NAPCRG newsletter

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Plenary Speakers Promote Research-Practice Connection

(Editor's Note: This article focuses primarily on the November 10 plenary session at the NAPCRG Annual Meeting November 7–10, 1999, in San Diego, and is from the perspective of Walter Calmbach, MD, who is a NAPCRG member and a contributor to the expansion of regional practice-based research networking in the United States.)

Plenary speakers at NAPCRG '99 in San Diego came from diverse locations, experiences, and perspectives, but all emphasized the critical connection between primary care research and practice. Reed Tuckson, MD, of the American Medical Association, Chicago, launched the conference with an interactive and provocative presentation, "Overcoming the Challenges of Translating Research Into Practice." The address by Moira Stewart, PhD, the following day on "Reaffirming the First Principles of Primary Care" continued the theme of how research needs to be used to improve primary care by helping physicians reevaluate the principles of care. Dr Stewart is affiliated with the Centre for Studies in Family Medicine at the University of Western Ontario. The final plenary of the meeting, "Common Space: Living a Collaborative Research Conversation," was presented by William Miller, MD, MA, Lehigh Valley Hospital, Allentown, Pa; Benjamin Crabtree, PhD, UMDNJ-Robert Wood Johnson Medical School; Valerie Gilchrist, MD, Northeastern Ohio Universities College of Medicine; Kurt Stange, MD, PhD, Case Western Reserve University; and Carlos Jaén, MD, PhD, State University of New York, Buffalo. The presenters discussed the paradox of US biomedical models, such as evidence-based medicine and randomized controlled trials. These activities have contributed to the study of disease because they isolate the phenomenon of interest from its context but this isolation separates disease from community stimuli. Using the metaphor of an ancient forest, the presenters noted that the wholeness, diversity, and connectedness of any system are lost without understanding the context of that system.

Transdisciplinary Collaboration

The presenters briefly described six stages of building collaborative relationships: acceptance/validation, shared expectations, declaring a group process, action consensus, shared common space [for working], and sustained common action. Acceptance/validation of one another's area of expertise is familiar in multidisciplinary collaboration. Developing shared expectations is more typical of interdisciplinary collaboration, a form of pseudocommunity. More difficult is the group process required of researchers who choose to create a new common language necessary for transdisciplinary collaboration.

Research-Practice
Continued on page 2

inside this issue

President's Message page 3
Wood Award
New NAPCRG Editor page 4
Pfizer Winners page 5
NAPCRG Spirit page 6
Winning Papers
'99 Paper Themes page 7
New SIGs
Call for Papers Deadline page 8

NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

Research-Practice

Continued from page 1

This process involves overtly recognizing a group process, agreeing to an action consensus, creating a shared common space for working, and sustaining common action. True transdisciplinary collaboration is difficult and, therefore, rare but can result in the creation of a true community among researchers.

The Generalist Researcher

To facilitate this advanced form of collaboration, Dr Miller called for creation of "the generalist researcher," trained in the core essentials and languages of various disciplines. The generalist researcher would be the translator/ negotiator in a collaborative group. The generalist researcher would be equally skilled in theoretics and methodologies and capable of addressing research methods that span the qualitative/ quantitative continuum and working with mixed-method designs.

Echoing the remarks of NAPCRG Past President Larry Green, MD, who called for bringing "the practice back into research," Miller noted that the generalist researcher maintains close contact with the practice, the laboratory of primary care research. At the same time, the generalist researcher is community oriented, knowing how to develop and sustain a research community. It is in this sense that the generalist researcher is the facilitator, seed planter, coordinator, conductor, mediator, and organizer.

To achieve this, the generalist researcher must be a problem solver and effective decision maker. The individual would be skilled in the art of listening, because collaboration starts with affirmative listening. To create a transdisciplinary collaborative group, the generalist researcher must know how to facilitate a group working through the stages of building a collaborative relationship. This process requires consensus-building skills, maintaining a problem focus, and flexibility.

