

# Family & Community MEDICINE

Winter 2013

Jamie Ogden strives to give her patients choices and get them involved in their health care decisions ... yet many of them still insist that:

## DOCTOR OGDEN KNOWS BEST!



**JAMIE OGDEN, MD**  
Assistant Professor

**JAMIE OGDEN,** an MU School of Medicine graduate, completed her family medicine residency at MU in 2008.

After that, she and her husband, Dr. Jason Ogden – who finished his internal medicine residency at MU the same year – headed to southwest Missouri. Jason took a job as a hospitalist at Cox Health Hospital in Springfield. Jamie joined another family doctor, Herman Damek (MU RES'04), and practiced in Aurora, a town of 7,500 located 30 minutes from Springfield.

For three years, Dr. Ogden provided outpatient care to people all ages; plus, she had a small nursing home practice. Her job was busy and rewarding, however, by 2011, she and her husband realized how much they missed Columbia. They wanted to return to mid-Missouri, to the friends and lifestyle they knew and liked while training at MU.

"I really missed the academic focus of the University environment. I wanted to teach, to interact with colleagues, to contribute to family medicine as a whole," Dr. Ogden explains. "When I trained here, it felt like one of the department's ongoing goals was to strengthen our specialty, not just in Missouri but across the country as well. I wanted to be part of those efforts; I wanted to be part of something larger than

my work with patients."

It didn't take long for both Jamie and Jason to find jobs and relocate to Columbia. Jason was recruited to develop a hospitalist program for the Henry S. Truman Veterans Hospital, and Jamie joined the faculty at MU's School of Medicine. Today, as an assistant professor of clinical family and community medicine, Dr. Ogden cares for patients at Smiley Lane Clinic and at one of the local nursing homes. She also teaches medical students, and she attends for residents in clinic.

"I am happy to have a job that gives me opportunities to teach and to learn. Working with students and residents keeps me honest and forces me to ask myself, 'Why am I doing this? Is there evidence to support my work or am I doing it just because it's the way I've always done it?' I don't just teach learners; I learn from them as well," says Dr. Ogden. "I also teach my patients, and to do that effectively, I must be able to communicate with them in language they understand."

Being a good communicator helps her be an effective provider; caring for multi-generations of a family helps, too, Dr. Ogden says.

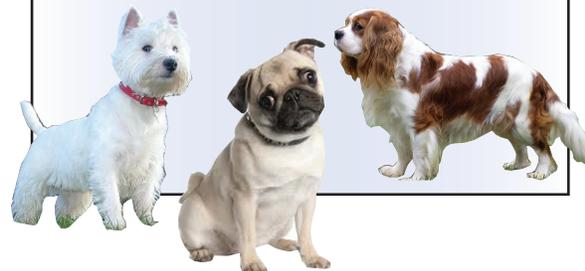
"I can't tell you how many times *it clicked* for me once I met a patient's mom or daughter. As a family physician, you gain a lot by seeing patients often and over time," she explains. "One of the great things about our specialty is that we know enough about so many things that

no matter what a patient's problem is, we can at least get started on addressing it. We may need to get a specialist involved down the road, but we never have to tell someone, 'I can't help you with that.'"

Dr. Ogden is glad to be back at MU and excited to start every day as a physician *and* a teacher. Knowing that she improved life for someone – even if it's in a small way – is a great way to end the day, she says. And now that she and her husband have adopted a baby, Jamie has a new role – mother, so the rewards no longer end when she leaves the office.

"Jason and I welcomed Calvin James, born in Kentucky on 8-21-12, into our lives soon after his birth last summer. We were *so* ready to be parents," Jamie says. "Even though I am still trying to figure out balance between mom and physician, I know for sure that this has been the best experience in my life."

When newborn baby Calvin Ogden came home last August, he was greeted by the friendly canine crew already living with Jamie and Jason. Jamie loves dogs and developed an interest in training them back when she was a resident. Teaching dogs is fun and rewarding, she says. While she insists she is no 'dog whisperer,' Jamie has competed in agility with Lani, her 7-year-old Westie, and she is training her 2-year-old King Charles Spaniel, Maile, in rally. Keiki, her 8-year-old Pug, is too lazy for agility but will do anything for a treat. She knows 20 tricks!



# CHAIR'S MESSAGE

## ONE THING IS CLEAR. We are all in this together.

Thanks to residency grad Dr. Paul Behrmann for 35 years of practice in Dawsonville, GA. What's required: commitment, a broad perspective with strong clinical skills, and help – a family, partners, and a health care system. New faculty member Dr. Jamie Ogden came back to Columbia to “be part of something larger...to help strengthen our specialty, not just in Missouri but across the country.” Star preceptor Dr. David Keuhn works with an NP partner enjoying “life-long and meaningful relationships with patients, and the day-to-day fun of working in an office setting with a great staff.” Retiring faculty member David Oliver values family and caregivers during what he calls his “cancer journey.”

