

Family & Community MEDICINE

Spring 2006

ERIKA RINGDAHL IS FOCUSED ON FAMILY AT HOME & AT WORK

PEAK EFFICIENCY PER UNIT TIME

To understand this formula is to understand how

Erika Ringdahl gets the job done.

MU Family Medicine Associate Professor Erika Ringdahl is a physician, teacher, scholar, and residency program director. She is married to Bruce, a periodontist, and they have three children, Shelby, 13, Sydney, 10, and Karson, 8, who excel in school, sports, and extracurricular activities. In addition to serving on the board of TRYPS, a local organization that teaches young people about theater, Dr. Ringdahl is an aerobics instructor and teaches a class on Wednesday evenings. Exercise is important to her, and to help others stay fit, she's written a book, *Exorcise the Exercise Excuses*.

In spite of how busy she is - at home and at work - Dr. Ringdahl is always caring, dedicated, organized, attentive, and happy. When asked how she is able to stay focused and maintain balance in her life, she talks about multitasking, a skill she learned from her father.

"I remember complaining to my dad about all the work I had to do when I was a student at St. Olaf College," Dr. Ringdahl says. "He responded by writing a letter, telling me to **'strive for peak efficiency per unit time.'**"

Dr. Ringdahl's father, Karl Nolph, MD, is a former Nephrology Division Director of MU Internal Medicine. Georgia Nolph, MD, her mother, is a physician and founding faculty of MU Family Medicine. Growing up with parents who enjoyed their jobs and came home every evening excited to talk about their day had a strong influence on Dr. Ringdahl's decision to pursue a career in medicine.

After earning her medical degree from the University of Iowa in 1989, Dr. Ringdahl returned to Columbia to do her residency at MU. In 1992, her hus-

band enrolled in a periodontics fellowship program at the University of Iowa. During Bruce's two-year training, Dr. (Erika) Ringdahl practiced family medicine in Tipton, a rural town of 3,000 located 40 miles from Iowa City.

"I worked with two family docs, and we did everything," she says. "Tipton was great; it gave me credibility and confidence for a career in academia."

Dr. Ringdahl began her career in academics in 1994, when she joined MU's Family Medicine faculty. In addition to patient care and teaching, her initial responsibilities included serving as assistant director of the residency program.

It didn't take long for Dr. Ringdahl to realize that, like her parents, she was well suited for academic medicine. As a clinician, she valued the relationships she developed with patients. She enjoyed working with the residents, too.

"I've always liked getting to know residents and helping them learn family medicine," she says. "It's fun to watch them grow and discover their passions."

Family Medicine faculty members watched Dr. Ringdahl grow and become a well respected mentor, role model, and friend for learners throughout the medical school. Her passion for the program was strong and made her the obvious choice to lead the residency when Director Dr. Steven Zweig went on sabbatical. In 1996, Dr. Ringdahl was named MU Family Medicine Residency Director, and for the past 10 years, she has embraced the job with vision and commitment.

"I feel that my job is important. After all, we're training the next generation of family doctors," she says. "Our goal is to prepare residents to work in a practice environment that is always changing ... what it is while they're here may be different when they graduate."

That's a challenge, Dr. Ringdahl admits, but it gives her many opportunities to problem-solve and be creative. She and other faculty evaluate the curriculum regularly as they strive to maintain an innovative program that offers exemplary learning experiences.

"A few years ago, we created the continuity clinic at Family Health Center. Residents who have interest in caring for the underserved can see patients at this federally funded facility. And we've developed the Rural OB Network and an OB Pathway for those wanting more obstetrics experience," she says. "We try to tailor their training so residents are prepared to do the kind of things they want to do after they graduate."

More than 100 residents have graduated since Dr. Ringdahl became director. She speaks proudly of these grads, who now practice in 26 states, plus Canada and Africa. It excites her to hear from them and know they're doing well in their careers. "Their success reflects positively on our department, our faculty, and our program," she says.

Dr. Ringdahl's attitude is positive and energy level high when she talks about her role as residency director.

"I work at the #2 family medicine department in the country alongside faculty who are brilliant and incredibly committed ... I can't imagine a better or more rewarding job."



ERIKA RINGDAHL, MD
ASSOCIATE PROFESSOR

FACULTY FOCUS

Welcome to spring and another issue of our department newsletter. As I read the stories in this issue, I am reminded of a theme that has been central to our mission for the past 30 years: **TO BE LEADERS.**

As founding chair, it was **Jack Colwill's** vision to attract people with potential and then foster their growth and success. Jack stepped down as chair in 1997, but we're glad he's found new ways to serve the department. Our commitment to his vision has helped promote the success of faculty and alums with stories we're proud to share.

Erika Ringdahl has directed our residency program for nearly a decade. She is a passionate leader whose focus and energy keep our program strong. Her ability to balance work and home makes her a well respected role model for residents.

