

this topic at our meetings, as NAPCRG can serve as a source of information and support for our members as they try to become a part of this effort to transform a portion of our research enterprise.

Perry Dickinson, MD, NAPCRG President



**From the American Academy
of Family Physicians**

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COLLABORATE, DON'T COMPETE, SAY FPS, PEDIATRICIANS

A new article in *Pediatrics* written by staff members in the AAFP's Robert Graham Center in Washington notes that family physicians provide a medical home to about one third of the country's children "but face shrinking panels of children." Authors Robert Phillips, MD, MSPH, director of the Graham Center; other Graham Center staff members; and pediatrician Scott Shipman, MD, MPH, assistant professor at the Center for the Evaluative Clinical Sciences at Dartmouth Medical School, Hanover, NH, suggest that now is the time for collaboration (not competition) between family medicine and pediatrics.

Family physicians and pediatricians share common ground as they tackle issues such as children's unmet needs; health in the context of families and communities; and "millennial morbidities" such as violence, obesity, family distress and poverty says the abstract for "Family Physicians in the Child Health Care Workforce: Opportunities for Collaboration in Improving the Health of Children" in the September issue of *Pediatrics*.

Although children's visits to family physicians decreased by nearly 25% from 1992 to 2002, "family medicine's role in children's health care is more stable in rural communities, for adolescents and for underserved populations," say the authors. "The growth of the pediatric workforce has largely occurred in areas of affluence and in urban or suburban areas. . . . Rural and other underserved populations depend more on FPs."

Both pediatrics and family medicine "play an important role" in safety-net programs such as community health centers, "and health centers probably represent one of the best models of clinical cooperation between pediatricians and FPs in caring for communities," the authors say. "Health centers could be a laboratory for collaborative education."

In addition to pursuing advocacy efforts on behalf of children, the 2 specialties share a commitment to

the concept of "medical home," which was formulated by the American Academy of Pediatrics (AAP) and was incorporated in the 2004 *Future of Family Medicine* report. Marking another common interest, the AAP *Task Force on the Family* in 2003 concluded that children's outcomes were strongly influenced by how well their families functioned and that pediatricians could do much to help nurture and support families.

After reviewing commonalities among the 2 specialties, as well as threats to children's health, the authors say family medicine's options include

- relinquish clinical care of children to pediatricians and focus on working with internists to meet the increasing demands of aging adults;
- relinquish most clinical care of children and focus on preparing some FPs to care for children in rural and underserved areas;
- compete head-to-head with pediatricians, nurse-practitioners (NPs) and physician assistants (PAs) for a shrinking child health care market; or
- seriously engage pediatricians, NPs and PAs in building "new models of training and practice that benefit from all sets of skill and compassion to provide better care in a family- and community-focused environment. This collaboration could involve joint or combined training and aggressive joint advocacy for improved services, both clinical and in the community."

The authors bid for the last option. "Stimulated by a shrinking market for providing care to individual children, FPs and pediatricians have an opportunity to join efforts in meeting the needs of children, for many of whom their most pressing morbidity risks are framed in the context of their families and communities," the authors say.

At least one pediatrician welcomes the authors' challenge. Richard Pan, MD, MPH, assistant professor of pediatrics and medicine at the University of California, Davis, in Sacramento wrote the commentary "A Jacobian Future: Can Everyone Have a Medical Home?" in the same issue of *Pediatrics*. An extract is available online without a subscription at: <http://pediatrics.aappublications.org/cgi/content/extract/118/3/1254>.

Pan notes the traditional "uneasy relationship" between FPs and pediatricians as competitors and partners in the care of children and adolescents. Also, he notes, "Pediatrics has recognized the importance of caring for families to improve child health, potentially leading to a collision course with family medicine."

"Phillips et al now bring a challenge to the pediatric community regarding the future of health care for children and adolescents," says Pan. He defends family physicians' "critical role" in caring for children and adolescents. "Collaboration is an important option for the future," he asserts.

