

Family & Community MEDICINE

Winter 2008

AS A PHYSICIAN AND A TEACHER, KEVIN KANE IS HAPPY TO BE RIDING THE RURAL ROAD OF FAMILY MEDICINE

AS A MEDICAL STUDENT at Creighton University, Kevin Kane did a month-long elective with Stephen Gruba, a small town family doctor in Corning, IA. It was a wonderful experience that Dr. Kane remembers fondly.

“Dr. Gruba’s wife, an internist, was a gourmet cook, and the three of us often spent evenings together at their house,” he says. “She’d cook, and then we’d eat, watch movies, smoke cigars, and drink brandy.”

Evenings with Dr. Gruba were always fun for Dr. Kane, but it’s their days together — when Dr. Kane was able to observe Dr. Gruba “the family doctor” — that led him down the rural road of family medicine.

“Dr. Gruba did it all! OB, ER work, call almost every night, and lots of procedures. He was the epitome of everyone’s idea of a small town family physician,” he says. “He was totally immersed in his community and well liked and respected by the people who lived there. Later on, when I was trying to decide what kind of doctor I wanted to be, I thought of Dr. Gruba.”

After finishing medical school in 1994, Dr. Kane enrolled in MU’s Family Medicine Residency. As an academic program that provided community-based training, Missouri offered him the best of both worlds, he says. He chose Fulton, a rural town, to do his continuity clinic.

During residency, Dr. Kane discovered his love for academic medicine, which is why he enrolled in MU’s Family Medicine Clinician Teacher Fellowship after graduation.

In 2000, he completed his fellowship training, then joined MU’s faculty.

“I stayed at MU because I knew I’d have terrific opportunities as a teacher and a physician here,” he says. “Plus, I had met and married Cynthia Hayes, another MU Family Medicine grad, who was working in Columbia. Both of us have family in mid-Missouri and didn’t want to leave them.”

Dr. Kane didn’t want to leave his Fulton practice either. His patient population had grown steadily over the years; Dr. Kane felt connected to his patients and valued the relationships he had developed with them.

“For me, family medicine is about making connections with people and finding out what makes them tick,” he says. “Getting to know and understand my patients takes time, but it makes me a better doctor.”

“I love being a doctor,” he adds. “But since joining the faculty, I’ve discovered that I love being a teacher even more.”

That’s why when Dr. Kane’s not with a patient, he’s with a student. Although he attends for residents in clinic and does inpatient attending at the hospital, Dr. Kane is more active in predoctoral education.

“I enjoy teaching med students because they tend to be open-minded and willing to explore new ideas,” he says. “I try to hit them before they’ve made a decision about what they want to be when they grow up. And by being a strong role model for the values of family medicine, particularly rural family medicine, I

try to influence that decision.”

Dr. Kane’s reputation as a teacher and mentor for rural medicine is strong throughout the medical school, and that made him the unanimous choice to succeed Family Medicine Chair Harold Williamson, MD, MSPH, when he stepped down as medical education director of MU Area Health Education Centers (AHEC) four years ago.

“I was very excited when Hal first talked to me about this job,” Dr. Kane says. “I knew it would give me opportunities to address and hopefully improve health care access in rural communities across the state.”

MU has nearly 100 community-based preceptors who practice in underserved areas of Missouri. By giving students hands-on training in patient care, these physicians play a major role in the medical school’s curriculum. Dr. Kane’s goal is to ensure that students have the best possible learning experience during their offsite rotations.

**KEVIN KANE story
continued on
last page**



**KEVIN KANE, MD, MSPH
ASSOCIATE PROFESSOR**

CHAIR'S MESSAGE

Presenting the winter 2008 edition of our newsletter ... as you read it, you'll learn more about some of the people whose work is making family medicine strong.

Kevin Kane, for example, has taken over the work I helped initiate as MU-AHEC medical education director, and he is expanding it in ways that should improve health care access for rural Missourians.

While we'll miss Elizabeth Keegan-Garrett and her classmates who will be graduating this summer, we're proud to send off even more alumni who are excited about their roles as family physicians to the (other) real world.

We're happy to introduce Drs. Jeff Belden, Jane McElroy and Carin Reust, the newest faculty members in our department. We'd also like you to meet Dr. Peggy Boyd Taylor, an outstanding preceptor who is making a difference as a family medicine clinician and a teacher.

