

CURTIS W. & ANN H. LONG

Family & Community MEDICINE

Winter 2010

As a dedicated, compassionate, and always focused family physician, geriatrician, palliative care provider, and teacher, Dr. Paul Tatum is juggling many responsibilities.

What stresses him?

After a long pause, Dr. Tatum responds with a smile, "When I misplace my stethoscope."

"Dr. Tatum reminds me of one of those performers you see spinning plates on rods at different levels," says Patty Pottorff, a nurse who works with him at Woodrail Family Medicine Clinic. "He has so much going on ... hospice, palliative care team, inpatient service, home visits, and clinic duties. In spite of his demanding schedule, he's always jovial, upbeat, and easy to work with. Sure, every once in awhile he might lose track of his stethoscope, but with or without it, Dr. Tatum stays focused on his patients and their needs."

Dr. Clay Anderson, who directs the Missouri Palliative Care Program, agrees. "Paul has many tasks and issues to balance, but when it is time to focus on patient, family, or student, he engages instantly and intensely," he says. "We work together on the palliative care team, and I'm blessed in that regard. Paul's infectious enthusiasm, intense curiosity, and serious playfulness make him a wonderful physician and friend. And his sensitive, compassionate, and contemplative nature makes him well suited for hospice and palliative care."

"Dr. Tatum has been a great addition to our team," says Julieanne Hagedorn, the inpatient palliative care team nurse. "He firmly believes that people deserve dignity, privacy, and peace at the end of life; patients and families appreciate Dr. Tatum and his efforts to make that happen."

DR. PAUL TATUM PRACTICES THE HEART & SOUL OF FAMILY MEDICINE

PAUL TATUM, MD, initially moved to Missouri in 1997, after finishing medical school at University of Texas-San Antonio. He completed MU's Family Medicine Residency Program in 2000 and geriatrics fellowship training in 2002. Following that, he went to the University of Colorado for palliative and end of life care training. In 2004, he joined the faculty at University of Arizona and worked four years at Tucson Long Term Care.

In September 2008, Dr. Tatum returned to Missouri. He wanted to do academic palliative care and geriatric medicine, and MU offered him a position that provided opportunities to do both, he says.

Today, he is a Family Medicine faculty member and a physician with the Missouri Palliative Care Program. His laid-back temperament and positive attitude make him well suited for the complex, and often complicated, demands of his job. Dr. Tatum couldn't be more excited as he discusses the work he's doing.

"Oooh, I like the people I work with ... the clinic staff, geriatricians, palliative care team, and family medicine faculty. And I enjoy seeing the enthusiasm of residents, fellows, medical students as they learn something for the first time," he says. "But more than anything else, my patients motivate me. I value every individual patient encounter because I know that with each one, I am able to know and understand the patient better."

Because the majority of his patients are older and dealing with complex health problems, it's not always easy to make these encounters happen. Dr. Tatum is determined, however, and never fails to find a way to meaningfully connect with every patient. He explains:

"Let's take a lady who is profoundly demented and resides in a nursing home. Many physicians spend two seconds on an encounter with a patient like this, then they look at her chart and go talk to the nurse," he says. "I will not leave without going to that patient and grabbing her hand. Then, as I look in her eyes and say her name, I tell her it's nice to see her and hope she is doing well. By doing this, I validate her existence, and even if I don't see or hear it, I know there's a response. Human touch is valuable and communicates a message that strengthens the doctor-patient relationship."

Relationship-based patient care ... that and memories of the family doctor who took care of him throughout his childhood are what drew Dr. Tatum to family medicine.

"I grew up in a small town, and our doctor was so closely connected to us, I felt like he was part of the family. He delivered my brothers, took care of my dying grandparents, and made house calls when I was too sick to get out of bed," Dr. Tatum says. "He helped me see the value of home visits."



