At a Mother-to-Mother meeting, Deanna Rowland and son Trent (left) and Laura Kreisman and daughter Olivia (right) discuss baby concerns with group founder and obstetric nurse coordinator Sharon Cornelison.

“Mother-to-Mother” really saved my life during the early weeks right after Olivia was born,” says new mom Laura Kreisman. “Interacting with other moms who were going through the same things as me made me feel more confident about what I was doing.”

“As a new mom, I worried and called the doctor’s office a lot during Trent’s first weeks at home,” says Deanna Rowland. “Once I started coming to Mother-to-Mother, I realized I could address many of my concerns there instead of calling the doctor all the time.”

Mother-to-Mother offers new moms in mid-Missouri an opportunity to meet, talk, and share the joys and difficult times of motherhood. The group was organized last year by Sharon Cornelison, obstetric nurse coordinator for MU’s Family Medicine Department. “I’ve been seeing new moms at the clinic for 10 years, so I know all about the stresses they feel,” Sharon says. “I wanted to find some way to help them cope, so I created Mother-to-Mother.”

The group meets at noon every Wednesday in a waiting room at the Green Meadows Family Practice Center. Only moms and babies up to six months old can attend; friends and other relatives are not invited. The meetings are free, and although the group is not advertised, the number of participants has steadily increased.

Sharon starts every meeting the same way. “I introduce myself and explain that the group has three rules. First, moms can tell their birth stories as many times as they want; second, anything said there will be held confidential among the group; and third, everyone will try very hard not to be critical about other people’s ideas and opinions,” she says. “And then I serve hot tea.”

After tea is served, the conversation begins and never stops for the next hour, in spite of all the crying, breast feeding, and diaper changing taking place. Discussions focus on topics such as rashes, feeding problems, sleep concerns, care of the umbilical cord, and even how to make homemade diaper wipes. Though there is no formal educational agenda for the meetings, learning happens all the time.

“Moms come to group and see with their own eyes that every baby is different,” Sharon explains. “And this is huge because it imparts so much confidence about how individual their mothering experience is.”

Mother-to-Mother has been a valuable experience for Sharon, too. “It has helped me learn just what new moms are learning, which is that most of what we read focuses on babies in the middle of the bell-shaped curve. Yet every baby falls on a different spot along the curve. I see it every week,” she says. “And this has made me more flexible and humble about the information I share with new moms.”
**THE MISSION**

of the University of Missouri-Columbia Department of Family and Community Medicine is to enhance health and primary care for our communities, emphasizing rural and underserved areas, through leadership in education, scholarship, and service.

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**FAMILY AND COMMUNITY MEDICINE**

**Chair’s Message**

**Welcome** to the first edition of our Family and Community Medicine Newsletter. Many of you who have had a relationship with our department have expressed an interest in what’s going on in the department? “Transitions” might well be the theme of this issue: a new program for new mothers, new careers for long-standing faculty, new sites for patient care, new ways to teach students, new ways of caring for dying patients, and new knowledge for family physicians through research. This issue, like those to follow, will keep you updated about our transitions.

Please also consider the Jack M. Colwill Academic Endowment (page 4). Jack has always been, and continues to be, a supporter of excellence and innovation. This endowment in his name will help ensure the continued growth, excellence, and success of family medicine at the University of Missouri.

If you have any comments about our newsletter, or would like to suggest a topic, please don’t hesitate to write or call.

**HAL WILLIAMSON JR., MD, MSPH**

Professor and Chair

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**A TIME FOR CHANGE**

**FAMILY MEDICINE FACULTY**

**ROBIN BLAKE**, came to MU in 1978 to practice medicine, teach, and do research. For 22 years, his hard work and commitment to the numerous demands of a family medicine faculty member have earned him many awards and a reputation widely recognized and respected not only within the department, but in the hospital and Medical School as well. During his first 15 years, most of Dr. Blake’s time was devoted to patients, residents, fellows, and research. His role began to change, however, when he was recruited to help develop the new problem based learning curriculum implemented by the Medical School in 1993. He has been heavily involved in the predoctoral program since that time.

