

CURTIS W. &amp; ANN H. LONG

# Family & Community MEDICINE

Winter 2009

## CHANGING CHAIRS

Last fall, Hal Williamson was appointed Vice Chancellor for Health Sciences and Steve Zweig replaced him as Family Medicine Chair.

How will this new **CHAIR CHANGE** the department?

**You served as Hal's associate chair for 10 years; what lessons did he teach you during this time?**

William Osler, the famous physician who some consider the father of modern medicine, wrote a commencement speech later published as a book entitled *Equinimitas*. It talks about the personal quality of calmly accepting whatever comes up. Hal embodies equinimitas. This trait has enabled him to gather information from others, see the big picture, and pause a bit before responding. Then his response will be a balanced one. Another value that Hal demonstrates is integrity. He understands that people may not always agree but need to be able to trust each other to work together.

**What do you consider your biggest challenge as chair of MU Family Medicine?**

I think the biggest challenge is to not let go of the big picture during the day-to-day experiences of problem solving.

**How would you define your leadership style?**

I need to lead by example while upholding the values of the department and my own personal values. I'm blessed to be working with amazingly competent and committed people. It's important that I allow my colleagues to do the work that they are best able to accomplish. It's also important for me to listen to them so I can make tough decisions from the most informed position. Those of you who know me recognize that I'm not afraid to express my opinion. In fact I'm one of the most scrutable people I know. I was recently described as feisty.

**What excites you most about your new role?**

I was actually very happy in my old job as associate chair and felt like I was working with the best chair around. I'm excited about the new things I'm learning and about helping take our department into the future. It's a pretty cool job! It's important to remember, however, that I'm interim, not permanent, chair and I may not be in this job for long. But for the good of the department, I have to act as if I am chair until I'm not.

**What does Steve bring to the role of MU Family Medicine department chair?**

Steve is a geriatrician, as well as a family physician, and he's had a lot of experience with collaboration in education, research, and clinical care. He has very high standards for himself and is impatient with mediocrity – I think that's a good thing for the department and will motivate others to do more, be more. He is well grounded in the missions of an academic health center and will be able to advance FCM on all fronts. Steve has incredible energy, and his drive to produce is constant ... and he's a lot smarter than I am.

**What do you consider Steve's biggest challenge as chair of MU Family Medicine?**

The department is talented and ambitious. Sometimes it's hard for us to focus, and sometimes it's hard to keep the bigger context in mind. With more growth, I think that will become even more true and a bigger challenge.

**How would you define your leadership style?**

I try to build a joint vision that drives consensus, which in turn makes us stronger as we approach our mission. I also try to lead by example. I like to see things just as they are, but remain confidently optimistic when "as they are" is not so good. I strive to create a culture of mutual support, critical thinking, and dedication to excellence.

**How does it feel to be transitioning from leading a department to leading a university's entire health care system?**

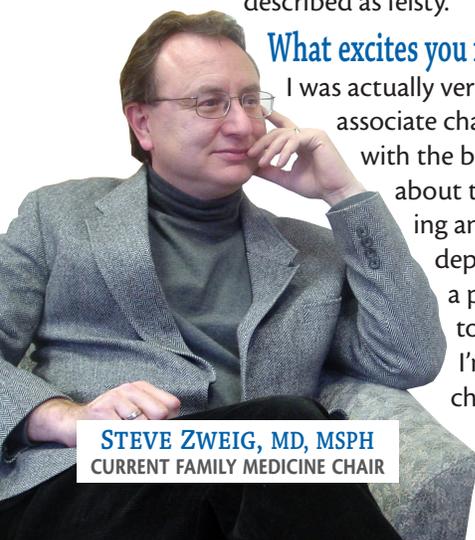
Jack Colwill told me that being a department chair would be the most fun job I'd ever have. He was probably right. But my new role has great opportunity for doing good in the world – which is why we're all here, isn't it?

