

# The OSU Family Physician

Volume 4, Number 2

Oklahoma State University Center for Health Sciences • College of Osteopathic Medicine

Fall, 2001

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

## SPOTLIGHT ON:

### Oklahoma Rural Health Policy and Research Center

**M**ission: To improve rural health care delivery in Oklahoma and other rural states through research and health care policy development and to better coordinate rural health education and technology utilization.

The objectives of the Center's Divisions of Education, Research, Health Policy Development, and Technology each represent important steps toward accomplishment of the Center's mission:

➤ **Education**

To bring together interdisciplinary rural health professionals to provide an integrated, improved educational system for health professionals and health professions students throughout rural Oklahoma.

➤ **Research**

To perform much needed rural biomedical and clinical research utilizing a diverse network of healthcare disciplines from universities, research centers, state and federal agencies, and the rural medical community.

➤ **Health Policy Development**

To convene a panel of experts to create policy recommendations for state and national policymakers delineating ways to improve healthcare in both rural Oklahoma and rural America.

➤ **Technology**

To utilize the latest high-quality distance learning and telemedicine technology to integrate the Center's educational, research and health policy goals.



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Or visit our Research and Policy Centers website at: [www.healthsciences.okstate.edu](http://www.healthsciences.okstate.edu)

## Chairman's Message: Responding to Terrorism

Charles Henley, D.O., MPH



Charles Henley, D.O., M.P.H.



All of us have been victimized by the events of September Eleventh. To say that it has changed us in some profound way seems trite, but in fact it seems to have created an environment where our basic beliefs about such fundamental issues as personal safety, security for our loved ones, hope for the future, a stable and predictable lifestyle, have all been altered. These are all things that most Americans take for granted. But, there are some Americans for whom constant uncertainty is a way of life.

Those who serve in the military live with the ever-present knowledge that at any moment they could be disrupted from their surroundings, be separated from their families, moved, or put into harms way literally overnight. Though some argue that enlisting represents a preference for this lifestyle, studies of military families show that they share the same values and concerns as everyone else—raising children, having a home, belonging to a community, are just as important to military people as anyone else.

Tulsa is not a “military” town, and we generally don’t experience the effects of deployment. However, given the proximity of Ft. Sill, the city of Lawton knows well the impact of military deployment. The awareness that something is different usually happens in subtle ways, like when your neighbor no longer comes to the little league games, and kids start to have trouble concentrating in school because they’re anxious about a parent who is overseas. The last time we saw this happen on a large scale was during Desert Storm, but now those same issues of anxiety and uncertainty apply to all of us, not just those in uniform.

Perhaps when it comes to coping with this particular type of stress, we can take a page from the military and learn from its experiences. Try to keep the routine things in your life in order to create an environment of sameness and security, especially for your children. Allow open communication about what is happening in a way that is informational, but not inflammatory. Use family and community support groups to help in times of need. If a reservist is called to duty, the family needs to be reassured that people are aware of their special situation. If people feel anxious or insecure because of a perceived threat, they need to be able to get good information, and not listen to rumor. It may even be a good time to engage in other activities besides watching the news.

Physicians have a special responsibility in situations like these. We are looked at for our medical knowledge, as well as representing a stabilizing influence. We have already seen families in the emergency room concerned about anthrax, and there will probably be more than one instance of a bio-terrorism alert. It is up to physicians to be able to provide good answers to patients who might have concerns about symptoms and risks for exposures. Arming yourself with information, and keeping a professional attitude is what physicians do every day. It is especially important now; in light of the present challenges we face from people who would harm us.

### Helpful Web Sites:

[www.cdc.gov](http://www.cdc.gov)

<http://www.bt.cdc.gov/DocumentsApp/Anthrax/10122001Handle/10122001Handle.asp>

[www.nbc-med.org](http://www.nbc-med.org)

[www.fbi.gov/](http://www.fbi.gov/)

[www.anthrax.osd.mil](http://www.anthrax.osd.mil).

## Faculty Achievements

**Shannon Daleiden, Ph.D.**, Family Medicine Research Scientist, was appointed Assistant Professor of Family Medicine (May 2001).

**J. Michael Pontious, M.D.**, Family Medicine Preceptor, was awarded the Oklahoma Area Health Education Center (OKAHEC) Professional Partner 2001 Award for long-term support of Northwest AHEC and the OKAHEC mission (September 2001).

**Ray Stowers, D.O.**, Director of Rural Health, was named Director for the newly established Oklahoma Rural Health Policy and Research Center (October 2001).

**Joan Stewart, D.O., M.P.H.**, Assistant Professor, was named Outstanding Graduate Student in Public Health in her completion of a Masters in Public Health at the University of Oklahoma Health Sciences Center (May 2001).

**Stanley R. Sherman, D.O.**, Assistant Professor, was accepted to the University of North Carolina Chapel Hill Faculty Development Fellowship in Academic Medicine (June 2001).

**Make contributions payable to:** *OSU Foundation* • Memo line: Family Medicine

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## Research in Family Medicine, Part 1: Hammers and Nails (e.g., Statistics)

by Shannon Daleiden, Ph.D.

