

Family & Community MEDICINE

Summer 2015

SERVING AND LEADING

THE WILLIAMSON WAY

Hal Williamson, former MU Family and Community Medicine Chair, talks about his seven-year role as Executive Vice Chancellor of the MU Health System

In 2008, when UM President Gary Forsee asked you to serve as Vice Chancellor ... to go from leading a department to leading an entire health care system ... what was going through your mind?

First of all, it was a surprise. I had just told Gary that a "vice chancellor" was something he needed to have. I knew he'd been talking to a variety of people at the time, but I thought he was gathering their thoughts on the position – not on me. So when he called me to his office, I wasn't expecting him to offer me the job – then add that I had only 48 hours to decide.

After I said yes, Mary (my wife) and I left the next day for an already planned vacation. While fly fishing in Wyoming and thinking about my decision, I dropped my fly rod. The thought came to my mind that no one had been doing this job, and maybe I just left a perfectly good job that I truly enjoyed for a job where there wouldn't be anything for me to do. It turns out that wasn't the case.

Ten years as chair ... seven years as vice chancellor. How would you compare these experiences?

In a department, pretty much everyone is given the same marching orders and trying to go in the same direction. That isn't always true in a larger system.

Leaders of health systems need to help people understand that they are all going to the same place; it's the way they are getting there that's different. So the scope and scale of my job got bigger, and the stakes became quite a bit higher when I took on this position.

Sleeping through the night was a lot easier for me when I was chair than it was for me as vice chancellor (and that's not just because I've gotten older).

What were some of the challenges you faced as you transitioned from being department chair to vice chancellor of our health system?

Within a department, family medicine for instance, people have shared values, but they don't always share the same strengths, interests, and priorities. It was my responsibility as chair to help them see that ultimately they were all doing important things, and regardless what they were doing, they were contributing to the department's mission.

At the system level, people have different strengths and priorities, but they also come from a much larger arena: School of Medicine, School of Nursing, School of Health Professions, and University Hospital. As vice chancellor, I had to make the tent bigger and the vision more inclusive.

I decided to involve a lot more people in the visioning and decision-making processes. We've done strategic planning with about 70 health care leaders for the last five years – I believe that initiating this process has been one of the important things I've done as vice chancellor.

THE WILLIAMSON WAY:

CONTINUED ON PAGE 14

HAROLD A. WILLIAMSON JR, MD, MSPH, appointed Executive Vice Chancellor in 2008, led the MU Health System during a time of impressive growth and strategic alignment of clinical programs.

During his tenure, the following were created and opened: the Missouri Psychiatric Center, the Missouri Orthopaedic Institute, MU Women's and Children's Hospital, University Hospital's expanded inpatient facility, and a new clinical and research facility for the MU Thompson Center for Autism and Neurodevelopmental Disorders.

Also during Dr. Williamson's tenure, Ellis Fischel Cancer Center and MD Anderson Cancer Network, a program of The University of Texas MD Anderson Cancer Center, announced an affiliation, the Mizzou Quick Care clinics in Columbia were opened, and numerous clinical affiliations with top physician groups and health care facilities in the state were established. MU Health Care's South Providence Medical Park outpatient facility opened in January. Throughout this period, MU Health Care consistently posted a positive bottom line that has enabled it to provide more than \$30 million annually in charity and uncompensated care and invest in advanced technology and facilities.

Under Dr. Williamson's leadership, research programs in health sciences have achieved major milestones, including the opening of the Tiger Institute for Health Innovation; a \$6.8 million grant to support the transition to electronic health records and their enhanced use to improve the health of Missourians; and a \$13.3 million grant to enhance primary care through advanced health information technology, evidence-based treatment planning, and a specialized workforce to coordinate care for both patients and the existing health care team. Other major awards include an \$8.5 million grant from the National Institutes of Health for cardiovascular research, a \$14.4 million grant to the MU Sinclair School of Nursing from the U.S. Department of Health and Human Services to create a national model for reducing preventable re-hospitalizations among nursing home residents, and a \$4.5 million grant for patient-centered outcomes research.

As executive vice chancellor, Dr. Williamson led the creation of the MU Health System through alignment of hospital and physician leadership, including working with CEO/COO Mitch Wasden, School of Medicine Dean Patrice Delafontaine, School of Health Professions Dean Kris Hagglund, and Sinclair School of Nursing Dean Judith Miller.

HAROLD (HAL) A. WILLIAMSON JR, MD, MSPH
Professor Emeritus, MU Department of Family and Community Medicine

CHAIR'S MESSAGE

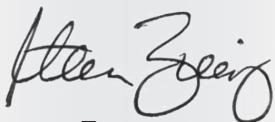
This is time of transition at MU.

After 35 years, Hal Williamson is retiring. Kathy's interview with Hal shows his great interest and skill in bringing people along and helping them to work together to find a better way. We have done that during Hal's leadership of the department and our health system. We will miss him.

We mourn the loss of David Oliver, a great friend, colleague, advocate – who embodied so much of what we value in our department: compassion, humor, respect, inclusion, collaboration – and all done with incredible enthusiasm. We send off 13 fantastic residency graduates – many staying in our own state and working in rural communities – two Dr. Natalie Long and Dr. Seth Freeman will be MUFCM faculty members. We will miss the others and welcome a great class of new residents to refill our hearts.

Our administrator Lori Johnson has retired to care for some very important people in her life. She helped us become more thoughtful about what we do. Mike Anderson has come to MU from Saint Louis University to help us become even better. He will partner with me to provide expert administrative leadership for our department.

Many of you are dealing with changes in your professional and personal lives. There is much good advice from our graduates in the pages that follow. I think we can count on change. But who is better at dealing with change than those in family medicine? Our calling is responding to the needs of our patients and communities. We welcome the growth of our families and strive to serve those who are less able within them. We are here, no matter what.



STEVEN ZWIG, MD, MSPH
PAUL REVARE FAMILY ENDOWED
PROFESSOR AND CHAIR

MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

WELCOME — — —

MIKE ANDERSON, MBA, began his role as director of department and clinic operations here at MU Family and Community Medicine in April. Before joining our staff, Mike served as department administrator for Saint Louis University Anesthesiology and Critical Care.

A graduate of Carleton College, Northfield, MN, Mike earned his MBA and MA from the University of Missouri. In addition to SLU Anesthesiology, he worked at Take Care Health Systems/Walgreen's Employer Solutions Group, Franklin, TN; St. Anthony's Medical Center, St. Louis; and Ascension Health, St. Louis. During the past 15 years, Mike has gained valuable health care, academic, and physician practice experience. In addition to administrative, fiscal, and professional responsibilities, his background includes managing physicians and physician practices in anesthesiology, critical care, primary care, urgent care, and occupational medicine.

"I'm thrilled to join MU Family Medicine, a strong, forward-thinking department that's had – and continues to have – a large impact on health care delivery," says Mike. "The opportunity to serve the department, health system, and University, as well as our patients, by promoting quality and excellence in the services we provide excites me."

Mike is married to Lee Bascom, a social worker and fellow Carleton graduate. They have two children: a son, Ames, 22, and daughter, Izzy, 15.



CONGRATS — — —

ERIKA RINGDAHL, MD, professor and director, MU Family Medicine Residency Program, was named the 2015 Nikitas J. Zervanos Outstanding Residency Program Director by the American Academy of Family Physicians and the Association of Family Medicine Residency Directors. The Zervanos award is presented annually to a residency director who demonstrates leadership and commitment to the specialty, serves as a mentor to residents and medical students, and contributes to his/her community.

"I believe in my heart that family medicine is important work; everyone needs a family doctor," says Dr. Ringdahl. "Our strong reputation, plus the high quality training we provide here at MU, makes it possible for our residency program to recruit outstanding medical students. Family Medicine Residents are well prepared when they graduate from MU. It makes us proud to see them move to communities across the country and carry out our mission of delivering excellent health care to patients."

Dr. Ringdahl, who's led our residency program since 1996, has directed the training of more than 200 family physicians. MU's Family Medicine Residency Program has graduates in 39 states, as well as in Canada, England, Africa, and the Philippines.

PAUL TATUM, MD, MSPH, an associate professor, was recently presented the **David B. Oliver University of Missouri Family and Community Medicine Faculty Award*** for demonstrated excellence in geriatrics and palliative care.

A graduate of University of Texas-San Antonio Medical School, Dr. Tatum initially came to MU to enroll in our family medicine residency program. After finishing his training, he completed fellowships in research and geriatric medicine in 2002, and then 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. Dr. Tatum returned to Missouri in 2008. He wanted to do academic palliative care and geriatric medicine, and MU offered him a position that provided opportunities to do both.

