

Julie Yeh, MD, MPH

Drexel University College of Medicine's Institute for Women's Health and Leadership created the GEM (Gender and Ethnic Medicine) Project to work on addressing health disparities for women and minorities, using medical education as a main component. This presentation will describe this work in progress and demonstrate one of its major components, Web-based video modules.

PO3: Patients Delivering Away From the Medical Home: Implications of Who, Why, and How Many? [S,R,L,F]

William Rodney, MD; Concepcion Martinez, MD; James Chiu, MD; Robin Garcia, BA

To evaluate the characteristics of patients delivering away from their medical home, physicians serving mainly uninsured and Medicaid patients in an urban area tracked office information on each pregnancy registered. This study describes the characteristics and frequency of women who changed providers, required referral, moved away, or failed to return for unknown reasons. In 2004, 349 patients delivered. Among 123 who left the medical home, common reasons were no show 38%, self transfer 26%, high risk referral 19%, and miscarriage 6%. Family physicians providing prenatal care for normal risk pregnancies may experience a need for referral in 19% of cases, and there will be a significant percentage of women who increase their risk by failing to return or failing to participate in recommended referral.

PO4: Fresno Breast Cancer Navigator Pilot Project [S,R,F]

Susan Hughes, MS; John Zweifler, MD, MPH

Breast cancer diagnosis and care is a complicated process that may contribute to disparities in care and outcome. A breast cancer navigator is one solution to overcoming barriers, but the optimal design has not been identified. Using a chart review of patients identified with abnormal breast findings of a suspicious level (BI-RAD 4 and 5) and survivor interviews, a consensus between breast care providers, researchers, and community advisors will establish an experimental optimal model to field test. The breast care navigator process will be piloted for patient acceptability and feasibility. Results from the chart review, the only part of the process that is completed, show 2% of annual screenings have suspicious results, with 20% of those resulting in a diagnosis of breast cancer.

PO5: The Addition of an Obstetrical Ultrasound Curriculum to a Family Medicine Residency [S,R,L,F]

Evelyn Figueroa, MD; Emily Godfrey, MD, MPH

Problem: Obstetrical care is an essential part of residency training. Obstetrical ultrasound is important for complications of early pregnancy and verifying gestational age. However, most family medicine residents do not know how to properly perform obstetrical ultrasound. Objectives: Understand indications for obstetrical ultrasound, how to perform and describe key findings, and comprehension of documentation and billing issues. Methods: Family medicine residents were encouraged to perform first-trimester and late third-trimester ultrasonography. A "hand on hand" teaching method was used. Results: All 12 residents attempted obstetrical ultrasound, and a couple were able to successfully complete the required number of ultrasounds during the initial period. Conclusions: With the appropriate organization, supervision and equipment, obstetrical ultrasound can be taught in a residency program.

Room: Dover B

Sunday, May 4, 2008; 8:15–9:45 am

RESEARCH FORUM

RESEARCH FORUM M: CLINICAL, PUBLIC HEALTH, AND LEADERSHIP RESEARCH IN FAMILY MEDICINE

Moderator: Sean Lucan, MD, MPH

RM1: Ectopic Pregnancy Rates, Treatment Utilization, and Outcomes Among Medicaid Patients in Four States

Debra Stulberg, MD

Background: Ectopic pregnancy (EP) contributes significantly to maternal morbidity and mortality. Non-whites experience higher EP rates and mortality. Low-income patients face barriers to adequate EP care. Current EP epidemiologic data, especially for low-income women, are lacking. Objectives: To measure EP incidence, treatment utilization, and short-term complications among Medicaid patients and identify risk factors for poor EP outcomes. Methods: Using secondary analysis of Medicaid claims from New York, California, Illinois, and Florida (1999-2002), we identify EP cases, treatment modalities, and complications by ICD-9 and CPT codes. Outcomes: EP incidence; rates of surgical versus medical treatment, open versus laparoscopic surgery, hospitalization, ICU admission, re-hospitalization; length of stay. Conclusion: These analyses can inform policy and clinical interventions to improve pregnancy outcomes and decrease maternal health disparities.

RM2: Predictors for IUD Removal: A Family Medicine Perspective

Noa'a Shimoni, MD; Linda Prine, MD; Lindsey Maggi, MD; Elaine Kang, MD

Background: The intrauterine device (IUD) is an increasingly popular method of birth control. Up to 20% of IUDs are prematurely removed. We postulate that timing of IUD insertion (post-partum, post-abortion, interval) may impact IUD retention. Methods: A total of 236 charts of women presenting for IUD insertion were abstracted. Data included baseline characteristics including timing of IUD insertion. Premature removals were noted and correlated with baseline demographics and timing of insertion. Results: Preliminary data analysis reveal an IUD removal rate of 22%. Interval insertions resulted in more removals. The full analysis is not yet complete. Conclusions: The preliminary data show that IUDs inserted after delivery or abortion are less likely to be prematurely removed. This reinforces that post-partum and post-abortion periods are crucial to initiation of effective contraception.

Research Forum continued on next page

Sunday, May 4, 2008; 8:15–9:45 am

RESEARCH FORUM Cont'd

RM3: Is It Cost Effective to Require Recreational Ice Hockey Players to Wear Face Protection?

Scott Woods, MD, MPH, MEd

Methods: We randomly surveyed 190 recreational hockey players. Results: Forty-six percent of respondents reported a serious injury in the last 5 years; 24% did not wear face protection. Shields for the 46 players would be $4,416. Individuals with face protection reported more sprains and strains that resulted in significantly more physician visits. The extra physician visits would add $4,590 for the 46 people needing face protection. Those with face protection reported significantly fewer facial fractures and lacerations. Face protection prevents seven facial lacerations and three facial fractures, saving $15,000. Requiring face protection would save $250/5 years/person. Conclusion: It is cost effective to require face protection in all recreational hockey players.

RM4: The Path to Leadership Among Community Health Center Medical Directors: Implications for Medical Training

Jeffrey Markuns, MD, EdM

Objective: To determine how community health center (CHC) medical directors obtain leadership skills and the best methods and venues for providing future leadership training programs. Methods: Through semi-structured interviews and a focus group of CHC medical directors, we identified patterns and themes through cross-case content analysis. Results: We find medical directors often enter positions unprepared and quickly become frustrated by an inability to make system improvements. Medical directors seek multiple ways to obtain leadership skills, including conferences, peer networking, mentorship, and degree training. Many medical directors desire additional training with a flexible curriculum and hands-on components. Conclusion: Additional leadership training opportunities for active and future medical directors are needed to effectively prepare physician leadership for CHC expansion and provide quality care to underserved communities.

Room: Dover C

A Guided Tour of Sessions on Research and on Teaching Research and Scholarship

Welcome to the STFM's Annual Spring Conference in Baltimore. At each Annual Conference, the STFM Research Committee has traditionally sponsored a series of sessions on research. However, we recognize that all family physicians should be involved in the generation of new knowledge, and that scholarly activity is an essential component of any family medicine curriculum. Therefore this year, the research committee has developed a series of special sessions on teaching research and scholarship to residents, students and other learners. These include sessions on research in residency, designing quality improvement studies, methods for curriculum evaluation, and using electronic health records to facilitate research and scholarly activity. We hope that these sessions will help faculty in medical schools and residency programs to develop strong scholarly activity components in their teaching programs.

In addition to these special sessions, we have sessions that will highlight the best original research in family medicine. On Thursday morning we will have presentations by our "distinguished paper" award winners. On Friday morning, will we have presentations by our "resident scholar" award winners. And on Saturday morning, will we have presentations by our "best paper" and "Curtis Hames" award winners. Also on Saturday morning, our plenary speaker Dr. John Saultz, will discuss the research and evidence regarding the Patient Centered Medical Home. Throughout the conference we will highlight selected original research in our forum and poster presentations.

Finally, there are a number of sessions on the "Family Physicians Inquiries Network", which provide an excellent mechanism for scholarship and publications among faculty, students, residents and other learners.

The Research Committee hopes that this year's STFM Annual Spring Conference stimulates all teachers and learners in family medicine to get involved in the generation of new knowledge, and helps family medicine educators to become better teachers of scholarship in family medicine.

James Gill, MD, MSPH, chair
STFM Research Committee

Research Sessions

Special Sessions on Teaching Scholarship

RB: Designing for Dissemination: Quality Improvement (p.36)

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RF: Using Electronic Health Records for Quality Improvement Studies (p.50)

RL: Teaching Rigorous Evaluation Methods for Educational Programs (p.71)

Award-Winning Sessions

RA: Distinguished Papers (p.30-31)

RJ: Resident Scholar Session (p.47)

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Presentations of Original Research

RC: Cardiometabolic Disease (p.40-41)

RD: Health Policy (p.41)

RG: Health Disparities (p.50-51)

RH: Research and Residency Education (p.57)

RK: Communication, Trust, and Patient Satisfaction (p.65-66)

RM: Clinical, Public Health and Leadership Research in Family Medicine (p.75-76)

Research Posters (p.78-84)

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FPIN Sessions

S6: FPIN: From Scholarly Activity to Accessible Publication (p.25)

S10: FPIN: Coauthor Mentoring...Who, What, When, Why, and How (p.31)

S21: FPIN: Getting Students From Evidence-based Research to Publication (p.38)

W13: FPIN: Practical Faculty Scholarship—Writing for an Evidence-based Point-of-care Publication (p.67)

Research Posters available Thursday, May 1, 2008; 5:30–7 pm through Saturday, May 3 at Noon.

RESEARCH POSTERS

RP1: Best Research Paper Award and Honorable Mentions

Room: Grand Ballroom I-V

WINNING PAPER

RP1A: The Trial of Infant Response to Diphenhydramine. The TIRED Study—A Randomized, Controlled, Patient-oriented Trial

Dan Merenstein, MD; Marie Diener-West, PhD; Ann Halbower, MD; Alex Krist, MD; Haya Rubin, MD, PhD

Objective: To determine if infants aged 6 to15 months with frequent parent-reported nighttime awakenings require reduced parental aid during a week of diphenhydramine hydrochloride treatment and 2 and 4 weeks after its discontinuation. Design: Double-blind, randomized, controlled clinical trial. Setting: The study was conducted from May 1, 2004, through May 1, 2005; patients were recruited nationally. Participants: Forty-four participants aged 6–15 months. Interventions: Placebo or diphenhydramine was administered in infants 30 minutes before anticipated bedtime. Main Outcome Measures: The primary outcome was dichotomous; a parental report of improvement in the number of night awakenings requiring parental assistance during the intervention week, which ended on day 14. Secondary outcomes were improved sleep during the 2 weeks before days 29 and 43, parental overall happiness was sleep, and improved sleep latency. Results: On June 6, 2005, the data safety monitoring board voted unanimously to stop the trial early because of effectiveness of diphenhydramine over placebo. Only one of 22 children receiving diphenhydramine showed improvement compared with three of 22 receiving placebo. To reach the a priori determined sample size and have a positive outcome (ie, rejecting the null hypothesis), the trial would have needed to enroll 16 more participants in each arm, with 15 of the 16 in the diphenhydramine group and 0 of 16 in the placebo group improving.

(Arch Pediatr Adolesc Med 2006;160:707-12)

HONORABLE MENTION

RP1B: Analysis of Downstream Revenue to an Academic Medical Center From a Primary Care Network

Patrick Fahey, MD; Donabelle Cruz-Huffmaster, MHA; Thomas Blincoe, MBA; Chris Welter; Mary Jo Welker, MD

Purpose: Many academic medical centers (ie, teaching hospitals) have established primary care networks for not only assuring a referral base but also for educating students in the primary care setting. Such networks generally are not profitable when analyzed on an individual facility basis. However, revenues generated at the medical center in terms of inpatient admissions, laboratory testing, etc, usually are much larger than generated on site. In this study, the downstream revenue from 18 practice sites was evaluated at the Ohio State University Medicine Center. Methods: Revenues in fiscal year July 1, 2003, to June 30, 2004, were broken down into four streams, including inpatient and outpatient charges and collections for both network and specialist physicians. A fifth stream evaluated specialist professional fees. The authors developed a novel conservative weighting system to capture the concept that not all revenues generated from network patients were actually dependent on the use of the network. Results: Findings included that the downstream direct contribution margin of $14 million just from the admissions and outpatient tests and procedures directly generated by network physicians alone was nearly twice the $8.3 million network operating loss. The total downstream net revenue of nearly $115 million was more than six times the $18.9 million net revenue to the network. The downstream direct contribution margin of $52 million was 6.3 times the network loss. Total downstream gross revenue (charges) to the medical center was over $250 million and over $300 million when the specialist gross revenues were included. Conclusions: This study demonstrates that a primary care network can generate significant financial support for an academic medical center.

(Acad Med 2006;81:702-7)

HONORABLE MENTION

RP1C: Improving Women's Experience During Speculum Examinations at Routine Gynecological Visits: Randomized Clinical Trial

Dean Seehusen, MD, MPH; Dawn Johnson, Scott Earwood, Sankar Sethuraman, Jamie Cornali, Kelly Gillespie, Maria Doria, Edwin Farnell, Jason Lanham

Objectives: To determine if a standardized method of leg positioning without stirrups reduces the physical discomfort and sense of vulnerability and increases the sense of control among women undergoing speculum examination as part of a routine gynecological examination. Design: Randomized clinical trial. Setting: Family medicine outpatient clinical. Patients: 197 adult women undergoing routine gynaecologial examination and cervical smear. Intervention: Examination with or without stirrups. Main Outcome Measures: Women's perceived levels of physical discomfort, sense of vulnerability, and sense of control during the examination, measured on 100 mm visual analogue scales. Results: Women undergoing examination without stirrups had a reduction in mean sense of vulnerability from 23.6 to 13.1 (95% confidence interval of the difference—16.6 to 4.4). Mean physical discomfort was reduced from 30.4 to 17.2 (-19.7 to -6.8). There was no significant reduction in sense of loss of control. Conclusion: Women should be able to have gynecological examinations without using stirrups to reduce the stress associated with speculum examinations.

(BMJ, dol:10.1136/bmj.38888.588519.55)

HONORABLE MENTION

RP1D: Physician Communication When Prescribing New Medications

Derjung Tarn, MD, PhD; John Heritage, PhD; Debora Paterniti, PhD; Ron Hays, PhD; Richard Kravitz, MD, MSPH; Neil Wenger, MD, MPH

Background: Communication about taking a new medication is critical to proper use of drug therapy and to patient adherence. Despite ample evidence that medications are not taken as prescribed, few investigations have detailed the elements of communication about new medication therapy. This article describes and assesses the quality of physician communication with patients about newly prescribed medications. Methods: This was an observational study that combined patient and physician surveys with transcribed audiotaped office visits from 185 outpatients' encounters with 16 family physicians, 18 internists, and 11 cardiologists in two Sacramento, Calif, health care systems between January and November 1999, in which 243 new medications were prescribed. We measured the quality of physician communication when prescribing new medications. Results: Physicians stated the specific medication name for 74% of new prescriptions and explained the purpose of the medication for 87%. Adverse effects were addressed for 35% of medications and how long to take the medication for 34%. Physicians explicitly instructed 55% of patients about the number of tablets to take and explained the frequency or timing of dosing 58% of the time. Physicians fulfilled a mean of 3.1 of five expected elements of communication when initiating new prescriptions. They counseled the most about psychiatric medications, fulfilling a mean of 3.7, 3.5, and 3.4 pulmonary and cardiovascular elements, respectively. Conclusions: When initiating new medications, physicians often fail to communicate critical elements of medication use. This might contribute to misunderstandings about medication directions or necessity and, in turn, lead to patient failure to take medications as directed.

(Arch Intern Med 2006;166:1855-62)

RESEARCH POSTERS

RP2: Incorporating Local Cultural Beliefs About Diabetes into the Patient-centered Medical Home

Scott Ireton, MD; Kathleen Soch, MD

Objective: To determine if South Texas Hispanics respond significantly differently to questions about diabetes, as compared to other ethnicities. Method: A questionnaire was developed assessing attitudes about causes, treatment, and outcome of diabetes mellitus. Using a Likert scale, participants were asked to agree or disagree with 17 statements. Results: Of the 132 respondents, 103 indicated their background as Hispanic. A statistical analysis was made for each response comparing the two groups. Hispanics disagreed more with statements about the causes and symptoms of diabetes and agreed more with statements about disease progression and medication harmfulness. Conclusions: South Texas Hispanics have significantly different beliefs about diabetes, as compared with other ethnic groups in the same community. Knowledge about cultural beliefs is a key component of patient-centered care.

RP3: Who Has Diabetes? A Qualitative Study of Patients' and Families' Lived Experience of Diabetes

Edward Rohn, MA

This project endeavored to apply a phenomenological model to understanding the lived experience of diabetes for clinical patients. The goal was increased understanding of patients' lived experiences, allowing for realistic interventions that incorporate overlooked contextual realities of patients' lives, with the secondary goal of increasing resident physician sensitivity to patients' lived contexts. Research was conducted using in-home, open-ended, semi-structured interviews (n=8). Patients were encouraged to guide the interview to information they felt salient to their diabetic experiences. Emerging was repeated and emotional attributions to the role of family in diabetic management and care. Diabetic management and the impact of the family were important factors in self-care decisions. It is in the context of the whole family that the illness is experienced.

RP4: Nutrition and Weight Management Awareness in Obese Adults

Renee DeHart, PharmD; Shelley Shehane, PharmD; Jarod Speer, MD

Objective: Examine awareness of nutrition and weight in obese patients. Design: Survey and record review of adult obese patients and a physician survey at St. Vincent's East Family Practice Center. Methods: Percentage of patients knowing appropriate intake of fruits/vegetables and correctly assessing their body mass index (BMI) and regularity of BMI/obesity being diagnosed/discussed in the previous 6 months. Results were examined via Excel®. Subgroup comparisons were performed using Fischer's exact test. Results: Only 25% knew the recommended intake of fruits/vegetables. Only 30.2% considered themselves obese and 7% knew their BMI. Only 46.5% knew how BMI is derived. Weight management discussions were documented in 18% of obese patients over the previous 6 months. Conclusion: This study suggests additional need for patient guidance to assist patients to achieve healthy weight.

RP5: Primary Prevention of Obesity in an Elementary School

Heather Bittner Fagan, MD; Lelai Ricks, MD; Denise Taylor, RD CDN; Rebecca King, RN; Claudine Jurkovitz, MD, MPH

Objective: To examine the impact of a school-based prevention program on weight status in elementary school students. Design: Prospective cohort using body mass index (BMI) as primary outcome. Subjects: A total of 878 students at Brandywine Springs Elementary in New Castle, Del. Measurements: Survey that measured BMI, age, and sex administered at the beginning and end of the program period. Participation and knowledge measure before and after intervention. Results: A total of 696 students had BMI data available, with 319 participating in at least one component of the program. Average BMI percentile was 68.99th percentile at baseline and 68.78th percentile at follow-up with no statistical difference using paired t tests. Conclusion: Overall there was no change in weight status. Further analysis will be done in subgroups including participators and overweight students.

Research Posters continued on next page

RESEARCH POSTERS

Room: Grand Ballroom I-V

RP6: Adherence to Gastroesophageal Reflux Clinical Guidelines

Michael Grover, DO

Objective: Evaluate physician adherence to gastroesophageal reflux clinical guidelines. Method: Retrospective chart review of patients with GERD ICD-9 codes added to problem list. Results: Ninety of 187 patients were included for review. Documentation of historic alarm features ranged between 34% and 54%. At first consultation, 83% of patients were treated with proton pump inhibitors. Few patients had office-based follow-up care. Seven of nine patients who had alarm features underwent endoscopic evaluation. Forty-one percent of patients with uncomplicated GERD who had persistent symptoms appropriately underwent upper endoscopies. Abnormal endoscopic findings were rare. Conclusions: We documented presence or absence of alarm features infrequently. Proton pump inhibitor treatment was provided for most patients as per guidelines. Routine follow-up visit frequency needs to be improved.