That we all need each other became all too clear to me when during the last year: nurse colleagues Jinnie Deakins and Rebecca Rastkar retired (after 28 and 13 years together), Administrative Manager Pam Mulholland became Assistant Vice Chancellor, and David Oliver left the Interdisciplinary Center on Aging. Many great people rose to fill the void left in my professional life, including the wonderful opportunity to be joined by Lori Johnson in leading the department.

So much of what we accomplish is based on work with others. This is crucial as we move from the myth of the sole general practitioner to a vision of the modern family physician who creates and sustains a patient centered medical home. We are all in this together.



**STEVEN C. ZWEIF, MD, MSPH**  
PAUL REVARE FAMILY ENDOWED  
PROFESSOR AND CHAIR

## MU FAMILY AND COMMUNITY MEDICINE

# FACULTY FOCUS

## WELCOME — — —

**LORI JOHNSON, MHA**, began her job as department administrator for MU Family Medicine last fall. Before joining our staff, Lori served this same role at MU's Department of Obstetrics, Gynecology and Women's Health.

Lori earned her BS in business administration at Columbia College in 1990 and her MHA at the University of Missouri in 2003. Her professional experiences include more than 20 years in not-for-profit, for-profit, and academic health care. Since joining MU Health Care in 2004, Lori has earned strong praise from her colleagues and administrators throughout the system.

Lori and Greg, her husband of 34 years, have three children: two daughters (Tricia and Kimberly) and a son (Chris), plus two grandchildren and another one on its way!



**JOSEPH BECKMANN, MD**, assistant professor of clinical family and community medicine, has returned to MU after practicing family medicine for nearly two years in St. Peters, MO. He is seeing patients at Smiley Lane Clinic and doing inpatient attending for residents.

Dr. Beckmann, an MU medical school graduate, stayed at MU for residency. When he finished his training in 1991, he joined our faculty and served here for 20 years. He practiced rural medicine in Fayette for 17 years, then practiced three years at our Smiley Lane Clinic. In 2011, because he wanted to live closer to his family in St. Louis, he and his wife, Lisa, moved to St. Peters, where Dr. Beckmann practiced outpatient family medicine with SSM Health Care System.



**ALLISON CRITCHLOW, DO**, assistant professor of clinical family and community medicine, joined our faculty last summer. In addition to seeing patients at Keene Family Medicine, Dr. Critchlow does outpatient attending at our Green Meadows Clinic.

After earning her DO from Lake Erie College of Osteopathic Medicine, Bradenton, FL in 2009, Dr. Critchlow did residency at University of Missouri-Kansas City. Her husband is an orthopaedic surgery resident at MU.



## FAREWELL — — —

**JULIE KAPP, MPH, PhD**, an assistant professor who joined our department in 2007, now serves as an associate professor in the Department of Educational Psychology, Research and Evaluation, and director of evaluation in the College of Education at the University of Missouri-St. Louis (UMSL). An epidemiologist who earned her master's and doctoral degrees from St. Louis University, Dr. Kapp has had a life-long interest in investigating the challenges of the cancer field. In 2009, she was named a Margaret Proctor Mulligan Faculty Scholar; this award helped support her breast cancer research at MU.

In her new role, Dr. Kapp oversees evaluation projects for five Charter Schools sponsored by USML, and she continues to work on values/decision-making components related to health and prevention. Dr. Kapp also holds an adjunct appointment with our department as she completes several research projects with colleagues at MU.



**KARL KOCHENDORFER, MD**, associate professor of clinical family and community medicine, left Missouri to begin his new job at the University of Illinois at Chicago (UIC) earlier this year. After earning his MD and completing residency at UIC, Dr. Kochendorfer joined our department in 2006. While here, he saw patients at Green Meadows Clinic, provided OB services, and did inpatient attending. As director of clinical informatics for MU Family Medicine, he focused on identifying ways we could utilize technology to improve the quality and safety of patient care provided by our physicians.

At UIC, Dr. Kochendorfer has been appointed assistant vice president and chief medical information officer for the health system. In addition, he is associate professor in the Department of Family Medicine where he has teaching and patient care duties. Although Dr. Kochendorfer misses MU, he admits that the move to Chicago brings him, his wife, Kathleen, and their four children closer to family.



