

# Family & Community MEDICINE

Winter 2001

## THE MAKING OF A SMALL TOWN FAMILY PHYSICIAN

**Second-year resident Julie Burdin** knew at an early age she wanted to be a doctor; she dreamed of a career that would let her help and positively impact the lives of others. Initially she considered a practice in geriatrics or oncology, but after shadowing her hometown family physician during her junior year in high school, Julie changed her mind.

"This experience made me realize that family medicine was the only way to practice medicine," she explains. "As a family physician, you get to do it all, plus you have an opportunity to develop strong and ongoing relationships with patients, and that's important to me."

Julie grew up in a rural community where primary care services were provided by only two family doctors. The demands on these physicians were constant, yet they worked hard and sincerely cared about their patients. Julie understands the serious health care needs of underserved areas and has decided to do something about this problem. Her goal is to be a small town family physician, and as a student at MU's School of Medicine, she took advantage of several opportunities designed to prepare her for this role.

After completing year one of medical school, Julie participated in the Summer Rural Community Experience. This eight-week program, which allowed her to work closely with family doctors, nurses, administrators, and other health care providers in Boonville, broadened her

knowledge and perception of life as a rural family physician. "This experience truly solidified my decision to practice rural medicine," Julie says.

After surveying students before and after this experience and then analyzing the data they received, she and Family Medicine Chair Hal Williamson, who has been instrumental in initiating the summer program and making it a valuable learning option for MU medical students, prepared a paper about the rural community experience and how it impacts students' perceptions of rural practice. This paper earned Julie the Rural Health Research Scholarship and an invitation to travel to San Diego to present her findings at the 1999 National Rural Health Association conference.

As a third-year medical student, Julie completed a six-month rural track rotation, which required her to live, learn, and practice medicine alongside other physicians in the Rolla area.

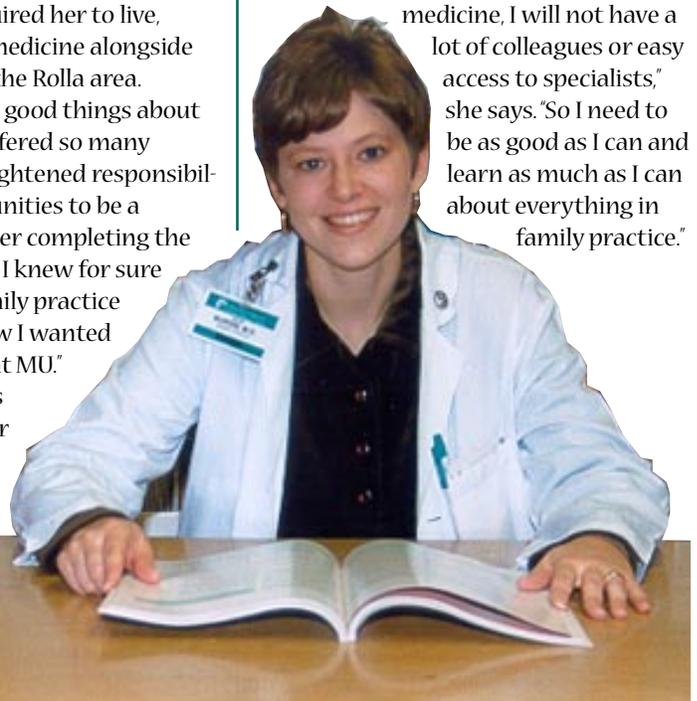
"I can't say enough good things about this experience. It offered so many opportunities of heightened responsibility, so many opportunities to be a doctor," she says. "After completing the rural track rotation, I knew for sure I wanted to do a family practice residency. I also knew I wanted to do my residency at MU."

Confident she was prepared to start her residency early, Julie applied — and was

later chosen — for one of the two extern positions in the family practice integrated residency program.

