

Family & Community MEDICINE

Spring 2005

HAROLD WILLIAMSON ONE HAL OF A CHAIR!

Hal Williamson grew up in rural south central Minnesota, the son of a small town general practitioner. He describes his dad as a hard working and dedicated family physician, always caring, always helpful, and very, very busy. If you know Hal Williamson, then you'll understand the expression, *the apple doesn't fall far from the tree.*

WITNESSING RURAL MEDICINE UP CLOSE – and a dad who seemed blessed with amazing energy and compassion for his patients – had a major influence on Harold (Hal) Williamson Jr., MD, MSPH.

"My father's lifestyle – with all the demands and busyness – did not appeal to me. But the rewards he experienced did," he explains. "So what I hoped to find was a career with similar rewards but a different lifestyle."

After graduating from Case Western Reserve University Medical School in 1976 and completing his residency at University of Minnesota, Dr. Williamson came to the University of Missouri to enroll in the Robert Wood Johnson Academic Family Practice Fellowship Program. "I came to MU to see if a career in academic medicine would be a good fit for me," he says.

Dr. Williamson was a member of the first class of fellows to graduate in 1982 and has served on MU's Family Medicine faculty ever since. During the past 25 years, he has excelled as a physician, a teacher, a scholar, and a rural health care advocate. And since 1997, he has served as department chair, providing important leadership to one of the strongest family medicine departments in the country. Academia, it seems, fits Dr. Williamson very well.

JACK COLWILL, MD, MU Family Medicine professor emeritus and founding chair, recognized Dr. Williamson's potential in academic medicine early on. In fact, it was Dr. Colwill who recruited him for the fellowship and then invited him to join MU's faculty in 1982, right after he finished his training. One year later, Dr. Colwill appointed him Family Practice Residency Director.

After six years as residency director, Dr. Williamson decided to take a year-long sabbatical. He traveled to the University of Washington-Seattle (UW) in 1990 in pursuit of an experience that would reconnect him with his rural roots. As visiting associate professor at UW, one of his jobs was with the WAMI Community Health Services Development Program, where he worked with a team of consultants to improve health care quality and access for rural areas across the WAMI states (Washington, Alaska, Montana, and Idaho).

Dr. Williamson was the only physician on the team, and his job focused on scope of medical services. During the year he worked on this project, the group helped 13 rural communities in the Pacific northwest develop and improve health care services. It was a good experience, he says, and he was glad he could contribute to the early success of a program that is still going strong today. He returned to MU with new insight and better understanding of the health care needs of rural America.

In 1991, soon after Dr. Williamson returned to MU, Gerald Perkoff, MD, professor emeritus, stepped down as Family Medicine associate chair. When Dr. Colwill offered him the job, Dr. Williamson accepted.

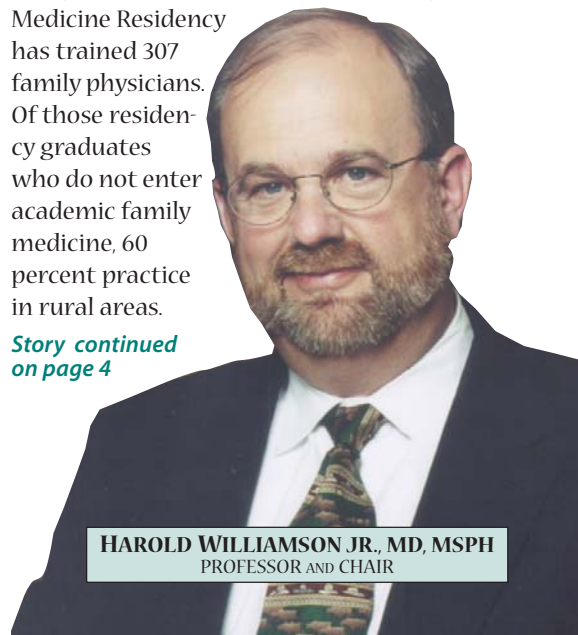
DURING THE EARLY '90S, Lester Bryant, MD, ScD, former dean of the medical school, decided it was time for MU to reinvigorate its statewide mission to improve the public health – focusing on rural Missouri. His goal was to increase physician supply in underserved communities across the state, and to lead this movement, he needed someone with

demonstrated success in the rural health arena. That's why Dr. Bryant chose Hal Williamson to chair the new MU Rural Health Education Initiative.

"This was a once in a decade opportunity that comes around for a department – when your mission becomes a priority to the University," Dr. Williamson says. "Providing physicians for rural areas is a central part of the Family Medicine mission, so when the dean decided to focus on this same mission, we had to jump all over the opportunity."