# PRECEPTOR PRAISE: KUDOS TO DR. KEUHN

**DAVID KEUHN, MD**, a 1998 MU School of Medicine graduate, completed residency at Northeast Iowa Family Medicine Residency Program in Waterloo, IA and then moved to Marshall, a small town of 13,000 located in west central Missouri. After practicing seven years in Marshall, Dr. Keuhn decided to share his life, experiences, and knowledge as a family physician with medical students. Students who have worked alongside Dr. Keuhn consider him an excellent teacher and physician:

**“DR. KEUHN was wonderful to work with. He was very knowledgeable, and whenever I talked to him about a patient, he listened and gave me good feedback.”**

**“DR. KEUHN is a very good clinician and obviously up to date with current recommendations.”**

**“DR. KEUHN let me work with many patients. I enjoyed doing minor procedures and well-women exams. He allowed me to have a fair amount of independence and input in treatment plans.”**

**“DR. KEUHN had a great relationship with his patients. He worked well with a lot of different people. Overall, my experience with Dr. Keuhn was excellent.”**



**DAVID KEUHN, MD**  
Family Medicine Physician  
MARSHALL, MISSOURI  
with his wife and son

## Why medicine ... why family medicine?

**DK:** I knew by the time I finished high school that I wanted to be a family doctor, and my decision was due in part to several factors. I grew up having very supportive parents, an uncle in my hometown who is a GP, and an excellent science teacher.

## Why Marshall, Missouri?

**DK:** We chose Marshall mainly because of its size, but also because it is near to our families. Knowing that both Columbia and KC are only an hour drive from Marshall was enticing to us, too.

## How would you describe your practice?

**DK:** When we came here in 2001, I practiced the full range of inpatient and outpatient family medicine, including OB. I've also done ER work and been a hospitalist. In 2007, I opened my own solo practice, with a nurse practitioner joining me in 2009. Now I have a strictly outpatient clinic and nursing home practice, with patients ranging in age from birth to 100+ years old.

## When and why did you begin precepting?

**DK:** I had some exceptional preceptors — like Dr. Betsy Garrett and Dr. David Fleming at MU, and Dr. Deters and Dr. Friedman in Iowa, who were great teachers and inspired me to someday try to give back to those in training. After seven years in practice, I felt ready to share what I knew about being a family doctor.

At the start of each rotation, I try to get a feel for the students' comfort level and training. I encourage them to find ways to con-

nect with patients, and I get them engaged in patient care plans.

By having students in my practice, as well as in our home, I hope to help learners see how much fun family practice can be. I want to dispel any notions that you can't have a life outside medicine if you practice in a rural area. During their time with me, I want them to see and experience life as a small town family doc.

We typically have 2-4 medical students a year (from MU, KC-UOMB, and Kirksville), plus nursing and NP students, too.

## Rewards of life as a family physician?

**DK:** I appreciate the opportunities I have to care for patients and develop life-long and meaningful relationships with them, and I enjoy the day-to-day fun of working in an office setting with a great staff. Every day is different and always interesting.

## Challenges of life as a family physician?

**DK:** Managing a private solo practice has its challenges. Even though I enjoy the business side of my job, I find that keeping current with ever-changing insurance reimbursements, regulations, and business costs can be difficult and time consuming.

## What about life outside of family medicine?

**DK:** My wife of 17+ years, Chandra (MU '93, '96) is a high school science teacher, and we have a wonderful son, Ethan (8). I like many outdoor activities, including gardening, hobby farming, hunting, fishing, skiing, running, and biking ... especially when I'm doing them with my family.

## CONGRATULATIONS TO DR. BETSY GARRETT, 2012 AAFP THOMAS W. JOHNSON AWARD WINNER!

This award is the highest honor presented by the American Academy of Family Physicians, and it recognizes recipients for outstanding contributions to family medicine education.

**AAFP President Glen Stream, MD, wrote in his congratulatory letter to Dr. Garrett:**

**“**For 30 years, you have been central to the development of family medicine in this nation. From your role in developing the first national family medicine curriculum to your present work on the implementation of National Family Medicine Curriculum Committee and the national faculty of Medical Student Education Development Institute, your dedication to the education of family physicians has been truly exemplary.

You have been an advocate and representative of family medicine in a multitude of settings, but equally important is your work as a valued mentor to countless medical students, residents, and fellows. Your innovative Legacy Teachers Program at the University of Missouri is just one example of the energy and thoughtfulness you put into your role as an educator. Throughout all your lifetime contributions to medical education, you have truly served as a role model for our specialty.”

