

NAPCRG *newsletter*

September 2006

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Clinical and Translational Science Awards: A Potential Source of Support for Primary Care Research

Primary care researchers have long recognized the tremendous difficulties in translating research findings into practice. The huge gaps between what is theoretically possible and what is actually delivered in our health care system have been highlighted in multiple forums, including several reports from the Institute of Medicine. However, translational research faces multiple complex challenges, including increasing regulatory headaches, few educational programs to prepare researchers for this type of work, and increased clinical service demands and reduced financial margins that have cut protected research time for many clinical and translational researchers. In response to these and other related issues, the National Institutes of Health (NIH) developed the NIH Roadmap for Medical Research. One of the themes of the Roadmap Initiative has given rise to the new Clinical and Translational Science Awards, or CTSA, aimed at re-engineering the clinical research infrastructure at academic health centers to catalyze the development of and provide a definable academic home for “a new discipline of clinical and translational science.” The NIH announcement indicates that this is being looked at as a “new program designed to transform clinical and translational research, so that new treatments can be developed more efficiently and delivered more quickly to patients.”

Two requests for applications were released by NIH in October 2005, one funding four to seven CTSA starting in 2006 for a total of \$30 million and another with \$11.5 million in funding for up to 50 planning grants for academic centers not yet ready to put a full program together. There will not be any further planning grant cycles,

but it is anticipated that the number of full CTSA awards will increase each year so that by 2012, 60 CTSA will receive approximately \$500 million per year. These awards take the place of the General Clinical Research Center program, with a gradual phasing out of the GCRCs over the next few years. Clinical research is defined by the CTSA program as including studies that involve human subjects. Translational research is defined as having two components: (1) the process of applying discoveries made in labs, testing them in animals, and developing studies in humans, and (2) research aimed at enhancing the adoption of best treatment practices into the medical community. CTSA have to involve an educational component, training new clinical and translational researchers. Linkages to the community and to health care providers are also stressed as a part of this new initiative. Find further information on CTSA at www.ncrr.nih.gov/clinicaldiscipline.asp.

So, what does this have to do with with NAPCRG and those of us in primary care research? Well, it is hard to tell how this initiative will pan out over time, and many of the CTSA applications will likely have little or no input or involvement from primary care researchers. However, the CTSA could be a tremendous opportunity for those of us in academic medical centers to plug into the research enterprise in ways that we have not dreamed of previously. Our researchers, often more than anyone else, have forged connections with the community and with networks of practices and clinicians. In our community participatory research and our practice-based research networks, we have established the bidirectional communications between researchers and the com-

munity highlighted in the background materials for the CTSA. We have focused a lot of our attention on research aimed at enhancing the adoption of best practices in the community and have a great deal of expertise to share in that area. Our fellowships and other research training programs are already geared toward preparing young researchers for careers in this area and could provide valuable experience and infrastructure for the necessary educational component of the CTSA. Our academic medical centers need us to truly accomplish the lofty goals set out in the CTSA requests for applications and the accompanying materials—whether they know it or not. It is our job to educate both our academic centers and NIH. I strongly encourage our primary care researchers and other leaders in academic medical centers to plunge into the research politics of your home institution and start the educational process, if you haven't already done so. There may be

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Revolution in Education on the Horizon—National Residency Training Demonstration Launches This Fall

A revolution in family medicine residency training is in the works.

Within 6 years, some family medicine residency training may begin during the fourth year of medical school. Or it may lengthen to 4-year programs. Residents may routinely care for patients in their homes or see them in street-side clinics that serve the homeless. Programs could enhance the use of simulated clinical encounters or they may reinforce the value of learning procedures in outpatient clinics.

And many of the innovations will arise from a nationwide demonstration project that gets underway this fall with a call for proposals for a national experimental project dubbed Preparing the Personal Physician for Practice, or P⁴.

Residency programs can submit a letter of intent to participate in P⁴ by going to the Web site of TransforMED, www.transformed.com, the AAFP practice redesign initiative that also will provide oversight to participating programs. The TransforMED site will contain a special link to the P⁴ project including the online call for proposals and application. Proposals will be accepted Sept. 1 through midnight Sept. 29.

