

# Family & Community MEDICINE

Winter 2017

## AMY WILLIAMS GOES THE DISTANCE PERSONALLY & PROFESSIONALLY



Dense fog covered Austin, TX, on October 31, the day Amy Williams was to compete in her first half ironman, a grueling triathlon scheduled to start with a 1.2 mile swim in Decker Lake. For safety reasons, officials canceled the swim, which relegated the race to a 56-mile bike and 13-mile run for all the athletes ... all the athletes but Amy, that is. Amy had trained long and hard for this event and refused to let anything stop her from finishing the entire race. After enduring more than three hours of biking and two hours of running, she convinced friends to take her to a nearby gym, where she swam 1.2 miles in an indoor pool. An exhausted but proud Amy Williams returned home to Columbia, eager to take on her next challenge: a full ironman.

Amy developed her passion for distance events as an MU medical student 10 years ago, when she crossed the finish line of her first half marathon. Since then, she has committed herself to run longer and more difficult races. Now a triathlete, Amy is focused on November when she'll compete in her first full ironman. Her goal for this, and every other race she enters, is to finish, regardless of how long it takes her. Goals drive Amy Williams and motivate her to do her best – as an athlete and a family physician.

**AMY WILLIAMS, MD, MSPH**, a 2009 MU School of Medicine graduate, joined our Family Medicine faculty after finishing residency here in 2012. In addition to her patient care duties at MU's South Providence Clinic, Dr. Williams teaches medical students and attends for residents in clinic and on the inpatient service. And Dr. Williams does research.

She was an MU Family Medicine resident when she participated in her first research project. Funded by the AAFP, the Missouri-based study measured vaccination rates in three Amish communities where the health department had set up vaccination clinics.

This project excited Dr. Williams and ignited her passion for research. She decided to complete an academic fellowship soon after joining our faculty. As a faculty/fellow, Dr. Williams's research targeted the exercise habits of residents. Her goal was to make physical activity more convenient and accessible for MU Family Medicine residents.

Today, after five years in practice, Amy Williams values her role as family physician.

"Being a doctor is a huge privilege, but it's also a huge responsibility. Patients come to me when they are sick and vulnerable," she says. "Knowing patients need and trust my advice drives me to deliver and do everything I can to help them."

In the exam room, Dr. Williams listens and connects with her patients.

"My appointment with Amy was like

a breath of fresh air," says Andrea Waner, an MU employee and patient of Dr. Williams. "She took time to get to know me, my concerns and my goals for my health. I truly appreciated the level of care I received from her and have since suggested her to my friends looking to establish care with a local primary care physician."

Her large patient population includes people all ages with a wide range of health care needs. As a disciplined athlete focused on health and fitness for herself and others, Dr. Williams has developed an interest in obesity, a problem she sees all too often in clinic. She is particularly concerned about childhood obesity.

"When I see an overweight child in clinic, my goal is to coach them and their parents about making lifestyle changes," she says. "Diet and exercise are the best ways to manage obesity and/or the immediate and long term health problems that can develop because of it."

Amy Williams the researcher is equally as determined as Amy Williams the physician to reduce childhood obesity. Earlier this year she received her first big grant, \$50,000 from the AAFP, to fund Fit-Tastic, a clinic-based study that will train health care providers to screen and manage childhood obesity. The project is designed to help children and their parents work together toward achieving healthy weight and lifestyles. Her enthusiasm and positive attitude keep Dr. Williams energized and

hopeful in her efforts to better understand and address obesity – not only in this project, but also in a future study she is designing as a 2016-17 Grant Generating Project (GGP) Fellow.

Supported by North American Primary Care Research Group, Society of Teachers of Family Medicine and the American Board of Family Medicine Foundation, GGP was established in 1995 to help family medicine researchers successfully write and submit grant applications. During her year-long GGP fellowship, Dr. Williams will be completing application materials required for an NIH Career Development Award.

**AMY WILLIAMS**  
CONTINUED ON PAGE 7

**AMY WILLIAMS, MD, MSPH**  
ASSISTANT PROFESSOR  
MU FAMILY AND COMMUNITY MEDICINE



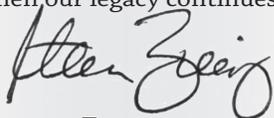
# CHAIR'S MESSAGE

## READING THIS ISSUE,

I was struck by the importance of leadership. We have been fortunate to have people like Jack Colwill and Hal Williamson lead this department, but we also had family medicine pioneers such as Sherwood Baker, Roger Hofmeister, Georgia Nolph, and the recently departed Paul Young who created the foundation of MU FCM that each of us could build on. This issue features Betsy Garrett, a treasured national leader in family medicine education, who spent her entire career at MU. The back page pictures six new department chairs in family medicine who joined us for our annual workshop.