PAUL TATUM III, MD
ASSISTANT PROFESSOR

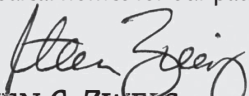
CHAIR'S MESSAGE

We started 2009 with an all faculty retreat on the Patient Centered Medical Home – examining what we are doing and how we could do better.

To become a personal physician to each patient, we use the EMR to create patient registries and right size each physician's practice to improve service. Physician-directed medical practice is facilitated by a medical director/manager partnership in each practice, the growth of nurse partners to help care for patients with chronic diseases, and secure messaging among team members across time and space.

We are providing continuous care of our patients through supporting a basket of services in our practices; implementing condition summaries, medication and problem lists in the EMR; and advancing chronic disease management including patient self-management. We are also better coordinating care through EMR notifications when our patients touch other parts of the system, working across hospital and office practices, providing transitional and long term nursing home care, and maintaining for all to use – accurate problem, medication, and immunization lists.

Since quality and safety are hallmarks of the medical home, we have developed five department quality measures that address access, people, medical and service quality, finances, and growth. Our institution supports team-based quality improvement training. Each practice is working on projects to improve care, e.g. group prenatal visits, accurate blood pressure measurement, timely pharmacy refills, and daily team huddles. We have improved access with evening hours, today or tomorrow scheduling, and a secure e-mail server connecting patients and their physicians. We saw over 3,000 new patients in the last six months. As 2010 begins, we see many opportunities for education and scholarship as we build medical homes for our patients.



STEVEN C. ZWEIF, MD, MSPH
*Paul Revare Family
Endowed Professor and Chairman*

MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

WELCOME

Nikole J. Cronk, PhD, clinical assistant professor, is seeing patients at Green Meadows Family Medicine Clinic, as well as teaching residents how to recognize and address behavioral health issues. Her current research interests include etiology and treatment of anxiety and depression, smoking correlates and treatment, and motivational interviewing.

Dr. Cronk earned a BA in psychology from Harvard in 1995 and an MA in psychological studies from Seton Hall a year later. By 2006, she had completed her master's and doctoral degrees in clinical psychology at MU.

Before joining our department, Dr. Cronk served as adjunct assistant professor in MU's Department of Educational, School, and Counseling Psychology.

Mark N. Beard, MD, assistant professor of clinical family and community medicine, practices at UP-Keene Family Medicine Clinic and attends for residents in clinic and on our inpatient service. He also teaches MU medical students and serves as a block leader for the Introduction to Patient Care curriculum.

Dr. Beard just completed family medicine residency training – and earned his medical degree – here at MU. Currently he is pursuing master's degrees in health administration and health informatics.

Rola Saab, MD, assistant professor of clinical family and community medicine, practices outpatient family medicine at our Fayette Clinic. She also does obstetrics.

Dr. Saab is a member of our residency's 2009 graduating class. Before coming to Missouri, she completed her medical degree and residency training at the American University of Beirut.

Scott Kinkade, MD, MSPH, associate professor of clinical family and community medicine, has accepted the role of hospitalist for our department. The primary responsibilities of his job focus on inpatient hospital work with resident physicians. He also sees patients at our Woodrail Clinic.

Dr. Kinkade earned his MD from University of Texas–Houston in 1995, and three years later, he completed his residency training at Martin Army Community Hospital in Ft Benning, GA. In 2002, Dr. Kinkade came to MU as a master educator fellow in our department. After finishing his fellowship in 2004, he served on faculty at University of Texas Southwestern Medical School in Dallas.

Sarah Calhoun, MD, assistant professor of clinical family and community medicine, has joined the staff at our Smiley Lane Family Medicine Clinic. In addition to seeing patients, she teaches residents in clinic and on the inpatient service. She also does obstetrics.

Dr. Calhoun just completed family medicine residency training – and earned her medical degree – here at MU.

Susan Felten, MSN, FNP-BC, APRN, nurse partner in acute and chronic disease management, is working with our health care team at UP-Keene Family Medicine Clinic. Before joining our department, Susan worked for 18 years in MU's Department of Surgery.