Steve Zweig's appointment as MU's Interdisciplinary Center on Aging Director was exciting news for Steve, our department, our institution, and especially our aging population. To be chosen for this campus-wide role is an honor and a tremendous vote of confidence in Steve's work as a geriatrician, educator, and leader.

Jeff Belden completed residency in 1979, and although he has a busy family practice in the community, he continues to serve our department by teaching residents. Jeff, who calls himself a techie, has been the leader in his group's efforts to go from paper to EMR.

For second-year resident **Sarah Swofford**, taking care of patients is fun. Her positive attitude toward learning and practicing medicine will help her succeed and bring pride to our department in whatever career path she chooses after residency.

As a physician and researcher, **Joe LeMaster** has become a leader in the department's efforts to improve care for the chronically ill. His study about the effects of exercise on diabetics with foot ulcers has earned him national recognition and acceptance in the RWJF Faculty Scholars Program.

Finally, we want to recognize the outstanding career and leadership of **Bill Allen**, a retired faculty member who passed away in December. His commitment to family medicine education lives through the legacy he helped create, the William C. Allen Professorship. Dr. Allen will be missed by everyone who knew him.

HAROLD A. WILLIAMSON JR.
Professor and Chair

CONGRATULATIONS

ERIK LINDBLOOM, MD, MSPH, assistant professor of MU Family and Community Medicine, was a recipient of the 2005 Dorsett L. Spurgeon, MD, Distinguished Medical Research Award. This award recognizes outstanding achievement by MU researchers early in their careers. In addition to receiving a cash prize, he served as a keynote speaker at MU's Health Sciences Research Day in November.

Dr. Lindbloom joined our faculty in 2000 after completing fellowship training in geriatrics and research. Since that time, his studies have focused on elder mistreatment, including abuse, neglect, and exploitation.

KEVIN EVERETT, PhD, assistant professor of MU Family and Community Medicine, received a \$2.59 million grant from the Missouri Foundation for Health to reduce the use of tobacco by young people and adults. Dr. Everett's three-year project, *Mobilizing Tomorrow's Leaders for a Smoke-Free Missouri*, aspires to a healthier citizenry by reducing tobacco use across the state.



Erik Lindbloom, MD

WELCOME

KEVIN CRAIG, MD, MSPH joined our faculty last summer and now serves as assistant professor of MU Family and Community Medicine. A graduate of University of Texas-Houston Medical School, Dr. Craig came to MU for residency and fellowship training. After completing his fellowship, he accepted a permanent position in our department. Dr. Craig, who has teaching assignments and sees patients at Green Meadows Family Practice Center, has a special interest in geriatrics.

BRYAN GREEN, MD is an assistant professor who joined the medical staff at Callaway Physicians last fall. Located in Fulton, a small town 25 miles from Columbia, Callaway Physicians serves a largely rural mid-Missouri population. Dr. Green earned his medical degree from MU in 1999 and then enrolled in Wake Forest University's Family Medicine Residency Program, NC. After finishing his residency in 2002, he practiced three years at Lexington Primary Care in Lexington, NC.

MARILEE BOMAR, RN-GCNS, MSN, a new chronic illness nurse coordinator in our department, is working with a team of health care providers to develop and oversee a disease management program that addresses the needs of chronically ill patients at Green Meadows Family Practice Center. Before joining our faculty, Ms. Bomar was with MU's School of Health Professions where she coordinated the Exercise Specificity Grant for Physical Frailty.



Kevin Craig, MD



Bryan Green, MD



Marilee Bomar, GCNS

FAREWELL

FREDERICK (RICK) STONE JR., MD, MPH, a 1993 MU Family Medicine Residency alum, has been named associate program director of Phoenix Baptist Family Medicine Residency in Arizona. In addition to his clinical responsibilities, Dr. Stone is now teaching residents and medical students at the University of Arizona. Dr. Stone, a former MU Family Medicine faculty member, served five years as medical director of our Fulton clinic before moving to Phoenix last summer.

PATRICIA SCHNITZER, PhD, RN, a former assistant research professor in our department, has joined the faculty in MU's School of Nursing where she is teaching and continuing her work as an epidemiologist. Dr. Schnitzer's current research is focused on the prevention of injuries, particularly childhood injuries and injuries related to abuse and neglect.



It is with great sadness that we share this news ...

William Cecil Allen, MD, MPH, professor emeritus of Family and Community Medicine, passed away at his home in Columbia on Wednesday, December 28, 2005.

DR. ALLEN was a highly respected physician and educator who served our department for 25 years. He will be greatly missed by everyone who knew him.

Dr. Allen was born in La Belle, Missouri, on September 8, 1919. After graduating from the University of Nebraska Medical School in 1951, Dr. Allen practiced family medicine in Glasgow, a rural mid-Missouri town.

During his seven years in Glasgow, he became increasingly concerned about chronic disease and other health problems threatening his community. These concerns prompted his decision to pursue a career in public health, and to prepare, he enrolled at Johns Hopkins University, Baltimore, MD. After earning his MPH in 1960, Dr. Allen returned to Missouri, where he was appointed the Director of Chronic Diseases for the state's Division of Health.