Externs are fourth-year medical students who are assigned many of the same responsibilities as first-year residents; in exchange, they receive financial support to help pay medical school expenses. Even though they can't finish their residency early, externs are able to get a head start on many of their requirements, which gives them time later on during their residency to pursue electives in specialized areas of interest. This is a key strength of the integrated residency program and one reason why it appealed to Julie.

Now halfway through her training, Julie intends to immerse herself in everything she can as a family practice resident. "Because I will be doing rural medicine, I will not have a lot of colleagues or easy access to specialists," she says. "So I need to be as good as I can and learn as much as I can about everything in family practice."



### Second Year Family Practice Resident **JULIE BURDIN, MD**

To learn more about Dr. Burdin's medical school or residency experiences, please e-mail her at: [burdinj@health.missouri.edu](mailto:burdinj@health.missouri.edu)

DEPARTMENT OF FAMILY  
AND COMMUNITY MEDICINE

— Chair's Message —

**WELCOME** to the second edition of our Family and Community Medicine Newsletter — our effort to keep you informed about the department's activities. For this issue, "Dreams Can Come True" might be an apt subtitle.

We're all very proud of Julie Burdin — and other residents like her — who enter their medical training with a dream and then work hard to achieve it. In many ways, Julie symbolizes the hopes of our residency program: To graduate compassionate and dedicated physicians who are committed to providing excellent care and service to patients.

About 25 years ago, Jack Colwill dreamed that we could accomplish better training for rural-bound family physicians by incorporating a rural context into their residency. The article starting on Page 4 describes the views of our current faculty in Fulton and why this practice continues to be a great resource for our department and for the people who live in this mid-Missouri community.

Coming to the department in 1988 after 11 years of private practice in North Carolina, Dan Vinson dreamed that his research might someday make it easier for family doctors to address alcohol issues with patients. Dan's work focuses on effective methods to initiate alcohol discussions and screen for drinking problems. His latest research studies the link between alcohol and injury, and he is in the process of publishing the results of this project. I encourage you to look for his publications — they may change the way you think about your patients and alcohol.

Recognizing the need to establish more permanent fiscal support for innovations in education, our department recently created the Jack M. Colwill Academic Endowment (Page 6). We dream that this endowment will provide stable and continuing funding for the things that help us achieve our mission, and, thanks to the generosity already expressed by many family medicine alumni, faculty, and friends, we feel confident that our dream can come true.

**HAL WILLIAMSON**  
*Professor and Chair*

**FAMILY MEDICINE**

— News & Events —

**We're proud to welcome Dr. Stan Dorst and Dr. Kirsten Maakestad to MU.**

Before coming to the Department of Family and Community Medicine, Associate Professor Dr. Dorst served as associate director of the family practice residency program at Western Pennsylvania Hospital. Clinical Instructor Dr. Maakestad recently completed her residency training at St. Mary's Family Practice Program in Grand Junction, Colorado. Both physicians will see patients and train residents at Green Meadows Family Practice Center, MU's family medicine clinic in Columbia.

**MU's Annual Family Practice Update and 25-Year Reunion** was held in October, with more than 125 physicians and other health care professionals attending the weekend event.

Update sessions focused on new developments and important clinical issues in family medicine. MU Family Medicine Chair **Dr. Hal Williamson** delivered the keynote address, *Contemporary Challenges for Family Medicine*. **Dr. Al Berg**, a 1977 MU family practice residency graduate who now serves as chair of the University of Washington-Seattle Department of Family Medicine, led the Jack M. Colwill Symposium on the Future of Primary Care with his presentation, *Evidence, Economics, Ethics, and Prevention*.

Nearly 70 former residents participated in family medicine reunion activities. At Friday's banquet, **Dr. Betsy Garrett**, a 1982 residency graduate, touched the hearts of everyone with the special memories she shared about our residency program; **Dr. Sherwood Baker** was honored as the "father of family medicine" at Missouri, and in response to requests voiced by many in the audience, **Dr. Jerry Kruse**, another 1982 graduate, recited his entertaining and widely acclaimed poem, *King Jack*.