RP7: Validating Standardized Patient and Faculty Observer Measures of Third-year Medical Students' Use of Interpreters

Desiree Lie, MD, MSEd; John Boker, PhD; Sylvia Bereknyei, MSc; Susan Ahearn, RN; Charlotte Fesko, BA; Patricia Lenahan, LCSW,MFT, BCETS

Background: Increased limited English proficiency encounters demands effective interpreter use. Purpose: Validate two new measures of interpreter use. Method: Third-year medical students (MS-3) (92) encountered a standardized patient (SP) case with a monolingual Spanish-speaking patient. Students were assessed by SPs using the Interpreter Impact Rating Scale (IIRS) and the validated Physician Patient Interaction (PPI) scale. A sample was assessed by four faculty using the Faculty Observer Rating Scale (FORS). Internal consistency reliability was assessed by Cronbach's coefficient alpha (alpha). Inter-rater reliability was examined by the intraclass correlation coefficient (ICC). Results: Cronbach's alpha were 0.90 (IIRS) and 0.88 (FORS). ICC for faculty was 0.65 (0.20, 0.86). IIRS correlated significantly with PPI (r=0.90; P<.0005); FORS did not correlate with either IIRS (r=-0.20; P=.40) or PPI (r=-0.22; P=.32). Conclusions: SPs used IIRS reliably. This correlated with PPI scores. FORS was reliable when used by faculty but may measure different skills.

RP8: Assessing Medical Student Comfort Level With Social Issues Presenting at Student-run Free Clinics

Daniel DeJoseph, MD; Barry Simmons, MD; Lara Weinstein, MD

Context: Many first-year medical students participate in student-run free clinics, caring for uninsured patients with complex social issues. Objective: To determine students' comfort level with commonly encountered scenarios involved in caring for the uninsured. Methods: We surveyed the first-year class of Jefferson Medical College asking comfort level with common issues at student-run clinics. Results: Only 10% of students felt comfortable getting uninsured patients patched into the health care system, 10% of students felt they knew how to get uninsured patients life-sustaining medications, and 8% felt they understood the Philadelphia Health system. More than 80% of students desired an orientation addressing these issues prior to participation. Conclusion: Students are uncomfortable with the logistics of caring for the uninsured and would find an orientation beneficial.

RP9: Factors Leading to Choice of Specialty for University of Oklahoma Medical Students

Rachel Franklin, MD; Jason VanderLugt, BS

Objectives: This study's objective was to replicate the results of the Arizona study, addressing specialty choice at the University of Oklahoma College of Medicine. Methods: We administered the Arizona study instrument to the current students at the University of Oklahoma College of Medicine. The survey included perceptions of various medical specialties, some basic demographics, and questions relating to perceptions of medicine. Results: In comparing students who had indicated family medicine as their first choice against those who had ruled out family medicine as an option, we found differences in marital status, size of desired location for practice, values, and perception of family medicine. Conclusions: Certain target areas and traits seem to be important in determining the appeal of family medicine as a specialty choice.

RP10: Resident Documentation of the Mini Mental Status Exam Before and After a Geriatric Rotation

Ann Nye, PharmD; Humayun Kadir, MD

Purpose: To determine if a 1-month geriatric rotation in the second year of a family medicine residency increases the documentation of the Mini Mental Status Exam (MMSE) in patients with dementia. Methods: This retrospective chart review examined MMSE documentation in an electronic outpatient medical record (EMR) (Centricity®, General Electric). The percent of demented patients with a documented MMSE was compared between first-year residents from July 2002 and June 2003 and third-year residents from July 2004 to June 2005 using a chi-square test. Results: Subjects included 12 residents. Documentation rate of MMSE in patients with dementia increased from 0% during the first residency year to 17.5% in the third residency year (P<.01). Conclusion: Residents significantly improved outpatient documentation of the MMSE, although the incidence of documentation is low.

RP11: Women's Knowledge of Commonly Used Contraceptive Methods

Sarina Schrager, MD, MS

Introduction: Despite the availability of reliable contraceptive methods in this country, half of all pregnancies are unintended. There is a scarcity of research that measures knowledge about commonly used contraceptive methods. Methods: All women between 18 and 40 were approached in the waiting room at two different family practice clinics. Women were asked to complete a short written questionnaire that included demographics and nine true/false questions about common contraceptive methods. Results: A total of 252 surveys were completed. Half of all women believed that condoms are 99% effective, and only 57% knew that condoms were not as effective as oral contraceptive pills. Twenty-six percent of the respondents were not using any contraception. Discussion: Health care providers should develop more effective education about contraceptive methods.

RP12: Breast Cancer Survivors' Perspectives on Primary Care Physicians' Quality of Survivorship Care

Jun Mao, MD, MSCE; Marjorie Bowman, MD, MPA; Linda Jacobs, PhD, RN; Carrie Stricker, PhD, RN; Katrina Armstrong, MD, MSCE; Angela DeMichele, MD, MSCE

Purpose: Little is known about how millions of breast cancer survivors (BCS) in the United States perceive the care received from their primary care physicians (PCP). Methods: A cross-sectional survey study among BCS seen in the outpatient clinic of a large university hospital. Results: Among 120 participants, 77% were satisfied with the care received from their PCP, although only 20% felt that their PCP and oncologists work together effectively. Many BCS were unsure about the ability of PCP to provide care specific to survivorship and wanted PCP to have more training on these issues. Discussion: While most BCS were satisfied with the care received from their PCP, they would like the PCP to have more specific cancer survivorship care training and communicate better with oncologists.

RP13: Chinese Women and Cancer Screening: A Pilot Study in Chinese Faith Communities

Hong Xiao, MD; Mei Hui, M.D; Ping Han, MD; Mark DeHaven, PhD

Context: Cancer is the leading cause of death among Asian-American women. Objective: Examine levels of knowledge, adherence, and barriers to cancer screening and the effectiveness of congregation-based cancer education for Chinese-American women. Method: Baseline surveys and evaluation of a cancer screening education program. Results: Respondents (n=103) were knowledgeable about mammograms (86%), Pap smears (92%), and breast exams (85%) and had received mammograms (79%) and Pap smears (73%). Few were aware (5%) or had received (5%) colonoscopy. The education program improved knowledge about colonoscopy frequency (P<.01), risk for breast cancer by living in the United States (P<.01), and recommended level of exercise (P<.01). Discussion: Our sample had high rates of cancer screening knowledge and adherence, and our education program increased knowledge about cancer screening and health behavior.

RP14: Association of Domestic Violence to Cervical, Breast, and Colorectal Cancer Screening

Ping-Hsin Chen, PhD; Sue Rovi, PhD; Marielos Vega, BSN, RN; Caryl Heaton, DO; Cyril Varghese, BA; Sheetal Gandhi, BA; Mark Johnson, MD, MPH

Objective: To evaluate the association of domestic violence (DV) with cancer screening rates. Method: Retrospective chart audits of 181 women at two urban family medicine practices. Fifty-nine patients met the eligibility criteria: non-pregnant, aged 40-74, and having a partner. Victims were those who screened positive on HITS or WAST-Short. Results: Prevalence of DV was 20.3%. Victims were less likely than non-victims to be current for breast cancer screening (16.7% versus 52.2%; P=.028). Screening rates of cervical (27.3% versus 40%) and colorectal cancer (0% versus 18.8%) did not differ significantly between victims and non-victims. Conclusions: Abused women have poorer cancer screening rates. Physicians should ensure that victims are screened for cancer and assess patients for DV who are not screened.

RP15: What Non-Vitamin Dietary Supplements Are Childbearing Patients Using? An Analysis of NHIS

Paula Gardiner, MD; Brian Jack, MD

Objective: To examine the usage patterns of non-vitamin dietary supplements (NVDS) in women of childbearing age in the United States and their discussion of use with medical professionals. Methods: We examined the use of NVDS from the 2002 National Health Interview Survey. We performed univariable and multivariable analysis. Results: Of the 9,067 women of childbearing age, we found that 20% used a NVDS during the prior 12 months. Factors associated with increased use included: being a former smoker, being uninsured, living in the West, and being a college graduate. Sixty-seven percent of subjects did not inform any conventional medical professionals about their use. Conclusions: All health care providers should ask women about their use of NVDS as part of routine care.

RP16: Improving Breastfeeding Rates for an Urban Underserved Population

Jessica McIntyre, MD

Objective: Breastfeeding initiation rates were compared before and after an educational and marketing intervention at Providence Hospital, an inner-city hospital in Washington, DC. Methods: A single educational session was performed by family medicine residents for nurses introducing the Baby Friendly Hospital Initiative, emphasizing three of the 10 steps. Bilingual fliers advertising breastfeeding were placed in patient rooms. Two hundred charts were reviewed before and after the intervention to assess rates of breastfeeding. Results: Rates for initiation of breastfeeding were 59% and are currently being assessed post-intervention but show promise of significant increase. Conclusion: Education about the Baby Friendly Hospital Initiative, which can be performed by family medicine residents, may increase rates of initiation of breastfeeding in the maternity care setting.

RP17: Interest in Medicine Predicts College Enrollment Among Minority Students in a Family Medicine Pipeline Program

Manuel Oscos-Sanchez, MD; Dolores Oscos Flores, BSEd; Sandra Burge, PhD

Objective: Determine predictors of college enrollment among economically disadvantaged ethnic minority students in a family medicine pipeline program. Methods: Self-administered mail survey. Forward stepwise logistic regression with dichotomous outcome variable of college enrollment or not. Results: Response rate= 71% (n=232). Nineteen percent (43) were enrolled in college. Variables predictive of college enrollment were age, interest in allied health, and interest in medicine. Odds ratios were 9.69, 0.20, 3.00, and levels of significance were .000, .002, .032, respectively. Conclusions: Students with a higher Interest in medicine were three times more likely to enroll in college. The Teen Medical Academy should continue to work on stimulating students' Interest in medicine as it positively predicts college enrollment.

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RESEARCH POSTERS

Room: Grand Ballroom I-V

RP18: What Keeps Youth in Latino Communities From Engaging in Violent Behaviors?

Manuel Oscos-Sanchez, MD; Janna Lesser, RN, PHD; Patricia Kelly, PhD, APRN

Objective: Determine predictors of non-violence among third to fifth grade students in a Latino, culturally based violence prevention program. Methods: Pre- and post-intervention self-administered surveys. Backward stepwise linear regression analysis with outcome variable of mean change in self-reported violent behaviors. Results: n=148. Variables in the model were non-violent conflict resolution self-efficacy, male gender, negative attitude toward gangs, and higher grade level. R-squared of the model=.393. Beta coefficients were -.553, -.261, -.216, and -.195. Levels of significance were .000, .001, .005, and .031. Conclusions: Participants who had a higher non-violent conflict resolution self-efficacy, were male, had a more negative attitude toward gangs, and who were in higher grade levels were less likely to report violent behaviors.

RP19: Who Calls the After Hours Phone Triage Physician and What Do They Think They Need?

Christine Krause, MD

Objective: To determine why patients contact the on-call phone triage physician. Methods: Phone triage calls to the urban, rural, and suburban outpatient offices associated with the University of Michigan Family Medicine Residency were reviewed between March 1, 2004 and April 30, 2004. Results: Phone triage physicians answered 442 phone calls (33% pediatric, 67% adult). Pediatric concerns were infectious (40%), gastrointestinal (21%), pulmonary (6%), medication questions (6%), trauma (6%), and other (21%). Adult concerns were medication questions (23%), infection (21%), pain (16%), gynecologic problems (5%), gastrointestinal illness (4%), trauma (4%), pulmonary illness (3%), and other (22%). Conclusion: Resident education can be improved by equipping residents with instruction regarding phone triage of pediatric infection, pediatric gastrointestinal illness, and adult concerns of infection, medication questions, and pain.

RP20: Effects of Video Gaming on the Academic Performance, Physical, and Psychological Health of Adolescent Males

Anish Bavishi; Geraldine Gossard, MD

Objective: Assess the effects of video game play (gaming) on academic performance and physical and mental health in adolescent males. Methods: Male participants (n=639) enrolled in a college preparatory high school. Independent variable: gaming hours per week; dependent variables: academic performance (GPA, homework time, leisure reading); physical status (BMI, weekly exercise); psychological well-being (WHO-5); parental time restriction. All participant responses were anonymous. Analyses: Chi square (alpha=.05). Results and Conclusions: Homework time, leisure reading, and physical exercise were adversely related, while psychological well-being was positively related to gaming. GPA, BMI, and parental time restriction were nonsignificant. Family physicians might counsel parents regarding these adverse effects; up to a point, gaming may promote some psychological well-being; parental supervision of gaming is imperative.

RP21: Evaluation of a New Family History Form in a Family Practice Electronic Medical Record

Rebecca Malouin, PhD, MPH; David Weismantel, MD; Roy Gerard, MD

Objective: The objective of this project was to assess changes in completeness of family history reporting after development and implementation of an improved family history collection tool within the Department of Family Medicine electronic medical record. Methods: Univariate and multivariate generalized estimating equation models were used to assess changes in use of the specific family history fields between the study period (April-June 2006 and July-September 2006). Results: Factors predicting use of any specific family history field since introduction of the new form included availability of form (OR=2.19), male patient gender (OR=1.34) and number of patient visits between the study periods (OR=1.10). Conclusion: The addition of a simple family history collection form within a commercial electronic medical record improved collection of all family history elements.

RP22: Effect of a Clinical Practice Guideline on Antibiotic Prescribing for Acute Otitis Media

Andrew Coco, MD, MS

Objective: To examine changes in the rate of prescribing amoxicillin for acute otitis media (AOM) after publication of the 2004 American Academy of Pediatrics and the American Academy of Family Physicians clinical practice guideline. Methods: Secondary analysis of the 2002-2005 National Ambulatory Medical Care and National Hospital Ambulatory Medical Care Surveys of children 6 months to 12 years diagnosed with AOM. Results: Analysis of 1,264 records representing 25,986,826 visits. The percentage of encounters receiving an amoxicillin prescription, compared to a different antibiotic, increased from 39.6% to 50.6% (P=.03) after guideline publication. Conclusions: The rate of amoxicillin prescribing for children with AOM has increased since publication of a clinical practice guideline issued jointly by the American Academy of Pediatrics and the American Academy of Family Physicians in 2004.

RP23: Stroke, Hypertension, and Prostate Education Intervention Team: Addressing Health Disparities in African American Men

Michael Rosenthal, MD; Fiona Chory, BA; James Diamond, PhD; Rickie Brawer, PhD; Ronald Myers, PhD; James Plumb, MD, MPH

Introduction: The Stroke, Hypertension, and Prostate Education Intervention Team (SHAPE-IT) is an innovative community health strategy to provide information and education on stroke and prostate cancer for African-American men in Philadelphia. Methods: Community participatory approaches used qualitative methods to establish community-based recruitment and education strategies. The project provided basic education and information to 7,019 men from target areas 35 years and older. Peer educators conducted interactive group programs for a subset of 900 men. They were evaluated with pre, post, and 2-month follow-up surveys. Results and Conclusion: Analysis of data from the

900 men in group education programs demonstrated increases in knowledge, attitudes, behavior change, and positive health actions. The SHAPE-IT model has the potential to impact the well-being of African-American men.

RP24: Masked Hypertension in a Community Sample

Nichele Nivens, MD; Monique Apollon, DO; Alan Roth, DO; Andrea Maritato, MD; Elizabeth Brondolo, PhD; Nisha Brady, BA

Objective: Rates and demographic predictors of discrepancies between clinic levels of blood pressure (BP) and ambulatory levels of BP were evaluated to examine risk for masked hypertension (HTN). Methods: Participants included 410 American-born adults (246 Blacks, 164 Latino(a)s, 232 women), with a mean age of 39 years. Most (65%) had very low incomes. Comparisons were made between the average of three electronic resting clinic measures of BP and average 24-hour ABP readings obtained 1-2 weeks later. Results: Thirty-two (8%) had normal clinic BP but elevated ABP. In comparison to those with elevated clinic and ABP readings, those with normal clinic but elevated ABP were younger and had lower body mass index (P<.01). Conclusions: ABP or home monitoring may help identify individuals with masked HTN.

RP25: A Feasibility Study of Acupuncture for Non-palliative Radiation Therapy-induced Fatigue

Jun Mao, MD, MSCE; Terry Styles, MD; Andrea Cheville, MD; Shawn Fernandes, BS; James Wolf, BA; John Farrar, MD, PhD

Purpose: To establish the feasibility of an acupuncture clinical trial to prevent radiation therapy (RT)-induced fatigue. Methods: We conducted a single arm acupuncture trial among cancer patients receiving non-palliative RT. Results: Among the 16 cancer patients enrolled in the study, the average score of Lee Fatigue Scale increased from 3.7 at baseline to 4.25 at week 6, representing a 15% increase. Based on Patient Global Impression of Change at week 6, 13% of subjects reported fatigue being worse, 50% stable, and 37% better. Discussion: Compared to historical data that suggests up to 40% worsening of fatigue among cancer patients undergoing RT, acupuncture may help prevent the onset of RT-induced fatigue, although comparative efficacy needs to be confirmed by a randomized placebo-controlled trial.

RP26: Screening for Hazardous Drinking: Improving the Screening Behavior of Family Physicians

Jacqueline Weaver-Agostoni, DO, MPH

Objective: To test and compare two methods of improving hazardous drinking screening in college-aged patients. Methods: Baseline screening behaviors were established at two family medicine residency offices. Following didactic sessions, one site had a full-time employee administer alcohol screenings, while the other site added a question about alcohol consumption to the initial patient questioning, and physicians received a pocket card summarizing the didactic session. Results: The number of patients getting screened for hazardous drinking dramatically increased in the office where a dedicated employee was administering screenings but improved only slightly in the other office. Conclusion: Family physicians need to do a better job of screening this at-risk population for hazardous drinking. A dedicated employee can increase appropriate screening; cost-benefit analyses need to be performed.

RP27: Using a Trajectory Framework to Assess Patterns of Self-rated Health

Nancy Pandhi, MD, MPH; Jessica Schumacher, MS; Maureen Smith, MD MPH, PhD

Objectives: Self-rated health status is an important predictor of morbidity and mortality, yet longitudinal examinations of these ratings are limited. We examine perceived change in health status from childhood to older adulthood using a person-centered approach to differentiate groups. Methods: The SAS Proc Traj procedure was used to analyze 8,368 responses to the Wisconsin Longitudinal Study. Results: Two latent groups were revealed. For 38.9%, self-rating of health declined across time from "excellent" to just below "very good". Self-rated health remained static in the other group (61.1%) at "very good." Conclusions: Trajectory analyses have potential to distinguish groups of individuals who may be at risk for functional decline. Further research is needed to link individual characteristics from these groups to actual morbidity.

