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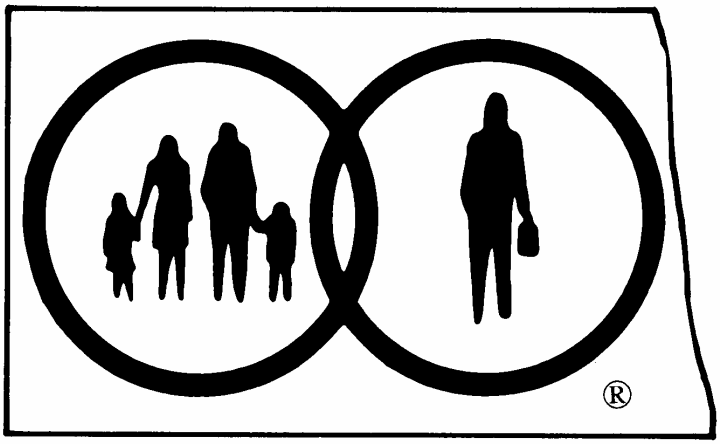
Family Practice Quarterly



North Dakota
Academy of Family Physicians

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

North Dakota Academy of Family Physicians

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Issues in This Issue

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

This spring issue of the FPQ brings you greetings from the Department of Family Medicine and your Executive Director, Brandy Jo Frei. Dr. Garman brings us his last "President's Message", but hopefully not his last words of advice to us and the Academy. Thank you Aaron for leading us through this transition year. I call your attention to the article about Dr. Todd Schaffer (2002). Congratulations Dr. Schaffer, on receiving the AAFP "Excellence in Graduate Medical Education" award, and welcome back from your service in Iraq. Dr. Schaffer plans to provide medical care in Carrington upon completion of his residency. I also want to extend a welcome back to two graduates of UNDSM, Dr. Don Kosiak Sr. ('79) and Dr. Don Kosiak Jr. (2001), a father and son team who served in Iraq simultaneously this past winter. Don Sr. has provided family care in the Wishek community for more than two decades. The senior Dr. Kosiak recently received the "Outstanding Rural Health Provider" award at the Dakota Conference on Public and Rural Health. Don Jr. is an emergency room physician in Sioux Falls, S.D.

Both Dr. Burns and Dean Wilson update us in this issue. Not mentioned in Dr. Wilson's article is the recently produced video to celebrate the centennial of UND School of Medicine. I know Dr. Wilson is excited about coming to communities all over the state to share this film with you. I think the video "does our state proud". In a separate article you can learn more about Dr. Burns' activities as a Bishop Fellow. We also provide the agenda for the 50th Annual Meeting and Scientific Assembly for our Academy to be held at Spirit Lake Casino & Resort March 31-April 2. If you have not yet registered, please complete the registration form found with the agenda.

Spring brings us the promise of renewal, new growth, and new ideas. In that spirit (but in the depth of winter) a number of us, including your President-Elect, recently attended the Annual Predoctoral Education Meeting of the Society of Teachers of Family Medicine (STFM) in Albuquerque, NM. The focus of this meeting is Predoctoral Medical Education, but community faculty development is an important topic of discussion. Three of us presented posters at this meeting, including Drs. Steven Stripe, Charles Christianson, and myself. Dr Stripe presented his "Aeronautical Model for Medical Decision Making Regarding Risk Management", a topic he will also address at our annual meeting. Dr. Christianson's poster shared findings from "Assessing the Video Ophthalmoscope for Teaching the Retinal Examination". My poster presented "Performance Outcomes for Students in a Rural Emersion Experience" (ROME). "Professionalism", a hot topic addressed in multiple venues at the meeting, also provided an opportunity for Dr. Christianson to present "Weaving Professionalism Education into the Curriculum". In this issue Charlie provides material you might find helpful in further defining how you evaluate and provide feedback to our medical students regarding professionalism.

Emerging educational technology for distance education was addressed by several medical schools at the STFM meeting, and provided an opportunity for the UND School of Medicine to showcase our video conferencing capabilities. Don Larson, from our own Information Technologies, discussed and demonstrated progress and challenges with our current PolyCom system. Other participants for this panel, including Dr. Heidi Bittner, Dr. Candelaria Martin from the Minot Center for Family Medicine residency, Dr. James Beal, Director of Research & Program Development for the DFM, and myself, addressed this emerging technology for distance education for medical students and practicing physicians. While the following may be a biased opinion, I believe that because of the collaboration between several agencies in North Dakota and multiple departments at UND School of Medicine we have some of the best distance technology and distribution networks available in the country.

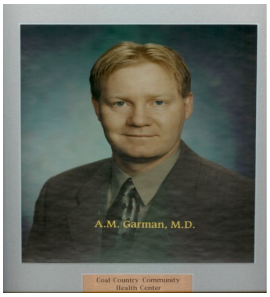
Elsewhere in this issue, in "You're a Better Doctor When You Have a Student" I provide a synopsis of my new learning from this meeting. In addition to the "faculty development" addressed in the previously noted articles by Charlie and myself, we are reprinting "Information Technology and Teaching in the Office", by permission from STFM, specifically from "The Teaching Physician". Personal Digital Assistants (PDAs) are rapidly becoming an important information management and information resource tool to our students as well as practicing physicians.