We are pleased and grateful that so many of our former residents chose to help us celebrate our 25th anniversary. Several graduates deserve special recognition.

**Dr. Bob Neubauer**, class of 1991, traveled the farthest distance to attend our reunion. Dr. Neubauer currently lives and practice in Wasillia, Alaska.

**Dr. Laurie Coss**, class of 1982, and his wife, Sherry, brought the most children — Casey, Clifford, Scott, Andrew, and Caitlin — to the weekend celebration.

William Schabbing, seven-week-old son of **Dr. Mark Schabbing**, class of 1998, earned the distinction of being the youngest person to attend reunion activities.

**Kudos to the Class of 1982** (see photo below) for setting the attendance record at the event. Eight of twelve 1982 graduates participated in the weekend events.

**CLASS OF 1982: MU FAMILY PRACTICE RESIDENTS**



**From left are:** Dr. Steve Zweig, Dr. Susan Even (Class of 1983), Sherry Coss, Dr. Don Schnurpfeil, Dr. Laurie Coss, Dr. Betsy Garrett, Judy LeFevre, Dr. Mike LeFevre, Dr. Jerry Kruse, and Lois Kruse. Not pictured are two other 1982 residency graduates who participated in weekend events: Dr. David White and Dr. Henry Domke.

**OUR MISSION TO HEAL**

Callaway Community Hospital, located in Fulton across the street from Callaway Physicians, MU's family practice clinic, has been sold to HealthMont, Inc., a Nashville-based hospital management company. A 49-bed primary care facility with 24-hour emergency room service, Callaway Community Hospital provides valuable learning opportunities to MU family practice residents, who make up a significant part of the hospital's medical staff. (See related story on Pages 4-5.)

Plans by University of Missouri Health Care to move obstetric services to Columbia Regional Hospital by mid-2002 present new challenges to MU's Department of Family and Community Medicine, according to Director of Clinical Services **Dr. Mike LeFevre**. After examining the impact this move will have on family medicine inpatient activities and residency training, administrators plan to develop strategies that they hope will make the transition to the Columbia Regional Hospital environment a positive experience for family medicine patients, physicians, and residents.

**OUR MISSION TO DISCOVER**

The Center for Family Medicine Science earned approval for an additional two years of funding from the American Academy of Family Physicians (AAFP). The Center, one of only three family practice research centers funded by the AAFP, is a multidisciplinary community of family medicine researchers engaged in research and research training to improve the health of communities and the health care provided by family physicians. **Bernard Ewigman, MD, MSPH**, serves as the Center's director, and **Linda Cooperstock, MPH**, serves as the new administrative director of the Center.

The Grant Generating Project (GGP), which was created to assist family medicine researchers in writing their first successful major grant application, received funding to recruit and train the fellowship class of 2000. The new fellows have been selected and are currently participating in grant proposal training activities, under the leadership of MU Family Medicine Professor **Daniel Longo, ScD**, an experienced researcher who serves as program director of the GGP.

**OUR MISSION TO TEACH**

Department of family medicine faculty continue to impact predoctoral education at the University by developing innovative strategies that strengthen the eight-week Family Practice Clerkship. New **teaching practices** across the state are being recruited to provide consistent, high-quality family practice clinic experiences to medical students. To enhance the process of care, faculty have developed patient-centered **learning themes** focusing on key family medicine concepts. Clinical faculty try to connect students with patients who illustrate characteristics of these themes. The **teaching patient program** uses real patients to teach medical students how to improve their communication and physical exam skills. By providing constructive feedback, teaching patients help students become better doctors.

**THE CHALLENGES AND REWARDS OF DIRECTING  
 MU's Family Practice Residency Program**

**CHANGES** in managed care, HCFA regulations, and technology continue to impact today's health care environment. As director of MU's Family Practice Residency Program, Dr. Erika Ringdahl is aware of this changing practice environment and confident as she faces the challenges it presents. She praises the supportive faculty and committed residents who make her job so rewarding, and she speaks with pride about a residency program that has always led the way in family medicine education.