Residencies will be asked to describe the innovations that would be implemented and tested and address the difference the innovation will make in the program's graduates.

Programs that submit successful proposals during stage one of the application process will be asked to submit a full proposal that provides more details. At this stage, the residencies will describe the problems to be addressed by the innovation, the essential features of their experiment and how they connect to the new model of care, the components of the residency program that will change during the experiment, the hypotheses

or researchable questions to be addressed, and the determining factors in deciding whether the experiment requires alteration and determining whether the innovation succeeds.

Selected P⁴ programs are expected to be chosen late January 2007 and may begin launching their experiments by June 2007.



The P⁴ nationwide demonstration project was initiated this spring with \$1.7 million in pledges from the Association of Family Medicine Residency Directors (AFMRD) and the American Board of Family Medicine Foundation.

Up to 20 residency programs will test teaching innovations that are designed to prepare family physicians for the new model of care described in the Future of Family Medicine report, www.annfammed.org/cgi/content/full/2/suppl_1/s3.

Described as “a pragmatic, comparative case study of 10-20 experimenting residencies,” P⁴ is expected to unleash “a barrage” of new ideas for teaching residents, according to **Samuel Jones, MD**, cochair of the P⁴ steering committee, president-elect of AFMRD and a director of the Virginia Commonwealth University/Fairfax Family Medicine Residency Program in Fairfax, Va.

Among potential areas of experimentation are

- Source and content of training, such as a change in approach to maternity care, enhancements in chronic disease management or differentiation for a particular patient population;

- Length of training, such as incorporating first-year residency content with the fourth year of medical school or expanding residency training to 4 years to enhance the breadth of depth of competency;

- Place of training, such as more emphasis on in-home care or other nontraditional sites;

- Structure of training, such as changes in the order and timing of training components; and

- Measurement of competency, such as less reliance on length of time in a competency or more use of simulators.

“The value of this is that residencies have the opportunity to develop innovations in teaching family medicine that will change the future of residency training,” said **Larry Green, MD**, cochair of the P⁴ steering committee and a member of the American Board of Family Medicine Board of Directors. “And they’ll have the opportunity to develop those changes without the traditional restrictions” set out by the residency review committee that oversees family medicine training.

Innovative ideas will take shape under the oversight of TransforMED, the Academy’s practice redesign initiative that recently launched. To read more about the P⁴ Residency Demonstration Initiative got to www.transformed.com. For additional information on the project, contact **Jay Fetter**, P⁴ project manager, at jfetter@transformed.com.

— *Leslie Champlin*
AAFP Editorial Staff

Learn About CIHI's New Indicators for Primary Health Care

The CIHI announces the release of two new reports from the CIHI Primary Health Care Indicator Development Project.

The first report provides information on the 105 primary health care (PHC) indicators that were identified as important and developed by a broad range of PHC experts from multiple levels of the health system and regions across Canada. The second report provides information on PHC data gaps and options for improving the availability of PHC data. CIHI developed these indicators and options with the goal of addressing an important PHC information gap. The project was funded by the Primary Health Care Transition Fund. The reports will be of interest to anyone involved in measuring PHC or increasing the availability of PHC information.

- Pan-Canadian Primary Health Care Indicators, Report 1 (Volumes 1 and 2)—Outlines the PHC indicators and technical specifications.

- Enhancing the Primary Health Care Data Collection Infrastructure in Canada, Report 2—Provides an overview of the Primary Health Care Data that we already have and explores what is needed to move forward with these indicators.

To download these reports, go to www.cihi.ca/phc.

—Judith MacPhail RN, MHS
Canadian Institute for
Health Information

Maribel Cifuentes Joins NAPCRG Staff

NAPCRG is proud to announce the addition of **Maribel Cifuentes, RN**, to the NAPCRG staff as member services director. Maribel will be working in a variety of areas of member services, but primarily with the Communications, Membership, and Advancing the Science of Family Medicine committees. She has been an active member of NAPCRG for several years, and that insight, combined with her own research experience, make her a valuable asset to the NAPCRG. Ms Cifuentes will continue her role with Prescription for Health but will now spend part of her time assisting with NAPCRG.

