

# The OSU Family Physician

Volume 2, Number 2

Oklahoma State University College of Osteopathic Medicine

March, 2000

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

## SPOTLIGHT ON...

LARRY MCKENZIE, D.O.

### Pragmatism and Academic Excellence Drives New Residency Program Director

Shannon M. Turner, Ph.D.

In August of 1999, Larry McKenzie, D.O. joined the faculty of the Department of Family Medicine as an Assistant Professor and Director of the Family Medicine Residency Program. Dr. McKenzie graduated from the College of Osteopathic Medicine in 1992, completed his residency in 1997, and practiced for two years in Ardmore, Oklahoma. He returned to the College in 1999 in an effort to help create a more



Photo Courtesy: Jon Hee Kim

Larry McKenzie, D.O.

“practical family medicine residency program with high academic standards.” Dr. McKenzie cites his two years of experience in a rural family practice clinic as “tremendously helpful” in planning the current changes in residency education. He reports that “when you have practiced in settings where these young physicians will go, you have a much clearer perspective of what they will need to know about particular procedures and practice issues, to survive in rural family practice.” Since Dr. McKenzie’s arrival, the Department has instituted many changes in the Family Medicine residency program. For example, residents now admit and care for their own patients under an attending

physician’s supervision as part of the new in-hospital teaching service. Residents are now required to take a rotation in pediatric intensive care and to attend all deliveries (regular and Cesarean), in order to learn about neonatal resuscitation and care of the neonate. Morning report is now a daily event. Finally, didactic and practical learning modules have been developed and reinstated, providing residents with further education in and practice with behavioral science principles and common medical procedures. Dr. McKenzie returned to OSU because he felt that he “had something to offer the residency program.” By all accounts, it appears that he was right.

## Research Notes:

### Collecting Data in the Office Setting

Some of you may read this column regularly and think, “I’d like to conduct research, but I haven’t the faintest idea how to go about collecting data.” Data collection is simply the systematic recording of information pertaining to a research question. For example, consider that you are interested in the effects of a prescription of regular exercise on blood pressure in your moderately hypertensive patients. You have provided your patients with ambulatory monitors, taught them how to use them, watched them operate the monitors to ensure accuracy, and sent them home with the monitors complete with instructions to check their blood pressure four times daily and record the numbers on a special piece of paper. Some of you might think, “I already do this.

What does this have to do with data collection?” **Data collection in research differs very little from good clinical information gathering.** Good clinicians often add a level of quality assurance to their practices by collecting clinical information to ensure that their interventions are being appropriately implemented. For example, some clinicians may have a staff member contact a patient’s family and ask about the patient’s adherence to blood pressure monitoring and recording instructions. Researchers do this regularly for the same reasons – assessing adherence and outcome. In effect, a good clinician conducts “research” when he or she asks, “did my intervention work?,” and gathers the appropriate clinical information that will answer that question.

The biggest differences between research and clinical work include getting your patients’ informed consent to participate in your research projects (we’ll cover this in a future article), and the need to enter any data you gather (in this example, the blood pressure records) into a computer database for statistical analysis. However, if this isn’t one of your strengths, contact a university’s department of biostatistics or psychology for assistance. It’s as simple as that!

For further information on this and other research topics, contact Dr. Shannon Turner, Research Scientist at the OSU College of Osteopathic Medicine at (918) 561-8289.

## Message from the Chairman

Charles Henley, D.O., MPH



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

One of the biggest difficulties we have as physicians is the ability to see ourselves also as teachers. Whether we are working with medical students, with residents or with our patients, many of us do not consider this one of our great strengths. Yet at some level, we are teaching all the time. Each time we talk to students in the hospital, see a patient in the clinic, and talk to our colleagues and our families, we teach and learn. So why do we think that we can't be good teachers? Many of us may assume that "teaching" means "formally lecturing," and that because our medical schools and residency programs did not formally train us to make effective presentations, we don't know how to teach "effectively." However, most clinical medicine education is not delivered in formal lectures, but in one-to-one communication, small group discussions, and modeling (teaching by example). Whether in the clinic, on hospital rounds or in the lunchroom, effective education happens in "teachable moments." These are serendipitous opportunities that allow communication about patients or concepts in ways that stick with the learner.

Many years ago, as I put together the curriculum for the faculty development fellowship program at Madigan Army Medical Center, I had to conceptualize what it means to be an academic professional. This entailed defining the essential elements of a successful career in academic family medicine and writing the map that would lead my faculty from point A to point B. I was forced to think about how physicians learn and the skills that I most appreciated in my own teachers. I realized that we all possess the essential elements that qualify us to be teachers of medicine – we simply need to develop them. Structured training can facilitate clarification and organization of our thoughts and our skills in order to create more effective learning situations, improve precepting, hold effective rounds, evaluate performance and deliver feedback. Enhancement of our skills and abilities will allow us to feel more comfortable with our interactions with learners and therefore enjoy the teaching role that much more.

The Department of Family Medicine will soon initiate its own faculty development program to provide the tools necessary for our full-time faculty to become better teachers and better academic professionals. The entire range of activities crucial to successful academic professionals, including research skills, behavioral skills, clinical teaching, lecturing, creating and delivering effective presentations, facilitating small groups, counseling, evaluating performance and programs, writing for publication, managing a staff and/or a practice and delivering feedback, will be covered.