Planning for succession is important. Amanda Allmon and Sara Swofford are directing our clerkship, and Jim Stevermer is leading medical student education in family medicine. David Mehr passed the baton to Richelle Koopman in guiding our departmental research efforts. Each of us must help develop those who come after us, just as we continue to teach medical students and train residents and fellows.

In fact succession planning in the form of faculty and staff development is the way we extend our mission, vision, and values beyond our individual work lives. It's a leader's job to help maintain that vision, reinforce the mission, and represent the department's values while listening to and learning from its members. It's also the leaders work to help reduce barriers and enhance facilitators for each person to be successful while contributing to the mission – in a department, university, or any other organization. If leaders are good stewards in this role, then our legacy continues.



**STEVEN ZWEIF, MD, MSPH**  
JACK & WINIFRED COLWILL ENDOWED CHAIR  
PROFESSOR AND CHAIR

## MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

### WELCOME ...

**MELISSA LEWIS, PhD, LMFT**, assistant professor, joined our department's research team this fall. A researcher who has a strong interest in health care disparities in Indigenous populations, Dr. Lewis came here from the University of Minnesota Medical School-Duluth, where she served four years as assistant professor of Biobehavioral Health and Population Science.

Dr. Lewis, who earned her PhD in Medical Family Therapy from East Carolina University, Greenville, NC, in 2012, has received NIH training in the areas of cardiovascular disease disparities, as well as Indigenous health disparities. She has applied this training to funded projects that employ and analyze the effects of an Indigenous health curriculum for first year medical students, as well as study the effects of a tribally specific youth leadership program. Dr. Lewis is committed to partnering with local and tribal communities to improve health equity.

In her spare time, Dr. Lewis enjoys gardening, foraging and biking the MKT trail.



### WELCOME ...

**AMIT DASGUPTA, MD**, assistant professor of clinical family and community medicine, has joined our faculty and the Gold Team at our South Providence Medical Park clinic. In addition to practicing outpatient family medicine, Dr. Dasgupta is providing nursing home care and inpatient geriatric/palliative care services. His job duties also include teaching and mentoring residents and medical students.

Dr. Dasgupta, who earned his medical degree from St. George's University, Grenada, West Indies, attended Grant Medical Center in Columbus, OH, for family medicine residency training. He completed a geriatric medicine fellowship here at MU Family Medicine this summer.

An avid biker who pedals around town whenever he can, Dr. Dasgupta enjoys reading and outdoor activities. He and his fiancé, Michelle Bologna-Huerta, who teaches at a Columbia middle school, plan to marry this year.



### CONGRATULATIONS ...

**KARLA WASHINGTON, MSW, PhD**, assistant professor, was presented the 2016 David B. Oliver MU Family and Community Medicine Faculty Award\* in recognition of her outstanding work and significant contributions to geriatrics and palliative medicine.

Dr. Washington, who earned her MSW from Mizzou in 2000, began her career as a licensed clinical social worker. In 2005, she returned to MU to earn her PhD, and during her studies, she decided to pursue a career that focused on death, dying and hospice.

After finishing her PhD, Dr. Washington coordinated a hospice study at University of Washington, then joined University of Louisville School of Social Work in 2009. In 2013, she was recruited back to MU, and since joining our family medicine research team, Dr. Washington has published a long list of papers; she has been co-investigator for two NIH grants, and she currently serves as principal investigator on an NIH National Cancer Institute R2 Award, *A Problem Solving Intervention for Family Caregivers in Palliative Oncology*.

Dr. Washington is a team player whose enthusiasm, curiosity and upbeat attitude motivate everyone. She has been an outstanding addition to our department, medical school and health system. Her demonstrated commitment to the advancement of geriatrics and palliative medicine makes her a most deserving recipient of the David Oliver Faculty Award, says MU Family and Community Medicine Chair Dr. Steve Zweig.

More recently, Dr. Washington was chosen for the 2017 Award for Excellence in Psychosocial Research by the Social Work Hospice and Palliative Care Network (SWHPN). She received this prestigious award in recognition of her exemplary contributions to the field of social work in palliative and end-of-life care.



\*DAVID B. OLIVER MU FAMILY AND COMMUNITY MEDICINE FACULTY AWARD is an endowment established through the generosity of DAVID OLIVER, PhD (MU Family Medicine faculty member who passed away in March 2015), his wife, DEBRA PARKER OLIVER, PhD (MU Family Medicine Professor), and their children.



**RICHELLE KOOPMAN, MD, MS**, associate professor of MU Family and Community Medicine, has been elected president of the *Annals of Family Medicine* board of directors. A 1993 graduate of the University of Pittsburgh School of Medicine, Dr.

