

Family & Community MEDICINE

Winter 2016

THE BUFFALOE BOYS

FAMILY PHYSICIANS ROBERT & LUCAS BUFFALOE: LIKE FATHER, LIKE SON IN SO MANY WAYS

While their experiences in family medicine may be different, their love for their jobs and each other is similar and equally strong

What led you to your role at MU Family Medicine?

ROBERT (DAD): I always wanted to be a rural doctor; that's why after earning my MD from University of Arkansas in 1980, I did residency at AHEC-Arkansas. Since residency, I've practiced in Berryville, AR, Fort Smith, AR, and Jefferson City, MO. My wife, Mary Beth, and I always wanted to live out west, so in 2003, after our three sons graduated from high school, we moved to Gallop, NM, and I joined the Indian Health Service (IHS). I loved my work in the IHS, and my wife and I liked living in New Mexico. We would have stayed there forever, but then grandchildren happened. We moved to Columbia to become part of their lives.

In 2012, the year we came to Missouri, Luke, our oldest son, was at MU finishing his Family Medicine Residency. He planned to join MU's faculty after graduation. In searching for a job, I learned that MU needed a physician to practice and teach at its family medicine clinic in Fayette, a small rural town 30 miles from Columbia. I was a preceptor while I worked in Jeff City and in the IHS and thought having students shadow me in clinic was fun. So when MU Family Medicine invited me to join its faculty and the Fayette clinic, I jumped at the opportunity, knowing I'd be able to teach and practice rural medicine. I made sure Luke was okay with the two of us working together before I accepted the job.

LUCAS (SON): I planned to be an architect when I began University of Arkansas (UARK), but after three years, I quit college and convinced my two younger brothers to join me and get our old high school rock band back together. We played for a year, but when that didn't work out, I returned to UARK, this time a pre-med student.

In 2005, I began medical school at MU and stayed here for residency. As a resident, I was impressed by the enthusiasm and passion demonstrated by everyone I worked with at MU Family Medicine. I considered it a privilege to join MU's faculty and Keene Family Medicine, a Columbia clinic, when I finished residency in 2012. Most of my time is focused on patient care, but I also have teaching responsibilities.

ROBERT BUFFALOE, MD, Assistant Professor, enjoys rural medicine and practices in Fayette, a small town 30 miles from Columbia. He and his wife, Mary Beth, who have three sons: Luke, 34, Sam, 33, and Joe, 30, live on a five-acre farm outside of town. In his spare time, Robert likes to garden, motorcycle, and fix up old trucks.

Do you think you had any influence on Luke's decision to become a doctor? What do you think, Luke?

ROBERT (DAD): Growing up in a family where the dad is a doctor probably did influence Luke, but it took a while for him to make that decision. He'd talked about it a little before architect school but didn't commit to medicine until his last year of college.

Yes, I was proud and excited that Luke became a doctor, but I certainly did not try to steer him that way. He checked out other specialties but didn't care for any of them.

LUCAS (SON): My dad absolutely influenced my decision to go into medicine. Not because he directly encouraged me to become a doctor, but because I was able to see how rewarding a career in medicine was for him, and how much he enjoyed his job. He's still a great inspiration. I don't think I'd be a doctor today if it hadn't been for my dad.

Describe your current patient population and practice:

ROBERT (DAD): My patient population is tremendously diverse and includes newborns, nursing home residents, farmers, college professors ... the whole cross section of people in a small town community. We don't have an ER in town, so our clinic treats all kinds of emergencies, big and small. I teach residents and medical students. Training young doctors how to practice in rural areas is rewarding to me. Hopefully my efforts are helping them better understand and appreciate rural medicine.

I love being part of the Fayette Family Medicine team. We all get along terrifically and function like one big happy family!

LUCAS (SON): I see patients all ages at Keene Clinic, which is located in the east part of town. In addition to patient care, I also dedicate time to teaching, which I really enjoy. In recent years, I've developed a special interest in the treatment of opioid dependence and other addictions. This has been the most rewarding part of my practice, but it does present challenges.

Keene Family Medicine is the best! Everyone works well together, making it a great place to practice.

LUCAS BUFFALOE, MD, Assistant Professor, practices at Keene Family Medicine, located in the east part of Columbia. He and his wife, Barb, who have two children, Ellie, 5, and Ben, 3, live minutes from MU's campus. In his spare time, Luke likes to explore the woods near his home, bike, and eat at downtown restaurants.