A proposed topic for discussion at the upcoming annual NDAFP meeting is the future direction of the FPQ. The FPQ is in its 31st year of printed publication, but the future of this paper publication should be addressed. Web access as an alternative, or in addition to the paper copy, needs to be revisited. As recently as five years ago a small percentage of family physicians in North Dakota had easy access to internet. Currently access is available to virtually everyone, as evidenced by the great majority of you completing and submitting student clerkship progress evaluations on-line. In addition, a resource recently developed and previously referenced, "The Teaching Physician", is available to the department for distribution to all our preceptors. Over the past two years several articles from "The Teaching Physician" have been reprinted in the FPQ but many more articles than we are able to print are available for our preceptors and the resource could be made available on-line for all for quick reference.

Finally, Dave Peske provides us an update of legislative activity for this session. Possibly in a bit of irony (see previous paragraph) the North Dakota Medical Association web site provides us immediate access to this information.

We look forward to seeing you at our annual meeting in Spirit Lake, or in my travels to visit your students.

A Message from The President



Aaron Garman, M.D.

Hello! from Beulah, ND. Another NDAFP year has passed with some exciting changes. As you all probably already know we have hired Brandy Jo Frei as our new executive director. In my opinion, she is doing an excellent job and is a pleasure to work with. Thank you Brandy for a great job over the last several months.

Additionally, we have exciting changes occurring in the treasury and finance department. Dr. David Field has done a remarkable job in converting us over to a computer based system with great features. Dr. Field has worked tirelessly over this past year not only on finance issues but also with personnel issues. Thank you Dave.

Dr. Heidi Bittner has put together an exciting conference at a unique location, Spirit Lake Casino by Devils Lake. I will bet that it will be very educational and fun. Heidi has also been involved greatly with guidance throughout this past year and for that I truly owe her. We are lucky to have such a great doc assuming the reins of the academy.

Additional items that we are working on include a handbook for Board Members, bylaw changes, and further defining the NDAFP's interaction with the UND School of Medicine. We hope that by clarifying a few of these issues the process of acquiring a new executive in the future (hopefully the distant future) will be fraught with fewer hurdles.

I feel that this past year has been one of introspection for the ND Academy. We have had to carry on business as usual; however, we have also had to examine and evaluate processes and relationships that previously had been handled so well by Jean. I truly miss Jean and all she brought to the academy. On behalf of the ND Academy I would like to take this opportunity to say thank you again for your many years of service and for the wonderful leadership and support you gave this office. You are and will always be missed.

I thank you all for your trust and faith in allowing me to be your President for this past year. I look forward to exciting days ahead.

Sincerely,
Aaron Garman

A Message from the Executive Director

Brandy Jo Frei

I officially completed my first Big Sky Family Practice Update. It was an incredible conference. We had physicians from 23 states and 1 from overseas. We are already organizing the 2006 conference as well as our 30th Anniversary in 2007. With the wonderful technology that is available today, we are considering putting the syllabus online for attendees to access as well as possibly registering online. Please watch for more information to come on this great annual event and submit your requests now for time off to attend the 29th Annual Family Medicine Update on January 16-21, 2006.

I plan to improve the current website, <www.ndafp.org>. Besides online registration, we are also looking at adding a message board for ND physicians to obtain helpful feedback from their peers. As we make changes to the website, please feel free to let me know what else you would like to see added.

As we prepare for the 50th Annual State Meeting, I anxiously await the opportunity to meet all of the NDAFP members in person. We have a wonderful agenda filled with a number of excellent speakers. Please make an extra effort to attend this event, let your voice be heard on Academy issues, and be involved in your North Dakota Academy of Family Physicians.

As always, please feel free to contact me with any questions, concerns, or issues that you may need assistance with.

Brandy Jo Frei
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A View From UND

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

As some of you know, I have been away from campus quite a bit this year for my fellowship training in higher education administration. It is always interesting to experience another's point of view and reality. Stepping outside my academic world of a medical school and working with colleagues (the 33 other ACE fellows) who come from departments of Music, Theater, History, Political Science and English among others, as well Dean's Offices has allowed me to do just that. Together we have learned about strategic planning, finances, academic leadership and vision, personality types, diversity and conflict. Along the way we've visited colleges and learned about the issues at today's colleges and universities. One of the speakers told us early in our year that presidents have two major trouble makers: docs and jocks. Of course, the session was on issues in athletics, but that didn't let academic medicine off the hook. Along the way, I've gained a great appreciation for what it takes to keep universities moving forward, educating a group of learners (not just the traditional student group) for the challenges ahead. The overarching theme is one of change and adaptation. The issue is what change and how to adapt.