We played a game of  
**WORD ASSOCIATION**

with STEVE and HAL

• • • • •

SEE LAST PAGE  
FOR THE RESULTS



**STEVE ZWEIF, MD, MSPH**  
CURRENT FAMILY MEDICINE CHAIR



**HAL WILLIAMSON, MD, MSPH**  
FORMER FAMILY MEDICINE CHAIR

# CHAIR'S MESSAGE

PRESENTING THE WINTER 2009 EDITION of our newsletter ... as you read it, you'll learn more about some of the people whose work is making family medicine strong.

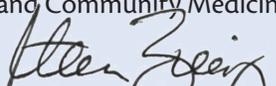
We are happy to welcome Hanna Gov-Ari and welcome back Paul Tatum and Sue Pereira to the faculty. Each doctor already has a busy practice and is adding to our clinical strengths in family medicine. We've seen over 87,000 patients in the office during the past year, had more than 1,800 admissions, and attended nearly 300 deliveries.

On the research and scholarship side, our faculty submitted 35 grants, published 52 papers, and made more than 100 presentations outside the department. Currently, Debbie Oliver, Robin Kruse, David Mehr, Julie Kapp, and Richelle Koopman are principal investigators on grants from NIH and AHRQ.

Dr. Betsy Garrett continues to lead the "best" rotation in the medical school with virtually all the clinical faculty participating in the teaching of medical students. Dr. Jim Felts and Dr. Tim Long (profiled in this issue) are representative of our volunteer preceptors. Many thanks to them!

T. J. Soyoye's story is about a young man who excelled in other aspects of life before becoming a resident. Our 36 residents come from around the world. Led by Dr. Erika Ringdahl, our residency program recently received the maximum five years accreditation from the Family Medicine Residency Review Committee.

What a joy for me to be able to work with the fantastic faculty, residents, and staff members who make up MU Family and Community Medicine.

  
**STEVEN C. ZWEIF**

*Paul Revere Family Endowed Professor  
and Interim Chair*

## MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

### NEW FACULTY

**HANNA GOV-ARI, MD**, assistant professor of clinical family and community medicine, joined the Gold Team at our Green Meadows Family Medicine Clinic last fall. In addition to caring for patients, Dr. Gov-Ari is doing inpatient attending for our residents.

Dr. Gov-Ari earned her medical degree from Israeli Institute of Technology, Haifa, in 2001, and she completed her family medicine residency training at University of Arkansas for Medical Sciences-El Dorado last summer. Hanna and her husband, Eliav Gov-Ari, MD, an otolaryngologist who is also an MU faculty member, have two sons, Nadav, 14, and Elad, 9, and a daughter, Hagar, 12.



**PAUL TATUM III, MD**, assistant professor of clinical family and community medicine, joined our faculty in September. He sees patients at our Woodrail Clinic and provides additional expertise in geriatrics and palliative medicine.

Dr. Tatum initially moved to Missouri in 1997, after finishing medical school at University of Texas-San Antonio. He completed MU's Family Medicine Residency Program in 2000 and geriatrics fellowship training in 2002. Following that, he served on faculty at University of Colorado Family Medicine. In 2004, he joined the faculty at University of Arizona and worked as a staff physician at Tucson Long Term Care for four years, until he decided to return to MU. Dr. Tatum and his wife, Helene, have two children, Adriana, age 9, and Will, age 7.



**SUSAN PEREIRA, MD**, assistant professor of clinical family and community medicine, joined our department last fall and now serves as medical director at Keene Family Medicine Clinic. In addition to seeing patients and teaching residents, Dr. Pereira does inpatient attending.

Dr. Pereira's long history with MU began when she was an undergraduate in the mid-'80s. In 1994, she earned her medical degree, and three years later, she completed her family medicine residency training here at Mizzou. After serving six years as a faculty member in our department, she joined MU Emergency Medicine and worked at the Urgent Care Center. From 2004 until last fall, she served as medical director of MU's Urgent Care Center, Staff Health, and Work Injury Services. Dr. Pereira has two daughters, Ivy, 16, and Willow, 13.