To Be[come] Whole

The panel concluded by referring to two principles of primary care presented by Dr Stewart in her plenary presentation: to become whole, and to live and work in supportive groups. Dr Miller recommended the formation of linkages to support and sustain collaborative efforts. These linkages may be vertical, horizontal, or temporal; eg, vertical linkages to policy makers; horizontal linkages to practices, schools, patients, community organizations, etc; and linkages through time that nurture relationships.

Collaborative research imagines local spaces where open, nonhierarchical institutions based on partnership and shared power begin moving toward a reinvigorated research community of trust and support. The primary effects are personal, local, and institutional and have more to do with building community than building theory.

—Walter Calmbach, MD

Associate Professor, Department of Family Practice, University of Texas Health Science Center, San Antonio, and Director, South Texas Research Network (STARNet)

Tapes of all plenary sessions and distinguished papers from NAPCRG '99 are now available. Send check for $5 US/$7 CAN to NAPCRG, PO Box 7370, Shawnee Mission, KS 66207-0370.

Reed Tuckson, MD, American Medical Association, Chicago, raised and answered probing questions about the translation of research into practice in the opening plenary session.

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Listserv: subscribe to mailserv@gems.vcu.edu; post to napcrg-L@gems.vcu.edu

Building NAPCRG and Primary Care Research

NAPCRG 1999 in San Diego attracted a record number of participants—374, compared with last year's record of 334. More than 40% were first-time attendees. If this was your first NAPCRG meeting, I hope the conference met your expectations, and you will choose to be part of future meetings. You can continue the networking you began at the conference through the NAPCRG listserve and special interest groups.

The conference attracted a record number of submissions for both oral and poster presentations: the quality of these presentations continues to improve each year, which is a good indication of the ever-growing strength of research in primary care.

Fellow Representative to the Board Erik Lindbloom, MD, and Donald Pathman, MD, MPH, launched new fellow-related activities at the meeting, with fellows works-in-progress posters, fellowship displays, and postings of academic opportunities.

The NAPCRG Board of Directors met twice in conjunction with the annual meeting, November 7 and 10. Highlights from the meetings included continuing discussions on ways to encourage and support all levels of researchers. NAPCRG was founded 27 years ago to nurture researchers in primary care. We want to continue to support new researchers but also ensure that the annual conferences will be a stimulating place for mid-career and senior researchers to meet, present their work, and mentor the next generation.

NAPCRG's Web site was discussed by the Board, and the Communications Committee was charged with developing a plan for updating the site and keeping it current. Watch for details in the next few months.

NAPCRG continues to play a strong role in ongoing lobbying for primary care research in both Canada and the United States. In the States, this includes support for the Washington, DC, lobbying office of the Organizations of Academic Family Medicine, individuals in key positions, such as Larry Green, MD, at the AAFP Center for Policy Studies in Family Practice and Primary Care in Washington, DC, and NAPCRG's representatives to the Academic Family Medicine Organizations (AFMO) Legislative Subcommittee, who are currently William Phillips, MD, MPH, and Carlos Jaén, MD, PhD. In Canada, Marshall Godwin, MD, CCFP, has chaired the committee that is

president's *message*

actively lobbying the new Canadian Institute of Health Research to ensure that the voice of family medicine is well represented inside this new organization.

Edward Bope, MD, and Perry Pugno, MD, representing the Association of Family Practice Residency Directors and the AFMO Residency Education Subcommittee, joined the Board for its November 10 meeting to discuss ways NAPCRG may be involved in helping integrate research into residency training.

The Board also discussed the invitations NAPCRG is receiving to assist with the development of primary care research in other countries, such as South Africa, and organizations, such as the World Organization of Family Doctors.

These are all positive indicators of the continued growth and recognition of primary care research. And, in the end, where this matters most is not just for NAPCRG but for the building of new knowledge relevant to providing well-grounded clinical care for our patients and communities.

Ann C. Macaulay, MD, CCFP
President

Macaulay Assumes Presidency

Ann Macaulay, MD, CCFP, will serve as NAPCRG president for a 2-year term, November 1999–2001, then continue on the Board of Directors as past president for an additional year.

