SLU AHEC PROGRAM OFFICE RECEIVES $1,566,008 GRANT

Good News! The SLU AHEC Program Office has been awarded a grant in the amount of $1,566,008 over a three year period. These funds will enable the program office to continue its work toward meeting the grant objectives, such as maintaining and expanding AHEC’s outreach programs to increase the number of underrepresented minorities/disadvantaged students enrolled in ECMO AHEC programs and ultimately in health professions schools; increasing the retention rate of primary care providers serving the underserved; increasing the number of students graduating from SLU who will practice in underserved areas, etc. Meeting the objectives will be challenging but rewarding not just for the department and ECMO AHEC staff but also for the community at large who will benefit from the contributions of these upcoming health care providers.

The Director, Mark Mengel, M.D., M.P.H., and Deputy Director, Deborah Butler McGruder, M.P.H., have met with several directors of community-based sites to assess their suitability and interest in becoming interdisciplinary training sites(s) for our students.

The first step in SLU AHEC’s effort to develop a minority health/cultural competency curriculum at the Forest Park Family Practice has been accomplished. Program Director James Price, M.D. conducted an audit of the current residency training curriculum, identified gaps and locations within the current structure where those gaps can be filled. Dr. Price will assist us in the design of our minority health/cultural competency curriculum to address those gaps at our SLU AHEC’s principal residency training program.

The AHEC curriculum subcommittee which consists of faculty from each of the SLU health professions schools has met regularly to refine the design of the following core content areas: communication, minority health, cultural competency and interprofessional education. Committee members are hard at work designing an interprofessional elective which addresses minority health that we hope to offer in the spring of 2003 to the first and second year medical students and students from the allied health professions.

In a different vein, the department was recently notified that a grant to support the development of a CD-ROM as a continuing education program for primary care clinicians and other health care professionals for bioterrorism preparedness and response training was approved. We await the funding details.

Our Mission: The Department of Community and Family Medicine at Saint Louis University will measurably improve community health outcomes by recruiting and interdisciplinary training of family physicians and other primary care health providers to optimize the health of individual patients, families, and communities; by research and development of new services or products that address community health needs; by collaboration with community and governmental health agencies to better understand and address community health needs, and by providing clinical and community services that meet community health needs. This work will focus on the St. Louis metropolitan area, be financially viable in partnership with SLU, and be consistent with the vision and values of SLU.
FROM THE CHAIR

I am very pleased to report that the department continues its growth. Our SLU AHEC Program Office has been funded for three years, along with the East Central Missouri AHEC Center. We have recently been awarded another grant to train physicians and other health care providers on fetal alcohol syndrome, and our Research Division continues its recruitment for two more research faculty who are capable of becoming independent principal investigators. Our Des Peres clinical practice has increased patient volume from 22 patients per month in January of this year when it opened to 80 patients per month in August (still a long way from where we want it, but in the right direction). The Predoc Division has added two new part-time faculty, Miguel Cannon, M.D. and James Deckert, M.D., who will teach in our required sections of the Patient, Physicians, and Society I course and our required Family Practice Clerkship. Our growth is quite frankly wonderful and a testament to the hard work of everybody in the department.

However, it would be inappropriate not to acknowledge the closing of two very important programs that the Department has hosted for almost ten years. Both the Preventive Medicine Residency Training Program and the Occupational Medicine Residency Training Program will close when all their residents are through their cycle of training. As the Preventive Medicine Residency Training Program had no active residents in the preventive medicine portion of the program it has officially closed, while the Occupational Medicine Residency Training Program has been transferred to the Department of Orthopedic Surgery and will close in two years. These programs are closing not because of any lack of effort or energy on the part of the program directors, but because market forces and budget cutting on the part of the state and federal government have significantly reduced the financial support available for this training. As a physician boarded in preventive medicine, I am particularly sad that the preventive medicine program is closing and would like to congratulate Dr. Lesley McLaren on her “yeowoman” effort in trying to save the program over the past year. While I still feel that there is a need for physicians trained in preventive medicine and occupational medicine, until the “suppliers” of our funding for these training programs recognize that need, there is little I can do but bow to market forces and close these two fine programs.

