

The OSU Family Physician

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

Spring, 2002

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

SPOTLIGHT ON:

Jenny Alexopulos, D.O. Named Chief of Staff at Tulsa Regional Medical Center

Shannon Daleiden, Ph.D.

Associate Professor of Family Medicine, Dr. Jenny J. Alexopulos was recently named Chief of Staff at Tulsa Regional Medical Center (TRMC), effective February 1, 2002. Dr. Alexopulos, who has been with the College of Osteopathic Medicine since 1995, considers this position an exciting opportunity to help facilitate good work between the two entities. As Chief of Staff, Dr. Alexopulos works closely with TRMC CEO, Dr. Daniel Fieker on broad hospital issues such as functioning and quality. She also interacts frequently with other physicians, nurses and ancillary staff, facilitating a coordinated team dedicated to providing the best health care for patients, as well as making TRMC a great place to work. Dr. Alexopulos also oversees 12 hospital committees covering such topics as quality, credentialing, and departmental concerns, and continues to serve clinically on the Family Medicine Teaching Service. "Teamwork, loyalty and cohesiveness," says Dr. Alexopulos, "will ultimately make the collaboration between TRMC and the College of Osteopathic Medicine a success." Dr. Alexopulos's own dedication, commitment, and leadership will also serve this collaboration well.



Jenny Alexopulos, D.O.

Phase 1 of Practice- Based Mammography Study Complete

Shannon Daleiden, Ph.D.

The Rural Health Research Subcommittee (RHRS) in the Department of Family Medicine at OSU-COM recently completed the first phase of a practice-based research project designed to study mammography utilization in rural and urban Oklahoma. The study team asked preceptors in offices around the state to participate by asking 20 of their female patients, 38 and older, to complete a survey on mammography and reasons for utilizing and not utilizing this important screening test. Fourteen offices participated, yielding surveys from 255 patients.

Preliminary results suggest that the majority of Oklahoma women in our sample have had at least one mammogram, and that rurality does not make a difference. However, study results also suggest that a physician's recommendation for this mammogram is very important. The RHRS plans to submit these data for publication, and then to begin the second phase of the study – a faculty development initiative designed to increase physician awareness of the need to recommend that their 40 year-old female patients have mammograms.

Research in Family Medicine, Part 2: Choosing the Right Hammer

Shannon Daleiden, Ph.D.

Now that we understand what a hammer (a statistic) does, it's time to figure out which kind of hammer we need. Statistical tools, like hammers, come in various shapes and have various functions. Some are used only with certain types of data. For example, when working with categorical data, like disease state (e.g., one has diabetes or does not have diabetes), it is often best to use a non-parametric statistic, such as the Chi-square test, to evaluate your data. Conversely, when working with continuous data, such as body weight in pounds, it's best to choose a parametric statistic, such as the Analysis of Variance, or ANOVA.

Another consideration is what you plan to test. If you are looking at summarizing your data, use summary statistics, such as the mean and standard deviation. When inferring relationships or differences, it is important to use statistics such as the correlation coefficient, or the abovementioned Chi-square. And finally, when wanting to estimate the size of relationships or differences, the standardized d statistic, or the Phi coefficient are useful.

A complete blueprint for choosing statistics is beyond this article, but the web can provide guidance on choosing your hammer: For example, go to <http://www.statsoft.com/textbook/stathome.html> for help with this question.

Chairman's Message:

Charles Henley, D.O., MPH



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

Recently, I had the opportunity to participate in a remarkable event: a health fair held at Booker T. Washington High School. What was so remarkable about this health fair? It brought the College and the community together in a meaningful way, serving to remind many of us why we went to medical school in the first place. The fair was even more remarkable because it was conceptualized, organized, and implemented solely by our first and second year medical students. Not that we should be surprised that our students could do such a thing, but it's great to see them begin their careers with the right motivations in medicine -- to help our own communities.

Every student organization was represented, but kudos to Larry Ruffin and Tracy Woods, specifically, who worked very hard to make it all happen. They covered all the bases. The Sheriff's department and Tulsa Firefighters took fingerprints and provided I.D. kits for kids. Blood pressure stations, glucose and cholesterol screening stations were set up. Students figured BMIs, and even an audiologist had a screening booth. Several organizations in Tulsa took advantage of the opportunity and set up information booths for child safety, nutrition, and smoking cessation. Opportunities abounded to sign up for participation in clinical trials on prostate and cardiovascular concerns, or one could join the Emergency Medicine club. Many full- and part-time faculty members attended, offering mainly encouragement and support, though three OMT tables were constantly in use.

Specifically, I would like to thank Drs. Blevins, Barney, Margo, Mills, and Eddy for their participation. The health fair took place in the school cafeteria, allowing for plenty of room -- a good thing because the parking lots were full, and the fair was a scene of constant, frenetic activity. The whole thing lasted just four hours, and they even gave away door prizes. I could not think of one thing that the students had missed. Everyone had a great time, (I even saw one couple dancing), lots of kids and families attended, and the students lavished attention on everyone.