In Family Medicine, our leadership has gone through a visioning process that resulted in the Future of Family Medicine <www.futurefamilymed.org>. That work has stimulated thinking about many aspects of Family Medicine, but the two near and dear to my heart are the academic department and the residency program. We have a retreat planned next month to start describing a vision for the department. I am happy to report that the residency programs in Minot and Bismarck, at their respective UND Centers for Family Medicine, have started their transformation. The program directors, Guy Tangedahl and Milt Smith, helped identify some of their problems and concerns. One was visibility and patient numbers. In order to have a successful program, we needed to improve both. How did we make it happen? By bringing everyone to the table, pooling the resources of programs and departments, getting some expert advice, talking it through (many times) and persisting in our vision.

The logo below is the result of work, negotiation and compromise. It is a new identity for us, fitting for the new office in Minot, the planned EHR system and for the residency of the future. Our goal is an educational program within a functioning, vibrant teaching practice—the future of family medicine.

Center for Family Medicine
UND

In the logo, the letter 'F' visually represents a healthy individual and suggests forward movement. Promoting good health and delivering high quality patient care, in a dynamic learning environment, is a primary goal of the Centers for Family Medicine.

From the Dean
H. David Wilson, MD

In January of this year, I met with the Altru Health System administrative team (Dr. Casey Ryan, Greg Gerloff and Robert Peabody) to discuss the future of the UND Family Medicine Residency Program in Grand Forks. It was our goal to maintain the residency program, but it was clear that it could not continue under UNDSMHS operational administration. This was a difficult decision to arrive at; it flies in the face of the long-standing history and tradition of the medical school and its residency education programs. We are fortunate that Altru Health System representatives agreed to assume sponsorship of the residency program and operational management of the UND Center for Family Medicine-Grand Forks. The decision was announced February 4 and will take effect April 4, 2005. In order to facilitate the transition, the program will stay at the UNDSMHS University Health Facility building through June 30, 2006.

This decision, as difficult as it was, is a good one for the community of Grand Forks, Altru and the University of North Dakota School of Medicine and Health Sciences. It is the only viable option at this time.

I am grateful for your continued support of the statewide medical student educational program and the Family Medicine Residency Programs in Bismarck and Minot. I believe that the Department of Family Medicine at UNDSMHS is continuing its growth and maturation towards becoming a top-ranked Family Medicine Department and I support Dr. Elizabeth Burns and the faculty in these efforts.

American Board of Family Medicine, Inc.

ABFM Moves to Online Registration Lexington, KY-

The American Board of Family Medicine is offering online registration for its 2005 certification, recertification and sports medicine exams. The online application process has streamlined registering for the examination. In many instances, the physician can complete the entire process in minutes at a single sitting.

The online application process began December 1, 2004 and test center selection came online 2 weeks later. The online registration and test center selection applications can be accessed at our website, <www.theabfm.org>. With the move to computer-based testing last year, the ABFM is now able to offer nine exam dates, including Saturdays, at over 200 test centers throughout the United States, Puerto Rico and U.S. territories.

Diplomates are encouraged to visit the website to complete their applications as early as possible to increase the probability of selecting the test center of their choice. All eligible candidates for the 2005 exam can login to their Physician Portfolio and follow the "Online Application" link to access the application. Once an approved application has been completed, the Diplomate will then be able to choose a test center. The link to Test Center Selection is also found in the Physician Portfolio.

For more information, please contact the ABFM help desk at 877-223-7437.

First FMIG Event For Spring 2004

On Thursday, February 10th, the Family Medicine Interest Group held their first event of the spring semester. Dr. Kim Konzak-Jones arranged for a number of the residents from the Grand Forks Center for Family Medicine to demonstrate casting techniques to approximately 45 first and second year students. With a generous donation of materials from 3M, the students were able to practice making casts and removing them. This event was organized by Dr. Kim Konzak-Jones, FMIG Coordinator; Rena Nordeng, 2nd yr. Rep.; and Josh Ranum, 1st yr. Rep. This event along with a number of other events that will take place during the year are supported by a grant received from Aventis and the American Academy of Family Physicians.

SCHAFFER RECEIVES PRESTIGIOUS MEDICAL AWARD FROM A.A.F.P. -- ONE OF TOP 20 IN U.S.

GRAND FORKS, N.D. -- Dr. Todd Schaffer, a resident at the University of North Dakota Center for Family Medicine, Grand Forks, has been awarded the "Excellence in Graduate Medical Education" award by the American Academy of Family Physicians (AAFP).

The award recognizes Schaffer as one of the top 20 family practice residents in the United States.

Only one other doctor in North Dakota had ever received this award. Dr. Greg Greek, program director at the UND Center for Family Medicine-Grand Forks, received it as a resident in 1987.

The AAFP held an awards ceremony in October in Orlando, Fla., but because Schaffer was out of the country, serving in Iraq as a member of the National Guard, he was unable to attend. His wife, Erin accepted his award at the ceremony.

Schaffer was elected chief resident for 2004-05 at the Center for Family Medicine-Grand Forks and is also a resident representative on the UND medical school's Graduate Medical Education Committee. He is very active in the North Dakota National Guard, serving for the past 12 years. He returned from his tour of duty in the Middle East in mid-December.