**ELIZABETH GARRETT, MD, MSPH**  
William C. Allen Professor of  
Family & Community Medicine  
and Director of  
Medical Student Education  
**UNIVERSITY OF MISSOURI**



EVEN THOUGH HER SERVICE IN THE MILITARY HAS ENDED, STEPHANIE HUHN IS STILL ON

# ACTIVE DUTY

## AS A FAMILY MEDICINE RESIDENT

**Third Year Resident STEPHANIE HUHN, DO,** is pursuing a master's degree in public health while completing her residency training. She has two children, Joseph (5) and Eleanor (4), and her husband, Nathan, a police officer for the city of Columbia, works nights.

Scheduling is her biggest stress, she admits. She strives to find balance between work and family, and even though there are times she feels overwhelmed, Stephanie is happy.

"I like what I do every day. There's a lot of variety in where I go and what I'm learning. I love my patients, and I really appreciate the camaraderie I have with my colleagues and teachers," she explains. "That's something I didn't have in the military."

Stephanie's military commitment ended last year, but when she began residency, she was in the Navy Reserves. She joined the Navy while attending Kirksville College of Osteopathic Medicine. In return for her military scholarship, she owed the Navy three years of active duty after graduation.

"I liked the thought of being a military physician as much as the thought of them paying for med school," admits Stephanie. Her parents served in the Marines, and her grandfather was in the military, too.

After earning her DO in 2006, Stephanie did a year-long transitional internship at

the Naval Medical Center in Portsmouth, VA. Then she headed to southern California to begin her three-year assignment at Naval Air Facility El Centro.

As a general medical officer (GMO), Stephanie served as primary care doctor for the entire base. Her patient population included all 450 active duty personnel and their families. She also cared for retired military personnel who lived in the area.

"My patients ranged in age from 4-65. I provided outpatient care, but no peds, OB, or geriatrics," says Stephanie. "It was an awesome experience, and because of it, I decided that I loved family medicine."

Three years on the base helped Stephanie make other decisions, too. Being GMO for the Naval Air Facility wasn't just about caring for patients. Her job included administrative duties that were important, she says, but not the kind of work she would enjoy long-term. As she neared the end of her active duty assignment and began thinking about her career, Stephanie decided she'd be happiest practicing in an academic environment.

Her search for a residency program focused on schools in the Midwest, close to where she and her husband grew up. She wanted to teach and do patient care after residency, so when MU agreed to let her do the MSPH program during her residency training, the decision to come to

Missouri was an easy one for Stephanie.

"Even though I had already practiced medicine three years before coming to MU, I started residency knowing I needed to further my education and my skills," she explains. "My work as a Navy GMO made me comfortable with who I was as a physician. It was a real growing experience that taught me how to relate and communicate with people. However, when I came to Missouri in 2010, I knew there was so much I had to learn."

Today, as she nears the end of her residency, Stephanie speaks positively about her training, teachers, colleagues, and patients. Little about family medicine has surprised her, she says, except the friendliness of the department ... a real contrast to the serious and often rigid military environment she knew in the past.

"Initially I was a little out of my comfort zone when attendings introduced themselves by their first names. It was more formal in the military; we always acknowledged rank and used last names of the people we worked with," she explains. "At first, I had to laugh at myself about this, but it was an easy thing to get used to. It didn't take long to see that the morale in this department is strong and that faculty members respect and support their students. MU has been an ideal place to learn and practice family medicine."



THIRD YEAR FAMILY MEDICINE RESIDENT  
**STEPHANIE HUHN, DO**  
WITH SON, JOSEPH, AND DAUGHTER, ELEANOR

**STEPHANIE AND NATHAN HUHN** were born and raised in Hamel, IL, a town 30 miles from St. Louis. Their first date was the high school homecoming dance during their sophomore year, and they've been together ever since.

"We got married in 2001, a year before I started osteopathic school," says Stephanie. "We had our son in 2007, when I was an intern in Portsmouth, VA, and in 2008, when I was on active duty in El Centro, we had our daughter."

While living in El Centro, which is 15 miles from Mexico, Nathan joined the US Border Patrol. His job was to keep illegal immigrants from entering our country.

"As a border patrol agent, Nathan averaged five *chase downs* a night. These hands-on encounters with illegals were often dangerous," says Stephanie. "He still has the pool ball thrown at his head during his first night on the job."

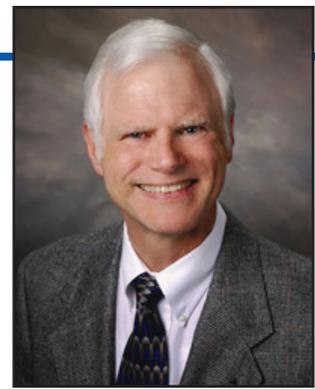
Nathan quit the border patrol when Stephanie began residency and now works as a city of Columbia police officer.

