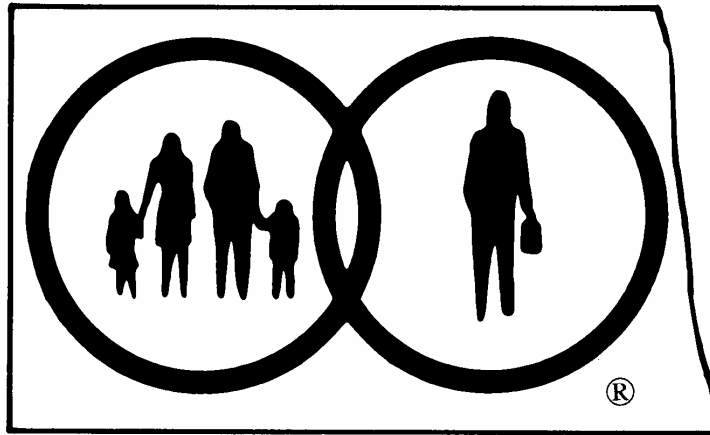


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Volume 31, No. 2

Summer 2005

# Family Medicine Quarterly



**North Dakota  
Academy of Family Physicians**

**University of North Dakota  
School of Medicine and Health Sciences  
Department of Family Medicine**

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# North Dakota Academy of Family Physicians

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Christina Brown	Grand Forks, Student
Crystal Cunningham	Bismarck, Student (Alternate)
Jennifer LaPointe	Grand Forks, Student (Alternate)

## Student Chapter Representatives

(To be Announced)	First Year
Josh Ranum	Second Year
Rena Nordeng	Third Year
Jennifer Beckwith	Fourth Year

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Address all correspondence and ads as follows: Co-Editors: Roger Schauer, M.D. (rschauer@medicine.nodak.edu) and Brandy Jo Frei, (Brandy@ndafp.org) for the NDAFP, *Family Medicine Quarterly*, University of North Dakota School of Medicine and Health Sciences, P.O. Box 9037, Grand Forks, ND 58202-9037, (701) 777-3200.

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## Issues in This Issue

**Roger W. Schauer, M.D.**  
**Co-Editor**

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### ISSUES IN THIS ISSUE

Welcome to the premier issue of the Family Medicine Quarterly. In addition to the name change, your Board of Directors at the recent annual meeting at Spirit Lake, also approved making the FMQ available at the NDAFP website. I refer you to the article by Brandy for more details about the name change and the on-line version. The default option will be for you to continue to receive the hard copy of the FMQ. In a bit of irony, while I championed the online access, I prefer to continue to receive hard copy for my own reading. A major benefit of the online version might be easy access to minutes of previous meetings, lists of students and residents, or articles addressing teaching and precepting. Future direction for the FMQ website could include on-line linkages to articles addressing teaching, as that information generally is less available in the journals you receive.

In this issue Brandy calls your attention to Academy activities, including FMIG, ALF, and the upcoming "Evening with a North Dakota Family Physician". The minutes of the annual meeting are enclosed. Dr. Burns provides her report of the state of the Department of Family Medicine. The American Board of Family Medicine recently released information about the "Performance in Practice Modules" for the Maintenance of Certification for Family Physicians Program. See more details in the enclosed article. This issue also contains a timely reminder about new recommendations for immunization to prevent meningococcal disease. It is timely as in the next few months you will be seeing young people preparing for high school athletics or college who are now candidates for the meningococcal immunization.

Enclosed find the residency sites for the students you have precepted in the past, the names and schools of the new family medicine residents in our programs, and the practice communities for our recent Family Medicine residency graduates. Five of our 2005 residency graduates will establish practices in North Dakota, with four of those locating in more rural communities. Six will establish practices in Minnesota, primarily western Minnesota. We congratulate those residents who are completing their training programs and extend best wishes as they establish their new practices. Ten of our recent medical

school graduates selected Family Medicine as a career choice, with six of these students choosing residencies in North Dakota. Welcome to all new residents in our North Dakota programs.

We reprint, with permission, an article from *Family Medicine* which focuses on the office-based teacher of Family Medicine. Dr. Dobbie and colleagues discuss teaching efficiencies in context of a busy family medicine clinic. The article calls attention to the importance of feedback, frequently an issue addressed by medical education accreditation agencies discussed at virtually every medical education meeting I attend. Recently Dr. Lewis First, a professor in the Department of Pediatrics at the University of Vermont College of Medicine, spent two days in North Dakota addressing our faculty and the attendees at the annual meeting of the North Dakota Chapter of the American Academy of Pediatrics. In his summation Dr First listed "twelve pearls for more effective teaching and learning in a time-limited setting". His first point was to consider teaching in front of the patient, an issue I addressed in "You're a better doctor when you have a student" in our March issue of the FPQ. Dr. First also suggested that preceptors should select cases for student learning rather than have students see every patient or as many patients as possible. This recommendation is in concert with the article printed in this issue, where the authors point out that 3-6 patients in a four hour clinic session might provide better teaching and learning opportunities than seeing multiple patients. Many of our Family Medicine clerkship students report seeing anywhere from 10-15 patients per day, although some report numbers as high as 25-30. As you begin precepting this new class of students who are just beginning their third year of medical school, consider limiting numbers of encounters to allow students more time to pursue specific learning about the patient they just evaluated. And thank you for your continued commitment to teaching. We also extend our gratitude to the physicians who are hosting Don Breen Fellows and SEARCH and CRISTAL students. Those hands-on experiences frequently lead students to return to those clinics for either third year clerkships or fourth year electives.

Final notes:

- Dave Peske again provides us an update on 2005 legislative activity, including bills that were passed and some important bills that were defeated.
- note upcoming meetings of the academy and the North Dakota Medical Association.

We look forward to your feedback.

Submitted,  
Roger W. Schauer, MD

## A Message from The President



### *Heidi Bittner, M.D.*

I vividly remember walking into my first NDAFP Board meeting as the new student representative, and being quickly invited in and made to feel welcome by Dr. Don Breen. I recall being somewhat awed and intimidated by the group, yet very interested in the issues they were addressing. Never did I imagine that 18 years later I would STILL be on the Board—and recently installed as the new President! I still think of Don at the meetings, and every year as the Don Breen Externship students rotate through as summer rolls around. I thank him for his example and inspiration to me to pursue family medicine, and hope I can do likewise for some of the students learning the trade in Devils Lake.

The change in medicine over these past nearly 20 years is truly amazing. Attending the AAFP annual conferences, STFM meetings, Congress of Delegates, etc. has been an eye-opening experience. I am so proud of our specialty! With the rapid changes, we are not just stagnating in our usual routine and putting out fires as they arise, but instead are stepping up to the plate and trying to PREDICT and PRE-PARE for them. We've redefined the specialty to keep pace with changing needs. The Future of Family Medicine project sets the groundwork for us to move ahead: striving to provide readily-available access to quality, affordable care for ALL, address malpractice reform, adopt electronic health records to assist in accurate research. We've formed a PAC to help deal with necessary legislative/lobbying issues. The certification/recertification process has been updated—and continues to be adjusted to do our best to ensure that family medicine providers are well-trained and continue to educate themselves effectively to provide the most current, evidence-based prevention and treatments for our patients.