THE FOUNDING FACULTY of MU Family Medicine wanted to expand primary care services, especially in rural communities. In order to achieve this goal, the department opened its Fulton practice in 1975 and a clinic in Fayette five years later. Both rural practices have become vital health care centers in their communities and important sites for residency education. Since 1975, MU's Family Medicine Residency has trained 307 family physicians. Of those residency graduates who do not enter academic family medicine, 60 percent practice in rural areas.

Story continued on page 4



HAROLD WILLIAMSON JR., MD, MSPH
PROFESSOR AND CHAIR

ASSOCIATE Chair's Message

What a joy to be able to stand in for Hal in writing the message for this issue of our department newsletter. Kathy Boeckmann has done a terrific job in creating the stories for this report, and I am glad to be among the few who get to read, critique, and sometimes even add to the stories. With Dr. Williamson the subject of our featured story, it seemed fitting for someone else to write this message.

One of the fun parts of my job is to report on the latest scholarly products of faculty members at our weekly Wednesday morning meetings. Reading this newsletter is a lot like that – learning the origins of Hal's unflinching optimism, acknowledging Mike LeFevre's appointment to the US Preventive Services Task Force, recognizing Erik Lindbloom's important research on elder mistreatment.

I, for one, am tired of reading articles about disgruntled doctors and why students don't want to be family physicians. I am surrounded by committed, funny, hard working, and caring faculty, staff, and residents. Dr. Erika Ringdahl's new residents are the next cycle of our continuity. Read the article about Paul Young who did so much to start and nurture family medicine here at Missouri and nationally. We take pride in updating you with news from our graduates, now among 30 cohorts of family physicians working across the country.

This continuity best represents what we are to our patients and what we've become as a department. Our department values are collaboration, scholarship, integrity, compassion, humor, and respect. People like Paul Young and Jack Colwill started family medicine in medical schools at a time when only specialty knowledge and technique were valued. Those like Hal Williamson keep it going. Our values are no less important now. They are what hold us together in continuity.

In *Report to Greco*, Nikos Kasanzakis writes:
"I am from Crete. I stand for all of those who are and have been and will be from Crete. I cannot dishonor them!"

We are very fortunate to be part of the continuity of family medicine.



STEVEN C. ZWIG, MD, MSPH
Professor and Associate Chair

FAMILY MEDICINE faculty focus

MICHAEL L. LEFEVRE, MD, MSPH, professor of Family Medicine, was chosen to serve on the U.S. Preventive Services Task Force (USPSTF). The USPSTF, convened by the US Public Health Service in 1984, is an independent panel comprised of 15 private-sector experts in prevention, evidence-based medicine, and primary care. Its mission is to evaluate and recommend preventive services in the United States. Dr. LeFevre is one of five new members selected from across the nation to join and participate in the important and highly influential work of this prestigious body.

After earning his undergraduate degree from MU, Dr. LeFevre completed medical school and residency training at the University. He joined MU's faculty in 1984, after finishing the family medicine fellowship program. Today, as medical director of Family Medicine, he has oversight of the department's six family practice clinics. He also holds various administrative roles within MU Health Care, including director of the Electronic Medical Records project. Dr. LeFevre has the distinct honor of being the only MU faculty member ever chosen to serve on the USPSTF.

HAROLD A. WILLIAMSON JR., MD, MSPH, professor and the Jack and Winifred Colwill Endowed Chair in Family and Community Medicine, has been elected president-elect of the Association of Departments of Family Medicine (ADFM). ADFM is a national organization whose membership includes chairs from the nearly 130 family medicine departments across the country. Helping its members become stronger and more effective leaders is a primary goal of ADFM.

Dr. Williamson joined ADFM in 1998 when he was appointed chair of MU Family Medicine. He was elected to the ADFM Board of Directors last year and will begin serving his one-year term as president in the winter of 2006.

STAN DORST, MD, associate professor of Family Medicine and associate director of the Family Medicine Residency Program, has been elected to the Executive Committee of the Medical Staff at University Hospitals and Clinics.

ERIKA RINGDAHL, MD, associate professor of Family Medicine and director of the Family Medicine Residency Program, has received the Association of Family Medicine Residency Directors' 2005 Program Director Recognition Award.

JENNIFER GRIGG, FNP, MSN recently accepted the role of obstetric nurse coordinator for MU Family Medicine. Before this job, Ms. Grigg worked five years at Women's Health Associates in Columbia. In her new role, Ms. Grigg is providing educational and social support to obstetric patients at the Green Meadows Family Practice Center. She also coordinates Mother-to-Mother, a weekly program designed for new moms and their babies up to six months old. Mother-to-Mother was founded six years ago by **SHARON CORNELISON, RN-C**, who now serves as the new chronic illness nurse coordinator for the department.