Originally from Carrington, N.D., Schaffer graduated with honors with a Doctor of Pharmacy degree from North Dakota State University before going on to earn his medical degree from the UND School of Medicine and Health Sciences, where he was ranked first in his graduating class.

A member of the Alpha Omega Alpha honor medical society, he is currently completing his residency at the UND Center for Family Medicine-Grand Forks.

After residency, Schaffer plans to return to Carrington where he will provide a wide range of family health care and, in the future, teach medical and pharmacy students as a faculty member of the UND School of Medicine and Health Sciences.

He will also continue his career with the National Guard.

Schaffer and his wife have four daughters, Kendall, 8; Madison, 6; Paige, 5; and Amanda, 2.

2005 Legislation Improves Medical Practice

David Peske, NDMA Director of Governmental Relations

NDMA is on The Hill - The number of bills introduced in the 2005 Legislative Session, fewer than in previous years, includes 410 bills submitted in the Senate and 522 in the House. Of the total 932, over 200 were defeated in their originating chamber before the "crossover" deadline on February 18. NDMA lobbyists identified and have been monitoring over 160 health-related bills.

As noted in the previous *FPQ*, the ND Medical Association requested introduction of several legislative proposals in the 2005 Legislative Assembly, all of which, summarized below, have been well received.

Expert Opinion – Senate Bill 2199 (Sen. R. Brown) strengthens the ND law by requiring the plaintiff in a medical liability action to produce an expert opinion supporting allegations of negligence in the early stages of medical liability litigation. The bill adds more defendants to which the requirement would apply, including clinics, long term care facilities, and ambulatory surgery centers. The bill also expands the scope of the affidavit requirement, by requiring that the plaintiff's expert also support causation and other elements of a prima facie case of professional negligence. Perhaps most importantly, the bill also removes a current exception that makes the expert opinion requirement inapplicable in cases alleging lack of informed consent. The bill provides a measure of stability for physician practice in ensuring that claims of professional negligence have been evaluated and can be supported to prevent unnecessary litigation and costs. As amended, the bill passed both the Senate and the House unanimously.

Minors' Consent for Pregnancy Services - Senate Bill 2308 (Sen. K. Krebsbach) authorizes a physician to rely on the consent of a minor for pregnancy-related care, as well as provide options for a physician to inform the minor's parents or guardian under certain circumstances. A physician would not be compelled against their best judgment to treat a minor based on the minor's own consent. The bill passed the Senate 42-1, and is now receiving very close scrutiny in the House.

Pain Management - Senate Bill 2166 (Sen. J. Lee) updates the state's "Intractable Pain Treatment Act," (NDCC 19-03.3). The main goal is to address physician reluctance to prescribe opioids for the treatment of pain by providing protection from discipline by a licensing board or hospital. The bill incorporates definitions of "acute pain" and "chronic pain" used by the U.S. Federation of State Medical Boards. The bill also includes language to better reflect current pain management practices, recognizing that patients with active addictive disorder or a substance abuse history are at increased risk of receiving inadequate pain management. As amended, the bill passed the Senate and House unanimously.

Advance Directives - Senate Bill 2343 (Sen. J. Lee) creates a new advance directive statutory form called the "healthcare directive" by combining the current living will and durable power of attorney for healthcare forms. The bill as amended passed the Senate 45-0.

Consent for HIV Testing - Senate Bill 2259 (Sen. R. Kilzer) removes the requirement that providers and others obtain written informed consent from individuals who are to be tested for HIV. The bill as amended passed the Senate 44-1. These changes are also incorporated in **House Bill 1410**, which further addresses testing for blood-borne pathogens and is expected to pass.

Physician Loan Repayment – Senate Bill 2266 (Sen. J. Traynor) revises the state's physician education loan repayment program, reducing the physician's current four-year practice commitment requirement to three years, and increasing the repayment amount to $90,000. As amended, the bill passed the Senate 43-2, with funding for the program contained in **SB 2004**, the Health Department budget.

Other legislation of interest to family physicians includes:

Clean Indoor Air - SB 2300 calls for a comprehensive ban on smoking in workplaces and indoor public places, with limited exemptions. One of the authors of the Helena (MT) Heart Study, family physician Robert Shepard, MD, testified at the Senate hearing regarding the dangers of secondhand smoke. The bill passed the Senate 28-17.

Monitoring of Prescription Drugs – House Bill 1459 initially addressed potential means for the Department of Human Services to improve the Medicaid program, and now also includes an amendment allowing the state to accept federal funds to develop a statewide computer repository of drugs being prescribed. 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. Physicians, pharmacists, state agencies and others are to oversee the development of the repository, to be in place by mid-2007.

Medicaid Budget – HB 1012 currently includes a 2% increase in provider reimbursements for each year of the next biennium, 2005-07. At the Senate Appropriations Committee hearing, physicians and hospitals requested a 5% annual increase in their Medicaid payments. A subcommittee will further review the request, amounting to an additional $1.8 million in state general funds.