Pan demands reform of health care to support medical homes for children. In addition, "millennial morbidities" (a phrase coined by FP David Satcher, MD, PhD, and coauthor of a 2005 *Pediatrics* article) such as violence, obesity, family distress and poverty require change in the social and physical environments in which children live, says Pan. "To achieve the optimal physical, mental, and social health and well-being for children, pediatricians and family physicians need to do more than just deliver traditional health care services. . . . Our children need both pediatricians and family physicians to provide every child a medical home and create a health system that will sustain it."

Jane Stoever
AAFP News Now



From the American
Board of Family Medicine

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2006 PISACANO SCHOLARS

The Pisacano Leadership Foundation, the philanthropic arm of the American Board of Family Medicine (ABFM), recently selected its 2006 Pisacano Scholars. These 5 medical students follow in the footsteps of 58 scholar alumni who are practicing physicians and 13 current scholars who are enrolled in family medicine residency programs across the country. The Pisacano Leadership Foundation was created in 1990 by the ABFM in tribute to its founder and first Executive Director, Nicholas J. Pisacano, MD (1924–1990). Each Pisacano Scholar has demonstrated the highest level of leadership, academic achievement, communication skills, community service, and character and integrity.

Alana Benjamin is a 4th-year medical student at the University of New Mexico School of Medicine (UNM). She graduated *cum laude* with a Bachelor of Arts in Molecular Biology from Princeton University. Alana was a National Merit Scholar and the recipient of the J. Robert Oppenheimer Memorial Scholarship, awarded for demonstrating exceptional promise of future contributions to society. Upon graduation, Alana was inducted into the Sigma Xi Honor Society for scientific research. At Princeton, Alana was also a leader in Outdoor Action and was named a Princeton Outdoor Action Leader of the Year in 2002.

Alana has continued her academic excellence and community service throughout medical school as well. She served as the 2005-2006 Regional Associ-

ate Trustee for the western region of the American Medical Student Association (AMSA). She has also led several projects with her local AMSA chapter, often collaborating with community groups to advocate for increasing health care access for all New Mexicans. In addition, she is the president of the UNM Family Medicine Interest Group and serves as the liaison to the New Mexico chapter of the American Academy of Family Physicians (AAFP). Alana also led the core group of officers for Students Reaching Out to the Community's Homeless (SRCH). For her academic achievement and community involvement in medical school, Alana was elected to Alpha Omega Alpha and awarded a Khatali Alumni Association scholarship.

Upon completion of residency, Alana plans to pursue a Masters in Public Health and hopes to continue serving as a public health advocate. She looks forward to a career caring for diverse, underserved patient populations.

Elizabeth Brightstar Enschede is a 4th-year medical student at Weill Medical College of Cornell University. She graduated with a Bachelor of Arts in Spanish from Sarah Lawrence College. As the recipient of the Henry C. Lord Scholarship, Elizabeth was awarded a 4-year college scholarship for academically accomplished students from Peterborough, New Hampshire.

After graduating from Sarah Lawrence, Elizabeth served as a leadership educator for Global Kids, Inc. for almost 3 years. Global Kids is a nonprofit organization that provides underprivileged teens with leadership skills to confront issues faced in their neighborhoods. As part of this program, she helped bring a group from Global Kids to the town of Varazdin, Croatia to work with Serbian refugee teens from the camp in the area. Elizabeth has continued her community service and leadership throughout medical school. She established a chapter of Physicians for a National Healthcare Program (PNHP) on her campus to promote dialogue and provide information regarding the merits of a single payer universal health care program. She also volunteers with Physicians for Human Rights (PHR) student group and serves as an educator with the AIDS Teaching Program, conducting workshops to teach high school students about AIDS/HIV and common STD's.

Elizabeth plans to stay in Brooklyn following medical school and residency, where she can serve the many large communities with inadequate health resources. She also intends to continue her involvement with PNHP. Elizabeth envisions participating in research and teaching that will promote a better understanding of inequities in care and will promote health as a human right.

Terri Nordin is a 4th-year medical student at the University of Iowa (Iowa), Roy J. and Lucille A. Carver