### RECENT GRANTS

**ROBIN KRUSE, PhD, MSPH**, research assistant professor, received a three-year, \$806,000 grant from the National Institute on Aging to study "The Effects of Acute Events on ADL Trajectories of Nursing Home Residents." MU Family Medicine Professor David Mehr, MD, MS, is a co-investigator on this project.



**RICHELLE KOOPMAN, MD, MS**, assistant professor, has been awarded a five-year, \$765,000 grant from the Agency for Healthcare Research and Quality to study "Patient Readiness to Use Internet Health Resources." MU Family Medicine Professor David Mehr, MD, MS, is her primary mentor on this K08 Award.



## RECENT PUBLICATIONS

**JOSEPH LEMASTER, MD, MPH**, associate professor, is the primary author of “Effect of Weight-Bearing Activity on Foot Ulcer Incidence in People With Diabetic Peripheral Neuropathy: Feet First Randomized Controlled Trial,” published in *Physical Therapy*. [*Phys Ther*. 2008;88(11):1385-1398] The North American Primary Care Research Group (NAPCRG) chose this as one of its 2008 Distinguished Papers.

Dr. LeMaster presented his research at NAPCRG’s recent meeting held in Puerto Rico. MU Family Medicine Professor **David Mehr, MD, MS**, is a co-author of the paper.

**RICHELLE KOOPMAN, MD, MS**, assistant professor, has developed a screening tool to identify patients with pre-diabetes. Her study, “Tool to Assess Likelihood of Fasting Glucose Impairment (TAG-IT),” was published in the *Annals of Family Medicine*. [*Ann Fam Med*. 2008;6(6):555-561]

“A third of Americans with diabetes do not know they have it, and many more who have pre-diabetic conditions are unaware that they are at risk,” Dr. Koopman explains. “The TAG-IT tool weighs the relative contributions of multiple factors and creates an overall risk score that helps clinicians decide which patients to screen for diabetes. This tool is easy to use, and screenings can be done at a health fair or a physician’s office using pencil and paper.” <http://fcm.missouri.edu/deptnewskoopman.aspx>

**JULIE KAPP, MPH, PhD**, assistant professor, is the primary author of “Physician Recommendations for Mammography in Women Aged 70 and Older,” published in the *Journal of the American Geriatrics Society*. [*JAGS*. 2008;56(11):2100-2106] Co-authors of this paper include MU Family Medicine faculty members **Joseph LeMaster, MD, MPH**, **Steven Zweig, MD, MSPH**, and **David Mehr, MD, MS**.

**DENNIS WEN, MD**, associate professor of clinical family and community medicine, is a co-author of “Ultrasonographic Evaluation of Splenic Enlargement in Athletes With Acute Infectious Mononucleosis,” recently published in the *British Journal of Sports Medicine*. [*Br J Sports Med*. 2008;42(12):974-977]

## PRESENTING THE PERFECT PRECEPTOR

**JAMES FELTS, MD**, is a fourth-generation doctor. After earning his MD from MU in 1978, Dr. Felts went to the University of Wisconsin-Madison for family medicine residency. Then he returned to Missouri to work with his best friend from medical school; this friend had a small, rural practice in Rolla and needed help.

“I’ve liked Rolla from the day we moved here. It’s a college town with lots of diversity. And it’s been a great place for my wife and me to raise our three daughters,” he says. “We live in the Ozarks, so there are many beautiful areas where I can cycle and enjoy other outdoor activities.”

After 27 years, Dr. Felts continues to practice in Rolla at St. John’s Clinic, which is part of a multi-specialty group based in Springfield, MO. Throughout his career, he has maintained a high level of enthusiasm for his patients and the care he provides.

“I never know what problem I’m going to face when I walk into the exam room. As a family physician, it’s my job to identify the problem, then develop a plan to address it. And for me, that’s fun and exciting,” he says. “Sometimes all I have to do is sit and talk with a patient to be therapeutic.”

Dr. Felts has maintained his passion for teaching as well. He’s been precepting MU medical students since he began his career in Rolla, averaging four students each year. Most of them are rural track students who hope to return to a rural community and practice family medicine after graduation.