BUFFALOE BOYS

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CHAIR'S MESSAGE

Many of you read about MU during the past year. We were challenged by students who felt demeaned by insults and fearful due to threats. The unfortunate and long history of racial discrimination at MU is revealed by its historical timeline. It is a reflection of a national problem.

Are we worse than we were before? Of course not, but we aren't good enough.

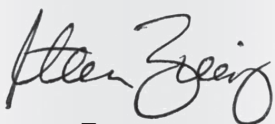
In FCM, we are working to get better. Over the past two years we have put extra efforts into getting to know ourselves better and to becoming more welcoming of others. We have worked on faculty and staff development, created stronger relationships with our underrepresented minority medical students and campus colleagues, reached out to students across the country, and worked to enhance our diversity and inclusion. It's an ongoing process to make real our stated departmental values of integrity, inclusion, and respect for self and others.

We were heartened that the unfortunate events at MU served as a stone thrown into the water of discrimination and bias, as students and universities across the country were motivated to look at their own histories and inclusion.

One of my family medicine colleagues said it well in describing the place he values:

"People go where they are welcomed, remain where they are respected, and grow where they are nurtured."

We want Family and Community Medicine at MU to be that place.



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

MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

OVAIS HASAN, MD, assistant professor, MU Family and Community Medicine, has joined our faculty and the staff at Keene Family Medicine. The focus of his job is to provide care to patients and families at our Keene Clinic.

Dr. Hasan earned his MBBS (Bachelor of Medicine, Bachelor of Surgery) at Aga Khan University Medical College in Karachi, Pakistan. After a one-year research fellowship at the University of Toronto, Dr. Hasan did his family medicine residency at St. Joseph's Hospital, SUNY Health Science Center. Since completing residency in 2012, he has practiced at Prime Family Medicine, a clinic located in the Dallas-Fort Worth area.

Dr. Hasan and his wife, Marium Gill, MD, an MU Child Health faculty member and pediatric pulmonologist at MU's Women's and Children's Hospital, have a ten-month-old son, Daniyal. Dr. Hasan enjoys playing sports, especially basketball, in his spare time. He also likes to swim, golf, and play tennis.



DEBRA HOWENSTINE, MD, associate professor, MU Family and Community Medicine, was chosen for this year's MU Medical Alumni Organization's Distinguished Service Award. Dr. Howenstine will be recognized at the Annual Medical Alumni Awards ceremony on March 17 in St. Louis.

Dr. Howenstine, 1988 graduate of MU School of Medicine, joined our faculty and was appointed director of the Boone County Department of Health and Human Services in 1991, after finishing residency at MU. During the past 25 years, Dr. Howenstine has become a well respected physician, educator, and humanitarian who has been steadfast in her commitment to serve and make a difference in peoples' lives. As a physician at Family Healthy Center, she provides care to low income and uninsured Boone County residents, and in 2008, she was instrumental in starting MedZou, a student-run clinic that provides free primary care services to patients with limited resources. She continues to mentor medical students at MedZou.

Dr. Howenstine is most deserving of the 2016 Distinguished Service Award – patients, learners, and colleagues agree – including a medical student who wrote this statement, "Dr. Howenstine has made helping others her life's work, and she inspires medical students and her own colleagues to work harder and always put those in need first."



SONAL PATIL, MD, academic fellow in MU Family and Community Medicine, received the 2015 Dr. Barbara Starfield Award for her presentation, "What is the Effect of Peer Support Interventions on Glycemic Control? A Systematic Review and Meta-Analysis."* Her project rated highest among all trainee submissions received for the 2015 North American Primary Care Research Group meeting, held last October in Cancun, Mexico.

Dr. Patil, who joined MU Family Medicine in 2014, earned her MD from North Maharashtra University, India. She did an OB/GYN residency before completing a family medicine residency at Emory University in Atlanta, GA, in 2006. Last year, Dr. Patil was elected to serve as Fellow Rep member on STFM's Research Committee.

*Co-investigators on this project: Koopman R; Lindbloom E; Ruppert T; Conn V; Elliott S; Mehr D



THE LOSS OF A DEAR FRIEND AND COLLEAGUE

VICKI STRAUB, PhD, retired MU Family and Community Medicine faculty member, died in September after a decade of dealing with breast cancer. Dr. Straub joined our faculty in 1981 to coordinate the behavioral sciences component of the residency program. By training residents to identify anxiety, depression, grief, and stress-related illnesses, and by teaching them tools and strategies they can provide patients who have these behavioral problems, Dr. Straub helped MU Family Medicine Residents become better and more confident family physicians.