Today, Dr. Tatum sees patients at our South Providence Clinic, and he teaches family physicians, residents, medical students, and other providers the skills to deliver high-quality geriatric and palliative care to patients. In addition, he is a valued member of MU's Supportive and Palliative Care program, and he is medical director for The Neighborhoods Skilled Nursing Facility by TigerPlace and for Hospice Compassus.



***DAVID B. OLIVER MU FAMILY AND COMMUNITY MEDICINE FACULTY AWARD** is an endowment established through the generosity of DAVID OLIVER, PhD (*Family and Community Medicine faculty member who passed away in March 2015*), his wife, DEBRA PARKER OLIVER, PhD (*Family and Community Medicine Professor*), and their children.

WHEN HANNA GOV-ARI WAS BORN, HER MOTHER KNEW THAT ONE DAY SHE'D HAVE

A DOCTOR IN THE HOUSE

HANNA GOV-ARI, BORN AND RAISED IN TEL AVIV, ISRAEL, LOVES BEING A DOCTOR.

"Today, as I look back on my years as a physician, I truly believe that there is nothing else on earth that I could have been better at," she says. When asked why she chose medicine, Hanna doesn't attribute her career decision to a life-changing event or specific person she shadowed. Instead, she says, "My mother, a nurse, had it engraved in her mind that her first born would be a doctor ... and I was her first born child."

HANNA GOV-ARI, MD, knew throughout her childhood that she would become a doctor; it's what her mother wanted and expected of her. After high school, she gained acceptance into an elite program that would allow her to complete medical school before joining the Israeli Army. Military service in Israel is mandatory for everyone over the age of 18.

After earning her MD from Israeli Institute of Technology, Haifa, and then serving in the army, Hanna (Dr. Gov-Ari), Eliav (her now ex-husband whom she met and married during medical school), and their three children (ages 1-6) moved to the United States in 2001. They lived one year in Connecticut and two in Washington DC while Eliav did a fellowship in otolaryngology.

Initially when they left Israel, they had intended to return to their homeland, Dr. Gov-Ari says, which is why she did not practice medicine during her first three years in the US. She was happy to stay home and take care of her children. It was in a DC temple, where she taught Hebrew and Jewish traditions at Sunday school, that she realized she had a gift for teaching.

"Parents liked me and my teaching style," says Dr. Gov-Ari. "If you're skilled at communicating, love and understand your subject matter, and use creative ways to help others learn, then you'll be a great teacher. Teaching was very fulfilling to me."

By the time Eliav completed his fellowship in 2004, Dr. Gov-Ari says, her family had decided to stay in the United States rather than return to Israel. They moved to a medically underserved area in south Arkansas to help secure a US Visa.

Hanna Gov-Ari describes the small and very rural community where she and her family lived for four years: "We lived near the Louisiana border in a town of 6,000. It was a half-hour drive to the nearest movie theatre, and because there wasn't much else to do in our town, we saw lots of movies. There were 60 churches in the area, but the nearest temple was two-hours away; I

drove there often when my son was preparing for his Bar Mitzvah. Most of the time, we felt like outsiders and called ourselves the Jewish community. The public schools weren't the best, so we sent our children to private schools. I remember one student telling my daughter, Hagar, that anyone who didn't believe in Jesus would go to hell. That scared Hagar."

Even though life was tough and challenging then, I think it was an enriching experience for all of us, admits Dr. Gov-Ari.

During her first year in Arkansas, Dr. Gov-Ari prepared to take USMLE Steps 1 and 2, which was difficult to do with three young children. She started every day in the car, drove her kids to school, and then found a table at the local coffee shop where she sat and studied for hours. By mid-afternoon, she was back in the car to pick up her children. Evenings were family time for Hanna and her children.

Within a year, in 2005, Dr. Gov-Ari had passed both exams and started family medicine residency training at University of Arkansas AHEC South, El Dorado. This rural program, located 30 miles from her home, provided Dr. Gov-Ari broad-based knowledge and experiences in family medicine. Three years later, when she completed residency, Dr. Gov-Ari felt ready and prepared to begin her career as a family physician.

Their job hunt had a quick and happy ending in 2008 when the University of Missouri invited Hanna and Eliav to join the School of Medicine faculty. Today, after seven years at MU Family Medicine, Hanna Gov-Ari, an assistant professor in the department, speaks enthusiastically about her job and the responsibilities it includes. She does inpatient and outpatient attending for residents, and she teaches medical students. In addition, she is medical director for University Hospital's observation and short stay units.

For Dr. Gov-Ari, however, taking care of patients is what it's all about. It's easy for her to relate to others, she says.

"What I love about family medicine are the long-term relationships I develop with my patients. Providing ongoing care allows me to really know my patients and learn about what's going on in their lives," she says. "I want to help my patients get better and watch them do well at all levels – mentally, physically, and socially."

Her passion for medicine and helping people, combined with her love for travel and exploring new places, makes Dr. Gov-Ari well suited for the mission work she began last year. Since her first trip to Haiti in January 2014, she has worked in the Philippines, Ethiopia, Nicaragua, and Jamaica.

"Mission work is so rewarding. Getting to learn new traditions, cultures, and languages makes it fun, but what gives it meaning are the opportunities to help people who have little access to health care," she says. "The help we provide is limited, but it does make a difference, and the people we serve appreciate it for sure!"

Dr. Gov-Ari is grateful to be a physician, a profession that she believes chose her.

"Being intelligent and having a strong knowledge base of health information will help you be a good doctor. But to be great at your job and enjoy what you're doing, you must truly care about people and want them to feel good," Dr. Gov-Ari says. "The job I have here, I love. I'm certain there's not a profession that could bring me more happiness or rewards."



"I'm a free spirit who has joy and love for life," says Hanna Gov-Ari, MD. "People – and the relationships I develop with them – feed my soul."

CONGRATULATIONS TO OUR RESIDENCY GRADUATES

CLASS OF—



Kristina Anderson, MD is joining the faculty at St. Louis University Family Medicine Residency, Belleville, IL, where she will do inpatient and outpatient family medicine, plus OB. Kristina and her husband, Chris, will be living in downtown St. Louis.



Blake Corcoran, MD is doing a sports medicine fellowship at the University of Utah. After he finishes his training, he and his wife, Julie, plan to live in the northwest part of our country where Blake will practice primary care sports medicine.



Seth Freeman, MD has joined our faculty. He will practice at South Providence Family Medicine Clinic and do inpatient attending. He, his wife, Annie, and sons, Jackson and Luke, are happy that they can continue living in Columbia.

2015



Andrew Horine, DO and his wife, Pam, are returning to Carrollton, MO, their hometown, to live and work. Carrollton, a town of 3,700 located 60 miles northeast of Kansas City, is a great community, Andy says. He looks forward to practicing there.



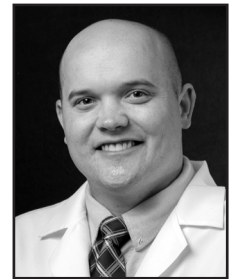
Christopher Howse, MD will be joining a small, rural practice in Clinton, a town of 7,200 located 160 miles southwest of Chicago. He and his wife, Emily, have two daughters, Avery and Olivia, and they are expecting their third child in December.



Allie Kolker, MD is doing a surgical OB fellowship at the University of Missouri-Kansas. During this upcoming year, she plans to make frequent trips to Columbia in order to visit friends and her significant other, Kyle Cupp.



Natalie Long, MD has joined our faculty, so she, her husband, Benji, and their two sons, Victor and Russell, are staying in Columbia. Natalie will practice at Keene Family Medicine Clinic, in addition to doing OB and inpatient attending.



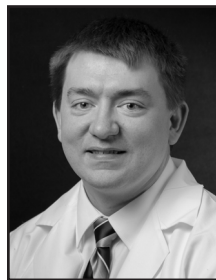
Craig Luetkemeyer, MD and his wife and classmate, Jamie, are moving to Jefferson City, MO, where they will practice in an outpatient clinic at Capital Region with classmate Morgan Schiermeier and two other MU Family Medicine alums.



Jamie Luetkemeyer, MD and her husband, Craig, are moving to Jefferson City, MO, where they will practice in an outpatient clinic at Capital Region with classmate Morgan Schiermeier and two other MU Family Medicine alums.



Mark Mueller, MD is moving to Eugene, OR, where he will practice at the Community Health Centers of Lane County. He, his wife, Sara, and their three children, Grant, Lydia, and Iris, are excited about this move and new opportunity.



Morgan Schiermeier, MD is joining Capital Region Medical Center and will practice at two mid-Missouri family medicine clinics, Holts Summit and Jefferson City. Morgan and his wife, Heather, have two daughters, Adalyn and Harper.