In this exciting time, I'm happy to be working with the ND family doctors to do our best for our patients. Thank you for your confidence in me. I promise to represent ND family medicine to the best of my ability.

Heidi B.

## A Message from the Executive Director



### *Brandy Jo Frei, Co-Editor*

Summer is officially here. For some reason, I thought it would be a quiet time and I could do some organizing in the office and take some time to better understand some of the many facets of the Academy functions. I was sadly mistaken. I had the wonderful opportunity to attend the Annual Leadership Forum (ALF) in Kansas City May 4-7. I had the chance to meet and network with all of the other chapter executives and attend a number of excellent CME sessions. I hope to utilize the information that I learned to organize better annual meetings, encourage more student interest in Family Medicine, and find ways for the Academy to become more well known in the communities across the state. Upon returning from Kansas City, there was the FMIG Annual indoor BBQ. This provided a study break for the students during exam week. Next, I had to finalize the details of the ALSO course which took place May 20-21. Thank you to the instructors for helping out with this valuable tool for the residents. After all of that was done, I had the opportunity to enjoy a wonderful week in the Wisconsin Dells area with my husband and his family. My 20 month old daughter decided the pool was a great place to be. After taking off her wet swimming suit and putting on dry clothes, she proceeded to wade back into the pool. Back to work, after a wonderful week off, and it is now time to invite Big Sky speakers, start organizing the state meeting, and somewhere in there, move into our new house. I hope you all have an action packed summer as well.

As always, please do not hesitate to contact me with any questions, concerns, or issues that you may have.

Brandy Jo Frei  
Executive Director  
NDAFP  
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Grand Forks, ND 58203

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Web Site: [www.ndafp.org](http://www.ndafp.org)

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## A View From UND



### ***Elizabeth A. Burns, M.D., M.A.*** ***Chair, Department of Family Medicine***

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The summer column is an update of the report to the membership of the NDAFP that I gave at the Annual Meeting on the state of the UND DFM.

I'd like to start out by thanking the members of the NDAFP for their help and participation in the UNDSMHS programs throughout the past year. A community based medical school doesn't work without the efforts of almost every physician in the state. The decision to go forward with the 4 year curriculum venture back in the 1970's was predicated on the involvement of physicians statewide. This is especially true in Family Medicine and it is deeply appreciated.

Medical student programs: Faculty include Dr. Roger Schauer, Dr. Charlie Christianson, Dr. Rosanne McBride and Dr. Jim Beal (I fill in as needed). We have an active program throughout all 4 years of the medical student curriculum. We partner with Community Medicine in the required medical student research project, which is a key part of the M-2 and M-3 year curriculum and, incidentally, a focus of the LCME (the group that accredits medical schools). The FMIG had several meetings this year that were well attended. I look forward to working more closely with the medical students in this area. The department was well represented at the STFPM Pre-Doctoral Education Conference. All of the faculty above and Dr. Steve Stripe from Minot had presentations at this year's meeting. Drs. McBride, Schauer and Christianson submitted a seed grant proposal at UND to enhance behavioral medicine education in the medical student curriculum.

Research and Program Development: Jim Beal heads up this division and the rest of us help out. Work over the past year includes the successful application for the Center of Excellence (CoE) in Women's Health Region VIII Demonstration Project which will bring approximately half of a million dollars to UND and Altru Health Systems over the next 4 years. The components of the project are clinical (the Altru piece), education, leadership, research and outreach. This project has been well received and we hope to roll out some CoE activities in the coming year. DFM faculty involved in this are Drs. Burns (director), Beal (co-director and evaluation), McBride (co-director and education), Christianson (education committee), and Wakefield (outreach). This is a true interdisciplinary contract

with many departments participating.

We also participated on the Geriatrics Education Center grant that was written and sent in through the Center for Rural Health. Dr. Guy Tangedahl will be the Principle Investigator and Jim and I are working on this as well. If not funded, we hope to turn the Bismarck component of this grant into another grant submission.

Steve Stripe has also submitted seed grant funding for his adaptation of the aviation safety model to resident training and is going forward with that. The department has helped fund his work and we are very proud of the work he's doing and the collaboration he's made with the Minot State University faculty.

Drs. Beal and Schauer served on the Title VII grant review teams this year, as did Mary Ann Laxen. Dr. Beal chaired his section.

PA Program: Under the direction of Ms. Laxen, the program continues to grow and prosper. They have a HRSA grant for improving the cultural awareness of the students to elder American Indian issues. They have also submitted small grant requests to help with PA curriculum and their outreach program in Jeremie, Haiti. Annette Larson has been on sabbatical in Haiti for the past 6 months. The MPAS program is going well and the program is accredited for the next 5 years. Ms. Laxen does site visits for the ARC-PA (the group that accredits PA programs) and I now sit on that commission as the AMA representative. There are three other full-time faculty members: Terrie Jo Wold, Sue Kuntz, and Jeanie McHugo; Rick Clarens and Vicky McCleary are part time faculty members. I serve as their medical director and Charlie Christianson and I also teach in their didactic sessions. The PA faculty have been helping out with some of the medical school clinical education as well.

Division of Sports Medicine: This division is under the leadership of Steve Westereng. They have a new faculty member, McKynsay Seeger, and are recruiting for another one. Their undergraduate program continues to grow. We were successful in getting additional funding for the DSM through the Athletic Department for Graduate Assistants to provide Athletic Training coverage for the teams.

Minot Residency: The Minot program, under the leadership of Milt Smith, has been doing very well. They filled in the Match. They have moved into their new Center for Family Medicine, which was dedicated by UND President Charles Kupchella on May 4. This was done in conjunction with the Centennial Celebration, hosted by Terry Hoff, CEO of Trinity Health. They have an active resident research program going and also participate, through the efforts of Kim Krohn, in the AAFP PBRN. We are going forward with the Electronic Medical Records and Minot should go live this fall. In addition to the projects already mentioned, they are working with Nancy Vogeltanz-Holm on a CDC grant to enhance prenatal care delivery on the Fort Berthold reservation. Julie Rickert and Kim Krohn have also developed a behavioral change presentation that they have presented at a national meeting as well as the UND Teaching the Teachers conference. Kim and I also reported on GME research efforts for the GME retreat last year.

Bismarck Residency: This program is under the leadership of Guy Tangedahl and also did very well in the match this year. Our main success was the revision of the financial agreements with the Bismarck Hospitals. They remain committed to the program and are participating in a newly formed Advisory Committee which brings UNDSMHS administration, hospital administration and Bismarck program and campus leaders to the table. Guy also brought on Jay Huber, an internist long involved in the teaching program, to help with the new Adult Medicine teaching program. This rotation combines the FM inpatient service with the medical student medicine service and has our residents taking an active role in teaching the M-3 students. In addition, Jay teaches outpatient procedures at his office. A new faculty member, Dr. Jeff Hostetter, will be joining the program in July. Overall, the faculty base is stable and the financial picture is looking better.