JACK COLWILL

JACK COLWILL, MD, professor emeritus and former chair of Family Medicine, was designated a lifetime National Associate of The National Academies, an organization whose mission is to advise government and the public on matters of science, technology, and health. This honorary title, established by the Council of the National Academy of Sciences in 2001, recognizes individuals who make extraordinary contributions to the National Academies through *pro-bono* service to National Research Council and Institute of Medicine programs.

Dr. Colwill was elected to membership in the Institute of Medicine (IOM), National Academy of Sciences in 1989. From 2000-2002, he chaired the IOM committee *Gulf War and Health: A Review of Literature on Pesticides and Solvents*. He later chaired an ad hoc IOM committee that completed an updated literature review of Sarin.



MICHAEL LEFEVRE



JENNIFER GRIGG

UNIVERSITY PHYSICIANS-KEENE

Even though they have a new name and a different address, there's nothing new or different about the excellent care these physicians provide patients

UNIVERSITY PHYSICIANS-KEENE (UP-KEENE)

is a community-based family practice located across the street from Columbia Regional Hospital, an acute-care facility in northeast Columbia. In April, the practice, which includes MU family physicians Robert Bynum DO, Sarah McElroy MD, E. Carey Waters MD, and Lynn Wung MD, moved to a new building on Keene Street — just two blocks away from their old location. While their new clinic doesn't offer more space, it has a more efficient layout and a warmer, more patient-centered environment. This is an important change for physicians who are all about making a difference in their patients' lives.

Originally called Regional Medical Associates (RMA), this practice was established in 1997 by Tenet Corporation and included only two physicians, Dr. Bynum and Dr. Wung. In 1999, when Tenet sold RMA to the University, the group's two physicians joined the faculty at MU's Department of Family and Community Medicine. Since that time, the practice has responded to an ever-growing patient population by expanding its staff. Dr. McElroy was hired in 2000, and three years later, Dr. Waters joined the practice.

Today, UP-Keene offers full spectrum family health care, with annual visits averaging 13,000. Because the physicians refuse to turn away patients, their schedules can be hectic. Yet all of them speak positively about life as a family physician. If you ask, "What's the best part of your job?" the answer is the same for all of them, "Patients ... and the opportunities I have to make them better."

Dr. Bynum graduated from Kirksville College of Osteopathic Medicine in 1982. He practiced solo family medicine in Ashland, a town 15 miles south of Columbia, for 14 years before joining RMA. As a member of RMA (now UP-Keene) from the start, Dr. Bynum has witnessed the growing pains and changes this practice has endured during

the past eight years. Becoming part of MU in 1999 was one of these changes. This event, he says, was significant and has had a positive impact on their practice as well as on the University.

"Our practice helps the University because it serves as a feeding point for patients," says Dr. Bynum, medical director of the group. "When patients need secondary or tertiary care, we direct them to University Hospital. We feel good about referring to MU because we know the specialists there will provide quality care to our patients."

Dr. Wung, who attended Northwestern University Medical School, was recruited by Tenet to start the practice in 1997, right after completing her residency at University of California-San Diego. Like Dr. Bynum, she believes practicing medicine as MU faculty members has offered them new rewards and new ways to make a difference.

"One advantage of becoming clinicians at a nonprofit institution is that while we need to be conscientious about the business aspects of our practice, we don't have to risk letting these factors misguide the way we care for patients," Dr. Wung says. "A patient's well being must always be the priority, and this can be challenging when you work for a large, profit-driven corporation."

Another benefit to becoming MU faculty members relates to teaching, say the UP-Keene physicians, and the opportunities they have to promote the

educational mission of the University.

"We like teaching and promoting primary care to medical students," Dr. Waters says. "Patients understand that teaching is part of our job, and they're glad to let us bring learners in the exam room during office visits."

Dr. Waters, who completed medical school and residency training at MU, practiced in Boonville for two years before joining UP-Keene. Moving back to Columbia was a good decision, he says. He enjoys his patients and praises the dedicated and hardworking staff at UP-Keene for making his days organized, enjoyable, and always interesting.

Dr. McElroy was a nutritionist for 10 years before she decided to become a doctor. She completed medical school and residency at MU, then joined UP-Keene. From day one, she knew it was a great place to work.

"There's good synergy between us," says Dr. McElroy. "Everyone here is a team player, and that makes delivering health care a positive experience for us and our patients."