Where to find it - For information on these and other bills being monitored, check NDMA's website at www.ndmed.com. From instructions on the homepage, you can link directly to legislative information. The "members only" section of the new website is temporarily available to both NDMA members and non-members.

Doctor of the Day – A special thanks to the Bismarck Family Medicine Residency program for providing coverage of the NDMA Dr. of the Day program at the capitol every Tuesday during the legislative session. Family medicine specialists who have volunteered to serve to date include doctors Paul Knudson, Ben Muscha, Herb Wilson, J. P. Fahn, Guy Tangedahl, Gary Betting, Steve Scherr, Glenn Wiens, Paul Jondahl, Russ Emery, Gene Wyman, Jeff Orchard, Erling Martinson, Jeremiah Penn, Sylvia Anderson, Bob Roswick, Shelly Seifert, and Scott Knutson. To schedule a date to serve, please contact NDMA at 701-223-9475.

50th Annual Meeting and Scientific Assembly

"50 Years of Family Medicine"

March 31-April 2, 2005
Spirit Lake Casino & Resort, Devils Lake, ND

AGENDA

Thursday, March 31, 2005

5:00 p.m.	NDAFP Foundation Board of Directors Meeting with dinner
7:30 p.m.	NDAFP Board of Directors Meeting

Friday, April 1, 2005

8:00 a.m.	Preoperative Evaluation of the Noncardiac Surgical Patient Joshua Wynne, MD UND-Grand Forks, ND
8:45 a.m.	Medical Decision Making Risk Management: An Aeronautical Model. Steve stripe, MD Ctr for Family Medicine—Minot, ND
9:30 a.m.	Refreshment Break/Exhibit Visiting.
10:00 a.m.	Restless Leg Syndrome Marian Sassetti, MD Oak Park, IL
10:45 a.m	Medical Legal Issues Randy Hanson Grand Forks, ND
11:30 a.m.	Updates Heidi Bittner Altru-Devils Lake, ND
11:45 a.m	Annual Business Luncheon Sponsored by the North Dakota Beef Commission Bismarck, ND
1:15 p.m.	Hormone Replacement Therapy Marian Sassetti, MD Oak Park, IL
2:00 p.m.	Pain Management Dr. Jayant Damle Altru—Grand Forks, ND
2:45 p.m.	Refreshment Break/Exhibit Visiting
3:15	The Practice of Wireless Medicine: Hurdling the Time-Quality Barrier in Medical Care Raymond Gruby, MD Gruby Technologies—Bismarck, ND
4:00 p.m.	Management of Obstetrical Emergencies Cole Greves Orlando, FL

Friday Evening Banquet

6:30 pm	Social
7:00 pm	Dinner
8:00 pm	Program

Saturday, April 2, 2005

8:00 a.m.	"Type 2 Diabetes: Insulin Resisitance and Beta Cell Dysfunction" Jerry Ryan, MD (AAFP Sponsored) Madison, WI
8:45 a.m.	Treating Respiratory Tract Infections: Manage the Patient. Manage the Community. Richard Drew, PharmD Duke Medical Ctr-Durham, NC
9:30 a.m.	New Breastfeeding Recommendations Mary Anne Fetterly Altru Lake Region—Devils Lake, ND
10:15 a.m.	Break/Exhibit Hall
10:45 a.m.	Weighing the Issues of Treating Acute Otitis Media: The Clinician's Perspective Tina Tan, MD Chicago, Il
11:30 a.m.	Dysfunctional Uterine Bleeding Cole Greves, MD Orlando, FL
12:00 Noon	Meeting adjourns

Remember Your donation for the Annual NDAFP Foundation Silent Auction

REGISTRATION

MAIL OR FAX THIS FORM TO: NDAFP,UND PO Box 9037, Grand Forks, ND 58202-9037 Fax(701)-777-3849

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Registration fees:

AAFP Member (includes one banquet ticket)	$75.00
Non-AAFP Member	$85.00
Additional Banquet Ticket	$20.00
NDAFP Foundation Donation	$25.00
Total	$_____

Banquet Entrees Selection (Please select):

Prime Rib	_____
Walleye	_____
Chicken Florentine	_____

Resident, Student and Life Members are asked to register for this meeting. To attend the banquet, tickets must be purchased.

BURNS NAMED AS BISHOP FELLOW BY NATIONAL ORGANIZATION OF TEACHERS OF FAMILY MEIDICNE

Dr. Elizabeth Burns, chair of the Department of Family Medicine at the University of North Dakota (UND) School of Medicine and Health Sciences, has been selected to participate in a prestigious fellowship program by the National Society of Teachers of Family Medicine (STFM) Foundation.

By unanimous decision of the STFM Foundation selection committee, Burns has been named a Bishop Fellow, in the only formal career development program to identify and develop qualified senior family medicine faculty to successfully assume positions of greater responsibility in academic medicine.

She is one of two medical educators in the nation selected to participate in the Bishop Fellowship Program which consists of self-development, mentorships with current deans, and formal educational programs.