Kenneth Tan, MD will practice family medicine at Hedrick Medical Center in Chillicothe, a small Missouri town of 9,300 located 73 miles northeast of Kansas City. He will be joined by his wife, Whitney, and their daughter, Laine.



Kate Williams, MD will practice outpatient family medicine at Moberly Rural Health Clinic. Moberly is a small town located 30 minutes north of Columbia. Kate and her husband, Bradley, have two sons, Rowan and Maddox.

A NEW CLASS OF FAMILY MEDICINE RESIDENTS

WE ARE PLEASED TO PRESENT OUR FIRST-YEAR AND INTEGRATED RESIDENTS

RESIDENTS

PICTURED LEFT TO RIGHT

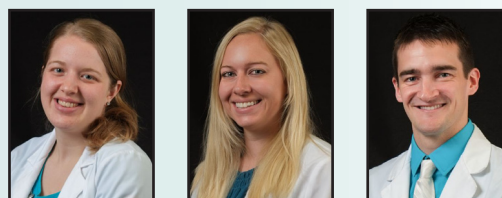
ROW 1	Chase Beliles, MD	University of Louisville
	Shari Chang, MD	University of Missouri
	Krystal Foster, MD	University of Missouri
	Patrick Granneman, DO	Des Moines University
ROW 2	Andrew Hinojosa, MD	Texas A&M University
	Rebecca Hogg, MD	University of Missouri
	Sarah Kapala, MD	University of Missouri
	Kathryn Martinez, MD	University of South Dakota
ROW 3	Andrew Peterson, MD	University of Illinois-Rockford
	Timothy Ratliff, DO	Midwestern University-Arizona
	Drew Satterfield, DO	Kansas City University
	James Tucker, DO	AT Still University-Kirksville, MO



INTEGRATED RESIDENTS

PICTURED LEFT TO RIGHT

Kristen Allcorn	Fourth-Year MU Medical Student
Kaitlin Bruegenhemke	Fourth-Year MU Medical Student
Brady Fleshman	Fourth-Year MU Medical Student



WELCOME
GERIATRIC MEDICINE FELLOW
Amit Dasgupta, MD

MEDICAL SCHOOL:
St. Georges University, Granada

RESIDENCY:
Grant Medical Center, Columbus, Ohio



CONGRATULATIONS
2015 GERIATRIC MEDICINE FELLOW
Jyotsna "Jo" Reddy, MD, MPH, a geriatric medicine fellow, is working at Landmark Hospital, a long term acute care facility in Columbia. As she pursues certification as a medical director, Jo looks forward to growing and evolving in her medical career.



2014-2016 ACADEMIC FELLOW

Sonal Patil, MD, began MU Family Medicine's fellowship program last year. She earned her MD from North Maharashtra University, India, and did an OB/GYN residency before completing her family medicine residency at Emory University, Atlanta, GA, in 2006. After residency, Dr. Patil did urgent care and worked at Kaiser Permanente while living in Atlanta, and in Boston, she did patient care at a clinic for the medically underserved. As a faculty member here at MU, Dr. Patil is seeing patients at our Keene Clinic, doing outpatient attending for residents, taking courses to earn her MSPH, and conducting research.

MU Family Medicine Graduates

Alums not included in our 2015 ASK FOR ADVICE project (pgs 6-12).

Bud Murphey, MD

1985 RESIDENT Ashland, MO

Tom Schnurr, MD

1985 RESIDENT Jefferson City, MO

Ray Carter, MD

1995 RESIDENT Seymour, IN

Anita Fast, MD

1995 RESIDENT Bolingbrook, IL

Nancy Tramil, MD

1995 RESIDENT Albuquerque, NM

Laura Eaton, MD

2005 RESIDENT Wellesley, MA

Bach Nguyen, MD

2005 RESIDENT Orange, CA

Carlos Moreno, MD, MSPH

1985 FELLOW Houston, TX

Chris Farmer, MD, MSPH

2005 FELLOW Columbia, MO

What advice do you have for our
2015 FAMILY MEDICINE GRADUATES?CLASSES
1975 — OF — 2005
◆ 1985 ◆ 1995 ◆

Alan K. David

**“May your patients be your best teachers.
May you share your knowledge with new learners.
May you advocate successfully for others.
May you lead with wisdom and strength.
May you and your family live life to its fullest.”**

**ALAN DAVID, MD
RESIDENCY CLASS OF 1975**

DR. DAVID: “I’ve been department chair of Family and Community Medicine at the Medical College of Wisconsin since 1998. Our department is made up of three community-based residency programs with 60 residents in training and 65 faculty members. I continue to practice family medicine and teach students, residents, and fellows, and I focus on workforce issues and the development of new family medicine residencies in Wisconsin.

At the national level, I am an ABFM diplomate; past president of STFM and the Wisconsin Academy Family Physicians; and past ABFM board member.

My wife, Brenda, and I have four children and six grandchildren, with one more on the way, spread out from Virginia to Ohio to Colorado to Oregon.”



Howard Hays

“I’m not sure that someone out of residency 30 years can give competent advice to new graduates because so many things have changed.

For me, the best career choice was joining the US Public Health Service (USPHS), which gave me an amazing amount of flexibility in career options and assignments, culminating in a national leadership role in health informatics. I was never enamored of the business of medicine, and national service was absolutely the best choice for me.”

**HOWARD HAYS, MD
RESIDENCY CLASS OF 1985**

DR. HAYS: “I retired at the end of 2014, after more than 27 years in the US Public Health Service. My entire USPHS career was with the Indian Health Service (IHS), in which I served as a medical officer and facility medical director, as well as other roles at a regional and national level.

Beginning in 2002, I worked with the IHS Office of Information Technology, leading the agency’s national electronic health record and health information system programs. I served as chief information officer of the IHS from 2011-14.

Since retirement, I’ve done consulting work in health informatics, and I recently joined Apex Data Solutions (based in Tampa, FL) as senior vice president for healthcare. I live in Tucson, AZ.”



Dennis Keithly

“I have none ... just a reflection. Never did I consider medicine a more noble occupation than any other, but our interaction with other humans is arguably unique. To borrow the words of a great mentor, Dr. Don Alcorn of the Mizzou FM Residency Program, we help others when they are unable – and at times unwilling – to help themselves. For me, that has been an incredible experience.”

**DENNIS KEITHLY, MD
RESIDENCY CLASS OF 1975**

DR. KEITHLY: “Following completion of residency, I practiced family medicine for just over three years. For the past 36+ years, my practice has been emergency medicine. Family medicine was great, but EM was always my spark. I work at Mercy Hospital, St. Louis. Retirement is about a year away.

When not at the hospital, I enjoy spending time with my family, especially my five awesome grandchildren.”

“In short, LIVE, LOVE, AND LAUGH EVERY DAY! Be confident that you’ve been more than adequately prepared through your residency training at MU to handle all challenges that lie ahead of you. Your/our residency is the leader in family medicine and will support you in the years to come.

Today you embark on a career path that is, indeed, a blessing ... to provide aid, comfort, and guidance to your fellow man. It is not a job, it is a calling; treasure it always.

Lastly, be humble enough to learn from your patients; they are your best teachers.”

**STEVE BROMAN, MD
RESIDENCY CLASS OF 1985**

DR. BROMAN: “I’m still working full-time with Associates in Family Medicine in Fort Collins, CO, which since 1990, has grown from 10 to 35 physicians working at nine offices – with 12-15 mid-level practitioners. In December 2013, I gave up assisting in the miracle of birth; we’ve had fewer phone rings at night and on the weekends since then. I continue to enjoy caring for my patients daily while providing in-office and hospital-based procedures, but our third EMR transition to Epic last year created more gray hairs and gastric ulcers than I can count.

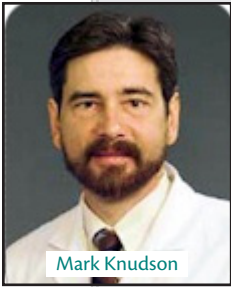
Parental responsibilities never end. Erik and Alia are both married, and Hans graduated from CSU two years ago. Donnis, my partner for over 40 years (!), and I have been blessed to travel, most recently to Tanzania (2013) and Cuba (2015). Frequent, short trips to our condo in Steamboat Springs are mental health breaks from the grind of everyday life.”



Steve Broman Family

What advice do you have for our 2015 FAMILY MEDICINE GRADUATES?

CLASSES
1975 — OF — 2005
♦ 1985 ♦ 1995 ♦



Mark Knudson

“My residency experience taught me an approach to procedural medicine. I’ve done OB and various procedures (in-patient lines, thoracentesis, outpatient joint injections, and minor skin procedures). I greatly value a break in my day, between the depressed patient and the multi-problem geriatric patient, to do something simple like remove a concerning mole or insert an IUD.