Medicine was a passion for Dr. Allen, but so was education. That's why in 1962, he accepted an invitation to join MU's faculty and teach medical students. As his responsibilities at the University grew, so did Dr. Allen's love for academic medicine. In 1965, he gave up his position with the Division of Health in order to focus full-time on his academic career.

While at MU, Dr. Allen held numerous leadership roles and enjoyed every job assigned to him. It's the role of preceptorship director, however, a position he served from 1972-1990, that provided Dr. Allen his most cherished rewards.

Dr. Allen built lifelong friendships with family doctors across Missouri throughout his career. His colleagues respected him; so did his students. That he could connect and relate so well with others made him the perfect person to di-

rect the preceptorship. Nearly 150 physicians – all recruited by Dr. Allen – and several hundred medical students participated in the program while he directed it.

Dr. Allen always spoke proudly of the preceptorship and the enduring impact it has had on medical education at MU. His commitment to the program was strong; in fact, he continued to direct it for three years after he retired in 1987.

During his 25 years at the University, Dr. Allen witnessed state support steadily decrease. Recognizing that this support was vital to our department's future, Dr. Allen initiated a fundraising campaign in 1990. His goal was to establish the Family Practice Professorship, an endowed fund that would provide permanent support for our efforts to train family physicians. To achieve his goal, he began writing letters twice a year to the many alumni, physicians, and friends he knew during his career. When donations reached professorship level, the department named this endowment the William C. Allen Professorship in recognition of Dr. Allen's important contributions and steadfast commitment to Family Medicine.

Dr. Allen was a kind and thoughtful man who cared about people and spoke with love and pride about his family. He and his wife, Madge, who survives, married on Christmas Day, 1943, and have four children, William, Linda, Robert, and Leah.

To honor Dr. Allen's commitment to family medicine education, Dr. Allen's family has suggested memorial gifts be made to the William C. Allen Professorship in Family and Community Medicine. Donations can be sent to the Dept of Family and Community Medicine; M226 Medical Sciences Bldg, DC032.00; Columbia, MO 65212; Attn: Kathy Boeckmann.

FAMILY MEDICINE LEADER CHOSEN TO DIRECT THE

MU INTERDISCIPLINARY CENTER ON AGING

Steven Zweig, MD, MSPH, professor and associate chair of MU Family Medicine, has been named director of the MU Interdisciplinary Center on Aging. This appointment, which followed a year-long national search, was announced early this year by MU Vice Provost for Research Jim Coleman, PhD.

"I accept this role with trepidation and enthusiasm, knowing that we can better address the problems of aging only if we attend to them in earnest," Dr. Zweig says. "By bringing together the strengths of faculty members across campus who work on aging issues, our Center will be able to create innovative education programs, attract and support scholars, and build patient-oriented models of care for older adults. Ultimately, we want to position this University as a vital state and national resource for insights on aging."

Center leaders include Associate Director Marilyn Rantz, PhD, RN, FAAN and Assistant Director David Oliver, PhD. A professor at MU Sinclair School of Nursing, Dr. Rantz has extensive experience in gerontological nursing, and her research focuses on quality of care in

nursing homes, public policy evaluation, and behavioral management of chronically confused elderly. Dr. Oliver has served as chair of the Department of Sociology at Trinity University, San Antonio, TX, and endowed chair of Health and Welfare Studies at Saint Paul School of Theology, Kansas City. He was executive vice-president for post-acute and chronic care services at Heartland Health System in St. Joseph, MO, before joining MU's Department of Health Management and Informatics faculty in 1996.

A native Missourian, Dr. Zweig is a graduate of Harvard University and earned his medical degree from University of Missouri. He stayed at MU to complete his residency ('82) and fellowship training ('84), then joined MU's Family Medicine faculty. Today, Dr. Zweig is a practicing family physician, geriatrician, and hospice medical director. He recently received certification from the American Board of Hospice and Palliative Medicine, a prestigious honor earned by only 2,279 physicians in the country.

"Across the country and in the state of Missouri, the elder population is increasing exponentially," says Dr. Zweig. "That population growth will impact nearly every facet of our lives, from the cost of health care to transportation and housing. University of Missouri - Columbia has a unique opportunity to emerge as a national leader using the insights of science, social science, and the humanities to inform our aging society."



STEVEN ZWIG MD, MSPH

1975 - 2005
CELEBRATING 30 YEARS OF FAMILY MEDICINE AT MU

Former US Surgeon General David Satcher, MD, PhD and nearly 100 alums, faculty, staff, and special friends of MU Family Medicine met in Columbia on October 28-29 to celebrate the 30-year anniversary of the department. Dr. Satcher, who serves as president of Morehouse School of Medicine, Atlanta, kicked off the event with his keynote address, "Eliminating Health Disparities: What Can Physicians Do?" A standing-room-only crowd of faculty, staff, and students from across campus packed Bryant Auditorium to hear him speak.