The world lost a very good family doctor, but gained an innovative and sensitive artist, when my friend Henry Domke retired from medicine. Henry tells us about the relationship between aesthetics in the medical environment and health outcomes on page 5.

Jim Campbell has been here nearly 30 years, and his work as a researcher and a teacher continues to make better doctors and improve health experiences for patients.

I hope you enjoy reading these stories as much as I did. As always, we welcome your comments and suggestions about this and future newsletters.



HAROLD A. WILLIAMSON JR.

Professor and Chair

MU FAMILY AND COMMUNITY MEDICINE

FACULTY FOCUS

WELCOME

JEFFERY BELDEN, MD, who has been a part-time attending in our department since 1982, recently changed his status to full-time faculty. After earning his medical degree from Southern Illinois University-Springfield in 1976, Dr. Belden came to MU for residency training. He worked in Jacksonville, IL, three years before returning to Missouri, and for 25 years he practiced family medicine with Columbia Family Medical Group. He left private practice in September, and today, Associate Professor of Clinical Family and Community Medicine Jeff Belden continues to teach residents, and he sees patients at MU's Green Meadows Family Medicine Clinic.



Dr. Belden, who considers himself a "techie," is very interested in the electronic medical record (EMR) and improving its usability. In fact, an opportunity to pursue this interest further was a major factor in Dr. Belden's decision to join our department. He and other faculty members are currently collaborating with the Cerner Corporation to develop a next generation EMR that will improve care for the chronically ill.

Dr. Belden and his wife, Sandy, have three sons, Stuart, Scott, and Mark.

JANE MCELROY, PhD, an epidemiologist who specializes in environmental health, accepted the position of assistant professor in our department last fall. She earned a master's degree from Antioch New England Graduate School and a doctoral degree from the University of Wisconsin-Madison.



Before coming to MU, Dr. McElroy served two years as an associate scientist and director of survey research at the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center. She is interested in environmental exposures and health outcomes using the tools of geographical information systems and biospecimen analysis. In her current research projects, Dr. McElroy is studying whether cadmium and lead exposure increase the risk of breast cancer. She is also involved in a national longitudinal study of environmental exposures and children's health.

Dr. McElroy enjoys the outdoors and participating in expedition-style wilderness experiences, optimally taking place overseas. At home, she likes to garden, knit, and read. And when time permits, she does volunteer work.

CARIN REUST, MD, MSPH, an assistant professor of clinical family and community medicine, has joined the staff at our department's new Smiley Lane Family Medicine Clinic. This clinic, located in north Columbia, opened its doors to patients in February.



A 1987 graduate of MU's School of Medicine, Dr. Reust did her residency at the University of Texas-Galveston and then completed a clinical teaching fellowship at McLennan County Family Practice Residency Program, Waco, TX. After teaching at Cox Family Practice Residency, Springfield, MO, for eight years, she returned to MU in 1999 and enrolled in our fellowship program. She earned her master of science degree in public health two years later. Dr. Reust then practiced family medicine at University Physicians-Hallsville, one of MU's community practice clinics, until the facility closed last summer.

Dr. Reust is married and has two children. She currently serves as medical director for the Regional AIDS Interfaith Network.

KUDOS

DEBRA PARKER OLIVER, MSW, PhD, associate professor, has received the Project on Death in America Social Work Leadership Award for her accomplishments in hospice and palliative care. This award was presented at the National Hospice and Palliative Care Organization's fall meeting.

Dr. Oliver, who earned her graduate degrees from MU, has been involved in hospice care for more than 20 years. The author of nearly 50 published articles, Dr. Oliver led a small hospice in Minnesota to become the first free-standing Medicare-certified program in that state.

JOSEPH LEMASTER, MD, MPH, assistant professor, won the 2007 Dorsett Spurgeon, MD, Distinguished Medical Research Award. This is the third consecutive year that a Family Medicine faculty member has won this award, which was created to recognize outstanding MU School of Medicine faculty during the early stages of their research careers.

Dr. LeMaster, whose current research focuses on peripheral neuropathy and the effects of exercise on chronic disease, presented the keynote address at MU's Health Sciences Research Day last November. *Diabetes Mellitus and Physical Activity: Intervention in Light of the Global Diabetes Epidemic* was the title of his lecture.