Koopman completed residency at the University of Pittsburgh-St. Margaret Memorial Hospital and earned her MS at the Medical University of South Carolina. In 2007, she and her husband, Dr. Peter Koopman, also a family physician, joined MU Family Medicine.

Today, Dr. Koopman's research interests include the use of health information technology for patient care, risk assessment, and quality improvement. She has been named research director of MU Family Medicine. Professor **David Mehr, MD, MS**, who served as research director since 2007, continues his role as a senior researcher in the department.



**DEBRA PARKER OLIVER, PhD**, is the principal investigator on two recently awarded grants focused on shared decision-making:

**FIND: Families Involved in Nursing Home Decision-making**

National Institute of Aging R-21: \$436,000  
Co-Investigators:

**Karla Washington, Robin Kruse, Lori Popejoy**  
Analyst: **Jamie Smith**

This pilot study is focusing on the use of web conferencing to help family members of nursing home residents attend quarterly plan-of-care meetings.

**ACCESS: Access for Cancer Caregivers to Education and Support for Shared Decision-making**  
National Cancer Institute R01: \$2,500,000  
Co-Investigators:

**Robin Kruse, Paul Tatum, Karla Washington**

This randomized clinical trial, conducted in hospice patient homes, will study the use of Facebook to provide education and social support for caregivers of cancer patients.



**MICHAEL HOSOKAWA, EdD**, was named interim senior associate dean for education and faculty development at MU's School of Medicine. Dr. Hosokawa, professor of Family and Community Medicine, has served

the medical school in various capacities since joining MU in 1974. During the '90s, he and a team of faculty members were charged with developing the school's Problem-Based Learning Curriculum (PBL). PBL offered a new approach to learning, integrating basic sciences into case studies.

Dr. Hosokawa, former director of MU's Family Medicine Academic Fellowship Program, currently directs faculty development efforts for MU Family Medicine faculty.

## MU First in Nation to Offer Fully Online Degree for Doctors Seeking Academic Training



The University of Missouri is the first university in the nation to offer a fully online Master of Science in Academic Medicine (MSAM) degree for physicians who want to teach, perform research, develop clinical innovations, or all of the above.

"The online format gives doctors the ability to work toward their academic goals while keeping their current practice and position," says Program Director and Associate Professor of MU Family and Community Medicine **ERIK LINDBLOOM, MD, MSPH**. "Six physicians from several different specialties are already enrolled. We expect that number to grow as more learn about the program and its flexibility."

The MSAM degree evolved from the department's Master of Science in Public Health degree, which was offered for over 40 years in a traditional classroom format. Courses include epidemiology, evidence-based medicine, health care systems, learning strategies in medical education, and research methods. Students typically complete this 30-credit-hour program in two years, and they may choose to focus more on education or research. The department's academic fellows now all pursue this degree.

Designed for board-certified or board-eligible physicians with a Doctor of Medicine or Doctor of Osteopathic Medicine degree, the program is also being offered to senior residents. Those with other professional or graduate degrees may apply if they aspire to (or currently hold) a faculty appointment in academic medicine. All students in this program pay in-state tuition rates, regardless of where they live.

**TO LEARN MORE, VISIT:** [online.missouri.edu/degreeprograms/medicine/academic-medicine](http://online.missouri.edu/degreeprograms/medicine/academic-medicine)  
**OR EMAIL:** [lindblome@health.missouri.edu](mailto:lindblome@health.missouri.edu) OR [bedelljc@health.missouri.edu](mailto:bedelljc@health.missouri.edu)

## THE LOSS OF A NATIONALLY RECOGNIZED FAMILY MEDICINE LEADER, COLLEAGUE & FRIEND



**PAUL YOUNG, MD**, one of our earliest faculty members, died October 29, 2016 at his home in Lexington, KY, at age 84. He and Dr. Jack Colwill, founding chair of MU Family Medicine, worked together during the '70s to develop our Family Medicine Residency program. "Paul and I agreed on the importance of building the residency with an academic base," says Dr. Colwill. "I had deep respect for him as a lifelong colleague and friend."

After leaving MU in 1975, Dr. Young served five years as department chair of University of Nebraska Family Medicine, and from 1980 to 1988 he chaired the Family Medicine Department at University of Texas, Galveston.

From 1969-88, Dr. Young was a pioneer for family medicine across our nation, setting the standards for family medicine through academia, accreditation and residency programs. His long career included serving as first president of the Association of Departments of Family Medicine and founding editor of the *Journal of the American Board of Family Practice*. He was the first deputy executive director of the American Board of Family Practice (1988) and in 1990, he became its executive director.

During the 1990s, Dr. Young was instrumental in establishing the computer-based certification and re-certification of family medicine physicians. Through his leadership, the Board introduced new techniques to assess decision-making capabilities, as well as cognitive knowledge, by using simulation technology.