Grand Forks Residency: This program has remained under the leadership of Greg Greek. In late January, UND and Altru administration decided to transition the program in its entirety to Altru. This will maintain the program in Grand Forks and allow it to stabilize sooner than the plan agreed upon last summer would have permitted. As many of you know, last July the faculty all became employees of Altru Health System under a 3 year agreement that was designed to keep the program open and administered by UND. Although we had several faculty applicants, when the issue was re-evaluated at the 6 month point, it became clear the program was better off if it moved to Altru. The transition occurred April 4. For the most part, the residents and staff have remained with the program and I believe it remains stable and viable. Altru is committed to having a successful program under their sponsorship. Their RRC site visit was in May of this year. The program remains affiliated with UND and the faculty are community faculty members. This is an excellent outcome for all involved.

UND issues: The medical school is celebrating its centennial this year. There will be celebrations around the state and the Dean has been on the road and visiting cities and towns in ND as well as doing fundraising with our alums. The Centennial video is wonderful and I encourage anyone who hasn't seen it to do so. The LCME site visit is scheduled in 2006. This is the accreditation group for medical schools and we are already at work collecting the data we need for this report. Many of the activities of the DFM, such as the research project, the teaching on ethics, communication and behavioral medicine and the clinical skills and patient centered learning groups we all participate in, serve to make this medical school one of high quality. I anticipate UNDSMHS will do very well with this assessment.

We are pleased to have Brandy Frei and the NDAFP office within the DFM. It is working well and we have started making plans for an Evening with a ND Family Physician on September 15<sup>th</sup>. Dr. Larry Fields, the president-elect of the AAFP will be our featured speaker. All in all, we've had an exciting and productive year. We are pleased with Dr. Kim Krohn's promotion to Associate Professor of Family Medicine. I look forward to meeting more of you this year and expanding the partnership between the Department and the practicing Family Physicians of North Dakota.

## **FAMILY PRACTICE QUARTERLY IS NOW FAMILY MEDICINE QUARTERLY AND AVAILABLE ONLINE**

This issue has a few changes to it. The title has been changed to Family Medicine Quarterly. This is to be current with the many name changes from Family Practice to Family Medicine. Through the NDAFP website (<http://www.ndafp.org>) current and back issues can now accessed. We are still creating the archive files, but there are a few of the past issues already available. With the increased use of the internet and computers, and the increased desire to have less piles of paper on the desk, we are offering the opportunity to no longer receive a hard copy of this publication. An email notification with a link to the website can be sent to you when the latest issue has been created. This new option has many benefits which include reduced costs, reduced paper waste, sooner delivery and increased enjoyment of reading the articles. As Dr. Schauer stated, we will continue the paper copies of the Family Medicine Quarterly. If you would prefer to no longer receive the hard copy and would rather access the online version please contact Brandy.

Telephone 701-777-3276  
Fax 701-777-3849  
Email [brandy@ndafp.org](mailto:brandy@ndafp.org)

Please continue to use the Family Medicine Quarterly as an information resource.

### **YOUR ASSISTANCE IS NEEDED:**

**PLEASE MAKE SURE YOUR CONTACT  
INFORMATION WITH THE AAFP IS UP TO  
DATE. EITHER CONTACT AAFP DIRECTLY OR  
CONTACT BRANDY TO MAKE CHANGES**

**THANK YOU**

### **FMIG ANNUAL INDOOR PICNIC**

*Brandy Jo Frei*

On Tuesday, May 10th, the FMIG held it's annual indoor picnic in the Med School Atrium. The meal, catered by Italian Moon, consisted of chicken, potato salad, coleslaw, buns, veggie trays, and fruit pizzas for dessert. There was a wonderful turnout out of approximately 65 student and family members. A big thank you to Rena Nordeng and Josh Ranum for being class reps for the first and second year med students. Best of luck to Rena as she heads to Bismarck for her third year clerkship, and we will see more of Josh next year as he transitions to become the second year rep. Thank you to everyone that assisted with information panels and workshops this year. We hope you continue to take the opportunity to meet with the medical students and encourage them to choose family medicine. We will be taking time this summer to plan a number of events for next year. Please feel free to send suggestions and comments to me at [Brandy@ndafp.org](mailto:Brandy@ndafp.org).

# RESIDENCY SITES

## CLASS OF 2005

Name/Location	Program
Anderson, Jeffrey UNDSMHS, Bismarck, ND	FAMILY MEDICINE
Bales, Lee Sparrow Hospital/Michigan State University Program Lansing, MI	EMERGENCY MEDICINE
Carlson, Chad Grand Rapids Medical Education & Research Center/ Michigan State University, Grand Rapids, MI	ORTHOPAEDIC SURGERY
Charles, Joey Regions Hospitals/Health Program St. Paul, MN	EMERGENCY MEDICINE
Coauette, Jordan St. Joseph Mercy Hospital Program, Ann Arbor, MI	OBSTETRICS/GYNECOLOGY
Eidahl, Jason Summa Health System/NEOUCOM Program Akron, OH	EMERGENCY MEDICINE
Farris, Reid University of Washington Affiliated Hospital Seattle, WA	PEDIATRICS
Folden, David Hennepin County Medical Center Minneapolis, MN	TRANSITIONAL (YEAR 01)
University of Minnesota Medical School Minneapolis, MN	OPHTHALMOLOGY
Gebur, Joshua Central Iowa Health System (Iowa Methodist Medical Center), Des Moines, IA	GENERAL SURGERY
Granberg, Candace Mayo Graduate School of Medicine Rochester, MN	SURGERY/PRELIMINARY
Mayo Graduate School of Medicine Rochester, MN	UROLOGY
Hall, Nathaniel University of Utah Affiliated Hospital Salt Lake City, UT	INTERNAL MEDICINE
Harrison, Geniel Rapid City Regional Hospital Program Rapid City, SD	FAMILY MEDICINE
Hockenberry, Jennifer Children's Hospital/Ohio State University Program Columbus, OH	PEDIATRICS
Hoverson, Alyssa UNDSMHS Fargo, ND Mayo Graduate School of Medicine Rochester, MN	TRANSITIONAL (YEAR 01) DERMATOLOGY
Johnson, Michael University of Minnesota Medical School Minneapolis, MN	ORTHOPAEDIC SURGERY
Jones, Katie UNDSMHS, Fargo, ND Mayo Graduate School of Medicine Rochester, MN	TRANSITIONAL (YEAR 01) RADIOLOGY
Juelson, Amy University of Kansas City Medical Center Program Kansas City, MO	PEDIATRICS
Juelson, Tim University of Missouri at Kansas City Program Kansas City, MO	ORTHOPAEDIC SURGERY
Krumwiede, Katie University of Minnesota Program Minneapolis, MN	OBSTETRICS/GYNECOLOGY
Lee, Matt Spokane Medical Centers Program Sacred Heart Medical Center, Spokane, WA	RADIOLOGY DIAGNOSTIC
Lizakowski, Laura Marshfield Clinic-St. Joseph's Hospital Program Marshfield, WI	INTERNAL MEDICINE
Logan, Jason Fort Wayne Medical Education Program Fort Wayne, IN	FAMILY MEDICINE
Longie, Kelly UNDSMHS, Bismarck, ND	FAMILY MEDICINE
Longie, Kevin UNDSMHS, Bismarck, ND	FAMILY MEDICINE
Lyng, John SUNY Upstate Medical University Program Syracuse, NY	EMERGENCY MEDICINE
Machayya, Jon Central Iowa Health System Iowa Methodist Medical Center Program-Des Moines, IA	GENERAL SURGERY