We have also lost two fine providers from our Des Peres clinical practice site, as volume did not build fast enough to ensure these two providers a stable clinical practice. Katherine Lichtenberg, D.O., M.P.H., has joined the Family Health Care division of the Department of Internal Medicine and will be practicing in Sullivan, Missouri. Evangela Gilstrap, R.N., F.N.P., our nurse practitioner, has decided to join Esse Health and will be practicing in Columbia, IL. I feel that both added a great deal to our clinical practice and we will miss them.

I guess the message, or the moral, of the changes that have occurred over the past few months is that we really can’t fight market forces. It seems that our growth has been facilitated if we can align ourselves with community need and market forces, while if the market turns against us, we end up with significant financial liability that may hurt us in the future. I think our ability to discern what the market and the community need or want in the future will be critical to our success.

In order to stimulate our continued discussion regarding the market and our strategy for meeting need in areas where we have the expertise, I have asked Doug Hardin to work with Bob Serben to plan a departmental retreat for Saturday, November 2nd. I hope that a clearer vision for the department will emerge (I am continually struck by the fact that there is much good work going on in the department to which others could contribute if they only knew about it) and I hope to foster a spirit of collaboration that will lead to projects within the department that will further our growth. Please come.

Lastly, I want to congratulate Dr. Michael Railey on being named one of the “Top Doctors” in the St. Louis area. Dr. Railey is also to be congratulated for taking on the Advanced Communication Skills module in our required clerkship along with Kimberly Zoberi, M.D. This segment teaches cultural competency, satisfies students and is fairly innovative, as it uses simulated patients to teach these important communication skills.

I wish everyone a healthy and happy autumn!

Mark B. Mengel, M.D., M.P.H.

Welcome New Preceptors
The Family Medicine Clerkship program is delighted to welcome Gregory Baker, M.D., Denise Hooks-Anderson, M.D., Mark Hingst, M.D., Paula Knapp-Baker, M.D., and William Wilcox, M.D. as preceptors for our third and fourth year students in this new academic year. Early student reviews of these fine physicians as teachers have been outstanding. Welcome aboard!

and New Faculty
Miguel “Mike” Cannon, M.D. and James Deckert, M.D. have joined the part-time faculty ranks in the department. Both will participate as facilitators for the Problem-based Learning segment of the clerkship program and as small group leaders for the department’s Community and Behavioral Science for PPS I. Dr. Cannon will add a musculoskeletal lecture to the clerkship curriculum.
What’s Up in Predoc?

In addition to its core curriculum, the Family Medicine Clerkship implemented new changes in its curriculum for the new school year starting July 1st.

Students now participate in lectures and small group activities aimed at improving their communication skills with various patient populations. Advanced communication skills addressed in this series include cross-cultural understanding, spirituality, and family dynamics. Thus far, students have been very receptive to the new curriculum. After participating in an interview session with standardized patients posing as a mother and son, one student returned the following week stating that she faced a very similar situation in clinic and felt more comfortable interacting with her patient and mother together. In addition, numerous students have commented in class that by offering communication skills training while concurrently seeing patients, they have a greater ability to apply their learning.

Both communication skills and clinical knowledge are now tested at the end of each Clerkship rotation in the form of an Objective Structured Clinical Examination (OSCE). During this test, students rotate through stations that have standardized patients posing with common illnesses. Students interview their patients and write recommendations for care. While the students do feel apprehensive before the exam, they have been doing well.

Beginning with the Class of 2005, the OSCE format will be added to the National Board, Step 2 exam. Thus, it is important for our students to receive preparation for this method of testing.

Another change to the curriculum involves the writing of a Cultural Assessment of an actual patient cared for during Clerkship. Students are asked to interview a patient who is from a culture different from their own. Culture can be defined by a shared race, economics, and/or practices of behavior. During the interview the students are to discover how the patient’s culture affects his or her health care delivery. The primary goals of this exercise are to allow students to understand the role that cultures play in their patients’ health and to examine ways to incorporate cultural practices into healthcare delivery.