CONGRATULATIONS

HAROLD WILLIAMSON, MD, MSPH, MU's vice chancellor for health sciences, professor and former chair of family medicine, received MU's 2009 Honorary Medical Alumni Award.

MICHAEL LEFEVRE, MD, MSPH, professor and associate chair of family medicine, won a 2010 Distinguished Service Award from MU's School of Medicine.

MICHAEL HOSOKAWA, EDD, professor of family medicine and former associate dean for the medical school, received MU's 2010 Honorary Medical Alumni Award.

ELIZABETH GARRETT, MD, MSPH, professor of family medicine, won the 2009 Max Cheplove Award from the New York State Academy of Family Physicians.



PRESENTING ANOTHER PERFECT PRECEPTOR

JAY KIMBALL, MD, who earned his medical degree from UMKC and did residency at the University of Oklahoma, has practiced in Kansas City, MO, for nearly 30 years. His patients and students recognize and appreciate his passion for family medicine.

What attracted you to family medicine?

JK: Knowing I'd be able to care for a diversity of problems and people of all ages made family medicine appealing to me. Family physicians share a common interest in preventative medicine, and we have ongoing opportunities to practice this aspect of care with our patients.

For the past 31 years, I've had the privilege of being team physician for the Park Hill Trojans' football team. I developed my love for sports medicine while I was a third-year resident and did a month-long rotation with the Oklahoma Sooners.

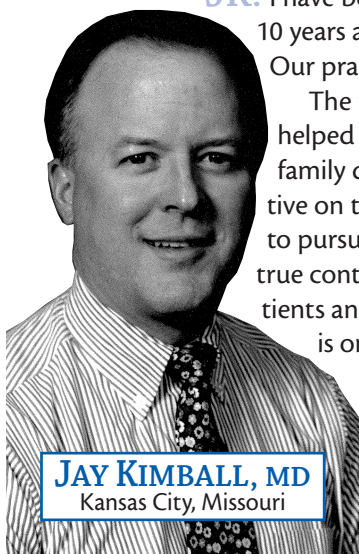
Could you please describe your practice?

JK: I have two partners, both MU grads, and we care for a suburban patient population that includes people of all ages. We have the advantage of having had a presence in this community since 1960, when my father started practicing here. I returned to KC in 1981, having grown up with many of the patients I now care for. Knowing the dynamics of our patients and their families as well as our community has been important to the success of our practice.

When did you begin precepting?

JK: I have been a preceptor for MU for at least 10 years and for UMKC for nearly 20 years. Our practice averages four students a year.

The preceptors I had as a student helped me grasp what it meant to be a family doc. I gained a valuable perspective on the breadth of knowledge required to pursue our discipline and the rewards of true continuity of care. Getting to know patients and share their travails and triumphs is one of my greatest rewards.



JAY KIMBALL, MD
Kansas City, Missouri

Why do you teach?

JK: I value being exposed to what is being taught at our academic centers. And I enjoy my interactions with students ... hearing their perspectives on health care issues and seeing their fresh eyes look at patients is fun and stimulating.

I've been at this job for 28 years. Hopefully I can teach them a little, especially about physical exams and listening to what folks are trying to tell us. The students from MU do a great job at interviewing patients and have a good concept about what needs to be queried. I emphasize observational skills and try to expose them to folks with lots of different problems because that's how they'll learn what's important in examining patients.

What are the rewards of family medicine?

JK: I enjoy feeling like I'm part of this community and connected to so many of the families who live here. **And what about the challenges?** Staying current with the ever-changing medical information and technology. You must be a life-long learner to practice family medicine because the breadth of knowledge is so broad. You also must be willing to say, "I don't know." I say that to patients virtually every day and then explain my thoughts and how we can work together to figure out the answer. That helps patients become active participants in the health care process.

What makes you want to come to work every day?