What next for the Huhns, a husband and wife who have been committed to each other for more than half their lives?

"Both Nathan and I like to travel. We have a bit of a wandering spirit, so we're heading to New Zealand where I'll do locum tenens," says Stephanie. "After a year or two in New Zealand, our plan is to come back home and settle down."



**PAUL BEHRMANN, MD,**  
 a 1975 MU School of Medicine graduate, completed residency training here in 1978. For nearly 35 years, he has practiced family medicine in Dawsonville, a small town located in north central Georgia.



**Dr. Behrmann speaks about his career as a family doctor in rural America:**

**WHY DAWSONVILLE**

“We saw the resurgence of the family doctor back in the ‘70s when I was a med student at MU. Family medicine had established itself as a specialty, and across the country, there was a need for physicians who could provide ongoing and comprehensive care to people living in underserved areas. I decided to help fill that need.

National Health Service Corps (NHSC) caught my interest, so I interviewed with them during my third year of residency. They agreed to find me a clinic and pay my salary if I agreed to practice in an underserved area. They gave me options as I searched for a rural area to practice. First, they flew me to Tennessee to see a site outside of Chattanooga. Then we drove over mountains into Dawsonville, GA, and right away I was sold. The warm climate and mountains really appealed to me. I enjoy hiking and jeep riding, so Dawsonville seemed like a perfect place for me to live and work.”

**MY EARLY YEARS**

“My first clinic was located in the school board building that also housed the local bar. I did OB when I started practicing, but when I was working solo for two years early on in my career, I knew I had to give up something. OB was exhausting so that’s what I gave up.

There was no managed care in 1978. Some patients who didn’t have money for health care would ask us if they could pay their bills with chickens instead. As an NHSC clinic, we had to account for all of our services, so even though we were willing to accept chickens in lieu of cash, we couldn’t.

The first seven years in Dawsonville, I was part of NHSC, and the government paid my salary. Clinic revenues paid the salaries of the rest of our staff. By the eighth year, 1985, my partner and I decided that our practice was viable enough for us to make a living, so we converted our NHSC-funded clinic to a private clinic.”

**EMERGENCY MEDICINE**

“When I arrived, there were very rudimentary emergency medical services available. We had a couple basic EMTs who used a hearse from the local funeral home and a collapsible stretcher to

transport patients. They responded to emergencies via telephone and had to drive real fast because the closest hospital was 20 miles away. That hospital did not provide full-time ER services, so if the ambulance got there when no ER doc was working, the driver would have to turn around and bring the patient back to us. Or if an emergency was so bad that the EMTs didn’t think they had time to get to the hospital, they’d come to us first. The NHSC had set up a small emergency room in our clinic, so many emergencies were brought to our office, night and day.

We treated all kinds of problems in our clinic emergency room ... like hunters who lacerated their femoral artery while skinning an animal with a large knife. They’d arrive with uncontrollable gushing from their leg. Our job was to get their bleeding under control and then get them off to the hospital ASAP.

Some of our patients lived in the backwoods of Georgia. There was one lady who walked into our clinic carrying a shot gun and hiding a pet squirrel hidden under her long trench coat. I don’t remember why she came, but I do recall that we took care of her.

Emergency medicine was exciting and kept me on my toes. The rewards were immediate when I helped a person facing a critical or life-threatening problem. Over time, it did wear me down.”

**COMMUNITY SERVICE**

“I volunteered to serve as Dawson County Medical Examiner for three years in the ‘80s. I saw things doing that job that you never see in training ... horrendous injuries due to plane crashes or motor vehicle accidents; domestic violence victims; suicide cases. This experience was exciting and memorable but also stressful. If asked to do it again, I would say no.

In the ‘80s, our high school decided to offer sex education to students. The teachers didn’t want to teach it, so they asked my partner and me to teach it instead. We taught two years, then quit ... amazed at how undisciplined some of the students were.”

**PAUL BEHRMANN story continued on last page**

**MU FAMILY MEDICINE CHAIR DR. STEVEN ZWEIG ASKED,**

**“Dr. Behrmann, you’ve practiced in the same small community – Dawsonville, GA – since you finished residency in 1978. That’s really impressive! What will help family physicians practice in rural communities in the future?”**

**DR. PAUL BEHRMANN ANSWERED:**

“As a training program, the University of Missouri needs to cultivate in learners the desire to work in an underserved area. That can be difficult. There are challenges as well as rewards in rural medicine, and physicians should be aware of them before committing to this way of life.