Beginning in August 2004, Burns has participated in a variety of fellowship activities including seminars and meetings, readings and other "homework", a special project, a learning plan, and a plan on how she will use her newly-acquired skills at the UND medical school. She will also spend three separate weeks with a higher-administrator mentor at another institution to observe how leaders problem-solve and manage change.

The Bishop fellows, who also become American Council on Education (ACE) Leadership fellows, participate in three ACE week-long seminars and attend the Association of American Medical Colleges' five-day Executive Development Seminar to advance their academic medical center leadership and managerial capacities.

Bishop fellows are selected on basis of direct personal contributions to the STFM and organizations relating to family medicine, and a sustained, long-term commitment to the discipline of family medicine in the academic setting.

Burns, who also holds the rank of Professor of Family Medicine, joined the UND School of Medicine and Health Sciences as chair of Family Medicine in November 2002.

The other educator to be selected as a Bishop Fellow is Dr. Marjorie Bowman, chair of the Department of Family Practice and Community Medicine at the University of Pennsylvania School of Medicine.

The fellowship program, now in its fourth year, was established in honor of Dr. F. Marian Bishop, who was a national leader in family medicine and served as chair of family medicine at the University of Utah School of Medicine. Her career included many "firsts" including: the first woman president of the STFM, the first to serve as president of both STFM and the Association of Teachers of Preventive Medicine, the first woman chair of the Board of Governors of the *American Journal of Preventive Medicine*, and the first to represent academic family medicine in the Association of American Medical Colleges' Council of Academic Societies. She died in 2003.

ASSESSING PROFESSIONALISM IN CLINICAL STUDENTS

Charlie Christianson, MD

Professionalism – what it is, how to teach it and how to measure it – is a "hot-button" issue now in medical education. UNDSM&HS holds a grant from the American Medical Association addressing Strategies for Teaching and Evaluating Professionalism (STEP). One of the most difficult issues is the evaluation of professionalism in our medical students and residents. In fact, it was concern about this specific question which led the UNDSM&HS to create a working group on professionalism two years ago.

A variety of methods have been proposed to assess professionalism. We can directly observe student behavior in our Clinical Skills Examinations, but this setting is removed from the "real world" and students know they are being observed. Some, including the Center for Innovation of the National Board of Medical Examiners, favor the "360-degree global assessment." In this process a questionnaire on professional behaviors is completed on, say, a student by teachers (faculty and residents), peers, nurses and other staff, and ideally patients, perhaps as many as twelve individuals. This is obviously a time-consuming process and it is not clear at present that the results justify the effort. So for now we are left with the time-honored evaluation form completed by the clinical preceptor.

But what items relating to professionalism should be on this form? Many of you are aware that our Year 3-4 Committee is in the midst of a process of redesigning a standard form to be used across all clerkships, so this is a good time to address this question.

Maxine Papadakis and colleagues at the University of California, San Francisco have documented a relationship between unprofessional behavior as a medical student (as reported in clerkship evaluations) and later disciplinary activity by the state board. The student behaviors most strongly correlated with later discipline were:

- Not carrying out assigned responsibilities
- Not taking criticism/feedback well
- Not striving for excellence/just getting by
- "Poor communications and relationships with patients and

staff" just failed to reach statistical significance in their study and is known to be associated with malpractice suits.

When clinical teachers hear these items, they almost always nod in agreement at their obvious validity. In addition, at the UND Graduate Medical Education retreat last February residency faculty and administrators identified two other significant areas of concern:

Dishonesty, both in word and in the chart

Lack of willingness to abide by rules, policies and professional standards

Our professionalism working group proposed that our new evaluation form include these six items. In addition, the Year 3-4 Committee had two items of their own:

Identification of ethical issues

Knowledge of limitations (seeks help when needed)

The approval process is not done, but when you see the new evaluation form for third-year students next summer the section on professionalism and interpersonal skills should be something very close to those eight items. We all hope that this will give us better information about this important area of student performance. If you have further thoughts about how we assess professionalism, or ideas about improvements to the form, please share them with me or with Dr. Roger Schauer.

You're a better doctor when you have a student

Roger W. Schauer, MD

The above statement, made by one of my patients nearly two decades ago, came to mind during one of the sessions I attended at the recent STFM Predoctoral Education meeting. The focus of this discussion was when, where, and how medical students should present their patient exam findings to their preceptor. While some attention was addressed to patient privacy (or potential lack there of) issues regarding hallway presentations, several of the physicians in the group suggested that bedside or exam room presentations were preferable to hallway presentations. To begin, we expect our students to be capable of relating their findings in terms the patients can understand. While they are doing this we, as preceptors, can be watching our patients for cues about the accuracy of the reporting. If inadequate information is provided by the student we can efficiently (time-wise) elicit that information from the patient while simultaneously providing modeling about obtaining information and providing feedback to the student. Similarly, during presentation of physical findings we can confirm, demonstrate, and teach in a more efficient manner. Finally, and possibly of greatest relevance, many of our patients want/like that approach. That practice confirms to them that we are regarded as teachers but we also value our patients as teachers.