Not long ago, Dr. Blake realized he wanted to do new things in his life. This desire for change is the reason he decided to take early retirement.

As professor emeritus, Dr. Blake will work part-time, with most of his energy focused on medical school education. He will also teach *Medicine and Literature* an undergraduate course he wrote for MUs Honor College.

Dr. Blake looks forward to retirement. He wants to spend more time with his family; he wants to write, and he wants to learn.

He is enrolled in a history and a literature course this fall and plans to take more courses — and possibly earn his Ph.D. — in the future.

While he is excited about this new phase in his life, Dr. Blake will miss his role as a full-time family medicine faculty member.

“There have been so many positives about working here,” he explains. “But it’s the relationships I have developed that I will remember and cherish most.”

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**VICKI STRAUB**

joined MUs family medicine faculty in 1981 to coordinate the behavioral sciences component of the residency program. By training residents to identify anxiety, depression, grief, and other stress-related illnesses, and by teaching them tools and strategies they can provide to patients who have these behavioral problems, Dr. Straub helps them become better and more confident family practice physicians.

Teaching is her passion, but she is also motivated by a constant thirst to learn. Eager to better understand the health care industry from a business perspective, Dr. Straub recently completed the Executive MBA Program at Washington University. The experience demanded a great deal of energy, but she is proud of her accomplishment and excited about the opportunities her new knowledge will provide. Her decision to accept the early retirement option offered by the University will give her more time to explore these opportunities.

While she is no longer seeing patients privately, Dr. Straub has not retired from teaching or her role with the family practice residency program.

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**ALAN GILL, MD**, assistant professor and medical director of Callaway Physicians in Fulton, has accepted a faculty position at Tacoma Family Medicine in Washington. Dr. Gill completed his residency at MU in 1990 and then practiced medicine at Indian Health Services in Montana before joining MUs family medicine faculty in 1994.

**BRENDA MCSHERRY, MSN**, family nurse practitioner at Green Meadows Family Practice Center, has accepted the role of student health services director at Stephens College in Columbia. Brenda has been providing patient care and resident training at MUs family practice clinics for 19 years.
Family Practice Clinics Improve Health Care in Mid-Missouri

PATIENT VISITS are up nearly seven percent at MU’s family practice clinics, says Dr. Michael LeFevre, director of clinical services. This increase in services has not only improved and expanded the clinical experiences of residents, it has positively impacted health care in mid-Missouri as well.

With the department’s acquisition of Regional Medical Associates, Dr. Robert Bynum and Dr. Lynn Wung have joined MUs family medicine faculty. Dr. Sarah McElroy, a recent family practice residency graduate, will be practicing at the clinic also. Regional Medical Associates provides community-based care for the Columbia area. Annual patient visits at the clinic total approximately 7000.

The number of patient visits at another Columbia family practice clinic, the Green Meadows Family Practice Center, reached 50,000 last year and continues to grow. To better serve this expanding patient population, the clinic has reorganized its space and divided its staff into three practices.

Health care services are increasing at MUs family practice clinics in Fayette and Fulton. During the past year, patient visits climbed to 10,500 at Fayette Medical Clinic and to 11,300 at Callaway Physicians.

Dr. Frederick (Rick) Stone, a former MU resident and assistant professor of family medicine at Eastern Tennessee State University, and Dr. Kevin Kane, a recent MU fellow, have joined the family medicine faculty and will be providing patient care and resident training at Callaway Physicians. Clinic manager Norma Shaon recently retired after 23 years of service at the Fulton practice.

Dr. Erik Lindbloom, another MU fellow, has accepted a faculty appointment with the department and will be treating patients at the Family Health Center, a clinic that serves indigent families in Columbia.

HAROLD SHELTON (LEFT), a patient of MU family physician Dr. Coleen Kivlahan, volunteers as a teaching patient because he wants to help medical students become better doctors.

KELLY BARBOUR (RIGHT), MU medical student, was able to improve her interviewing and physical exam skills, thanks to Harold’s feedback and instructions.