“My goal as a preceptor is to show students that they can have a nice quality of life and a rewarding medical career in a small town. I enjoy teaching and the exchange of information and ideas that I have with students. It seems like I’m always able to learn from them,” Dr. Felts says. “Professionally, it adds an interesting dimension to our practice. Patients are accepting of students, and many, especially the older patients, appreciate the extra time and attention they get when a student is involved in their care.”

Faculty members at MU recognize the excellent work of Dr. Felts. In fact, they presented him the Outstanding Community Faculty Preceptor award in 2004, the first year it was given.

Receiving this award was an honor for Dr. Felts. He is committed to rural medicine and hopes that his efforts will help students better understand and respond to the health care needs of rural populations across the state.

**DR. JAMES FELTS consistently earns strong words of praise for his work as a teacher. A medical student who recently finished a rotation in Rolla had this to say about him:**

**“DR. FELTS has numerous strengths. First, he’s a model physician. He cares a great deal about his patients, is very knowledgeable, and works hard to keep up with evidence-based guidelines. Second, he’s an excellent teacher. He took an obvious interest in my education, allowed me to see patients by myself from the first day, provided journal articles to read and special research assignments to complete outside of clinic, took time to answer any questions that I had, and gave me feedback throughout the four weeks.**

**He constantly reinforced the importance of evidence-based medicine, and I now feel comfortable seeking out and evaluating information on clinical questions. He also emphasized the importance of primary care, which strengthened my own commitment to family medicine. Overall, I probably got more out of the time I spent in his clinic than out of any other experience in medical school.”**



**JAMES FELTS, MD**  
Physician – Teacher – Scholar  
Rolla, Missouri

# TJ SCORES

ON THE COURT AND IN THE CLINIC

First it was his fans cheering his success ... now it's his patients

When **Dr. Tajudeen Soyoye** enters an exam room at our family medicine clinic in Fulton, some patients want to talk basketball stats instead of health issues with him. To these patients, this 6-foot-9 resident is TJ, and even though 10 years have passed, they can still remember him running down the basketball court at the Hearn Center wearing the No. 33 MU Tiger jersey.

TJ came to MU as a junior in 1999 when he was recruited by Norm Stewart. He played basketball for a year under Coach Stewart and one year under Coach Quin Snyder. As the team's center, he had a successful career, averaging 10 points and 6.7 rebounds a game. He succeeded in the classroom, too.

After graduating with a degree in biology, TJ signed with a pro team in Spain, but when his two-year contract ended, so did his professional basketball career.

"I decided that I was done. I missed school and wanted to return and pursue my dream of becoming a physician," TJ says. "For me, basketball has always been a gift and the means to achieve my ultimate career goal of practicing medicine."

TJ set this goal by age 17, before leaving his home in Nigeria.

"My father was a busy and well-respected herbalist who practiced medicine in Nigeria until he passed

away in 2006. He had his own clinic where he treated patients of all ages with many kinds of illnesses," he says. "Growing up, I watched my dad and saw how he helped people and their families. They would come in sick and then leave well and happy. He treated his patients like family, and it was obvious they trusted him and appreciated everything he did."

As an herbalist, his father knew how to use the stems and leaves from different plants to effectively treat most of his patients' health problems. There was one patient, however, who had a disease TJ's dad could not cure, and the death of this 12-year-old patient was a turning point in his life, says TJ.

"The boy had sickle cell anemia, and there was nothing my dad could do for him. After this experience, I knew that I did not want to practice alternative medicine," TJ says. "I wanted to go to medical school and become a doctor who, even if I couldn't help a patient, could understand his problem and send him to someone who could."

TJ wanted to be a doctor who had strong relationships with his patients and a grassroots-level practice like his dad, which is why he decided to pursue a career in family medicine. After earning his medical degree from the American University of Antigua last year, he returned to

MU for residency training.