Ms Cifuentes is an instructor in the Department of Family Medicine at the University of Colorado Health Sciences Center and deputy director of the *Prescription for Health* National Program, a Robert Wood Johnson initiative aimed at promoting healthy behaviors in primary care research networks. After graduating from nursing school, she worked at Denver Health Medical Center's neonatal unit and soon realized that her calling was in the realm of academia. After

2 years in the clinical setting, she returned to the CU Health Sciences Center where she has worked in primary care education and research as assistant director of the Medical School's Primary Care Curriculum, and later director of the Medical School's Standardized Patient Program. She holds a Baccalaureate of Science in Nursing and is currently finishing a Masters degree in Health Professions Education from the University of Illinois at Chicago. She has been a member of the Society of Teachers in Family Medicine and NAPCRG for several years and a past member of the Bayer Institute for Healthcare Communication and the National Board of Medical Examiner's Clinical Skills Exam Task Force. Her academic interests include health behavior change, redesign of primary care practice, diffusion of innovations, and strategic collaboration. Ms Cifuentes is a Guatemalan native and has lived in the United States since she was 9 years old. She is the proud mother of a 10-year old daughter, enjoys hiking and camping in the beautiful Rocky Mountains, and loves to travel near and far.

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CTSAs...

a steep learning curve for everyone, but the benefits at the end of the process—with much needed infrastructure funding and stronger links to the rest of the research enterprise—could be worth it. The potential barriers and dangers are also there, however, and we must exercise caution in protecting and nurturing our research networks and community relationships.

NAPCRG will be paying a good bit of attention to our members' experiences with CTSAs over the next few years, as this is potentially a very important development. NAPCRG is partnering, with the Association

of Departments of Family Medicine on a survey of researchers and chairs who submitted proposals in the first round of applications. NAPCRG will also offer a special session at our the Annual Meeting designed to share information and the experiences of the applicants. I hope to see some stimulating discussions of this topic at our meeting, 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

The *NAPCRG Newsletter* is published by the North American Primary Care Research Group, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211, 800-274-2237, ext. 5422, fax: 913-906-6096, napcrgrg@stfm.org. NAPCRG Web site: www.napcrgrg.org. For membership information, contact Kelly Parry by e-mail, kparry@stfm.org, or at the address above. The *NAPCRG Newsletter* is published quarterly and welcomes letters to the editor about issues of general interest to the membership. Submit correspondence to Frederick Chen, MD, MPH, University of Washington, Department of Family Medicine, 4311 11th Avenue, NE, Suite 210, Seattle, WA, 98195-4982, 206-543-7813, fax: 206-616-4768, fchen@u.washington.edu.

President, Perry Dickinson, MD; Editor, Frederick Chen, MD, MPH;
Executive Director, Stacy Brungardt, MA, CAE; Member Services Director, Maribel Cifuentes, RN; Member Services Coordinator, Kelly Parry

NAPCRG Board Reorganizes Committees for Better Efficiency

The growth of NAPCRG has resulted in many positive outcomes including, an increased international presence, financial stability, and a wealth of new people and ideas. However, this growth requires vigilant maintenance of an organizational infrastructure that remains effective in achieving the aims of the organization. In this spirit, the Board of Directors has spent several months examining our task forces and committees for overlap in responsibilities and activities and determined that some re-organizational housekeeping was in order. As a result, the Committee on Building Research Capacity was disbanded, and the Future of Family Medicine Task Force was converted into a new committee with an expanded purview: the Committee on Advancing the Science of Family Medicine. This committee will be responsible for most of the activities of the FFM Task Force, for executing the research priorities developed by the AFMO Research Subcommittee, and for other appropriate NAPCRG-initiated activities. The new committee will accomplish its work through organization of working groups in specific topic areas, where the real action will occur, including, (1) Residency Research, (2) Practice-based Research, (3) Health Information Technology, (4) Economic Research, and (5) Optimizing Practice Through Research Partnerships and Quality Improvement. The FFM Task Force was already working on many of these activities, so the transition to a committee focusing on these areas in a binational way should be fairly seamless. Research capacity can be better tracked and integrated by other mechanisms, in smaller nodes of activity.