BUILDING BETTER DOCTORS

Teaching patient program enhances medical school training

MU LEADS THE WAY in family medicine education by developing innovative programs not only for residents, but also for medical students. The teaching patients program, a new project recently initiated by MU family practice faculty, is designed to enhance the training and education of third year medical students.

This grant-funded program uses real patients to teach medical students how to improve their communication and physical exam skills. For years, medical schools have used standardized patients to teach these same skills. In order to make the experience more valuable for students, the faculty decided to use patients with real diseases and detectable physical findings.

Students meet a teaching patient once during their family practice clerkship. This meeting consists of two parts. First, students interview the patient; then, after the medical history is taken, students perform a physical exam.

Teaching patients are trained to give honest and constructive feedback on how the student conducts the interview and physical exam. This feedback is verbal; no written grade is recorded. Students benefit from the candid, personal, and nonstressful nature of the teaching patient experience.

Recruiting teaching patients is a challenge for the department. “Teaching patients must have a medical problem with physical findings that students can hear, feel, or see,” explains Family Medicine Professor Dr. Robin Blake. ‘Yet they need to be healthy enough to participate in the program and reliable about showing up for appointments. Plus, they can’t be afraid to give critical instruction to students.”

Teaching patient program coordinator Kate Kogut agrees. “Many of our patients are older and tend to act like doting grandparents who want to encourage, not criticize, the students,” she says. “But with more experience, these patients will learn how to provide constructive feedback that can help medical students develop the skills and confidence to be better doctors.”
DYING PATIENTS look to ‘Dr. Mike’ for strength and support during the last days of their lives, and the kind and compassionate doctor is always at their sides, caring for their physical and emotional needs. Dr. Mike Frederich is a nationally recognized and highly respected hospice physician who has devoted most of his career to helping the terminally ill die with dignity.

He has worked in four states since completing his family practice residency at MU 19 years ago. In 1998, Dr. Frederich was recruited to serve as medical director of San Diego Palliative Home Health Care, which is one of only five teaching hospice programs in the country. He works with seven full-time hospice physicians, and all of them have faculty appointments at the University of California-San Diego.

Dr. Frederich loves San Diego and intends to make it his permanent home. ‘The anchor has gone down, and I’ll tell you why,’ he explains. ‘Everywhere in the past, I’ve always been the lone ranger, the only hospice doctor around. Now I’m working with a network of doctors who really know and understand the challenges of hospice work, so we have a great support system in place. Plus all of us are committed to the same goal — and that’s to build the best hospice program in the country.’

Dr. Frederich and his hospice colleagues are working toward another goal, too. Palliative medicine is real, and it is important work, they say, and they are determined to have it recognized as a freestanding specialty. They’ve already created a body of knowledge, the Education for Physicians on End of Life Care curriculum, for the AMA. They have written a certifying exam, and nearly 600 physicians are currently board certified. They’re also starting a fellowship program in San Diego this fall.

‘As we get more defined in academic medical centers and more fellowship programs are developed across the country, our credibility will grow,’ he says. ‘Palliative medicine will earn full accreditation as a stand-alone specialty. I know it will happen; it’s just a matter of time.’

Though many physicians aren’t comfortable working with the terminally ill, Dr. Frederich likes every part of his job and is dedicated to his profession. ‘I love hospice,’ he says. ‘To be able to make someone’s last days of life enjoyable is an incredibly powerful and rewarding gift. It’s what I do, and I do it well. Why would I ever want to do anything else?’

MU Residency Program Coordinator Judy Wilson has decided to take advantage of the University’s early retirement option. For 15 years, she has assisted three residency directors with the daily administrative responsibilities of the program. She has also provided special help and support to many of the residents who have completed MU’s Family Practice Residency.