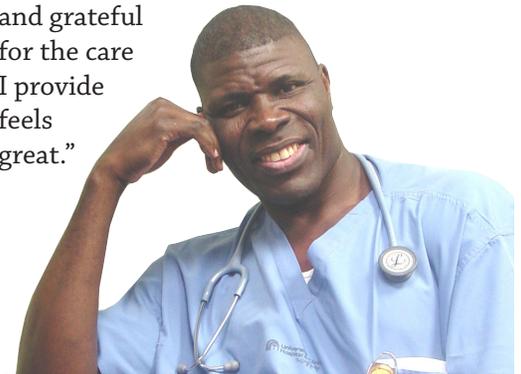
Residency is intense, he says as he nears the end of his intern year.

"I'm always studying and continuing to learn. The schedule is rigorous and leaves me no time for anything else, not even a Tiger basketball game," he says. "But I have a strong will and know that if I put my mind to it, I will succeed. As long as I'm doing what I want to do, it is good ... regardless of how hard it is."

And doing family medicine feels good, he adds.

"I derive much joy in my role as family physician. It is so rewarding when people come to me and I'm able to understand their problems and give them the help they need," TJ says. "Knowing my patients are happy to have me as their doctor and grateful

for the care I provide feels great."



*"The pressures to perform at your highest level are similar, whether you're in an arena playing basketball with 20,000 fans watching or in an exam room practicing medicine one-on-one with your patient."*

— First Year Resident TAJUDEEN SOYOYE, MD

## ALUMNI UPDATES

**MICHELLE COLEN** ('02 Resident), her husband, Jonathan Colen, DO, and their five-year-old son, Nate, moved from Kirksville, MO, to Jacksonville, IL, where Michelle continues to practice rural family medicine. Jonathan, a board-certified psychiatrist, joined the medical staff at Passavant Area Hospital's Center for Psychiatric Health.

**MICHAEL OHL** ('06 Fellow) joined the faculty at University of Iowa, with his clinical home in Internal Medicine (including work as an HIV clinician at the VA) and his research home in the Health Services Research and Development Center of Excellence at the Iowa City VA. Michael is married to **MARTHA TERRY** ('98 Resident).

**JERRY KRUSE** ('82 Resident; '84 Fellow) has been selected to serve a four-year term on the Council on Graduate Medical Education by the Department of Health and Human Services. Jerry joined Southern Illinois University's (SIU) School of Medicine faculty in 1984 and now chairs the Family and Community Medicine Department.



**TIM LONG, MD**, earned his medical degree from MU in 1978, and since completing Family Medicine Residency in 1981, he's practiced in Washington, MO. His commitment to family medicine is obvious as he talks about his career and the opportunities he's had to serve and make a difference. His annual trip to Honduras is one of those opportunities. Ask Dr. Long about it and you'll feel his passion as he describes an experience that during the past 17 years has come to define his life.

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

**TL:** Because of a public service obligation, I had to practice in a physician shortage community after residency. Jim Turner, Kim Colter, and I, all MU Family Medicine grads – decided to start our own clinic and name it Family Health Care. As we looked across the state for a place to go, we identified Washington as an area of need ... and a great place to live and work as well. We opened a second clinic in Marthasville, a rural community just north of Washington, at the same time.

The three of us continue to practice in Washington, along with three other MU grads – Thom Davis, Kelly Bain, and Keith Ratcliff. Most of my patients come from rural areas, and like me, they are getting older. In fact, I now care for four generations of families. I quit doing OB five years ago but still take care of newborns. As I think about my life as a family physician, I feel blessed. I've had a rewarding career and can't imagine anything better I could have done these past 27 years.

### When and why did your group become Patients First Health Care?

**TL:** In 1998, we merged with Washington Internal Medicine to form one primary care group and called ourselves Patients First. The first medical specialists joined us three years later. As we expanded, so did our ability to provide comprehensive, seamless, and efficient health care, which has always been one of our group's goals.

We've been bold and innovative as we planned for the future, and this approach has been key to our success. Today, with 60 physicians who represent 15 specialties and practice in 16 locations, Patients First has become the area's largest physician-owned and -managed health care group.