The other lesson I learned in Missouri is the importance of people. When advising students on how to pick a residency, I ask, “If you go backpacking in the mountains, would you rather have: 1) the best camping equipment; 2) a great place to camp, or 3) great people to go camping with?” Their answer is always great people.

I was surrounded by great people when I was a resident at Mizzou and have found a job that ensures I always have great people around me.”

MARK KNUDSON, MD
RESIDENCY CLASS OF 1985

DR. KNUDSON: “Since leaving Missouri, I’ve been at Wake Forest School of Medicine Family and Community Medicine. I just stepped down after six years as associate dean for students to become executive vice chair in family medicine. It’s a great relief to step away from the politics of the medical center and be focused on working with our department. Having served roles with student education, as program director of the residency, as associate dean, and now as vice chair, I realize that working with residents is the most joyful part of my job.

Personally, my children are grown and moved out of our home. My youngest is working (and taking a temporary break from college). My middle daughter is in her last year of medical school, and my oldest daughter is a special education teacher in New York. My wife, Jenni, stepped away from her role as special education teacher for teens with emotional and behavioral disorders to be a preschool teacher. She enjoys her new job and working with younger students. I continue to pursue my favorite pastime of road biking – trying to log 50-100 miles a week as often as I can.”

“Work hard, keep your focus, remember why you went into medicine (family medicine in particular), and find a position that lets you love the work you do.

And try to love and care about the patients you serve; otherwise, the practice of medicine is just too hard these days.”

HAROLD KOENIG, MD
RESIDENCY CLASS OF 1985

DR. KOENIG: “After my family medicine residency at Mizzou, I went to Duke University to complete a geriatric medicine fellowship. I stayed at Duke to do a psychiatry residency and geriatric psychiatry fellowship. I am now board certified in general psychiatry, and formerly certified in family medicine, geriatric medicine, and geriatric psychiatry.

I joined Duke’s psychiatry faculty in 1992, and am now professor of Psychiatry and Behavioral Sciences and associate professor of Medicine. I founded Duke’s Center for Spirituality, Theology and Health in 1998, and have directed it since.

Because of my research collaborations with colleagues worldwide, I’ve earned adjunct faculty positions at King Abdulaziz University in Jeddah, Saudi Arabia, and at the School of Public Health, Ningxia Medical University, Yinchuan, People’s Republic of China.

Today, I’m focused on conducting research on religion, health, and ethical issues in medicine and training others to do research in this subject area. I’ve authored/co-authored nearly 500 peer-reviewed articles and book chapters, and more than 40 books. My research has been featured on national TV news programs (ABC’s *World News Tonight*, *The Today Show*, *Good Morning America*, *Dr. Oz Show*, and *NBC Nightly News*). In addition, I have spoken on many widely broadcasted radio shows; been cited in *Reader’s Digest*, *Parade Magazine*, *Newsweek*, *Time*, and *Guidepost*; and testified before the US Senate and House of Representatives about the benefits of religion and spirituality on public health.

I received the 2012 Oskar Pfister Award from the American Psychiatric Association and the 2013 Gary Collins Award from the American Association of Christian Counselors. It’s been a glorious career, and it all started at Mizzou!!”



Harold Koenig

“One of my favorite quotes is, ‘Change enough of the little pictures and you’ll find you’ve changed the Big Picture.’”

LINDA BLACKWELL, MD
RESIDENCY CLASS OF 1985

DR. BLACKWELL: “I am working as a locum and volunteer in Bellingham, WA. I remain grateful for family ... my husband, our two sons, and our daughter – as well as the long-time significant others of our children. We were able to get away to Maui for my 60th birthday. What I have found helpful throughout my career are the stress reduction/mindfulness practices taught to me by Vicki Straub when I was a Family Medicine Resident at MU.”



Linda Blackwell Family

What advice do you have for our 2015 FAMILY MEDICINE GRADUATES?

CLASSES
1975 — OF — 2005
♦ 1985 ♦ 1995 ♦



Sylvia Wittels and her husband Joe

“Avoid burnout by balancing your life, exploring new interests, and adding to your skills.”

SYLVIA WITTELS MD
RESIDENCY CLASS OF 1985

DR. WITTELS: “I am in the process of returning to medicine after a decade exploring elementary school teaching. I became a small group

guided reading teacher and a math tutor. I also tried to help other teachers explore science in the classroom. I intend to use my educational skills to be a better doctor.

I’m going through a re-training process at a clinic where I hope to soon be employed. It has a diverse patient population, which will give me many opportunities to use my Spanish. Also, it is very close to the farm in Bernalillo, where my husband Dr. Joe Alcorn, plans to be a farmer. Once I’m out practicing again, I plan to return to Columbia and attend the MU Family Medicine Update.

My sons are doing well. Stan just started a job doing investigative journalism with Reveal, and you can see Ted, also a journalist, on C-Span discussing gun laws! Both live in Brooklyn.”



Becky and Dick Lueckenhoff

“Be willing to think outside the conventional medicine box. Think with your head and listen with your ear. Many patients just need someone to talk to ... not necessarily an RX.”

BECKY LUECKENHOFF, MD
RESIDENCY CLASS OF 1985

DR. LUECKENHOFF: “After residency, I practiced in Jefferson

City. First, I worked a couple years for a family practice group, then did solo practice 3-4 years. When managed care came along, I joined a large multi-specialty group and worked there until 2007. I started a unique subspecialty practice managing hormone related-problems in menopausal women using bio-medical hormones and nutritional supplements. This treatment option was very effective and rewarding for most women.

Unfortunately I was diagnosed with a brain tumor in 2008. This recurred in 2011 as a glioblastoma, and again last year, biopsy revealed persistent tumor. Each diagnosis has required me to undergo chemo treatments, which have caused me to develop other health problems. I’ve been forced to cut back on my work to the point that I anticipate retiring by the end of this year. Last MRI in May was ‘ok.’

Dick and I have been married more than 40 years. Our daughter, Angela, and her husband, Darren, have blessed us with two grandsons, ages 4 and 6. They live in St. Louis, and we attend many of their hockey and baseball games.”

“Follow your hearts and your clinical interests; pursue those passions that provide you satisfaction, and above all, care for your patients, as they will be a source of great professional joy!

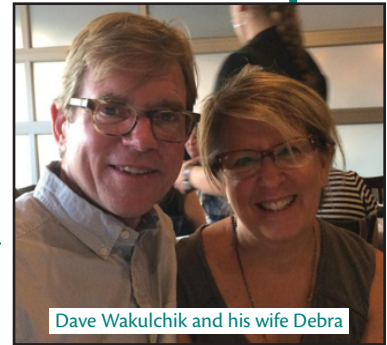
Find mentors who can guide you along the way. Don’t be afraid to take on challenges, and don’t be afraid to fail. As primary care continues to blossom and gain in prominence, more opportunities will be available to you.

Take care of yourself and your family; develop hobbies and outside interests as you progress through life. Before you know it, you’ll be 30 years out from residency!”

DAVE WAKULCHIK, MD
RESIDENCY CLASS OF 1985

DR. WAKULCHIK: “I’ve been program director the past eight years at Aultman Family Medicine Residency (7 residents/year) in Canton, OH, a large community hospital associated with the Northeastern Ohio Medical University. Currently, I’m assessing options for my future.

My oldest daughter, who lives in Ohio, is getting married this fall, and my other children are scattered across the country: Chicago, NYC, and San Francisco (none in Missouri!). I’m remarried and my wife, Debra, is an artist and child psychologist, which is an interesting mix! One of my stepdaughters begins OB/GYN residency at University of Michigan in July, so at least one of the family will carry on the physician legacy.”



Dave Wakulchik and his wife Debra

“Medicine is a pendulum. Keep up with swings (we’re now in the 4th generation of BP recommendations since we left training). It’s a wild ride, and I see good things coming for conscientious family physicians in the future. Good luck!

Another word of advice (that I’ve practiced and has saved me much handwringing) is a cast-off statement from Jack Colwill, ‘Don’t be the first person to use a new drug and don’t be the last one to use an old drug.’”

TERRI WEBER, MD
RESIDENCY CLASS OF 1985

DR. WEBER: “It’s been a privilege to take care of patients. Twenty five years in the same area, Colorado Springs, I have watched babies grow up and have babies. The desire to stay current in this ever-changing field was instilled in me by MU faculty: Drs. LeFevre, Williamson, Blake, Colwill, and Perkoff. Some of the most practical things I still use came from Vicki Straub and the NPs.

My husband, Dinny, an infectious disease physician, and I have two children. Our daughter, KT, is a surgical intern, and our son, Robert, works in commercial photography in New York City.”