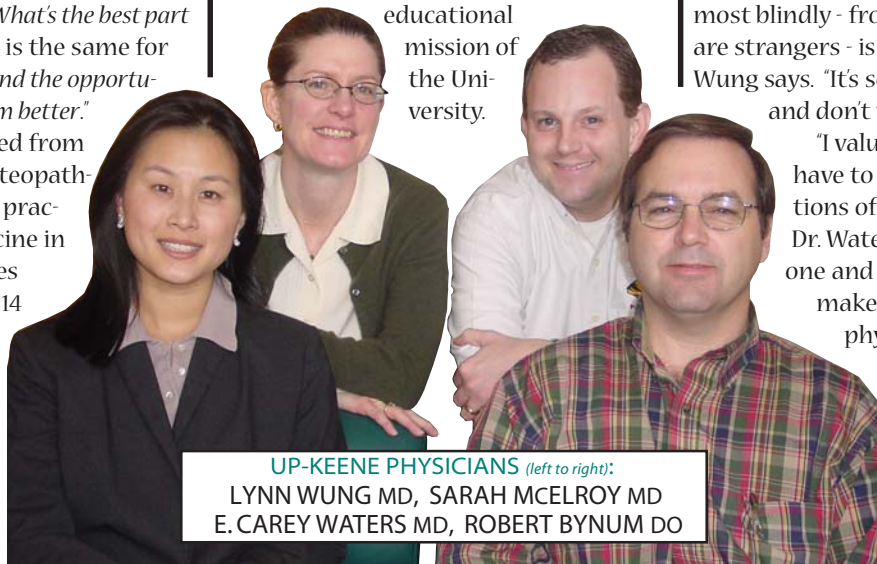
The doctor-patient relationship is close and very personal for the family physicians at UP-Keene.

"As family physicians, we become advocates for patients and committed to their well being," Dr. Bynum says. "We respect and appreciate the relationships we develop with each of them."

"The doctor-patient relationship is tremendously important and built on trust. To be given that kind of trust almost blindly - from people who initially are strangers - is pretty incredible," Dr. Wung says. "It's something you value and don't want to betray."

"I value the opportunities I have to care for multigenerations of the same family," says Dr. Waters. "Seeing how everyone and everything relates makes me a better family physician."

Adds Dr. McElroy, "When you're able to connect with patients and make their lives better, the rewards are real and very gratifying."



UP-KEENE PHYSICIANS (left to right):
LYNN WUNG MD, SARAH MCELROY MD
E. CAREY WATERS MD, ROBERT BYNUM DO

HAROLD WILLIAMSON - ONE HAL OF A CHAIR!: *Story continued from page 1*

"Our success at seeding rural areas – especially in Missouri – with family physicians is not by chance. It's our mission," Dr. Williamson says.

Giving residents opportunities to experience rural practice is one of the main reasons why our department has been so successful at its mission, he says. As chair of MU's Rural Health Education Initiative, Dr. Williamson led efforts to apply this same strategy to medical student education.

The Missouri Area Health Education Centers (MAHEC) is a statewide system that's comprised of several regional centers and three academic partners. Its mission is to enhance access to quality health care by improving the supply and distribution of health care professionals throughout the state. MU became an AHEC academic partner in 1994, after Dr. Williamson and Michael Hosokawa, EdD, Family Medicine Professor and Associate Dean for Curriculum in the Medical School, wrote a grant to create the MU-AHEC program office.

"It took us years to get this program up and running. We conducted major research; we visited health care providers and hospital administrators in rural areas across the state, and we collected data about what our graduates were doing," says Dr. Williamson, who served as the first medical director of MU-AHEC. "This was not just a family medicine project. Our goal was to increase physician supply for rural Missouri in other clinical specialties as well."

Under Dr. Williamson's leadership, and with important help from Director of Rural Health Programs Weldon Webb, the University developed its MU-AHEC Rural Medical Scholars Program in 1997. This three-phase program is designed to provide medical students with ongoing opportunities to experience rural medicine, experiences that may lead them to practice in rural communities after they graduate.

Since the Rural Medical Scholars Program was initiated, there has been a steady increase in the number of MU graduates practicing rural medicine. As architect of the program, Dr. Williamson is encouraged by this growth. "If we can put 10 – or even five – more doctors in rural Missouri each year for a decade, the impact on rural health in the state will be huge," he says.

IN 1997, DR. JACK COLWILL decided to step down as chair of the department. Dr. Williamson was appointed interim chair, and a year later, he was named permanent chair of Family and Community Medicine.

"Becoming chair was a logical extension for me and my interest in training the next generation of physicians to provide excellent health care," Dr. Williamson says. "Once you're in academics, you decide that providing care personally isn't enough ... helping others prepare for this role is an important and necessary job."

Helping people is what excites Dr. Williamson most about his job. In fact, the opportunities to help others are what first attracted him to medicine 25 years ago. And these opportunities are just as exciting for him today as they were when he started his career, in spite of the changes that have taken place in the health care arena.

"The fundamental relationship that develops between doctor and patient hasn't changed at all. It's still very rewarding," he says. "I love the chances I have to work with patients around their health. They talk to me about retirement, relationships, work – there's lots to learn from patients, and many are happy to teach you. At the end of the day, I always feel like I've learned something from my patients, maybe more than they've learned from me."