### Patients First seems to embrace many of the concepts associated with the *medical home*, as defined by AAFP. Can you explain?

**TL:** For a medical home to function effectively, the relationship between patients and their primary care physician has to be strong and ongoing. From early on, our practice has adopted this basic principle.

As family physician, I manage the overall care of my patients. My role as gatekeeper has evolved from a concept Jack Colwill taught us 30 years ago during residency. When patients need care I can't provide, I coordinate their transfer and use of a specialist within our Patients First system. Collaboration and communication are strong among our providers. We value quality, safety, and easy access for patients.

In a year, we'll be rolling out our own EMR. It's been a long process, but when it all comes together, we'll have a product that makes it easier for us to provide continuous, appropriate, and coordinated care to patients.

### Washington Overseas Mission ... what is it?

**TL:** I'm so glad you asked! This is a project that came naturally out of my commitment to family medicine. It has provided me and other caring individuals an opportunity to bring humanitarian aid to people who have less than those Americans who have the least.

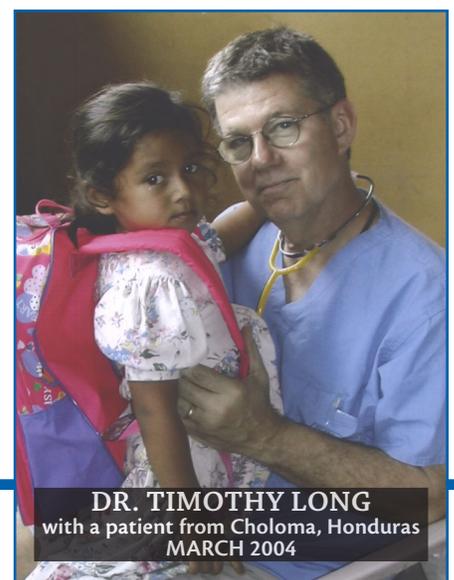
It started accidentally over a dinner conversation 20 years ago when a few friends and I decided to volunteer our services in Honduras. Our first trip was in March of 1992, and we've gone on this two-week mission every year since then. Approximately 80 people make the trip each year – 300 different individuals have participated so far – and everyone who goes pays their own way. The group, which includes doctors,

dentists, nurses, skilled-trade workers, students, and general volunteers, delivers health care, construction help, water projects, scholarship programs, day care, and supplies to this third-world region in Central America.

Our Honduras trip lasts only two weeks, but preparing for and organizing it is a year-round effort that's become my wife's other full-time job. I tip my hat to her for her relentless energy and dedication to this project. People are always coming by our home to drop off donations and supplies for us to bring to Honduras ... this trip not only defines our life, but our house, basement, and garage as well.

### What about your family?

**TL:** In addition to managing our Washington Overseas Mission, Jan, my wife, is a speech/language therapist. We've been married 33 years and have three children. Pat, our oldest, is married and has three stepchildren and two-year-old twin girls; Tom is a doctoral student at American University; and Elizabeth, a speech pathologist, is taking classes and hopes to attend medical school at MU. All three have been to Honduras several times and gained from the experience. It's definitely changed their attitudes about life and the importance of service.



**DR. TIMOTHY LONG**  
with a patient from Choloma, Honduras  
MARCH 2004

To learn about WASHINGTON OVERSEAS MISSION, visit <http://overseasmission.org>

# DATA-DRIVEN

researcher is focused on finding information that helps retain functionality for our aging population

**ROBIN KRUSE** came to Missouri in 1987 after finishing her doctoral degree from SUNY College of Environmental and Forest Biology. Her plan was to work at the Missouri Department of Conservation as a wildlife biologist or forest manager. Her husband, Mike – a fishery biologist, had already been hired there. A nepotism law at the Conservation Department forced Robin to change her career plans.

Instead she took her advanced computer knowledge and skills to the Missouri Department of Social Services, where she managed the first data system used by the Missouri SAFE (Sexual Abuse Findings Evaluation) Network. After five years of compiling and managing data for this program, Dr. Kruse was ready for a job that included more scientific responsibilities.

