

The comments regarding *barriers* to change were somewhat predictable. Directors saw the major impediments to change revolved around inadequate funding, lack of access to technology and an EHR, lack of faculty time and support, overregulation by our accrediting bodies such that it is "creativity stifling," and increased service requirements by the sponsoring institution making educational innovation difficult. There was also the feeling that many programs have difficulty embracing the concept of change.

Lastly, we wanted the directors to portray what their *ideal graduate* would be in 2015. The responses hinged around the graduate's ability to use technology and systems to provide comprehensive, high-quality, evidence-based care to people of all backgrounds, to be an excellent communicator, and to be a competent, caring, and compassionate physician who provides personalized care to patients. I thought one response worth quoting (probably from a director who recently underwent a RRC site visit) was that the ideal graduate in 2015 will be "a walking testimonial to the ACGME's 6 competencies."

Regardless of what we learn at the end of this 5-year experiment, in many ways, I believe the P4 Initiative has already been a success. As seen in the above comments, there appears to be significant enthusiasm for change. The next few years offer an incredible opportunity to embrace change and look at all the possibilities afforded us through both TransforMED's National Demonstration Project and the P4 Initiative. These are indeed exciting times and I look forward to seeing the outcomes of these experimental initiatives.

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References

1. P4 Initiative Call for Proposals. September 1, 2005. Available at: <http://www.transformed.com/p4.cfm>.



From the North American
Primary Care Research Group

Ann Fam Med 2007;5:90-91. DOI: 10.1370/afm.673.

REPORT FROM THE 2006 NAPCRG ANNUAL MEETING: ANTIMICROBIAL USE IN PRIMARY CARE

The 2006 NAPCRG Annual Meeting held October 15-18 in Tucson, Ariz, featured plenary speakers who highlighted the role of primary care research in developing strategies to address the important public health issue

of antimicrobial resistance. J. Todd Weber, MD, FACP, who is the director of the Office of Antimicrobial Resistance in the Coordinating Center for Infectious Diseases at the Centers for Disease Control (CDC), emphasized the dangers of antimicrobial resistance by describing the lack of new antibiotics to replace older antibiotics with high-resistance profiles. For example, studies show an increasing prevalence of Methicillin-resistant *Staphylococcus aureus* (MRSA) with devastating consequences of necrotizing pneumonia, sepsis, septic emboli, necrotizing fasciitis, and mortality. Dr. Weber reported that most of the new drugs approved in recent decades have been chemical modifications of existing drugs, not novel drug classes, with only 2 new antibiotic drug classes having been approved by the US Food and Drug Administration since 1968.

Although inappropriate antibiotic prescribing is declining in the primary care setting, further reductions are needed. To that end, Dr. Weber described the "Get Smart" campaign, which represents an effective collaboration between the CDC and external partners to develop a successful public health program to decrease unnecessary antimicrobial use and reduce the spread of resistance. He discussed the continuing importance of primary care research for improving preventive strategies that decrease the incidence of resistant infections, describing the epidemiology of antibiotic use and infections, and developing interventions that decrease inappropriate use of antimicrobials. Dr. Weber stated interventions should be developed both for health care providers and the general public, since the use of antibiotics without a prescription is also a growing concern, especially within Latino communities outside the United States.

This theme was highlighted in the plenary of Paul Little, MD, MBBS, a general practitioner from the United Kingdom who is a professor of primary care research at the University of Southampton. While discussing his journey as a clinical researcher, Dr. Little presented his work on improving antibiotic prescribing within the primary care visit, which includes studies on using delayed antibiotic prescriptions. He believes that the immediate prescription of antibiotics can 'medicalize' a self-limited illness. Dr. Little also described strategies to improve patient education within visits, which could lead to less antibiotic prescribing while maintaining patient satisfaction. His work is an example of practical research that directly informs the practice of primary care and which derives its questions from common problems in that arena.