During her time as a faculty member, Dr. Straub modeled outstanding psychological care of patients and was an amazing teacher of faculty, residents, and students. She took early retirement in 2000 but continued teaching in our residency program for several years after that.

Dr. Straub leaves behind her husband of 45 years, James Straub, also a psychologist, their son, Jason; their daughter, Kirsten Marshall, and her husband, John; and two grandchildren.

SCOTT GRISWOLD, MD, an MU School of Medicine graduate, did his family medicine residency at Mizzou as well. After finishing his training in 1998, he moved back home to begin practicing in Eldon, a town of 4,500 located 30 miles south of Jefferson City. Today, Dr. Griswold cares for a large and diverse patient population – newborn to geriatric – at Capital Region Medical Clinic–Eldon, an affiliate of MU Health Care.



SCOTT GRISWOLD, MD: FAMILY PHYSICIAN: ELDON, MO with wife Michele; daughter Emery; son Trevor and his fiancé Rachel

SCOTT GRISWOLD, MD, believes it's important for medical students to understand how family medicine works in a rural community. That's one reason he decided to start precepting medical students soon after he finished residency. Teaching is fun, he says, and it forces him to keep up to date on the literature. Dr. Griswold earns strong words of praise from students who've worked alongside him:

“DR. GRISWOLD is extremely knowledgeable, and even with a busy practice, he is up to date on the latest recommendations. His way of interacting with patients was a great model for me to follow. I could not have asked for a better outpatient experience.”

“DR. GRISWOLD provided a great learning environment. He set aside time every day to answer questions. He is very accommodating to students and makes it a point to educate. He is friendly and extremely easy to get along with. I don't think there could be a more genuine, sincere, and down-to-earth doctor. His patients love and respect him, which goes a long way.”

Why medicine ... why family medicine?

DR. GRISWOLD: I always enjoyed science classes as a child, and my interest in science blossomed into medicine as I got older. Early on I planned to be an ophthalmologist, but after my first rotation in family medicine, I changed my mind. I realized I was a family physician at heart and knew that getting to know and help people would make me happy. After graduation, Michele, my wife of 26 years, and I moved back to Eldon, the town we were born and raised, so I could be a small town family physician.

How would you describe your practice?

DR. GRISWOLD: I practice with one partner at Capital Region Medical Clinic, where I do outpatient family medicine four 10-hour days a week. I provide acute and chronic care to a very large patient population. Even though I'm not in clinic on Friday, it's not a day off for me. I always have work to do.

When/why did you begin precepting?

DR. GRISWOLD: I began teaching in 2000, two years after graduation. As a resident, I always enjoyed the learning experiences I had with my attendings. By watching how each of them approached teaching and practicing, I was able to develop a style that best suited me. I knew when I began my career, I wanted to give back to learners all that I'd gained from others as a resident.

In addition to precepting students in clinic, you come back to teach MU Family Medicine Residents about practice efficiency ... why?

DR. GRISWOLD: The talk has morphed over the years; it began as, “What I Wish I'd Known When I Started My Career in Family Medicine.” Today, I teach residents about practice efficiency. I consider myself to be a compassionate physician. I want to be available to help as many patients as I can, but that's difficult to do without efficient scheduling. Residents are focused on building patient care skills during their training; I come back to help them learn about practice efficiency before they graduate.

I want to provide residents tips on how being efficient can ef-

fect/improve your day-to-day life ... at work and at home.

Understanding – and helping your staff understand – how your schedule works is crucial. Ten years ago, we were so busy that patients had to wait a month to be seen. Limited access frustrated my staff and my patients, especially those with urgent problems.

That's when I decided to implement a modified version of open access scheduling at the clinic. Now we block time at the beginning and end of each day for patients who need urgent/acute care. In the middle of the day, I do physicals, provide routine care, and see patients with chronic or complicated needs. This schedule has improved my relationships with patients because it keeps me efficient, less stressed. It's improved our work environment, too.

If I have to adjust the schedule to accommodate a patient's special issue, I will, of course. I'm committed to my patients and providing them the care they need, when they need it.