Terri Weber Family

What advice do you have for our 2015 FAMILY MEDICINE GRADUATES?

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◆ 1985 ◆ 1995 ◆



Paul Bloomquist

PAUL BLOOMQUIST, MD
RESIDENCY CLASS OF 1995

DR. BLOOMQUIST: “I just joined the commissioned corps of the US Public Health Service as part of my mid-life crisis. (yes, I still love my wife, and no, I don’t want a Porsche.) I am the HIV provider at the Phoenix Indian Medical Center, where I’ve been for the past nine years

Photo: Rear Admiral Scott Giberson is pinning my rank at the commissioning ceremony on 4/10/2015, same day as my 23rd wedding anniversary. I’m committed to at least 15 years before I can retire ... all kinds of commitment there.”

“You’ve entered a great profession, and an essential specialty. While we often focus on the demands we face, we actually have great flexibility in where and how we care for patients. There’s no end to the learning, teaching, and service opportunities we have. Don’t forget that most of these options will remain there during your career, and you can change your practice in big or small ways ... and that ongoing relationships with patients is the best part of the job.”

JIM STEVERMER, MD
RESIDENCY CLASS OF 1995

DR. STEVERMER: “I have remained with the department since graduating. While completing the fellowship program, I transitioned my practice to Callaway Physicians, where I am now the medical director. I work with residents in the inpatient and outpatient settings and have an active nursing home practice. I teach in the first year of the medical school curriculum, as well as serve as medical director for the school’s rural track.

Judy and I live in Fulton in an energy-efficient house that she designed. Judy routinely volunteers as a Master Naturalist; her primary interest is prairies. Our daughter, Fern, is studying trombone and music education at a large university in Kansas.”



Jim Stevermer Family

“In adversity, be patient. Stay true to what you know to be right. With much focus these days on the accidental qualities of practicing medicine, it takes an intentional effort to continue to improve the cognitive and perceptive aspects of patient care. In regards to the latter, MU Family Medicine Residency excels in providing a sound foundation.”

PAT HERRICK, MD
RESIDENCY CLASS OF 1995

DR. HERRICK: “I am practicing outpatient and inpatient family medicine, and delivering babies, in Olathe, KS.

My wife Liz, who took off to care for our children after we moved here, is teaching again. Our oldest of four daughters, Emily, a Tulane graduate, is teaching high school biology in a rural area under the Mississippi Teachers’ Corps. This spring, she asked me to co-teach a lesson on epidemiology with her in which the students had to solve a simulated epidemic originating in the school cafeteria. It was a great experience. Despite her prompting, they continued to pronounce “cholera” as somewhat rhyming with “Xolair” with an ‘a’ on the end. Anna is a sophomore at KU and interning with the Koch (Brothers’) Institute this summer. I now own some Jayhawk apparel. Madeline, a junior, is eyeing a health career and only occasionally asks me for help with chemistry. When Abby gets her permit, I will be teaching my fourth driver. I think I pay more for car insurance than my employer does for malpractice insurance.

I’m getting involved with medical education and attended the ACGME conference this spring. My running buddy, Mike Mathews, was anatomy lab partner with Dr. LeFevre, and MU alum Matt Fieleke is one of my practice partners. Recently I referred a patient who’s moving to Springfield to Dr. Mark Ellis.”



Pat Herrick Family

“I would advise caution on corporate medicine, but I understand the security it can seem to provide.”

PATRICK WILLIAMS, MD
RESIDENCY CLASS OF 1995

DR. WILLIAMS: “I’m currently a partner at a six-person private family medicine clinic in Portland, OR. Prior to this, I was in solo practice in a suburb of Portland. Right after residency, I did urgent care in Los Angeles while my wife, Dr. Lisa McCluskey, MU grad, did her Gyn-Oncology fellowship at UCLA.

We’ve been married 25 years and have two children. I’ve developed a strong interest in watercolor painting and use the office as my defacto gallery.”



Patrick Williams

What advice do you have for our 2015 FAMILY MEDICINE GRADUATES?

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“Keep the family in Family Medicine, for they can be your greatest source of balance, wisdom, compassion, humility, joy, and inspiration. From the births of my children to the deaths of my parents, those relationships have been the living laboratory where my heart as a healer draws its strength. When I’ve followed my heart toward work I am passionate about, I have found sustained energy for the unpleasant parts of my job.

One of my daughters asked me, “Mom, are all physicians as happy as you are?” My hope is that in time, the answer will be ‘Yes!’ for her generation and mine. Three of our children are pursuing careers in medicine.

Finding that balance between work and family – and between mind, body, and spirit – has helped me maintain the idealism that drew me to medicine. It has been a blessing to me, my family, and hopefully my patients, far beyond what I ever imagined was possible when I started the journey. I hope you find your bliss!”

LAUREL WALTER BAUMSTARK, MD
RESIDENCY CLASS OF 1995

DR. BAUMSTARK: “When I look back at the lifeline we created as first-year residents, I am amazed at how closely those anticipated peaks and valleys have matched the last 20 years. After 18 years at the University, nine years in private practice, and seven in the ER, I’m still thankful for the opportunities I’ve had to empower healing in the lives of others ... and be a mostly at-home mother.

Favorite experiences have been 32 years of marriage, parenting five children (ages 25, 20, 17, 14 and 9), helping start four birth centers across Missouri, creating new systems as an ER medical director with BJC, sharing medical mission trips with the children, and restoring an 1860’s log cabin as a family retreat in the woods.

My newest joy is spending one day a week in Columbia with our grandson, 2, as his parents pursue their medical careers. In 20 years, that lifeline seems to have become a circle, growing in joy and meaning with each turn, and I’m thankfully anticipating the next 20 years, with dreams of more birth centers, more grandchildren, and work with the World Health Organization on maternal/child issues.”



Laurel Walter Baumstark Family



Alph Wise Family

“Spend some time finding what you love. The great thing about family medicine is it can be almost whatever you want it to be. And don’t be afraid of independence. There are lots of ways to make it work, and the freedom it brings can keep you from burning out. Love what you do.”

ALPH WISE, MD
RESIDENCY CLASS OF 2005

DR. WISE: “For the past nine years, I’ve been in private practice in Walnut Creek, CA. We are a small office with two MDs and a nurse practitioner, and we provide full-scope family medicine to people all ages. I do a lot of sports medicine and also treat patients with addiction problems. I don’t do inpatient or OB. (Not too sad about that) I’m involved with the board of our IPA and our local Medicare ACO.

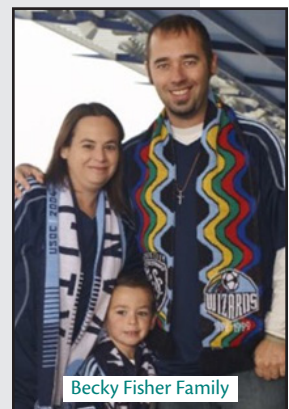
I like my practice, but my true joy comes from my beautiful family: my wife, Amy, and our five kids, ages 5 to 15.”

“At times it is easy to lose focus on why you chose family medicine. The increasing demands of insurance companies, paperwork, and computer work can be frustrating. But thinking about the wonderful patients and families you have opportunities to know and care for will make it worthwhile. Also, don’t forget to spend time with your own family, as time goes by quickly ... and you’ll never get that time back!”

BECKY FISHER, MD
RESIDENCY CLASS OF 2005

DR. FISHER: “I live in Liberty, MO, a suburb of Kansas City, where I do outpatient family medicine at Liberty Clinic. Our multi-specialty primary care clinic includes a fantastic group of family medicine, internal med, and peds physicians.

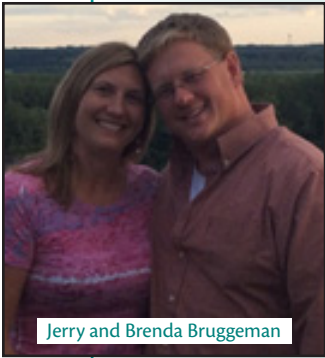
When not at work, I keep busy with my 6-year-old son, church activities, running family 5K races, and cheering on the Sporting KC soccer team. When I started at Mizzou, I never imagined I’d end up living in Missouri for such a long time.”



Becky Fisher Family

What advice do you have for our 2015 FAMILY MEDICINE GRADUATES?

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Jerry and Brenda Bruggeman

“Don’t be afraid to reinvent yourself or your career! Many in health care are intimidated by all the sweeping changes (economic and regulatory), but I believe it to be fertile ground ... where physicians can retake the helm and improve health care.

Also, my work for patients at the end of life has caused me to take a very hard look at how, and with whom, I spend my time. You have the

right, and the ability, to make these choices – both personally and professionally. Exercise your rights!”