Although most family physicians have minimal training and experience with statistics, don't let it deter you from research. Data analysis represents only one of the steps in constructing the edifice of scientific knowledge. This quarterly column is designed to provide family physicians with resources to help build their "dream study."

Understanding the purpose of statistics in testing and answering research questions begins with the knowledge that statistics are just tools, like hammers or nails. Statistical tools are useless and meaningless outside the context of a researcher, a scientific question and an experimental design, as hammers and nails cannot construct a building without an architect or construction worker, plans, and blueprints. Therefore, statistics are used in the process of research – they are not research. Statistics summarize information so that answers to scientific questions are easier to see. The three functions of statistics are data description or *summarization/reduction*; decision-making, or *inference*; and *effect size estimation*.

*Data reduction/summarization* allows easy description of large quantities of information. For example, what is the average appointment length of the American rural family physician that sees primarily patients with managed care plans? In this case, the average (or mean) helps us understand what "generally" happens in the group (or sample) of rural family physicians' offices examined.

### *Inference*

Once sample characteristics are described, examination of these characteristics as true or in "error" is possible through significance testing. For example, testing the question "Do appointment lengths differ between rural physicians who see primarily insured patients and those who do not?" yields a specific value that is "true" by conventional scientific standards, if specific procedures are followed. (More on these procedures later)

### *Effect size estimation*

Similarly, statistics are useful for estimating the size of differences. For instance, is the difference between the average appointment lengths large or small?

As is evident, statistics do not interpret the answers to the above questions, just as hammers do not determine the structural integrity of a building. Only the researcher (the architect) can decide whether a large difference between appointment lengths in two groups of rural family physicians is important. One's choice of hammers depends upon the research question and the study design (plans and blueprints). Next quarter, this column will focus on choosing the appropriate hammer (statistic).



## Oklahoma State Center for Health Sciences

by Karen Wicker

After unanimous approval from the Oklahoma State Legislature, Governor Frank Keating signed Senate Bill 341 on May 21<sup>st</sup>, 2001 creating the Oklahoma State University Center for Health Sciences. The newly designated Center is the umbrella organization for all health-related programs at OSU in Tulsa, including the College of Osteopathic Medicine.

Currently, OSU offers five health-related programs in Tulsa; the Doctor of Osteopathic Medicine (D.O.), the Ph.D. in Biomedical Sciences, an M.S. in Biomedical Sciences, a Master's in Forensic Sciences and a Master's of Forensic Sciences Administration. These academic programs, combined with a teaching affiliation with Tulsa Regional Medical Center, make for a strong community infrastructure, according to Dr. Thomas Wesley Allen, Vice President for Health Affairs and Dean of OSU's medical school.

Allen says the health-sciences designation will enable OSU to pursue additional research and scholarly activity in health-related and biomedical fields. He stresses that the medical college will continue to build upon its strength of producing the state's largest number of primary care physicians, particularly for communities of less than 10,000.

Also included in the Senate Bill is the creation of the Oklahoma Rural Health Policy and Research Center (see information on the Center in the spotlight section).



## Evaluating Without Fear

Victoria S. Kaprielian, MD;  
Hershey S. Bell, MD  
Society of Teachers of  
Family Medicine (STFM)  
(Fam Med 1999;31(3):155-6.)



Part of the responsibility of every teacher is evaluating student performance. In medical education, evaluation is particularly important because we must eventually certify that our graduates are competent to provide health care to the general population. Yet, evaluation is perhaps the least favorite task of many teachers.

Family physicians, in particular, seem to be uncomfortable with evaluation. We are much more willing to have students in our offices, share experiences, teach techniques, and provide guidance than we are to fill out a form indicating how well a learner performed. Why is this? What are the barriers that keep us from this important task? There are many factors, including time pressures, past experiences, and general aversion to paperwork.

Perhaps the greatest barrier, though, is feelings. The possibility of creating discomfort in one of our learners makes us uncomfortable. Hence, we try to avoid it, either by being overly generous or by evading the process altogether. However, if we are to fulfill our obligations as teachers—to the learners, the programs, and society—we have to give complete and honest evaluations.

### The Process of Evaluation

In its simplest form, evaluation includes 4 steps:

1. **Define Expectations**

At this specific point in the student's or resident's training, what should the learner be able to do? Definition of these expectations is the responsibility of those designing the program, so this task should generally not fall to the community preceptor.

2. **Define Performance**

How does the student or resident perform? What can the learner do? This comes from direct observation, observations of others in your office (physicians, nurses, and other staff), and/or comments from patients. You may also wish to incorporate some self-assessment by the learner of his/her own performance.

3. **Identify Differences**

Simply compare the performance with the expectations. Which ones were met? Exceeded? Are there some that were not yet achieved?

4. **Document**

Write it down. Soon. The longer you wait for the paperwork, the harder it will be.

### Conclusion

Evaluation doesn't have to be threatening. By focusing on clear expectations and specific aspects of performance, evaluation can be made much more helpful to learner and teacher alike.