KEVIN EVERETT, PhD, associate professor, serves as the lead investigator on a grant from the Robert Wood Johnson Foundation. Awarded to the MU School of Medicine Foundation, this grant will support efforts to reduce harm caused both by tobacco use and domestic violence in Missouri communities.

Leaders from the Campus-Community Alliances for Smoke-Free Environments and Missouri Coalition Against Domestic and Sexual Violence are partnering to advance public policies that address many of the negative consequences associated with both community health issues.

DAVID CRAVENS, MD, MSPH, associate professor of clinical family and community medicine, was a finalist for the American Medical Directors Association Medical Director of the Year award. Dr. Cravens has been medical director for Lutheran Senior Services at Lenoir Woods, a Columbia-based senior living community, since 1998.

PRESENTING

"A Prize Preceptor"

Dr. Peggy Boyd Taylor, a family physician in St. Louis, has been one of our preceptors for 12 years. She consistently earns high marks and strong words of praise from the medical students who work with her:

"Dr. Taylor is enthusiastic, open, friendly, and approachable."

"She has a spectacular rapport with patients!
It's obvious that they adore her."

"Working with Dr. Taylor provides a good introduction to 'real world' medicine."

"The variety of her patient population was great for learning the full scope of family medicine."



"This occupation has been such a wonderful gift to experience and share with others."

— PEGGY BOYD TAYLOR, DO

PEGGY BOYD TAYLOR, DO, a graduate of Kirksville College of Osteopathic Medicine* (KCOM), MO, has been a solo practitioner in St. Louis for 29 years. Her patients are all ages — from newborn to elderly.

"I have served as the physician for multiple generations of families," she says. "Many patients whom I've cared for as children are now patients with their own children and families."

Family medicine is Dr. Taylor's passion, both as a physician and as a teacher. She credits one of her own mentors, Robert Poetz, DO, for showing by example that there is value in both roles.

"Dr. Poetz was a dynamic teacher and practitioner who loved his patients and felt it was an honor to teach students," Dr. Taylor explains. "I appreciated his efforts to strengthen my education, and memories of him motivated my decision to begin precepting MU medical students in 1995."

Today, Dr. Taylor teaches at least eight students every year. In addition to MU, her students come from KCOM, New York College of Osteopathic Medicine, and St. Louis University. Her goal as preceptor is to expose medical students to family practice in the private office setting.

"I want them to learn about fees, co-pays, formularies, tiered medications, and managing employees. They need to know how to build relationships with patients and interact with pharmaceutical reps," she says. "When students work with me, they see patients who are diabetic, hypertensive, dyslipidemic, obese, and arthritic with coronary heart disease. Many of my patients have family issues as well, which can impact their medical problems. I develop treatment and follow-up plans for each of their illnesses."

As a preceptor, Dr. Taylor challenges students by involving them in decisions relating to the health management of her patients. Students appreciate the responsibilities and trust she gives them.

"Dr. Taylor relied on me as a valuable source of information and always treated me like a vital member of her health care team," one student commented. "By challenging me with questions, she made learning fun and rewarding."

Dr. Taylor enjoys everything about teaching and practicing family medicine. In fact, she says, there's never been a day that she didn't look forward to coming to work.

"It is rewarding to observe and experience the faith and trust patients have in me," she says. "I am honored that they have chosen me to be responsible for their health care."

* Now called AT Still University

FAMILY MEDICINE IS THE PERFECT FIT

FOR DR. ELIZABETH KEEGAN-GARRETT

“BETTER LATE THAN NEVER!”

... that’s how patients and students respond when they hear that Elizabeth Keegan-Garrett didn’t develop an interest in medicine until her last year of college. This late-developing interest quickly grew into passion, however, once Dr. Keegan-Garrett became a family physician.

It started with a medical anthropology course she took during her fourth year at Mount Holyoke College, MA. That course sparked her interest in public health and population-based medicine. Then she began thinking seriously about a career in clinical medicine and worked one year in an inner city clinic.

“I loved that job and headed straight to med school,” Dr. Keegan-Garrett says. “And once I decided medicine, the decision to be a family doctor was an easy one for me.”

She wanted to be a generalist. She loved women’s health, and she had a strong desire to work with the underserved. “Family medicine was a perfect fit for me,” she explains.