**JERRY BRUGGEMAN, MD
RESIDENCY CLASS OF 2005**

DR. BRUGGEMAN: “After much hard work and experimentation, my business partner and I have developed a model for a long term care practice that allows us to sustainably and successfully serve our society’s most frail, yet cherished, population. This includes nursing home and assisted living/residential care, hospice care, and even some home-bound patients. I spend my days driving through mid-Missouri, caring for people of advanced age or illness, learning about Missouri culture and geography, and striving to improve the *business of medicine*.

Despite the constant needs of these patients, their loved ones, and their caregivers, I manage plenty of travel and adventures with my family: Brenda, my wife of 22 years, and our three sons, ages 16, 13 and 11.”



Erik Van Riessen Family

“Class of 2015: Enjoy the ride but don’t drive too fast!”

**EREK VAN RIESSEN, MD
RESIDENCY CLASS OF 2005**

DR. VAN RIESSEN: “After residency, we moved to Springfield, MO, where I accepted a job with Cox-Health. Initially I did outpatient family medicine while working part-time in urgent care. After three years, I decided to focus on outpatient family medicine and practice at the Cox-Health Center Southern Hills clinic.

When my wife, Keri, and I moved to Springfield, our son, Wade, was still a baby; our daughter, Josi, was born during our first year here. Keri has been our full-time family manager, and her job is getting increasingly busy. The kids are active with sports, music, and school, and we completely enjoy watching them grow up.

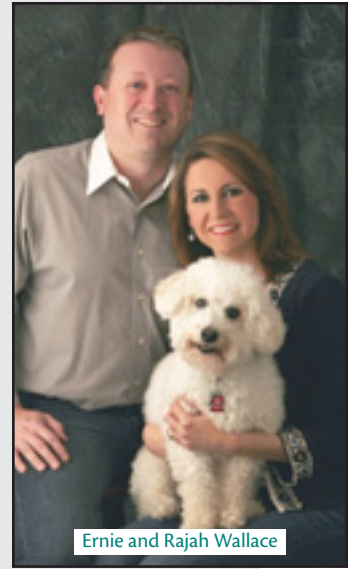
As a family, we love exploring the area by camping, hiking, and kayaking. I say love, but that’s only been the past two years. Previously, it was all about not having the right snack or juice, forgetting the bug spray, walks that were too long, days that were too hot, drives that were too far ... ahh, the memories!!!”

“Training at Mizzou has prepared you well for whatever path you choose. Enjoying your work will make you a better physician, so do something you love. There are many options. Make time for your loved ones. Work hard; play hard, too!”

**ERNIE WALLACE, MD
RESIDENCY CLASS OF 2005**

DR. WALLACE: “Hard to believe a decade has gone by since finishing my training in Columbia. Since then, my wife, Rajah, and I have made our home in Quincy, IL. I work in urgent care full-time with three other physicians. We are owner/partners of Quincy Medical Group, a multi-specialty group that includes about 100 providers. Our walk-in practice, open six days a week, is quite busy – averaging about 30,000 patient encounters annually. Even though Quincy has a population of only 40,000, we serve a population radius of nearly 250,000 overall. Our practice uses EPIC EMR. Urgent care was never my long-term plan coming out of residency, but I love it and have found it a very rewarding alternative to traditional family medicine. Some of the best training I got as a resident for the job I do today may have been at the Callaway Hospital ER (but I never would have admitted that then!).

Rajah keeps busy as the evening news anchor for our local CBS/ABC affiliate. In free time, we enjoy traveling and watching movies. I also play golf every chance I get! We still go to Columbia a couple times a year to watch the Missouri Tigers.”



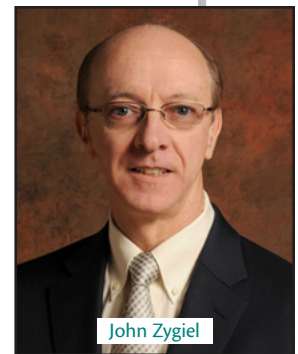
Ernie and Rajah Wallace

“ 1: Find your niche.

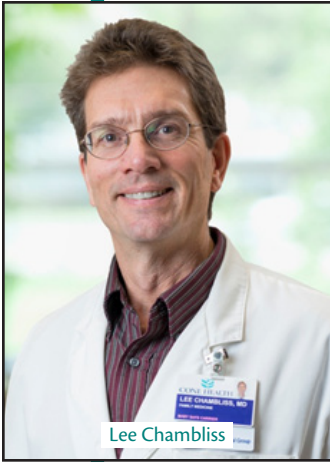
2: In your job search, realize that you have graduated from an excellent residency program and are a very valuable job candidate.”

**JOHN ZYGIEL, MD
RESIDENCY CLASS OF 2005**

DR. ZYGIEL: “As a Family Medicine Resident at MU, I did a wonderful ER rotation at Callaway Hospital, in the rural setting of Fulton. That rotation afforded residents the feeling of independence, with the attending physician available – but not necessarily present – in the ER or even in the hospital. It was at Callaway that I found my niche, and I’ve worked in rural ERs since leaving residency ... first at Cooper County Memorial Hospital in Boonville, and, for the past two years, at Graham Hospital in Canton, IL, not far from Peoria. I think my family medicine background has provided me a strong knowledge base for the work I do in the ER, which can be clinic-like much of the time, in a rural setting.”



John Zygiel

What advice do you have for our
2015 FAMILY MEDICINE GRADUATES?CLASSES
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Lee Chambliss

“Family medicine is a wonderful career. Embrace change as opportunity. Spend much less than you make. Time has a way of making important things seem less so and unimportant things seem more so.”

LEE CHAMBLISS, MD, MSPH
FELLOWSHIP CLASS OF 1995

DR. CHAMBLISS: “I am working part-time: two months on – two months off. During my *on* time, in addition to my faculty duties at Cone Health Family Medicine Residency, Greensboro, NC, I’m helping train and create opportunities for health educa-

tors in primary care offices and experimenting with high-volume, team-based office schedules.

During my *off* time, my wife and I are traveling internationally and hiking/paddling/piddling.”

“1. Take care of yourself! You have to take care of yourself so you will be able to take care of others! (This is advice I frequently give to caregivers of my patients.)

2. Perfection may be a goal, but it should not be an expectation. It’s ok to only be excellent! Accept that you are perfectly imperfect and embrace your humanity!”

KEVIN CRAIG, MD, MSPH
FELLOWSHIP CLASS OF 2005

DR. CRAIG: “I am the medical director and a physician member, along with Drs. Steven Zweig, Paul Tatum and David Mehr, of the Supportive and Palliative Care program at the University of Missouri. This team cares for and supports patients and families with serious, life-threatening illness at any stage of their disease; we also educate faculty colleagues, staff, fellows, residents, and medical students to do the same. I work at University Hospital with geriatric medicine fellows, family and internal medicine residents, and medical students; at Ellis Fischel Cancer Clinic with Mary Cunningham, APN, and at patients’ homes with Hospice Compassus. I’m also helping others from our department teach family medicine residents how to be mindful and resilient in order to prevent burnout.

Personally, I have an amazing wife and two great sons. We enjoy sports and outdoor activities, and we camp, fish, and travel when we can. And I’m trying to break some of the unhealthy habits I’ve developed during the past 45 years, which include eating processed foods and leading a sedentary lifestyle!”



Kevin Craig Family

THE LOSS OF A
DEAR FRIEND AND COLLEAGUE

DAVID B. OLIVER, PhD, retired clinical professor of Family and Community Medicine and deputy director of the Interdisciplinary Center on Aging, passed away on March 14, after living with a cancer diagnosis made in 2011.



Since joining the University of Missouri in 1996, Dr. Oliver served many roles in our health care system, including professor in HMI, director for care quality, nursing home administrator, and leader of various initiatives to improve care for older people. His last career was a teacher of the living and dying process, which he began in September 2011 after being diagnosed with Stage 4 nasopharyngeal cancer.

David and his wife, MU Family and Community Medicine Professor Debra Parker Oliver, PhD, a nationally recognized researcher in hospice and palliative medicine, produced dozens of videos, wrote a book, and gave numerous local and national presentations designed to turn their experiences with David’s cancer into teachable moments. For more than three years, medical students; physicians and other providers; and patients, families, and caregivers across the world learned and were inspired by David Oliver’s cancer journey.

The David B. Oliver Family and Community Medicine Faculty Award was established in 2013, with donations from David, his wife, Debra, and their children. Recipients of this annual award are faculty members who demonstrate excellence in geriatrics and palliative medicine.