**Mattingley, Jennifer** INTERNAL MEDICINE  
Gunderson Lutheran Medical Foundation Program  
LaCrosse, WI

**McCormack, Steven** INTERNAL MEDICINE  
Ohio State University Hospital Program  
Columbus, OH

**McSpadden, Farrah** OBSTETRICS/GYNECOLOGY  
Grand Rapids Medical Education & Research Center/  
Michigan State University Program  
Grand Rapids, MI

**Moe, James** EMERGENCY MEDICINE  
Summa Health System/NEOUCOM Program  
Akron, OH

**Mostad, Anne** DID NOT PARTICIPATE IN MATCH

**Nelson, Christopher** GENERAL SURGERY  
University of Missouri-Columbia Program  
Columbia, MO

**Olsen, Krista** OBSTETRICS/GYNECOLOGY  
University of Minnesota Medical School  
Minneapolis, MN

**Padgett, Daniel** FAMILY MEDICINE  
UNDSMHS, Minot, ND

**Raghib, Timur** PEDIATRICS  
Grand Rapids Medical Education and Research Center  
Michigan State University, Grand Rapids, MI

**Reilkoff, Ronald** INTERNAL MEDICINE  
Yale-New Haven Medical Center Program  
New Haven, CT

**Ruhland, Jessica** FAMILY MEDICINE  
UNDSMHS, Bismarck, ND (YEAR 01)  
DIAGNOSTIC RADIOLOGY  
Mayo School of Graduate Medical Education Program  
Rochester, MN

**Samuelsson, Melissa** PRELIMINARY/MEDICINE  
University of Rochester Program Strong Memorial  
Hospital/NY, Rochester, NY

NEUROLOGY  
University of Rochester Program Strong Memorial  
Hospital/NY, Rochester, NY

**Schafer, Rhonda** OBSTETRICS/GYNECOLOGY  
University of Colorado School of Medicine  
Denver, CO

**Schatz, Sarah** FAMILY MEDICINE  
Rapid City Regional Hospital Program  
Rapid City, SD

**Shultz Piatz, Kinsey** FAMILY MEDICINE  
Siouxland Medical Education Foundation Program  
Sioux City, IA

**Srb, Natasha** EMERGENCY MEDICINE  
Regions Hospital/Health Partners  
St. Paul, MN

**Syverson, Grant** PEDIATRICS  
Medical College of Wisconsin Affiliated Hospitals  
Milwaukee, WI

**Valder, Ann** PATHOLOGY  
University of Wisconsin Hospital & Clinics-Madison, WI

**Wilhelm, Kenneth** ANESTHESIOLOGY  
University of Texas Southwestern Medical School  
Program, Dallas, TX

**Williams, Benjamin** INTERNAL MEDICINE  
University of Minnesota Medical School  
Minneapolis, MN

**Willis, Karin** FAMILY MEDICINE  
UNDSMHS, Bismarck, ND

**Wisdom, Marissa** OBSTETRICS/GYNECOLOGY  
University of Iowa Hospitals & Clinics Program  
Iowa City, IA

**Wood, Angela** PATHOLOGY  
Mayo School of Graduate Medical Education Program  
Rochester, MN

**Yarger, Jennifer** OBSTETRICS/GYNECOLOGY  
Grand Rapids Medical Education & Research Center/  
Michigan State University Program  
Grand Rapids, MI

**GRADUATES:**  
**Guttormson, Robert** GENERAL SURGERY  
Synergy Medical Education Alliance/Michigan State  
University Program, Saginaw, MI

**Hetland, Andrew** GENERAL SURGERY/  
PRELIMINARY  
University of Wisconsin Hospitals and Clinics  
Madison, WI

OTOLARNGOLOGY  
University of Wisconsin Hospitals and Clinics  
Madison, WI

**Johnson, Jason** EMERGENCY MEDICINE  
Synergy Medical Education Alliance/Michigan State  
University Program, Saginaw, MI

**Ness (nee Hille), Rachele** DERMATOLOGY  
University of Wisconsin, Marshfield Clinic  
Marshfield, WI

NORTH DAKOTA ACADEMY OF FAMILY PHYSICIANS  
BOARD OF DIRECTORS MEETING  
Thursday, March 31, 2005  
Spirit Lake Casino & Resort, Devils Lake, ND

Present: Kim Konzak-Jones, M.D., Greek Greek, M.D., Aaron Garman, M.D., David Field, M.D., Steven Glunberg, M.D., Guy Tangedahl, M.D., Heidi Bittner, M.D., Chuck Breen, M.D., Larry Johnson, M.D., Fred Mitzel, M.D., Gigi Goven, M.D., Dale Klein, M.D., Thomas Cariveau, M.D., Kimberly Krohn, M.D., Andrew Wilder, M.D., Pat Moore, M.D., Elizabeth Burns, M.D., Rich Vetter, M.D., Larry Fields, M.D. (Representative of the AAFP Board of Directors), Roger Schauer, M.D. and Brandy Jo Frei

The meeting was called to order by Dr. Kim Konzak-Jones. Dr. Kim Konzak-Jones introduced Larry Fields, M.D. – AAFP President-Elect.

The minutes of the March 25, 2004 meeting were approved as distributed and published in the Family Practice Quarterly.

Gigi Goven, M.D., suggested everyone introduce themselves since there were some new faces.

Kim Konzak-Jones, M.D., Chair of the Resident and Medical Student Commission asked Dr. Elizabeth Burns for Points of Consideration. Dr. Burns informed the group about the Evening with a ND Family Physician to be held September 15<sup>th</sup>, 2005. She stated that the initial proposed speakers Dr. Michael Fleming and Dr. Mary Frank were both busy on that date. She proposed a speaker in Rural Health or offered Dr. Larry Fields to return to ND in the fall. He said he would review his schedule. Dr. Kim Konzak-Jones then reviewed the points of information. Eleven students have been assigned to participate in the Don Breen Externship during the summer of 2005. Dr. Konzak-Jones reviewed the activities so far completed for the FMIG group. A dinner during exams will be done this spring. Heidi Bittner, M.D. asked Roger Schauer, M.D. to further explain the hopes for medical students to assist with a national Medical Literacy project. No residency issues at this time. Roger Schauer, M.D. suggested looking at ways to recruit high school students and not waiting until they enter medical school.

Dr. Fred Mitzel, Chair of the CME Commission reported there were no points for consideration from this commission. He reviewed a few points of information. The Family Practice Update at Big Sky had low attendance with 169 physicians and other health professionals. David Field, M.D. presented the financials from Big Sky. Credit card registration was suggested. Topics suggested included: practice management, pediatrics, Iraq medicine, medical ethics, Self Assessment Modules, Federal Agencies (CDC, NIH), Dept. Chairs and Residency Programs presentations. No fee increase will be implemented at this time. A fall CME will not be held, however other CME possibilities are being explored. Which include a UND football game, UND Hockey game, or someplace outside of Grand Forks. Possibly joint with Evening with a ND Family Physician, NDMA, Dept. of Family Medicine. Fredrick Mitzel, M.D. and Elizabeth Burns, M.D. agreed to look at some

options. The ALSO Course will be presented on May 20 & 21. Greg Greek, M.D. asked for others to become advisory faculty as he is the only one in the state.