Dr Macaulay is associate professor at McGill University, a fellow of the CFPC, Board member of the Canadian Diabetes Association, chair of the Task Force on Collaboration With Communities that developed the NAPCRG policy statement on participatory research, and former chair of the Native Health Care special interest group. She graduated from St Andrews University, Scotland, before immigrating to Canada. In 1970, a Mohawk community outside Montréal hired her as its first physician, to assist in transferring health care services from federal to community control, and she still practices in Kahnawake, Quebec. Her interests include primary prevention of type 2 diabetes, university-community collaboration, ethics of participatory research, and implementation of diabetes guidelines.

NAPCRG Board Names New Newsletter Editor

John Ryan, DrPH, University of Miami, was appointed the editor of the *NAPCRG Newsletter* in November. He replaces Donald Pathman, MD, MPH, who served as editor for the last 3 years.

Dr Ryan is assistant research professor of family medicine, and he directs the Division of Primary Care and Health Services Research in the Department of Family Medicine and Community Health at the University of Miami. Under his guidance, the division coordinates the South Florida Practice Based Research Network, the Department's Clinical Research Program, a Quality of Healthcare Research Initiative, and an annual Family Medicine Update.

Dr Ryan is a trained health services researcher who has contributed to primary care and family medicine research since 1986. He earned his master of public health in 1988 and doctor of public health in 1991, both from the University of Texas Health Science Center at Houston School of Public Health. He was faculty at the University of Texas Health Science Center at Houston School of Medicine from 1985 to 1994. In April 1994, Dr Ryan joined the faculty of the Department of Family Medicine, Stony Brook University Hospital and Medical Center, Stony Brook, NY, where he developed two practice-based research networks: the Family Practice Training Site Research Network and the New York Metropolitan Area Primary Care Research Network. Dr Ryan left Stony Brook for the University of Miami in 1998. He is a founding member of the Research Committee of the Florida Academy of Family Physicians.

White Wins Wood Award

When it came time to consider candidates for the 1999 Maurice Wood Award for Lifetime Contribution to Primary Care Research, members of the Wood Award Committee agreed on the significance of the contributions of Kerr White, MD, Charlottesville, Va, during his long and prolific career. Dr White's legacy is enormous, including more than 235 publications, but the Review Committee also recognized his efforts on behalf of NAPCRG during its formative years and his role in championing and shaping the Ambulatory Sentinel Practice Network.

Dr White was deputy director for health sciences of the Rockefeller Foundation from 1978–1984, where he established the International Clinical Epidemiology Network, which has since trained more than 500 clinicians, health statisticians, economists, and social scientists for 50 medical schools in 24 countries in Asia, Africa, and Latin America.

He also practiced and taught internal medicine at the University of North Carolina with special emphasis on family medicine and psychosocial aspects of care, including research on the influence of emotional factors in venous pressure and congestive heart failure.

His publications include seminal contributions to health services research, health statistics, epidemiology, and medical education. His *Health Care Collection* is on the Web at www.med.virginia.edu/hs-library/historical/kerr-white/home.html.

NAPCRG presents the Maurice Wood Award annually to honor an individual who has made significant lifetime contributions to primary care research and related fields. Individuals from any country, working in any professional field or scientific discipline, are eligible. The award is named in honor of Maurice Wood, an early leader in primary care research and a founder of NAPCRG.

The Wood Award was given first in 1995 to Curtis Hames, MD, Claxton, Ga. In 1996 it was presented posthumously to Martin Bass, MD, MSc, London, Ontario; in 1997 to Frans JA Huygen, MD, The Netherlands; and in 1998 to Jack Medalie, MD, MPH, Case Western Reserve University.

The Wood Award is supported by donations, NAPCRG members, friends and the Medical College of Georgia's (MCG) Department of Family Medicine Hames Expendable Account in the MCG Foundation.

To nominate an individual for the 2000 award, submit a letter describing an individual's contributions to primary care research and state why the person should be a candidate. Send nominations by July 30, 2000, to the Wood Award Committee, NAPCRG, PO Box 7370, Shawnee Mission, KS 66207-0370, or e-mail it to napcrg@stfm.org.