What's the most rewarding part of your job?

DR. GRISWOLD: As a small town family physician, it's very rewarding for me to take care of whole families. Knowing the entire family as a unit helps me provide care for them as individuals. And it helps me gain a bigger, more complete understanding of the health issues they might face.

Living and practicing in a small town is great! It's fun to see and interact with my patients outside of clinic. I feel fortunate to get to know and understand people in so many different ways.

What's the most challenging part?

DR. GRISWOLD: The changing scope of health care, including EMR and meaningful use regulations, has created challenges for me. Knowing and following all the requirements in this new health care environment makes it difficult for me to maintain the bonds I have – and truly value – with my patients.

What makes you want to come to work every day?

DR. GRISWOLD: Taking care of people. I love being with people, listening to them, and then helping them in the best way I can. Making my patients feel better makes me feel better.

Meet ...

JAMES TUCKER, DO

CPT, MC, MOARNG

FIRST YEAR MU FAMILY MEDICINE RESIDENT

“I was born and raised in Center, a small town of 500 located in northeast Missouri. In my senior year of high school, I was accepted at the US Military Academy-West Point but passed on that opportunity. Instead, I chose to attend Washington University, St. Louis, and join the Army ROTC. My grandfather, a teacher and member of the Army Military Police, had a strong influence on my decision to enlist and serve my country.

After graduating from college in 2007, I entered the Missouri National Guard and was deployed in support of Operation Iraqi Freedom a year later. As platoon leader, I helped to transition the Iraqi Police Force into a viable entity in that nation’s burgeoning democracy. In 2010, I supervised 40 soldiers who were deployed to Italy, and after that, I managed the operations of more than 750 soldiers for flood relief along the Mississippi River in southeast Missouri.

When I began my medical education at AT Still University: Kirksville College of Osteopathic Medicine in 2011, my

goal was, and continues to be, to return to my hometown and practice family medicine. For the past 35 years, my father has been the only family physician to serve Ralls County, Missouri. Growing up and witnessing his dedication to community and longitudinal service to all inspired me to follow his same career path.

MU Family Medicine offers residents opportunities to tailor their scope of practice from day one of their residency, which is one of the reasons I chose to train at MU. Fayette is another reason I came here. Fayette, a predominantly agriculturally dependent community, most mirrors the kind of people and place I plan serve. Doing my continuity clinic at Fayette Family Medicine will prepare me for my future practice in Center.

Outside of residency, I spend most of my time with my childhood sweetheart and wife of 12 years, Bobbi Jo, and our three amazing children, Azariah, 7, Alice, 4, and William, 2. We’re expecting our fourth child this summer. Being



JAMES TUCKER, DO, is a dedicated husband, father, physician, and military officer who has committed his life to serve his country, his patients, his community, and most importantly, his family.

present in their lives right now is important to me. As a family, we enjoy the outdoors, sports, and Mizzou football games. Bobbi Jo and I agree, Columbia is a great place for our kids to grow up.

Currently, as a captain in the Army National Guard, I have reserve duties and an eight-year service commitment for the student loan I received for my medical school education. If I am called to active duty, I will be proud to go and serve with honor wherever my country sends me. Ultimately, however, our plan is to join my dad back home in Center, where I will practice broad-scope, rural family medicine.” — **Dr. James Tucker**

MU Awarded \$1.1 Million to Enhance Role of Family Medicine Physicians

PROGRAM WILL TRAIN FAMILY PHYSICIANS TO CREATE PATIENT-CENTERED MEDICAL HOMES

MU’S FAMILY MEDICINE RESIDENCY

was awarded a \$1.1 million grant from the Health Resources and Services Administration to pilot a five-year project that will help meet the demand for primary care physicians and provide patients expertise and knowledge from a team of health care providers all in one visit.

This project, “Aligning Residency Education with Clinical Practice Transformation,” will teach Family Medicine Residents how to provide comprehensive care to patients throughout their lifetimes, a practice known as the patient-centered medical home (PCMH). The PCMH is a model that provides primary care to patients when and where they need it: clinic, home, hospital or assisted living facility.

ERIKA RINGDAHL, MD, professor and director, MU Family Medicine Residency, is lead investigator for this project.