In rural areas, many people are on Medicare or Medicaid, so reimbursements are less. Physicians will need financial support when they are starting up a practice. It was ideal for me to sign up with the NHSC, but there are other options for financial assistance. Some hospital networks that want to open satellite

clinics in underserved areas are willing to support doctors initially, until their practice is strong and self sufficient.

Some out-of-the-way places need the broad skill sets of a family physician who *does it all* ... OB, peds, adult primary care, geriatrics. Physicians who plan to *do it all* will need a partner, a good staff, and time off.

And, as they say in real estate ... location, location, location! Physicians need to find a place they love and where they can see themselves living a long time. The mountains, hiking trails, and waterfalls in northern Georgia sold me on Dawsonville.”

**FAMILY MEDICINE ENDOWMENTS**  
**A LIFELINE INTO OUR FUTURE**

Endowments provide a legacy of support that will last forever. They are an investment in our future and fuel our commitment to excellence in family medicine education, scholarship, and service. Today, thanks to the generosity of our faculty, staff, residency and fellowship alumni, preceptors, and special friends, we have **SEVEN ENDOWMENTS. These include ONE endowed chair, FOUR endowed professors, and TWO faculty scholars.**

Faculty members chosen for a named endowment not only hold a prestigious title, they are also awarded funding annually for teaching, research, and other projects.

**SEVEN NAMED FAMILY MEDICINE FACULTY MEMBERS TALK ABOUT THE SIGNIFICANCE OF THEIR AWARDS:**

**1** PROFESSOR AND MU VICE CHANCELLOR FOR HEALTH SCIENCES  
**HAROLD WILLIAMSON, MD, MSPH**  
**JACK & WINIFRED COLWILL ENDOWED CHAIR**  
 "First, being the Colwill Endowed Chair is a tremendous honor, and it makes me strive to be better. Second, it's a humbling privilege to be identified with Jack and Win Colwill's name."



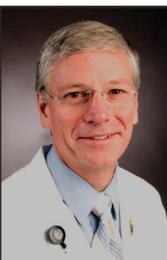
**2** PROFESSOR  
**ELIZABETH GARRETT, MD, MSPH**  
**WILLIAM C. ALLEN PROFESSOR**  
 "Being a William C. Allen Professor is a great honor. Bill played an important role in my own decision to become a family physician through his work with our preceptor program. He was an important role model of someone who was a tireless advocate for family medicine, involved in leadership, and willing to ask folks to contribute financially to things they valued."



**3** PROFESSOR  
**DAVID MEHR, MD, MS**  
**WILLIAM C. ALLEN PROFESSOR**  
 "I am privileged to be one of the two William C. Allen Professors. I hope that my work as a clinician and educator, as well as my research aimed to improve health delivery, reflects well on the legacy that Dr. Allen left family medicine."



**4** PROFESSOR AND VICE CHAIRMAN  
**MICHAEL LEFEVRE, MD, MSPH**  
**FUTURE OF FAMILY MEDICINE PROFESSOR**  
 "It is the history of our specialty to struggle, and I believe our struggles continue today. Increased demand for services, growing complexity of care and patients, and declining student interest all require urgent attention. I am honored to be the Future of Family Medicine Professor and help all of us in academics contribute to the vision that will create solutions to these problems."



**6**

**2012 FAMILY OF DONORS**

We have 450 individuals in our Family of Donors, which includes faculty, staff, residency and fellowship alumni, preceptors, and friends. Listed below are donors who sent gifts in 2012. Thanks to all!