JK: I enjoy helping folks. They appreciate our efforts and continually stimulate us to work hard. **Family/hobbies?** I've been married to Marta Ohlhausen for 31 years, and we have three grown children: John, Paul, and Joanna. In my leisure time I play the French Horn, teach an adult Sunday School class, play golf, and snow ski.

MU students praise Dr. Kimball's skills as a physician and a teacher ...

"DR. KIMBALL is friendly, approachable, and eager to teach. He gave me a great deal of autonomy."

"DR. KIMBALL is easy going and happy to answer questions. His practice is evidence-based and the decisions he makes are supported by the most recent literature. He's strong in sports medicine."

"DR. KIMBALL relates well to a diverse group of people – it's obvious that patients like and trust him."



Kevin Kane



Erik Lindbloom



KEVIN KANE, MD, MSPH,

associate professor of clinical family and community medicine, was named faculty director of curriculum for third- and fourth-year students at MU's School of Medicine. In addition to teaching medical students and residents, Dr. Kane practices at Callaway Physicians, our family medicine clinic in Fulton.

James Stevermer

ERIK LINDBLOOM, MD, MSPH,

associate professor, has been appointed director of MU's Family Medicine Fellowship. Dr. Lindbloom, who also serves as associate director of our residency program, sees patients at the Family Health Center, a federally funded clinic that provides care for uninsured patients in the mid-Missouri area.

JAMES STEVERMER, MD, MSPH,

associate professor of clinical family and community medicine, was appointed medical education director of the MU Area Health Education Center (AHEC). In addition to teaching assignments in the medical school and our residency program, Dr. Stevermer practices at Callaway Physicians, our clinic in Fulton.

TO KNOW KIMETHA FAIRCHILD ON A PERSONAL LEVEL

is to know a happy person whose life is filled with fun and fascinating adventures.

KIMETHA attended nine different colleges/universities before coming to MU.

KIMETHA has traveled extensively to places around the world throughout her life, and she's visited every state except Alaska.

KIMETHA met her husband, Jason Ingram, 14 years ago at a Jerry Garcia Memorial in Gainesville, Florida ... it was love at first sight.

KIMETHA starts every day with a turkey dog – cold and uncooked. It's quick, portable, and a great protein source.

KIMETHA calls herself a water baby and loves to swim and boat, especially in large bodies of fresh water.

KIMETHA loves the outdoors and lives in the country with two horses, two dogs, a swimming pool, a garden, and lots of land.

TO KNOW KIMETHA FAIRCHILD ON A PROFESSIONAL LEVEL

is to know a physician whose empathy enables her to truly understand and care for patients.

KIMETHA FAIRCHILD is an independent spirit driven by confidence, curiosity, and compassion. Throughout her life, she's made decisions that have taken her down roads less traveled. And while this may have delayed her arrival here at MU, it's made all the difference in the skills, knowledge, and understanding she brings to her role as a family medicine resident.

At age six, she was a volunteer who washed the hair of patients with catatonic schizophrenia.

"My mom was a psychiatrist who taught behavioral modification to schizophrenic patients at state hospitals. She used to take me to work with her, and I got to play games and do art with her patients. I have fond memories of these patients; one of them taught me how to ballroom dance; another introduced me to poetry," she says. "My mom was a dedicated doctor who truly cared for her patients. Her work made me proud."

Because of these early childhood experiences, Kimetha developed a commitment to the downtrodden and love for the psycho-social elements of medicine. She dreamed of becoming a physician like her mother, a physician whose empathy made it easy for her to connect and care for patients.

Kimetha began college in pre-med, but a decision she made while still an undergraduate delayed her plans of becoming a doctor.

"I was working in the lab one Saturday night when I decided to quit school and travel instead," she says. "For years I moved around -- kind

of like a vagabond -- and worked all sorts of odd jobs."

While working for The Moorings, a yacht charter company in Clearwater, FL, she learned to do every kind of job on the boats ... from cleaning, cooking, and serving food to raising the sails and driving them. Eventually she joined the crew that delivered boats to customers – first in the Caribbean and later the Transatlantic, and she taught people how to maintain and operate their sailboats.