“Our nation needs family physicians who are well prepared to take care of patients of the future,” Dr. Ringdahl says. “Family physicians must know how to work in teams to provide comprehensive care and ensure patients get the medical help they need. Our goal is to collaborate with public health officials to fully develop and utilize the patient-centered medical home, a place people can be cared for throughout their lifetimes with acute, preventive, and chronic care services.”

The project has three main objectives:

- Train residents to practice collaboratively in an integrated behavioral health model.
- Train residents to be successful teachers and scholars of family medicine and public health.
- Train residents to lead team-based, comprehensive, coordinated care in the patient-centered medical home.

“We want to focus on the process and teach transition of care. This will help physicians identify and prioritize high-risk patients and utilize the health care team to enhance continuity of care,”

Dr. Ringdahl says. “It will also give patients the comfort of knowing that the physicians are working together.”

“We plan to share the model we develop at MU with family medicine residency programs nationwide,” she adds.

MU Family Medicine faculty members participating in this project include: **Jeff Belden, MD; Nikole Cronk, PhD; Kristen Deane, MD; Elizabeth Garrett, MD, MSPH; Erik Lindbloom, MD, MSPH; Laura Morris, MD, MSPH; and Jack Wells Jr, MD, MHA.**



ERIKA RINGDAHL, MD
DIRECTOR
FAMILY MEDICINE RESIDENCY

FOR NIKOLE CRONK, FOLLOWING HER HEART MEANT FINDING FAMILY MEDICINE

“As I think about my career, it seems like I’ve been traveling down a wandering path to get where I am today,” says Nikole Cronk, PhD, a psychologist and associate professor at MU Family and Community Medicine.

When Nikole Cronk started classes at Harvard University, she planned to be a doctor, but by the time she graduated in 1995, she had decided to become a clinical psychologist and take care of patients.

“People have always fascinated me,” Dr. Cronk explains. “I enjoy studying human behavior and figuring out the rules and principles that cause people to think and act the way they do.”

While earning her master’s degree at Seton Hall, Dr. Cronk decided to follow a different career path. Her new goal, to become an academic researcher, led her to MU in 1998 to study behavioral genetics and complete her doctorate.

“By the time I had finished my degree in 2006, I had become sort of a fallen star,” says Dr. Cronk. “I realized then that I could never be happy in a job that was strictly research or strictly clinical. I loved teaching, patient care, and research, and I wanted to do it all. But I knew a job like that is rare and would be hard to find.”

Dr. Cronk stayed at MU for three years after graduation. She became board certified in clinical psychology while working as a psychology resident at the Student Health Center. She also coordinated a smoking cessation research project.

In 2009, she was prepared to move back home to join her family and friends in Montana. Those plans changed when Dr. Cronk learned about a job in MU’s Family Medicine Residency program.

“I looked into it and applied,” she says. “And as it turns out, that was the best thing I’ve ever done. I wanted a job that included patients, learners, and scholarship, and I found it! From day one, I’ve loved this department and the work I do here.”

When she joined MU Family Medicine, Dr. Cronk’s job focused on providing care for her own patients at clinic and teaching residents how to recognize and address behavioral health issues in their patients. Her responsibilities have since expanded.

“I teach and mentor residents – at clinic and in the classroom; I teach medical stu-

dents; I do scholarly projects; I chair the residency’s clinical competency committee, and I have a leadership role that includes new responsibilities on the HRSA grant we received last fall,” says Dr. Cronk. “Sometimes I think I should stop saying yes to every project I’m asked to do, but I can’t. I love it all!”

The clinical part of Dr. Cronk’s job has shifted in recent years, and these changes reflect the department’s increasing awareness of behavioral health and its commitment to integrating it into primary care.

“When I started my job, we had a co-located model. I practiced in the same place as our physicians, but I did only outpatient psychotherapy,” she explains. “Today, I still have a few long-standing patients whom I see on a regular basis, but since implementing an integrated behavioral health care model at our South Providence Family Medicine clinic, I don’t take new patients.”

In this new model, the behavioral health team, which includes Dr. Cronk and two licensed clinical social workers, practice side-by-side with physicians and intervene with patients, as requested by a provider. A warm hand off between physician and behavioral health specialist builds trust and keeps the patient engaged in the health care process.

“Here’s how it works: If, while seeing a patient in clinic, the physician thinks the patient might have a behavioral health issue, the physician asks me to meet the patient. After we are introduced, I stay with the patient to deliver a brief intervention, clarify the diagnosis, offer strategies to address the behavioral problem, and then hand the patient back to the physician,” Dr. Cronk says. “Most patients I see at South Providence Family Medicine do not have an appointment with me; instead, they are warm hand offs from one of the physicians in our clinic.”