"Our residency has been built on the philosophy of teaching broad-based family medicine and critical thinking skills, and we will never abandon this philosophy," Dr. Ringdahl explains. "On the other hand, one of the real strengths of our program is that we are so dynamic. We constantly ask ourselves, 'How can we adapt to a

changing practice environment?' We survey our graduates regularly to see how they're doing and get their input on how to make our program better."

Ongoing efforts to keep the program strong, effective, and current have resulted in exciting changes in MU's family practice curriculum. Dr. Ringdahl lists a few of them. "We have created our own obstetric service and have integrated the AMA Institute of Ethics End-of-Life curriculum into the geriatrics rotation. We have also developed a rural obstetrics network, which allows residents to practice alongside private physicians in rural communities, and after learning that 40 percent of former residents are negotiating their own managed care contracts, we expanded our practice management curriculum."

In recent years, there has been a decreasing number of medical students interested in pursuing family practice;

the number of residency programs has been increasing during this same time. These trends concern most residency program directors, especially during recruiting season. Dr. Ringdahl, however, is keeping a positive attitude as she nears the end of this year's recruiting activities.

"Our residency program has more than 25 years of training experience.

We have a solid reputation — thanks largely to the efforts of faculty who are committed to training skilled and capable family physicians," she says.

"Maintaining a program that is strong and successful is the best recruiting tool we can offer."



**Family Practice Residency Program Director  
 ERIKA RINGDAHL, MD**

# Callaway Physicians: A

**WHEN FULTON BECAME HOME** to a new MU family medicine clinic in July 1974, the clinic received widespread support from the community and local doctors. In addition to expanding health care services to this diverse population, the Fulton program, now called Callaway Physicians, also provided MU family practice residents opportunities to learn and practice the broadest spectrum of rural family medicine.

**DR. RICK STONE**, MU family medicine assistant professor and current medical director of Callaway Physicians, knew after medical school that he wanted to pursue rural practice. The extensive rural medicine experience offered by the MU program is unique and one of the reasons why he came to MU for his residency training.

"A lot of residency programs offer a one- or two-month rural preceptorship, but MU offers a longer term continuity rural medicine experience. During this training, residents provide continuing and comprehensive health care to a diverse patient population — in either Fayette or Fulton," he explains. "Family medicine residents develop close ties to their patients and the community because of this rural experience. They also develop a good understanding about the role and responsibilities of a rural family practitioner."

Because MU's training fosters values that make rural medicine an appealing career choice, many residents decide to practice in underserved communities, says Dr. Stone. In fact, more than 50 percent of residency graduates from the Fulton clinic

## *People in the community — as well as MU residents*

currently practice in rural areas across the country, says Dr. Jim Stevermer.

MU Family Medicine Assistant Professor **DR. JIM STEVERMER** is also a physician at Callaway Physicians and a former MU family practice resident. For him, the most valuable part of his residency training in Fulton was working the emergency room at Callaway Community Hospital.

"When you work the ER at Callaway Community Hospital, you are the only doctor. Even though you know you can have back up in a relatively short period of time, there's always pressure on you to think on your own feet, figure out what the problem is, solve it, and then be ready to deal with other patients and problems that develop," says Dr. Stevermer. "As a resident, learning to make decisions on your own, and feeling confident about these decisions, is a very maturing experience."

**DR. JENNIFER HETRICK**, an MU family medicine clinical instructor and physician in Fulton, also has strong memories about working the ER at Callaway Hospital during her residency.

"I loved the ER experience. Being the front line person was extremely challenging," she explains. "But it was what made me grow up as a doctor."

Dr. Hetrick has worked in the Fulton clinic since completing her residency in 1998. She enjoys her job and the opportunities it provides to practice all the skills of a family physician.