In his own words, Dr. Young reflected on his life's work, "As I look back over my career, I think what I am proud of most is that I was able to devote my time to the improvement of the process of evaluation of physician's competence. In the future, I think we have to continue to find ways to focus on the improvement of the specialty."

In addition to his wife, Elizabeth "Betty" Young, Dr. Young is survived by seven adult children, 12 grandchildren and 12 great grandchildren.



Medical Student

# SALUTING A STAR

## ELIZABETH "BETSY" GARRETT, MD, MSPH

After 30 years of leadership and service as an MU Family Medicine physician and teacher, including 20 years as Director of Medical Student Education, Betsy Garrett retired last fall.

### BETSY GARRETT REFLECTS ON TOPICS IMPORTANT TO HER ... DURING HER LIFE AND NATIONALLY RECOGNIZED CAREER:



Professor Emeritus

#### PATIENTS

**BG:** They are the foundation of everything. They are what I worked hardest for, what I worried the most about. In the end, I will always believe that my patients gave me so much more than I gave them.

#### STUDENTS

**BG:** In many ways, my role as teacher has ranked up there with my role as physician. I've never totally forgotten my own medical school experience. A lot of what I have worked for, and hopefully achieved, in my career are things that would have made medical school better for me. I have wonderful memories of students – students who later became colleagues, bosses, enduring friends.

#### MEDICINE

**BG:** Medicine has changed remarkably since I started practicing. There have been some real advances that have improved the care we provide patients. But there's also been changes that make our job as physicians more difficult. However, knowing what I know today, I don't think I'd choose anything other than family medicine as a career.

**MIZZOU [BS: '75; MD: '79; FAM MED RESIDENCY: '82; MSPH: '88]**

**BG:** Mizzou has been my home, even longer than Monett. It's the place where I grew up and grew older. It has provided me education, wonderful teachers, mentors, classmates, colleagues. I owe a lot to MU and am proud to be a graduate and long-time employee of this institution.

#### LEGACY TEACHERS

**BG:** Legacy Teachers came to Mizzou 12 years ago out of the recognition that if we really are patient-centered here, we should celebrate and honor those patients who are our greatest teachers. I am so gratified that medical students, here at MU and across the country, are getting opportunities to say thank you and to demonstrate the humility that is so important for all physicians to have.

#### SPRINGFIELD, MISSOURI

**BG:** Our Springfield campus starts a new chapter in the history of our medical school and will expand health care in the southwest part of the state. Establishing an affiliate campus has given us an opportunity to bring our students, our education model and our method of teaching to an area that did not have a formal medical school curriculum.

#### SOCIETY OF TEACHERS OF FAMILY MEDICINE

**BG:** In the early days STFM helped grow my interest in medical student education. Through STFM, I was able to develop friendships and working relationships with people across the country who shared my passion for medical student education. Back when I started, being clerkship director or medical student education director was considered a stepping stone to getting into really fun stuff, like doing residency education or being chair. I was part of the first wave of folks who said, no, this is our destination, this is what we want to do, where we want to stay.

STFM also provided me more opportunities than I could ever have imagined to give back through leadership roles.

#### ANNA B. SEARCY

**BG:** First woman to graduate from MU's School of Medicine.

Back in 1999, when I became the first female president of MU's medical school alumni association, someone asked if I knew I'd be president on the 100-year anniversary of Dr. Anna Searcy's graduation. I didn't know that, and figured few others knew it either. I created a theme for my presidency, *Celebrating the Past to Enrich the Future*, and that started me on what's proven to be a fun and rewarding search for the history of early women in our medical school.

#### WOMEN IN MEDICINE

**BG:** Through my search, I've gotten to know six remarkable women who led the way for all of us through their work in medicine and service to their communities. I've been inspired by their stories and feel unworthy to place myself alongside them.

One reason I took an interest in this, besides my interest in history, is that there's not a picture of a woman physician in our medical school, despite the fact that we've been here 100+ years. Often, almost exclusively, the face of medicine has been male. So an item on my to-do list is to make our presence more visible. My goal is to have a statue, or other physical reminder, representing these women at the entrance to the patient-centered learning center we are constructing.

#### HOME AND FAMILY

**BG:** My roots are still deep in Monett, where I still maintain our family home. My father died soon after I was born, leaving my mom to raise me and my four older brothers. She was an incredibly strong woman. There's a framed print hanging in our home in Monett that has this quote, attributed to Abraham Lincoln, "All that I am, or hope to be, I owe to my mother." That's how I feel about family/home.

#### FREE TIME

**BG:** Being a generalist by nature, personally and professionally, I've developed an interest in lots of different things. Birding has become one of my interests, so has trout fishing. But remember that bird watching is not necessarily bird seeing, and fishing is not necessarily catching. Both hobbies give me opportunities to be with nature. Nature is that special place I go to be at peace.