Dr. Dale Klein, Chair of the External Affairs Commission presented a resolution that he is interested in submitting to the Congress of Delegates in October. The resolution would be associated with Models for Practice Sharing. Following a explanation of the background of the resolution a brief discussion was held. It was moved, seconded and passed to support this resolution. Kim Krohn, M.D. suggested a resolution on Colorectal Cancer Screening to be covered by insurance. In the points of information, the TarWars program was discussed. Family Practice Quarterly and the future of it were also discussed. Roger Schauer, M.D. proposed moving to an online publication. Questions were raised in regards to advertising and those still wanting a paper copy. It was voted on and approved to change name to Family Medicine Quarterly. Further research will need to be done to determine online costs, paper continuation costs, etc.

There was a discussion on Self Assessment from ABFM and is being Board Certified worth it. Larry Field, M.D. gave a update on National's current standing on this.

Dale Klein, M.D. provided an overview of the legislative issues.

The Internal Affairs Commission update was given. The financial report was given by Dr. David Field. There was some recent financial restructuring to one account. Board of Director Insurance has been purchased along with company credit cards for key individuals. The investments were reviewed showing the Academy is in a very good position. Dave Field, M.D. proposed offering to pay for the President's expenses to include hotel. This would include the current president and the past 2. The budget was submitted for approval. The Executive Director evaluation was done.

Dr. Andrew Wilder gave a brief report on the Foundation and the details of the prior night's meeting. Jon Rice, M.D. resigned as President and Board Member. Tom Cariveau, M.D. will complete the next year as president, Andrew Wilder, M.D. will continue as VP, and Dennis Wolf, M.D. will continue as Secretary/Treasurer.

Kim Krohn, M.D., Steven Glunberg, M.D., and Dave Field, M.D. agreed to review the Bylaws and Policy Manual.

Tom Cariveau made known his desire to run for Committee Nomination. Unanimously agreed to support him.

The meeting adjourned at approximately 10:00 p.m.

Brandy Jo Frei-Executive Director

## 2005 New Residents In North Dakota Family Medicine Residency Programs

<u>Name</u>	<u>Medical School</u>
<b>Bismarck Center for Family Medicine</b>	
Anderson, Jeffrey	UNDSMHS
Longie, Kelly	UNDSMHS
Longie, Kevin	UNDSMHS
Pandey, Jay	GSVM Medical College, Kanpu, India
Ruhland, Jessica	UNDSMHS
Willis, Karin	UNDSMHS

<b>Minot Center for Family Medicine</b>	
Dias, Asitha	University of Colombo, Sri Lanka
Hamilton, Robert	University of Oklahoma College of Medicine, Oklahoma City
Lorenz, Rhonda	St. George's University, Grenada
Padgett, Daniel	UNDSMHS
Shafer, Justin	Ross University, Dominica

<b>Grand Forks Family Medicine Residency</b>	
Hundley, Michelle	St. Matthew's University
Ignacio, Iris	University of the East
Jacob, Cindy	University of the West Indies
Jarzewowski, Tomasz	Akademia Medyczna IM Karola Marcinkowskiego
Li, Haikun	Medical Center of Fudan University
Michalski, Tom	University Collegium Medicum, Krakow, Poland

## 2005 Graduates from North Dakota Family Medicine Residency Programs

<u>Name</u>	<u>Residency</u>	<u>Practice</u>
Ament, Aaron	Minot	US Air Force
Anderson, Matthew	Grand Forks	Crosby, ND
Brandt, Rose	Grand Forks	Ada, MN
Gonzalez, Karen	Minot	Nevada
Gray, T. Kevin	Minot	Undecided
Heninger, Robert	Minot	Stanley, ND
Khan, Shazia	Minot	Undecided
Lawrence, Scott	Grand Forks	Detroit Lakes, MN
Mallberg-Shaffer, Tracie	Bismarck	Glenwood, MN
Martin, Corey	Bismarck	Buffalo, MN
Overvold, Angel	Bismarck	Undecided
Pazdernik, Julie	Grand Forks	Detroit Lake, MN
Penn, Jeremiah	Bismarck	Mayville, ND
Riddle, Anne	Bismarck	Detroit Lakes, MN
Shaffer, Todd	Grand Forks	Carrington, ND
Stein, Sherry	Bismarck	Bismarck, ND
Thiel, Chad	Bismarck	Perham, MN
Vila, Andy	Grand Forks	Undecided

## SUMMER EXTERNSHIP PROGRAMS

### Don Breen

<u>Preceptor</u>	<u>Location</u>	<u>Student</u>
Dennis Wolf, MD	Dickinson	Richelle Blanchard
John Joyce, MD	Hettinger	Josh Ranum
Chuck Breen, MD	Hillsboro	Preston Hatlestad
Scott Rowe, MD	Jamestown	Nicole Gullickson
Tony Johnson, MD	Mandan East	Jill Lindelow
Dale Klein, MD	Mandan North	Matt Voigt
Rug Nagala, MD	Oakes	Derek Brickner
Rich Vetter, MD	West Fargo	April Batcheller
Guy Tangedahl, MD	Bismarck	Michelle McCann
Pat Moore, MD	Grand Forks	Laura Feist
Greg Culver, MD	Cando	Megan Welsh
Kim Krohn, MD	Minot	Tyler Price

### SEARCH (Student/Resident Experiences And Rotations in Community Health)

<u>Preceptor</u>	<u>Location</u>	<u>Student</u>
Richard Larson, MD	Belcourt	Ryan Clauson
Michael Page, MD	Carrington	Katherine Splichal
Linda Fillipi, MD	Grafton	Stacy Roers and Margaret Cook-Shimanek
Don Grenz, MD	Linton	Todd Wagner
Jon Berg, MD	Northwood	Shannon Peters
Rup Nagala, MD	Oakes	Nancy Longfors

### CRISTAL (Collaborative Rural Interdisciplinary Service Training And Learning)

<b>Belcourt:</b> Richard Larson, M.D.	
Darcie Ickle	Radiologic Technology
Heather Johnson	Dietetics
Jona Parisien and Senadee Farmer	Social Work
Jennifer Pederson	Physical Therapy
<b>New Town:</b> Monica Mayer, M.D.	
Susan Jacobson	Social Work
Lisa Bemus	Psychology

## THE AMERICAN BOARD OF FAMILY MEDICINE ANNOUNCES THE PERFORMANCE IN PRACTICE MODULES (PPMs) PART OF THE MAINTENANCE OF CERTIFICATION FOR FAMILY PHYSICIANS (MC-FP) PROGRAM

### Program is Based on Quality Standards Set by the 24 Member Boards of the American Board of Medical Specialties (ABMS)

The American Board of Family Medicine (ABFM) announced the launch of the Performance in Practice Modules (PPMs), an integral part of the Maintenance of Certification for Family Physicians (MC-FP) Program. The MC-FP program is in accordance with American Board of Medical Specialties (ABMS) continuing certification program, aimed at ensuring that physicians in a wide range of medical specialties and subspecialties meet the highest standards of patient care and accountability throughout their careers.

The PPMs are the latest effort by the ABFM to develop a comprehensive Maintenance of Certification program, and the PPMs join the Self-Assessment Modules (SAMs) which were implemented last year by the ABFM. While the SAMs are a cognitive and clinical assessment, the PPMs represent the efforts of the ABFM in Quality Improvement (QI).