Kimetha gained valuable people skills, as well as a better understanding of who she was and what she wanted, while working for The Moorings. After 14 years in Italy, she made a decision that brought her ever closer to a career in family medicine.

"I completed a course through the naval station in Sicily, and after that, I knew I was smart and wanted to do more with my life," she says. "That's when I decided to move back to the states and become a physician's assistant."

Kimetha graduated with a BS in medicine from the University of Florida in 1996; then she took a job at the Gainesville health department, providing care for a medically indigent and underserved patient population.

"I loved my job and the patients at the health department, but my practice was limited to outpatient care. I wasn't getting much hospital experience, and that bothered me," she says. "Eventually, I realized that as much as I knew, there was so much more to know. So after seven

years as a PA, I decided to pursue a medical degree."

By the time she began medical school at the American University of the Caribbean, Kimetha was mature, focused, and eager to learn. She was certain about her goal and determined to achieve it. The decision to become a family physician was a quick and easy one for her to make. So was her decision to do residency training at MU.

"I applied at programs all over the country, but once I checked out MU Family Medicine's web site and read the department's mission statement, I decided that this was a place I'd like to visit. My career goal – to deliver gold-standard evidence-based medicine to the underserved – was totally in sync with

the values and vision of MU," she says. "During my interview, Dr. Ringdahl was so real and brought everything I had learned on the web site to life. MU seemed like a happy place filled with

TO KNOW
KIMETHA
FAIRCHILD
continued
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KIMETHA FAIRCHILD, MD
Second-Year Family Medicine Resident





JERRY KRUSE, MD, MSPH,

completed all of his medical training at the University of Missouri. After earning his MD in 1979, he finished residency training in 1982 and an academic fellowship two years later. In 1984, he moved to Quincy, IL, to become assistant program director of Quincy Family Medicine, a residency training site for Southern Illinois University (SIU).

Today Jerry Kruse continues to practice, teach, and live in Quincy where he's the executive director of Quincy Family Medicine Programs. In addition, he's served as chair of SIU Family and Community Medicine since 1998. His duties as chair require him to travel 107 miles to Springfield a couple times each week. The drive is time consuming, but it's a drive he's willing to make because Dr. Kruse likes every aspect of his job.

"Interacting with patients, teaching students and residents, and solving the problems I face as chair," he says. "I enjoy all of that and can't imagine giving any part of it up."

Dr. Kruse has been described as a quiet man by his friends and colleagues. During his 25-year career, however, as his leadership skills evolved, he has become a strong and highly regarded voice for family medicine not only at SIU, but in his state and across the nation as well.

In 2005, Dr. Kruse was nominated by the Governor to serve on the Illinois State Board of Health, and he was asked to lead the Academic Family Medicine Organizations Legislative Affairs committee. Currently he serves on the Boards of Directors of both the Association of Departments of Family Medicine and the Society of Teachers of Family Medicine.

In 2007, Dr. Kruse was selected by the US Department of Health and Human Services (DHHS) to serve a four-year term on the Council on Graduate Medical Education (COGME). COGME, established in 1986, provides the DHHS Secretary and Congress an ongoing assessment of physician workforce trends, training issues, and financing policies; this 17-member Council also recommends federal and private sector efforts to address identified needs.

Whenever he is asked to serve, Dr. Kruse responds with integrity, compassion, commitment, and invaluable leadership.

**WHEN MU FAMILY MEDICINE CHAIR DR. STEVEN ZWEIG ASKED:
How does a shy, soft-spoken guy (like you) from Salisbury, Missouri, grow up to become a nationally-recognized leader and spokesperson for family medicine?
DR. JERRY KRUSE RESPONDED:**

"Many people have much to say, but are innately shy and don't say much, unless properly stimulated. I am certainly innately shy, and I don't know if that is because of my rural roots or not (Bill Clinton, who is anything but shy, is from rural Arkansas). As I grew up, I had an intense love for baseball and baseball history. I suppose that I took the words of Cool Papa Bell to heart: "If I's talkin', I ain't learnin' nothin' new."