Even though she will miss the people and challenges of her job, Judy is excited about the future. She and her husband, Ron, an MU employee who also is taking advantage of the University’s early retirement offer, plan to travel, golf, read, and spend lots of time with their family and friends.
A NEW CLASS OF RESIDENTS COME TO MISSOURI

Residency Director Dr. Erika Ringdahl and Assistant Residency Director Dr. John Delzell Jr. are proud to welcome these new first-year family practice residents:

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<th>STUDENT</th>
<th>UNDERGRADUATE SCHOOL</th>
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<tr>
<td>Brent M. Allmon</td>
<td>University of Texas-Austin</td>
<td>University of Texas-Houston</td>
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<tr>
<td>Peter C. Dyke</td>
<td>University of California-Berkeley</td>
<td>Medical College of Virginia</td>
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<tr>
<td>Christopher D. Farmer</td>
<td>University of Missouri-Columbia</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Kieth W. Groh</td>
<td>Southwest Missouri State University</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Heather L. Pierce</td>
<td>Missouri Western State College</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Jaime Quezada</td>
<td>Northern Illinois University</td>
<td>University of Illinois-Urbana</td>
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<tr>
<td>Aaron V. Sapp</td>
<td>University of Oklahoma-Norman</td>
<td>University of Oklahoma-Oklahoma City</td>
</tr>
<tr>
<td>Jennifer J. Setterdahl</td>
<td>University of Iowa</td>
<td>Southern Illinois University</td>
</tr>
<tr>
<td>Heather A. Sharp</td>
<td>University of Colorado</td>
<td>Washington University</td>
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<td>J. Kendall Walker</td>
<td>University of Missouri-Kansas City</td>
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EXTERN IN THE INTEGRATED RESIDENCY PROGRAM

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<tr>
<td>Jennifer A. Bowe</td>
<td>University of Missouri-Columbia</td>
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<td>Mary B. Weick</td>
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MU FAMILY PRACTICE RESIDENTS

Since 1975, we have trained 262 physicians who now work in 36 states.

One of the goals of our residency program has been to increase the number of family medicine teachers ... today, 25 percent of our residency graduates hold full-time academic positions. Another goal of our program has been to improve primary care services in rural and underserved areas ... today, 55 percent of our residency graduates in private practice are serving rural communities.

Since 1995, U.S. News and World Report has ranked our program as one of the top three family medicine programs in the United States.
MU Family Medicine Proudly Hosts Two National Workshops

The Tenth Annual Chairs Workshop was held this year at MU. Former Family Medicine Chair Jack Colwill, MD, current Chair Hal Williamson, MD, and faculty member Michael Hosokawa, FAB, directed the event. New family medicine chairs, and those interested in becoming chairs, benefit from the workshop by sharing experiences and discussing concerns unique to their academic and administrative roles.

Participants included Eva Bading, MD, Loyola University, Chicago; Sam Cullison, MD, Providence Family Medicine, Seattle; Bruce Deschere, MD, Wayne State University, Detroit; Joshua Freeman, MD, University of Texas-San Antonio; Joseph Halbach, MD, New York Medical College; and Warren Newton, MD, University of North Carolina-Chapel Hill. Workshop consultants were Larry Green, MD, and Norman Kahn, MD, American Academy of Family Physicians; and Roger Sherwood, CAE, Society of Teachers of Family Medicine.

The Missouri Research Workshop was also held this year at MU. Family Medicine Research Director Bernard Ewigman, MD, and faculty members Daniel Longo, ScD, and James Campbell, PhD, directed the event. Chairs and research directors benefit from the workshop by participating in activities designed to enhance the level of family medicine research nationally.

Participants included David Mersy, MD, and Mary Smith, PhD, Albany Medical College; Patrick Dowling, MD, and Lillian Gelberg, MD, University of California Los Angeles; Jeff Susman, MD, Douglas Smucker, MD, Alfred Tuchfarber, PhD, and Robert Ludke, PhD, University of Cincinnati; David Swee, MD, Patrice Gregory, PhD, Robert Like, MD, and Benjamin Crabtree, PhD, University of Medicine and Dentistry of New Jersey; Robert Wood Johnson Medical School; Carlos Moreno, MD, and Janet Groff, MD, University of Texas-Houston; and John Frey, MD, and Michael Fleming, MD, University of Wisconsin Medical School. Workshop consultants were Larry Culpepper, MD, Boston University School of Medicine; Moira Stewart, PhD, Centre for Studies in Family Medicine, Ontario; and Brian Hennen, MD, University of Manitoba.
Family Medicine Department Research: An Update