Story continued on last page



Hal Williamson's hair may be thinning, but who could tell? He wears many different hats (and all of them well!)

HAL WILLIAMSON THE DEPARTMENT CHAIR

Hal is the ideal department chair. He has vision for the department, yet deeply cares for and wants success for each faculty and staff member. He leads by example and promotes a culture of trust, integrity, and respect.

Steven Zweig, MD, MSPH
MU Family and Community Medicine
Professor and Associate Chair

HAL WILLIAMSON THE DOCTOR

Dr. Williamson is beyond easy to work with. His attitude is always professional and respectful. He's funny, friendly, and very down to earth. Patients really connect and feel at ease with him.

Angie Smith, LPN (Dr. Williamson's Nurse)
Green Meadows Family Practice Center

HAL WILLIAMSON THE TEACHER

Dr. Williamson is a superb teacher and mentor. He has the uncommon ability to find and nurture previously unrecognized strengths in students. He creates a challenging but comfortable environment for learning and balances independent problem solving with sound, structured teaching.

Julie Burdin, MD
MU Alum: MD '98, FP Residency '02
Total Family Health Care: Macon, MO

HAL WILLIAMSON THE LEADER

Hal's great effectiveness lies in his ability to listen, to see the big picture, and to apply his great humor as he implements our program. He has the full support of his faculty and is highly respected by other chairs both in the institution and nationally.

Jack Colwill, MD
MU Family and Community Medicine
Professor Emeritus and Former Chair

HAL WILLIAMSON THE DOCTOR

Dr. Williamson has taken care of our family for nearly 17 years. He's an excellent listener who's always generous with his time. His bedside manner is terrific and makes it easy for him to relate to us as well as our two daughters.

Steve and Cindy Brooks
Dr. Williamson's Patients

HAL WILLIAMSON THE FAMILY MAN

Hal has many interests and is able to switch quickly from work to other activities. He's a kind and thoughtful husband and father. Dad embraces our dreams and helps them come true.

Mary Williamson (Dr. Williamson's Wife)
Boyd and Scott Williamson (Dr. Williamson's Sons)

Searching for Ways to Stop ELDER MISTREATMENT

People are living longer, many well beyond their 65th birthday.

That's the good news ... Now, for the bad news:

One in 10 people over the age of 65 will experience some kind of abuse or neglect.

ERIK LINDBLOOM, MD, MSPH, MU family physician and geriatrician, has been studying elder abuse for nearly five years. Ask him why we should worry about this problem, and he'll reply, "Because it may be you or someone you love someday."

"As we all age and become increasingly dependent on others for various aspects of care and service, we become increasingly vulnerable to mistreatment," he says. "I'm hoping that my research will help educate physicians to recognize and deal with this potentially devastating problem."

Dr. Lindbloom is a 1994 graduate of Northwestern University School of Medicine, Chicago. After completing his family practice residency at University of California-San Diego, he looked for advanced training that included geriatrics experiences, research opportunities, and faculty development. Deciding that "very few universities combine these elements as seamlessly as the University of Missouri," Dr. Lindbloom enrolled in MU's fellowship program. He joined MU's Family and Community Medicine faculty in 2000, right after finishing his fellowship training.

Today, Dr. Lindbloom is an assistant professor with the department. He sees patients at the Family Health Center (FHC), a federally funded clinic that serves uninsured and underinsured residents in mid-Missouri. Patient care at FHC can be complicated, but Dr. Lindbloom enjoys his work there and the special rewards it offers.

"I've always been drawn toward underserved patient populations," he says. "I feel like I can make a fairly substantial impact on my patients' lives here at Family Health, especially those whose options and resources are limited."

As a geriatrician, Dr. Lindbloom is able to substantially impact the lives of aging patients, too. Geriatrics is rewarding, he says. "It's family medicine to the nth degree!"

"In geriatrics, we take a multidisciplinary approach to health care. We work with nurses, nutritionists, psychiatrists, social workers, and other physicians to coordinate care and keep patients healthy and functional as long as possible," Dr. Lindbloom says. "We also try to involve family members in the health care decisions of elderly patients, especially when we're addressing end of life issues."

As Dr. Lindbloom's geriatrics practice has grown, so has his awareness of elder abuse and neglect. Elder mistreatment, he says, is a broad term that can include incidences of verbal, physical, or emotional abuse, neglect, and financial exploitation. It's a serious problem that has not been addressed in medical training, which is one reason why many cases go undetected by physicians. Determined to protect the health and safety of our aging population, Dr. Lindbloom searches for new knowledge that will help him and other generalist physicians better identify, and ultimately decrease, the incidence of elder abuse. Two grant awards have enabled him to intensify this search.