To make an online donation to this fund, please visit:
<http://fcm.missouri.edu/Fundraising.aspx>

AWARD-WINNING RESEARCH AT MU FAMILY MEDICINE

OPTIMIZING DISPLAY OF BLOOD PRESSURE DATA
TO SUPPORT CLINICAL DECISION MAKING

\$2.2 million R01 grant: Agency for Healthcare Research and Quality

PRINCIPAL INVESTIGATOR:

Richelle Koopman, MD, MS, MU Family and Community Medicine

CO-INVESTIGATORS:

Michael LeFevre, MD, MSPH, MU Family and Community Medicine

Jeff Belden, MD, MU Family and Community Medicine

Victoria Shaffer, PhD, MU Psychology/Health Professions

Mihail Popescu, PhD, MU Health Management and Informatics

Linsey Steege, PhD, University of Wisconsin

Debbie Cohen, PhD, Oregon Health Science University

A PROBLEM-SOLVING INTERVENTION FOR FAMILY
CAREGIVERS IN PALLIATIVE ONCOLOGY

\$250,000 R21 grant: National Cancer Institute

PRINCIPAL INVESTIGATOR:

Karla Washington, PhD, MU Family and Community Medicine

CO-INVESTIGATORS:

Debra Parker Oliver, PhD, MU Family and Community Medicine

Kevin Craig, MD, MSPH, MU Family and Community Medicine

Paul Tatum, MD, MSPH, MU Family and Community Medicine

David Albright, PhD, University of Alabama

George Demiris, PhD, University of Washington

GLOBAL HEALTH EXPERIENCE

MU Family Medicine Residents, KRISTINA ANDERSON & ALLIE KOLKER, along with four medical students, participated in MU's annual mission trip to Jamaica in March. Dr. Ashley Millham, MU Family Medicine alum, went as supervising physician, and Dr. Gordon Christensen, MU Professor of Medicine, served as faculty sponsor of the group.

KRISTINA ANDERSON, MD, who made this same mission trip in 2014, describes what she learned and experienced this year in Jamaica:



LEFT: DR. KRISTINA ANDERSON
RIGHT: DR. ALLIE KOLKER

“While in Jamaica, we provided outpatient care at the Falmouth Clinic and did home visits daily. Some of us also traveled to rural clinics

to do patient care. When we weren't with patients, we attended lectures given by Dr. Christensen and members of our group.

During our off hours, we visited popular recreational spots in the area, including Glistening Waters, Dunn's River Falls, and Montego Bay. Even though these attractions were impressive, I think our most valuable non-clinical experience was exploring Falmouth. We relished the opportunity to talk with folks at local hang-outs; buy mangoes and sugar cane in the town center; eat jerk chicken sold by street vendors; and laugh at jokes told by the locals. We also attended a church social – it was awesome, and we sampled the unique and delicious ice cream flavors in Jamaica.

This mission trip was definitely life changing. Not only do global health experiences allow us to serve the host community, they also train us to diagnose and treat illness without access to the advanced tests, medications, and resources we have here in our country. We must rely on our own clinical skills and assess risks versus benefits for any treatment or advice we give. Learning in a community where the culture, colloquial language, social structure, and health beliefs are new and unfamiliar is fundamental to global health training. I've been there twice now and still feel like I've barely scratched the surface of understanding what it means to be Jamaican.

Practicing primary care in a low-resource setting is a privilege as well as a challenge. Our goal was to determine how to best apply what we consider standard of care to the clinic and its patients. Monitoring medications, providing comprehensive preventive care for each age group, and matching medication supply to demand were continuing challenges we faced. We're trying to improve data gathering on the diagnoses and services provided so that in the future we can better meet the needs of this community.

Allie and I learned firsthand that providing effective urgent care is a considerable challenge in Jamaica. One evening, after we had finished clinic and were resting in our apartment, a young girl knocked frantically on our door. She wanted us to come and help a local teenager who was having a seizure and had hit his head on the concrete. We had no history on this young man, except that he had some sort of seizure disorder. He was still having partial seizures when we arrived, so we placed Ativan under his tongue. We put multiple saline bullets into a 20 cc syringe to irrigate his scalp laceration, then we sutured the wound. His mental status improved after receiving the Ativan; he was oriented but drowsy. We recommended he go to the local hospital, but his family didn't have money to do that. Even though we felt good about stabilizing him and suturing his laceration, we were frustrated that we couldn't get him a CT scan, tetanus shot, appropriate seizure

medication, or meaningful follow up care. Before he left, we gave him wound care instructions, Keflex for the sutured lac, and the best precautions for concussion and intracranial bleeding we could think of – that was the best we could do.

Continuity of care is another challenge in Jamaica. No health care teams come to Falmouth from May to September. In fact, we were the second to last group to work there this spring, so before we left, we gave out as many medication refills as we could.

During my first trip to Jamaica I was in awe of the community and its culture, which was unlike any place I've ever lived. This year, feeling less culture shock, I was able to see so many things we needed to change to improve care for the people in Falmouth. Realizing there was little I could do to make these changes, I felt frustrated. Hopefully, more focused preparatory work, better data collection, and stronger collaborations with other health teams serving Falmouth will alleviate my frustrations on the next mission trip I take to Jamaica.

My global health trips have arguably been the most important and educational experiences of my residency. Even though they are miles away, there are patients in Falmouth whom I think and worry about often. I am excited to return there next year to work with and supervise MU Family Medicine Residents who share my passion for learning about and caring for underserved and culturally diverse populations.

Despite our cultural differences, the universal truth is that all people, regardless of where they live, need and deserve a trusted provider to help them lead long and healthy lives. Experiencing the world through medical service makes you truly appreciate Bob Marley's sentiment: One Love!”



MU MEDICAL MISSION TEAM: JAMAICA 2015

This trip was supported in part with money from our **GLOBAL HEALTH TRAINING FOR FAMILY MEDICINE RESIDENTS FUND**. The purpose of this fund is to equip residents with the knowledge, skills, and attitudes needed to deliver health care to diverse populations. To make a donation to this fund, please see: <http://fcm.missouri.edu/Fundraising.aspx>

After you left our department, what did you miss most about family medicine?

I missed the easy collegiality among a group of people who shared a tight history and future.

What prompted your decision to retire?

Earlier this year, when we learned that the Chancellor had decided to eliminate my position, Mary and I reconsidered our future. We agreed that retirement seemed to be the best option.

During your 35-year career at MU, what role made you the happiest ... doctor, teacher, administrator?

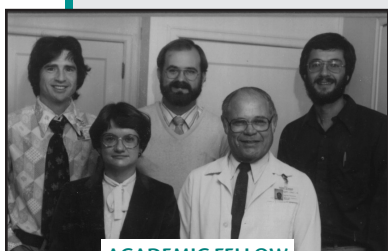
Husband, father ... and now, grandfather.

I've truly enjoyed my role as physician; in fact, most people thought I was crazy to keep seeing patients after I became vice chancellor. But patient care is fundamental; it keeps me grounded. Plus it's been incredibly helpful for me to see how our health system works through someone else's eyes. A lot of my patients are older and have illnesses that require hospital stays or care

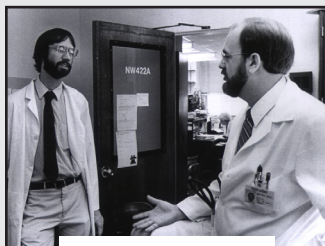
from a specialist. Most of them don't mind telling me when things in our system are working well – and when they're not. The feedback I've gotten from many patients is positive; they say that the care they've received here has improved during the last several years, and I feel good about that.

However, saying good bye to them these last three months was even more brutal than I imagined it would be. I knew it would be hard, but it was really, really hard ... so that must mean I liked it, right?

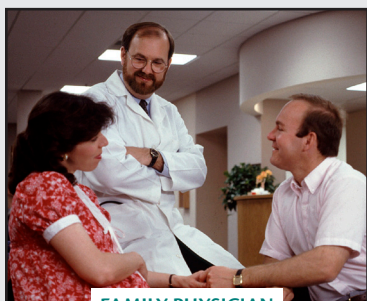
THE WILLIAMSON WAY: CONTINUED ON PAGE 15



ACADEMIC FELLOW



RESIDENCY DIRECTOR



FAMILY PHYSICIAN

Hal Williamson, MD, MSPH

CELEBRATING THE ROLES HE SERVED AND
THE LEADERSHIP HE PROVIDED DURING HIS
35 YEARS AT THE UNIVERSITY OF MISSOURI

- 1980-82 ... University of Missouri: Academic Family Practice Fellow
- 1982 Faculty: MU Family and Community Medicine
- 1983-89 ... Director: MU Family Medicine Residency
- 1990 Sabbatical: University of Washington-Seattle
- 1991-97 ... Associate Chair: MU Family and Community Medicine
- 1993-06 ... Medical Director: MU Area Health Education Center
- 1997 Interim Chair: MU Family and Community Medicine
- 1998 Chair: MU Family and Community Medicine
- 2008 Interim Executive Vice Chancellor: MU Health System
- 2009 Executive Vice Chancellor: MU Health System
- 2015 Professor Emeritus: University of Missouri



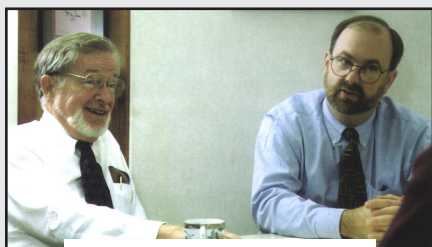
DEPARTMENT CHAIR



FAMILY PHYSICIAN



TEACHER AND MENTOR



ASSOCIATE DEPARTMENT CHAIR



HUSBAND AND FAMILY MAN



EXECUTIVE VICE CHANCELLOR

Is there anything on your to-do list that you wished you had time to accomplish?