Pfizer Winners Honored at Annual Meeting

Harvey Tommasen, MD, a practicing physician from Houston, BC, received NAPCRG's third annual Pfizer Investigator in Practice Award at the San Diego Annual Meeting. The award includes a $10,000 (US) stipend to support approximately 10% effort during the next year to his research project, "Relationship Between Physician Burnout, Physical Depression, and Physician Turnover Rates in British Columbia Rural Communities."

Pfizer research scholarships supported two practicing physicians to attend the Annual Meeting in San Diego: Donya Powers, MD, East Providence, RI, and Ellen Wiebe, MD, Vancouver, BC. Andrew Whynot, MD, Parkhill, Ontario, received a scholarship but was unable to attend the meeting.

The Pfizer Research Scholarships and Investigator in Practice Award presented this year were supported by a grant provided by Pfizer, Inc. Continuation of this grant is pending approval. If funding is renewed, applications for the 2000 Pfizer Investigator in Practice Award will be due May 19. Applicants must be engaged in direct patient care in a non-teaching setting at least 50% of the time, be a NAPCRG member or willing to become one, have a defined research idea, be willing to reserve 10% time to a research project, and be willing to present the results of the project at a future NAPCRG meeting.

For more information on the 2000 application process, contact Marcia Neu, NAPCRG, 800-274-2237, ext. 6474, or e-mail: napcrg@stfm.org.

Two past Pfizer Investigator in Practice Award Winners, David Hahn, MD (left), Madison, Wis, and Ellen Wiebe, MD, Vancouver, BC, discuss their research during a coffee break in San Diego.

Thanks!

NAPCRG thanks and recognizes the contributions of outgoing Board members whose terms expired with the '99 Annual Meeting:

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CFPC
Mississauga, Ontario

Chair, Program Committee

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University of California, San Diego

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Vancouver, British Columbia

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John G. Ryan, DrPH
University of Miami

AFMO Legislative Representative to Board
William R. Phillips, MD, MPH
Seattle, Wash

Researcher Finds Spirit and More at Annual Meeting

When I attended the NAPCRG Annual Meeting for the first time in the fall of 1998, I had been a family medicine research faculty member for only a few months and had participated in primary care research for only 2 years. NAPCRG was an eye-opener, an oasis. There were more than 300 participants, enough to form a critical mass, providing inspiration and encouraging dedication as we focused on research priorities without the distraction of conflicting demands. The meeting was also small enough that I could enjoy the fellowship, beginning to recognize those who shared my interests and had attended similar sessions over the course of 3 days. The meeting oriented me to the scientific issues, the spirit of scholarship and collegiality, and the identities of the scientists themselves.

A year later, I am still getting my bearings in primary care research. In 1999, the NAPCRG Annual Meeting again offered a wonderful and diverse body of inquiry and inquirers. This time, I could better understand and appreciate them. The opportunities to meet and talk with colleagues about their research were invaluable.

The benefits of the meetings were both concrete and intangible. Each year, the preconference workshop sponsored by the Federation of Practice-based Research Networks (FPBRN) was surprisingly well timed to meet the needs of my department. In the fall of 1998, our department was ready to evaluate the usefulness and feasibility of starting a practice-based research network. I attended the preconference workshop, "Developing a Research Network," sponsored by FPBRN. It was more than an introduction for beginners. A dozen presenters from the United States, Canada, and Europe distilled information and advice from their experiences and diversity. They discussed the roles of the FPBRN and Ambulatory Sentinel Practice Network in network support, described models of the many types of networks, and told how to develop and maintain member interest. Many aspects of running a network were made explicit and specific. (For example, is it the network physicians or the academicians who initiate the research questions?) I could begin to envision the process and was given the language with which to discuss networks with colleagues and administrators at home. I began to understand the many choices we would be making—there was not one kind of network or one right way to conduct network research.

"The spirit of sharing demonstrated at these workshops seems to typify NAPCRG."

