Paul Duckro, Ph.D. before Father Time changed his hair color

Paul N. Duckro, Ph.D., a professor in our Department of Community and Family Medicine, will be retiring from the University and relocating to Tucson, Arizona in the near future. Dr. Duckro joined the School of Medicine in 1982 and has been an active and important contributor to the mission of the School of Medicine throughout his twenty years on the faculty.

Initially, in the Division of Behavioral Medicine of the Department of Psychiatry and Human Behavior, Dr. Duckro developed the Biobehavioral Treatment Center and Chronic Headache Program. While establishing the headache program as an important clinical service, he also contributed to the research literature. Dr. Duckro authored many peer-reviewed articles, book chapters and co-authored a book, Taking Control Of Your Headaches.

In 1995, he joined the Department of Community and Family Medicine and the St. Louis Behavioral Medicine Institute. There he continued his development of the Program for Psychology and Religion, initiated in 1991, for the treatment of religious professionals in a model that integrated spirituality and treatment. Once again, Dr. Duckro combined his clinical interest with research. He has both published and presented frequently on the issues of spirituality and health. Most recently, he completed a Templeton grant in the area of spirituality and medicine with which he introduced the course entitled, “Religious And Spiritual Issues In The Practice Of Medicine,” to the curriculum.

Over the last several years he has also been course director for a popular elective in the area of alternative medicine and an active group facilitator for the Patient, Physician and Society course for first year medical students.

While at Saint Louis University School of Medicine, he has had a positive impact not only on his patients but on his colleagues, the educational mission, and the overall mission of the University.

He will be missed as a colleague and friend by many. We wish him the best as he moves on to Tucson where he has accepted a position in the office for child, adolescent, and adult protection. He will lead the Diocese of Tucson’s effort to assist victims of sexual abuse, assist those accused, and prevent future problems.

Dr. Duckro will continue with Saint. Louis University School of Medicine as professor emeritus in the Department of Community and Family Medicine. In that capacity, he will consult with the Division of Behavioral Medicine and the department on clinical, educational, and research programs.

We wish Dr. Duckro and his family the best in the future.

----Ronald Margolis, Ph.D.
**Midwest Regional Fetal Alcohol Syndrome Training Center Established**

In a cooperative effort between the University of Missouri-Columbia (MU), Missouri Institute of Mental Health (MIMH), and the St. Louis Association for Retarded Citizens (SLARC), the department has established a Midwest Regional Fetal Alcohol Syndrome Training Center (MRFASTC), funded by a grant from the Center for Disease Control and Prevention. **Mark B. Mengel, M.D., M.P.H.** will be the director for the new center, whose faculty includes **Stephen Braddock, M.D.**, from the Department of Child Health at the University of Missouri-Columbia; **Kevin Rudeen, Ph.D.** from the School of Allied Health at MU; **Danny Wedding, Ph.D., M.P.H.**, Director of MIMH; our own **Margaret Ulione, Ph.D.; Keely Cook-Bucher, PA-C**, from SLU’s School of Allied Health; and **Carrie Lee Venable, M.S.**, the predoctoral division’s education coordinator. The mission of the MRFASTC will be to train physicians and other health care professionals in the prevention, diagnosis, and treatment of fetal alcohol syndrome (FAS).

Numerous studies have documented deficiencies in physician knowledge and skills in this area. After a survey of health professions knowledge, attitudes, and beliefs about fetal alcohol syndrome, a two-day “train the trainer” session will be held involving health care professionals from a seven-state area around Missouri who want to learn more about FAS and who will conduct CME/CE sessions in their local area during the year. Our hope is that by training providers in our seven-state area, physicians and other health care professionals will encourage their patients not to drink alcohol during pregnancy, preventing many cases of FAS, and will be better able to diagnose and provide treatment to children with FAS, thus reducing the many secondary disabilities that can occur in these kids as they grow up.

**Department Begins Campaign for Endowed Chair**

As part of the university’s effort to raise $300 million during the capital campaign that was just begun, the Department of Community and Family Medicine is starting a campaign of our own! We are attempting to raise $2.5 million from alumni and interested friends, to establish the first Endowed Chair in Community and Family Medicine. A more detailed proposal for the Endowed Chair position is available upon request. Endowed Chairs are seen as more and more crucial to academic departments, as they allow time for professors to design and conduct new research in areas critical to their departments, and provide needed financial stability necessary to academic departments as reimbursement for training and clinical expenses continue to decline. Saint Louis University has also been very fortunate that with the establishment of the required third-year clerkship, more and more students are selecting family practice as a career option. The Endowed Chair will go a long way toward cementing that advance.

If anyone is interested in contributing or has any suggestions for our campaign, please do not hesitate to get in touch with Dr. Mengel.