I got my first stimulation to be more of a speaker after I delivered Family Medicine Grand Rounds, when residency-mate Don Schnurpfeil said, "You have a real knack for speaking." Actually, I didn't believe him, so I listened intently for two more years to the wise words of fellow fellows like Hal Williamson, Kathleen Ellsbury, Mike LeFevre, Steve Zweig, Bernard Ewigman, and Carlos Moreno. (Well, I threw in a few poems.)

I moved on to SIU, where one event led to another and I became depart-

ment chair, and then I was stimulated simultaneously to drink coffee, enjoy wine and talk more. It comes with the job. But the seemingly new personality worried me a little, because I read an inscription of the words of Abraham Lincoln: "Better to be silent and be thought a fool, than to speak out and remove all doubt."

The turning point for the national scene occurred in 2005, when the Association of Departments of Family Medicine presidential triad of Warren Newton, Mark Johnson, and Jay Dickinson asked me to chair the organization's Legislative Affairs committee. This is a position to which I did not aspire, but they said that they surmised

I had talent for it. It was this position that led directly to other national positions and to verbosity. And, quite frankly, this is one of the greatest lessons I've ever learned. As chair, I now actively look for people with innate talent for positions to which they'd never aspire. I try to encourage them, because a greater voice from such people is better for the health and healthcare of our patients and communities."



JULIE's KAPPtivating story

Ever since she was young, Julie Kapp has been a top student who liked to read and write. She was born with an inquisitive mind and tendency to think outside the box which explain her love for mysteries. As a child, she dreamed of writing stories that would captivate the interest of everyone who read them. Julie wanted her work to be a worthwhile experience for her and her readers.

Today, as an epidemiologist focused on cancer research, she is living her dream. Julie is committed to solving some of the mysteries of breast cancer as she investigates the unique challenges surrounding this complicated disease. She hopes that the new knowledge she discovers and publishes will be relevant and improve life for people around the world.

JULIE KAPP, PhD, earned her doctoral degree from St. Louis University School of Public Health in 2003. In 2005, she was recruited by MU's Department of Health Management and Informatics to do research and direct the Health and Behavioral Risk Research Center. Two years later, she accepted an invitation to join the faculty at MU Family Medicine.

While she began her career focused on prostate cancer, Dr. Kapp's interest eventually shifted to breast cancer. Currently she is building a research program around breast cancer and mammography. Her inquisitive nature and superior problem-solving skills make her well suited for her role as investigator.

"I enjoy the process of discovery ... of asking questions and searching for answers. Then, when you find an answer, you have a new question that leads to a new investigation," Dr. Kapp explains. "Research is exciting, and the process never ends."

Cancer is the second leading cause of mortality – and breast cancer is the most commonly diagnosed cancer among women of all racial and ethnic groups – in the United States, explains Dr. Kapp. "Fortunately, the science of primary prevention and early detection for breast cancer is continually evolving, leading the way for a cancer cure."

Dr. Kapp wants to bring us one step closer to this cure. In the summer of 2008, she was awarded a two-year, \$165,000 grant from the National Cancer Institute to examine mammography use, by race and ethnicity, in women under age 40. After studying data from the Breast Cancer Surveillance Consortium,

Dr. Kapp hopes to describe who, under the age of 40, is getting mammograms and why. In addition, she wants to determine the impact that results from early mammograms can have upon a woman's likelihood to seek screening later in life.

Mammograms don't prevent breast cancer, but they do play a critical role in early detection. Dr. Kapp is looking beyond the current use of mammography to help determine how it might be most effectively used in the future. She is also looking for funding to conduct clinical research on the epigenetics of breast cancer-related genes.

As a researcher, Dr. Kapp is known for her passion and insatiable appetite for new knowledge. As an instructor, she is recognized for her dedication to students and innovative teaching techniques. She's taught a graduate-level epidemiology course since coming to MU.