Dr. Little listed the need for ideas and passion as key ingredients for a clinician to develop a successful research career. Research training, adequate funds, multidisciplinary teamwork, and the support of senior lead-

ership were also important to his success. He ended his plenary by reminding us that the final ingredient was persistence, which is achieved by being confident in who we are, in our questions, and in our perspective as primary care providers. NAPCRG members can draw inspiration and direction from these lessons as they work to improve the quality of primary health care in the United States, Canada, and around the world.

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From the American Academy
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RESEARCH DOCUMENTS SUCCESS OF AAFP'S TAR WARS PROGRAM

The AAFP's tobacco-free education program for students, Tar Wars, works. That's the conclusion of research involving fifth-graders, their teachers and their Tar Wars presenters. "Family Physicians and Youth Tobacco-Free Education: Outcomes of the Colorado Tar Wars Program" in the November-December issue of the *Journal of the American Board of Family Medicine* reports on data collected in 2001-2002.

The article notes, "The Tar Wars lesson plan is effective in increasing students' understanding about the short-term consequences of tobacco use, cost of tobacco use, truth of tobacco advertising and peer norms."

According to AAFP staff members, from 10,000 to 15,000 family physicians and family medicine residents have presented the Tar Wars curriculum to about 8 million students in 50 states and 14 countries since its inception in 1988. "Outside of CME, more AAFP members have supported this program than any other Academy program," says Jeffrey Cain, MD, chief of family medicine at The Children's Hospital in Denver, assistant professor in the family medicine department at the University of Colorado Health Sciences Center, Denver; a Tar Wars cofounder; and principal investigator for the study.

"All the family physicians in Tar Wars want to know, 'Is what we're doing making any kind of a real difference among the kids?' This study answers with an emphatic 'yes.' We're making an outcomes-based difference," says Cain. "AAFP chapters can use the outcomes from this study in seeking funds for Tar Wars from foundations and other sources that require outcomes-based research."

The study used both quantitative and qualitative evaluations of Tar Wars presentations by family physicians, family medicine residents and other health educators. Researchers compared the results of 2,926 students' pretests and 2,766 students' posttests; the numbers of students taking the 2 tests varied, but the students' demographics were not significantly different, says the article. Students averaged 8.95 correct responses to 14 pretest questions, in comparison with 10.23 correct responses to the same 14 questions on the posttest. The increase seen in the number of correct posttest answers to all 14 questions compared with the number of correct pretest answers was statistically significant, says Cain.

Responses to some questions indicated "a high degree of newly acquired tobacco knowledge," says the article. For example, students could mark "true," "false" or "don't know" in response to the statement "Smoking a pack of cigarettes each day for a year would cost at least several hundred dollars." In the pretest, 67% of students correctly answered "true," compared with 89% in the posttest.

For qualitative measures, the researchers interviewed students, teachers and presenters and held focus groups with them. According to an interview transcript, one presenter said, "When you tell them (the students) how many dollars a year cigarettes cost—\$1,000 a year for one pack a day—that's when you get the 'oohs' around the room."

"Tar Wars makes it clear that tobacco costs a lot, tobacco ads lie to you, and most kids the students' age and most adults don't smoke," said Cain. In addition, "The kids in our focus groups said that besides teaching them new things, Tar Wars covered information they had heard before but taught it in a different way that they found helpful," said Cain.

Elaborating on the concept of Tar Wars as "one component" of comprehensive prevention efforts, Cain asks family physicians not only to keep presenting the Tar Wars curriculum but also to:

- promote tobacco-free policies for schools,
- encourage schools to offer tobacco-use prevention activities from kindergarten through 12th grade,
- seek laws and regulations to make tobacco products more expensive, and
- push for statewide advertising campaigns against tobacco use.

Graham Center Names Scholars' Program for Larry Green, MD

The Academy's Robert Graham Center in Washington has named its internship program the Larry A. Green Visiting Scholars Program in honor of the person who dreamed up the internships.