Family Physicians bring many tools with them to patient care, including knowledge, skill, and compassion. The PPMs offers new tools for the physician toolbox. Performance in Practice Modules are the ABFM's web-based, individual quality improvement (QI) modules in specific health areas. The first two PPMs, available at the ABFM web portal in April 2005, will center on QI in hypertension and diabetes care.

PPMs are a simple framework to aid ABFM Diplomates in providing the best possible care for their patients. The modules satisfy both their Part IV Performance in Practice requirement, and serve as an introduction to continuous QI.

The modules begin with a self-administered assessment of patient care in a given health area, using a simple data collection instrument. Data is entered via the ABFM web portal. The physician is offered performance data and then chooses an area from which to begin a QI plan. Using a menu of interventions, available from various online sources, the physician then designs his or her own plan of improvement, submits the plan, and implements it in practice. After a brief period, the physician again self-assesses the care in the given health area, and inputs the data via the web. He or she is offered the opportunity to compare his or her performance pre- and post-intervention, and offered comparison data on his or her peers.

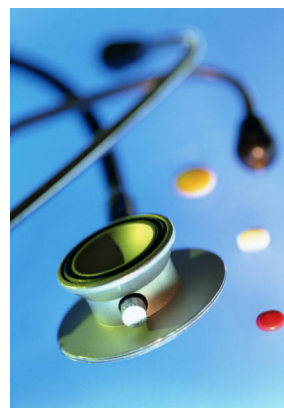
Completion of the audits, and submission and implementation of an individual QI plan, once per certification cycle is required. The PPM may be completed anytime during the certification cycle, but once begun, should be completed within a six-month time frame.

Like other specialty Boards, the ABFM's MC-FP program represents an ongoing process focusing on six general competencies integral to quality care: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. These areas were identified jointly by the ABMS and the Accreditation Council for Graduate Medical Education in an effort to define the skills and information necessary for a physician to deliver high quality patient care, beginning with their specialty training.

The American Board of Family Medicine is a private, not-for-profit organization that certifies and recertifies family physicians. As one of the 24 members of the American Board of Medical Specialties, the ABFM is the second largest medical specialty board in the United States. Doctors who obtain certification with ABMS Boards must meet high standards in education and clinical practice, must take and pass ongoing tests of their medical knowledge, and must be fully licensed to practice medicine in their local areas.

### 2005 Family Doctor: Your Essential Guide to Health and Wellbeing

Copies of the 2005 *Family Doctor: Your Essential Guide to Health and Wellbeing* shipped to the practices of Academy members throughout the United States in May. The 10-chapter book, provided free to AAFP member practices, is designed for patients to read in the reception area. In addition to health education articles, the book explains the benefits of having a personal "medical home" with a family physician. Members wanting additional copies can order them for shipping and handling only by calling (800) 944-0000 and asking for item # 22. Patients wanting to purchase individual copies can visit <http://familydoctor.org> and click on the *Family Doctor* link to buy the book for \$6.95 each, plus shipping and handling. Supported by advertising, the book is updated annually.



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### **Strategies for Efficient Office Precepting**

Alison E. Dobbie, MD; James W. Tysinger, PhD; Joshua Freeman, MD

Many family physicians teach because they enjoy the personal satisfaction of working with students and want to share their enthusiasm for family medicine while contributing to the education of the next generation of physicians.<sup>1,2</sup> However, most office-based teachers are unpaid volunteers,<sup>3</sup> and evidence indicates that time spent teaching can lengthen the preceptors' working day<sup>3-5</sup> and/or decrease their clinical productivity.<sup>3</sup> Fortunately, preceptors can use several strategies to minimize the added tasks of teaching while optimizing students' educational experience. Preceptors who use these strategies have reported practicing more efficiently with a student than without one.<sup>6</sup> In this article, we summarize some practical strategies for efficient office-based teaching that are likely to be highly valued by preceptors and students.

#### **Planning and Preparing**

##### *Agree on Daily Goals*

The vast amount of potential learning material in each session can overwhelm both teacher and student. To better manage this learning material, spend 1 or 2 minutes before each session agreeing on mini-learning goals that relate to the clerkship objectives and are achievable that day. For example, it may be too time-consuming to observe a student conduct a complete physical exam, but it is practical to observe and give feedback on two abdominal exams in one session and ensure that the student has mastered this part of the physical exam. Achieving such mini goals over several sessions results in an impressive amount of clinical observation, teaching, and feedback.

##### *Limit the Number of Patients That Your Student Sees*

Seeing too many patients often prevents students from reflecting on how the clinical experience aids their learning. Depending on the number of clerkships completed, the clerkship's goals, and the patients' clinical complexity, third year students should see between three and six patients for each 4-hour session.

##### *Encourage "Just in Time" Learning*

Between patients, students should review content related to the patients they see. For example, after seeing a child with a sore throat, students can use their handheld computers or the Internet to look up the risk factors for strep throat and determine the sensitivity and specificity of the "rapid strep" test. This "just in time" learning, especially when combined with formulating clinical questions, encourages students to seek and use evidence-based medicine. Such integration of evidence-based medicine into practice has been reported as one of the top three factors students associate with effective teaching.<sup>7</sup>

##### *Debrief and Plan for the Next Session*

At the end of each session, it is efficient to spend a few minutes debriefing on the teaching session, reviewing how well the student met the mini goals, agreeing on any homework, and planning for the next session.

#### **Maximizing Learning Efficiency**

##### *Limit Presentation Time*

Students must learn to give a focused 2–3 minute patient presentation that includes pertinent positive and negative findings and their assessment and plan. Students consistently report the opportunity to formulate assessments and plans as one of the top factors associated with high-quality clinical teaching.<sup>8</sup>

##### *Use the Five Clinical Teaching Microskills*

Most preceptors are familiar with the five microskills of clinical teaching<sup>9</sup> but may not use them because they think that completing all steps after every patient is too time consuming. However, all five microskills do not need to be completed for every patient. For example, if a patient presents with a sprained ankle, the preceptor can use the microskill "teach general rules" in discussing and demonstrating a proper ankle exam and use the microskills "reinforce what was done right" and "correct mistakes" in giving the student feedback about his/her actual exam of the patient's ankle. For other sprained ankle issues such as understanding why an X ray was or was not ordered, the teacher can direct the student to find the Ottawa ankle rules as "just in time" learning between patients and discuss their application in more detail later.

##### *Make Feedback Routine*

Giving feedback challenges most preceptors because they see it as time-consuming and fear it may upset the student. Yet students report receiving high-quality feedback as one of the top two factors associated with excellent clinical teaching.<sup>8</sup> Feedback that is based on observation, consistent, fair, routine, and given in a spirit of unconditional positive regard will be accepted and appreciated. For example, while observing the student perform an abdominal exam, a preceptor might say, "You correctly palpated all four quadrants superficially and deeply, but you forgot to observe and listen first! Remember: always observe the abdomen first, listen to it second, and then palpate it."

#### **Teaching With Patients**

##### *Develop a Cadre of "Teaching Patients"*

Every physician has patients who have interesting stories to share. If these patients have conditions that add to students' learning, both student and patient usually enjoy spending extra time together. Such regular "teaching patients" can become familiar with students and may even learn to evaluate them and give informal feedback on students' performance. Such patient feedback is particularly powerful for students.