**Corresponding Author:** Address correspondence to Dr Kaprielian, Duke University Medical Center, Department of Community and Family Medicine, Box 3886, Durham, NC 27710. 919-681-3071. Fax: 919-681-6560. E-mail: [kapri001@mc.duke.edu](mailto:kapri001@mc.duke.edu).

## Think Family Medicine

As you consider charitable giving this year, I hope that you will remember the Department of Family Medicine at the OSU College of Osteopathic Medicine. All donations are tax-deductible and are used for the purpose of carrying forth various activities of our department. The purchases made through this foundation would be restricted to items not allowed through our regular budget but which are an essential part of sustaining the quality of our programs.

So the next time you give, think Family Medicine. We appreciate all the help that you can give.

**Make contributions payable to:** OSU Foundation • Memo line: Family Medicine

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# Family Medicine Residency

By Dr. Larry McKenzie

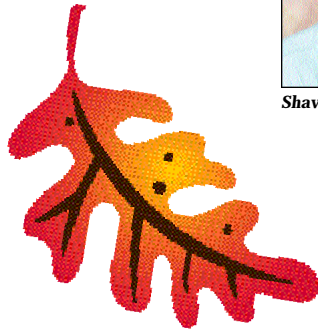
The OSU Family Medicine Residency Program recently began the new academic year. Six residents completed the program on June 30, 2001. They include Randy Grellner practicing in Cushing, OK, Tim Sanford in Okmulgee, OK, Dan Smith in Bristow, OK, Dan McCarty in Wichita, KS, Jason Sims in LaJunta, CO and Joy Morrison in Tulsa, OK. Dr. Grellner was voted Outstanding Resident in Family Medicine by the Department of Family Medicine faculty.



Larry McKenzie, D.O.

Eight new Family Medicine Emphasis Interns started the program and include Shawn Minor, Lora Cotton, Jason Remington, Carl Smith, Danny Thomason, Jeffrey Gastorf, Matt Headrick and Todd Swearingen. Jeff Gastorf and Matt Headrick will both transfer to the Durant Family Medicine Program in Durant, OK for their PGY-2 and PGY- 3 years.

Each Friday afternoon, the residents participate in academic sessions which include board reviews, review of current topics in medicine, Behavioral Science review, and OMT sessions. The program is striving to continually improve the quality of the program in order to expertly equip the residents for 21st century Family Medicine.



Shawn Minor, D.O.



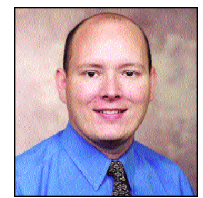
Lora Cotton, D.O.



Jason Remington, D.O.



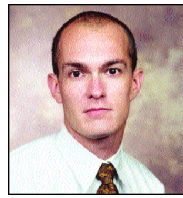
Carl Smith, D.O.



Danny Thomason, D.O.



Jeffrey Gastorf, D.O.



Matt Headrick, D.O.



Todd Swearingen, D.O.

## Faculty Position Announcement

### Typical Duties (Includes but not limited to the following:)

Tenure-track faculty position that also serves as director of the Enid, OK-based residency program in family medicine. The dual-track program is in conjunction with the existing University of Oklahoma program. Both are 1+2 programs, with osteopathic components approved for two residents in each year group. There are twelve combined resident positions and the combined faculty will teach in both programs. In addition to teaching and administrative duties associated with the residency program, the successful candidate will also assume the role of Medical Director for one of the residency clinics operated by the Northwest Oklahoma Osteopathic Foundation.

**Job Requirement** Applicants must hold the D.O. degree and be board certified through the American Osteopathic Board of Family Medicine as well as residency trained in Family Medicine. Experience in administration and competency in office and hospital practice are essential.

### Preferred Qualifications

Teaching and obstetrics experience.

### Starting Salary Range

Competitive salary with excellent benefits.

### How to Apply

Direct letters of inquiry and curriculum vitae to: Human Resources OSU College of Osteopathic Medicine • 1111 W. 17th. Street • Tulsa, OK 74107

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.

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## UPCOMING EVENTS...

**NOVEMBER 16 - 18**



"FAMILY PRACTICE UPDATE," The DoubleTree Hotel Downtown Tulsa. Call the Office of Continuing Medical Education for registration information, 1-800-274-1972 or 918-584-1469. Sponsored by OSU Center for Health Sciences, College of Osteopathic Medicine.

**NOVEMBER 16**

"COUNSELING PROBLEM STUDENTS AND GIVING EFFECTIVE FEEDBACK," 9:45am – 11:45am. The DoubleTree Hotel Downtown Tulsa, Russell Room. Faculty Development Workshop by Charles E. Henley, D.O., M.P.H., OSU Department of Family Medicine.

## CHECK OUT THESE SITES:

<http://www.merckmedicus.com>

Merck Medicus; Medical Resource Portal – Free, but registration required.



<http://www.pdr.net/>

Physician Desk Reference.net: Medication Reference – Free, but registration required.



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