That simple truth came to me about two decades ago when one of my patients asked where my student was (at that time I frequently had students with me in the office). I informed her that I had no student at the time, and her immediate response was "that's too bad - you're a better doctor when you have a student". My question, "Why do you say that?" allowed her to remind me that when I was teaching the student I was also teaching her, that when I was teaching I spent more time with my patients answering both student and patient questions, and that reassured her that I knew what I was talking about.

Future of Family Medicine

The Family Medicine Curriculum Resource (FMCR) project report, available on the STFM web page at http://www.stfm.org/curricular/fmcrmenu.htm, provides curriculum guidelines for medical education and specifically about competency expectations for physicians entering residency training. Currently that resource is found under "Contracts", "FMCR" at the STFM web site, although in the near future access might be more direct from the STFM web page. This resource may be of interest to all of you who teach and precept family medicine clerks or residents.

Dr. Robert Graham, known by many of you, addressed the "Future of Family Medicine" project during a plenary session of the STFM meeting. His comments re-affirmed what you all know, that the personalization of care is core to our specialty, that the basis of care is continuity. His beginning statement is probably the best summary of the project and the theme of the entire STFM meeting – "It's not what you know – it's what you do".

Information Technology and Teaching in the Office: Incorporating PDAs Into Your Clerkship

By Richard Usatine, MD, and James Tysinger, PhD, University of Texas Health Science Center at San Antonio

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Handheld computers are changing the way family physicians practice and teach medicine. Using a personal digital assistant (PDA) can enhance the practice of medicine and decrease the risk of errors in clinical settings.[1] PDAs may be used to look up immunization schedules, to perform a mini-mental status exam, to look up the best evidence-based medicine approach to treating a disease, or to look up the recommended empiric antibiotic regimen.

PDA software also allows students to:
- Determine accurate drug doses
- Check for drug interactions
- Find toxicology information
- Access multiple drug databases
- Calculate pediatric drug doses
- Check immunization schedules
- Calculate obstetrical information including Bishop Scores and estimated due dates.

A number of medical schools now require students to own and use a PDA during the clerkship year. While requiring students to own a PDA is an important step, it is not enough to truly make them use the power of this device. As clerkship faculty, we can teach students to use the PDA to do more than simply provide information at the point of care. For example, at the University of Texas Health Science Center at San Antonio, students are required to have a PDA in third year but may choose any brand or platform. We teach sessions on how to best use the PDA in the Clinical Foundation to the third year at two levels (for beginners and more-advanced students). During these sessions, we provide software recommendations for Palm OS and Pocket PC.

First, if it doesn't already do so, convince your school to require students to own a PDA in the third year. The requirement makes students eligible for financial aid to purchase them. This allows all students to have access to this important tool for learning and practicing medicine and allows you to include the PDA in required curricular activities. Second, clerkship directors can incorporate the PDAs into didactic sessions, clinical experiences, and clerkship examinations.

PDAs in the Classroom

Small-group, case-based learning can be a great setting to encourage students to use PDAs in the classroom. Whether presenting clinical cases on paper or with PowerPoint or using standardized patients, you can encourage students to use their PDAs to look up information and to make clinical decisions. For example, if the simulated case deals with pharyngitis, the faculty member would suggest that the students use their PDAs to look up the clinical decision-making rules on MedRules or InfoRetriever to help determine if the pharyngitis is secondary to group A beta-hemolytic strep. You can also encourage faculty to ask students to use their PDAs to solve clinical problems or look up information during interactive lectures. This approach works best if the faculty can identify PDA solutions to the clinical problems discussed in their sessions.

PDAs on the Exams

We all know that tests and the desire to become the best doctors they can be motivate students. It is relatively easy to incorporate an open PDA portion into a final clerkship exam. Whether your final clerkship exam is locally developed or is the National Board of Medical Examiners Specialty Exam, you can always add a section that requires students to use a PDA to answer some clinical questions. For example, at our school, we have 12 final exam questions that students must use a PDA to answer.

We tell the students at the beginning of the clerkship that they must load three types of programs to their PDAs to prepare for the exam. Each type of program is available free or at low cost to users regardless of the platform of their PDA. This year, the software includes Shots2004, ePocrates (or a comparable drug database), and MedMath or Archimedes (or a comparable medical calculator). These same programs are brought up in the didactics so students get practice with them in the required curriculum. The students bring out their PDAs for this portion of the exam and then must put them away for the remainder of the examination. We bring one extra PDA with the appropriate software loaded to deal with unexpected PDA crashes.

Knowing that they must be facile with these programs, students are more likely to use them in the clinical setting so that they will be prepared for the exam. This helps promote higher-quality health care and learning in the clinical setting through the excellent knowledge management tools that are available for the PDA. Students are then encouraged to look up drug interactions and accurate drug

dosing while caring for their patients. The more often they do this in the clinical setting, the more likely they will be to avoid drug errors and perform better on the exam.