##### *Seize Unexpected Learning Opportunities*

Besides planning in advance which patients the student will see, one should seize unexpected learning opportunities. For example, where a patient has a newly discovered goiter or heart murmur, the student may be briefly introduced to the patient simply to experience the abnormal sign.

### *Hear Presentations in the Exam Room*

When all parties are comfortable and the clinical problem is suitable, it is efficient and mutually satisfying to have the student present his/her findings and for the preceptor to teach in the patient's presence. Patients can then give immediate feedback on the accuracy and completeness of the student's presentation.

### **Using Service Learning**

#### *Use the Students for Administrative Tasks*

Many non-clinical tasks can aid student learning. For example, students can learn a great deal by performing administrative tasks under the preceptor's guidance and supervision. These tasks may include filling out lab requests, writing referrals, updating problem lists, and doing telephone callbacks.

#### *Let Students Write Notes*

Writing notes aids students' learning and helps students present the patient's issues to the preceptor in an efficient and organized manner. According to Health Care Financing Administration documentation guidelines, only a small portion of a student's note is billable, and the preceptor must still write or dictate a note and personally document major aspects of the patient visit.<sup>10</sup> However, preceptors can still save time by using the student's note as a guide when dictating or writing their own note. In one study, students' notes saved preceptors 3.3 minutes of charting time per patient.<sup>11</sup>

#### *Use Students to Teach Patients*

Students learn a great deal by teaching patients about such topics as smoking cessation and weight loss. Teaching patients sharpens students' communication and negotiation skills and makes them aware of the many reasons patients don't comply with medical advice.

### **Conclusions**

Using these simple strategies can help office-based teachers improve the teaching experience for themselves and their students. Devoting a few minutes each day to these activities can maximize the teaching session's efficiency and minimize extra work for the preceptor.

*Acknowledgment:* We presented this manuscript's contents as a lecture-discussion at the Society of Teachers of Family Medicine 2005 Predoctoral Education Conference in Albuquerque, NM.

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## 2005 Legislation

David Peske, NDMA Director of Governmental Relations  
FPQ June 2005

**The Fifty-Ninth Legislative Assembly** met for 76 of the allowed 80 legislative days, adjourning on April 23. Many Family Medicine specialists again participated in the NDMA Doctor of the Day Program. Especially appreciated was the regular commitment by the Bismarck FM Residency Program.

NDMA lobbyists tracked and participated in deliberations on over 140 bills and resolutions, and were at the capitol every day of the session. Of the 944 bills initially introduced, 615 were eventually passed. NDMA's website provides additional information on bills at [www.ndmed.com](http://www.ndmed.com).

The North Dakota Medical Association legislative agenda for medicine was well received, with the successful enactment of many of our proposals:

**Expert Opinion in Medical Lawsuits** SB 2199 (Sen. R. Brown) revises North Dakota's statute requiring that the plaintiff produce an expert opinion to support allegations of negligence in the early stages of medical liability litigation. The bill also makes the expert opinion requirement inapplicable in cases alleging lack of informed consent. There is now greater assurance that claims of professional negligence have been evaluated and can be supported, thus preventing unnecessary litigation and costs.

**Pain Management Protections** SB 2166 (Sen. Judy Lee) updates North Dakota's "Intractable Pain Treatment Act." The law's goal is to address physician reluctance to prescribe opioids for the treatment of pain, due to their concern about regulatory scrutiny, by providing protection from discipline by state medical boards and hospitals.

**Advance Directives** SB 2343 (Sen. Judy Lee) creates a new statutory basis for advance directives by combining the current "living will" and durable power of attorney for healthcare into a single "health care directive."

**No Written Consent for HIV Testing** SB 2259 (Sen. R. Kilzer) removes the requirement that providers obtain written informed consent from individuals who are to be tested for HIV. This change was incorporated in House Bill 1410, which further addressed testing for blood-borne pathogens.

**Physician Loan Repayment Program Improved** SB 2266 (Sen. J. Traynor) improves the state's physician education loan repayment program, reducing the physician's current four-year practice commitment requirement to two years, and increasing the available repayment amount to \$90,000.

**Minors' Consent Bill Defeated** SB 2308 (Sen. K. Krebsbach) would have authorized a physician to rely on the consent of a minor when providing pregnancy-related care for her, as well as provided options for a physician to inform the minor's parents. The bill's goal was to assure that needed care is given to the minor and her newborn. The bill passed the Senate 42-1, and even though the bill was amended to incorporate an age

threshold of 14, it was defeated in the House.

NDMA was deeply involved in a variety of other successful issues as well:

**Clean Indoor Air** SB 2300 provides a comprehensive ban on smoking in workplaces and indoor public places, with limited exemptions, most notably enclosed bars.

**Independent Appeals Process for Insurers** SB 2282 requires commercial insurance plans to "establish and implement an independent external review mechanism to review and determine whether medical care rendered was medically necessary and appropriate to the claim as submitted by the provider."

**Licensing Board Expanded** SB 2068 as introduced would have decreased the number of physicians on the Board of Medical Examiners by one. NDMA successfully supported an amendment to instead increase the size of the Board by one.

**Medicaid** Physicians and hospitals made their case to both appropriations committees for payment increases beyond the Governor's initial proposal of 2% per year. The request emphasized that North Dakota citizens receive among the highest quality, cost-effective healthcare in the nation, and that maintaining the current outdated payment policies will jeopardize the ability of physicians and hospitals to continue providing that quality of care. As amended and passed, HB 1012 contained a 2.65% annual increase in reimbursement, along with funds for a new Medicaid computer system and funds to cover the expected reduction in the federal match (FMAP). HB 1459 includes a provision allowing the state to accept federal funds to develop a statewide, electronic prescription drug monitoring system. The intent is to reduce the practice of "doctor shopping" and the diversion of prescription medications, and to allow physicians to more easily access a patient's comprehensive drug profile. HB 1459 also calls for review of additional Medicaid management tools, such as targeted case management, proper reporting of diagnosis procedure codes, the use of prescription drugs for mental health treatment, prior authorization for certain high-cost procedures, requiring the use of photo ID cards for all recipients, whether providers should be required to use tamper-resistant prescription pads, and whether to develop a plan to permit risk-sharing arrangements between the Department and Medicaid providers.

### **Healthcare Under the Microscope**

At least 28 proposals to study health-related issues during the 2005-06 interim were enacted. On May 19 the Legislative Council selected those they will study, which include:

*Health Care and Health Insurance* – study the need for a comprehensive health care and health insurance study to be performed during the 2007-08 interim; and a separate study of the appropriate minimum loss ratio that accident and health insurers must meet to do business in ND.



*Medicaid Reimbursement* – study the Medicaid medical reimbursement system, including costs of providing services, fee schedules, parity among provider groups, and access.

*Special Needs Children* – study state programs providing services to children with special health care needs to determine whether the programs are effective in meeting these needs.

*Pharmacy Benefit Managers* – study the pharmacy benefits management industry, including the ownership or affiliation between insurance companies and pharmacy benefits management companies and whether such relationships are good for the consumer; the use of various cost-containment methods, including the use of generic drugs; and the price consumers actually pay for prescription drugs in North Dakota.