The first award came three years ago, when Dr. Lindbloom was chosen to participate in the Robert Wood Johnson Foundation (RWJF) Generalist Physician Faculty Scholar Program. Designed to support the academic development of outstanding young family medicine faculty members, this four-year program provides participants nearly \$300,000 in research funding. *Risk of Elder Abuse and Neglect: Detection by the Generalist Physician* is Dr. Lindbloom's RWJF-funded research project.

In this project, he is studying reported cases of elder mistreatment that have been investigated by the Missouri Division of Senior Services. By comparing cases where mistreatment has been substantiated to cases where it has not, he hopes to identify factors that indicate a high likelihood of mistreatment.

"Once we've identified these factors, we can develop a screening tool for the outpatient setting," Dr. Lindbloom says. "Ultimately, our goal is to help physicians know when to suspect mistreatment in their elderly patients."

Risk of Elder Abuse is a Missouri-based study that focuses on the mistreatment of older people living in the community – either with family members, with caregivers, or alone. In another project, an Arkansas-based study, Dr. Lindbloom is researching mistreatment deaths that have occurred in nursing homes. This project, *The Role of Forensic Science in Detection of Mistreatment Deaths in Long-Term Care Facilities*, was initiated in 2002 with \$400,000 funding from the US Department of Justice. A 1999 Arkansas law requiring that all nursing home deaths be reported to the local coroner generated Dr. Lindbloom's interest in this study.

Shortly before this law was enacted, Pulaski County Coroner Mark Malcolm had been conducting an investigation into nursing home deaths. At that time, nursing homes were required to report only unnatural deaths to their local coroner.

Story continued
on page 7



ERIK LINDBLOOM, MD, MSPH
ASSISTANT PROFESSOR

THE YOUNG YEARS

OF FAMILY MEDICINE

IT'S NO COINCIDENCE THAT AS PAUL YOUNG'S career developed, so did the specialty of family medicine. Quiet and unassuming, Dr. Young will defer credit for establishing the discipline to those he calls the real pioneers of the specialty. But everyone who knows the history and evolution of family medicine knows that Paul Young played a leading role in the story.

A 1958 graduate of the University of Nebraska Medical Center, Dr. Young completed his internship at Research Hospital in Kansas City, MO. He served two years as chief of outpatient services at McClellan Air Force Base, Sacramento, CA, before being recruited back to Missouri by physicians in Raytown, a suburb southeast of Kansas City.

"I joined a mixed specialty group in Raytown, and we did it all – including OB and surgery," Dr. Young says. "I enjoyed the work and gained valuable experience, but after two years, I decided to leave private practice. Research Hospital recruited me to manage continuing medical education (CME) activities for its physician staff."

It was during this same time - the mid '60s - that the American Board of General Practice was gearing up to change its name and vision. Initially, many in the medical community opposed the change, but not Dr. Young. He

shared the wisdom and determination of physicians across the country who were advocating for the birth of family practice.

In 1969, Dr. Young was chosen to direct one of the first 15 family practice residency programs accredited by the newly created American Board of Family Physicians (ABFP). Unfortunately, he was able to train only one resident before Research Hospital dropped the program two years later. Administrators decided to fund another specialty program instead, one they thought would make more money for the hospital.

His first experience as residency director, although short, helped Dr. Young realize his passion for family practice. Committed to the future of this young specialty, he looked for opportunities to promote its ongoing growth ... opportunities like the one University of Missouri offered him in 1971.

In 1971, when MU's School of Medicine was recruiting for a faculty member who could teach residents, care for patients, and manage CME activities for physicians, they chose Dr. Young. The department was called Community Health and Medical Practice (CHAMP) back when Dr. Young came on board.

"The department included a group of loosely associated programs that didn't have a home elsewhere. We had community health education, health services management, and environmental health grouped with general public health and nutrition. It was quite a mix of disciplines back then, but they seemed to interact positively," Dr. Young says. "We used the acronym CHAMP in a deliberate effort to bolster the morale of everyone in the department."

Dr. Young, who was elected first interim chair of the department, had administrative responsibilities in addition to his clinical duties. He focused most of his energy, however, on helping family medicine gain support and a permanent presence within the institution.

"MU was my introduction to academic life. I learned how to work with others from specialties I knew little about and how to balance a jumble of

various related activities," he says. "I enjoyed myself at Missouri. There were great people and exciting things happening there. The longer I stayed, the more I liked it."