There’s a lot of data showing that this integrated behavioral health care model improves patient outcomes and reduces health care costs, says Dr. Cronk.

Training Family Medicine Residents how to practice collaboratively in this new model is a priority for her, and thanks to the recent \$1.1 million award from HRSA (see page 4), MU’s Family Medicine Residency, under Dr. Cronk’s leadership, has started to develop and provide this training.



“Throughout my career, I’ve learned to go where life took me, even if it meant doing something I never planned to do. And because I’ve always followed my heart, I have found myself in a wonderful place surrounded by wonderful people!”

NIKOLE CRONK, PhD
MU FAMILY MEDICINE RESIDENCY

“Our goal is to beef up our integrated behavior health care model,” she says. “Receiving this new grant is evidence that our goal is necessary and important for the future of health care.”

Another objective outlined in the new HRSA-funded project is to get psychiatry integrated in the patient-centered medical home and available to consult for patients with mental health issues outside the comfort level of primary care providers. Dr. Cronk has taken the lead in this effort, too.

“MU Family Medicine is ahead of the rest in knowing the importance of recognizing, understanding, and treating behavior health problems,” says Dr. Cronk. “If you ask family physicians, they will say that behavior health has always been part of what they do. Hopefully we are giving them tools and strategies that will help them address these issues more effectively and efficiently.”

Dr. Cronk is passionate about her work and appreciates all the opportunities she has to teach behavioral health, to shape how residents deliver care, and to effect patients’ lives/health in positive ways.

“Every day is new, different, and exciting, and as I look toward the future, I hope for more of the same,” says Dr. Cronk. “I absolutely love my job and can’t imagine doing anything else.”

RELEVANT RESEARCH

MAKING A DIFFERENCE ON THE CARE WE PROVIDE PATIENTS

Clinic Notes Should Be Re-Engineered to Meet Needs of Physicians

When physicians prepare for patient visits, one of their first steps is to review clinic notes or health records that recap their patients' medical history. Since the HITECH Act of 2009, nearly 78 percent of office-based physicians have adopted electronic health records (EHR). However, research has found that many of these physicians believe the way a patient's health information is displayed in EHRs reduces the efficiency and productivity of patient care.

Richelle Koopman, MD, associate professor at MU Family and Community Medicine, has decided it's time to redesign electronic health records in order to improve the patient care experience for physicians and their patients.

"Patients' health records need to be better organized so that physicians can spend more time with their patients instead of scrambling through notes trying to find the most valuable information," she says.

Physician Information Needs and Electronic Health Records: Time to Re-Engineer the Clinic Note

Journal of the American Board of Family Medicine: May-June 2015

Koopman R; Steege LB; Moore J; Clarke M; Canfield S; Kim M; Belden J

US South Asians More Reluctant to Seek Medication for Pain

When compared to other ethnicities, research has shown that Asians are the most unsatisfied with health care they received in the United States. One reason for their dissatisfaction is that health practices in the US often clash with the practices Asian patients experience overseas. MU researchers have found that health care providers perceive South Asians living in the US to be more reluctant than other ethnicities to report pain as well as seek medications to manage end of life pain. Researchers say this finding offers opportunities to deliver better culturally responsive health care to South Asian patients.

"In the future, US health care workers will be caring for a patient population that includes a growing number of South Asians," says **Karla Washington, PhD**, assistant professor at MU Family and Community Medicine and co-author of this study. "It's important that providers be aware of the cultural differences in South Asian medical practices so they can understand the factors that influence their patients' attitudes toward pain medicines."

Perspectives of Health Care Providers on US South Asians' Attitudes Toward Pain Management at End of Life

American Journal of Hospice and Palliative Medicine: July 2015

Khosla N; Washington K; Regunath H

Resilience-Based Interventions Could Curb Depression in LGBT Youths

Research has found that lesbian, gay, bisexual, and transgender youths are four times more likely to commit suicide compared to their straight peers. Members of this community usually are more stressed and depressed than the general population. Now, researchers at MU are exploring the role resilience plays in offsetting stress and depression among LGBT adults and youths. They suggest caregivers,

school counselors, and health professionals use resilience-based programs and strategies to improve the mental health of LGBT youths earlier in their lives.