By November 1999, my department was seeking external funding to start a regional network. Our institution had provided us a small internal grant to help build research infrastructure. The NAPCRG preconference theme from the FPBRN was, again, fortuitously pertinent, "Funding Practice-based Research Network Infrastructure and Projects." Morning topics included making the case for support, calculating the costs, and turning member ideas into funded projects. Afternoon topics addressed the potential role of diverse entities in funding primary care network research: academic departments, government sources, the AAFP, and philanthropy. Then, panelists representing the AAFP engaged us in a dialogue about what the AAFP could do for practice-based research. Throughout the next 3 days of the NAPCRG meeting, there were relevant sessions about practice-based research and research infrastructure, with one of the last forums addressing quality improvement. Perhaps we will be recruiting practices to our research network by this time next year, preferably with sufficient funding for infrastructure!

The spirit of sharing demonstrated at these workshops seems to typify NAPCRG. The experts were trying to learn from each other, trying to work together, and trying to help those of us with less experience. It is probably not a coincidence that the workshop topics were timed so well for my concerns. Researchers, practitioners, and policy makers in North America and Europe share our interest in enabling and empowering the science of primary care. It is fortunate that our discipline continues to share this research agenda to enhance and expedite its advancement for all.

Margaret Love, PhD
Assistant Professor and Research Director, Department of Family Practice, University of Kentucky

Winning Papers

Paper presentations by practitioners and fellows, residents, or students at the San Diego Annual Meeting were evaluated by session moderators, with winners announced at the closing plenary. Winners were awarded $150 for first place and $75 for honorable mention.

Presentations were judged on the degree to which new and important research questions were addressed, the appropriateness of research methods, the validity of conclusions, the overall value, and the speaker's presentation style. The following were the winning 1999 paper presentations:

Student/Resident/Fellow Papers

• *FIRST PLACE*
Care Provided to Frequent Attenders to Family Practices
Goodwin, Meredith A, Case Western Reserve University; Stange, Kurt C

• *HONORABLE MENTION*
A Role for Medical Abortion in Primary Care?
Raymond, Elin, McMaster University; Smith, Pat; Kaczorowski, Janusz; Walsh, Allyn; Sellors, John

Validation of a Single-question Screen for Alcohol Use Disorders
Williams, Randy H, University of Missouri, Columbia; Vinson, Daniel C

Practicing Physician Papers

• *FIRST PLACE*
Main Results of a Pragmatic Randomized Trial of Two Treatment Strategies in Childhood Acute Red Ear
Little, Paul, Aldermoor Health Centre, Southampton, UK; Gould, C; Williamson, I; Warner, G; Moore, M; Dunleavey, J

• *HONORABLE MENTION*
Reducing Rates of Induction of Labor: A CQI/ Peer-review Project
Harris, Susan, BC Women's Hospital, Vancouver, BC; Gryzbowski, S; Janssen, P

Ongoing Series:
Themes From 1999 Paper Sessions

The education research session focused on the importance of not only including education in practices but assessing the impact of that education. Whether the education was aimed at physicians or patients, the outcome of the educational intervention could not always be anticipated.

The selection of outcome measures for educational programs is often difficult. When teaching a community about stroke prevention, should the outcome be a decrease in rate of stroke, earlier health care seeking in those with stroke, more complete evaluation after entry into the hospital for a stroke, or simply a measure of knowledge gained and systems established? With studies that included the development and assessment of community programs, it was clear that outcomes may take years to assess.

Conversely, the evaluation of an existing program to teach patients how to do home glucose monitoring could be completed in only a few months but emphasized the importance of combining process and outcome measures. While the patients had several process deviations in their technique of using a home glucose monitoring device, the actual test results or outcomes were rarely significantly different from laboratory levels. Only a few of the deviations in technique appeared to have an adverse impact on the outcome.

Educational research is often complex since few educational programs occur in isolation. In addition, the outcomes of an educational intervention may require years to develop. Interim process or interim outcome measures may be the only results available for many months or even years. Although the interim measures should not be confused with outcome measures, they provide important proxies for the results that matter.

—Barbara Yawn, MD
Olmsted Medical Center
Rochester, Minn

Editor's Note: Relevant primary care patient-oriented outcomes and learning outcome measures are often challenging to identify given the relatively brief periods of most projects, especially when constrained by the parameters of external funding and annual progress reports.