#### FUN

**BG:** Laughter; being with family and friends; pursuing hobbies, which for me include traveling, nature, birds, genealogy and rug hooking.

#### BETSY GARRETT'S LEGACY

**BG:** I don't think I get to say what my legacy is. History decides what a person's legacy is and it takes years for others to recognize and understand a person's legacy.

While here, I carried on the legacy of messy desk. I did clean out my office before my official retirement date, and I am proud of that. This was a big challenge that some people never thought would happen.

**BETSY GARRETT:** CONTINUED ON PAGE 5

Betsy created an outstanding clerkship, has been a wonderful mentor for faculty and students, and as a leader in both STFM and ABFM, she has been instrumental in establishing our department's national reputation.

**Jack Colwill MD ... Professor Emeritus and Former Chair**  
MU FAMILY AND COMMUNITY MEDICINE

Betsy has been one of my role models for nearly 30 years. She has demonstrated how to "jostle with the big boys" with poise and grace. She defines commitment — to her patients, students, staff and program.

**Erika Ringdahl MD ... Residency Director**  
MU FAMILY AND COMMUNITY MEDICINE

One of my favorite office wall photos is of Betsy and five other women presidents of STFM. Oh, the power of women leaders. She has been an inspiration, valued leader and trusted confidant.

**Stacy Brungardt CAE**  
STFM EXECUTIVE DIRECTOR AND CEO

Betsy embodies the highest qualities of a healer and a teacher. Her masterful leadership of the clerkship these past 20 years is just one of her many valuable contributions to the department and medical school.

**Robin Blake MD ... Professor Emeritus**  
MU FAMILY AND COMMUNITY MEDICINE



**BETSY GARRETT:** CONTINUED FROM PAGE 4

### RETIREMENT

**BG:** There are several reasons for the timing of my decision.

*Professionally*, there is a cluster of us the same age. Rather than have all of us retire at once, I thought it would be better for the department if there was a phasing out of long-time faculty. I was happy to take the lead on this.

I knew we had younger faculty who could step up and do as good a job, if not better, than me right off the bat with respect to medical education responsibilities. I wanted them to have opportunities.

In more recent years, it felt like I wasn't connecting as well with med students. I was the most senior clerkship director by far at MU and decided it would be nice to mix things up and bring in new folks.

I found that it was getting harder to keep up with what I considered important to do for good patient documentation, even though I had a small practice. It became something I thought about when I went to bed and then again when I woke up.

I continue to work 20 percent time helping with Legacy Teachers and faculty development. I also plan to write a history of women in medicine and history of our department.

*Personally*, I have four brothers who are still healthy and a family filled with nieces and nephews and their families who seem to enjoy having me around.

I consider this new phase a repositioning. As I move forward, I am recalibrating and deciding my next destination. I hope to continue my current interests, and perhaps explore new ones.

### LOOKING BACK

**BG:** There are projects which I have been fortunate to be associated with that I hope have made a difference for our school, our students and our patients: Patient-based Learning (PBL) Curriculum. Legacy Teachers Program. ACE (Ambulatory Care Experience). Family Medicine Clerkship. Women in Medicine. I have always been proud to be part of something bigger than me. None of what I have done has been done in isolation.

As a teacher, I've tried to help students through tough times, offered career advice that I thought was useful and appropriate, and strived to be a model of patient-centered care. As a physician, I've developed relationships with patients and families that have provided me great joy and enriched my life in so many ways.

Throughout my life, I have maintained a sense of faith and optimism that I could make a difference and it was important for me to find a way to contribute at some level. This principle will continue to guide me, regardless of where I go or what I do.

– Betsy Garrett

### DR. BETSY GARRETT AWARDS/HONORS

- Jane Hickman Teacher of the Year, MU School of Medicine: 1994
- STFM President's Award: 1999
- MU Chancellor's Tribute to MU Women Award: 2009
- STFM Recognition Award: 2010
- AAFP Thomas W. Johnson Award for Career Contributions to Family Medicine Education: 2012

### DR. BETSY GARRETT LEADERSHIP/SERVICE

- STFM President: 2002-03
- Missouri AAFP President: 2007-08
- American Board of Family Medicine Chair: 2008-09
- American Board of Medical Specialties Governance Committee: 2009-15
- STFM Foundation President: 2013-15



## THIRD YEAR RESIDENT DR. CHASE ELLINGSWORTH

EXPLAINS HOW HE WILL USE HIS FAMILY MEDICINE TRAINING TO PRACTICE INPATIENT MEDICINE:

“Family Medicine Residency has been such a fun experience for me! I've enjoyed the relationships I've developed with residents, faculty and patients, and appreciate the skills and knowledge I've gained from those relationships.