RP28: Faculty Development Interests of Primary Care Teachers in Wisconsin

Craig Gjerde, PhD; Patricia Kokotailo, MD, MPH; K-Mae Hla, MD, MHS; Andrea Poehling, MS

Introduction: We determined to conduct an educational needs assessment of preceptors in our state-wide community-based teaching programs. Methods: The survey instrument inquired about educational topics, program formats, and demographics. We administered the Web-based survey to 519 primary care preceptors. Results: Responses from 171 preceptors (33%) indicated content areas of highest interest as evidence-based medicine applied to practice (64%), effective clinical teaching (64%), competency-based education (51%), technology tools (49%), and quality improvement (48%). Respondents preferred live workshops (84%), and 45% selected Web modules. Program formats desired were half-day workshops (93%), intensive 2-day programs (89%), Web modules (77%), and multi-weekend series (64%). Discussion: New competency-based topics were identified and there was high interest in web-based programs. These responses will inform our program and future grant writing.

RP29: Outcomes of a MS1 and MS2 Clinical Mentorship Program

David Yens, PhD

Mentorship programs pairing clinical faculty with students have been initiated by many medical schools with mixed results. Although several mentoring programs are described in the literature (eg, Interdisciplinary Generalist Curriculum project), no data on outcomes was found. To address the decline in primary care interest, we initiated a program that paired MS1 and MS2 students with office-based primary care clinicians locally and at upstate rural locations. We have now obtained results from the specialty selections by the first cohort of students in the program and have compared these selections with the class as a whole. Of 39 students in the mentor program, 8 (20.5%) selected a family medicine residency, compared with 11.7% of the non-mentor classmates. Other specialty selection comparisons will be described.

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RESEARCH POSTERS

Room: Grand Ballroom I-V

RP30: Spirituality, Patient Care, and Professional Development: Educational Needs of Family Medicine Residents

Gowri Anandarajah, MD; Marcia Smith, PhD

Objective: This study examines similarities and differences between first-, second-, and third-year family medicine residents' attitudes, patient care experiences, and training needs regarding spirituality and medicine. Methods: We conducted a qualitative study of residents, stratified by residency year, using semi-structured, individual interviews. All 39 residents in this residency were invited to participate. Two investigators independently performed the analysis, using the immersion/crystallization method. IRB approval was obtained. Results: A total of 34 interviews were analyzed, revealing increasing comfort with the topic and more-complex patient stories with experience. Openness to including spirituality in whole-person care and need for adequate self-care, time, and formal training was consistent over all 3 years. Conclusion: While residents have positive attitudes towards this subject, different developmental needs necessitate tailoring curricula to meet those needs.

RP31: Coaching Patients in Patient-Doctor Communication Skills

Mary Talen, PhD

The purpose of this research project is to evaluate the effectiveness of training patients in communication skills with their physician. While most medical training programs have addressed physicians' communication skills, few programs have addressed the patients' communication skills. The goal of this research was to "coach" patients on how to communicate more effectively with their physicians and evaluate the outcome of this "communication coaching" training. Physicians and patients (n= 200 patients, n=12 physicians) in the intervention and the control group evaluated the quality of the doctor-patient communication (eg, patient medical knowledge, skill in presenting symptoms, and attitude toward health care). The results of this controlled randomized study between patients and physicians who were in the "coached" versus standard care patients and physicians will be compared.

RP32:Patient Medication List

Sung Chae, MD; Mark Chae, PhD

Objective: To determine the acceptance of self-maintained medication lists and if their use increases the patient's sense of knowledge and responsibility. Methods: A medication list card was distributed to 99 patients >40 years at an outpatient residency practice. The Patient Medication Scale, which assesses self-perceived understanding of medications and responsibility, was administered initially and 6-9 months later. Results: A total of 42/66 subjects completed the post-intervention survey. Thirty-nine percent reported using the card. MANOVA indicated that patients using the card showed increased scores in patient knowledge (P=.05) and responsibility (P=.02). Conclusions: This pilot study showed that a significant percentage of patients are willing to maintain their own medication list. This increases the sense of their knowledge and responsibility. Future studies are needed to determine if this translates into improved medication reconciliation and adherence.

RP33: Why Women Need a Family Doctor?

Adriana Roncoletta, MD; Thais Pinheiro, MD; Graziela Moreto, MD; Marco Janaudis, MD; Roberto Leoto, MD; Marcelo Levites, MD

This project takes place in a factory in Sao Paulo, Brazil, where women are not used to having a family doctor. They usually have a gynecologist and other specialists. Two thousand female workers are allowed to visit a family doctor in their workplace. The objective is to offer a family doctor instead of a gynecologist in the care of women. The doctors described their experiences through narratives, which were analyzed by the researchers after 1 year. We found relevant points like continuity, patient center medicine use, overview care, valorization of details, prioritizes multiple complaints, social problems worries, and use prevention consultations to take care of chronic diseases. These results pointed out that family doctors can provide quality care for women besides adverse culture issues.

FELLOWS/RESIDENTS/STUDENTS WORKS-IN-PROGRESS RESEARCH POSTERS

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

RP34: Does the Addition of a Faculty Geriatrician Improve Geriatric Education in a Family Medicine Residency?

Margaret Gallardo, MD; Karey Breen, MD; Barbara Roehl, MD, MBA

Context: Despite much discussion, the impact of geriatricians on resident education relies on non-objective data. To measure resident competency in geriatrics, an objective measure is needed. Objective: Evaluate if adding a geriatrician improves geriatric education. Design: Analyze the geriatric portion of the In-training Exam using (1) Analysis of variance across cohorts before and after the intervention (2) Individual improvement before and after the intervention, (3) Comparison to non-geriatric ITE scores. Setting: Family medicine residency. Participants: Resident physicians. Intervention: Adding a geriatrician to faculty. Main outcome measure: ITE scores. Results: Pending. The expected conclusion is that the addition of a geriatrician improves geriatric skills.

RP35: Development of a Behaviorally Anchored, Competency-based Rotation Evaluation System

Tricia Hern, MD

Rotation evaluations are one of the most commonly used assessment methods in graduate medical education. The literature shows that global evaluations have many potential sources of error and inaccuracy. After conducting a needs assessment within our residency program, the quality and quantity of data collected from rotations evaluations showed several areas of needed improvement. Our end-of-rotation evaluations were rewritten using a behaviorally anchored rating scale (BARS), while representing the six core competencies as set by the ACGME. The evaluations were distributed electronically. Outcomes

measured before and after implementing the new system include the collection rate of the evaluations, the distribution of assigned scores, the quality of comments provided, as well as faculty and resident perceptions of the old and new systems.

RP36: The Prevalence of Peripheral Arterial Disease in a Community Health Center in Loíza, Puerto Rico

Raul Gentini, MD; Mary Sanchez, MD; Erick Torres, MD

Peripheral arterial disease (PAD) is frequently asymptomatic, underdiagnosed, and undertreated. The purposes of this study were (1) to determine the prevalence of PAD in patients 50 years or older in a Puerto Rican Community Health Center, (2) the relationship of prevalence to age group and gender, and (3) the association of prevalence to specific risk factors. The subjects participating in the study were 50 years or older. The disease was diagnosed by an ankle-brachial index (ABI) of 0.90 or less. There were 22 cases of PAD with a prevalence of 12%, increasing sharply with age. Gender and specific risk factors were not statistically significant. These findings raise the question whether the population studied, composed mainly of Hispanic females, has some protective factor against PAD.

RP37: Family Medicine Residency Training in Geriatrics: A Survey of Practicing Physicians

Megan Schmitt, BS; Nancy Havas, MD

The US population is moving toward an increasingly geriatric patient demographic. It is unclear if family medicine residency programs have evolved to fit the needs of this patient sector. Therefore, a developed Retrospective Pre-Post Cross Sectional Survey asks family physicians to self assess their confidence in treating specific aspects of geriatric care upon completion of their residency program and at the current time in practice. Preliminary data review demonstrates that many residents lack confidence in geriatric care upon graduation from residency but gain confidence through years in practice. Areas of basic safety, functional assessment, and prevention are identified as areas where physicians lack confidence. Survey data obtained may be used to shape future recommendations for geriatric specific training in family medicine residency programs.

RP38: The Prevalence of Prescription Opioid Abuse Among Opioid Addicted Detoxification Patients

Marta Canfield, MD

Context: Limited information is available about the role of prescription opioids in the onset of opioid dependence. Objective: Describe the onset of opioid dependency by determining where participants obtained first opioid. Design: Cross-sectional descriptive study. Setting: A dedicated detoxification unit in an urban teaching hospital in the northeastern United States. Participants: Patients admitted for opioid withdrawal management. Results: Of 75 patients (65% men) who were interviewed, 41% began opioid use with their own prescription (mean age=35, SD=11.7), 31% began with someone else's prescription (mean age=26, SD=6.5), and 28% began with illicit opioids (mean age=32, SD=11.6). Conclusions: Among these treatment-seeking individuals, diverted prescription opioids are an important source for the initiation of opioid abuse.

RP39: The Association Between Hay Fever and Stroke

Eric Matheson, MD; Marty Player, MD; Arch Mainous, PhD; Dana King, MD; Charles Everett, PhD

Background: Inflammatory disorders such as asthma and allergies have been linked to atherosclerosis, but it is unclear if a reported history of hay fever is associated with risk of stroke. Methods: Analysis was performed of the Atherosclerosis Risk in Communities study to determine the stroke risk of hay fever. Results: Participants with a history of hay fever had an unadjusted hazard ratio of 1.72 (95% CI=1.08-2.27) for stroke versus participants without hay fever. Risk of stroke remained significant, HR 1.87 (95% CI=1.172.99), after controlling for confounders. Conclusion: Individuals with hay fever have an increased risk of stroke.

RP40: Predicting Nursing Home Residents' Emergency Hospital Admissions Using the Emergency Admission Risk Likelihood Index

Owen Capocyan, MD; Chau Le, MD; Rosa Vizcarra, MD; Sam Hooper, PhD; Sayeed Asfia, MD; Mohd Uddin, MD

Context: Geriatric population represents a high proportion of emergency hospital admissions (EHA). When hospitalized, there is further decline in health status. The Emergency Admission Risk Likelihood Index (EARLI), a self-administered questionnaire developed in the United Kingdom predicts the likelihood of EHA among people 75 years and older. Validation of EARLI in the younger geriatric population and in nursing homes (NH) has not been done. Identifying NH residents, who are > 65 years and at risk of EHA can lead to timely intervention to prevent admission. This can decrease rate of emergency room and hospital admissions. Objective: Evaluate EARLI as a screening tool to predict risk of EHA among NH residents > 65 years.

RP41: A Descriptive Study of Youth With Bipolar Disorder in a Correctional Treatment Center

Neela Patel, MD, MPH; Manuel Oscos-Sanchez, MD; Janna Lesser Dr., RN, PhD; Rene Olvera, MD, MPH

Objective: Describe the life and symptom experiences of youth with bipolar disorder in a long-term correctional treatment center. Methods: Two audiotaped 90-minute individual interviews with 10 male and 10 female participants randomly selected from one center. The first interview explored participants' life experiences through unstructured and open-ended questions. The second interview collected participants' responses to 44 standardized open-ended questions of the Bipolar Inventory of Symptoms Scale. Results: Audiotapes are currently being transcribed. The research team will analyze data in individual and group formats. Grounded theory principles of open, axial, and selective coding will guide the analysis. Conclusions: To be determined.

Fellows/Residents/Students Works-in-Progress Research Posters continued on next page

FELLOWS/RESIDENTS/STUDENTS WORKS-IN-PROGRESS RESEARCH POSTERS Cont'd

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

RP42: HPV Vaccine: Attitudes and Ethics

Marjorie Affel, MPH; Renee Turchi, MD, MPH; Arthur Caplan, PhD

The HPV vaccine presents an opportunity for effective prevention of cervical cancer, with the greatest benefit to women and girls who are underserved by the health care system. This study investigated attitudes and barriers to the HPV vaccine though a literature search and survey of women in a Philadelphia homeless shelter. Forty-seven percent agreed they would like to get the HPV vaccine, and 54% said they will get it for their children. Half thought they would be able to get the HPV vaccine. Acceptance rates were lower than in published studies. Mothers of eligible daughters were more likely to accept the HPV vaccine for their children (P=.036). A deeper understanding is needed to develop policy to effectively get the HPV vaccine to those who need it most.

RP43: Investigating the Independent Effect of Health Education in a Health Education and Medication Access Program

Bennett Shenker, MD

Pharmaceutical manufacturer sponsored Patient Assistance Programs (PAP) can provide free medications to eligible individuals. We have previously reported results from a novel cardiovascular risk management program that combined health education with medication access through a streamlined PAP process. Participants in the program demonstrated significant improvements in total cholesterol, LDL-C, HDL-C, triglycerides, and hemoglobin A1c. However, the independent effect of the health education component of the program model is unknown. We propose a randomized, controlled trial comparing the full program consisting of health education and medication access through a streamlined PAP process to a program consisting of an identical medication access intervention without a health education component. We anticipate the full program participants will achieve significantly greater improvements in lipids, hemoglobin A1c, and blood pressure.

RP44: Social Support, Sexual Behavior, and Sexually Transmitted Diseases in Collegiate Athletes

Lee Allison, MD; Robert Post, MD

STDs are a common problem in South Carolina. Risky sexual behavior increases the chances of acquiring an STD. Study results are controversial as to whether decreased social support increases risky sexual practices. The populations in these studies are mainly teenage, African-American females from urban or low socioeconomic status areas. There have been no similar published studies on college students. The objective is to determine the relationship between social support and sexual behavior in collegiate athletes. An anonymous, confidential survey has been designed to measure perceived social support and sexual behavior. It will be distributed to student-athletes, ages 18-25, during pre-participation physical examinations at a local urban college. Data will be analyzed to determine if there is a correlation between perceived social support and sexual behavior.

RP45: Patient-centered Care to Immigrant Muslim Women

Hend Azhary, MD

Context: The number of immigrant Muslim women (IMW) in the United States is increasing. The health care delivery expectation of this subgroup is unique and unfamiliar to most US physicians. Muslim women may be at greater risk of receiving suboptimal patient-centered care (PCC), a proven valuable mean of health care delivery. Objectives: To investigate the way IMW perceive PCC and to identify the characteristics associated with favorable health care delivery from their own perspective. Design: Qualitative study using focus groups and content analysis. Setting: The regional Islamic Center. Interviews will be conducted by bilingual interviewers using a standardized translated moderator guide. Participants: 60 Arabic or English-speaking IMW 18 years of age or older. Outcomes: Domains of PCC mentioned by participants in verbatim transcripts.

RP46: LGBT Community Research: The Case of Healthy Kids in Healthy Homes

Alan Wells, PhD, MPH

This collaborative project develops a community center-based model of support services for foster parents and youth at the Milwaukee LGBT Community Center that is evidence based and replicable in other community center settings. It originates as a proposal for the Healthier Wisconsin Partnerships Program submitted in November 2007. More importantly, it represents partnership processes developed under the auspices of a Postdoctoral Fellowship in Family Medicine concentrating on community-based participatory research (CBPR). It also initiates important working relationships between a family medicine department and LGBT community leaders.

RP47: Assessment of Perceptions of Domestic Violence Post-Disclosure Care and Resources in an Urban Immigrant Community

Adefolakemi Oni; Pablo Joo, MD; Richard Younge, MD, MPH

Context: Washington Heights has the highest incidence of domestic violence (DV) reports in New York City. Objectives: Do services offered through DV resource organizations align with womens' perceptions of them? Assess perception of the physician's role after DV disclosures. Design: Qualitative analysis of data from surveys and interviews. Settings: Residency teaching practice and four DV organizations. Participants: 50 patients who visited clinic; staff of the organizations. Outcome: Frequency of theme words in responses. Results: Community's expectations of physicians were referral, mental health services, and validation. Expectations of resource organizations were more varied. Conclusions: The women and the organizations view the physician's role in DV interventions similarly; teaching family medicine residents about expectations of women with DV issues and resources available to them may encourage increased DV screening.

RP48: Educational Programs to Improve Recognition and Reporting of Elder Abuse and Neglect: A Systematic Review

Kim Le, BS; Linda Meurer, MD, MPH

A systematic review was conducted to describe and evaluate the literature on educational interventions to improve health professionals' recognition and reporting of elder abuse and neglect. A content analysis determined if studies gave enough detail to be replicated and whether objective evaluation measures were used. Of 14 eligible studies, three measured learning and three tracked behavior changes through Adult Protective Service (APS) referrals or chart reviews. Five programs (two articles) paired family medicine residents with APS workers; graduates found this beneficial. One article found that the participants learned more through didactic sessions than handouts alone. Using the published literature as a guide to developing new curriculum remains a challenge due to the lack of actual detailed information in the majority of the articles.

RP49: Engaging Clinic Staff to Improve Chronic Care: An Assessment of a Health Coach Training Program

Frances Baxley, MD; Rebecca McEntee, MD; Thomas Bodenheimer, MD; Ellen Chen, MD

Context: Because self-management (SM) support is time-consuming, it may be more feasible for nonphysician staff to provide this service in a team-based model of chronic care. Objective: To evaluate a curriculum that trained medical assistants to become "health coaches" who complete SM tasks with patients. Design: At an urban residency clinic serving diverse and underinsured patients, newly trained health coaches performed SM support with patients attending chronic care clinics over a 9-month period and documented discussions on encounter forms. Encounter forms were analyzed to assess themes discussed with patients and rates of staff SM support task completion. Anticipated Results: Description of themes from SM support discussions. Rates of task completion may vary, indicating opportunities for further quality improvement and staff training.

RP50: Impact of a Group Medical Visit for Smoking Cessation on Patients and Family Medicine Residents

Foluke Alli, MD; John Armando, LCSW; Shannon Duffany, BA; Jaymica Patel, MD; Saghar Navid, MD; Barbara Roehl, MBA, MD; Gregory Herman, MD; Mona William, BS

Context: Smoking is the leading cause of preventable morbidity and mortality in the United States. Objectives: To encourage patients to quit smoking. Increase residents' frequency and confidence in smoking cessation counseling. Design: Patients were given education and counseling on the effects of smoking. Patients and residents completed questionnaires before and after the intervention. Setting: Outpatient. Participants: Smokers and residents. Outcomes: Number of patients that quit smoking for at least 1 month, with increased perceived importance of smoking cessation and increased confidence to quit. Number of residents with increased confidence and frequency with smoking cessation counseling. Results: Pending, data analysis by t test. Conclusion: Group visits for smoking cessation can be implemented to encourage patients to quit and equip residents with confidence and skill with smoking cessation counseling.

RP51: Family Physicians Providing Obstetric Care in Alabama Rural Areas Lead to Infant Mortality Rate Decline

Linsey Williams, MD

Objective: This study sought to determine whether obstetric service availability by local family physicians in rural areas would be associated with a lower infant mortality rate for selected rural counties in Alabama. Methods: The index county, Bibb, is compared to two sets of other rural counties (Clarke/Monroe and Coosa/Henry). In Bibb County, before the year 2000, prenatal care was provided by OB-trained family physicians; between the years 2000-2005, no maternity services were available; and after 2005, a family medicine/OB-trained MD has been providing prenatal care. In the comparison counties, obstetric care was continuously available during the research time in one set, and in the other set no care was locally available. Results: Pending. Conclusions: Pending. Recommendations: Pending.

RP52: Internet Use and Self Management of Health Among Veterans

Melanie Hinojosa, PhD

A patient-centered approach to health care begins with effective use of the health resources available on the Internet. We utilize the Internet by providing computers, printers, and Internet access to veterans in three veteran service organizations (VSO) in the Milwaukee, Wis, area. Our main objectives are to (1) increase the number of veterans who use the Internet for health information and (2) increase veterans' awareness of their own health conditions to encourage self-management of health. Results of the project will help fill an important gap in our understanding of community-based health interventions using the Internet.

RP53: Are Family Medicine Residents Comfortable Managing After-hour Calls From Long-term Care Facilities in a Geriatric Teaching Program?