PDAs in Clinical Settings

Clinical preceptors can also encourage students to use their PDAs in the clinics and on the wards. Preceptors who do not own PDAs may find a student's ability to look up a drug dose or possible adverse reaction to be extremely helpful. In fact, preceptors may enjoy a quick answer from a student with the PDA and not want to return to the old method of looking up drug information in a big PDR (Physicians' Desk Reference). Hopefully, preceptors who have been waiting to purchase a personal PDA may see the benefits of making the plunge and ask the students about which PDA to purchase. Students, residents, and attending physicians can then share free PDA software and discuss where to find the best new programs.

Of course, the PDA is only as powerful as the software it contains. There's so much free software available these days that many programs can be acquired free from the Internet. Also, clinical faculty should ask their clerkship office about the software they might download at no cost from their medical school's Web site. For example, clinical faculty at the University of Texas Health Science Center at San Antonio (UTHSCSA) can download InfoRetriever from our library's Web site after the clerkship office submits their names to the library.

Some physicians have expressed concerns that students with their PDAs will no longer learn the content of clinical medicine because they can look up information so easily. This is similar to the fears that were expressed in the 1970s about calculators being used in math classes. Medical students are just as likely to remember what they look up in their PDA as much as if they had looked up the information in a medical textbook. It is well known in educational psychology that learners are more likely to retain knowledge that will be applied in the future—especially when the knowledge is learned in the setting in which it will be applied. Therefore, the use of the PDA at the point of care is a perfect approach for efficient and effective learning.

As teachers, we can practice and model using evidence-based medicine by using PDAs and Internet-based tools in our clinical settings and classrooms. The PDA is one tool for learning and practicing evidence-based medicine. Of course, we can also use other systems that can be obtained on the Internet. For example, none of us would counsel a patient traveling to a Third World country without viewing the Centers for Disease Control and Prevention Web site on travel medicine. The easiest way to view this is a full-size laptop or desktop computer with a fast connection to the Internet. While there are a number of PDAs that are wireless, the screen size and speed would not be a match for a fast connection to the Internet on a full-size screen.

Training the Doctors of the Future

The best doctors of the future will have great communication and interpersonal skills, have an outstanding fund of knowledge, and know where to look up information quickly to extend or confirm their existing knowledge. They also will use clinical decision-making tools that have been validated by randomized controlled trials. These doctors will be as facile with their PDAs and the Internet as they are with their stethoscopes. Learning to find and apply information from the PDA or Internet is a skill that everyone in medicine can learn and use in clinical settings.

In summary, the clerkship year is a great time to build the skills that students will need for high-quality medical practice and lifelong learning. Once armed with the ability to find and critically appraise information, our students can become the kind of doctors we hope to train. Of course, we must still model and encourage humanism. Information management without kindness and caring is not enough to create excellent physicians.

REFERENCE

1. Grasso BC, Genest R, Yung K, Arnold C.Reducing errors in discharge medication lists by using personal digital assistants. Psychiatr Serv 2002; 53(10):1325-6. Richard Usatine, MD, University of Texas Health Science Center at San Antonio, Editor

Coming in April: Unified 'news brand' for AAFP

The way the Academy delivers news to members will be transformed come April, when a unified AAFP "news brand" launches and the Academy's current news vehicles cease publication.

Currently, the Academy produces three news publications — *FP Report, AAFP Direct* and the e-mailed *AAFP This Week.* News items also are posted on the aafp.org home page. Beginning in April, news coverage will be consolidated under the unified "news brand" — *AAFP News Now* — which will be delivered several ways.

AAFP News Now will first and foremost be an online publication at http://www.aafp.org/news-now, with coverage posted continually. The publication will go live after April 4.

"We hope members will bookmark the Web address and visit it daily for the latest news," said Michael Springer, AAFP vice president for publishing and communications.

In addition, members with e-mail addresses on file with the Academy will receive a weekly *AAFP News Now* e-mail containing links to selected stories on *ANN* online. Finally, at month's end, a printed version of *AAFP News Now* will mail to members, containing selected content from ANN online, some of it in digest form.

"It just makes sense to consolidate our news coverage and reduce the 'clutter' of publications that members receive," said Springer. Furthermore, nearly 90 percent of members supported the concept of consolidating the news publications in the last *FP Report* and *AAFP Direct* reader surveys, he said.

The last issue of *AAFP Direct* will be published March 18.

Don't forget your

silent auction items for the

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on April 1 & 2 at

Spirit Lake Casino & Resort.

IMPORTANT DATES TO MARK ON YOUR CALENDAR

Mar. 31 – Apr. 2, 2005
50th Annual State Meeting and Scientific Assembly
Spirit Lake Casino& Resort

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

January 16 – 20, 2006
29th Annual Family Medicine Update
Big Sky, MT

March 23 – 25, 2006
51st Annual State Meeting and Scientific Assembly
Ramada Plaza Suites—Fargo

Think Spring!!!

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29th ANNUAL

Family Medicine Update

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If you will bringing guests / family, please indicate:

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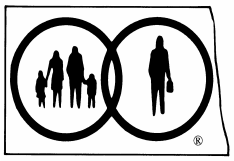

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