---Mark B. Mengel, MD, MPH

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**Primary Care and Prevention Center to Offer Executive Physicals and Premium Preventive Examinations**

**Drs. Zoberi and Mengel** at the Primary Care and Prevention Center, SLUCare at Des Peres, will begin offering executive physical examinations and premium preventive examinations for individuals interested in a more thorough and comprehensive health maintenance evaluation. These programs will typically involve a day of testing, interviews, and evaluations during which a comprehensive series of health-related goals will be established for patients and a plan designed to achieve those goals. Further information on this program either for companies or individuals can be obtained by calling SLUCare at Des Peres at (314)977-9600.
Our recent departmental retreat addressed the strategic question of where we are going. Establishing a compelling vision will provide a direction for the department and enable all of us to work toward a common goal. Bob Serben, our consultant, did an excellent job of stimulating us to think about this issue by comparing a vision to a paradigm, or model of how the world really works, which has stimulated so much scientific advancement over the past century. Science advances when paradigms change. If existing paradigms are tested against the real world and found wanting, a new model or paradigm then springs up to take its place.

The vision or paradigm for the department that seemed to emerge at the retreat was creating healthier communities and cultures. Few of us can dispute that despite having one of the more expensive health care systems in the world, our own national health outcomes lag behind other countries, which spend far less on their health. Often those other countries spend much more of their resources toward primary care and prevention activities, ensuring access to healthcare for all. As healthcare costs continue to escalate, we need to continue to push our vision of a well-trained primary care provider who is oriented toward access and prevention and knows his or her community’s healthcare needs. Such a physician can significantly improve health outcomes and reduce health disparities through culturally competent care.

In addition, community health outcomes can be improved through public health and community medicine activities that are not “traditional” medical care, but linked to that care. Unfortunately, those activities have been poorly funded, except in the research arena, and thus have not moved into the mainstream of healthcare in this country. A captivating vision would be to try and weave or integrate these two very important activities together into a community-oriented model that truly improves health outcomes, access to care, and reduces health disparities.

The division chiefs have taken up the challenge of moving us ahead strategically. All the division chiefs have developed a balanced score card which links their financial performance to their operations. This will improve our ability to become financially stable. Additionally, a consensus has emerged that the university-based divisions, i.e. predoc, research, and AHEC, will take the lead in ensuring collaboration between themselves and the other divisions in the department.

I want to thank everybody for their efforts in coming to the retreat on Saturday, November 2nd. I know it was difficult to give up a weekend day. Next year we will explore ways to hold the retreat on an afternoon and evening during the week.

I also want to take this opportunity to wish everyone a happy holiday season!

---Mark Mengel MD, MPH

New Baby Girl for the Ballances!

Belleville Family Practice Residency Practice Plan Manager, Amy Ballance, along with husband, Matt, and big sisters, McKenzie and Madison, welcomed baby number 3, Alaina Evelyn, on November 25th. Mom and baby are doing well! Amy will be back full time on Monday, February 3rd. In the meantime, she will manage things primarily from home.

Congratulations To Amy, Matt, McKenzie and Madison!
What’s Up in Pre-doc??

WEBSITE DEVELOPMENTS
The Community & Family Medicine website continues to develop. We are building the site to serve as a resource for physicians, students, and the community. If you have suggestions for links to other websites that would be useful for patients and/or physicians, please send them to Carrie Lee Venable at venablec@slu.edu. The website can be viewed at: http://medschool.slu.edu/comfam.

FIRST AND SECOND YEAR ELECTIVES
A total of fifteen spring electives are in place for the first and second year students. The electives provide students a broad range of experiences in clinical preceptorships, behavioral medicine, research, and topical studies.

As part of the AHEC program, first year students may sign up for a unique elective experience on cultural competence and health care disparities: “Inter-professional Minority Health Education”. Faculty and students from the schools of medicine, nursing, public health, social services, and allied health will participate in this interdisciplinary elective.

FOURTH YEAR ELECTIVES
A total of fourteen fourth year electives are in place for the 2003-2004 school year. The electives cover family medicine clinical experiences, overseas and community-based service, and topical studies.

The department will again offer the popular post-graduate training and mastery elective (Post Graduate Training and Life Skills Mastery) twice in the spring. This two-week elective will cover immediate skills needed for internship and help students develop skills to adapt to life in post-graduate training. We are in need of a clinician to help teach EKG reading for this elective (four hours each semester). If you are interested in possibly helping out in this area, please contact Carrie Lee Venable at venablec@slu.edu.

CLERKSHIP
We recently received the year-end results of the family medicine subject examination scores. These results compared SLU students’ examination scores to those taking 4-week, 6-week, and 8-week family medicine clerkships across the country. SLU students who completed our 4 week clerkship scored above the national average compared with students in all other family medicine programs no matter the duration. Family medicine clerkship students did especially well in the cardiology and endocrinology areas. These outstanding results are a direct reflection of the excellent teaching our students receive from their preceptors in the community.

The predoctoral program recently received grant funding from Merck to conduct preceptor training luncheons at various clinical training sites. Starting in January, Dr. Railey and Ms. Venable will be traveling to various clinics and physician offices to bring lunch to the preceptors, and apprise them of all the new components of the clerkship program. These sessions will qualify for one Continuing Medical Education credit and will provide information on how preceptors can best apply the knowledge taught in the Wednesday didactic sessions.