I'm certain that the students learned a lot from the experience, and that everyone felt a sense of accomplishment. The health fair provided young medical students with the opportunity to practice prevention and screening skills, while interacting with individuals, one on one. It exemplified community-oriented primary care (COPC), and how a community and a medical school can benefit each other in meaningful ways.

Thanks again to everyone who made this health fair a success, especially the students who organized it and/or participated. You should feel good about what you did. Speaking for the faculty, we were impressed and very proud.

OSU-COM Students Learn Powerpoint and Presentation Skills

JooHee Kim, MPH

Medical students learn to present themselves in various ways at OSU College of Osteopathic Medicine. Here, like most medical colleges, students learn patient interviewing skills and learn to write SOAP notes. However, unlike other medical colleges, our College provides every student an opportunity to create a lecture with visuals to present to their peers and faculty.

During the Family Medicine C rotation, third-year students (6-8 students per month) develop a presentation using PowerPoint, which includes a protocol for diagnosis and management of a problem commonly encountered in Family Medicine. A patient case study is required, based upon a case he/she has helped manage at the OSU Health Care Center or another clinical setting. At least three current references are required, to ensure that the management protocol followed the latest recommendations.

Significant preparation is needed for this presentation. First, students attend a hands-on workshop on effective presentation skills, basic PowerPoint, and visual guidelines. These basic guidelines are useful for any presentation situation. During the rotation, students also hone their literature search skills, as they must cite references for their presentation.

Lectures are 30-40 minutes in length including a question and answer session. Faculty members grade the student on content, presentation technique, visuals and overall presentation, using a standard evaluation form (see example).

Medical students understand the importance of effectively presenting information to those around them. In a recent survey of students who had completed this rotation, 100% of them felt that learning presentation skills was either important or extremely important in their learning process.

OSU-COM Students Learn Powerpoint and Presentation Skills

JooHee Kim, MPH
(continued)

Example Presentation Evaluation

Presenter's Name: _____

Title of Presentation: _____

Please circle appropriate scale

Presentation Technique	Excellent	Good	Average	Marginal	Poor	
1. Overall Appearance	5	4	3	2	1	
2. Voice Projection	5	4	3	2	1	
3. Eye Contact with Audience	5	4	3	2	1	
4. Presentation Pace	5	4	3	2	1	
5. Asks for Questions (Appears at ease during questions)	5	4	3	2	1	
Visual Design Guidelines						
1. Text (concise, to the point)	5	4	3	2	1	
2. Type (adequate size, limited font types)	5	4	3	2	1	
3. Design (consistent, easy on the eye)	5	4	3	2	1	
4. Slide Format (bullets used, uncluttered)	5	4	3	2	1	
5. Titles/Key Concepts (emphasized)	5	4	3	2	1	
6. Color (appropriately used)	5	4	3	2	1	
Case Study (see suggested format on back)						
1. At least 3 references were cited	5	4	3	2	1	
2. Protocol follows latest recommendations	5	4	3	2	1	
3. Appropriate use of OMT (if applicable)	5	4	3	2	1	N/A
Structure and Content (Provided introduction, developed information logically, gave adequate information, included appropriate images, summarized, credited sources).	5	4	3	2	1	

Comments:



Learning Pyramid

The Learning Pyramid charts the average retention rate for various methods of teaching. These retention percentages represent the results of research conducted by National Training Laboratories in Bethel, Maine. According to the chart, lecture, the top of the pyramid, achieves an average retention rate of 5%. On the opposite end of the scale, the "teach others/immediate use" method achieves an average retention rate of 90%

Active Learning Online:
<http://www.acu.edu/cte/activelearning/whyuseal2.htm>

Mark Your Calendar

September 21, 2002

Attention: all OSU Clinical Faculty
Biomedical and Clinical Ethics Seminar
Tulsa Regional Medicine Center
Education Auditorium
9:00 a.m. - 4:30 p.m.
918-583-9542



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UPCOMING EVENTS...

September 21, 2002

Attention: all OSU Clinical Faculty
Biomedical and Clinical Ethics Seminar

Tulsa Regional Medicine Center, Education Auditorium.

9:00 a.m. - 4:30 p.m.

918-583-9542

November 22-24, 2002

Family Practice Update

25 hours AOACategory 1A

Downtown Doubletree Hotel

918-583-9542

CHECK OUT THESE SITES:

<http://www.jfampract.com>

The Journal of Family Practice

<http://www.4women.gov>

The National Women's Health Information Center

<http://www.nlm.nih.gov/medline.plus/>

Medline Plus Health Information Service of National Library of Medicine and National Institute of Health



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