After Dr. Satcher delivered an inspiring and well articulated message, the program continued for MU Family Medicine graduates, faculty, and friends. *The Changing Faces of Family Medicine* was the theme of our reunion, and Friday's speakers included **Michael Hagen, MD** (78 Resident), **Michael LeFevre, MD** (82 Resident, '84 Fellow), and **Robert Phillips, MD** (98 Resident, 2000 Fellow).

Friday's banquet featured an entertaining performance by MU medical students. **Kara LeFevre**, daughter of Mike and Judy, and integrated resident **Mark Beard** sang a lively duet, *Anything You Can Do, I Can Do Better*.

Jack Colwill, MD, former chair of MU

Family Medicine, provided opening remarks for Saturday's program, which addressed the Future of Family Medicine. Two panel discussions followed. The first panel, led by **Erika Ringdahl, MD** (92 Resident), focused on practice systems and included **Eric Hart, MD** (92 Resident), **Philip Smith, MD** (86 Resident), **James Turner, MD** (78 Resident), and **Deanna Willis, MD** (MU Alum). **Steven Zweig, MD** (82 Resident, '84 Fellow) facilitated the second panel, which discussed doctor-patient relations and included **Elizabeth Allemann, MD** (89 Resident), **Alan David, MD** (75 Resident), and **Russell White, MD** (77 Resident). Chair **Hal Williamson, MD** (82 Fellow) wrapped up the program with a "State of the Department" presentation.

The celebration ended Saturday evening as everyone gathered for cake, punch, music, and dancing. TJ the Tiger added to the fun when he made a surprise appearance at the party.

Thanks to the alums and friends who came to help us celebrate 30 years of Family Medicine at MU! We are especially grateful to **Jack Colwill, MD** and **Betsy Garrett, MD** (82 Resident, '88 Fellow) for their hard work and persistent efforts in planning this memorable event.



DAVID SATCHER, MD

Family Medicine Chairs and Research Directors met in Columbia last fall to share views regarding ways to advance research in their departments. MU and University of Chicago co-sponsored the **RESEARCH CAPACITY BUILDING WORKSHOP**, a three-day program that offered faculty from Albert Einstein College of Medicine, Southern Illinois University, University of Nebraska, University of Utah, and University of Texas-Houston an opportunity to brainstorm about strategies for enhancing family medicine research. **James Campbell, PhD**, research director at MU, played a key role in developing the workshop. Others who helped facilitate the event included MU Chair **Harold Williamson Jr., MD, MSPH** and Associate Chair **Steven Zweig, MD, MSPH**, along with University of Chicago Chair **Bernard Ewigman, MD, MSPH** and Research Director **John Hickner, MD, MSc**.

RESEARCH CAPACITY BUILDING WORKSHOP

RECENT PUBLICATIONS

The risk of death from an inflicted injury increases nearly 50-fold for children living in households with adults who are not related to them compared to children living with two biological parents, according to research by former MU Family Medicine faculty members Patricia Schnitzer, PhD and Bernard Ewigman, MD, MSPH. **TO LEARN MORE: Child Deaths Resulting From Inflicted Injuries: Household Risk Factors and Perpetrator Characteristics. Pediatrics 2005; 116:e687-e693**

Hospitals are still a long way from making their institutions safer for patients, according to a recent study led by MU Family Medicine Professor Daniel Longo, ScD. "While 74 percent of hospitals we surveyed have implemented a written patient safety plan, nearly nine percent have not," reported Dr. Longo in *JAMA*.

TO LEARN MORE: The Long Road to Patient Safety: A Status Report on Patient Safety Systems. JAMA 2005; 294: 2858-65

Being angry increases the risk of injury, especially for men, according to research recently published in the *Annals of Family Medicine*. The study, conducted by MU Family Medicine Professor Daniel Vinson, MD, MSPH, found that people who described themselves as feeling "hostile" before getting hurt faced twice the risk of injury.

TO LEARN MORE: State Anger and the Risk of Injury: A Case-Control and Case-Crossover Study. AnnFamMed 2006; 4:63-68

MU FAMILY MEDICINE ALUMS & FRIENDS: If you have news, please share it with our editor: Kathy Boeckmann at 573-884-7916 or e-mail boeckmannk@health.missouri.edu.

KEVIN HEPLER, MD (1983 Resident) and his wife, Sylvia, moved to Mechanicsburg, PA, after his job as medical director of the PA Office of Children Youth and Families, Dept of Public Welfare was eliminated last year. Dr. Hepler is now doing locum tenens work in central Pennsylvania. The community clinic provides an old fashioned, small town practice where the family physician is considered the ideal point of care and could be a great full-time job for someone, says Dr. Hepler. If you are interested, please e-mail him at kmhepler@comcast.net

STEVEN BROMAN, MD (1985 Resident), who works at Associates in Family Medicine, Fort Collins, CO, is a dedicated Bronco fan and was willing to do just about anything to get tickets to this year's AFC Championship game. Dr. Broman offered, via the Internet, a full-service vasectomy in exchange for two tickets to watch his team play the Pittsburgh Steelers. Unfortunately, the only people to respond to his offer were the media who covered the story. In the end, Dr. Broman was spared the job of performing one free vasectomy ... and the disappointing experience

of watching his team lose 34-17 to Pittsburgh.