THE COMMUNITY AND BEHAVIORAL SCIENCE UNIT
In January the department will take its turn presenting the community medicine and behavioral science unit as part of the Patient, Physician, and Society Course for first year students. The unit director is Dr. Randall Flanery who will be assisted by department faculty, staff and small group facilitators from other departments in teaching on such diverse topics as cultural competence, healthcare disparities, spirituality, genetics and behavior, fetal alcohol syndrome, etc. In addition, over the course of the spring semester students will be actively participating in over twenty-five community agencies as part of a Community Health Project.

Family Practice Residency Outreach and Recognition

The faculty of the Belleville Family Practice Residency have been putting the adage of being prepared to practice in any setting to the test. Major James Jablonski, M.D. recently returned from a three month deployment to the Persian Gulf. Military faculty participated in quick response teams for humanitarian medicine needs. In October, Major Lowell Sensintaffar, M.D. and Major James Haynes, M.D. flew medical support missions to evacuate flood victims in the Louisiana Mississippi Delta. Family physicians were particularly suited to the broad range of people and problems involved in medical air evacuation.

On the local front, E. Charles Robacker, M.D. was recognized by BREM ministries as the outstanding community health volunteer. He has provided over 50 hours per year in support of the medical student Health Resource Center Clinic in North St. Louis.
“Why do you think my son needs to see a psychiatrist?” asked a genuinely concerned mother. “Because your teenage son tried to commit suicide and admits that at the time of the attempt he was depressed about the death of his murdered brother and the accidental shooting of his best friend,” I replied. The stepfather retorted, “But don’t teenagers grow out of this stage?”

Imagine this scenario as your first encounter of the day. Can you picture this young physician trying to convince parents who care but just don’t get it that their son needs help? The evidence includes failing grades, marijuana and alcohol use, and promiscuity. This teenager had easily seen more in his sixteen years of life than I in my thirty-one years.

Traditional medical training provides a very limited, narrow view of the world. College, medical school, and residency are controlled environments. Although these institutions of higher learning reflect a somewhat diverse population, they on average do not expose students to the harsh realities of urban environments.

For example, in college, students of varying economic backgrounds may meet and interact on superficial levels but rarely do these relationships mature past that. Middle class, small town students experience little of the lifestyles of their inner city colleagues. For instance, does the middle class student know what it is like to have to walk or catch public transportation to the nearest grocery store? Would this middle class student be surprised to see that these city grocery stores carry less variety of fresh fruits and vegetables and more processed foods high in calories and fat?

Just as businesses around the country are acknowledging the need for diversity training, medical schools are following suit. For instance, Saint Louis University medical students in their family practice clerkship are required to write a case involving a patient of a different culture than him or herself. This could include a person of a different gender, ethnicity, or religion. Consideration is now being given to legislation requiring all medical schools in the United States to provide some type of cultural diversity training.

Prior to living in St. Louis, I had never experienced an urban environment. Yes, I had visited New York City, Chicago, Atlanta and numerous other metropolitan areas, but had never spent any significant amount of time there. I was born in a mid-size southern town. My parents were educated and quite involved in my education and upbringing. In addition, all of my friends had similar back-grounds. Working in an urban clinic has provided a major dose of “culture shock.”

Here at my new job I face teenage pregnancy, immature grandparents, drug abuse, domestic violence, lack of education and the list goes on . . . Probably the worst situation I face daily is dealing with the poor parenting skills that my young patients exhibit. If a mother can barely read, do I sincerely believe that she will be reading to her infant or encouraging her teenager to improve his grades? Get real, doctor!

It suffices to say that I grew up pretty darn fast! I now laugh when I hear politicians speak about the ills of our society. Do they really know what is going on? Do they truly have an intimate relationship with the people of our cities? Do they ever weep at the fact that some children face an uphill journey from conception? Are these leaders aware of the staggering illiteracy rate and how it impacts the choices people make regarding their health and the delivery of health care? Sitting behind a desk, surrounded by people that look like you, talk like you, and live in your neighborhood does not give an adequate representation of the global community.

On a daily basis, I see families struggling: financially, spiritually, and medically. I see grandmothers adopting children so that the family can stay together. Later I see these same grandmothers coming in with fatigue and depression. I see children removed from their homes and put in DFS custody for a variety of reasons. I see adults who have severe hypertension but cannot afford their medications. With what can I provide these families that will help them cope?

Some days therapeutic medicine may include: hugging an eight-year-old for making good grades in school; providing letters of support to a mother needing respite care from her autistic daughter; encouraging a young woman to free herself from her abusive relationship; or supplying an elderly man with medication from the “sample closet” to prevent him from having to make a choice between basic necessities and taking his medicine. My job is physician, counselor, teacher and motivational speaker. On occasion, the plight of my patients’ lives can cause quite a bit of weariness, but I continue the struggle.

In conclusion, I can only hope and pray that the little I am doing will make a difference. I am planting seeds and pray that my colleagues are providing the water. Maybe one day we will reap the fruits of our labor.

Thanks to Dr. Hooks-Anderson for her view of urban medicine. What’s your take on things? 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 Railey, M.D.
During the holidays, there is no more fitting time to say “thanks” to all of the individuals and agencies who have worked with us this year!

We wish you health and prosperity in the new year!

Happy Holidays!

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