"Our patient population is pretty diverse. It includes all ages and all socioeconomic groups, too. We provide OB and prenatal care, ER and inpatient service, nursing home care, and student health services," Dr. Hetrick says. "Every day is different for



The medical staff at Callaway Physicians in Fulton, includes (front row, from left): Dr. Rick Stone and (back row, from left): Dr. Rick Stone



**LAVONDA SCOTT** was the first patient seen at the Fulton family practice clinic when it opened in July 1974. Ms. Scott, who lives and works in Fulton, continues to be a patient at the clinic. She values the care she has received over the years. Staff members are always friendly, she says, and they respond quickly to her questions and concerns. She especially appreciates the convenient location of the clinic.

# A Family Practice Clinic

ts — benefit from this valuable health care resource

us as we respond to a broad spectrum of health care needs.”

**DR. KEVIN KANE**, another MU family medicine assistant professor and former MU resident, speaks positively about his growing family practice at Callaway Physicians. He also compliments the clinic staff.

“The smallness



icians, MU’s family practice clinic in  
Dr. Kevin Kane, Dr. Jim Stevermer  
Stone, Dr. Jennifer Hetrick.

of the Fulton practice makes it easy for us as physicians to develop strong working relationships with the clinic staff,” says Dr. Kane. “Many staff members have been there a long time, and this promotes continuity in care. Patients benefit from this continuity and from the positive work environment that characterizes the Fulton clinic.”

Dr. Kane chose Fulton as his continuity care clinic during residency because he liked the community-based training the rural education experience offers.

“As a resident in Fulton, you face many situations, especially in the hospital, where there are no specialists you can refer to. You must learn quickly how to take care of patients yourself or call someone and consult over the phone,” he says. “The rural experience helps you gain independence and confidence in your skills and judgment about providing complete health care and treating the total person.”

Dr. Kane likes practicing medicine in a small town and appreciates the opportunities it offers to connect with patients outside the clinic.

“Interacting with my patients in different environments — observing how they work, play, and relate to family and friends — can be fun and interesting for me. It gives me a better idea about how they truly function, and this enables me as their family doctor to make more informed decisions regarding their health care,” he says.

All four physicians agree that one of the most challenging aspects of a rural practice is the lack of resources in the community. They must work a little harder and sometimes go outside the area in order to get patients connected to the specialized services they need. But what makes the job of a small town family physician tough also makes it rewarding, says Dr. Kane.

“The greatest reward for me as a family doctor is the feeling of a job well done,” Dr. Hetrick says. “And that feeling comes when, in spite of any challenges I face, I am able to go the extra mile for my patients. It comes when I relate to my patients and know that I have provided them good and complete medical care.”

Dr. Stevermer is very content being a family physician and values the ongoing relationships he has developed with many of his patients and their families over the past years. He also values his role as educator.

“Teaching residents about rural medicine and what it takes to be a small town family doctor is especially rewarding to me,” Dr. Stevermer says.

Dr. Stone is proud and happy to be working in a community that needs and appreciates medical services.

“Impacting lives in a positive way — that’s my goal and when I achieve it, I feel happy,” he says. “Everyone who goes into medicine has that same goal to some extent, but if you practice in a small rural area where quality health care is needed and not taken for granted, the feeling can be stronger and more real.”

**JERRY TORBA** is the CEO at Callaway Community Hospital, a 49-bed, primary care facility located near Callaway Physicians. Callaway Hospital not only provides an important service to the people in the community, it also offers valuable learning experiences to MU family practice residents. “We are glad to have residents in the hospital,” he says. “We consider them a vital part of our organization and what we do.”