KEVIN KANE, MD (1997 Resident, 2000 Fellow) and **CYNTHIA HAYES, MD** (2002 Resident) married in Columbia on December 31, 2005. Dr. Kane currently serves as an assistant professor at MU Family Medicine, and Dr. Hayes is in private practice at Columbia Family Medical Group.

JOHN SEARS, MD (1998 Resident) left the Indian Health Service at Tuba City to join Winslow Family Medicine, AZ, late last year. Private practice is different and allows him more time to provide continuity in care, he says, and that's a "big plus." The mild climate of Winslow is another plus for Dr. Sears and his wife, Judy.

MICHELLE COLEN, MD (2002 Resident) completed her commitment with the US Air Force and is returning to "rural Missouri family medicine." She accepted a position with Northeast Missouri Health Council and will practice at one of its Kirksville clinics. An added benefit of her new job will be the opportunity to teach medical students at Kirksville College of Osteopathic Medicine. Dr. Colen and her husband, Jonathan, have a two-year-old son, Nathaniel.

ALUMNI UPDATES



JEFFERY BELDEN (FM RESIDENCY: 1979): PHYSICIAN, TEACHER, TECHIE

Jeff and his wife, Sandy, live in Columbia and have three sons.

Stuart married last year and does IT work at Boone Hospital. Scott attends MU, and Mark is in high school.



JEFFERY BELDEN, MD

"FAMILY MEDICINE is like one big playground," says Jeffery Belden, MD. "It's fun and offers so many options."

During the past 27 years, Dr. Belden's interests have included OB, pediatrics, geriatrics, occupational medicine, behav-

ioral work, and administration. He compares practicing in each of these areas to taking a ride on a merry-go-round, swing, slide, or see-saw.

"The experiences are different, but they're always motivating," he says.

Dr. Belden earned his medical degree from Southern Illinois University, Springfield, in 1976, and then enrolled in MU's Family Medicine Residency. After residency, Dr. Belden and his wife, Sandy, whom he married during medical school, moved to Jacksonville, Ill, where he did family medicine for two years.

In 1981, Dr. Belden returned to Columbia and joined Family Health Care. Originally formed in 1979 by MU Family Med-

icine alums Dr. Dennis Keithly ('75) and Dr. William Birkby ('76), this practice is now called Columbia Family Medical Group (CFMG). Dr. Belden is one of seven physicians and a nurse practitioner who currently practice at CFMG. With two offices and a staff of 50, this group has become one of the largest family medicine clinics in mid-Missouri.

"I can't tell you how many patients we have, but I know it's a lot," Dr. Belden says. "They're all ages, and some drive many miles to see us. We provide patients a full range of services, except OB."

In addition to his private practice, Dr. Belden is on faculty at MU Family Medicine, where he attends for residents one morning a week. "Teaching is fun, and it helps me learn," he says. "It also helps me recruit new docs to our practice."

For Dr. Belden, the greatest rewards of family practice come from the relationships he develops with patients, especially patients who challenge him.

"I like it when patients bring me their problems," he says. "It feels good to help people deal with a difficult situation

and to be there with them when they finally get through it."

When CFMG realized that its computer system was becoming obsolete two years ago, Dr. Belden took the lead on addressing the problem.

A new system was too expensive, so they approached Boone Hospital with a plan: If Boone would purchase the software, physicians affiliated with the hospital would buy their own hardware and pay Boone a fee to use the system. Boone Hospital liked the plan and began implementing the new system this year.

"Our practice management software is up and running now," Dr. Belden says, "We'll be going live with the EMR in mid-March, and I volunteered to go first."

That he offered to be the first physician in his group to convert from paper to electronic record should not surprise anyone who knows Jeff Belden.

"I'm always willing to upgrade when it's still dangerous. I know every function on my treo phone, and whenever I get new software, I try out each menu item," he says. "I'm a techie."

being called DOCTOR is an empowering experience for a family medicine resident

SARAH SWOFFORD was warned about the long hours, heavy workloads, and time away from family that residency training required. But in spite of a busy and often demanding schedule, she has only positive things to say about residency -- especially her time in clinic.

"Taking care of patients is fun," she says. "When I hear someone say 'Dr. Swofford is my doctor,' it's an empowering experience. Even though there are attendings and other resources available to me, ultimately, it's me who's making the primary health care decisions for my patients."

A St. Joseph, MO, native, Sarah knew by high school that she wanted to be a doctor. Her excellent academic record allowed Sarah to begin college as an MU Conley Scholar. The Conley Program assures students admission in MU's School of Medicine after graduation.

Sarah began medical school with an open mind and eagerness to learn about all the specialties. But by her

third year, it became clear that primary care was where she belonged.