Anshu Bhalla, MD; Geronima Alday, MD; Joshua Raymond, MD, MPH; Robert Chen, MD; Lynn Schwenzer, MHSA

The geriatric population often has multiple medical problems, several medications, and various caretakers. Consequently, it can be challenging for the family medicine residents on call to triage telephone calls off hours from various long-term care facilities. An interdisciplinary approach is required to effectively address the acute issue as this will impact patients' overall care.

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Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

RP54: How Well is an Urban Prenatal Population Screened and Managed for Tuberculosis?

Julia Ejiogu, MD; Mohammed Abdelmoula, MD; Abbie Jacobs, MD; Steven Keller, PhD

Background: Tuberculosis (TB) rates among females are highest in the reproductive age; coupled with the emergence of multidrug resistant TB, HIV infection, and immigration from TB endemic countries, there is a need for appropriate screening and management of the prenatal population for tuberculosis. Targeted tuberculin testing identifies persons at risk for TB and is discouraged in persons of low risk. Objective: To assess quality of adherence of physicians to guidelines regarding screening, treatment, and follow up of the prenatal population for tuberculosis. Methods: Retrospective chart review of the prenatal population of an urban health center. Data encompassed documentation of screening with tuberculin skin testing (PPD), treatment, and follow-up of patients. Demographic factors, eg, age, race, HIV, and immigration status were included in the study.

RP55: Pediatric Inpatient Experience in Family Medicine Residency Programs

Audrey Wen, MD

Context: Pediatric inpatient experience (PIE) is a critical part of training compared among family medicine residency (FMR) programs during the application process. Objective: Examine (1) PIE in three urban community hospital FMRs, (2) studies of other FMRs, (3) national hospital trends, and (4) comparison with ACGME requirements. Design: Retrospective pediatric admissions. Setting: Chicago: West Suburban Medical Center (2002-2006); St. Mary's, St. Elizabeth's Medical Center (both 2005-2006). Admissions 0-17, excludes newborns, OB. Results: WSMC 5-6 months of PIE compares to average of 4. Decrease in admissions is similar to national trend. Mean length of stay 1.9 to 2.7 and daily bed occupancy 2.3 to 5.6 while less differences in diagnoses. Conclusions: Trends point to continuing decrease in admissions. Competency-based curriculum appears necessary.

RP56: Bring Down My BMI Now

Adeola Jolayemi, MD; Foluke Alli, MD; Shannon Duffany, MS; John Armando, LCSW; Johanna Kline-Kim, MD; Suzanne Vanderwerken, MD

Context: Obesity is a major problem in the United States, with an estimated 65% of US adults either obese or overweight (NHANES III 1988-1994). Objective: To determine whether a physician-assisted weight loss/BMI reduction program can facilitate greater weight loss than standard medical care in our office. Design: Non-randomized control study. Group visits with a multidisciplinary approach. Setting: Community outpatient family medicine office. Patients/Participants: Patients from ages 18-75 and BMI >25 will be recruited by office mailing and telephone follow-up. Intervention: Group medical visits will provide peer support, education on exercise, cognitive behavioral techniques, and low calorie diets. Main Outcome Measures: Reduction in body weight/ BMI. Results: Project in progress. Pre- and post-weights will be analyzed via t score. Conclusion: To be determined.

RP57: The Prevalence of Antithyroid Peroxidase Antibodies in Patients With High Normal Range Thyroid Stimulating Hormone

Ana Zelaya, MD

Hypothyroidism is linked to depression, hypercholesterolemia, coronary artery disease, and a decrease in quality of life. Currently there are no guidelines to screen the general population, so the physician identifies on an individual basis the need for a Thyroid Stimulating Hormone (TSH) exam. The aim of our study is to identify a population at risk by comparing the prevalence of antiTPO antibody in persons with high (2.5-5.49) versus low (.36-2.49) normal TSH levels. Participants come from a family medicine clinic so as to obtain community rates/norms. Research in this area can establish specific recommendations to guide physicians in helping patients to prevent and reduce the potential symptoms and consequence of hypothyroidism, as well as decrease the financial burden for the health system.

RP58: Video Games to Improve Health: A Systematic Review

Chun Wai Chan, MD; Brian Primack, MD, EdM

Background: Although video gaming has been associated with multiple negative health consequences, it has also been used therapeutically. The purpose of this project is to systematically review randomized controlled trials to determine if video games can improve health outcomes. Methods: We searched multiple databases for subject headings and text words related to video games and randomized controlled trials. We included only studies that involved video games and a positive, clinically relevant health outcome. Data extraction on multiple relevant variables is currently being conducted by two independently working researchers. Results: Our search strategy yielded 365 unique studies. Two independently working researchers had good agreement (percent agreement=0.97; Cohen's kappa=0.61). After adjudication, 14 articles were selected for analysis. Extracted data will be available soon. Conclusions: Pending.

RP59: Burnout Among Resident Physicians: Impact of the 80-hour Work Week

Laura McCray, MD; Peter Cronholm, MD, MSCE; Richard Neill, MD

Context: Burnout has been found in resident and practicing physicians. Objective: Our aims were (1) to review the epidemiology of physician burnout and (2) to review the impact of the resident work hour limitations (WHL) on burnout. Design: Systematic review of the literature using MEDLINE and PubMed databases. Main outcome measure: Prevalence of burnout among residents before and after implementation of WHL. Results: The prevalence of burnout among residents ranged from 53%-76% prior to the implementation of WHL in 2003, to 40%-58% post-WHL implementation. Conclusion: Although the prevalence

of resident physician burnout decreased after implementation of WHL, the prevalence still remains high. Prospective, controlled studies are needed to examine the impact of interventions to identify and manage burnout among resident physicians.

RP60: Continuous Quality Improvement: Lead Screening in Children

Adaliz Rivera, MD; Michelle Folsom, MD

According to AAP 2005 guidelines, children should be screened for lead at least once at the age of 2 years or, ideally, twice at both 1 and 2 years of age. We hypothesize that as a practice we are not screening all children for lead levels by 24 months of age. Our objective is to (1) determine the prevalence of lead screening according to AAP 2005 guidelines, in our practice and (2) to identity whether certain factors (frequency of patient visits, number of providers seen by patients, type of insurance, and patient race) are associated with occurrence of lead screening and age at which lead screening occurs.

RP61: Management by Family Physicians of Patients With Chronic Hepatitis C in Two Urban Health Centers

Sujata Balulad, MD; Christopher Murphy, MD

Hepatitis C virus has chronically infected 3.2 million Americans. Primary care specialists should be willing and able to manage this problem. We retrospectively reviewed 160 charts of two family practice sites in Schenectady, NY, as to numbers, treatment, and outcomes of patients. This underserved population has limited access to gastrointestinal specialty care, and these two sites manage all aspects of Hepatitis C care for their respective populations. We conclude that family physicians can give complete, competent, and successful care to patients infected with Hepatitis C.

RP62: The Use of White Boards in the Exam Room as Patients' Education Tool

Jihad Irani, MD

The physician is a teacher. Our study's objective is to assess the effect of introducing white boards in the exam rooms on patients' understanding and satisfaction. We adopted a pre-post intervention design where a research assistant performs structured interviews with the patient and physician separately, after the encounter, to identify their respective perceptions of patients' understanding and satisfaction and the educational tool used. The intervention consists of a lecture that introduced the idea of white boards' use; those were then hung up in the exam rooms. Preliminary data (pre-intervention) showed that physicians mostly "verbally" teach, with good understanding and satisfaction. Complete analysis of the data is needed to see if adding white boards makes any difference. Eventually, they can be introduced into patients' education curricula.

RP63: Effect of Glycemic Control in the Outcomes of Diabetic Patients Admitted to a Community Hospital

Nancy Torres-Torres, MD; Shirley Perez-Lopez, MD; Kassandra Sierra-Martinez, MD

Diabetes mellitus is a common comorbidity that has been associated with adverse outcomes in hospitalized patients. However, studies done to assess effects of glycemic control during hospitalization lack Hispanic representation. The present study tries to describe the effects of glycemic control in the outcomes of hospitalized Puerto Rican diabetic patients. All admissions in a period of 6 months were evaluated, showing that 68.6% of these patients (n=875) have uncontrolled blood glucose. Moreover, uncontrolled blood glucose seems to be associated with a prolonged length of stay (P=.005) and a tendency for higher incidence of reported complications.

RP64: A Comparison of Diabetes Quality Indicators With and Without Diabetes Self-management Education

Suzann Weathers, MD; Sarah Cottingham, MD; Lori Dickerson, PharmD; Maria Gibson, MD, PhD

Diabetes self-management education (DSME) programs have been shown to improve lifestyle and clinical outcomes of diabetics. A DSME program was implemented at the Trident/MUSC family medicine residency program. In this program, patients participate in small-group discussions, a cooking demonstration, an educational curriculum, shared medical visits, and support groups. Three- and six-month follow-up data have demonstrated an improvement in quality process and outcome measures with DSME education. The purpose of this study is to compare DSME participants and nonparticipants in our practice to determine the impact of DSME on quality indicators. Data will be collected on the process and outcome measures, comorbidities, medications, and tobacco counseling. Results will determine the impact of DSME education in the Trident/MUSC Family Medicine Residency Program.

RP65: Patient Satisfaction and Health Quality Indicators in an Urban Federally Qualified Health Center Look-Alike

Laura Miller, MD; Todd Wahrenberger, MD, MPH

Practice and quality improvement indicators in underserved patient populations can provide useful information to primary care providers and family medicine educators. North Side Christian Health Center (NSCHC) in Pittsburgh, Pa, is a government-designated medically underserved area (MUA) health service provider. NSCHS is interested in improving the quality of patient care and access to health care services for underserved populations in the region and is currently expanding services. To meet this goal, a survey was administered to assess overall patient satisfaction and also examine satisfaction by demographics, quality of staff/facilities, access to care, patient care, and billing. Areas of expansion and quality improvement will be identified and discussed. Information from this study may provide clues for health quality improvement in underserved populations.

Fellows/Residents/Students Works-in-Progress Research Posters continued on next page

FELLOWS/RESIDENTS/STUDENTS WORKS-IN-PROGRESS RESEARCH POSTERS Cont'd

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

RP66: Comparison of Therapeutic Modalities in the Treatment of Chronic Low Back Pain

Suhail Shaikh, MD; Sarah Samreen, MD; Michael Parchman, MD

Context: Chronic low back pain (CLBP) is a challenging problem in family practice clinics. Objectives: Determine the most common treatment modalities used for chronic low back pain (CLBP) and their association with pain level: physical therapy, narcotic or non-narcotic medications, ice/heat, acupuncture, massage, injections, or chiropractor. Design: Cross-sectional. Patients: 100 adults presenting with CLBP. Setting: Family medicine residency clinic. Outcomes: Self-rated level of CLBP. Results: Preliminary data (n=46) revealed that the most common treatments are narcotic and non-narcotic medications, ice/heat, and physical therapy. Patients with higher level of pain were 2.5 (P<.05) times more likely to use narcotics and were 1.4 (P<.05) times more likely to use ice/heat. Conclusions: Preliminary data suggests that level of CLBP is associated with type of treatment. Functional status results will be reported with more complete data.

RP67: Cervical Cancer Screening in HIV-positive Women

Karen Sterling, MD

Background: HIV-positive women are at an increased risk of contracting Human Papilloma Virus (HPV) infection. These women are more prone to developing HPV-related cervical cancer with a faster disease progression when compared to non-HIV infected women. Objective: The aim of this project is to determine if HIV-positive women at the Center for Family Health are being adequately screened for cervical cancer. Methods: This study is a retrospective chart review. It will include the patient's age, ethnicity, and primary language. Also, the following HIV-related variables will be collected: cd4 count and viral load and the use of anti-retroviral treatment.

RP68: Geographic Variations in Medicaid Narcotic Prescription Claims Across New Jersey

Sonal Patel, BA; Jeffrey Brenner, MD

Objective: To examine the variability in aggregate Medicaid prescription claims data for narcotic medications throughout New Jersey, by county and zip code. We hypothesize that medical management of pain using narcotic medications is highly variable among Medicaid providers in New Jersey. Methods: In this cross-sectional study, we examine New Jersey's Medicaid prescription claims data for yearly narcotic claims per capita. Geospatial mapping and multivariate regression analysis was performed using aggregated Medicaid claims and provider data with US Census data. Results/Discussion: There is geographic variation in prescribing narcotics across the state. By establishing patterns of variability within New Jersey, this study will allow Medicaid provider groups to improve their understanding of regional prescribing patterns with respect to all Medicaid providers in the state.

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am, and 10–10:30 am

RP69: Head CT Scans Ordered in a Family Medicine Residency Program: Why and Are They Necessary?

Neema Afejuku, MD; Robert Dachs, MD; Gary Dunkerley, MD

The increasing use of head CT scanning in the primary care setting is of concern in light of documented deleterious radiation risks such as future cancers and cognitive impairment. A retrospective chart review conducted on 87 patients who had head CT scans ordered by the St. Clare's Family Practice Residency Program over a 2-year period revealed the most common indication was evaluation of headache. No patient required immediate hospitalization or intervention. One patient was referred to neurosurgery for a new finding. This suggests that head CT scans ordered from an academic family medicine residency program are of low yield. Strategies to improve ordering practices need to be considered.

RP71: The Impact of Abstinence Only Education on North Carolina Adolescents

Keia Hobbs, MD; Vicki Hardy, DO; Heather Brown, DO; Jaunda Vinodhkumar, MD

Introduction: Since 1998, funding for educational programs regarding sexual behavior for adolescents has been almost exclusively for Abstinence Only Education (AOE). Federal and state money in North Carolina has helped AOE become the leading sexual education program. Methods: Data from gonorrhea and chlamydia infection rates among adolescents ages 13-19 were collected from 1993 and 2006 for North Carolina. Results from the North Carolina Youth Behavior Risk Survey on sexual behaviors were also examined from 2003, 2005, and 2007 (pending). Results: Preliminary results show an overall decrease in disease rates in the Central region, with an increase in the Eastern and Western regions of the state. The number of students engaging in intercourse showed a similar regional trend. Discussion: AOE has had some impact on adolescents in North Carolina.

RP72: Silver Hawk Versus Angioplasty and Stenting in the Treatment of Peripheral Vascular Disease

Ranjitha Gampala, MD; Asfia Sayeed, MD; Rosa Vizcarra, MD; Manohar Angerikula, MD

This study is to determine the greater efficacy of Silver Hawk in the outcome of peripheral vascular disease when compared to angioplasty and stenting. Peripheral vascular disease is clinical manifestation of atherosclerotic disease and caused by occlusion of arteries to legs. More than 5 million people in the United States are affected with peripheral vascular disease. Angioplasty, stenting, and Silver Hawk procedures will improve the blood supply, which will relieve the symptoms. This study will be a retrospective chart review of 50 patients who have undergone angioplasty and stenting versus Silver Hawk treatment during the period of 2004–2005. This study will include data collection and comparison of improvement in Ankle Brachial Index indices after intervention with Silver Hawk and angioplasty interventions.

RP73: Why Do Patients Call Their Doctors?

Susanne Burkett, MD

Patient telephone calls constitute a significant time requirement for both staff and physicians. The quantification and categorization of these calls may be useful to reduce call volume through specific interventions. We collected data from all incoming patient telephone calls at an Arizona Family Medicine Residency Program during the period of 1 month. This resulted in 921 calls, separated into 16 categories. Patient telephone calls are an important aspect of practice management considering that a call volume of 921 calls a month, when estimating 3 minutes per call, demands a full-time position dedicated only to telephone call management. Reducing the call volume could have a significant impact on cost containment and improve office efficiency as well as patient satisfaction.

RP74: Stress Test Relevance and Education Self Study

Robert Post, MD; Caisson Hogue, MD; Stephen Thomas, MD

Many patients are admitted with chest pain to rule out a myocardial infarction. A common question in these cases is "Does this patient need a stress test?" The objective of this study is to determine if the University Family Medicine inpatient service is ordering stress tests appropriately according to the ACC/AHA guidelines. An 8-month chart review of patients admitted with a chief complaint of chest pain composed the pre-intervention data. From April to October 2007, the inpatient team was supplied with an intervention of a concise, easy-to-read review of the ACC/AHA guidelines. A comparison of stress test ordering data from the pre- and post-intervention groups will be analyzed. Anticipated results are an increase in the percentage of appropriately ordered stress tests.

RP75: Pulse Co-oximetry to Detect Smoking Status in a Family Medicine Office Setting (Pilot Project)

Venkat Neelagiri, MD; Niranjan Shrestha, MD; Arihant Jain, MD; Brian Lindeman, MD; Ramana Gokula, MD; Nageswara Rao Pothula, MD

Background: We evaluated the use of a noninvasive pulse co-oximeter that measures COHB as a tool to detect smoking status. Methods: COHB level was measured during the office visit using the Massimo rad-57 pulse co-oximeter. Using standard t test did statistical analysis of the data, and we calculated the odds ratio, sensitivity, specificity, positive predictive value, and negative predictive value. Results: The sensitivity was 57.1% and specificity 94.8%. The positive and negative predictive value was 84.2% and 75.5% respectively. The chance of detecting COHB levels was 16.4 times more when compared to nonsmokers. Conclusion: The Pulse co-oximetry is a noninvasive, inexpensive, and quick way to detect smoking status.

RP76: Incorporating Acupuncture Within a Family Medicine Practice in an Academic Medical Center: Lessons Learned

Yen Lin Loh, MD; Remy Coeytaux, MD, PhD; Aimee Reilly, LAc; Wunian Chen, MD, LAc

The University of North Carolina Family Medicine Center (FMC) has had an operational acupuncture clinic since 2001. We evaluated the costs and benefits of incorporating acupuncture into an academic medical center. During the 5-year study period, 788 unique patients were seen, accounting for a total of 4,953 visits, with women being seen more frequently (579:209). The overall collection rate (75% versus 55%) was higher than for other visits at the FMC. The mean annual expenditures and revenues during the first 5 years of operation were $74,223 and $58,653, respectively. The most likely reasons include hiring a physician acupuncturist and limited clinic hours. There are many potential benefits to incorporating acupuncture into a medical center setting, but we were unable to make the acupuncture clinic profitable.

RP77: Geriatric Functional Assessment Using a Three-item Screening Questionnaire Compared to a Previously Validated Screening Tool

Imran Hafeez, MD; David Lick, MD; Syna Kuttothara, MD

Older patients are at higher risk for having functional disabilities that put them at risk for poor overall health and accidents. Patients rarely present with complaints of poor generalized functioning as it is typically a gradual decline and viewed as a process of getting older. Functional assessments should be done on geriatric patients on a regular basis, but this is time intensive. The objective of this study is to evaluate the ability of a shorter screening questionnaire to identify functional disabilities in older patients. The shorter screening tool will be compared to the standardized Katz Activities of Daily Living Index.

Fellows/Residents/Students Works-in-Progress Research Posters continued on next page

FELLOWS/RESIDENTS/STUDENTS WORKS-IN-PROGRESS RESEARCH POSTERS Cont'd

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am, and 10–10:30 am

RP78: Advance Directives: A Comparison Between Patients and Providers in the Primary Care Setting

Leal Hsiao, MD; Babarinde Fadirepo, MD; Heather Christie, MD

This is a study to investigate awareness of and opinions regarding advance directives in an outpatient primary care setting. The objective is to compare data from patients and providers to develop further hypotheses on this subject. The study will be conducted via anonymous surveys distributed to adult patients and providers at Duke Family Medicine clinic. Outcome measures include the percentage of participants who know what an advance directive is and who have one, reasons why participants might not have one, and opinions on whether having one is appropriate in the context of their particular heath and age. We expect to find that most patients do not know what an advance directive is and that the majority of both patients and providers do not have one.