After earning her medical degree from Oregon Health and Science University, Dr. Keegan-Garrett came to MU for residency. She’ll graduate in June and then head to St.

Louis, where she plans to do outpatient, maternity, and inpatient care at the federally funded Family Care Health Centers (FCHC).

Located in south St. Louis, FCHC provides affordable primary care services to anyone, with emphasis on the medically underserved. Abbe Sudvarg, MD, 1988 MU Family Medicine Residency graduate, is associate medical director at FCHC.

“In a way, it feels like I’m coming full circle back to my pre-medical school inner city clinic experience,” Dr. Keegan-Garrett says.

She’s decided to work four days a week at the FCHC, a decision she

hopes will give her more “mommy-time” post residency. Dr. Keegan-Garrett and her husband, Kelly, have a three-year-old son, Silas.

“My family keeps me going. They bring me joy every day,” she says. “It’s helped that Kelly has been able to work from home. He’s basically managed the home front during my residency; I could never have pulled it off without him.”

Dr. Keegan-Garrett is thrilled about finishing residency ... she’s scared, too.

“I feel trepidation about making the right job decision and concerned about the ongoing struggle to balance work and family,” she says. “But I’ve had superb residency training here so I’m ready to go out and give it a try.”

Dr. Keegan-Garrett looks forward to each day and the opportunities she has to make a difference. The rewards of family medicine help her see value in what she does.

“It is immensely satisfying to support a family through a difficult time, help a patient manage a chronic disease, show a medical student a different perspective on a challenging patient, or deliver a new life into the world,” Dr. Keegan-Garrett explains. “Family medicine — it’s a great job!”



ELIZABETH KEEGAN-GARRETT, MD
FAMILY MEDICINE CHIEF RESIDENT
with her husband, Kelly, and son, Silas

ALUMNI UPDATES

WENDY MADIGOSKY ('04 Fellow) and her husband, Craig Sirkin, celebrated the first birthday of their son, Isaac, on January 15. Dr. Madigosky, who lives in Denver, currently serves as the director of University of Colorado’s Foundations of Doctoring Curriculum.

JENNIFER BUESCHER ('02 Resident; '04 Fellow) married Mark Lane, a copy editor at the Omaha World Herald, on April 14, 2007. Dr. Buescher now serves as associate director of Clarkson Family Medicine, which is a community-based program in Omaha.

ERIK LINDBLOOM ('00 Fellow), a current faculty member and associate director of our residency program, and his wife, **LYNN WUNG**, another MU Family Medicine faculty member, welcomed their second daughter, Mia Lee, into their family on February 12.



HENRY DOMKE, MD, earned his medical degree from the University of Missouri in 1979 and completed MU's Family Medicine Residency Program in 1982. He practiced in Jefferson City for 25 years before deciding to retire last summer and dedicate himself full-time to art, his lifelong passion.

Can you tell us about your life as a family physician?

HD: I practiced medicine in Jefferson City until last summer and was a founding partner of Family Care Associates. Initially I worked with James Weiss, and over time Will Kimlinger and Jack Dodson (both graduates of MU Family Medicine Residency) joined our practice. About a decade ago, Family Care Associates merged with Jefferson City Medical Group.

I've always loved medicine. I had patients and generations of patients' families whom I took care of for more than 20 years, and this was of real value to me.

When did you realize your passion for art?

HD: The day I was born!

My interest has always been there. In high school, I focused on art and planned to attend art school after graduation. At the last minute, however, I had a change of heart and decided to go into medicine instead.

During the mid-'90s, I decided to reduce my workload as a family physician and pursue advanced art training at MU. After that, I began to exhibit and sell my art.

Was it hard for you to balance medicine and art?

HD: Initially it was no problem. In fact, it was ideal; medicine and art are a good mix.

For years I said I was a 2/3-time physician and a 2/3-time artist. But because my art business doubled in volume every year for seven years, it became increasingly difficult for me to keep track of things. That's the key reason I left medicine late last summer.

Has photography always been your favorite medium?

HD: No. I've always loved painting, and while in art school, I focused on oil painting. Even today, when I go to see art, I prefer painting.

But paintings take too long to create. I'm an impatient kind of a guy. Photography is fast and fits well with my skills on the computer.