Dr. Kapp is committed to providing students with quality learning experiences. That's why she updates her teaching methods regularly and incorporates technology whenever she can. For two years, she has required students to create video public service announcements that promote healthy behavior and upload them on the internet via YouTube.

"This assignment is similar to writing a research paper – only it includes a video," Dr. Kapp explains. "After choosing a topic, students must research the epidemiology of their particular topic or disease. In the video, which supplements their paper, students explain the epidemiology of the topic and make recommendations based on what they

learned from the literature. The video must include a statement that it is produced by a student and part of a class assignment."

These videos, which are 60 seconds in length and use language that the average American can understand, have featured topics such as HIV testing, diabetes, obesity, stalking, and dating violence. Most of the PSAs have been viewed more than 1,000 times during the first three months following their posting.

"Students have a lot of fun doing this assignment because it allows them to learn and communicate using tools they are familiar with and can relate to," Dr. Kapp explains. "I've been amazed by their creativity and enthusiasm for this project."

Dr. Kapp is also amazed, and humbled, by a recent recognition she received. Last June, students in the Master of Public Health program voted her Instructor of the Year.

"Students are very honest ... they never hesitate to tell you when you do something wrong, so

it's especially meaningful when they

tell you that you're doing something right," she says. "I'm

grateful for my opportunities to teach and do research.

These jobs complement each other; by doing one I become stronger at the other."



JULIE KAPP, PhD
ASSISTANT PROFESSOR

JULIE KAPP has a passion and lifelong interest in cancer research and hopes that her work will help reduce the death and suffering caused by this complicated disease.

people who enjoyed their jobs and worked well together as a team. The hospital tour was a good experience, and that was important to me since I am intrigued by hospital work. And I liked the fact that residents at MU have opportunities to care for underserved patients at the federally funded clinic located here in Columbia. When my visit was over, I was sure that Missouri was where I belonged."

Today, as she nears the end of her second year, Kimetha is glad and

grateful to be here.

"Missouri has delivered everything it promised and more," she explains. "I feel blessed to have such dedicated teachers, grateful patients, excellent training, and Columbia, a terrific town filled with warm and friendly people. I love learning how to connect with patients to the point where they trust you and tell you what you need to know to help them. Residency is like an adventure, sometimes fun and always fascinating. My only concern is that

it's going by so quickly and there is so much more I want to learn."

But don't think for a minute that Kimetha's quest for knowledge will end after residency.

"One more thing I plan to do – maybe when I'm in my '60s – is take a course in comparative vertebrate anatomy. I've always had an interest in this area," she says. "I know that cows have four stomachs, but I don't know about giraffes, do you? And what about snakes?"



Michael Hosokawa, EdD, has resigned from his role as MU School of Medicine's associate dean for curriculum to assume full-time duties as professor of family and community medicine.

He served 17 years in the dean's office, and under his leadership, the medical school implemented its problem-based learning (PBL) curriculum. The success of PBL, which offered a new approach to learning by integrat-

ing basic sciences into case studies, has brought international recognition to MU. In addition, Dr. Hosokawa's efforts to develop the rural track program have improved health and health care access for rural Missourians.

A scholarship has been established to recognize Dr. Hosokawa's leadership, contributions, and dedication to the School of Medicine and its students.

At family medicine, Dr. Hosokawa

now serves as coordinator for faculty development and is the primary investigator on a HRSA grant, Faculty Development in Primary Care. By redesigning and expanding our fellowship program, this three-year project will prepare primary care physicians for leadership roles as scholars and educators.



For those who are unable to make the trip to clinic, Dr. Tatum finds time to do home visits. He knows that seeing patients in an environment that is comfortable and familiar to them benefits patients and their families. Home visits are especially important to people who are dying, he says.