RP79: The Positive Predictive Value of Baseline Screening Mammograms in Women Ages 35-39

Paul Malick, DO

Context: Although not recommended, many physicians still order a baseline mammogram for women ages 35-39. Objective: Evaluating the positive predictive value (PPV) of baseline screening mammograms in women between the ages of 35-39. Design: Retrospective study reviewing screening mammograms on asymptomatic women ages 35-39 during the years 2004/2005. Setting: WBH. Participants: Approximately 5,000 asymptomatic women ages 35-39 undergoing a screening mammogram between 2004/2005 at WBH. Outcomes: The primary outcome investigated is the PPV of baseline screening mammograms in asymptomatic women ages 35-39. Anticipated Results: Baseline mammograms for asymptomatic women ages 35-39 will have a low PPV for malignancy.

RP80: Improving Physicians' Fitness Levels and Patient Education Via Implementation of a Residency Physical Fitness Curriculum

Christopher Miles, MD; Patrick Renick, MD; Aja Lystila, MD

Context: Physical fitness is an important component of overall health. Residency training programs have not traditionally emphasized the need for attention to personal health measures among their residents and inherently have many barriers to good personal health habits. Objectives: (1) to assess the effectiveness of an exercise and personal fitness curriculum at improving exercise behaviors and fitness of resident and faculty physicians, (2) to determine how often physicians discuss exercise behaviors with their patients and to see if an educational and behavioral intervention with those physicians results in improved performance with their patients. Design: initial screening of physicians' physical fitness and patient education with follow-up evaluations after implementation of a physical fitness education curriculum. Outcomes: Project is ongoing, and outcomes are pending.

RP81: Mi Salud—Mi Vida: Promotora Model for Diabetes Self-Management for Latinos With Diabetes

David Nelson, PhD; Syed Ahmed, MD, DrPH; Claudette McShane, PhD; Melissa Holmquist, MS; Julia Steffen, BS; Lori Cronin, RN, BSN; Tom Pahnke, MS, PT, ATC; Donna Voigt, RN, BSN, MSN. APNP; Kristine Gonzalez, MS, RD, CD, CNSD; Mary Belter, RD; Carla Osterhaus, RN, BSN

Promotora or peer health promoter programs address health disparities of minorities and economically disadvantaged people and improve diabetes education and self-management. Promotoras are lay health care professionals who understand community issues and serve as connectors between community and health professionals. The purpose of this project is to develop and evaluate a promotora training model in prevention and management of diabetes for Latino families. A three-step process was utilized to (1) develop the promotora curriculum, (2) train the promotoras, and (3) test with patients. Development was guided by an iterative CBPR practice that was informed by the literature, community and academic partners, professional stakeholders, and key informant interviews. The resultant 125-page curriculum manual contained information on medical management, nutrition, and physical activity.

RP82: Milwaukee Food and Fitness Initiative: Building a Local Coalition to Reduce Childhood Obesity

David Nelson, PhD; John Meurer, MD, MBA; Heather Ryan, BS; Virginia Zerpa-Uriona, MPH; Lisa Stark, MPH, MS, RD ; Michelle Smith-Beckley, RD; Jennifer Cohn, MLS, CCRC; Tom Knoll, MA; Angelica Rendon, MS; Tracey Carey, BA; Carlos Manriquez, BS; Christopher Simenz, PhD

Childhood obesity rates continue to rise and obesity is connected to poverty. Milwaukee ranks fourth highest nationally for childhood poverty rate with 65% of City of Milwaukee children considered poor or near poor. Development of this project is guided by an iterative community-based participatory research process that was informed by the literature, community and academic partners, professional stakeholders, and community members. A connected four-part process is being utilized to: 1) build a collaborative network; 2) conduct an integrated food and fitness assessment within communities in 3 racially distinct neighborhoods; 3) gather existing data from partner organizations; and 4) analyze the integrated assessment for future projects. Development of a coalition offers potential to understand health concerns and decrease childhood obesity.

RP83: Are We Pill Pushers: Do Physicians Influence the Development of Patients' Narcotic Abuse?

Toyosi Morgan, MD, MPH, MBA; Shaun Grannis, MD; Terrell Zollinger, DrPH; Peter Nalin, MD; Philip Ferguson, MD; Katherine McEwen, MBA, BSN, RN

Physicians report drug abuse as their main concern with prescribing opioid therapy. Our study aims to assess clinician narcotic pain management factors that may be associated with narcotic abuse. We plan to utilize a cohort of patients receiving narcotic prescriptions with a 12-month follow-up period in our

family medicine clinic. Clinician factors will include the type of opiate prescribed, dosage, and quantity; objective physical findings; diagnostic studies; a urine drug screen; clinical diagnoses; and adjunctive treatment. The Indiana State Prescription Monitoring Program will inform the definition of narcotic abuse guided by the APA criteria. We will use logistic regression and other appropriate analyses to identify which clinician factors are associated with a higher likelihood of developing narcotic abuse.

RP84: Are We Doing Too Many Primary Cesarean Section Deliveries?

Adity Bhattacharyya, MD; Suryadutt Venkat, MD, MPH; Kevin Berg, MD

Delivery by cesarean section increases a woman's risk for various complications, compared to a vaginal birth. Based on US data from the CDC's National Vital Statistics Report (September 2006), the rate of total cesarean deliveries for 2004 was 29.1%, which was the highest ever reported in the United States. The primary cesarean section rate reported for 2004 was 20.6%. From 1996 to 2004 there was a 41% increase in the primary cesarean section rate in the United States. This is a retrospective data analysis study that aims to (1) determine the primary cesarean section rates for 2004 and 2005 at CentraState Medical Center, and (2) investigate various factors associated with primary cesarean section deliveries at CentraState Medical Center, including patient demographics, clinical indications, and physician practice patterns.

RP85: Walking the Tightrope Between Bleeding and Clotting: The Effect of Warfarin Protocol on INR Values at West Penn Family Practice

Richa Goyal, MD; Amanthi Chandrasena, MD; Shobha Bhat, MD

Introduction: In 2004, our CQI group did a retrospective analysis of INR control over 1 year among patients requiring anticoagulant therapy with Warfarin at our residency-based practice. The study revealed that INR control (52%) in our practice was comparable with the data reported by other traditional outpatient family practices (52.7%). However, Coumadin clinics had better INR control (59.6%). To optimize our INR control, we implemented a Warfarin protocol developed by Mark Ebell, MD. The goal of this project was to study the effect of the protocol on INR values over 1 year. The study period was from August 1, 2005, through August 31, 2006. Methods: During the study period the practice had 15 patients on Warfarin therapy. All 15 charts were reviewed. A two-sided modified Warfarin flow sheet was used in patient charts at the start of the study period. This flow sheet tracked INR values, doses, and percent changes on the front side and the Warfarin protocol that guided the dose adjustments on the reverse side. A total of 255 INR values that represent all the INR results during the study period were entered into a spreadsheet. The results were analyzed, summarized into graphs, and compared with the data from the year before implementing the protocol in our practice and also with the data from other outpatient practices and Coumadin clinics nationwide. Results: After implementing the protocol in our practice, the percentage of INR values within target range, subtherapeutic and supratherapeutic ranges were 56.8%, 31.76% and 11.38% respectively. No major complications were reported. This was an improvement compared to the data from the practice before implementing the protocol, showing 4.8%, 2.24%, and 2.62% improvement in target range, subtherapeutic and supratherapeutic range values respectively. Our INR control was better compared to other family medicine practices nationwide (INR within target range 52.7%). However, Coumadin clinics had better INR values within target range (59.6%) Conclusion: The Warfarin protocol improved the INR control in our residency based practice at West Penn Family Practice. The INR control after implementing the protocol in our practice was better compared to the data reported by other traditional outpatient family practices. Since the study population was small (n=15), it would be interesting to study the trend after two or three years.

RP86: Neuropsychological Testing and Differences in Return to Play Decisions for Concussed High School Athletes

Christopher Clemow, MD, FACSM; Scott Counts, MD, FACSM

Concussion is a common area of debate among sports medicine physicians, and recommendations for management of concussion have changed significantly over the past several years. Neuropsychologic testing is one area of change. Our institution has designed a study to evaluate the addition of neuropsychological testing data into the decision-making process for concussed high school athletes. First, clinical norms were established by a large survey of sports medicine physicians. Second, undisclosed neuropsychological testing data is to be completed prior to and immediately following return to play decisions for retrospective analysis of its theoretical impact. Plans are in place to evaluate the value of neuropsychological testing of high school athletes, with and without baseline data, as an addition to our prior standards.

RP87: A Longitudinal Community Medicine Rotation for Family Medicine Residents

Annette Gadegbeku, MD

Objective: For family medicine residents to practice community-oriented primary care including (1) identifying marginalized patient populations, (2) assessing the health needs, and (3) addressing the health needs of these populations. Methods: A longitudinal community medicine rotation, consisting of three units, to be completed over 3 years of residency training. Unit two, "Assessing Health Needs," will be pilot tested. Family medicine residents will participate in a 2-week rotation where they will visit various community sites, conduct an individual assessment, and conduct a home visit assessment. Anticipated Results: The residents will have successfully completed an individual health assessment and a home visit assessment in a culturally sensitive manner. They will be aware of social issues that affect patients' health and be able to identify available community resources.

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FELLOWS/RESIDENTS/STUDENTS WORKS-IN PROGRESS RESEARCH POSTERS Cont'd

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am, and 10–10:30 am

RP90: Are We Asking the Right Questions in the Existing Review of Systems—AWARE ROS

Eric Weaver, MD

This project was designed to study the Review of Systems (ROS). At the same time we were exposed to a Practice-based Research Network as a model for future involvement in scholarly activity. A pilot study was completed using previously validated PHQ-2 and SASQ questionnaires for depression and risky drinking as ROS questions. We will present the findings of the pilot study, discuss how this fits into the larger research agenda of the AWARE ROS, and discuss the overall research methodology.

RP91: Newborn Hyperbilirubinemia Web-based Learning Tool

Shomir Banerjee, MD; Thomas Balsbaugh, MD; Sarah Kuestner, MD

Hyperbilirubinemia is a common occurrence in newborns that can rapidly lead to significant morbidity and mortality. Residents in family medicine and pediatrics must learn to evaluate infants with hyperbilirubinemia, determine the risk category, and plan workup and treatment using national guidelines. The goal of this study is to test the utility of a Web-based tool designed to both aid and teach residents involved in decision-making regarding the management of hyperbilirubinemia. The study is in progress and results and conclusions will be available before the conference.

RP92: Postpartum Depression: Steps to Improving Screening and Follow-up

Rashanna Wade, MD; Abbie Jacobs, MD

Postpartum depression (PPD) occurs in 10%-15% of women. Sometimes, PPD is dismissed as a normal or natural consequence of childbirth. Therefore, screening of all mothers during the postpartum period is indicated. In our previous QA/QI study we found rates of PPD approaching 13% after implementation of screening with the Edinburgh Postnatal Depression Scale (EPDS) but also discovered our follow up and tracking of women who screened positive was ineffective. Subsequently, a system was established so that women who screen positive are referred to a psychologist and offered counseling. The purpose of this project is to retrospectively evaluate the outcome before and after a system-wide plan for screening and follow-up of postpartum depression was initiated in our urban setting.

SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008; 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

SP1: Integrating Competency-based Scholarly Work Into a Community-based Family Medicine Residency's Curriculum

Shannon Moss, PhD; Rajasree Nair, MD; Debra Faber, MLS, MS; Tim Lambert, MD

The July 2006 Residency Review Committee requirements state that family medicine residencies "must provide an opportunity for residents to participate in research or other scholarly activities." However, this charge can be daunting for many community-based residency programs that are unaccustomed to including scholarly activities and may not have a number of resources at their disposal. The poster will be provided examples of scholarly activities easily integrated into community-based residencies and instruction in integrating these into a manageable scholarly activity curriculum. Special focus will be given to competency-based tools for resident evaluation.

SP2: Factors Influencing Family Medicine Residency Recruitment

Ginger Boyle, MD; Reetu Grewal, MD; Liu Jonathan, MD

Over a decade has passed since studies were done to identify factors influencing applicants' selection of a specific residency program. In 2005, a Web-based questionnaire was sent to all the US family medicine residencies surveying their residents to determine the top factors that led them to their program. The results showed that location is still the most important reason—specifically, friendliness of the environment. In 2006, a modified Web-based survey was sent to all the US medical schools. Data were collected and compiled. We looked at the top answers in each category to determine if any of these are modifiable. This information may be used to help program directors make improvements to attract and retain desired candidates.

SP3: Curriculum in Quality Improvement for Family Medicine Residents

Donald Briscoe, MD; Terry McDermott, MD; Tiffani Simpson, MD; Judy Paukert, PhD

To address Residency Review Committee requirements for training in the Practice-based Learning and Improvement (PBLI) competency, assist in resident preparation for participation in Quality Improvement (QI) projects both in their future practices and in the American Board of Family Medicine Maintenance of Certification program, and to promote improvement in the provision of medical care in the family medical center (FMC), a longitudinal curriculum in QI is presented for family medicine residents. This curriculum will include a series of lectures/workshops, self-directed study, participation in the implementation of QI projects in the FMC and membership in a hospital-wide QI committee. Critical evaluation will include feedback from residents, faculty, alumni, and external reviewers (eg, Bureau of Primary Healthcare, third-party payers).

SP4: Moments in Medicine

Paul Jackson, MD

"Moments in Medicine" (MIM) is a series of historical vignettes meant to provide residents with examples of achievement or behavior exhibited by physicians from the past. By looking at the accomplishments and character of previous physicians and scientists, I hope to provide residents with heroes or role models that they can emulate in their practice of medicine. In studying these physicians from the past, I have been struck by two common themes: they were good at what they did and they wrote. One reason we know of these physicians from the past is through their literary works. I hope to encourage scholarly work, including writing, in our residents.

SP5: Handheld Computers in Medical Education: The Uniformed Services University Experience

Mark Stephens, MD; Pamela Williams, MD; Scott Strayer, MD, MPH; Ken Yew, MD

In 2000, the Uniformed Services University embarked upon a program to equip all matriculating students with personal digital assistants (PDAs) to facilitate medical education. Since that time, more than 1,250 devices have been distributed to students. We surveyed all individuals who received a PDA from the university to determine their frequency and pattern of use. Half of those surveyed do not use the device provided to them. A vast majority (more than 80%) do not password protect their data. The most commonly used applications include pharmaceutical references, general medical references, medical calculators, and personal time management software. Patterns of use were the same among students, residents, and staff. All respondents wanted more formal training to learn how to better utilize their PDA in the clinical setting.

SP6: Participatory Action Research for Obesity Prevention

Anita Webb, PhD; Richard Young, MD

Participatory action research (PAR) is based on the principles of empowerment, supportive relationships, social change, and ongoing learning. PAR promotes community involvement in research design/process and is increasingly used in medical settings. We are conducting a 3-year PAR project to prevent childhood obesity in third graders (79% African American, 19% Hispanic). We have sought community involvement through relationships with school personnel, parents, and the children. The formal mechanism for community input has been school advisory groups and separate focus groups with parents and children. We will describe the project, the successes and struggles, and the outcome data from the first year of measurements. We will also encourage a discussion about relationship-building and empowerment in this type of research setting.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008; 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

SP7: An Experiential Approach to Orienting First-year Residents to Whole Person Care

Serena Gui, PhD; Timothy Spruill, EdD; Walter Vyhmeister, PhD

Changes in the health care system resulting in more acute visits and fewer regular physical exams have made it harder for physicians to deliver care that is holistic. This frantic pace leaves little time for promoting patient compliance and addressing health promotion/disease prevention. A re-orientation of a mind set to view patients as an integrated whole with different dimensions interacting together will be the focus. Information about the whole person care approach to treatment with support of research data will be given, along with participation in an exercise to experience how the whole-patient care concept is conveyed. Discussion will follow for attendees to solidify concepts that are workable in their own settings.

SP8: Elegant Evaluation Design in an Inelegant Educational World

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

Medical education is awash with interesting and challenging problems borne of our curricula, professional mandates and expectations, the ever-changing landscape of medical knowledge, and the needs of the patients and communities we serve. In response, we develop innovative solutions to these thorny educational problems. These solutions include well-designed interventions, for example: balanced pretest and posttest with control groups, thorough programs of formative and summative evaluation, and exciting applications of educational technology. The reality of implementation impinges on the best of designs in ways that often change those designs significantly. This poster will present a case study of how one such "elegant design" was modified to meet the constraints of an inelegant educational environment. We highlight the role of design in the practical world.

SP9: The Curricular SOAP Note: A Clinical Tool for Curriculum Evaluation

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

Learner evaluations can provide useful information to help direct curriculum improvement or improvement of the educational environment. Unfortunately, most learner assessment focuses solely on the student as "the problem." Medical faculty need tools to expand their understanding of learner assessment data. This poster will present one such tool, the curricular SOAP note, based on the clinical SOAP note format. This project is supported by HRSA Grant #D 56 HP05214.

SP10: Family Medicine Residencies: Improving and Proving Quality, Safety, and Error Reduction

Judith Gravdal, MD; Stuart Goldman, MD

Attention to quality and patient safety has made hospitals, physicians, and the public aware of the variety and frequency of medical errors. Strategies to reduce medical error have been developed. The impact of resident involvement in quality and safety initiatives has not been well studied. Too often, institutions "tolerate" rather than "integrate" GME into quality, safety, and error reduction efforts. Measuring the value residencies add to quality and safety in our sponsoring institutions is important. The AIAMC's National Initiative is exploring how "resident involvement is not only desirable but necessary to maximize patient safety." The literature will be reviewed. Ongoing projects will be discussed. Participants will share their experiences, develop possible projects, and identify strategies that will facilitate integration with their home institutions.

SP11: Teaching Medicolegal Recommendations in Sports Medicine to Family Medicine Residents: Writing Sample Office Policy

David Kolva, MD; Jason Matuszak, MD; Todd Lorenc, MD

As a required project in our PGY-3 Practice Management curriculum, the family medicine residents who are interested in sports medicine are assigned to read a review article on medicolegal concerns for athletic trainers and sports physicians. The residents are challenged to write sample office policy and procedure statements to put the author's recommendations into everyday practice. The supervising faculty helps crystallize the resident's analysis into workable office policy. Two examples are presented with the process annotated from initial brainstorming discussions to finished product. The residents gain insight into the policy-making process. This project also stimulated thoughts for future private practice business models.

SP12: Spreading the Wealth and Sharing our Scholarly Work: An Annual Colloquium in a Family Medicine Department

William Shore, MD; Christine Dehlendorf, MD; Kevin Grumbach, MD

Our urban family medicine department has a vast diversity of academic work being conducted by faculty and staff, including research, clinical, administration, community advocacy, and volunteer work. Residents regularly request information about these departmental activities. In 2005, with the support of the department chair, we developed a half-day Colloquium. The program committee, composed of faculty, residents, and staff, developed a call for proposals, created categories for presentations and posters, selected plenary speakers, and implemented a successful conference. Our poster will describe the annual colloquium and recent evaluations. The colloquium is an opportunity to display our scholarly work for our students, residents, and the medical school. It has become a source of departmental pride and morale enhancement and provides leadership development for residents.