And the longer he stayed, the stronger family medicine grew. Dr. Young's reputation grew, too. Recognizing his skills as a physician and a teacher – as well as his dedication to this newly established specialty – the University of Nebraska recruited him to chair its family medicine department in 1975. Unlike Missouri at that time, Nebraska's department was solely family practice, and this appealed to Dr. Young. (*MU Family and Community Medicine was established in 1976, the year after Dr. Young left.*)

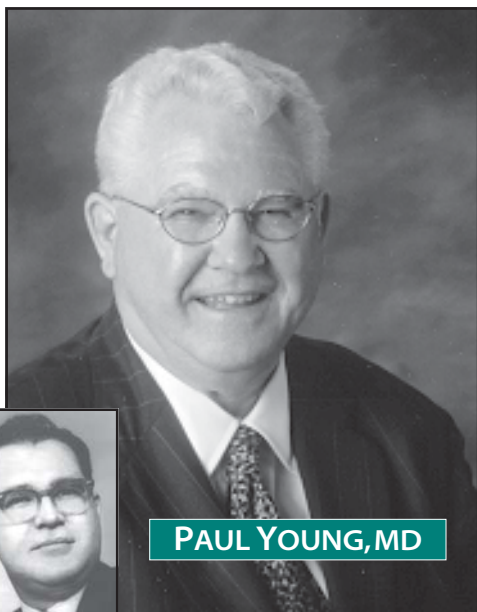
"I thought I could make a stronger contribution in a place where the focus was in an area I considered my own specialty," he says. "It was a classic department, so I accepted the offer to chair it."

Two years after joining the University of Nebraska, Dr. Young was appointed by the American Medical Society to serve on the Residency Review Committee (RRC). RRCs, which are now part of the Accreditation Council for Graduate Medical Education (ACGME), were created to review family medicine training programs applying for accreditation.

"What we did was establish a written set of requirements and then measure each residency against these requirements," Dr. Young explains. "To be accredited, a program had to meet them substantially."

When he joined the RRC in 1977, there were fewer than 100 family practice residency programs in the country. By the time he stepped down twelve years later, 350 programs had been accredited.

After Nebraska, it was Texas that benefited from Dr. Young's leadership and experience. In 1980, he was recruited to chair the University of Texas-Galveston (UT) Department of Family Medicine. His job was to help the department move from an old-fashioned general practice arena to one that had a stronger academic focus, he says. He was also hired to develop a residency program for the department.



PAUL YOUNG, MD

SEARCHING FOR WAYS TO STOP ELDER MISTREATMENT: *Story continued from page 5*

After his investigation uncovered several accidental deaths and a homicide, it became clear to Mr. Malcolm that nursing homes were not following the law. It also became clear to him that inadequate care was a widespread problem in nursing homes across the state. Outraged, Mr. Malcolm responded by pushing forward a law that gives Arkansas coroners access to all nursing home deaths. According to this 1999 law, coroners can investigate any death that seems suspicious. And if it's determined that abuse has been a factor in the death, offenders can be prosecuted.

"Mark has done the lion's share of investigations since the 1999 law was passed. And over the past five years, he has had fewer referrals for further investigations into nursing home deaths, less incidences of mistreatment, and

less cases sent to the attorney general," Dr. Lindbloom says. "It's Mark's impression that the 1999 law - and his efforts to enforce it - have made nursing homes in Pulaski County the safest nursing homes in the state."

Mark Malcolm thinks this 1999 law is a deterrent to poor nursing home care. "Is he right?," Dr. Lindbloom asks. "And if he is, then why are most coroners in Arkansas NOT investigating nursing home deaths?" A second grant from the Department of Justice is enabling Dr. Lindbloom to look for answers to these questions and others that surround this law and its impact on nursing home care in Arkansas.

"Arkansas is the only state with this law, and we'd like to apply what we learn here to other states across the country," Dr. Lindbloom says.

"Elder abuse research is focused on behavioral and social issues, yet it offers enough statistics and number crunching to satisfy the inner nerd in me."

ERIK LINDBLOOM



Elder abuse is a complex issue that presents serious challenges to Dr. Lindbloom, both as a physician and a researcher. How is it that he stays so positive and passionate about his work?

"I think it all comes down to how much I enjoy being a family doctor. Whether my day is spent seeing patients, teaching, or doing research ... it's always interesting," he says. "The opportunity to potentially improve the health and well being of people in my community is a driving force for me."

THE YOUNG YEARS OF FAMILY MEDICINE: *Story continued from page 6*

Dr. Young is intelligent, hardworking, and always motivated, so it didn't take long for him to accomplish what he was hired to do. By the mid-'80s, family medicine was a strong and thriving discipline at UT. Texas was a terrific experience, he says. He was happy there and wasn't looking for another job. But then Dr. Nick Pisacano offered him a position with the American Board of Family Physicians (ABFP).

Dr. Pisacano, founder and first executive director of the Board, was nearly 65 and preparing to retire the year he recruited Dr. Young to Lexington, KY, home office of ABFP. The two were good friends and had worked together years earlier as members of the RRC. Dr. Pisacano's reputation as a leader in family medicine was indisputable. So was Dr. Young's, and that's why he was chosen to be Dr. Pisacano's successor. Dr. Young trained two years before taking over as executive director of ABFP in 1989. Unfortunately, Dr. Pisacano passed away soon after that.