Preceptors who open their practices to assist in the teaching of the students remain the backbone of the Clerkship program. Although students’ experiences vary, this hands-on training allows students to more easily retain their knowledge of Family Medicine and results in similar knowledge gained. In fact, over the past few years, compared to other Clerkships, the Family Medicine Clerkship has seen the lowest failure rates on the national subject examination.

Although the Clerkship has only completed two rotations of students this year, evaluations have been very positive of both the curriculum and the students’ work with the preceptors. We hope to continue a solid learning experience and will continue to seek new ways to fine-tune the Clerkship.

Fetal Alcohol Research

Dr. Mark Mengel has just received a second ATPM/CDC grant. “Establishment of a Regional Fetal Alcohol Syndrome (FAS) Training Center”. The purpose of this grant is to increase the competency of health care providers regarding FAS through curriculum design and “train the trainer” continuing education workshops. Our collaborative partners are Danny Wedding Ph.D., M.P.H. from Missouri Institutes of Mental Health; Stephen Braddock, M.D. and Kevin Rundeen, Ph.D. from the University of Missouri –Columbia; Melinda Ohlemiller, M.A. from St. Louis Association for Retarded Citizens; Kelley L. Bucher, PA-C; and Margaret Ulione, Ph.D, R.N. The grant provides $794,606 in funds through 9/30/05.

This is the second FAS grant Dr. Mengel has received. The first grant, "Increasing Fetal Alcohol Syndrome Awareness by a Media Campaign" is designed to educate African American women in St. Louis, aged 18-25 years old, about FAS so they abstain from drinking alcohol while they are pregnant.

Department Website Update

The Department of Community and Family Medicine has been actively building a new website. Though it is still a “work in progress,” it is hoped that the new format provides greater organization to relay information to those working with and wanting to learn about the department’s organization, history, personnel, and current activities. Visitors may reach the website at:

http://medschool.slu.edu/comfam

Please feel free to offer your comments and suggestions by contacting Carrie Lee Venable (venablec@slu.edu or 577-8527). Suggested website links for family physicians and patients are especially desired.

Personnel Notes

Carrie Lee Venable, M.S. has joined the department as the new Education Coordinator. She has moved to St. Louis from the University of Nebraska Medical Center, where she worked as the Curriculum Coordinator for the medical school. She received her undergraduate degree in education from Texas Christian University and her master’s degree in counseling from the University of Nebraska at Omaha. Ms. Venable will be working closely with other staff in maintaining a solid family medicine educational program as well as providing support for the AHEC program office.
Family medicine stands at a crossroads. Malpractice insurance for delivering babies has become too expensive for most family physicians and the atmosphere for obtaining back-up from OB-GYN is not optimal. Many residency training programs struggle to reach quotas for their programs. As medical school indebtedness increases, graduates elect specialties which they believe will give them the quickest repayment ability while at the same time enough prestige to compensate for their years of suffering. Students decry a need to feel mastery over a body of knowledge which they see as too difficult to manage for busy family practitioners. I expect another trend toward the diminished selection of family medicine as a specialty to develop.

Many community family doctors feel the pinch of economics as they attempt to beat overhead costs with increasing the number of patients seen. This, in many ways, can defeat the comprehensiveness of a practice by stretching the physician too thin.

There is no doubt that tension, anxiety and depression continue to lace the medical presentations of many of our patients and especially those of lower socioeconomic strata; thus making a day in the doctor’s office a real exhaustive challenge for the physician. This is not to mention the multiple insurance battles to get paid and to obtain the appropriate tests, medications and referrals for our patients.

What’s a doctor to do?