Has nature always been the theme of your work?

HD: No. In the beginning my work was abstract and surreal. Unfortunately, most people didn't like that art, and I ended up having to build storage for it. When I started to paint — then photograph — the nature in my backyard, sales took off.

Was retiring tough for you?

HD: Yes, and frankly it caught me a little off guard.

I had hoped to work longer than I did to help smooth the transition in our practice. But I'd reached a point of overload, which forced me to stop sooner than I had anticipated.

How does it feel to be wearing a camera around your neck instead of a stethoscope?

HD: Perfect!

Many people say that there's a relationship between aesthetics in the medical environment and health outcomes. WHAT DO YOU THINK?

HD: There's a small but significant body of evidence relating to art and its impact on clinical and behavioral outcomes of patients in hospital settings. Research shows that art with appropriate nature content can reduce stress and pain perception.

For example, a study conducted in Sweden by Roger Ulrich showed that heart surgery patients in an ICU who viewed nature scenes with water, trees, and high depth of field had less anxiety, suffered less intense pain, and required lower strength pain medication than patients who viewed abstract scenes or no image at all. This study showed that viewing nature scenes had economic benefits as well, such as lower medication costs and shorter hospital stays for patients. Art improved patient and staff satisfaction, too.

There's even a new field called evidence-based design that studies how to improve health care quality through design. Art work is an important part of this new field.



FOR 25 YEARS, HENRY DOMKE — THE FAMILY PHYSICIAN — truly enjoyed his career and valued the opportunities he had to improve health for his patients. He retired last summer and now devotes his full energies to art. TODAY, HENRY DOMKE — THE ARTIST — uses his camera to improve health for patients. His photos, which capture the essence and beauty of nature, foster wellness in health care facilities across the country.

TO LEARN MORE ABOUT HENRY DOMKE'S WORK, VISIT: www.henrydomke.com

JIM'S JOURNEY

TRACKING A CAREER THAT BEGAN IN CRIME AND IS NOW FOCUSED ON DISEASE

JIM CAMPBELL, PhD, MU Family and Community Medicine professor, has a strong reputation for his scholarly work in chronic illness, but chronic disease has not always been his primary research interest. Dr. Campbell began his career in 1970 at Coe College, a liberal arts school in Iowa, where he taught courses in criminology. Three years later, after developing Alport Syndrome, his life was forever changed. So was his career.

Alport Syndrome is an inherited disease that causes kidney damage. Dr. Campbell had to undergo 15 months of at-home dialysis; then he needed a cadaveric transplant.

"That was pioneering treatment back then, and I needed close monitoring after the surgery. My life was literally in my wife's hands. If a crisis developed, she was supposed to call a physician at the VA," he says. "I remember one incident when I went into shock. Ann called the doctor, but he was no help at all. Years ago, physicians tried to withhold information; they thought they were protecting you by not telling you anything."

Dr. Campbell's disease, plus the negative health care experiences that he and his wife encountered because of it, motivated

them to change careers.

"We wanted to do something to improve health care delivery for others, especially those who had problems similar to ours," he says. "After deciding to pursue my doctorate in medical sociology, the decision to come to MU was an easy one. I knew I'd have good mentors here ... great career opportunities, too."

The Campbells moved to Missouri in 1975, and within two years, Ann had earned a master's degree in public health. Since then, she has been providing pre-dialysis renal education and support to patients and families across mid-Missouri. Dr. Campbell speaks proudly of his wife and her commitment to people with renal disease.

He completed his dissertation, *Chronic Illness and the Quality of Life*, in 1980 and then joined MU's Family Medicine faculty. For nearly 30 years, Dr. Campbell has divided his time between research and teaching medical students.

"Research and teaching; one drives the other. I do research, then apply what I've learned in the classroom," he explains. "My goal in both roles is to facilitate better patient care."

To achieve this goal, Dr. Campbell has collaborated with faculty members here and across the country to study, publish, and present on a list of topics that includes spirituality, religion, health literacy, cultural diversity, and end-of-life care.

"All of my interests relate to chronic illness care. I want patients to understand what's going on with their disease so they have a sense of control and can share in the decision

making ... something I couldn't do when I developed my kidney problem," Dr. Campbell says. "That's why teaching students how to be sensitive, honest, and effective communicators is important to me."