"I enjoyed every rotation and liked caring for patients of all ages who had a variety of health needs," she says. "Everything I discovered about myself and what I liked said 'family medicine.'"

During medical school, she liked and connected easily with family medicine faculty, which is why Sarah stayed at MU for residency. Today she is halfway through her training and can't believe how well and quickly it's going.

For Sarah, it's the opportunities to care for patients, to interact with faculty members, and to learn that define her residency experience.

"The information relating to health care is huge, and learning it is one of the biggest challenges we face as residents," she says. "The 'art' part of medicine is tough, too. Being able to talk to patients and help them deal with difficult medical issues is a skill that takes time and a lot of experience to develop."

As a wife and mother of Molly, her two-year-old daughter, Sarah strives for reasonable time management. She's learned, however, that balancing work and family requires trade-offs.

"My house is dirty, and I don't cook anymore -- but that's okay," she says. "It's such a high to have a child. When I'm down or stressed, Molly lifts me up. She's the best part of my life."

With just a year of residency left, Sarah is undecided about the future. OB, rural practice, and academics appeal to her, but how she'll fit these in her career is uncertain. For now, she says, she's focused on learning.



SARAH SWOFFORD, MD
FAMILY MEDICINE RESIDENT

A LEADER'S LEGACY LIVES

Even though he stepped down as chair of MU Family Medicine in 1997, Jack Colwill's contributions continue

When Jack Colwill stepped down as chair of MU Family and Community Medicine in 1997 at age 65, he did not close the book on his career in academic medicine. Instead, he simply turned the page and began writing another chapter of a story that stars one of the most outstanding leaders in the history of family medicine.

Since 1997, Dr. Colwill has served as interim dean of the Medical School in 2000, and from 1998-2002, he chaired several important search committees for the institution. In 2000, he was asked to chair an Institute of Medicine (IOM) committee that studied pesticides used in the Gulf War, and three years later, he led another IOM committee on the Gulf War that reviewed the nerve agent sarin.

Today, Dr. Colwill dedicates a considerable amount of time to teaching MU medical students, and he maintains a weekly clinic at Green Meadows Family Practice Center, caring for people who have been his patients for more than a quarter of a century. He recently authored a paper, 'Where Have All the Generalist Graduates Gone?', which he has submitted for publication, and he currently leads a team of MU educators who are writing a grant proposal requesting that AAMC fund efforts to develop a chronic care curriculum at the Medical School.

If you ask him, Jack Colwill will tell you he is a half-time employee — but his workload says otherwise. At 75, his commitment to primary care and workforce issues remains constant, and his passion for intellectual stimulation is as strong today as it was when he began his career nearly 50 years ago.

The Jack Colwill Story began in 1957, the year Dr. Colwill graduated from the University of Rochester School of Medicine in New York. He completed an internship in ward medicine at Barnes Hospital, St. Louis, and an internal medicine residency at the University of Washington-Seattle before returning to Rochester in 1961 as an instructor in the Department of Internal Medicine.

His story moved to Missouri in 1964

when MU recruited Dr. Colwill to serve as an assistant dean for the School of Medicine. He also taught in the departments of Internal Medicine and Community Health and Medical Practice. In 1972, shortly after family medicine became a recognized specialty and Dr. Sherwood Baker had initiated a family practice residency at MU, Dr. Colwill assumed administrative responsibility for the developing residency program. He knew that gaining institution-wide acceptance of this new specialty was going to be difficult; Dr. Colwill, however, welcomed the challenge.

He also welcomed the opportunity to serve as chair of the new Department of Family and Community Medicine, established in 1976. His job, he explains, was to "grow a department," and that's what he did. In fact, by the time he stepped down 21 years later, MU Family Medicine was considered one of the premier departments in the country.

To learn about the incredible growth and success of MU Family and Community Medicine is to learn about the wisdom, perseverance, and stability of its leader, Jack Colwill. As a forward thinker, he always positioned himself at least one step ahead of the curve. He pushed ideas that were controversial at first but later considered bold and innovative. One of these ideas was the rural component of the residency program.

MU Family Medicine was among the first residencies to open rural clinics. The first, which opened in 1975, was in Fulton, and five years later, the Fayette clinic opened its doors. These facilities not only promoted health for rural populations, they also provided residents a place to learn and maintain a private practice during their three-year training. Dr. Colwill believed then that physicians were more likely to practice in rural areas if they trained there.

As it turns out, he was right. Since 1975, the residency has trained 315 family physicians, and nearly one third of these graduates are serving rural or underserved populations. Twenty five percent of MU Family Medicine alums have jobs in academia, which reflects another

priority Dr. Colwill set early during the department's history: to train physicians for careers in academic medicine.

In 1979, Dr. Colwill led efforts to bring the Robert Wood Johnson Foundation (RWJF) Academic Family Medicine Fellowship Program to MU and then recruited Gerald Perkoff, MD to direct it. Of the 100 fellows nationwide who participated in the RWJF fellowship program, 25 trained in Missouri, and several of these graduates stayed on as faculty members in the department.