- |                                 |                               |
|---------------------------------|-------------------------------|
| Elizabeth Allemann              | Erik Lindbloom & Lynn Wung    |
| William W. Allen                | Timothy & Jan Long            |
| Family/Friends: Noah Barkovitz  | Wendy Madigosky               |
| Howard & Irene Bass             | L. Mitchell Magruder          |
| Theodore & Tamara Becker        | Diana Mancuso                 |
| Paul Behrmann                   | Susan Meadows                 |
| William Birkby                  | David P. Miller               |
| Robin & Cokie Blake             | Orah May Mockbee              |
| Kathy Boeckmann                 | Pam Mulholland                |
| Steven Broman                   | Karl & Georgia Nolph          |
| Sue Brookreson                  | Timothy & Lynn Parshall       |
| Donald Buehner                  | Heather Pierce                |
| Traci Buxton                    | George Prica                  |
| James Campbell                  | Ernest Pugh                   |
| Kathi Clement                   | Rebecca Rastkar               |
| Jack and Winifred Colwill       | Timothy Reid                  |
| Thomas Cooper                   | Carin Reust                   |
| Alan Cowles                     | Janet Revare                  |
| David Cravens                   | Arthur (Buck) & Frances Rikli |
| Neville Davis & E. Ann Hosmer   | Jerry Royer                   |
| Margaret Day                    | Samuel & Michaela Sails       |
| H. Dennis Dierker               | Gregory Schneider             |
| Roy & Melanie Elfrink           | Robert & Janet Shaw           |
| Anne Fitzsimmons                | James & Gema Simmons          |
| Arthur Freeland                 | Amy Slagle                    |
| Elizabeth Garrett               | Larry Slaughter               |
| H. Thomas Greer                 | Greg Stampfli                 |
| Craig Paul Griebel              | Joseph Stanford               |
| Larry Halverson                 | James Stevermer               |
| Roger Hofmeister                | Abbe Sudvarg                  |
| Debra Howenstine                | Martha Terry & Michael Ohl    |
| James Ishaq                     | Michael & Martha Thomas       |
| Thomas Jevon                    | Bennie Till                   |
| Deanna Jones                    | Daniel Vinson                 |
| Kevin Kane & Cynthia Hayes      | Ernie Wallace                 |
| Clint & Jennifer Hetrick Koenig | Jack Wells                    |
| Peter & Richelle Koopman        | Steven Zweig & Susan Even     |
| Michael LeFevre                 | John Zygiel                   |

Last year we established a fund to support global health training for Family Medicine Residents. Thanks to all who donated to this important fund.

**5** PROFESSOR AND CHAIRMAN  
**STEVEN ZWEIG, MD, MSPH**  
**PAUL REVARE, MD, FAMILY PROFESSOR OF FAMILY MEDICINE**  
 "Dr. Revare was one of the early preceptors for medical students from MU. I had the opportunity to meet him and really appreciated getting to know him and his wife Janet. The type of financial commitment they made to our department is huge. Endowments never go away – and they ensure that we don't go away either."



# LIVING, LOVING, AND LAUGHING UNTIL THE END

**A lifelong teacher, DAVID OLIVER, PhD,** knows that the most important lessons aren't always the easiest to discuss. David and his wife, Debra Parker Oliver, PhD, have turned their experiences with David's cancer into teachable moments. Debra is a professor of Family and Community Medicine at the University of Missouri, and David, whose academic appointment was in the same department, recently retired.

In 2011, the couple learned that David had stage IV nasopharyngeal cancer, which had spread to David's lymph nodes and metastasized to his bones, stage 4. Since then, the couple has helped medical students learn how to deliver bad news, and they've taught patients and families about the challenges they might face during chemotherapy.

You can see their teaching videos and more on "David's Cancer Videoblog," go to: <http://dbocancerjourney.blogspot.com>. This site has had over 50,000 hits from 74 different countries. It includes a *CBS This Morning with Charlie Rose* interview with David in the New York City studio and Debra sitting and watching from the "Green Room."

"The side effects from the chemotherapy were extensive and on several occasions required hospitalization. My most fun experience, if you can call it that, was the care I received at the hands of the Family Medicine team assigned to my floor. When the docs

made their rounds with residents in tow, the line-up was impressive indeed, and the leadership they were being provided was extraordinary. There were about seven of them. I peppered them with lots of questions, and every one responded accurately, with compassion, and a sense of caring that makes you almost glad you have cancer," says David. "In fact, the support and caring I've received has exceeded all expectations as I go down this path. It has been wonderful to be surrounded by physicians every day, and when it is time to play doctor, they are the best!"

David, as patient, and Debra, as caregiver, have shared their experiences and lessons learned with MU first year medical students and Family Medicine residents. They have been invited to deliver one of the keynote addresses at the annual assembly of the American Academy of Hospice and Palliative Medicine in New Orleans this March. More than 2,000 physicians will be in attendance. In addition, David is writing a book about his cancer journey, and Debra is contemplating a sequel on caregivers.

In one of his last appearances at a Family Medicine faculty meeting, David presented what he has learned and gave advice from a patient's perspective on how to best care for cancer patients. As is his style, he managed to provoke laughter in the midst of tears and joy. David Oliver plans to keep teaching up to the end.



David and Debra Parker Oliver

## THE DAVID B. OLIVER UNIVERSITY OF MISSOURI DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE FACULTY AWARD

was established this year, with donations from David's wife, Debra Parker Oliver, and children: Michael Scott Oliver, Mark Bradley Oliver, Jessica Leigh Tappana, Rebecca Marie Schoenlaub, and Christina Kimberly Schoenlaub. To be chosen for this distinguished award, the recipient must be an MU Family Medicine faculty member who has demonstrated excellence in geriatrics or palliative medicine in one or more of the following areas: practice, education, and/or research.