## Thank You

to alumni, faculty, and friends  
who have generously contributed to the  
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graduation year listed after their names.**

# JACK M. COLWILL ACADEMIC ENDOWMENT

*Supporting Continued Excellence and  
Innovation in Family Medicine Education*

We take great pride in establishing our department as a leader in family medicine education. In the past three decades, we have developed exemplary programs for our residents, which include rural training sites in Fulton and Fayette, training in the care of the underserved at the City Health Department and Family Health Center, an intensive and practical behavioral science rotation, the four-year integrated residency program, rural obstetrics training by family physicians, and a state-of-the-art practice management curriculum. In addition, we have strongly impacted medical student education by developing the long-standing rural preceptorship, the comprehensive problem-based and Introduction to Patient Care curricula, the eight-week family practice clerkship required for third-year students, and a new Teaching Patient Program.

Our efforts to employ innovative teaching techniques and offer residents and medical students unique learning experiences have been funded in large part by federal training grants. Recent action at the federal level, however, has caused us serious concern about the future of these grants. As a result, we have developed long-term strategies and identified new sources of revenue — such as the Jack M. Colwill Academic Endowment — to fund our academic mission.

The Jack M. Colwill Academic Endowment has been established as a tribute to Dr. Colwill's 25 years of dedicated leadership in the department. Guided by his voice, his vision, and his strong commitment to excellence and innovation in family medicine education, we have become one of the top-ranking departments in the country. This endowment honors Dr. Colwill's 25 years of commitment to excellence in family medicine education and will help ensure our continuing success in academic innovation. To date, alumni, faculty, and friends of MU's Department of Family and Community Medicine have pledged nearly \$650,000 to the Colwill Endowment. We sincerely appreciate their generous gifts.

We encourage you to support the future of our department by making a contribution to this fund; your gift will ensure the continued growth, excellence, and success of family medicine at the University of Missouri.

*For more information about the Jack M. Colwill Endowment, contact:*

Dr. Steven Zweig at 573/882-4991 or (zweigs@missouri.edu), or  
Kathy Boeckmann at 573/884-7916 or (boeckmannk@health.missouri.edu).

# Leading the Way in Alcohol Research

*Associate Professor Dr. Dan Vinson is focused on finding effective ways for family doctors to address alcohol issues with patients*

**ALCOHOL** causes more than 100,000 deaths in this country every year. It's an issue of serious concern to MU Family and Community Medicine Associate Professor Dr. Dan Vinson, who for more than 10 years has devoted much of his time conducting research focused on alcohol problems and what family doctors can and should do to solve these problems. Funded largely by grants totaling close to \$1.5 million, this research has enlisted help from researchers and physicians across the country.

"The goal of our work has been to develop ways that make it easier for family doctors and patients to talk effectively about alcohol problems," Dr. Vinson says. "Once we get alcohol issues on the agenda of doctors and patients, we can help risky and harmful drinkers move in a healthy direction of change."

A family physician for more than 25 years, Dr. Vinson knows that when patients come to see the doctor, they have their own agenda — their own list of problems and concerns — that they want to address. Alcohol is rarely on this list. Rather than force the issue into the agenda of a doctor visit, Dr. Vinson believes that family physicians should employ methods that comfortably initiate alcohol discussions.

Early research conducted by Dr. Vinson and funded by the Robert Wood Johnson Foundation laid the groundwork for one such method — a computer program that screens for alcohol problems and generates a behavioral contract based on information patients provide on their own as they wait to see the doctor. Patients are expected to share this information with the doctor a few minutes later during their office visit.

"The National Institute on Alcohol Abuse and Alcoholism (NIAAA) likes this concept and has given us funding to further develop the software," Dr. Vinson says. "We're in the process of making it more engaging by adding graphics, animation, and voice." He hopes to have

the program completed by spring and begin pilot testing it soon after that.

In another project, Dr. Vinson is comparing two ways physicians can screen for alcohol problems. With the CAGE screening method, doctors ask a series of four questions relating to the patient's drinking habits, and with the single question approach, doctors simply ask, "When was the last time you had more than five drinks in one day?"

"The project is studying whether one screening method is more comfortable to use — for doctors and for patients," Dr. Vinson explains. "We're also trying to determine if one approach is better at helping people who have an alcohol problem recognize their problem and begin moving toward change."