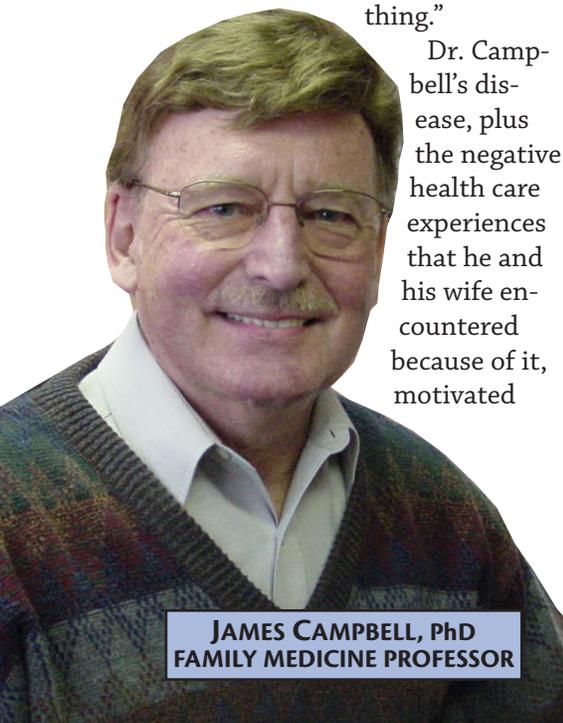
In addition to physician-patient communications, Dr. Campbell teaches students about medical interviewing, culture and health, behavioral medicine, death and dying, and how to deliver bad news.

"I love to teach. Students keep you young," he says. "I like research, too. Research keeps you sharp and motivated because you never know what you're going to learn."

Good research should lead to more questions than answers, he adds, which explains why his quest for knowledge never wanes. After 33 years at MU, Dr. Campbell has not slowed down. The only thing stronger than his energy is his passion.

He currently directs Psycho-Social Aspects of Medicine, one of eight blocks taught to first and second year medical students. He serves as MU Family Medicine research director, a role he's held for seven years. And since 2000, he has been editor of *Annals of Behavioral Science and Medical Education Journal*.

"I still enjoy what I'm doing," Dr. Campbell says. "I love the people I work with. We have a collegial group of researchers who are bright and energetic. I love students and hope that what I'm teaching them will make better doctors and improve health experiences for patients. But mostly I love the world of ideas. My research keeps me on the edge of something, and that excites me."



JAMES CAMPBELL, PhD
FAMILY MEDICINE PROFESSOR

JIM CAMPBELL ... if you know Jim, you probably know he is a tenured professor who has dedicated his career to research and teaching at University of Missouri's School of Medicine. You might also know that he and Ann, his wife of 40 years, love cats and are world-wide travelers. **BUT DID YOU KNOW** that Jim rides a Harley Davidson? Or that he started college as a music major? And even if you knew that Jim loves chocolate, you probably didn't know that he was 57 when he developed this craving. That was just five years ago, after undergoing his second kidney transplant. His wife, a lifelong chocolate addict, was his organ donor. Perhaps she gave him more than a kidney.

WE CHALLENGE YOU TO

test your vision

Everyone at MU can imagine the future of family medicine and how it could be better. Can you match each of these visions with the faculty member who described it?

Please call or e-mail your responses to Kathy Boeckmann at 573-884-7916 OR boeckmannk@health.missouri.edu.

Prizes will be awarded to the first three correct entries.*

KEVIN
KANE, MD



A "I see a fully functional electronic medical record that provides physicians with personal recommendations and decision support at the point of care. This EMR will create condition-specific summary pages that remind physicians about needed tests, immunizations, and medications; it will also provide evidence-based guidelines for managing targets and a documentation system that is user-friendly and complete."

JOSEPH
LEMASTER, MD



B "I visualize the 'exceptional' clinic where space is attractive and comfortable, and care is timely, efficient, and evidence-based. In addition, a resource center, located in the clinic lobby, will provide patients information that empowers them to assume more responsibilities in the health care process. Our newly designed medical home will have innovative features that benefit patients and help us do a better job."

ANNE
FITZSIMMONS, MD



C "I can see a well coordinated health care system that enables chronically ill patients to self-manage their disease and live longer with improved function and quality of life. Recent clinical trials have found that within large, urban health systems, nurse care coordinators can improve self-management for the chronically ill. We're studying whether these results can be transported to smaller, rural practices."