All through med school, my plan was to move to Monett (*my wife's hometown in southwest Missouri*) and do rural medicine after residency. But as an R1, I developed an interest in inpatient medicine. The challenges of addressing acute and complex health problems, as well as the pace of hospital care, appealed to me. Mid-way through residency, I

decided to become a hospitalist.

Traditionally, the majority of hospitalists are trained in internal medicine, which is why I tailored my residency experience to include more training focused on hospital care.

The family medicine service here at MU provides residents broad inpatient experiences, and it includes exposure to high acuity patients in the ICU and the neuro ICU. To further expand my hospital training, I've used my elective time working in the ICU and doing many sub-specialty consults. With graduation just months away, I feel more confident and better prepared to practice inpatient medicine.

I've also prepared myself for missing some of the things I truly enjoyed as a family physician, once I leave MU Family Medicine this summer. My most rewarding memories as a resident happened in the exam room when I was able to help and connect with a patient; I'm sure I'll miss my continuity clinic and the opportunities to get to know and develop meaningful relationships with patients.

As a hospitalist-in-training these past couple of years, however, I've learned that a large number of people admitted in our hospital don't have a primary care physician. For many, the hospital becomes their source for primary care. I've developed a passion for these patients.

While they're in the hospital, I'll respond to their immediate needs, of course, but I'll also talk about preventive and maintenance health behaviors ... things we family physicians talk about in clinic. I feel good about my ability to communicate, build trust and truly bond with patients; it's a skill I learned from my mentors here at MU Family Medicine. Hopefully after these patients meet me and understand my approach to patients and health care, they will establish care with a family physician when they are discharged from the hospital.

In July, I'm moving to Springfield, MO, to work at CoxHealth Hospital, where I'll be doing inpatient medicine, plus ICU on all services except surgical. I'll manage care for 10-15 patients, and for the most part, except for some weekend call and a couple of night shifts during the year, my hours are weekdays, 7 to 3. The flexible and consistent weekday hours and limited call schedule were major factors for me and my wife when we were deciding where to go after residency.

In addition to my hospitalist duties, I'll be helping establish a Med-Zou clinic for MU's School of Medicine-Springfield campus. As faculty advisor, I'll be teaching and seeing patients at this student-run free clinic. Over time, I'd like to expand my role in academic medicine.

Ultimately, maybe 10 years from now, I'd like to get back into clinic and do primary care. As I think about the future, I cannot overstate the importance of family in whatever career choice I make. Having love and support from my family, especially my wife Megan, made it easier for me to stay positive, focused and able to learn throughout my residency. Megan is an incredible mom to our children, Owen, 3, and Madeleine, 1. For me, family is the best!” – Chase Ellingsworth

# RELEVANT RESEARCH

MAKING A DIFFERENCE ON THE CARE WE PROVIDE PATIENTS

## Peer Support Interventions Benefit Hispanic Adults With Diabetes



Diabetes is a global health problem that disproportionately affects minorities, and minorities are more likely to experience complications from the disease. The death rate from diabetes among Hispanics is 50 percent higher than non-Hispanic whites, according to the US Department of Health and Human Services Office of Minority Health.

In a recent study led by MU Family and Community Medicine Assistant Professor **Sonal Patil, MD, MSPH**, researchers examined the effectiveness of peer support interventions for patients with diabetes. Their conclusion: Hispanic adults with diabetes could benefit from peer support interventions. Learn more here:

### Peer Support Interventions for Adults with Diabetes: A Meta-Analysis of Hemoglobin A1c Outcomes

*Annals of Family Medicine*: Nov-Dec 2016

Patil S; Ruppert T; Koopman R; Lindbloom E; Elliott S; Mehr D; Conn V

## Photography-Based Therapy Helps Sexual Assault Victims Reclaim Their Stories



One out of six American women has experienced a sexual assault or attempted sexual assault or rape in her lifetime, according to the National Institute of Justice and the Centers for Disease Control and Prevention.

While more than half of female survivors of rape report symptoms of post-traumatic stress disorder (PTSD), previous research has found that not all survivors respond to traditional treatments for PTSD, causing their symptoms to resurface over time. **Abigail Rolbiecki, PhD**, postdoctoral fellow at MU Family and Community Medicine, says photovoice interventions, where participants express their thoughts and feelings through photos, combined with traditional PTSD treatments, could result in a more complete recovery for survivors of sexual assault. Learn more here:

### “Waiting for the Cold to End:” Using Photovoice as a Narrative Intervention for Survivors of Sexual Assault

*Traumatology*: Dec 2016

Rolbiecki A; Anderson K; Teti M; Albright D

## Hospice Caregivers Should be Screened to Prevent Depression, Anxiety



Currently, more than 34 million people in the United States care for terminally ill loved ones, but few resources are available to help them navigate the challenges they encounter during this difficult process.