SP13: Implementing the New Musculoskeletal and Sports Medicine Curriculum Guidelines

Eugene Hong, MD; Diana Heiman, MD; Thomas Trojian, MD, MMB; John Turner, MD; Jon Woo, MD

The presenters have been asked by the American Academy of Family Physicians to update the residency curriculum guidelines in the areas of musculoskeletal medicine and sports medicine curricula. The authors are also members of the STFM Working Group on Sports Medicine. While we are all challenged by shrinking resources and increasing demands on faculty, programs, and departments, the Residency Review Committee (RRC) requirements in the areas of musculoskeletal and sports medicine training have actually doubled in terms of required hours. As faculty members with a special interest in these areas, we applaud the RRC revisions but recognize the challenges; all of us are responsible for designing and implementing this curricula area for our own programs (which span the spectrum from community based to university affiliated to university based).

SP14: Breastfeeding Promotion: Preparing Residents to Meet the Challenge

Jennifer Griffiths, MD

Breastfeeding has clearly demonstrated benefits to the health of mothers, babies, and communities. In the United States, breastfeeding rates lag well behind the Healthy People 2010 goals. Family doctors are ideally suited to promote breastfeeding since we provide prenatal care, deliver, and take care of moms and babies. However, education about the benefits of breastfeeding and about how to encourage and support it may not be a part of medical student or residency curriculums. Come share ideas about how to turn family medicine residents into breastfeeding advocates and enthusiasts.

SP15: Assessing Research Training in Fellowships Available to Family Physicians

Shannon Bolon, MD; Robert Phillips, MD, MSPH

Strengthening fellowship research training may improve the quantity and quality of research performed by family physicians. This study has two objectives: (1) identify fellowship programs available to family physicians and (2) determine characteristics that may influence research curriculum quality and sustainability. A survey on program history, funding, research curriculum and requirements, and obstacles to expanding research activity was sent to 369 identified fellowship directors via e-mail. Results will be presented to the North American Primary Care Research Group Committee on Advancing the Science of Family Medicine in October 2007. Future directives determined by this discussion will be presented.

SP16: Increasing the Child and Adolescent Patient Population in an Academic Family Health Center

Alexandra Loffredo, MD; Jenitza Serrano-Feliciano, MD

Family physicians who practice and teach in academic practices often struggle to maintain the age diversity among patients needed to educate our residents. Therefore, we must redesign our Family Health Center (FHC) practices to obtain an acceptable percentage of pediatric-aged patients. Over the past 2 years, we have developed and implemented a number of strategies for attracting and retaining child patients at our urban, academic FHC. These strategies have doubled the amount of pediatric care our residents provide, allowed us to better serve our patients and their families, and enhanced our clinical productivity. This poster will describe these methods and provide outcomes of our efforts to transform our adult-centered medical practice into an age-diverse and family-centered medical home.

SP17: FPIN: Scholarly Activity for Faculty and Residents

Sean Gaskie, MD, MPH

The Family Physicians Inquiries Network (FPIN) is a national, not-for-profit academic consortium dedicated to using information technology to improve health care. The FPIN consortium provides a variety of opportunities for publication such as the Clinical Inquiries, writing for the handheld, and authoring Help Desk answers. We work with programs to find a publication venue that works best for them to enhance faculty development and resident research. FPIN represents an outstanding resource for family medicine education programs, helping residencies fulfill the Accreditation Council for Graduate Medical Education competency requirements.

SP18: Development of a Medical Genetics Curriculum in the Family Medicine Clerkship

Kent McKelvey, MD; Sarita Prajapati, MD, MPH

In recognition of the emerging importance of genetics in clinical medicine, we, at the University of Arkansas for Medical Sciences, developed a novel curriculum to educate junior medical students regarding unique aspects of genetic tests. Implications for medical genetics include an ever-expanding role in preventive medicine, but responsible application requires critical thought into the ethical, legal, and social issues created by molecular genetics. Our interactive, online curriculum is designed to accommodate students across multiple sites using topic-based asynchronous discussion and to stimulate critical thinking in the process. Inclusion of this project into the required curriculum of the third year family medicine clerkship serves as a crucial step in the incorporation of genetics into our specialty's tool kit.

SP19: A Comprehensive Certification Checklist for Musculoskeletal Injections

Steven Roskos, MD

Certifying the competence of family medicine residents in office procedures is crucial and challenging. I developed and tested a detailed one page (front and back) checklist for five common musculoskeletal injections. The checklist is used when performing the injection on a real patient. It assesses all aspects of the procedure, including appropriate indications, contraindications, informed consent, equipment, post-procedure instructions, coding, and billing. In addition, the checklist directly addresses five out of the six Accreditation Council for Graduate Medical Education competencies. In a pilot test, five out of the nine residents who attempted certification with the checklist passed. All of the faculty and most of the residents who used the checklist found it an effective teaching and evaluation tool. Any residency program can adapt this checklist to fit its unique needs.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008; 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

SP20: Faculty Development and Resident Research Made Easy With FPIN—A Success Story

Paul Crawford, MD; James Whitworth, PhD

Are you ready to learn how to successfully increase the number of publications produced by your program and strengthen faculty development and resident research? This session will provide first-hand experience on how our program did just that. In 2005, Eglin AFB Family Medicine Residency joined FPIN. We developed a plan for training our faculty to complete clinical inquiries (CIs), mentor residents, and complete CIs with residents. Since then, our faculty and residents have published 12 CIs and have 12 others in process.

SP21: Developing Benchmarks for Family Medicine Residencies: A Nationwide Collaborative

Beth Damitz, MD; Connie Kinnee, BS; Judy Payne, MS

Benchmarking, the process of identifying best practices, enables a program to evaluate how "good" its clinical or operational outcomes are in comparison to peer organizations. Best practices among family medicine residencies are largely unknown. To fill this need, a new data-sharing collaborative, the Family Medicine Residency Clinical Consortium (FMRCC) was developed and conducted its initial pilot survey among participating programs in fall 2006. Since then, three surveys have been conducted, and the number of participants has increased to nearly 50 programs. Purposes of this session are to summarize results of the FMRCC surveys focused on panel management and diabetes care, to review plans for future surveys, discuss best practices, and to invite nonparticipating residents to consider joining the collaborative.

SP22: FPIN: Engaging Faculty, Residents, and Medical Students to Publication

Melissa Stiles, MD; Vincent WinklerPrins, MD

The Family Physicians Inquiries Network (FPIN) has three publishing projects for which faculty, residents, fellows, and students can serve as authors and disseminate their scholarly work broadly. Through the PEPID project specifically, there is an opportunity for physicians, residents, and medical students to experience the writing and editorial process through to publication. The concise, outline format makes writing for the PDA less onerous than full text documents in print textbooks. Authorship places a heavy emphasis on the concise synthesis of the most current, practical, and evidence-based information available.

SP23: "You and Your Baby!": A Resident-run Postpartum Support Group for Young Mothers

Susanna Magee, MD; Jordan White, MD; Nirali Bora, MD; Sarah Morchen, MD; Julie Taylor, MD, MSc

Teen pregnancy is common; young mothers have unique post-partum needs. A group of residents and faculty have developed a support group for 10-15 postpartum patients ages 15-20 to share experiences, build confidence in parenting, and enhance physical and emotional well-being. Our group aims to promote healthy coping mechanisms, new friendships, and awareness of local resources through monthly discussions led by residents at our clinic on topics from child health to contraception to postpartum depression. We are creating a safe space that fosters independence, promotes self-esteem, and enables new mothers to learn from each other as well as from health professionals. Before and after surveys on confidence in parenting, contraceptive use, self esteem, and depression will assess the impact of this innovative group on postpartum care.

SP24: Survey-directed Revision of Family Medicine Residency Didactic Curriculum

Jill Fenske, MD; Joel Heidelbaugh, MD; Larry Gruppen, PhD

Introduction: The University of Michigan Family Medicine Residency didactic curriculum was traditionally coordinated by residents. Under this model, the quality and topics covered were not consistent. We have conducted a needs assessment to provide direction for a new didactics model. Methods: We surveyed current residents and recent graduates and reviewed Residency Review Committee requirements and in-service exam scores. Results: Needs include: (1) interactive or case-based presentations, (2) faculty oversight of scheduling, with resident input, (3) practical "core" topics, with more pediatrics, sports medicine, EKG reading, and community medicine. Recommendations: (1) continue faculty oversight, (2) move toward a topic-based curriculum, (3) encourage more interactive sessions, (4) include more core topics as identified above, (5) experiment with innovative approaches to deliver didactic education.

SP25: Evaluating a New Residency Medical Home Curriculum: A Mixed Methods Approach

Karen Schifferdecker, PhD; Tina Kenyon, MSW

Purpose: A new medical home curriculum for residents required new evaluation tools. This poster presents a mixed methods approach that evaluates process and outcomes of the curriculum. Importance to Family Medicine: As family medicine integrates the concepts of medical home, effective measures to assess progress are necessary. Quantitative and qualitative data (mixed methods) provide a multidimensional approach to this complex task. Description of innovation: Presenters will outline unique medical home-related tools such as a pre/post questionnaire, a focus group guide, observations of patient interactions, and care plan development. Summary of preliminary data: Results suggested that medical home concepts were being lost in individual educational components. Adjustments in curriculum design and faculty development have improved this. Observations have established baseline assessment measures for future learners.

SP26: Areas of Concentration Increase Scholarly Activity—A 15-month Experience

Brian Crownover, MD; Paul Crawford, MD

Introduction: Accreditation Council for Graduate Medical Education requirements call for family medicine programs to demonstrate scholarly activity. Project Planning: After a 6-year survey of local resident research revealed only one national publication, we adopted a scholarly activity track based on areas of concentration (AOCs). Description: Residents selected a topic and submitted proposals detailing learning objectives, two elective month options, journal club presentations, CME opportunities, and either presentation at a regional/national meeting or publication in a peer-reviewed journal. In conjunction, writing workshops were given to teach national publication writing skills. Outcome: Six of seven eligible PG3 residents and seven of seven PG2 residents chose the AOC track. In the subsequent 15 months, residents completed 12 peer-reviewed papers or national presentations. Conclusion: AOC tracks are an effective way to encourage resident scholarly activity.

SP27: Meeting Health Education Needs of Uninsured Patients: Project Understanding: Patient Education for Improved Health Literacy

Susan Labuda-Schrop, MS; LuAnne Stockton, BA, BS; Ellen Whiting, MEd; Brian Pendleton, PhD

Community sites that provide care for uninsured patients have articulated the need for low-literacy level, understandable written patient education materials. In response to this need, the Ohio Academy of Family Physicians Foundation and the Department of Family Medicine at Northeastern Ohio Universities Colleges of Medicine and Pharmacy, in collaboration with the Ohio Association of Free Clinics, developed and implemented "Project Understanding: Patient Education for Improved Health Literacy." The initiative was funded in part by a grant from the American Academy of Family Physicians Foundation. This poster will describe the components of the project, present materials developed through the initiative, and describe evaluation results.

SP28: Hormonal Contraception—Evaluating Risks, Benefits, and Safety

Susan Rubin, MD; Christine Dehlendorf, MD; Ruth Lesnewski, MD, MS

We have all met the patient who abruptly stopped using her contraceptive patch after hearing a news report of a young woman who suffered a stroke—we have felt unsure how to counsel a woman who asks about depot progestin's effect on bones—and we may not know how to answer a resident's question about which generation of estrogen/progestin is the best one to prescribe. Myths and misperceptions about risks associated with hormonal contraception can lead women and their physicians to restrict contraceptive choices unnecessarily. We will review the evidence on safety of various hormonal methods of contraception, including pills, patch, and injectables. We will also review methods to evaluate risk (absolute, attributable, relative) and to discuss risks with students, residents, and patients.

SP29: Options Counseling in Early Pregnancy: A Model for Teaching and Evaluation Using an OSCE

Linda Prine, MD; Sarah Morrison, MD; Honor MacNaughton, MD

Counseling women regarding their options when faced with an unintended pregnancy is an important skill for the family physician and is now a required component of the revised Residency Review Committee requirements for the gynecology curriculum. Physicians must be prepared with up-to-date knowledge of pregnancy termination methods, have sensitivity to the complex factors that influence women's decision-making, and have skills to deliver patient-centered counseling in a nonjudgmental fashion. Residency programs will need teaching and evaluation tools to meet this competency. The poster will demonstrate how an OSCE is a valuable tool in evaluating counseling skills and fund of knowledge in this area.

SP30: "Make It Count"—Using Online Quizzes to Boost Student Preparation for Small-group Sessions

Tamara Gutierrez, MD; Larry Hurtubise, MA, BS, BA

Evaluations of small-group activities in our preclinical behavioral science curriculum showed that student preparation was consistently identified as a problem by students and facilitators alike. To address this issue, we created brief, open-book online quizzes before each small group to cover the assigned material for that session. Results: Based on both facilitator and student feedback, students came to class better prepared, discussions were more sophisticated, and both students and facilitators reported more satisfaction with small-group activities. Facilitator ratings of student preparation improved from 4.28/5 to 4.47. In addition, student performance on the exams appears to have improved. Conclusion: Simple online quizzes worth a small percentage of the students' grade are sufficient motivation to achieve marked improvement in small group preparation and productivity.

SP31: The Medical Home for the Underserved: Testimonials From Our Patients

Victoria Gorski, MD; Patricia Lebensohn, MD; Monique Davis-Smith, MD; Eliana Korin, DiplPsic; Charles Mouton, MD, MS

The term "medical home" was first used in pediatrics in 1967 to describe the ideal medical practice for children with special health care needs. In 2002, the concept was revised by the American Academy of Pediatrics to describe the medical home as accessible, continuous, coordinated, family-centered, comprehensive, compassionate, and culturally competent. One of the Group on Minority and Multicultural Health Care's goals is to identify the special attributes of the medical home for underserved populations. The group hypothesis about what are the unique needs of underserved populations will be shown and testimonials of patients of diverse backgrounds regarding the meaning of the medical home will be presented in the form of interviews, letters, and video clips.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION 1: Thursday, May 1, 2008; 5:30–7 pm and Friday, May 2, 2008; 10–10:30 am

SP32: FPIN: CCHS Met the RRC Requirements, So Can You!

Jennifer Naticchia, MD

Our poster demonstrates CCHS residency program's success in engaging faculty and residents to submit publications for the Family Physicians Inquiries Network (FPIN)/PEPID project. This ongoing process entered its fourth academic year in July. Year one, 87.5% of the faculty published an article; year two, 37.5% of faculty coauthored a second article with a resident (25% of the residents); year three, another 25% of residents published an article through a 6-week curriculum. Sports medicine faculty managed, co-authored, and edited these submissions. In consideration of the RRC requirement that all family medicine faculty and residents produce scholarly activity, this coordinated and succinct method promotes publication of evidence-based medicine in accordance with the future of family medicine.

SP33: Developing Resident Competence in Practice-based Learning and Improvement Via Experiential Learning on CQI Teams

Victoria Gorski, MD; Alice Fornari, EdD, RD

Montefiore's residency in family medicine, whose mission is to train family physicians for practice in urban underserved communities, trains 30 residents in continuity care at two family practice centers. The residency was awarded Title VII funds in July 2005 to create an educational environment in which residents could demonstrate competence in the Accreditation Council for Graduate Medical Education domain of practice-based learning and improvement. The clinical foci, care for people with diabetes and smoking cessation, were chosen because they relate to Healthy People 2010 objectives. The poster will outline faculty development and describe the first year of the project and its evaluation.

SP34: Narrative Writing in an Introduction to Clinical Medicine Program: Understanding Professional/Humanistic Development of Medical Students

Mimi McEvoy, MA; Daniel Myers, ACSW; Susan Coupey, MD

Narrative writing can help medical students understand their developing roles as professionals. In ICM, we require first-year students to write an essay analyzing an event that enhanced their understanding of the doctor-patient relationship. Faculty have urged us to share these essays with others. Our objective was to select, publish, and disseminate the best of these essays. We developed a project to blind review, select, and edit the best of students' essays (n=432), resulting in consensus to publish 41. Emergent themes determined chapter divisions: Art of Communication, Stereotyping and Bias, Role Models, Patients as Teachers, Caring and Compassion, Professional Ethics, and Personal Growth. A compilation of students' reflections on their first patient experiences identifies how students perceive links among professionalism, humanism, and the practice of medicine.

SP35: Group Visits: Improving Smoking Cessation in Pregnancy

Dale Patterson, MD; Nicole Boersma, MD

Smoking during pregnancy is known to be hazardous to the mother and her baby. Despite this, up to 25% of women continue to smoke in the third trimester in some settings. This session will briefly review the data available about smoking in pregnancy and its deleterious effects on patients and society. Fortunately, several methods to help patients quit smoking have been shown to be beneficial. These methods, which the presenters have introduced and taught in a family medicine residency program, will be discussed. In particular, the use of group visits in a residency clinic will be presented. The process by which this intervention can be implemented in a residency clinic setting will also be explored.

SP36: Keeping Complex Patients in Their Medical Home: How to Give and Receive Consults

Portia Jones, MD, MPH; Jennifer Tessmer-Tuck, MD; Cindy Anderson, MD

As family physicians, we often need to consult specialists. Giving patients the best of primary care and the security of a medical home while assuring them the best speciality care can be challenging. An area of particular concern is the care of obstetrical patients. We will present the literature about the consultative relationship and review strategies for optimizing patient care while getting the most out of consults. We will provide tools for improving this key part of patient care. Although we will use examples from obstetrical care, since this is an area of heightened conflict for many family physicians, the tools can be used in any consult situation.

SP37: Password Management Tool for PDA

Janet Reschke, BS

Physicians frequently use multiple electronic systems containing PHI, along with a myriad of other electronic systems, often with different user names/passwords for each. Secure management of these logins/passwords is a challenge. New family medicine residents are inundated with logins/passwords during their orientation. These electronic systems are needed to access patient records, log procedures, access schedules, access curriculum materials, look up online information for patient care, and the list goes on. Because residents of the University of Wisconsin Department of Family Medicine are required to have PDAs, an encrypted PDA database was developed for password management. This is given to residents when they first arrive for orientation. Evaluation data is currently being collected which will drive the direction of this pilot project.

SP38: Cinema as a Pedagogic Tool for Teaching Family Medicine Paradigms and Models of Medical Care

Patricia Lebensohn, MD; Agustina Pinero, MD

This study evaluates the pedagogic value of the use of parts of the movie "Yesterday" as a learner-centered tool for a graduate course on "Paradigms in medicine and models of medical care." Quantitative data were collected through a survey of 100 health care providers that took the graduate course through a closed survey. Narrative data were collected through eight focus groups in which the students were encouraged to describe their learning experience.

The survey showed that the movie clips promoted reflection about the learners own practice in 89% of the participants, and 84% of the participants identified a high relationship between the film and the subject of the seminar. The focus groups confirmed the survey results.

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am and 10–10:30 am

SP39: Herbal Remedy Use in a Mexican-American Community

Abigail Love, MD, MPH

Mexican-American patients use herbal remedies at a higher rate than the general US population. Use often goes unreported to providers. This project investigates herbal remedies utilized by the Mexican-American patients of a primary care clinic in Chicago. The project design consists of six components: an initial provider survey, investigation of community resources, presentation of herbal information on office posters, conducting a patient survey, creation of a provider pocket reference, and completion of a provider satisfaction survey. This project will identify the most popular herbal remedies, outline their efficacious and harmful uses from the available medical literature, and educate both patients and providers. Ultimately this project will increase cultural competency, improve patient and provider communication about herbal remedies, and enhance medication safety.