Our part-time clinical faculty may participate in this program through the College's distance learning network. Seminar text will be available on the Internet, and selected seminars will be videotaped. We hope that with appropriate guidance, more of us will feel comfortable in the teaching role and therefore want to expand our participation in academia. Teaching can be a lot of fun and can enrich the quality of patient care at many levels.

## Department Congratulations

Joo Hee Kim, MPH

Governor Frank Keating has appointed Jimmie Sue Hill, D.O., Assistant Professor of Family Medicine, to the Oklahoma Board of Narcotics and Dangerous Drugs.

Thomas R. Pickard, D.O., Associate Professor of Family Medicine was appointed to the National Board of Osteopathic Medical Examiners. Governor Keating re-appointed Dr. Pickard to the Oklahoma Board of Osteopathic Examiners.

Shannon M. Turner, Ph.D., Department of Family Medicine Research Scientist and Assistant Professors of Family Medicine Joan E. Stewart, D.O., Jenny J. Alexopoulos, D.O., and Jimmie Sue Hill, D.O. co-authored a journal article entitled "Irritable bowel syndrome" which was recently published in the February 2000 issue of *Current Review of Pain*.

## From Principles To Practice:

### Creating and Delivering Effective Interactive Video Presentations

Joo Hee Kim, MPH

In February, Joo Hee Kim, MPH, Director of Educational Programs for the Department of Family Medicine, Michael Young, Assistant Director of the Telemedicine Center, and Karen Wicker, MHR, Director of Communications, held a teaching session on *Guidelines to Making a Live Interactive Video Presentation*. To prepare them to fully participate in the Department's lead in distance education, the Family Medicine faculty and residents were provided with practical suggestions for creating and delivering lecture materials using telemedicine technology.

Over the next several issues of this newsletter, we'll share these guidelines with you, our readers. This quarter, we will outline strategies for creating visuals (on PowerPoint or transparencies) that compliment your presentation. Next quarter, we will provide you guidelines for preparing, delivering and engaging your audience during a live interactive video presentation.



Joo Hee Kim, M.P.H.

## VISUAL DESIGN GUIDELINES

### 1. Text

- Limit text on each slide
- Use no more than 5-6 lines/slide and no more than 5-7 words/line
- Avoid complete sentences
- Use consistent parts of speech in all lists (e.g., all verbs or all nouns)
- For verbs, use consistent tense and voice (active or passive)
- For nouns, use consistent case and number (singular or plural)

### 2. Type

- Use a minimum of 20 pt type (font size)
- Limit yourself to 1 or 2 typefaces/type sizes
- Use simple typefaces (Arial, Verdana, Times Roman)
- Use type size to reflect importance of ideas; larger type for main points, smaller for supporting ideas
- Avoid using ALL CAPS and underlining: these styles are hard to read
- Use **boldface type** for emphasis rather than ALL CAPS or underlining.
- Avoid hyphenation
- *Italicize* sparingly

### 3. Organization

- Use an introduction, body and summary
- Limit each slide to one main idea
- Organize ideas with bullets and numbers
- Leave 1" - 1.5" margins on the document
- Prepare handouts that correspond to the order of your presentation

### 4. Color and Graphics

- Use color sparingly; limit to 2 or 3 colors on contrasting backgrounds
- Use color for emphasis (example: yellow on blue works well). Text colors black, green and blue work best
- Avoid red and low contrast colors (example: green on blue or orange on yellow)
- Avoid complex or dense diagrams
- Use minimal clipart
- Use graphics and pictures to compliment your presentation
- If using graphics, consider the relationship between graphics and text; be consistent on this placement from slide to slide
- Do not superimpose text over graphics; it's very hard to read

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

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## UPCOMING EVENTS...

**MARCH 26-31, 2000**

ACOFPP 37th ANNUAL CONVENTION

Bally's, Las Vegas, Nevada For further information, call (800) 323-0794 or visit <http://www.acofp.org/events.html>

**MAY 3-7, 2000**

THIRTY-THIRD SOCIETY OF TEACHERS OF FAMILY MEDICINE ANNUAL SPRING CONFERENCE

*Exploring the Vision of Family Medicine: Research, Technology, & Practice*  
Disney Coronado Springs Resort, Lake Buena Vista, Florida

For more information contact, (800) 274-2237, ext 5410 or visit,

<http://www.stfm.org/2000con/contoc.html>

**JUNE 9-11, 2000**

THIRD ANNUAL EMERGENCY MEDICINE REVIEW IN THE RURAL AND SUBURBAN SETTING

Downtown Doubletree Hotel, Tulsa, OK

For registration information, contact OSU-COM Office of Continuing Medical Education (918) 584-1469 or (800) 274-1972

## CHECK OUT THESE SITES:

<http://www.cdc.gov/travel/>

CDC medical information for travelers and physicians

<http://www.derma.med.uni-erlangen.de/indexe.htm>

Dermatology Internet Service (includes Dermatology Online Atlas)

<http://www.ahcpr.gov/ppip/>

Putting Prevention into Practice



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