Sure. That's why we have a strategic plan every year that outlines all the new stuff I want to get done.

What I thought when I took this job, and what I think now, is that the intersection between business and academia is really, really hard, but it's a really, really great sweet spot if you can hit it from time to time. If you can get people – from the hospital and our schools – focused on a similar vision, it is so powerful. Our doctors and hospital administrators are better aligned and communicating more than they used to. Docs understand what makes a hospital succeed; hospital execs have learned what fuels a med school's success. That wasn't the case when I started this job, and I'm pleased to see that it's happened. The relationship between school and hospital is about 65 percent better – that's good, but I wanted to get it 85-90 percent better before I moved on.

Mitch Wasden and I did a high five when we opened our Patient Care Tower two years ago. We were sure that the University would never need another hospital, but now we're already at a place where we should be planning a new patient tower with space for 100-200 beds.

Way back in our early strategic planning, 2010-11, we decided that for our system to be successful, we needed to bring in private practice docs. This strategy was working at several of the bigger health systems across the country. Some departments in our med school have been resistant to these efforts, however. They think they can grow their own docs.

Here's the challenge, though. When a chair hires a new physician, the person is usually not 100 percent clinician. This is good because we want them to do research and teaching, too. As the number of academic faculty increases, so does our number of non-clinical FTEs. We need to find ways to pay for non-clinical time. By bringing private practice surgeons to our hospital, we increase patient numbers and our revenues. We've set up a gain sharing plan that requires the hospital, after it makes what it needs to stay healthy, to share some of its revenues with the medical school.

Many academic health systems are flirting with going belly up ... but here in Missouri, the volume, revenues, and patient numbers in our health system are increasing. If you own your hospital and it's making money, than that's a treasure, to the med school, the campus, and the institution.

What will you miss most about the University of Missouri?

People; it's always about the people ... my patients, my colleagues, and all the special people I've gotten to know and work with over the years.

Hal Williamson's legacy ... how will people describe it?

I'm not sure.

For me, creating vision is something a lot of people do. From day one as vice chancellor of this health system, my goal was to get people together to discuss and agree on what things needed to be done and how to do them. So the vision I've left this institution is not my vision; it's the vision of a collective group of leaders.

Retirement plans?

First up, Mary and I plan to complete the bookend piece of our Missouri story.

Before we came to MU in 1980, after I had a guaranteed place in the family medicine fellowship program, Mary and I drove from Minneapolis to Tierra del Fuego, the southernmost tip of the South American mainland. Even though we stopped and worked at a couple mission sites along the way, it was mainly an adventure for us.

In July, after we spend time with our two sons: Boyd and his wife, Caitlin,

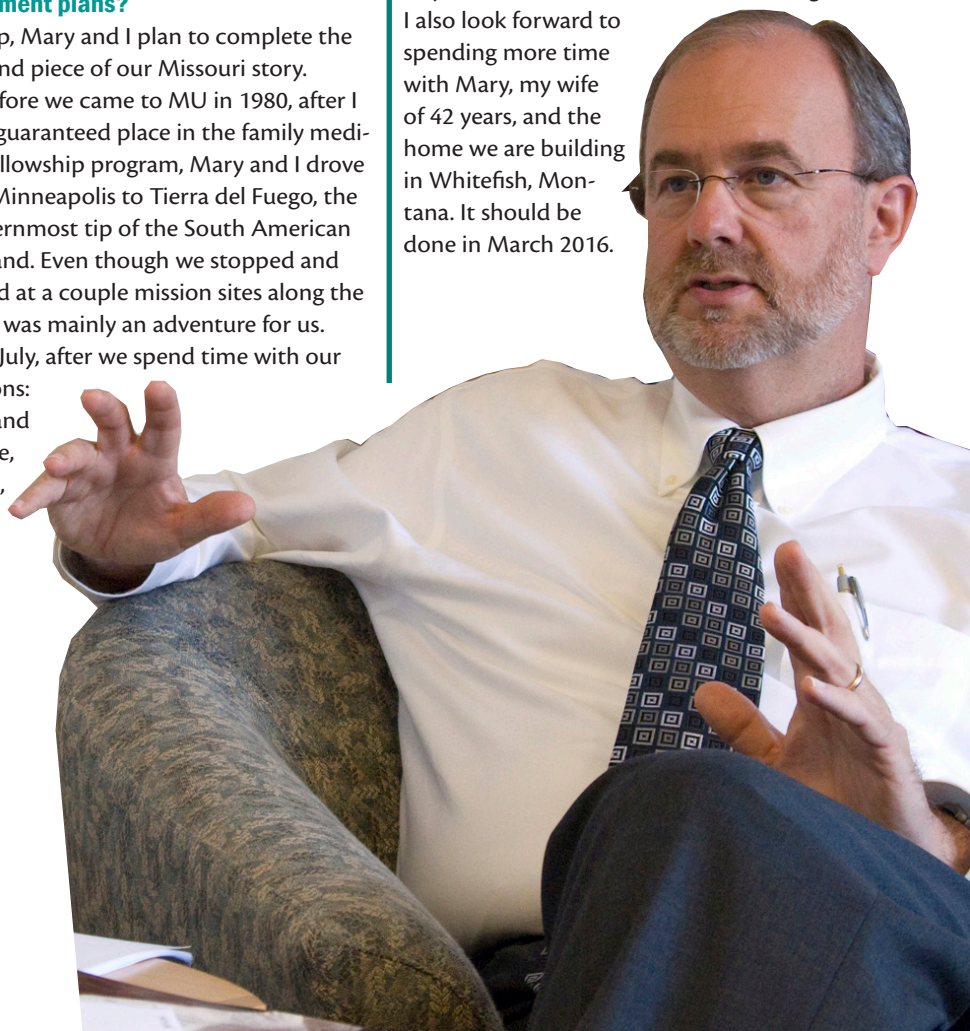
in California; and Scott, his wife, Afton, and their son, Micah (our first grandchild born in April), in Washington, we plan to drive from Minneapolis to Prudhoe Bay, the northernmost point of Alaska.

After we dip our tootsies in the Arctic Ocean, we'll drive to Fairbanks; catch a ferry that will take us down the ocean to Washington; then drive to Seattle. We've rented an apartment there and will be spending most of September babysitting our new grandchild.

Then, when our adventure in babysitting ends, Mary and I will decide together if I want to throw my hat in the ring for another job or just stay retired.

New careers I've considered are cowboy and pirate, but Mary is a spoilsport and shot down both ideas. She says I'm not good enough on a horse and I get seasick easily. I like wood working so I might become a boat builder; I've already built a boat skiff. Mary said she'd row me around fly fishing if I build her a McKenzie style drift boat made of wood.

I look forward to doing more fly fishing and birdwatching; for me these are great ways to know and understand wild things. I also look forward to spending more time with Mary, my wife of 42 years, and the home we are building in Whitefish, Montana. It should be done in March 2016.





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*To make an online donation to
MU Family and Community Medicine:*

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LEFT TO RIGHT: Paul Tatum, MD; Sarah Swofford, MD; Peter Koopman, MD;
Betsy Garrett, MD; AAFP President Robert Wergin, MD; Steve Zweig, MD;
Richelle Koopman, MD; Laura Morris, MD; Nikole Cronk, PhD; Amelia Frank, MD

**University of Missouri Recognized for
Building the Family Medicine Workforce**

For the third year in a row, MU was chosen by the American Academy of Family Physicians (AAFP) to receive the **AAFP Top Ten Award**. This award recognizes medical schools that – during a consecutive three-year period – graduated the greatest percentage of students choosing family medicine residency positions. For the years 2012-14, MU contributed 16 percent of the graduates in the nation pursuing family medicine. The **AAFP Top Ten Award** was presented at the 2015 STFM conference held in Orlando, FL.