ERIK
LINDBLOOM, MD



D "I envision a well maintained pipeline running across the state, delivering dedicated physicians and quality care to all rural Missourians. By promoting interest in rural medicine among medical students, MU's Rural Track Pipeline, which is one of the most innovative training programs in the country, is helping improve health and health care access for underserved populations across the state."

KARL
KOCHENDORFER, MD



E "I imagine residency grads who continue to evolve their practices into ever-improving patient-centered medical homes, always striving to provide the best evidence-based care while staying committed to the enduring values of family physicians. I will be using my research skills to evaluate the curricular innovations our residency hopes to implement as the recent recipient of a 'P4' award AND a federal training grant."

Summer 2007 "test your vision" Contest Winners

MARTHA TERRY, MD: 1998 Resident

JOSEPH STANFORD, MD, MSPH: 1991 Resident, 1994 Fellow

BERNARD EWIGMAN, MD, MSPH: 1982 Resident, 1984 Fellow

WENDY MADIGOSKY, MD, MSPH: 2004 Fellow (*late but perfect entry!*)

* University of Missouri employees and past Test Your Vision winners may enter this contest but are ineligible for a prize.



UNIVERSITY OF MISSOURI-COLUMBIA
FAMILY & COMMUNITY MEDICINE
 M226 Medical Sciences Bldg, DC032.00
 Columbia, MO 65212

DELIVER TO:



**MU OPENS
 UP-SMILEY LANE**
a new and innovative
Family Medicine Clinic

We saw our first patient at University Physicians-Smiley Lane Family Medicine Clinic on February 6.

Located in north Columbia, UP-Smiley Lane is one of the first health facilities to serve this rapidly growing part of town. With onsite lab-work and x-ray capabilities, as well as a drive-through pharmacy, we are able to offer convenient and comprehensive care to our patients. To learn about some of the other features we've incorporated to enhance health care at this clinic, please check out our web site:

www.fcm.missouri.edu



LEFT TO RIGHT: Jonathan Thomas, MD, OB/GYN specialist, with family physicians Richelle Koopman, MD; Peter Koopman, MD; Carin Reust, MD; and Mendi Hecker, MD

UNIVERSITY OF MISSOURI - COLUMBIA

**Family & Community
 MEDICINE**

M226 Medical Sciences Building
 Columbia, Missouri 65212
 Telephone: 573-884-7701
 Fax: 573-882-9096

<http://www.fcm.missouri.edu>

Chair:

Harold Williamson Jr., MD, MSPH

Associate Chair:

Steven Zweig, MD, MSPH

Administrative Manager:

Pamela Mulholland, MHA

Questions and comments about this newsletter should be directed to:

Kathy Boeckmann, MA

573-884-7916

boeckmannk@health.missouri.edu

KEVIN KANE story continued from first page

"I want them to learn what it's like to live and work in rural communities," he explains. "Students who train in rural areas are more likely to return to a rural medicine practice when they finish school."

Dr. Kane has developed a real passion for MU's rural track pipeline, and his commitment to it becomes obvious as he talks about recent efforts to enhance the University's rural track programs.

"To help offsite students feel better connected to the learning that takes place on campus, we created the Essential Seminar Series," he explains.

This weekly program, delivered to students via the Missouri Telehealth Network (MTN), covers patient care topics from many specialties. Community-based preceptors lead most of the discussions.

"Offsite students have responded favorably to the Essential Seminar Series," Dr. Kane says. "The feedback we're getting about another program we're pilot testing — the community integration project — is good, too."

MU is testing a new program that allows offsite students to choose from three levels of community involvement. Students who choose the service-learning project, which requires the highest level of involvement, assess a need in the community and then work with local partners to develop solutions and provide resources that address that need. At the end of the rotation, students get together via the MTN and present on their projects.

"Every student who went offsite this block chose to do a service-learning project," Dr. Kane says. "This excites all of us at AHEC because we know that students who have high-level rural community immersion experiences develop a better understanding of the community and its health needs."

"I'm honored to be working with MU-AHEC ... a program that promotes rural health care for so many people across the state."

— KEVIN KANE, MD, MSPH