A recent study, led by MU Family and Community Medicine Professor **Debra Parker Oliver, PhD**, found that nearly one-quarter of caregivers were moderately or severely depressed and nearly one-third had moderate or severe anxiety. The study identified several risk factors associated with caregiver depression and anxiety.

Researchers recommend that health providers treat the whole family, in addition to the terminally ill patient, and offer family caregivers ongoing screenings in order to identify early signs of depression and anxiety. Learn more here:

### The Prevalence and Risks for Depression and Anxiety in Hospice Caregivers

*Journal of Palliative Medicine*: Dec 2016

Oliver DP; Washington K; Smith J; Uraizee A; Demiris G

More and more physicians are becoming parents during their medical residency training. Although most residency programs offer support for residents during pregnancy, no formal ways to support parenting residents exist beyond the immediate birth of their children.

A recent study suggests there's a need for more residency training programs that provide support to residents who have children and are struggling to manage their personal and professional responsibilities. MU Family and Community Medicine Assistant Professor **Laura Morris, MD, MSPH**, who directed this study, says residency programs should include flexible scheduling, daycare and peer-to-peer support. Learn more here:

### Parenting During Residency: Providing Support for Dr. Mom and Dr. Dad

*Family Medicine*: Feb 2016

Morris L; Cronk N; Washington K

## Residents With Children Need Support to Manage Work and Family Demands



Warfarin is a commonly prescribed blood thinner used to prevent harmful blood clots. Without frequent monitoring, this drug can cause serious negative results for patients who are discharged from the hospital.

In response to the Joint Commission's call for institutions to reduce possible patient harm associated with the use of warfarin, MU Family and Community Medicine Assistant Professor **Margaret Day, MD, MSPH**, together with a team of MU primary care providers, assessed the *Outpatient Warfarin Management Order*, a note added to the electronic health record (EHR). Their study found that this new warfarin order can improve care for patients after they leave the hospital and eliminate potential confusion among providers and pharmacists. Learn more here:

### Improving Transitions of Care for Hospitalized Patients on Warfarin

*Joint Comm Journal on Quality and Patient Safety*: Sept 2016

Day M; Malone M; Burkeybile A; Deane K

## Changes in EHR Can Improve Care for Patients After Hospital Discharge



A new book, “Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation,” focuses on the mental, physical and spiritual aspects of health, and considers both risk and resiliency factors for the Black LGBT population. MU Family and Community Medicine Associate Professor **Jane McElroy, PhD**, along with lead author LaShaune Johnson, PhD, assistant professor of public health at Creighton University, wrote the chapter, *Rainbows or Ribbons? Queer Black Women Searching for a Place in the Cancer Sisterhood*.

“By illuminating the biases propagated in mainstream cancer education and support culture about gender, race, sexual orientation and class, this chapter provides a framework for a better understanding of the Black and SGM experience” says Dr. McElroy. Learn more here:

### Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation

*Publisher*: Lexington Books. *Editors*: Follins, LD; Lassiter, JM

## Black LGBT Health: Intersection of Race, Gender and Sexual Orientation



If her NIH proposal is funded, she will study the influence of stress from racial discrimination on childhood obesity.

"While childhood obesity is a problem for all populations, it's tougher for minorities and lower income families," says Dr. Williams. "Empirically, we haven't done a good job at researching and addressing health problems of these populations. We have a mandate to study them."

Amy is passionately committed to preventing childhood obesity and to the health of underrepresented minorities, says Richelle Koopman, MD, MS, associate professor and research director of MU Family and Community Medicine. "Furthermore, she's a woman of great energy and persistence. I have no doubt that over her career she will have an effect on these problems."

In addition to her research on obesity problems in children, Dr. Williams has studied health issues common in women of the LGBT community. Improving the health and well-being of people living in underserved communities abroad is important to her as well. Dr. Williams has taken medical mission trips to a list of countries that includes Panama, Jamaica and Uganda.

If there's a way she can make a difference outside the workplace, she finds it ... and she delivers. Since 2010, Dr. Williams and her family have invited MU Family Medicine residents, faculty and staff over for Thanksgiving dinner. This tradition started when Dr. Williams was a second year resident and her inpatient call schedule in Fulton made it impossible for her to go home for Thanksgiving.

"My mother drove in from Nevada, MO, that year and brought turkey, dressing, sweet potatoes, even homemade pumpkin pie. Mom, my brother and I shared our meal with three family medicine residents

in the Fulton clinic basement," Dr. Williams says. "Growing up, I remember always having friends and neighbors at our dinner table on Thanksgiving and Christmas. My mom doesn't think anyone should be alone on the holidays. I agree."

Opening her heart and home to others comes naturally to Amy, and that's because she was raised in an environment where reaching out to help others was expected.

