

The OSU Family Physician

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Oklahoma State University College of Osteopathic Medicine

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...a newsletter published by the Department of Family Medicine for clinicians, teachers, and researchers in family medicine

SPOTLIGHT ON...

**Department of
Family Medicine
Welcomes
Stan Sherman, D.O.
Shannon M. Daleiden, Ph.D.**

The Department of Family Medicine recently hired Stanley Sherman, D. O., as an Assistant Professor of Family Medicine. Becoming a physician was not always part of Dr. Sherman's plans. A childhood resident of Burlington, Wisconsin, Dr. Sherman moved to Tulsa when his father attended Rhema Bible College. After graduating from Oral Roberts University, Dr. Sherman worked as an environmental engineer. A lifelong fascination with science and all things mechanical led him to peruse his wife's medical school textbooks and fostered in him a strong interest in osteopathic medicine. A growing sense of "destiny," the realization that he'd "rather help others with their homework than do [his] own," and "serendipity" led him to finally pursue a career in academic Family Medicine. He graduated from the OSU College of Osteopathic Medicine in 1996.



Stan Sherman, D.O.

Dr. Sherman plans to contribute to the growth of the Department of Family Medicine in several ways. He is actively engaged in work with the Family Medicine Residency program which he sees as "at an exciting crossroads," given its expanding scope of practice with pediatrics, obstetrics, and the Family Medicine teaching service at Tulsa Regional Medical Center. Dr. Sherman is also working toward increasing the role of research in both undergraduate and graduate medical education. His skill, knowledge and enthusiasm will impel the Department of Family Medicine in a positive direction.

**Message
from the Chairman
Charles Henley, D.O., MPH**

**How Do We Know
What We Know?**



Charles Henley, D.O., MPH

I recently heard Dr. Mark Ebell from Michigan State University speak about Evidence-Based Medicine (EBM). Dr. Ebell edits the Journal of Family Practice (JFP) which publishes monthly EBM articles as well as "Patient Oriented Evidence that Matters" (POEMS). His presentation on EBM prompted thoughts about my own practice and that in our health-care center (HCC). I was reminded that we often take a lot "on faith" and don't rigorously question our information. In an academic medical setting, implications of such behavior could be significant, as we are responsible for imprinting concepts and practices that will influence student physicians the rest of their careers.

For example, pharmaceutical companies influence prescribing practices with friendly representatives, distinguished speakers, "free" meals and the ever-present office supplies labeled to remind us of their products. Although these companies supply us with needed samples for indigent and low-income patients, we often dispense these samples without regard to what our patients actually need. In fact, many indigent patients take some of the most expensive medications on the market simply because the pharmaceutical representatives delivered samples of them that day. When these samples of the current "drug de jour" are gone, uninsured patients cannot afford their prescriptions. As family practitioners, we are obliged to treat all of our patients with the most up-to-date, effective available means. None of us would purposefully advocate using less than "best practices" — but what are these, and how do we know? The newest therapy hawked by pharmaceutical representatives is not always the best. Best practices are evidence-based. When drugs or therapies are rigorously tested in clinical research settings, results can be translated into practice, or POEMS.

For further information on this and other topics, contact Dr. Henley, at the OSU College of Osteopathic Medicine at (918) 561-8401.

Message from the Chairman

Charles Henley, D.O., MPH

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POEMS appearing in the JFP during 2000-2001 answered questions such as ‘do antihistamines work for treatment of atopic dermatitis?’ and ‘Do beta-blockers improve outcomes in high-risk operative patients? In the first case, a review of 16 clinical trials found that while 2nd generation antihistamines were ineffective, 1st generation antihistamines helped, but only at higher, more sedating doses. In the latter study, high-risk patients with possible dobutamine stress echocardiograms who underwent peripheral vascular surgeries were randomized to placebo or bisoprolol 5-mg qid from 1 week before surgery until 30 days after surgery. The death or non-fatal myocardial infarction (MI) rate was only 3.4% for patients on beta-blocker vs 34% for the control group. The number needed to treat (NNT) for the treatment group was only 33 patients, suggesting that in this case, beta-blockers were very effective.

These examples represent evidence that these treatments work — hence, coupled with similar results from other studies, “best practices.” Where can the primary care physician go to find out about evidence-based medicine and POEMS? The JFP, accessible on-line at www.jfponline.com publishes several POEMS monthly. Other sources of EB information on-line include www.infopoems.com; www.skyscape.com; www.handheldmed.com, and the ACP Journal Club synopses, accessible at www.acponline.org

Curriculum Changes Allow for Rural Preparation

Ray Stowers, D.O.

The Division of Rural Health within the Department of Family Medicine was created to carry forth the founding principle of Oklahoma State University College of Osteopathic Medicine - training primary care physicians for the small towns and rural areas of Oklahoma. History reveals that so far the College has done well by this promise. However, through the Division of Rural Health, the Department of Family Medicine has developed new courses to even better prepare our students to fulfill the promise.

A new third (3rd) year rotation, Family Medicine C, helps prepare the medical student for the

4th year clinical experience. Students spend the morning in didactics, learning topics important to both rural and urban practice, including “Rural/Urban Health Status Indicators”, “Community Resources,” “Telemedicine Applications,” “EMSA in the Rural and Urban Setting”, “Medical Ethics”, “Interviewing Skills,” “Drug Testing,” “Practice Management,” and “Working with Non-physician Clinicians.” Students then spend the rest of the day in preceptorships with local physicians, whose offices are located in small towns a short distance from the main campus. In short, Family Medicine C provides students with the opportunity to experience an office-based practice outside the College environment — a first for most students at this point in their training — before the 4th year immersion.