Five years ago, Dr. Vinson undertook what is by far the most comprehensive and compelling research he has conducted to date: "Alcohol and Injury: A Case-Crossover Study." Funded by a \$1.1 million grant from the NIAAA, this study focuses on the link between alcohol and injuries and how much people increase their risk of injury when they drink. As he nears the end of this project, Dr. Vinson is enthusiastic about his research and eager to share the results of his work.

One goal of this project has been to produce a graph that shows how the risk of injury changes with the number of drinks consumed in any given window of time. Dr. Vinson and his team of researchers are particularly interested in the effects of low-to-moderate alcohol intake. What they discover could have a broad impact across the country — from changing peoples' opinions about casual drinking to influencing public policy regarding the legal drinking limit.

"This is live research, so we don't know what the answers are yet," Dr. Vinson explains. "We are analyzing the data objectively and very carefully because we want to be sure that the information we publish is true."

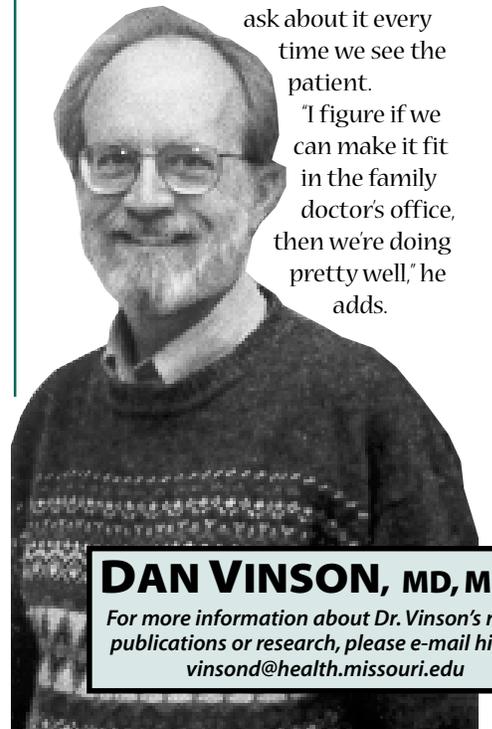
The primary paper about this project is being written, and Dr. Vinson will present it at the Society of Teachers of Family Medicine spring conference. He plans to write a series of additional papers about the results of his alcohol and injury study during the next year.

Dr. Vinson's alcohol research never ends; instead, each study he conducts leads to new questions, new investigations, and new information. His commitment to building a body of knowledge that is useful, relevant, and valid is constant and has earned him a reputation that is strong and widely recognized in the medical community.

"Alcohol is a widespread problem in our country, and as a family doctor, I know we have plenty of opportunities to address this problem with our patients," Dr. Vinson explains. "What I hope to accomplish is to put alcohol on the agenda of patients and family physicians — not just for one visit, but as an ongoing discussion. And if we determine that a patient has a drinking problem, we should monitor the condition and

ask about it every time we see the patient.

"I figure if we can make it fit in the family doctor's office, then we're doing pretty well," he adds.



**DAN VINSON, MD, MSPH**

For more information about Dr. Vinson's recent publications or research, please e-mail him at: [vinsond@health.missouri.edu](mailto:vinsond@health.missouri.edu)



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UNIVERSITY OF MISSOURI-COLUMBIA

## 24TH FAMILY PRACTICE UPDATE

*April 20-21, 2001*

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UNIVERSITY OF MISSOURI-COLUMBIA

## FAMILY AND COMMUNITY MEDICINE

*Our Vision* is to be leaders in creating and imparting  
knowledge and providing service that will improve  
human health and well-being.

*Our Values* include collaboration, scholarship, integrity,  
compassion, humor, and respect for self and others.  
We are committed to providing excellent care and  
service to our patients and community and  
fostering professional and personal growth.

*Our Mission* is to enhance health and primary care  
for our communities, emphasizing rural and underserved areas,  
through leadership in education, scholarship, and service.