“I’ve always been a science geek, so when I heard that MU was looking for a research analyst to help family medicine investigators analyze data and get papers ready for publication, I decided to go for it,” she says. “During the job interview, my interest grew as I listened to faculty members describe their various research projects. I’m the kind of

person who likes to keep busy doing a variety of things, which is why I was sure that a job in family medicine would be a good fit for me.”

Dr. Kruse joined MU Family Medicine as a staff member in 1992, and since that time, she’s had opportunities to help faculty members analyze data collected from a broad range of topics ... workplace smoking, semen quality, problem drinking, child mistreatment, elder abuse and neglect, and lower respiratory infections in nursing home residents.

She’s also had opportunities to enhance her own education and career. In 1998, Dr. Kruse began family medicine’s fellowship program, and after earning her MSPH in 2000, she was invited to join the department’s research faculty. This invitation flattered and excited her because she knew that as a faculty member, she’d be able to do some of her own research instead of just analyzing everyone else’s data.

Even before completing her fellowship, Dr. Kruse had begun transitioning from data analyst to co-investigator with her work on *Outcomes of Lower Respiratory Infections (LRI) in Nursing Home Residents*. Family Medicine Professor David Mehr, MD, MS, Dr. Kruse’s mentor, was the PI on this four-year study funded in 1996 by the Agency for Health Care Policy and Research.

“It’s kind of funny how when David first told me about his research years ago, I thought it sounded boring,” she says. “As it turns out, I’ve developed interests similar to his and worked with him more than anyone else in the department.”

Like Dr. Mehr, Dr. Kruse is studying older adults living in nursing homes and their ability

to perform activities of daily living (ADL), such as dressing, eating, and moving about.

“It has been our hypothesis all along that hospitalization has a negative effect on ADL function. We know that it’s hard to pick that apart from what caused a patient to go to the hospital initially, but as much as we can, we want to try and measure hospital effect versus disease effect,” Dr. Kruse says. “David has already written a paper on this topic.”

She plans to write her own paper on this topic, too, with data she collects from her project, *The Effects of Acute Events on ADL Trajectories of Nursing Home Residents*. This new three-year, \$800,000 study, funded by the National Institute on Aging, is important to Dr. Kruse not just because it’s her first experience as a PI, but also because of the information she hopes to find. She explains.

“We’ll be looking at how nursing home residents’ ability to do their own self care changes in time and whether these patterns say something about how well they’ll do after an acute event, such as a hospitalization. Hospital stays can be debilitating, especially for the frail elderly. Ultimately, we’d like to decrease the number of hospitalizations by identifying people and illnesses that can be safely treated in a nursing home.”

For this project, Dr. Kruse and her research team will be using the Minimum Data Set (MDS), which is a huge database of information collected from nursing homes that accept Medicare/Medicaid. As she waits for the MDS data to arrive, she speaks anxiously about her research.

“If I’m lucky, what we learn may lead to a better life for some,” Dr. Kruse says. “People’s function is important to them, and if we can retain their functionality, we can maintain their quality of life.”



**ROBIN KRUSE, PhD, MSPH ... RESEARCH ASSISTANT PROFESSOR**

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? We featured them in the Fall 2008 solicitation for our Future of Family Medicine endowment.

Please call or e-mail your responses to Kathy Boeckmann at 573-884-7916 OR [boeckmannk@health.missouri.edu](mailto:boeckmannk@health.missouri.edu).

KEVIN EVERETT, PhD



**A** “The quality of health care in the future depends in large part on how we train family medicine residents. At MU, we’re emphasizing training in a patient-centered medical home, innovative use of the electronic health record, and improved management of chronic illnesses. Our goal is to preserve what’s wonderful about our specialty as we prepare family physicians who are respectful and responsive to their patients’ needs.

As family physicians, we provide continuing and comprehensive care to many individuals and families. I understand that the health care environment is changing, and to meet the needs of our patients, family medicine must change, too.”