New fourth (4th) year rotations, including Family Medicine-Rural and Family Medicine-Urban, as well as the existing Community Hospital I & II rotations, ensure a diverse experience for students in primary care across the state of Oklahoma. The Division of Rural Health plans to evaluate these changes in the curriculum to assess their effect on student preparation for rural practice.



Training primary care physicians for the small towns and rural areas of Oklahoma

Guest Article:

Current Perspectives on the Treatment of Tobacco Dependence **Vivian Stevens, Ph.D.**



Vivian Stevens, Ph.D.

Tobacco use results in more than 6,000 premature deaths among Oklahomans each year and is the leading cause of preventable death in the United States. Effective interventions for tobacco dependence are available, and while a robust dose-response relationship between counseling intensity and successful cessation outcome exists, even brief, 3-minute physician interventions have proven effective in promoting cessation. Unfortunately, frequent relapse may dampen enthusiasm about the potential for achieving long-term cessation among users and clinicians alike.

In the Clinical Practice Guideline Treating Tobacco Use and Dependence (U.S. Department of Health and Human Services, 2000) tobacco dependence is likened to a chronic disease, involving cycles of remission and relapse. Treatment is conceptualized as incorporating both acute intervention—for those wanting to quit, those not ready to quit, and those who have recently quit—and ongoing care. Key recommendations from the guideline include systematically identifying users during office visits and routinely asking whether they are willing to attempt to quit. The guideline supports a “5 As” intervention approach: “Ask” about tobacco status at every visit, “Advise” users to quit, “Assess” willingness to quit, “Assist” by providing a specific intervention, and “Arrange” follow-up. For persons not willing to quit, a motivational approach (the 5 Rs), which involves the personal “Relevance” of quitting, the potential “Risks” of continued tobacco use, the “Rewards” association with cessation, “Roadblocks” or barriers to cessation, and “Repetition” of cessation-oriented motivational messages, is appropriate. For those who have recently quit, relapse prevention, involving congratulations and discussion about cessation benefits and potential threats to continued abstinence, can be pursued.

The existence of effective tobacco cessation treatments, the recognition of chronic tobacco use as a possible manifestation of drug dependence—not simply a lifestyle choice—and the view of tobacco dependence as a chronic disease herald an exciting opportunity to address tobacco in clinical practice. The challenge now comes in offering treatment to all tobacco users and maintaining enthusiasm in the face of the difficulties of tobacco dependence.

Fiore, M. C., Bailey, W. C., Cohen, S. J., et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. June 2000.

This guideline can be found at www.surgeongeneral.gov/tobacco/default.htm. The Surgeon General’s 2000 report “Reducing Tobacco Use” can be found at: www.cdc.gov/tobacco. The National Institute of Drug Abuse (NIDA) website is www.drugabuse.gov.

CHECK OUT THESE SITES:

www.tarwars.org/
Describes American Academy of Family Physicians’ public education campaign for 4th and 5th graders around America

www.cancer.org/state/heartland
Links to the American Cancer Society’s state website. Provides information about programs in the lower Midwest (e.g., Missouri, Oklahoma, Kansas, Nebraska)



The OSU Family Physician newsletter is published by the Department of Family Medicine at the Oklahoma State University College of Osteopathic Medicine. We welcome your ideas for articles and features.

(918) 561-8400

<http://osu.com.okstate.edu/fammed/>

Executive Editor

Charles Henley, D.O., M.P.H.
Professor and Chairman

Managing Editors

Joo Hee Kim, MPH
Kjoo@osu-com.okstate.edu
Shannon Daleiden, Ph.D.
Smturne@osu-com.okstate.edu

Graphics and Design

Ellen Stockton
Carolyn Sparks

Photography

Kevin Stephens

Distribution

Barbara Newman

UPCOMING EVENTS...

Thursday, November 15, 2001—

Sunday, November 18, 2001

AAFP Conference:

Patient Education (item #1970), Seattle WA. Check the American Academy of Family Physicians' website www.aafp.org/pec for additional information.

UPCOMING FACULTY DEVELOPMENT WORKSHOPS/SEMINARS

Friday, May 11, 2001 —

Saturday, May 12, 2001

In conjunction with the 15th Tulsa Spring CME Fling (May 11 -12, 2001)

“Teaching OMT” Workshop — Kenneth Graham, D.O. and Michael Cooper, D.O.,

1:30 – 5:30pm, Room 148, OSU College of Osteopathic Medicine. For information, call (918) 561-8217

Friday, June 8, 2001 —

Sunday, June 10, 2001

In conjunction with the 4th Annual Emergency Medicine Review (June 8 - 10, 2001)

“Evaluating the Medical Student in the Clinical Setting”—Ray Stowers, D.O. & “Counseling Problem Students and Residents”— Charles Henley, D.O.

9:45 – 11:45am, CAME Auditorium, Room 007, OSU College of Osteopathic Medicine. For information, call (918) 583-9542

Transportation from the DoubleTree Hotel provided for both events.

Register online for these workshops:

http://www.osu-med.com/FamMed/faculty_development.htm

or call (918) 599-9405 and register by phone.



OSU College of Osteopathic Medicine
Department of Family Medicine
1111 West 17th Street
Tulsa, Oklahoma 74107-1898

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