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Mike Pugh
Pugh & Associates

References

1. Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community. *Ann Fam Med*. 2004;2(Suppl 1):S65-S74.



From the Society of Teachers
of Family Medicine

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STEPHEN ZYZANSKI RECEIVES THE 2004 CURTIS G. HAMES RESEARCH AWARD

At the 2004 Annual Spring Conference for the Society of Teachers of Family Medicine (STFM), the 2004 Curtis G. Hames research award was presented to Stephen Zyzanski, PhD. Dr. Zyzanski is the director of research at the Department of Family Medicine of Case Western Reserve University. Every year, this award is presented to an individual whose career exemplifies dedication to research in family medicine. The award is named for Dr. Curtis Hames, a community-based physician, researcher, and faculty member at the Medical College of Georgia, recognized as a true pioneer in practice-based research, who celebrates 60 years as an MD this year. The selection committee consists of representatives from STFM, the American Academy of Family Physicians, the North American Primary Care Research Group, and the Hames Endowment of the Department of Family Medicine, Medical College of Georgia.

Trained in psychometrics, biostatistics, and epidemiology in the mid-1960s, Dr. Zyzanski gained recognition early in his career through his involvement with the Western Collaborative Group Study. This epidemiologic study resulted in several important papers in the late 1960s and 1970s reporting on the association of coronary artery disease with behavioral factors such as type A behavior. At his Hames Award presentation, Dr. Zyzanski credited John Cassel, his first chair of epidemiology at University of North Carolina, for convincing him of the importance of behavioral factors. "I heard Dr. Cassel say on numerous occasions that

he believed ... the next major contribution to explain more of the variance in health and disease outcomes would come not from further refining environmental factors, but from ... behavioral factors," Dr. Zyzanski said. "This is what started me on the road to trying to validate behavioral risk factors."

Much like the earliest developers of the concept of coronary-prone behavior pattern, Dr. Zyzanski thinks of his work as a journey from art to science, "from poorly measured behavioral constructs to documented behavioral risk factors for clinical outcomes." His collaboration with psychologist David Jenkins produced a questionnaire measure of type A behavior, and documented a "dose-response" relationship between scores on this measure and coronary artery disease. Dr. Zyzanski said the instant he saw the dose-response results first being printed from the big mainframe computer, it was a true "Kodak moment."

This work, interestingly, brought with it the opportunity to collaborate with Curtis Hames, so this award had special importance for Dr. Zyzanski. He and Dr. Hames eventually worked together on 4 projects. "What made the association with Curtis Hames particularly gratifying for me was that he was interested in doing research on the mechanism by which behavioral factors might confer their risk," Dr. Zyzanski said. He recalled many late nights he and the research team spent at Dr. Hames' office in Claxton, Ga. "He saw patients all day long, had dinner, and in the evening from 7 to 10 PM he would see indigent patients. Then at 10 PM, he would come into the conference room and say, 'You fellas interested in a snack?' and from 10 PM to midnight, we ate Sugar Frosted Flakes and talked research. And the next day he did it all over again."

Dr. Zyzanski joined the faculty at Case Western in 1979, the same year he joined NAPCRG. The 1980s were devoted not only to continuing his impressive line of original research but also to strengthening the research infrastructure of the discipline through his work on the NAPCRG Board of Directors and as director of Case Western's Robert Wood Johnson Faculty Fellowship Program. At his Hames Award presentation, Dr. Zyzanski outlined 3 different projects from his fellows, all of which involved the development and publication of new measures (related to patients' desires, stress levels, and perception of physician humanism). Dr. Zyzanski emphasized that these measures, in addition to 5 others that were developed by fellows during his tenure, continue to enable research in important areas.

In addition to his exemplary mentoring activities, Dr. Zyzanski found time to coauthor more than 100 journal articles and book chapters in the 1980s and

1990s alone, including his work with the landmark Direct Observation of Primary Care Study. He credited much of his research division's productivity to ongoing work with the practice-based research network founded by Kurt Stange, MD, in 1994. "Right from the start, we took a transdisciplinary, multi-method approach," Dr. Zyzanski said. "We routinely integrate qualitative and quantitative methods, and we found that simultaneous use of these methods has yielded a much larger collection of findings without undue added effort." He reviewed some key findings from some of the network's studies, including measurement of preventive service delivery, the effect of patient volume on a practice, the incorporation of family in family medicine, and a tailored approach to improving preventive service delivery in primary care practice. Dr. Zyzanski acknowledged his professional relationships with Dr. Stange and Jack Medalie, MD, and his collaborative work with Ben Crabtree, MD, and Will Miller, MD, as key ingredients to his success in research.

An exciting project that has consumed much of Dr. Zyzanski's energy has been the development of an electronic database of more than 400 behavioral measures useful in primary care research. He is particularly proud of this collection, considering that he started his career trying to establish the validity of behavioral risk factors. This resource will be available on the Internet later this year. Dr. Zyzanski has also devoted much of his time lately to his role as statistical editor of the *Annals of Family Medicine*. In this context, he discussed effect size and clustered data, 2 topics generating a large amount of interest lately in statistics, medicine, and behavioral science. "More journals are now requiring that authors provide statistical tests of hypotheses, they also provide a measure of effect size," he said. Regarding clustered data, which are present in practice-based research network studies "almost by design," Dr. Zyzanski recommended increasing familiarity with techniques that adjust for the clustering effect.

Dr. Zyzanski concluded his presentation by distilling his experience into the essential ingredients for successful research: passion, research training, mentors, and a multidisciplinary collaborative research team. For his remarkable lifetime of dedication to family medicine research and his ongoing commitment to strengthening the science of our field, the Hames Selection Committee is honored to present the 2004 Curtis G. Hames Research Award to Dr. Stephen Zyzanski.

*Erik Lindbloom, MD, MSPH
Chair, STFM Research Committee
and Hames Selection Committee*



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

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FAMILY MEDICINE AND ACADEMIC HEALTH CENTERS

The Future of Family Medicine Project has elicited quite a bit of reaction within academic departments. While most of the reaction has been quite positive, there has been spirited disagreement with the section on the role of family medicine in academic health centers. In the update below, Mike Magill shares his concerns with the recommendation and offers a different perspective. The Association of Departments of Family Medicine will be working with all family medicine chairs to develop individual institutional responses to the report, while sharing the range of views about this recommendation with the wider family.

*Lloyd Michener
Duke University*

A Different Perspective

The Future of Family Medicine Project (FFM) represents a critical step toward revitalization of our specialty. The FFM project report also reflects, however, an outdated and potentially self-limiting view of family medicine in academic health centers (AHCs).

Recommendation 7 of the report says:

"Departments of family medicine will individually and collectively analyze their position within the academic health center setting and will take steps to enhance their contribution to the advancement and rejuvenation of the academic health center to meet the needs of the American people. A summit of policy makers and family medicine leaders in academia and private practice will be convened to review the role of and make recommendations on the future of family medicine in academia."¹

The tentativeness of recommendation 7 stands in contrast to the bold, concrete language of the other recommendations of the report, which articulate a sharp vision of a reinvigorated discipline that sets a standard for American medicine. Recommendation 7 is timid by contrast. The related report of FFM Task Force 5 focuses on leadership by family physicians to transform the health care system. But even here, the ambivalence of family medicine toward AHCs is evident when the report says, "while some may debate whether medical schools and academic medical centers