Often, outcomes from patient care or educational interventions must be reported within a period of 6 or 10 months from exposure to the intervention, seldom long enough to examine outcomes that really matter: Does the patient experience improved functioning in the long term? Do patients benefit from their physicians' changes in process-of-care behaviors? Do ambulatory patients seek medical care earlier for health care needs subsequent to the intervention?

Typically, clinical or laboratory measures, although not true "patient-oriented outcomes," represent our only alternatives. In one sense, reliance on such proxies is a throwback to when outcomes were measured in simple binomial fashion: Does the patient feel better (in the clinician's opinion), yes or no?

Yet with the acceptance and significance of patient-oriented outcomes in primary care and health services research, we now understand that this simplification is generally inappropriate by recognizing the limitations of clinician-oriented or laboratory outcome measures. Nevertheless, the investigator bears the ultimate responsibility of justifying use of the short-term measure as a valid proxy for a more optimal long-term outcome.

Annual Meeting Launches Three SIGS

NAPCRG members formed three new special interest groups (SIGs) at the 1999 Annual Meeting. The groups and their leaders are as follows:

Residency-based Research and Scholarly Activity

This SIG will promote discussion on issues including, but not limited to 1) defining minimal competencies in scholarship; 2) programs, methods, and curricula to enhance and facilitate scholarly activity among residents; 3) enhancement of family practice research capacity through residency-based activity; and 4) promoting linkages among residency programs and among family practice organizations.

Cochairs: **Mark DeHaven**, University of Texas, Southwestern Medical Center, 214-648-2134, Fax: 214-648-2551, mark.dehaven@email.swmed.edu, and **Jonathan Temte**, University of Wisconsin, 608-263-3111, Fax: 608-263-6663, jtemte@wingra.fammed.wisc.edu.

Faculty and Community Research Development

Members of this SIG are responsible for supporting and encouraging research with faculty and community physicians and may or may not be physicians. The group is being formed as a way for such faculty and staff to network around research development in academic and community settings.

Chair: Mary Beth Plane, University of Wisconsin, WI 53715, 608-263-5846, Fax: 608-263-5813, mbplane@fammed.wisc.edu.

Geriatrics

This SIG will focus on geriatrics-related research. Specific goals and objectives will be provided later.

Cochairs: **Wendy Adams, MD, MPH,** University of Nebraska; 414-559-7595; Fax: 414-559-8228, wadams@unmc.edu, and **Phyllis Jensen, PhD, RN,** McMaster University, 905-521-2100, Fax: 905-528-5337, jensenp@fhs.mcmaster.ca.

NAPCRG'S Nominee Selected For Policy Fellowship

Diane Harper, MD, MSPH, Dartmouth Medical School, has been selected for the 2000 US Public Health Service Primary Care Policy Fellowship.

For the fellowship, Dr Harper will attend 4 weeks of training in February, March, and June 2000 in Washington, DC, where together with 25–30 other fellows she will learn about primary care programs and policy issues relating to service, education, financing, and research, as well as gain exposure to the legislative process.

CALL FOR PAPERS DEADLINE

NAPCRG 2000 Annual Meeting
November 4–7
Amelia Island Inn & Beach Club
Amelia Island, Fla

"Charting a Course for Primary Care Research in the New Millennium"

Submission Deadline:
May 19, 2000

For a copy of the call for papers, contact Jenny Riedl at NAPCRG, 800-274-2237, ext. 5422, or e-mail: depasst@stfm.org.

In Memoriam

Claude Beaudoin (1952–1999), MD, PhD, director of research in the Department of Family Medicine, Université de Montréal, and a fellow of the College of Family Physicians of Canada, died on November 15, 1999. He had participated in NAPCRG conferences for most of the last 12 years, including assisting with the 1998 Annual Meeting in Montréal. Dr Beaudoin was a pioneer in the development of family medicine research. His efforts over the years were guided by the deep-seated convictions that motivated him, in particular the importance of creating a genuine research culture in family medicine. His research dealt primarily with humanism in physician training programs, doctor-patient communication, and health promotion and disease prevention.

Kurt Stange, MD, PhD (left), Case Western Reserve University, participates in one of the small groups at the research networks preconference in San Diego.