SP40: Family Medicine in Palliative Care: Developing Medical Communication in a General Hospital Training

Pablo Blasco, MD, PhD; Marcelo Levites, MD; Thais Pinheiro, MD; Caue Monaco, MD; Sergio Lomelino, MD

Doctors don't receive formal training in communication skills and other essential aspects to treat palliative patients, like pain treatment and giving bad news, which makes them uncomfortable to do this kind of care. Family medicine's philosophy promotes doctors that have the objective to improve heath and quality of life. Family doctors use communication as a tool in patients' and family care. We can use these communication skills to obtain a better approach with specialists. Using these skills, SOBRAMFA (Brazilian Society of Family Medicine) is working to improve doctor-to-doctor communication. This experience happens in a private general hospital in São Paulo, Brazil. The family doctor from the Palliative Team does doctor-to-doctor communication and coordinates the medical team, providing better care to the patient.

SP41: Extreme Journal Club: An Innovative Model to Make EBM Energetic and Clinically Applicable

Curtis Gingrich, MD; Miriam Chan, PharmD

Journal club is a common tool used in many residency programs. Frequently these learning sessions lack energy, clinical applicability, and the statistical discussions are intimidating for both faculty and learner. Our residency has created a journal club that addresses these issues. This session will begin with a discussion of the transformation and integration of journal club into the existing curriculum, followed by a group activity demonstrating the methods used. Upon completion, participants should be able to begin the process of transforming their journal clubs into one that helps meet the Accreditation Council for Graduate Medical Education requirements for medical knowledge and practice-based learning and improvement, has energy, and effectively teaches residents the core concepts of evidence-based medicine in an active learning environment.

SP42: Polish Medical Students' Experience in Family Medicine Brazilian Course—Development of Multiculturalism Skills

Pablo Blasco, MD, PhD; Marcelo Levites, MD; Graziela Moreto, MD; Bruce Alperstein; Ricardo Cypreste; Joanna Matyjaszczyk; Michal Matyjaszczyk

Multiculturalism and leadership are needed skills for the future family doctor. Special programs development to enrich these goals are helping our futures family doctors understand other cultures. SOBRAMFA—Brazilian Society of Family Medicine development since 2003, is a program for medical students around the world to be in contact with other cultures and discuss topics in family medicine core values. Last August, four medical students of the University of Lodz, Poland had this International experience of 1 month support by SOBRAMFA. After an evaluation, some bullet points: the importance of understanding was a part of the family medicine family around the world, the necessity of educational leaders in family medicine, the global necessity of narratives, and mindful practice share experience.

SP43: Utilizing an Electronic Educational Platform to Assist Rotation Directors With Resident Teaching and Learning

Emily Godfrey, MD, MPH

Electronic learning resource programs can assist rotation directors with rotation components, including schedules, readings, evaluations, and knowledge-based quizzes. Black Board Academic Suite™ is a network learning technology and has been implemented in a PGY-2 family medicine gynecology rotation to enhance resident learning. From any computer, residents can review course schedules, objectives, and required reading. This electronic program also houses required knowledge-based quizzes, as well as links to Web-based slide presentations and video programs. The program tracks how frequently a user enters the site, and directors can easily post articles, new links, or announcements. This poster will describe a 1-year experience with this innovative teaching tool in regard to resident satisfaction, frequency of use, and how use correlates with improvement of pre- to post-rotation quiz scores.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am and 10–10:30 am

SP44: Redefining Models of Care: Teaching Quality Improvement Skills and Teamwork to Interprofessional Learners

Kristen Deane, MD; Amanda Allmon, MD

Because chronic disease management is complex and involves several care providers, it is crucial that physicians are comfortable providing care within an interprofessional team. To provide safe, efficient, and patient-centered care, teams must be involved in continuous quality improvement (QI). Often students and residents lack basic QI skills and experience working with other health care professionals. During this session, we will review the Achieving Competence Today QI curriculum and how it evolved to include medical students within our institution. We will discuss the knowledge acquired from the program and its use in the development of our residency QI curriculum. The goals of this longitudinal curriculum include teaching QI skills, exposing learners to diverse care teams, and reinforcing the importance of patient-centered care.

SP45: Using Incentives to Recruit and Retain Maternity Care Faculty

Richard Lord, MD; Ann Hiott, MD; Shahla Namak, MD

In 1997, the Residency Review Committee instituted new requirements for maternity care training in family medicine residencies. In 2002, 51% of programs received citations for maternity care issues. Fifty-eight percent of programs seeking faculty to meet these requirements report difficulty in recruiting faculty. Incentives are one way to attract faculty who perform maternity care. This session will provide the opportunity for participants to learn the basic economic theory of incentives, to here the story the of the year-long development of an incentive program from the point of view of the director of maternity care, a junior and mid-career faculty member. Participants will also discuss in small groups possible incentives available at their programs and the barriers to instituting them.

SP47: Exodus to Ambulatory Training: Tales from a P4 Program

Lisa Maxwell, MD; Jennifer Naticchia, MD

Background: After nearly 40 years of stagnant curriculum, there is a need for change in graduate medical education. Our program is leading this transformation by embracing the concept that family physicians are experts in ambulatory care. Our innovative curriculum is redefining the traditional training paradigm to prepare residents to practice 21st-century medicine. Purpose: This presentation will discuss the process of redesigning a curriculum with increased ambulatory emphasis. We will share the successes and challenges encountered during the implementation of several elements of our curriculum. We hope the dissemination of our early work will help to guide other programs seeking to transform themselves and contribute to the overall transformation of family medicine graduate medical education.

SP48: Reinventing a Residency—The Duke Experience

Viviana Martinez-Bianchi, MD; Brian Halstater, MD; Victoria Kaprielian, MD; Samuel Warburton, MD

In April 2007, after a year of not recruiting residents, the Duke Family Medicine Residency Program announced a new residency design. This poster will focus on the steps taken to redesign the residency program, the difficulties and successes encountered while implementing the new curriculum, and the lessons learned during that implementation. Student interest in the new program, application rates, results of the Match, and evaluations of the new program to date will be shared. Attendees will be encouraged to participate and discuss their experiences on issues of innovation, curriculum change, and student interest in different models of family medicine training.

SP49: IUDs—What You Need to Know

Marissa Harris, MD; Emily Jackson, MD; Marji Gold, MD

Intrauterine contraception has been established as a safe and reliable form of contraception. Although widely used internationally, usage within the United States remains at 1%. Its use has been limited by misconceptions about its role in pelvic inflammatory disease, ectopic pregnancy, and infertility. We have reviewed the evidence regarding the use of IUDs in these and other clinical circumstances to address the common myths limiting its use.

SP50: Home Visits and Collaborative Care—Educating Primary Care Students in the Community

William Cayley, MD

Primary care requires extending accessibility of the medical home beyond the clinical encounter to include comprehensive, longitudinal care for patients in the context of their life situations and working with other caregivers to coordinate appropriate supportive services to patients. Incorporating educational experience addressing these dimensions of primary care into medical students' clinical rotations is vital if students are to gain a full appreciation of the challenges, opportunities, and rewards of working in primary care. This poster describes the collaboration between a family medicine residency and a team-based Medicare HMO incorporating primary care medical students into home visits with patients. This experience has broadened student perceptions of primary care, exposed students to team-based in-home care, and yielded insights for future refinements of the home-visit experience.

SP51: Efficiency of Cancer Screening Rates Utilizing a Modified Jog Sheet

Shawn Holaway, PharmD

Southwest Georgia cancer rates are 35% higher than the state average. When cancer screening rates were evaluated, the need for a jog sheet was established. The purpose of this retrospective chart review is to determine the cancer screening rates and to analyze the efficiency of a modified cancer screening jog sheet that was created and implemented. Results from previous year detailing the efficiency of cancer screening determined the basis of this study. Data collected consisted of non-identifying patient data over a 7-month period. Results computed on cancer screening efficiency rates based on sex were compared in charts with and without the CSJS. We will use these results to educate our students and residents to the new model practice, patient-centered home.

SP52: Using a Logic Model to Evaluate the Outcomes of a Health Disparities Faculty Scholar Program

Janet Townsend, MD; Alice Fornari, EdD, RD; Sherenne Simon, MPH

A federally funded program was designed to enhance faculty skills and increase publications in educational research in health disparities among clinician educators at an urban family medicine department. It included workshops for faculty and supported several faculty fellows annually to participate in ongoing seminars, project mentoring, and modest protected time to complete a project. Overall, the project has been successful; most fellows' projects will result in published papers. However, unexpected barriers impeded fellows' progress. At the completion of the second year, the project faculty used an outcomes logic model to assess progress toward short- and long-term goals and expected outputs, allowing the team to assess the approach and expectations behind the program's structure, barriers, and facilitating factors, to improve the program.

SP53: GIRLTALK: Girls in Real Life Tackling a Livid Killer: Minority Girls Talk Back to HIV/AIDS

Andrea Speedie, MD

GIRLTALK: Girls in Real Life Tackling a Livid Killer: Minority Girls Talk Back to HIV/AIDS is a conversation-style class for teen girls founded by a Columbia family medicine resident in 2002. The program is designed to educate and empower adolescent women of color around issues of sexual health and to create a group of peer educators. Due to the interests of the students, the program has evolved to address basic anatomy, healthy sexual relationships, the right to health care, STIs, and birth control, in addition to HIV/AIDS. Three years ago, the program expanded to include GUYTALK, a program based on the same model for teen men. These programs continue as resident COPC projects with regular classes now involving minority medical students as teachers.

SP54: Equipping Residents and Faculty for Effective Team Communication in the Hospital Setting

Deanna Willis, MD, MBA

Effective communication of teams in hospital settings is an essential element to the quality and safety of patients in the medical home. This poster will demonstrate effective and non-effective team communication while teaching attendees communication techniques that include partnering with the patient, assertiveness challenges, "SBAR", and check backs.

SP55: Mapping Diabetic Patients' Outcomes Against the Environment—The UWDFM Experience

Alex Young, MD; Joe Skariah, DO, MPH; David Simmons, MS

Context: Environmental factors are an important determinant of health that are underappreciated. Purpose: To give health care providers a tool to better understand their practice community through visually depicting disease distribution for diabetes in relation to the environment. Methods: A diabetes registry from the University of Wisconsin-Madison Family Medicine Residency was geocoded along with enviromental information including bus lines, distance to clinic, bike routes, grocery stores, etc. Also mapped were quality measures, ie, utilization of primary care services and A1C levels. Results: Maps will be displayed that depict utilization trends of patients with diabetes and environmental factors that affect their care. Conclusions: Health GIS mapping provide a useful tool for developing patient-centered community-oriented primary care interventions and strategies based on environment.

SP56: Problem-based Learning Cases for Assessment of Resident Knowledge and Clinical Decision Making

Michael King, MD; Andrea Milam, EdD, PT

Residency programs face the ongoing challenge of assessing new and current residents with regard to their knowledge and decision making skills in family medicine. Varied medical school training among new residents poses a unique challenge for residency programs to be certain that a learner is ready to face the challenges of family medicine training ahead. The presentation demonstrates the use of problem-based learning "cases" for common conditions or presentations in the inpatient and outpatient settings to assess resident learners' knowledge and ability to assess a patient scenario, consider a differential diagnosis, and initiate an evaluation and management plan appropriately to care for a patient. Results of the exercise are utilized as an initial assessment as well as reassessment of residents' development along these areas.

SP57: Methods in Family Medicine Education Training Program: Promoting Family Medicine Education in Japan

Rebecca Malouin, PhD, MPH; Vincent WinklerPrins, MD

Purpose: The purpose of the Methods in Family Medicine Education Training Program is to provide Japanese clinicians with an opportunity for self-directed study of family medicine training and medical education in the United States. Importance: The mission of the program is to support the development of family medicine education and primary care in Japan. Description: Japanese physicians are accepted to study as visiting faculty members within the Department of Family Medicine for a period of 6 to 12 months. Evaluation and Implications: Twelve scholars have participated in the program since 1996, and many have become emerging leaders in family medicine and primary care in Japan. A formal evaluation of the program is planned in 2008.

SP58: The Integration of Simulation-based Curriculum Into Clinical Education and Assessment

George Harris, MD, MS

Purpose: Implement simulation-based patient care exercise to improve performances of critical clinical tasks, communication with members of a health care team, and self-assessment of one's decision-making. Methods: Interns participated in a simulation-based exercise applying ACLS concepts and skills as a patient's clinical status deteriorates. Using checklists, the interns were assessed on formulating hypotheses, responding to decisions, identifying clinical complications, and communicating with the health care team. Interns also performed a self-assessment of their performance, communication, and decision-making skills. Conclusions: Simulation can reinforce ACLS training and improve interns' clinical skills, communication, and decision-making abilities in responding to a rapid deterioration of a patient's clinical status.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am and 10–10:30 am

SP59: Life After Fellowship or Residency: Assisting Family Physicians in Transition to Private Practice

Jerry Sayre, MD; Kyle Kircher, MD

Many major medical training institutions do an outstanding job of training residents and fellows in preparation for treating significant medical problems. To date, however, medical educators have minimally focused on preparing graduating physicians for their new roles as administrative and financial decision makers in a variety of practice formats. In response, the Mayo Clinic School of Graduate Medical Education has partnered with Mayo Clinic Alumni Association to produce "Life After Fellowship or Residency: Transition to Practice." Utilizing research and experience from the sponsoring organizations, presenting physicians have developed seminars to familiarize participants with practice skills such as marketing and managing a new practice, maintaining productivity and quality of care, personal finance issues, interviewing skills, and maintaining a work-life balance. Resident evaluations have been extremely favorable.

SP60: Residents as Future Teachers (RAFT): Teaching Residents to Teach

Adam Dimitrov, MD; Sweety Jain, MD

Much of the clinical education obtained by medical students and junior residents comes from upper-level residents. Therefore, it is important that upper-level residents possess the proper teaching skills to provide such instruction. This session will present similar Residents as Future Teachers (RAFT) curricula established at two different institutions. After an introduction to each of the curricular formats and outcomes to date, the audience will participate in a sample curricular unit on a specific teaching skill. The audience members will gain insight on how to develop a RAFT program at their institution. The audience will also come away with a new teaching skill that it can utilize with its learners.

SP61: Core Competencies in Spirituality and Patient Care for Family Medicine Residency Education: A Consensus Report

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

There is increasing evidence supporting the important role of spirituality in patient care, resulting in numerous curricula innovations in this subject across disciplines and educational levels. However, no consensus regarding core competencies in this subject has been published in the literature. In response to this need, the STFM Group on Spirituality's task force on core competencies has developed a national consensus regarding core competencies in spirituality and patient care specifically tailored for family medicine residency education, based a review of curricular development nationwide, the substantial experience of task force members, feedback from STFM members, and review from external experts. This scholastic poster presents our methods for core competency development; the core competencies, linked to Accreditation Council for Graduate Medical Education competencies and evaluation methods; and suggestions for curriculum development.

SP62: Student Views of An Integrative Medicine and Cultural Competence Curriculum: Focus Group Findings

Desiree Lie, MD, MSEd; Johanna Shapiro, PhD; Wadie Najm, MD, MSEd

Goal: Solicit student opinions of efficacy of longitudinal 4-year integrated integrative medicine (IM) and cultural competence (CC) curricula. Method: Second-, third-, and fourth-year medical students (n=80) participated in focus groups of five to eight. Structured open-ended questions were used to solicit responses about content, strategies, evaluation, and relevance to practice. Suggestions for improvement were solicited. Themes were coded and interpreted by three faculty. Results: Students endorsed the longitudinal integrative approach. They preferred hands-on, discussive case-based and skills-oriented strategies versus lecture-based formats. Clinical relevance was greatest in the third year. Testing of content was not endorsed. Students' own personal attitudes and experiences and cultural background strongly guided their responses. Conclusions: Efficacy of IM and CC curricula should be attentive to and can be improved by student input.

SP63: The Medical House Call and Family-centered Care

Ifekan-Shango Simon, MD; Christian Ogbebor, MD; Robert Houston, MD

Family relationships are the basic source for meaning and context in patient-centered care. In 2005, our Family Practice Program participated in the development of a structured House Call curriculum for our medical residents. This competency-based curriculum is part of our educational commitment to focus on the patient's medical home. We believe that the patient's home is literally the "center" of patient-centered care. During resident physical house calls, our residents have the opportunity to join the patient's family in the delivery of patient-centered care. Participants at this session will learn how this curriculum is working at the Spartanburg Family Medicine Residency Program.

SP64: Effects of Health Literacy on Medication Adherence and Patient Self-Management

Yumi Shitama Jarris, MD; Becky Wexler, MSc; Margaret Gatti, MPH; Donna Cameron, PhD

Less than half of the adults in the United States have adequate health literacy skills. They have trouble finding, understanding, and using health information that can help them prevent disease and keep their families safe from public health threats. To create a truly patient-centered medical home, caregivers must communicate effectively with patients who have limited literacy skills. In this session, we will define the scope of the health literacy problem and teach participants how to assess the difficulty of written materials and to simplify both written and spoken language for effective provider-patient communication. In addition, we will explore how effective communication improves patient self-management and strengthens the doctor-patient relationship.

SP65: Developing a Practice Management Curriculum for Family Medicine With a Focus on Health Disparities

Dan O'Connell, MD, MPH; Alice Fornari, EdD, RD

The Residency Review Committee (RRC) requires 150 hours of practice management training as part of family medicine residency accreditation. A Practice Management Curriculum resource is being developed to address learning needs of family medicine residents seeking careers working with underserved populations. This resource is valuable to residency faculty to provide knowledge and skills essential for successful practice in urban underserved communities with a large minority population of patients. The focus is threefold: what the RRC mandates in the curriculum and connection to Accreditation Council for Graduate Medical Education competencies, what learners identify they need to know, what medical directors need to know, and the how to integrate the three to provide quality patient care. Evaluation comes from learners at all levels of training, medical directors of the clinics, and alumni in practice.

SP66: The Importance of Fun: Examining Play in Children With Disabilities

Laurie Woodard, MD; Patoula Panagos, BA

Learning to play, recognized as an important activity of childhood, is an especially challenging developmental task for children with disabilities. In this poster, a fourth-year medical student in family medicine examines the role of play and recreation as a therapeutic intervention as well as a means to social development. From discussions with families and investigations of community, school, and therapeutic programs, students describe the resources and needs of children with varying abilities, especially within their community. Their findings, supported by a literature review, reinforce the need for a comprehensive approach to health care for persons with disabilities, and these findings will be incorporated into the required clerkship disability module as an online presentation.

SP67: Zen and the Art of Medical Student Maintenance: Teaching Medical Students Self-care Skills

Richard McKinney, MD; Caroline Day, MD, MPH

Students are impacted by medical education in unintended ways, including development of depression, disinterest in practicing medicine, and projected physician burnout. The demands of medical training makes skills of self-care important, but the necessary tools are not provided. Our pilot third-year program explored these issues. We assessed student well-being before and after the intervention, using psychological measures of depression and burnout. Experiential workshops and didactic sessions focused on balance, emotional intelligence, communication, and social connectedness. We present data and discuss their implications regarding the training environment and the use of an experiential, discovery method of learning focused on self-care. Emphasizing the concepts of self-care and providing these skills will help produce more-satisfied physicians who can serve more effectively and professionally.