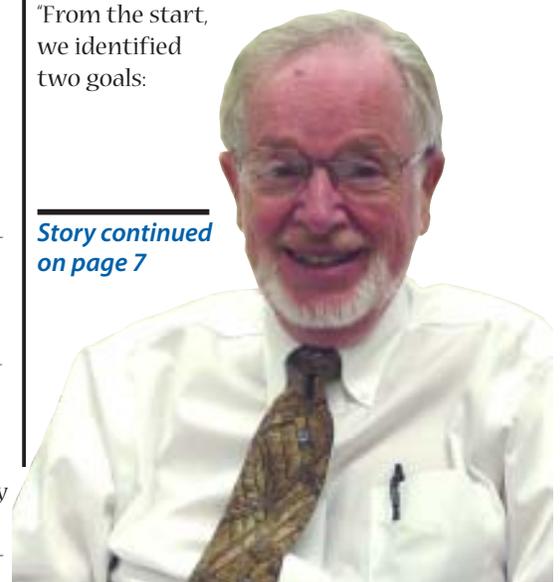
"The shortage of family medicine faculty was so great back then that you had to grow your own," Dr. Colwill says. "The fellowship helped us accomplish this. It also helped us build the research side of our department."

When RWJF funding ended in 1988, Dr. Colwill found other ways to keep the fellowship alive. To date, the program has graduated more than 60 primary care physicians and researchers who now serve on faculties in medical schools and residencies across the country. Their commitment to excellence and innovation in family medicine education reflects the vision of MU and makes Dr. Colwill proud.

One of Dr. Colwill's greatest strengths has been his ability to visualize a goal and make it happen over time.

"From the start, we identified two goals:

Story continued on page 7



JACK M. COLWILL, MD
Professor Emeritus, Family and Community Medicine

JOSEPH LEMASTER IS PASSIONATE ABOUT HIS RESEARCH AND HIS PATIENTS ... THAT'S WHY HE

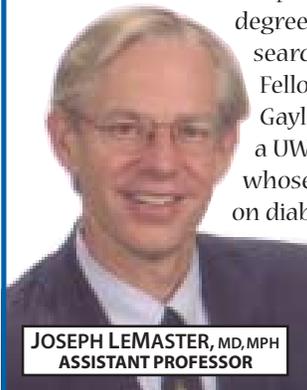
jumps feet first into his work

AS A FAMILY PHYSICIAN who practices primarily adult medicine, Assistant Professor Joseph LeMaster, MD, MPH cares for many diabetic patients. He wants to help these patients manage their disease, but he also wants to prevent others from developing it. One way he can do this, he says, is to promote exercise.

"Diabetes is becoming an out-of-control problem in this country," Dr. LeMaster says. "My efforts to promote exercise won't cure the disease, but they may make a difference."

"Twenty percent of older adults are not active at all, and for diabetics, that percentage climbs to almost 40 percent," he explains. "Lack of exercise contributes to obesity, which can lead to diabetes. In fact, inactive, obese people have a four-times greater chance of developing the disease."

Dr. LeMaster began his initial research in diabetes five years ago while at University of Washington (UW). He was completing his master's degree and a National Research Service Award Fellowship when he met Gayle Reiber, PhD, MPH, a UW epidemiologist whose research focuses on diabetic foot problems. She invited him to work with her on a study designed to measure the ef-



JOSEPH LEMASTER, MD, MPH
ASSISTANT PROFESSOR

fect of therapeutic footwear on foot ulceration in patients with diabetes. It was a randomized controlled trial for which she had collected "a slew of clean, ready data," Dr. LeMaster says.

"After analyzing the data, we found that footwear doesn't make a difference," he explains. "Diabetic patients with a history of foot ulcers should have adequate shoes – no flip flops, of course. But expensive, therapeutic shoes are not necessary."

A later study that used this same data showed that daily weight-bearing activities such as standing and walking did not put diabetics with a history of foot ulcers at increased risk of developing new foot ulcers, says Dr. LeMaster, who was lead author of the study. In fact, walking appears not only to reduce foot ulcer risk, it may also help people with diabetes manage their disease.

"What we found was not what we expected, given accepted beliefs and recommendations from groups like American Diabetes Association (ADA)," he says. "The results were encouraging and added to the evidence that exercise is a good tool for diabetes management."

This new evidence led to new questions, like "What kind of exercise is safe for people with diabetes and insensate feet?" explains Dr. LeMaster. And finding an answer to that question has been one of his goals since joining MU's Family Medicine faculty in 2002.

Recruited to MU through a program

designed to enhance the University's research mission, Dr. LeMaster is focused on diabetes and complications related to this disease. The significance of his work was recognized in 2004 when he was named a Robert Wood Johnson Foundation Generalist Physician Faculty Scholar. This highly selective program is providing \$300,000 over four years to fund his project, **Feet First: Promoting Physical Activity Among People With Diabetes and Insensate Feet**.