*Dementias* – review the legal and medical definitions used for dementia-related conditions.

*Allied Health Professions Board* – study the feasibility of creating an umbrella board to regulate the practice of certain allied health professions, including acupuncturists.

*Public Health Studies* – various studies, including the costs and benefits of adopting a comprehensive healthy North Dakota and workplace wellness program, and study of the state's public health unit infrastructure and its ability to respond to public health issues.

#### **Medicare Drug Benefit in 2006**

HB 1465 directed the Medicaid program to develop a plan to implement the new Medicare Part D drug coverage plan, changing the face of the Medicaid prescription drug budget. The bill restricts the state from paying for drugs covered by Medicare, but allows Medicaid to continue providing necessary drug coverage until February 15 if a beneficiary has not completed the required Medicare enrollment process. The Centers for Medicare and Medicaid (CMS) and Social Security Administration have initiated a massive educational effort to inform beneficiaries, who must actively select a drug plan and sign up to participate. CMS, hoping that physicians and pharmacists will help inform patients about the new drug program and their responsibilities, will also send information to providers, and has included details on these websites:

[www.cms.hhs.gov/medicarereform/pdbma/](http://www.cms.hhs.gov/medicarereform/pdbma/) and [www.cms.hhs.gov/medlearn/matters](http://www.cms.hhs.gov/medlearn/matters).

#### **NDMA Annual Meeting CME, September 23 in Grand Forks**

A great lineup of CME presentations will be available to physicians at the NDMA Annual Meeting on Friday, September 23 at the Alerus Center in Grand Forks. ND native Jay Giedd, MD, Child Psychiatry Branch researcher at the National Institute of Mental Health, will offer two talks on ADHD and Brain Imaging. Other topics on tap will include segments on medical staff legal issues (by-laws, credentialing) future challenges in Medicare (pay for performance, Part D Rx drugs), and medical ethics.

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[www.aafp.org/pehandbook.xml](http://www.aafp.org/pehandbook.xml)

## NEW IMMUNIZATION RECOMMENDATIONS ADDRESS INCREASED RISK OF MENINGOCOCCAL DISEASE AMONG U.S. ADOLESCENTS AND COLLEGE STUDENTS

In February 2005, the U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) issued new recommendations stating children at the pre-adolescent visit (11- to 12-year olds), adolescents at high school entry and college freshmen living in dormitories should be immunized against meningococcal disease. In addition, ACIP's recommendations state all other adolescents who wish to decrease their risk of meningococcal disease may elect to receive the vaccine.

This marks the first time the ACIP has recommended routine meningococcal immunization for 11- to 18-year olds. This age group accounts for nearly 30 percent of all cases of meningitis in the U.S. During the 1990s, one study reported a substantial increase in incidence among 15- to 24-year olds, as well as a fatality rate of more than 22 percent in this age group, up to five times that seen in younger persons. Specific behaviors such as smoking, kissing and crowded living conditions put both adolescents and college students at greater risk for meningococcal disease.

The good news is that up to 83 percent of meningococcal cases reported are caused by the potentially vaccine-preventable serogroups included in the first quadrivalent conjugate vaccine licensed in the U.S. for the prevention of meningococcal disease in adolescents and adults aged 11-55 years.

Meningococcal disease is a rare, but deadly bacterial infection that strikes between 1,500 and 3,400 Americans every year, causing meningitis or sepsis in the majority of cases. Approximately 10 percent of individuals who contract meningococcal disease will die. Of those who survive, up to one in five suffer permanent disabilities such as hearing loss, neurological damage and limb amputations.

Meningococcal disease is transmitted through the exchange of respiratory and throat secretions, and close, personal contact. Symptoms can be mistaken for the flu, and may include fever, headache, stiff neck, vomiting, confusion, and a petechial or purpuric rash. Meningococcal disease can progress very rapidly and can kill an otherwise healthy young person in 48 hours or less.

Vaccination is the best method of prevention against meningococcal disease. There are risks associated with all vaccines. The meningococcal vaccine mentioned above can cause pain, redness and induration at the site of injection, headache, fatigue, and malaise. As with any vaccine, vaccination with this new quadrivalent meningococcal conjugate vaccine may not protect 100% of individuals.

For more information about meningococcal disease and immunization, visit the following Web sites:

- [www.cdc.gov](http://www.cdc.gov)
- [www.meningococcaldisease.com](http://www.meningococcaldisease.com)
- [www.nmaus.org](http://www.nmaus.org)
- [www.sanofipasteur.us](http://www.sanofipasteur.us)

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## IMPORTANT DATES TO MARK ON YOUR CALENDAR

**September 15, 2005**  
**Evening With a ND Family Physician**  
**Best Western Town House, Grand Forks**

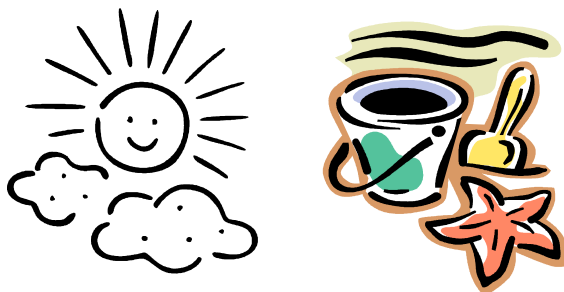
**September 22—23, 2005**  
**North Dakota Medical Association Annual Meeting**  
**Alerus Center, Grand Forks**

**January 16 – 20, 2006**  
**29<sup>th</sup> Annual Family Medicine Update**  
**Big Sky, MT**

**March 23 – 25, 2006**  
**51<sup>st</sup> Annual State Meeting and Scientific Assembly**  
**Ramada Plaza Suites, Fargo**



## Summer Fun in the Sun!!!





# Mark Your Calendar

## 29th ANNUAL

### *Family Medicine Update*

Huntley Lodge  
BIG SKY, MONTANA  
January 16-20, 2006

*Sponsored by the North Dakota Academy of Family Physicians*

Registration Fee - \$500.00\*  
NDAFP Members—\$425.00\*  
Out-of-State Medical Residents - \$275.00\*  
ND Medical Residents—Free\*  
\*By December 1, 2005  
(Add a \$75 late fee for registrations after  
December 1, 2005)

Spouse and Children's Activities  
Networking Opportunities  
Family Events  
For information on Housing Reservations, Daycare Services and  
Kid's Club, call Huntley Lodge 800-548-4486

**Workshops will be offered.**

\*Agenda will be available soon—please visit our website at [www.ndafp.org](http://www.ndafp.org)

**25+ Prescribed AAFP credits will be available.**

Send to: NDAFP Big Sky, UND, P.O. Box 9037,  
Grand Forks, ND 58202-9037

For further information: (701)777-3276 FAX (701)777-3849 or email: [Brandy@ndafp.org](mailto:Brandy@ndafp.org) or visit our website at [www.ndafp.org](http://www.ndafp.org).

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#### Registration Form

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Address: \_\_\_\_\_

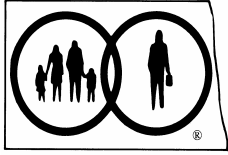
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

I prefer to receive a CD-Rom of conference materials  I prefer to receive a paper copy of conference materials

If you will bringing guests / family, please indicate:

Number of Adults  Number of Children



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