"Resilience is the ability to protect oneself against those stressors and rebound from adversity," says **Jane McElroy, PhD**, associate professor at MU Family and Community Medicine and PI of the study.

The Association of Resilience, Perceived Stress and Predictors of Depressive Symptoms in Sexual and Gender Minority Youths and Adults

Psychology & Sexuality: August 2015

McElroy J; Wintemberg J; Cronk N; Everett K

While there's vast research on shared decision-making between patients and providers, little research exists on how providers and family caregivers reach mutual decisions. This dynamic is prominent in hospice care.

"Patients in hospice care generally have less than six months to live, and some very important decisions need to be made during this time," said **Debra Parker-Oliver, PhD**, professor at MU Family and Community Medicine and an investigator on this study. "Shared decision-making is critical because it helps patients receive care that is more in line with their preferences and values."

Karla Washington, PhD, assistant professor at MU Family and Community Medicine and PI on this study, says that shared decision-making occurs infrequently during hospice team meetings due to barriers such as time, communication skills, and emotional issues. This study suggests hospice providers use video conferencing to facilitate family caregivers' participation in the decision-making process.

A Multi-Method Analysis of Shared Decision-Making in Hospice Interdisciplinary Team Meetings Including Family Caregivers

Palliative Medicine: August 2015

Washington K; Oliver DP; Gage LA; Albright D; Demiris G

Randomized controlled trials are often considered the gold standard of research studies that helps guide medical care for patients around the world. However, randomized controlled trials are difficult to conduct in hospices since patients are so close to the end of their lives. Only 10 clinical trials have taken place in US hospices since 1985; more studies could improve patient care.

"Improving care for hospice patients and their families depends, at least in part, on conducting high quality research in hospice settings," says **Robin Kruse, PhD**, research professor at MU Family and Community Medicine and lead author on this study. "Research is how we make things better. Without it, we either maintain the status quo or implement programs that lack evidence."

Randomized Clinical Trials in US Hospices: Challenges and the Current State of Art

Clinical Investigation: November 2015

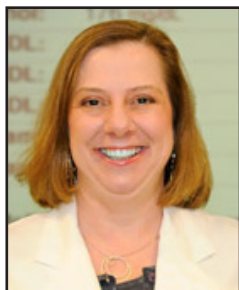
Kruse R; Gage LA; Washington K; Oliver DP

Video Conferencing Could Improve Shared Decision-Making in Hospice Care

Lack of Research Keeps End-of-Life Care in Status Quo

STORIES BY: Diamond Dixon: Media Relations Coordinator, MU Health System

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Richelle Koopman, MD



Karla Washington, PhD



Jane McElroy, PhD



Debra Parker-Oliver, PhD



Robin Kruse, PhD



JAMES HERMAN, MD, MSPH,

who completed the Robert Wood Johnson Foundation Academic Family Practice Fellowship Program and earned his MSPH at MU Family and Community Medicine in

1983, was appointed dean of the University of Oklahoma School of Community Medicine – Tulsa. An integrated track within the OU College of Medicine, the program offers all four years medical training on the OU-Tulsa campus. This provides students with the knowledge and skills necessary to serve as well-rounded physicians, while learning a special skill set and desire to improve the health of entire communities.

OU-TU School of Community Medicine is the first of its kind in the nation – with an explicit purpose to improve the health status of underserved Oklahoma communities, both rural and urban.

MU FAMILY MEDICINE CHAIR STEVE ZWEIG asked: “Jim, what is your vision for the OU-TU School of Community Medicine ... how will it be different from traditional medical schools?”

“As a school of community medicine, we consider the usual medical school curriculum to be necessary, but not sufficient for our graduates. We spend curriculum time on the social determinants of health, with a public health emphasis. As a community-based medical school we are embedded in the Tulsa community with many programs that care for underserved populations in various ways. We are working closely with philanthropy, our hospital systems, and many other partners to further this vision,” answered 1983 MU FAMILY MEDICINE FELLOWSHIP ALUM JIM HERMAN.

JAMES HERMAN, MD, MSPH,

a 1978 graduate of Johns Hopkins University School of Medicine, did his family medicine residency training at the University of Rochester, New York. After residency, Dr. Herman came to MU to enroll in the Robert Wood Johnson Foundation Academic Family Practice Fellowship Program. He completed the fellowship and earned his MSPH in 1983.