"I firmly believe that we're all products of our environment. The time and place I was born allowed me to have a supportive family and opportunities to learn and pursue my goals," she explains.

"Today, I am grateful to have a job I love and the skills and resources to contribute to my community. I consider it my responsibility, personally and professionally, to support causes that I believe are valuable and serve people who need help. Helping others benefits me as well."

Dr. Williams feels fortunate to be doing rewarding work that includes patients, students and research. Looking forward, she

wants to see more patients, do more teaching, do more research, get more grants, and gain more knowledge about childhood obesity.

Also, as she looks to the future, she sees herself wanting a family. Her brother Casey and his wife, Amanda Swenson, both family physicians here at MU, had their first child, a daughter, born July 27. Amy loves being an aunt to "awesome" Adeleigh Cate!

"My mother is a strong, resilient woman who raised my brother and me to be independent, considerate and caring. Our father died when we were very young, I was 5 and Casey was 7. After his death, mom moved us from Wyoming to Nevada, MO, where she worked as a chemical engineer at 3M until she retired three years ago," Dr. Williams says.

"My mom gave me the strength and confidence to pursue my dreams, personally and professionally. I am grateful to her for making me feel valued and supported in every decision I made, even if she thought I was being crazy."

#### TO SHAVE OR NOT TO SHAVE ...

**AMY WILLIAMS** debated that question for months before she finally decided to participate in the 2016 St. Baldrick's head-shaving event. St. Baldrick's Foundation is a not-for-profit organization that funds research for childhood cancers.

"Initially I was nervous about going bald. Society puts so much emphasis on physical appearance, so I was sure I'd feel vulnerable and dramatically different without hair," Amy explains. "But the opportunity to help support research to treat childhood cancer motivated my decision to buck the system. After all, it's only hair, and it will grow back – eventually."

Family, friends and others from the community gathered at Logboat Brewery, downtown Columbia, to watch 48 participants, including Amy, get shaved last April. By the time the last lock of her hair fell to the ground, a bald, but still beautiful, Amy Williams felt proud, excited and ready to face the world with her new look. The support she felt, the personal strength she learned, and the donations she generated continued months after the event.

**St. Baldrick's annual head-shaving events take place worldwide; in 2016, 46,000 shavees raised \$39 million for childhood cancer research. Amy Williams raised more than \$5,300 for St. Baldrick's Foundation!**



#### A COMMENTARY ON THE FUTURE OF FAMILY MEDICINE

**STEVE ZWEIF, MD, MSPH, CHAIR  
MU FAMILY AND COMMUNITY MEDICINE**

The future of family medicine will require expert preventive, acute care, and chronic disease care and will increasingly demand the care of populations. This care will be provided not only in person but via text and video communications.

The historic pillars of family medicine will be sustained: accessible and accountable care provided in a continuous, comprehensive, and coordinated fashion. As we move increasingly toward value based care, the reimbursement model will change to reflect this relationship and responsibility, increasingly being manifest as direct payment for primary care.

Exciting opportunities for family physicians will also include working with high performance teams in caring for patients across all settings. Whereas service lines in health care will better serve single organ health problems, the values and skills of family medicine will enable the comprehensive care of an aging population with its increasingly prevalent complex problems. Family physicians will be leaders in system based practice, use of technology for improving quality, evidence based practice, and techniques for engaging patients and communities. Nevertheless, the human need for the personal physician will persist. Continuity relationships between patients and family physicians will provide the trust, accountability, and opportunities for healing experiences along the continuum of the life span.

**WHAT DO YOU THINK ABOUT THE FUTURE OF FAMILY MEDICINE?**  
We welcome your comments. Please send them to: [zweigs@missouri.edu](mailto:zweigs@missouri.edu)



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**WORKSHOP FOR NEW FAMILY MEDICINE CHAIRS**

Together with leadership from the Association of Departments of Family Medicine (ADFM), MU Family and Community Medicine held the 2016 annual New Chairs Workshop in Columbia, MO, last September. Participants gathered for a photo at the end of the three-day event (PICTURED LEFT TO RIGHT).

**FIRST ROW:** Jack Colwill, MD, MU Family Medicine; Therese Zink, MD, MPH, Wright State University, Dayton, OH; Christy Page, MD, MPH, University of North Carolina-Chapel Hill; Ardis Davis, MSW, ADFM

**SECOND ROW:** Steve Zweig, MD, MSPH, MU Family Medicine; Janet Albers, MD, Southern Illinois University-Springfield; David Bercaw, MD, Christiana Care Health System, Wilmington, DE; Mike Hosokawa, EdD, MU Family Medicine; Jeffrey Borkan, MD, PhD, Brown University, Providence, RI; Stacy Brungardt, CAE, STFM.

**MISSING:** Hal Williamson, MD, MSPH, MU Family Medicine

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