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**From the Association
of Departments of Family Medicine**

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OBESITY AND DEPARTMENTS OF FAMILY MEDICINE

Obesity is a national problem and one of great concern to many family medicine departments. That's scarcely surprising given that an epidemic like obesity is unlikely to be affected by a traditional medical treatment model. Reducing obesity rates will likely require an integrated approach that brings local practitioners, community agencies, such as schools and health departments, employers, and researchers together for comprehensive prevention and treatment programs. Fortunately, combining medical and community/public health approaches is increasingly familiar territory to many family medicine departments.

A community-centered intervention is underway in several Philadelphia neighborhoods. Faculty and fellows from Thomas Jefferson's Department of Family Medicine and the hospital's Office to Advance Population Health are working with Penn State University's

Hamer Center for Community Design to conduct community assessments and develop action plans for modifying the local environment. These plans will create active living programs that encourage physical activity among community members of all ages.

Also in Philadelphia, the Department of Family Practice and Community Medicine at the University of Pennsylvania is involved in research efforts, funded by the American Heart Association and the National Heart, Lung, and Blood Institute, to compare different types of lifestyle interventions for obese African Americans.

Identifying the factors that make obesity a particular risk for minorities is also a topic of interest at Case Western and the University of Medicine and Dentistry of New Jersey medical schools.

Informatics plays a lead role at the Northeastern Ohio Universities College of Medicine. Grants from the Ohio Board of Regents Hayes Investment Fund, local foundations, and the US Department of Health and Human Services have funded the placement of touch-screen computer kiosks with patient information, linked to stages of change, in 8 clinics caring for the underserved in northeast Ohio. Information is provided on exercise, smoking, weight control, and alcohol use. The goal is to provide targeted information both to inform patients at a level appropriate to their willingness to change and level of health literacy and to provide a stimulus for discussions between patients and providers.

Wake Forest University has long had a comprehensive weight management program based in Family and Community Medicine. Enrollment in the program has doubled in the last year, mainly as a result of negotiation with a major health insurance carrier to pay one half the cost. This all-inclusive program includes education and group and individual counseling, as well as nutrition and exercise advice. The program has set the stage for multiple educational and scholarly endeavors in the department and the medical center.

Residents are contributing to the solutions as well. At the Eastern Virginia School of Medicine, the department's resident-sponsored weight management program explores the efficacy of a physician-directed group approach to weight loss and won a school award for research by residents. Among the departments of family medicine, internal medicine and pediatrics there are now plans for extending the model to additional community-based, underserved sites.

Perhaps the most comprehensive set of programs is managed by the Duke University Department of Community and Family Medicine. Grants from the Kate B. Reynolds Charitable Trust and the North Carolina Health and Wellness Trust Fund Commission totaling more than \$20 million have created almost 50 obesity prevention or treatment programs in communities

across North Carolina. Several programs span multiple counties, including one led by the North Carolina Academy of Family Physicians. Each incorporates local doctors, health departments, and community groups in programs to encourage exercise and better diet, especially among high-risk groups. Students on the family medicine clerkship are now starting to connect local practitioners to these community resources.

Obesity poses challenges for patients, for communities and the public as a whole, and for family medicine. Finding solutions that work for our patients is pulling all of us out of our usual way of providing care, into less familiar environments of partnerships between academic and community groups, and with local and state public health agencies. But finding new solutions to health care problems, such as obesity, is one of the central missions of the academic departments of family medicine and is one way departments contribute, not just to the discipline, but to improving health for all.

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From the Association
of Family Medicine Residency Directors

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PROMOTING SCHOLARLY ACTIVITY IN FAMILY MEDICINE RESIDENCY PROGRAMS: WHAT'S THE REWARD?

Scholarly activity is an important component of family medicine education. The Accreditation Council for Graduate Medical Education (ACGME), through the Core Competencies, has introduced and required additional goals for residency programs. Several of these competencies involve the incorporation of scholarly activity into the patient care experience. In the Program Requirements for Residency Education in Family Practice, the Residency Review Committee for Family Practice states that "graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility."

Overall, family medicine residency program directors mostly support scholarly activity in their programs. In an earlier survey, more than one half of family practice residency program directors believed that their training program actively promoted research.¹ Furthermore, 3 out of 4 indicated that involving residents in research was a goal of the program.

While scholarly activity leads to professional development for the resident and meets accreditation standards for the program, further rewards associated with this activity are not always clearly defined or present. Oeffinger et al² examined how time was allotted for family medicine faculty to pursue scholarly activities and how these activities are rewarded. Most programs and departments do not have an explicit reward system. As recommended by the authors, further studies are needed to determine whether the use of protected time and a reward system enhance scholarly activity.

As an added reward for conducting quality scholarly activity, the family practice residency programs affiliated with the South Carolina Area Health Education Consortium (SC AHEC) are attempting to incorporate scholarly activity with a retreat-like atmosphere. For the past 2 years, SC AHEC has supported a symposium for residents in its 8 affiliated family medicine residency programs. The purpose of the symposium is to provide an opportunity for residents to present their scholarly work. The 10-minute presentations are categorized into specific areas (basic research, clinical review, case report, and quality improvement). A focus on topics of interest to a primary care audience (eg, patient care, preventive strategies, practice-based systems of care, or resident education) is encouraged for submission.

In addition, SC AHEC provides participating residents funding to spend a weekend away from their residency programs with their families. This past year, the symposium was conducted at a resort park that offered outstanding recreational opportunities, including a beautiful 18-hole championship golf course; trails for hiking, walking and biking; tennis courts, and facilities for archery and skeet shooting. In addition to access to a 70,000-acre lake for fishing and boating, the park featured a motel, park cabins, a restaurant, and meeting facilities.

As noted by Gary Goforth, MD, residency program director at Self Regional Healthcare Family Practice Residency Program and Chair of the SC AHEC Family Practice Residency Directors' Council, the annual symposium "has increased and formalized the scholarly activity conducted in the family medicine residency programs throughout our state." In addition, Dr. Goforth believes that this symposium allows residents from the various programs to interact with one another in both a professional and informal manner.

The symposium conducted by SC AHEC offers many of the advantages of a residency retreat with the addition of a scholarly theme. Although most family medicine residency programs offer resident retreats, only a few studies have been published specifically addressing value of resident retreats in the overall resident personal development and stress management.^{3,4} A research or