Here are a few suggestions from my perspective:

1. Reprioritize your life and try to recall why you became a physician in the first place. If you wanted to serve, then keep serving. There is still plenty of room left for people who want to help.
2. Select one or two key community issues and get involved! Be it adopted children’s health, teen pregnancy, HIV, or any other issue that gets your attention, find your passion and try to make a difference.
3. Rededicate yourself spiritually. One place we don’t have to separate church and state is in our homes. Make sure you have a valid belief system which stands the test of time and leaves you feeling connected to a higher power. Don’t allow your work to be your god.
4. Throw your hat into the ring with local or state organizations. They are often your only voice during times of oppression and your opinion will carry more weight when expressed through your local or state organizations.
5. Take care of your own health. We physicians are notorious for giving out good information to our patients and not remembering to get our own preventive care done until it is often too late. Take stock of your own bad habits and make an effort to eliminate one or two.
6. Practice Family Medicine. Streamline and organize your practice in such a way that you can continue (or resume) practicing comprehensive, continuous, community-oriented, preventive family medicine to a diverse population. Try to avoid becoming a family practice doc who is really an internist in general practice.

Well, that’s my take on things – what’s yours?? If you are interested in responding or commenting on any other medically-related topic, please feel free to submit your response via e-mail to raileymt@slu.edu or to the department by fax at (314)268-5168. We’d love to hear from you to make this a regular feature of the newsletter.

Michael T. Railey, M.D.
Predoctoral Division Chair
UPCOMING DEPARTMENT EVENTS!

Department Grand Rounds schedule has been set for the year!

These grand rounds presentations will be held on the third Tuesday of each month, from 6-7 p.m. in the Learning Resources Center, Auditorium C. A reception will precede the presentation at 5:30 p.m.

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<tr>
<th>Date</th>
<th>Presenter</th>
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<tr>
<td>11/19/02</td>
<td>Judith Aberg, M.D.</td>
<td>“HIV/AIDS in Women”</td>
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<td>Director of HIV Services</td>
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<td>Director of Infectious Diseases Clinic</td>
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<td>Washington University School of Medicine</td>
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<td>1/21/03</td>
<td>Bruce Clements, M.P.H.</td>
<td>“FMP Preparedness for Bioterrorism”</td>
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<td>Center for Study of Bioterrorism and Emerging Infections</td>
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<td>Saint Louis University School of Public Health</td>
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<td>2/18/03</td>
<td>Kathleen Tarr, M.D., Ph.D.</td>
<td>“Use of Lay Health Counselors to Assist in Chronic Disease Management”</td>
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<td>3/18/03</td>
<td>Darren E. Wethers, M.D.</td>
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<td>Medical Director of Infectious Disease Clinic</td>
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<td>St. Louis ConnectCare</td>
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<td>4/15/03</td>
<td>Judith Bentley</td>
<td>“Health Disparities in Urban Communities”</td>
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<td>Community Health-In-Partnership Services (CHIPS)</td>
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<td>6/17/03</td>
<td>William Chignoli, M.Div.</td>
<td>“Culture and Competence in Medical Practice”</td>
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Details will follow by separate mailing! Please plan to attend!

To The Teaching Physician . . .

The Department currently subscribes to “The Teaching Physician” published by the Society of Teachers of Family Medicine (STFM). This publication is transmitted to us electronically in an Adobe Acrobat PDF file and we are entitled and encouraged to share it with our community preceptors. The publication contains articles of interest to those who teach students and residents in family practice. For example, the July edition featured articles entitled, “POEMs for the Teaching Physician” by Mark Ebell, M.D. of Michigan State, “Useful Web Sites for Preceptors – Revolution in the Palm of Your Hand” by Richard Usatine, M.D. of Florida State University; “Clinical Guidelines That Can Improve Your Care – Evaluating a First Nonfebrile Seizure in Children” by Caryl Heaton, D.O., of UMDNJ; and “Teaching Points-A 2-minute Mini-lecture: Diabetes Follow-up” by Alec Chessman, M.D. of the Medical University of South Carolina, among others. If you are interested in receiving this publication electronically or by fax, please let us know by calling or e-mailing Carol Dufresne, Program Coordinator, at (314)577-8527 or Dufresne@slu.edu.
Don’t forget to check out the new department website

http://medschool.slu.edu/comfam