"America, as a society, has forgotten how to die, and that's because we're not surrounded by it. Years ago, grandma stayed home to die, with the rest of her family beside her. The family doctor would stop by regularly to care for grandma and console her family. Then, by the time grandma died, family members were prepared because they saw the process happening," Dr. Tatum says. "Today, when I care for a dying person, I find that most families are unprepared and afraid. So, in addition to caring for the patient, I treat the family. I want them to know what to expect and understand that death is a process that need not be feared."

Caring for patients at the end of life is rewarding work for Dr. Tatum.

"My goal is to shift dying from a medicalized experience to one that emphasizes total-person care. I provide for the patient's physical, spiritual, and emotional needs and tend to the family's needs as well. For me, that's what the heart of family medicine is all about," he says.

There will never be enough geriatricians for our aging population, so it is family physicians who must be the primary care givers for older patients, he says. Dr. Tatum prepares medical students, residents, and fellows for geriatric medicine by teaching them about the needs and unique problems people develop as they age.

"Geriatrics is not just about end-of-life care. It also focuses on preventing the decline of a patient's functional status," he says. "That's exciting and something family medicine does well."

WILLIAM A. BERRY DIED JANUARY 3, 2010

MU Professor Emeritus of Art William A. Berry (born 9-29-33) was diagnosed with Parkinson's disease 12 years ago. Dr. Paul Tatum became his doctor in 2008, and it was the spring of 2009 when Mr. Berry first entered hospice. Janet Berry, his wife, describes the special care and comfort Dr. Tatum provided during the final year of her husband's life:

"Dr. Tatum is a compassionate physician who loves what he does. He is bright, quick to synthesize, and very analytical. Plus, he is a good listener and a gifted communicator."

I think one of Dr. Tatum's strongest attributes is his ability to relate to patients on a personal level. He and my husband had several commonalities, and talking about these made it easier for them to connect. Both were from Texas and spoke fluent Spanish. They knew a lot about art and enjoyed music. Dr. Tatum even sang with my husband once before he died.

But what I valued most about Dr. Tatum was his willingness to work outside the box and do what was needed to make sure my husband's last days were safe and comfortable for both of us. For that, I am forever grateful."



— UNIVERSITY OF MISSOURI —
FAMILY & COMMUNITY MEDICINE
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— Columbia, MO 65212 —

DELIVER TO:

MU Family Medicine Reception

Sunday, April 25 at 6 PM
Sheraton Vancouver Wall Centre

held in conjunction with

STFM's 2010 Spring Conference

Vancouver, British Columbia

HOPE TO SEE YOU THERE!

UNIVERSITY OF MISSOURI

Curtis W. & Ann H. Long

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**MU FAMILY MEDICINE UPDATE
and
35-YEAR ALUMNI REUNION**

April 16-17, 2010

Hampton Inn and Suites — Columbia, Missouri

For information, contact the CME Office at 573-882-0366 or
access the CME web site at som.missouri.edu/CME

**SAVE
THE
DATE!**

— — **ALUMNI UPDATES** — —

SCOTT SHANNON ('00 Resident; '04 Fellow) married Shermeen Chan, MD, on December 20, 2008 in Hamilton, Ontario, Canada. After their wedding day, which included a tea ceremony, church service, and a Chinese banquet, Scott and Shermeen traveled around the world to celebrate at six more wedding receptions.

The newlyweds live in Africa, where Scott is helping Southern Sudan develop a primary care system. Shermeen is the medical education coordinator for a grant funded by the Canadian International Development Agency.

KEVIN CRAIG ('02 Resident; '05 Fellow) and his wife, Angie, became parents to their first child, a son named Kylan Joseph, on January 30, 2009.

ANDREW NELSON ('88 Resident), a U.S. Navy captain, returned to the states after serving seven months with the Marines in Iraq. He was the officer in charge of a field emergency room.

DOUG BRADLEY ('83 Resident), who practices in Belton, MO, has been named to KC Magazine's 2010 *Super Doctor* list. He was chosen for this honor by Kansas City area physician colleagues.