**MOTIVATED BY OUR MISSION** to improve health, MU family medicine faculty continue to generate diverse and relevant research. Major grant-funded projects currently being conducted in the department include:

- **Alcohol and the Risk of Injury: A Case-Crossover Study**
  - Principal Investigator: Daniel Vinson, MD, MSPH
  - Funding Agency: National Institute on Alcohol Abuse and Alcoholism, NIH
  - Total Funding Awarded: $1,089,020
  - Time Period: 08/01/97 — 07/31/01

- **Implementing Smoking Cessation Guidelines**
  - Principal Investigator(s): Tamara Stone, PhD; Daniel R. Longo, ScD
  - Funding Agency: University of Missouri Research Board
  - Total Funding Awarded: $28,400
  - Time Period: 02/01/00 — 01/31/01

- **Lower Respiratory Infection as a Terminal Event in US and Dutch Nursing Homes**
  - Principal Investigator: David R. Mehr, MD
  - Funding Agency: Agency for Health Care Policy and Research, NIH
  - Total Funding Awarded: $481,833
  - Time Period: 07/01/00 — 06/30/02

- **Missouri Elder Mistreatment Fatality Study**
  - Principal Investigator: Erik Lindbloom, MD, MSPH
  - Funding Agency: American Federation for Aging Research, Hartford Foundation, and American Geriatrics Society
  - Total Funding Awarded: $50,000
  - Time Period: 07/01/99 — 08/31/00

- **Organizational and Clinical Factors Influencing Use of Clinical Practice Guidelines**
  - Principal Investigator: Tamara Stone, PhD
  - Funding Agency: University of Washington Center for Health Management Research
  - Total Funding Awarded: $180,000
  - Time Period: 07/01/99 — 12/31/00

- **Outcomes of Lower Respiratory Infection in Nursing Home Residents**
  - Principal Investigator: David R. Mehr, MD
  - Funding Agency: Agency for Health Care Policy and Research, NIH
  - Total Funding Awarded: $2,189,172
  - Time Period: 09/30/96 — 09/29/00

- **US Study of Semen Quality in Partners of Pregnant Women**
  - Principal Investigator: Shanna Swan, PhD
  - Funding Agency: National Institutes of Environmental Health Sciences, NIH
  - Total Funding Awarded: $2,175,470
  - Time Period: 09/30/98 — 08/31/02

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**MU FELLOW ACCEPTS AAFP LEADERSHIP ROLE**

As the new Assistant Director of the Center for Policy Studies in Family Practice and Primary Care, Dr. Bob Phillips will impact family medicine health by developing policy and conducting policy-related research.

**DR. ROBERT (BOB) PHILLIPS** is committed to improving health, and he has many opportunities to do this in his new job with the American Association of Family Physicians (AAFP) in Washington, D.C. Most of his responsibilities as assistant director of AAFP’s Center for Policy Studies include health policy and policy-related research. In addition, he has a part-time assignment at Georgetown University, where he will do clinical work and teach in the residency program.

After years of intense training and study, he feels prepared to meet the challenges of his new role. Dr. Phillips earned his medical degree from University of Florida Medical School; then he came to Columbia to complete a residency in family practice. He values the training he received at MU and especially praises the inpatient clinical experiences, the partnership, and the family medicine faculty role models.

Dr. Phillips enrolled in MUs fellowship program after completing his residency. He wanted to have a broader impact on health than he could achieve in clinical practice, and to do this, he needed to continue his education.

‘I knew that my ideal career would involve research and policy,’ he explains. ‘MUs fellowship offered me the flexibility to learn research tools from clinician-researchers and continue policy education through the AMA and other agencies.”

Having just finished his fellowship, Dr. Phillips is excited to start what he considers an ideal job at this point in his life. ‘My role with AAFP offers opportunities to work with health policy and conduct policy-related research, and these are strong themes for me,’ he says. ‘Plus I will be able to pursue my clinical and teaching interests at Georgetown, and this should be great.’

**ROBERT PHILLIPS, MD, MSPH**

Dr. Phillips and his wife, Kathy, bought a home in Fairfax, VA, where they will live with their son, Blake.