From 1983-86, Dr. Herman was a Family and Community Medicine faculty member at Wake Forest University in Winston-Salem, NC. He moved to Harrisburg, PA in 1986 and served as medical director of HealthAmerica, an early HMO, for a year before returning to academic medicine. In 1987, he was named family medicine residency director at Harrisburg Hospital. Four years later, in 1991, he was recruited to be chair of Family and Community Medicine at Penn State University's College of Medicine, Hershey, PA.

During Dr. Herman's 24 years of dedicated service at Penn State Hershey, the department experienced tremendous growth and success. The number of faculty members went from seven to 80, and outpatient family medicine practice sites grew from one to 12. The department now offers two residency programs and family medicine sports medicine fellowship training. Dr. Herman also served as associate dean of primary care and primary care research and was founding director of the Pennsylvania AHEC program.

Today, James Herman, MD, MSPH, is a nationally recognized and highly regarded leader in family medicine. He was the unanimous first choice of the search committee charged with identifying the ideal candidate to serve as dean of the OU-TU School of Community Medicine, says University of Oklahoma President David Boren.

Dr. Herman was honored last spring when he received the offer to lead the school.

“The mission, the people, and the challenges are what excited me most and convinced me to accept this new role,” he says. “I consider it a privilege to use what I've learned about leadership during my many years as department chair in a position that involves an entire college of medicine.”

As dean of OU-TU School of Community Medicine, Dr. Herman oversees four years of medical students, a physician assistant program, 15 residency and fellowship programs, OU-Tulsa clinics where patient visits total approximately 250,000 annually, and a campus budget of nearly \$100 million.

In addition, Dr. Herman is working with students at the Bedlam Longitudinal Clinic, a site that provides care for underserved patients in the Tulsa community. Patient care has been incredibly important and rewarding to Dr. Herman throughout his career in family medicine.

“During my 30 years in central Pennsylvania, I had the good fortune of taking care of a relatively large number of patients and multi-generational families,” says Dr. Herman. “And while it was difficult to say good bye to so many friends, faculty, nurses, and other staff members when I left Penn State, perhaps the most difficult good byes were to my patients.”

At OU-TU School of Community Medicine since last summer, Dr. Herman is not intimidated by the challenges he faces in his new role. He is enthusiastic and optimistic about the future and grateful for the opportunity to be leading this innovative medical training program.

“There's a large learning curve when you take a position like this in a new institution,” he says. “But by keeping focused on our mission, we are growing and making progress in many areas.”





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BUFFALOE BOYS

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What do you admire most about your son/dad?

ROBERT (DAD): Luke studies and works hard, and he stays up to date with the latest medical research. Luke is very academic; I am not. I try to read enough so I don't get too far behind but depend a lot on residents to keep me current on the research.

LUCAS (SON): I think I've been pretty sheltered in my medical training and career, and I envy some of the challenges my dad has faced as a physician. He has had experiences working in rural areas that I haven't had, and he's acquired a lot of knowledge and skills that I won't ever have. He's also amazing at connecting with patients, whether in rural Arkansas, on the Navajo reservation, or here in mid-Missouri.

Compare your styles/attitudes as family physicians:

ROBERT (DAD): My experiences have been so varied and have helped me gain a diverse knowledge base and set of skills. I feel prepared and know what to do when a patient comes in sick. I do procedures. I like acute care, but I also like nursing home residents, established patients, chronic disease management, and babies. I love diversity.

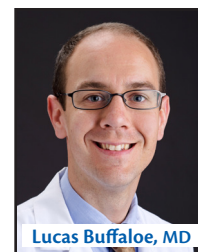
Luke enjoys seeing established patients and managing their medical problems; he rarely does procedures. He is more disciplined, academic, and serious than I am and keeps things orderly. And unlike me, Luke has a filter and thinks before he talks.

LUCAS (SON): I think I tend to be more quiet and serious than my dad. Actually, we've worked with some of the same nurses, and they all say there's no way I'm his son!

It's funny, because my dad and I get along great. Since joining the department, I've taken care of a lot of his patients when they've been in the hospital, and all of them tell me how much they love my dad. I think some patients might be a little surprised that I'm not quite as animated as he is. But they give me the benefit of the doubt and seem to accept and appreciate our different styles!



Robert Buffaloe, MD



Lucas Buffaloe, MD