### NAMED FACULTY MEMBERS CONTINUED



PROFESSOR  
**DANIEL VINSON, MD, MSPH**  
**OPAL LEWIS DISTINGUISHED FACULTY SCHOLAR**

"I have dedicated much of my career as a physician and researcher to addressing alcohol issues. I am honored to be named the Opal Lewis Faculty Scholar and appreciate the opportunities this award provides for my continuing alcohol research."

6

ASSOCIATE PROFESSOR  
**KEVIN EVERETT, PhD**  
**MARGARET PROCTOR MULLIGAN SCHOLAR**

"Being named a Margaret Proctor Mulligan Scholar is an honor. I hope to continue being collaborative and innovative in my prevention-oriented research to reduce health risk behavior and encourage healthy living for all populations."

7





UNIVERSITY OF MISSOURI  
**FAMILY & COMMUNITY MEDICINE**  
 M224 Medical Sciences Bldg, DC032.00  
 Columbia, MO 65212

**DELIVER TO:**

**PAUL BEHRMANN** story continued from page 5

## THE CHALLENGES

“I guess I wasn’t prepared for how overwhelming my job would be, particularly when I was solo. All in all, I’ve been solo for five of my 35 years in Dawsonville. The work load and time commitment were often huge and stressful. You’re on call 24/7 when you are the only show in town; there’s no time for vacation.

During the early ‘90s, my partner and I were busy and kept getting busier. We were thinking about hiring a third partner, but when we looked at the financials, we couldn’t understand why our revenues weren’t picking up ... eventually the local bank tipped us off. We discovered that our office manager had been embezzling from us – to the tune of \$400,000 – for more than five years. We worked out a settlement with her but got back only 20 percent of what she had stolen.”

## THE REWARDS

“I like my job and look forward to providing excellent care to every patient, every day. I am driven by the need to be an effective person. I have a great and stable office crew who have fun, work like a team, and help me succeed.”

## ON A PERSONAL NOTE

“I was single when I moved to Dawsonville. I never expected that being a prominent person in a small community would affect me, but as a single doctor in a rural town, it sometimes felt like I was living in a fish bowl.

I didn’t meet my wife, Carole, a marketing person for St. Joseph’s Hospital in Atlanta, until the mid-’80s. Her hospital was buying our community hospital at that time. Carole and I met during those negotiations, and we married in 1987, when I was 38 years old.”

## 2013: LIFE IS GOOD!

“I enjoy rural living and have never once thought of leaving Dawsonville, even when I was at my busiest during the ‘90s. I tried to recruit doctors, but when they wanted more money than I was making, I began entertaining offers from area hospitals. In 1995, I sold my practice to Northeast Georgia Physicians Group. NGPG’s hospital, located 30 miles away in Gainesville, had hospitalists on staff, so I was able to stop doing inpatient medicine. Plus, NGPG promised to get me a partner, and they delivered on that promise. Selling my practice was the right decision at the right time.

Today, I do office-based family medicine. Most of my patients are adults and have grown old with me. I’m 63 now and plan to retire at 66 ... life is good!”

**“DAWSONVILLE is known as the Moonshine Capital of Georgia and the birthplace of NASCAR. Many stock car drivers got their start by racing their souped-up cars 50 miles from Dawsonville to Atlanta ... carrying moonshine, of course.**

**Back in 1978, the population of Dawsonville was 500 – now it’s 2,500, and Dawson County has grown from 5,000 to 22,000 since I’ve lived here.”**

— PAUL BEHRMANN



## SAVE THE DATE!

### MU FAMILY MEDICINE UPDATE

**April 19-20, 2013**

HAMPTON INN AND SUITES AT THE  
 UNIVERSITY OF MISSOURI  
 COLUMBIA, MISSOURI

**MORE DETAILS TO FOLLOW!**

For information, contact the CME Office at 573-882-0366  
 or access the CME web site at [som.missouri.edu/CME](http://som.missouri.edu/CME)

UNIVERSITY OF MISSOURI

CURTIS W. & ANN H. LONG

## Family & Community MEDICINE

M224 Medical Sciences Building  
 Columbia, Missouri 65212

Telephone: 573-882-1758

Fax: 573-882-9096

<http://www.fcm.missouri.edu>

*Chair:*

Steven C. Zweig, MD, MSPH

*Vice Chair:*

Michael L. LeFevre, MD, MSPH

*Administrative Manager:*

Lori A. Johnson, MHA

*Questions and comments about this newsletter should be directed to:*

Kathy Boeckmann, MA

573-884-7916

[boeckmannk@health.missouri.edu](mailto:boeckmannk@health.missouri.edu)