JACKIE RUPLINGER, MD



**B** “Patients as well as family doctors are able to access increasing information from the Internet and other technology sources. While increased information represents great opportunity, it’s also a great challenge. Those of us in family medicine must respond to this challenge by organizing information and tools to provide clinical decision support to doctors and consumer-oriented resources to patients.

Much of my work as a clinician and a researcher is focused on type 2 diabetes. I want to find out if Web-based health resources can help in the prevention and treatment of this disease. And if they can, I want to know which patients are willing and able to use these resources.”

RICHELLE KOOPMAN, MD, MS



**C** “About one in five deaths in our country, 440,000 per year, is from disease caused by tobacco use. Additionally, exposure to secondhand smoke is harmful to nonsmokers and contributes to 38,000 deaths annually. I am collaborating with others across campus to develop smoking cessation programs for use in health care settings. We’re also reducing exposure to secondhand smoke by promoting policy changes that create tobacco-free environments.

Tobacco use is the leading cause of preventable death and disability in our country. I want to put a halt to tobacco use and reduce the harm this addiction is causing society.”

\* University of Missouri employees and past “test your vision” winners may enter this contest but are ineligible for a prize.

Summer 2008 “test your vision” Contest Winner: **WENDY MADIGOSKY, MD, MSPH**: 2004 Fellow

Three years ago, we established the Future of Family Medicine (FFM) endowment to support efforts to renew and transform our discipline. Since initiating fundraising activities, nearly 110 department faculty, alumni, and friends have sent gifts. We appreciate the generosity of our ever-growing family of donors, whose pledges now total \$177,000. Our goal is to raise \$550,000, and with your help, we’ll be able to reach this goal.

To learn more about our FFM endowment and how you can make a donation to this fund, please visit: <http://fcm.missouri.edu/Fundraising.aspx>

**WE NEED AND VALUE YOUR SUPPORT**



**DELIVER TO:**



**UNIVERSITY OF MISSOURI**  
 Curtis W. & Ann H. Long

**Family & Community MEDICINE**

M224 Medical Sciences Building  
 Columbia, Missouri 65212  
 Telephone: 573-884-7701  
 Fax: 573-882-9096  
<http://www.fcm.missouri.edu>

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*Interim Chair:*  
 Steven C. Zweig, MD, MSPH

*Interim Associate Chair:*  
 Michael L. LeFevre, MD, MSPH

*Administrative Manager:*  
 Pamela Mulholland, MHA

*Questions and comments about this newsletter should be directed to:*  
 Kathy Boeckmann, MA  
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[boeckmannk@health.missouri.edu](mailto:boeckmannk@health.missouri.edu)

**CHANGING CHAIRS**  
 story continued from first page

We played a game of **WORD ASSOCIATION** with current chair STEVE ZWEIG and former chair HAL WILLIAMSON ... here's how these two effective and well-respected leaders responded:



**STEVE ZWEIG**



**HAL WILLIAMSON**

- **yesterday:**  
 SZ: Beatles  
 HW: Day before today
- **today:**  
 SZ: Now  
 HW: Day before tomorrow
- **tomorrow:**  
 SZ: Put off  
 HW: Day before the next day
- **family medicine:**  
 SZ: Us  
 HW: What the world needs now
- **health care:**  
 SZ: What we do  
 HW: Only partially related to medical care
- **patients:**  
 SZ: Who we care for  
 HW: Teachers
- **exam room:**  
 SZ: A quiet place  
 HW: Temporary work place

- **retirement:**  
 SZ: Fly fishing as an old guy  
 HW: Blank mind, but starting to imagine
- **family:**  
 SZ: Love  
 HW: The best
- **fun:**  
 SZ: Fly fishing  
 HW: The job I used to have
- **sleep:**  
 SZ: Not enough  
 HW: Has to be earned
- **money:**  
 SZ: Fortunate  
 HW: Not important, as long as you have it
- **happiness:**  
 SZ: Joy  
 HW: Overrated