SP68: Measurement of Aortic Root Dimension in Tall Athletes

Laura Anderson, MD; Eugene Hong, MD; O'Riordan Martin, MD

Aortic root dilatation is a cause of sudden cardiac death (SCD). Studies have demonstrated a correlation with height and aortic root diameter but the data for normal aortic root size in tall athletes (>6'3") is insufficient. We propose measuring the aortic root diameter in college athletes over and under 6'3", utilizing echocardiogram and examining the differences. The purpose will be to help define normal aortic root size in tall college athletes. The clinical application will be appropriately distinguishing those college athletes at increased SCD risk from aortic root dilatation, from those whose measurement is "abnormal" merely because they are taller.

SP70: One less: Teaching the ABC's on HPV—Awareness, Be Prepared, and Cervical Cancer Prevention

Rowena Pingul-Ravano, MD; Richa Goyal, MD

The estimated prevalence of anogenital tract HPV infections in the United States is 20 million, with an annual incidence of 5.5 million. HPV is considered to be the most common sexually transmitted infection, and age-specific rates are highest in adolescent and young adult women. Worldwide, an estimated 371,000 cases of invasive cervical carcinoma are diagnosed annually. As with other sexually transmitted diseases, the risks associated with HPV transmission are related to sexual behaviors such as number of lifetime sexual partners, number of recent sexual partners and age of onset of sexual activity. We created and presented a series of discussions and lectures to promote and advocate greater awareness at an underserved public high school on prevention of STD's/cervical cancer and healthy sexual practices.

SP71: The Efficacy and Cost Effectiveness of Cervical Cancer Screening Versus Breast Cancer Screening

Tessie Aikara, MD

Context: Cervical and breast cancers can be screened and treated with proper diagnosis of precursors. Objective: Determine if cervical or breast cancer screening is more cost effective by a retrospective cost analysis. Setting: Two federally qualified community health centers. Patients: Eligible patients in the screening ages for cervical and breast cancer from 2004-2006. Results: 45% (1922/4261) of eligible patients were screened with 2.2% (64/2944) positive screening tests for cervical cancer and 37% (416/1130) for breast cancer with .4% (2/537) positives. The cost of finding one positive precancerous cervical cancer screen is $7,912.19 versus $53,748.55 for one positive breast cancer screen. Conclusions: Cost analysis shows that it is 7-8xs more expensive to detect one case of breast cancer vs. cervical cancer related to cost of exams.

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SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am and 10–10:30 am

SP72: A Growing Tree: The Resident-Faculty FPIN Writing Team

Heather Downs, DO; Albert Meyer, MD; Lisa Edgerton, PharmD

Clinical inquiries are answers to clinical questions and provide the best available evidence for patient care. Residents are required to participate in authoring a clinical inquiry as a fulfillment of required research. By participating in this process, our faculty and residents have learned to work as a team in interpreting medical literature and in identifying our own strengths and weaknesses, while improving patient care.

SP73: A Longitudinal Curriculum in Overweight and Obesity Management for Family Medicine Residents

Sudha Yenumula, MD

Obesity is becoming a global epidemic, with two thirds of the American population overweight or obese. This issue is a growing concern. There is significant evidence that shows a lack of physician involvement in the management of obesity, and that one of the major reasons is a lack of provider knowledge. To fill this need I am developing a curriculum in overweight and obesity management, the modules of which will be delivered via a two-year rotating curriculum. The residents will also rotate through a focused weight management clinic. Residents will be assessed on knowledge and performance of skills taught in the curriculum. The pilot unit on Pharmacotherapy in Obesity will be presented to approximately 26 residents in March of 2008.

SP74: A Systematic Review of a Family Medicine Residency Didactic Curriculum

Laura McCray, MD; Peter Cronholm, MD, MSCE; Richard Neill, MD

Context: Concerns were raised that our didactic curriculum may not meet RRC curricular recommendations. Objective: To systematically examine our didactic curriculum. Design: Semi-structured interview, focus group, a review of data from 18-month period of didactic material. Setting: Department of Family Medicine Residency Program. Participants: Thirteen family medicine residents. Outcomes: Qualitative data. Curricular topics covered in the previous 18-month period, mapped to RRC required curricular elements. Results: Residents felt that core adult medicine topics were underrepresented. 18-month curriculum review confirmed this, with many RRC required medicine topics missing from the curriculum. Conclusions: A systematic review of our didactic curriculum revealed deficiencies in RRC required curricular topics that were consistent with resident perceptions. Data were used to create a revised 18-month, rotating curriculum to be further evaluated.

SP75: Development and Implementation of a Complementary and Alternative Medicine Curriculum in an Urban High School

Emilie Scott, MD

Prior research has shown that adolescents are using complementary and alternative medicine (CAM) therapies at a high rate, but have little to no formal education on the topic. Adolescents would benefit from formal study of CAM therapies, given the high rate of usage, low rate of reporting, and potential for harm with inappropriate use. In this pilot project we developed a four-week CAM curriculum, implemented it for a small group of students at an inner-city high school and assessed perceived knowledge and satisfaction with the course. The students were engaged in and reported greatly enjoying the course. The most encouraging data was the students' reports that they and their families developed healthier habits as a result of the course.

SP76: Learning Should Be Fun

Ruta Marfatia, MD; Katherine Sullivan, PharmD

Context: There is limited research available on what teaching methods residents and medical students prefer for learning. Most studies have compared the effectiveness of two competing methods without questioning what learners like or believe is most effective for them. Objective: To find out which teaching methods learners prefer and why. To develop direction for improved effectiveness studies. Design: Residents and medical student preferences will be assessed by (1) cross-sectional design composed of a short survey including open-ended questions and (2) focus group interviews. Setting: UPMC Family Medicine Residency sites: St Margaret, Shadyside, and McKeesport have about 80 residents and more than 100 medical and osteopathic students rotating through each year. Hypothesis: Residents and medical students will prefer teaching methods that are more interactive.

SP77: Can A Breastfeeding Class Lead To Exclusive Breastfeeding Among Hispanic/Latina Mothers

Samuela Manages, MD; Adity Bhattacharyya, MD; Alicia Dermer, MD; Malathi Shanmugam, MD

Less than one-half of nearly 4 million babies born each year in the United States are exclusively breastfed, most for less than 3 months (CDC). Current recommendations are that babies be breastfed exclusively for at least the first 6 months. Unfortunately, the proportion of mothers breastfeeding remains low and even lower in minority groups especially in the Hispanic population. Since Spanish-speaking patients make up the majority of our practice at CentraState Family Medicine Center, our study will determine breastfeeding rate in our office, exclusive breastfeeding rate after lactation class, duration of exclusive breastfeeding, difference in breastfeeding rate and barriers to breastfeeding counseling within our faculty and residents.

SP78: A Practical Longitudinal Evidence-Based Medicine Curriculum for a Community-Based Family Medicine Residency

David Lick, MD

This poster is a preliminary report on our practical Evidence-Based Medicine Curriculum for family medicine residents at William Beaumont Hospital in Michigan. Evidence-based medicine (EBM) has become increasingly important to the practice of medicine as physicians are required to efficiently answer clinical questions. The goal of the curriculum is to have residents practice "point-of-care" EBM. The curriculum consists of basic EBM skills instruction and a longitudinal program of practice, dissemination, and evaluation. Key components of the program include real-world practice, an emphasis on "point-of-care" EBM, and the use of a standardized evaluation tool. The poster will describe curriculum and assessment development and preliminary pilot test results.

SP79: Do Family Medicine Residency-based Practices Accurately Diagnose Hypertension?

Jennifer Phifer, MD; Albert Meyer, MD

Our data indicate that our practice diagnosed hypertension in only 19% of our patient population. The JNC-7 reports 31% prevalence in our nation. Accurate diagnosis is correlated with improved outcomes. We asked the question "What is the true prevalence of hypertension in patients 18 years and older at our model family practice for the fiscal year October 1, 2006 through September 30, 2007 among our patients who have or do not have a ICD-9 coded diagnosis of hypertension?" We suspect we have a large percentage of patients who are under diagnosed and who would benefit greatly from appropriate therapy. A retrospective chart review using our MedInformatix electronic medical record is being collected and a poster highlighting our results will be prepared.

SP80: Evaluation of Quality of Care and Patient Satisfaction in a Family Medicine Resident Clinic

Gretchen Dickson, MD; Todd Shaffer, MD; George Harris, MD, MS

Quality care encompasses both technical expertise measured by objective outcomes as well as high patient satisfaction and patient centeredness. The objective of this study is to determine factors that impact patient satisfaction and perceived quality of care within a family medicine clinic. The Bess Truman Family Medicine Clinic serves as the continuity clinic for residents in a university affiliated, community hospital. Seven hundred randomly selected patients meeting inclusion criteria were asked to rate their satisfaction with seven aspects of care using a five point Likert scale. At the time of submission, results of the survey are pending. Survey data will ultimately be used to construct system changes to improve patient perception of quality and satisfaction with care as measured by a followup study.

P4 PROJECT SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am, and 10–10:30 am

P4P1: The "Majors and Masteries" Program (A P4 Innovation)

Michael Mazzone, MD; Susanne Krasovich, MD; Leigh LoPresti, MD

The "Majors and Masteries" is a program allowing residents freedom to pursue individual passions while achieving and maintaining excellence in the skills of family medicine. It consists of a core family medicine curriculum (19 months), concentrated work in a field while maintaining family medicine skills. Either: a major (17 months) in a field of the resident's choice or a mastery (29 months) in one of three fields, some with graduate degrees, planned time throughout the whole residency for education that falls outside traditional rotations ("exploration days"), an electronic educational portfolio. The innovative design and carefully crafted and integrated experiences will train residents to be leaders and self-directed lifelong learners, with expertise in family medicine and extra training in an area of resident interest.

P4P2: Preparing Personal Physicians for Practice: Practice Redesign Strategies Within a Community-based, University-affiliated Family Medicine Residency

Colleen Fogarty, MD, MSc; Stephen Schultz, MD; Stephen Lurie, MD, PhD

The Highland Hospital/University of Rochester Family Medicine Residency has a long history of innovation. Our Preparing Personal Physicians for Practice (P4) project will implement and compare two approaches to teaching the New Model of Family Medicine within family medicine residency practice. We are redesigning one of our four existing residency suites within our Family Medicine Center, and we will establish a new inner-city teaching Ideal Micro Practice (IMP). We will teach team development, leadership skills, Plan-Do-Study-Act (PDSA) cycles, and implement quality improvement projects focused around asthma, depression, diabetes, and around three health care maintenance measures. We will measure patient, resident, and practice outcomes in both these practice models using quantitative and qualitative methods.

P4P3: Reinventing Rural Primary Care: Rural Residency Training and the New Model

Steven Crane, MD; Geoffrey Jones, MD

Access to primary care and disparate health outcomes for rural populations are serious problems in the United States. We propose to complete a network of dramatically redesigned New Model rural practices to support resident continuity practice and medical student rotations. We expect to demonstrate markedly improved clinical outcomes and enhanced resident attitudes and skills to support successful careers in rural medicine. This project is part of the P4 collaborative—Preparing the Personal Physician for Practice.

Special P4 Project Scholastic Posters continued on next page

SPECIAL P4 PROJECT SCHOLASTIC POSTERS

Room: Grand Ballroom I-V

SESSION II: Friday, May 2, 2008; 3:15–3:45 pm and Saturday, May 3, 2008; 7–8 am and 10–10:30 am

P4P4: Tufts University FMR at CHA P4 Residency ReVISION Project

Joseph Gravel, MD; Allen Shaughnessy, PharmD; Timothy Stephens, MD

Tufts FMR at CHA's P4 Residency ReVISION Project is a longitudinal, truly competency-based curriculum introducing 12 areas of concentrated learning that adds the new curricular areas of information mastery and organizational effectiveness. We are using the principles of adult learning and competency assessment to further enhance the core principles of family medicine. Our initiatives include (1) basic skills qualifications and distinct competency modules, (2) expert use of electronic resources to manage information at the patient, practice, and community level, (3) a longitudinal curriculum, (4) additional expertise in a specific chosen area of practice, and (5) skills typically taught to business executives that are critical for understanding leadership and team function so residents will be able to effectively implement the new model of care.

P4P5: Middlesex Hospital: A P4 Comprehensive 4-year Residency in Family Medicine

Alan Douglass, MD; Michael Stehney, MD, MPH; Keith Sinusas, MD; Stephanie Rosener, MD; Gregory Shields, MD

The required knowledge base and skill set of family physicians have expanded dramatically since the specialty's inception, while residency duration has not. We are implementing a comprehensive 4-year curriculum that will better prepare our graduates to immediately integrate into and maintain a broad scope of practice and provide expert chronic disease management and prevention. Components include expanded depth and breadth in key content areas, a redesigned patient-centered medical home practice, and the development of additional expertise in areas of interest or anticipated practice need. Tracks of Excellence will be offered in geriatrics/palliative medicine, integrative medicine, maternal/child health, community/international health, and academics/leadership. We will demonstrate improved patient and practice outcomes, increased applicant interest and quality, greater mastery of Accreditation Council for Graduate Medical Education competencies, and improved satisfaction with training.

P4P6: JPS FMRP P4 Innovation—Extra Training Options in Flexible Tracks

Richard Young, MD; Daniel Casey, MD; Anita Webb, PhD; Joane Baumer, MD

The JPS FMRP P4 innovation allows for extra training our residents request so they can provide health care services that are needed to communities they will ultimately serve. We have established seven P4 curricular tracks: sports medicine, pain management, maternity care, emergency medicine, rural medicine, international medicine, and geriatrics/hospital medicine. We allow the length of extra training to be flexible, though most residents will likely choose 1 year. The resident learner and faculty negotiate the length and content of the additional training. The extra training can be spread over a 3-year period (2nd through 4th year). We also continue to offer our standard 3-year residency curriculum and are capable of providing extra training in some areas beyond the seven curricular tracks.

P4P7: P4 in the Land of Turtle Craft—Lehigh Valley Family Medicine Residency Program

Julie Dostal, MD

The core of the LVFMRP P4 curricular redesign is to nurture adult learners, in a relationship-centered environment, to be outstanding family physicians and change agents. Major areas of redesign include enhancing family medicine identity in PGY1, reduction of required hospital rotations, continuity experiences in multiple exemplary primary care sites as embedded Continuity Care Teams, developmentally appropriate learning labs starting with core clinical topics, expanding to other skills including systems thinking, leadership, practice change, and self-care, individually directed learning with choices about the scope of training (OB, hospital, community, administration, etc), and resident assessment using competency-based learning portfolios. Our poster tells the story of development, implementation, and learnings from the first year of our P4 saga.

P4P8: Preparing the Personal Physician for Practice Collective

Erik Lindbloom, MD, MSPH; Erika Ringdahl, MD; Kristen Deane, MD

The University of Missouri's project for the "Preparing the Personal Physician for Practice" (P4) Initiative aims to: 1. Identify and evaluate the benefits and drawbacks of our Integrated Residency, in which fourth-year medical students engage in residency activities. 2. Involve residents, patients and staff in the planning and implementation of our clinical and educational efforts. 3. Build on the success of problem-based learning at our medical school and bring it to the residency level. 4. Refocus our family medicine residency training on the family medicine clinic, with increased presence in clinic, further integration of the electronic medical record, and more emphasis on the patient-centered medical home. Qualitative and quantitative evaluation methods are planned, with incorporation of participatory research principles as well.

P4P9: Redesign of the R-1 Curriculum to Implement P4 at the University of Colorado Family Medicine Residency

Katherine Miller, MD; Daniel Burke, MD; Linda Montgomery, MD; Allegra Melillo, MD; John Nagle, MPA

To implement our P4 proposal, we reorganized the R-1 curriculum by adding three educational blocks designed to introduce the themes of our new curriculum and to prepare residents for upcoming hospital-based rotations. Hospital rotations were reorganized, allowing us to group rotations following each Chautauqua—our term for the new educational blocks. For example, Chautauqua One was followed by all eight residents doing internal medicine and general surgery rotations in the following 2 months. Each Chautauqua teaches the major educational themes anchoring our new curriculum—applying the comprehensive care model, community outreach and involvement, health behavior change counseling, and evidence-based practice. Information on the nature of the reorganization, the challenges of making these changes, and evaluation results of the Chautauqua blocks will be presented.

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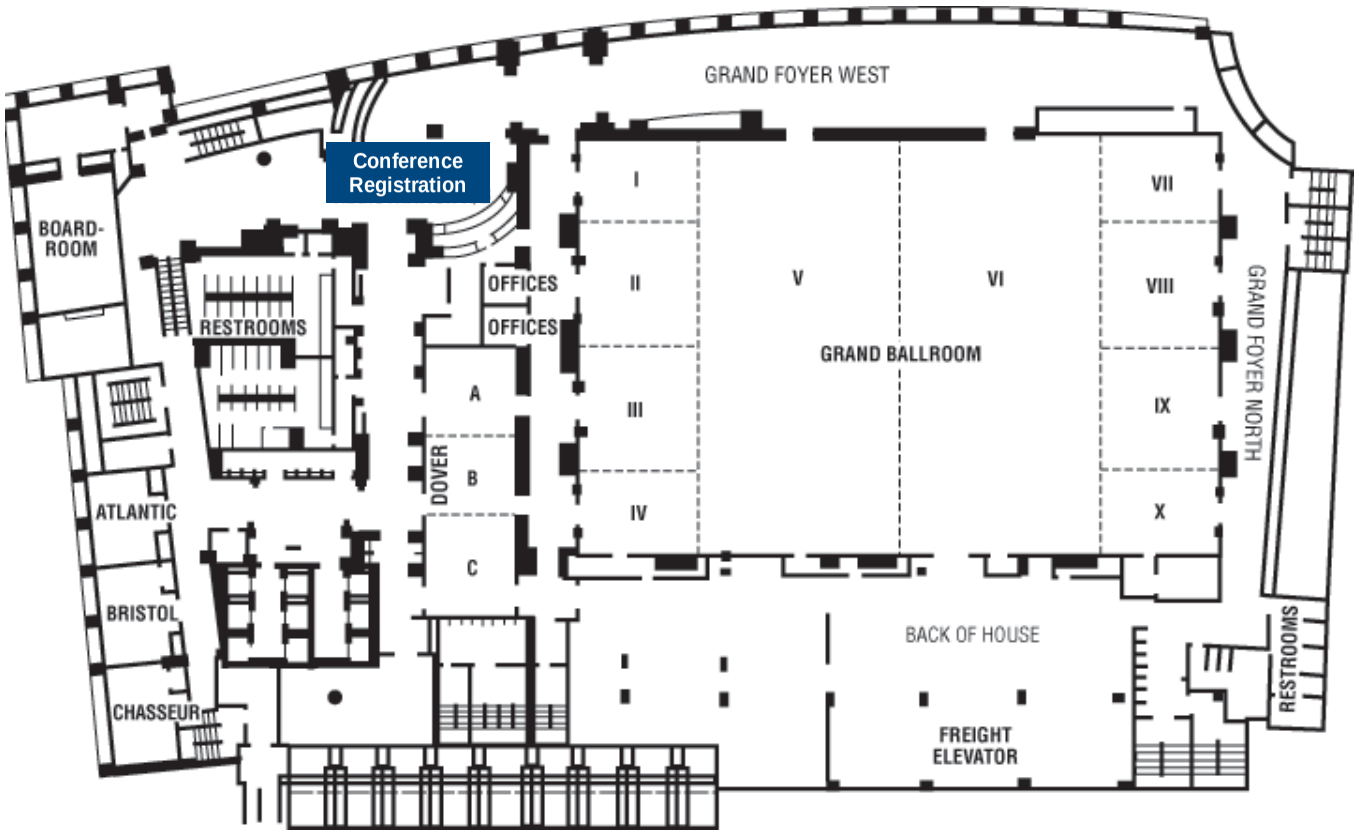

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