Feet First is a randomized controlled trial that includes 100 subjects who are over 50 years old and inactive; these subjects must have diabetes and insensate feet. Determining the effect of physical activity is one aim of this study, so 50 subjects will participate in a program that promotes foot exercise, and the other 50 will be controls.

"If it turns out that weight-bearing activity increases risk of foot ulcers in this population, then it will confirm previous ADA recommendations," Dr. LeMaster says. "But if we can demonstrate that it doesn't hurt anything, maybe we can impact policies that discourage people with foot ulcers from exercising."

The opportunity to impact people's lives with new knowledge that is valid and meaningful is what motivates Dr. LeMaster in his role as a researcher.

"But when I'm a doc, it's all about patients," he adds. "It feels good to help people and know that you've connected with them on a very personal level."

To learn more about Dr. LeMaster's research, please e-mail him at: lemasterj@health.missouri.edu

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Jack Colwill: 1965

to expand primary care services, especially in rural communities, and to increase the number of family medicine teachers," he says. "Through the years, we've achieved these goals and kept them central to the department's mission. Seeing our department and its graduates achieve success has been one of the most rewarding parts of my career."

As first and founding chair of a department that since 1994 has been ranked among the top three family medicine departments in the country, Dr. Colwill defers credit to others when

asked about the keys to such success. Hiring people who were smarter than him was a strategy that seemed to pay off, he says.

"I've always had the philosophy that you should get the outstanding person and then define the job," he says. "To reach their full potential, people need to find their special strengths. My job was to help them do this and then foster their professional development. Over the years, it has been very gratifying for me to watch so many faculty members mature and become leaders within our institution."

Serving on the Council on Graduate

Medical Education (COGME), 1990-96, was a rewarding experience for Dr. Colwill, too. Appointed by the US Dept of Health and Human Services, this committee of health care experts advises Congress and the president on physician workforce issues. Dr. Colwill's contributions to COGME reports, which focused on the shortage of generalist physicians and the health care needs of rural populations, had a huge influence on national health care policy during the 1990s.

As a national expert on primary care issues, Dr. Colwill was asked to direct the RWJF Generalist Physician Initiative (GPI) in 1992. GPI awarded medical

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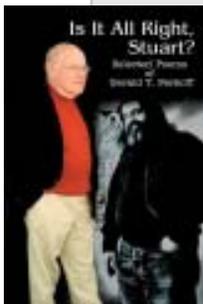
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GERALD PERKOFF, MD, Professor Emeritus, recently published a book, *Is It All Right, Stuart?*, which is a collection of poems filled with thoughts on love, pacifism, war, nature, and Judaism. A 1948 graduate of Washington University School of Medicine, Dr. Perkoff had a well established career in internal medicine before being recruited to direct MU's RWJ Family Medicine Academic Fellowship in 1979. Dr. Perkoff led the program for 20 years, and today, he is credited for helping develop the research side of Family Medicine at MU.

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Jack Colwill: 1978

schools funding to develop programs that encouraged the recruitment and education of generalist physicians. Nearly \$32 million was distributed during this eight-year initiative, and although Dr. Colwill retired before GPI ended in 2000, he completed his duties as administrator of this effort.

The decision to retire was not an easy one, Dr. Colwill says. "I knew it was time for others in the department to take the next step into leadership," he explains. "And the only way this was going to happen was if I stepped down."

As he thinks back about his years as chair, Dr. Colwill says it's the success of the department that brings him the greatest pride. He doesn't like to talk about all the honors he's earned, like membership in the Institute of Medicine, STFM's Marian Bishop Award, or designation as National Associate of The National Academies.

"Awards don't mean much in themselves," he says. "What they do is reflect that I'm held in good regard by my colleagues, and that's something I value."

Dr. Colwill values the flexibility he's earned as professor emeritus. Since retiring, he has more time for family. He spends his summers in Utah, in the home he built with Win, his wife of 51 years, and he travels across the country to visit his three children, four grandchildren, and 99-year old mother. In addition, Dr. Colwill is able to pursue his interest in photography, a hobby he's enjoyed for years.

"I'm at a great time in my life," he says. "I have choices about my hours and responsibilities, and I have ongoing opportunities for intellectual stimulation."

Intellectual stimulation is important to Dr. Colwill. It drives him to continue working, serving, and contributing as a family medicine faculty member. Many of his colleagues, including Dr. Harold Williamson, MD, his successor as chair, are delighted that Dr. Colwill has a continuing presence in the department.

"Jack certainly brings sage advice and national experience to the department," Dr. Williamson says. "His willingness to listen and offer guidance has been very valuable to me in my role as chair."

Dr. Williamson came to MU in 1980 as an RWJF fellow and has served on faculty ever since. He considers Dr. Colwill a mentor and credits him for the vision that helped MU become a leader in family medicine. "When Jack retired, he passed on a commitment to excellence that is indefatigable," Dr. Williamson says. "And this commitment is what fuels the continued growth and success of our department."