Created in 1969, the ABFP** is the cer-

tifying agency for family physicians. It establishes standards for certification in the specialty and then develops systems that determine whether candidates meet these standards. The Board strives for excellence in physicians, so the standards it sets have always been high. Dr. Young, who was first appointed to the Board in 1981, praises the pioneering efforts of the ABFP.

"We created the first certification exam from scratch, and since the start of our discipline, family physicians have been required to recertify every seven years," he explains. "Ours was the first specialty to require recertification. All boards require it now, but it took 35 years for this to happen."

As an ABFP Board member, Dr. Young was able to work with great physicians across the country. It was an exciting job, he says. It provided him important opportunities to promote excellence in family medicine and the physicians who pursued it. He was especially honored to serve as ABFP director.

Although he stepped down as execu-

tive director in 1998, Dr. Young continued to serve the Board on a part-time basis for five years. He retired in 2003.

Throughout his 35-year career, Dr. Young was a strong, stable, and well respected advocate for family medicine. But as successful as his career was, it's the careers of the physicians he trained that make Dr. Young most proud.

"It is so satisfying to observe the work of my students - people I knew and tried to influence early in their professional development," he says.

Today, Dr. Young lives in Lexington with his wife, Betty. Together they have seven grown children. Even though he retired two years ago, he remains connected with ABFP and frequently offers his advice and perspective on issues facing the Board.

**** ABFP was renamed the American Board of Family Medicine in 2005.**



DR. DENNIS KEITHLY, a 1975 MU Family Medicine Residency Alum who chairs the Department of Emergency Medicine at St. John's Mercy Medical Center, St. Louis, won the 2005 Mercy Award. This honor is the Mercy System's highest recognition. Dr. Keithly has been with St. John's since 1978.

DR. TIMOTHY LONG, a 1981 MU Family Medicine Residency Alum, was awarded a Distinguished Service Award from MU School of Medicine this spring. Dr. Long, who practices family medicine at Patients First in Washington, MO, directs the Washington Overseas Mission Project.

DR. SCOTT SHANNON, an MU Family Medicine Alum: Residency 2000 and Fellowship 2004, moved to Kenya last summer in order to help establish a family practice residency training program in the country. He will be living in Chogoria during this three-year mission.



University of Missouri-Columbia
FAMILY AND COMMUNITY MEDICINE
M226 Medical Sciences Bldg. DC032.00
Columbia, MO 65212

"SAVE THESE DATES"

CARING FOR THE FRAIL ELDERLY
AUGUST 26-27, 2005 — Columbia, MO

FAMILY MEDICINE DEPARTMENT
30-YEAR REUNION & CONFERENCE
OCTOBER 28-29, 2005 — Columbia, MO

For information, contact the CME Office at 573-882-0366
or e-mail walterssj@health.missouri.edu

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

HAROLD WILLIAMSON - ONE HAL OF A CHAIR!: *Story continued from page 4*

Dr. Williamson's style is friendly, witty, warm, and sincere. Patients appreciate his caring nature, as does everyone else who knows and works with him.

"Someone once asked me, 'How is it that you make people believe you care about them?' I answered, 'because I do.' It's such a simple answer, but it's the truth," Dr. Williamson says. "I care about people, their development, and their ability to attain their goals – that's what a department chair does. I try to get everyone aligned in a way that will help all of us accomplish something. For individuals, that something is personal growth, and for the department, it's our mission."

It's the department's continual and disciplined approach to addressing this mission that has made MU Family Medicine so strong, says Dr. Williamson. That – and hiring good people – he adds, have been key to the department's ongoing success. But everyone knows that a department can't be strong without a dedicated, effective leader, and MU Family and Community Medicine has been fortunate enough to have had two of the best. First, in Jack Colwill, and now, Hal Williamson.

The role of MU Family Medicine chair is a good job, Dr. Williamson says, one that he is proud and happy to serve. Could he be happy doing anything else?

"Absolutely!" he replies. "Many people get hung up on *being* the right thing, as opposed to *doing* the right thing. I could have been happy being an English professor, a forest ranger ... maybe even a cowboy (*if I could develop the skill sets for cowboying*). Rather than spending time searching for the *right* thing to do, people should spend their time treasuring whatever it is they are doing."

And when Dr. Williamson isn't doing teaching, patient care, or administrative duties, he has plenty of other activities that keep him happy. Like reading, wood-working, fishing, and working outdoors at his country home. It's the time spent with his family, however, that Dr. Williamson treasures most. He has two sons, Boyd and Scott, and his wife of more than 30 years, Mary, is a psychologist in the department.