The FFM Task Force has been an extremely effective group led capably by **Kurt Stange, MD, PhD**, who is taking the opportunity to step down from this fairly time-consuming task. The first chair of the new Committee on Advancing the Science of Family Medicine is **Bob Phillips, MD, MSPH**, and we are glad to welcome him to the Board of Directors. Bob is in the process of organizing the new committee, which will be smaller than the old FFM Task Force and the Committee on Building Research Capacity.

The Committee on Building Research Capacity is to be commended for its fine work in several important areas, and special thanks to **Frank deGruy, MD**, CBRC chair, for his leadership on the committee and his vital input regarding this transition. The Grant Generating Project, the studies about research productivity, and the Just Do(ing) It workshops are several examples of the fine work this committee has done to build research capacity for the discipline.

I want to thank the FFM task force members and CBRC members for their service and dedication. You have represented NAPCRG well, and I am proud of the work accomplished by these groups.

—Perry Dickinson, MD,
NAPCRG President

FFM Task Force

Kurt Stange, MD, PhD, Task Force Chair, Stacy Brungardt, MA, CAE, Sandy Burge, PhD, Peter Carek, MD,

Freddy Chen, MD, Frank deGruy, MD, Kurt Elward, MD, Perry Dickinson, MD, Jim Gill, MD, Valerie Gilchrist, MD, Larry Green, MD, Lou Lukas, MD, Jim Mold, MD, Kevin O'Brien, MD, Bob Phillips, MD, Walter Rosser, MD, Steve Spann, MD, Steve Woolf, MD.

Committee on Building Research Capacity

Frank DeGruy, MD, Chair, Sandra Burge, PhD, Walter Calmbach, MD, Mark DeHaven, PhD, Perry Dickinson, MD, Susan Flocke, PhD, Lillian Gelberg, MD, MSPH, Valerie Gilchrist, MD, Carlos Jaen, MD, PhD, David Katerndahl, MD, Daniel Longo, ScD, Michael Parchman, MD, Donald Pathman, MD, MPH, Goutham Rao, MD, Walter Rosser, MD, CCFP, Peter Selwyn, MD, MPH, Kurt Stange, MD, PhD, Barbara Yawn, MD, MSc, Herbert Young, MD, MA, Therese Zink, MD, MPH.

Announcing Call for Papers and Reviewers for *Annals Resident Research Supplement*

The *Annals of Family Medicine* seeks both research manuscripts and peer reviewers for a supplement devoted to research conducted by family medicine residents. The supplement is sponsored by the American Academy of Family Physicians Foundation.

Volunteer Reviewers: We encourage residents, residency faculty members, and others interested in nurturing resident research to contribute by reviewing 1-2 resident manuscripts in their areas of interest and expertise. To volunteer, e-mail ressupp@musc.edu, giving your (1) name, (2) role: resident, residency faculty member, or other, (3) methods expertise: quantitative and/or qualitative methods, and (4) interest in reviewing manuscripts on clinical, quality improvement, community, health services, educational, or other research. We will send instructions on how to conduct a helpful peer review.

Submit Manuscripts: Manuscripts must be based on original work conducted while the lead author is/was a resident in a family medicine training program. They must describe

original research that contributes new, transportable knowledge (excluding case reports, non-systematic reviews or essays). Manuscripts must follow the instructions for authors available at www.annfammed.org/misc/ifora.shtml. The deadline for submission of manuscripts is March 1, 2007. Those submitted earlier will have priority in the review process.

Submit manuscripts to ressupp@musc.edu. Do not submit manuscripts for this supplement directly to the *Annals*.

Review Process: Guest editors **Peter Carek, MD, MS**, and **Arch Mainous, III, PhD**, of the Medical University of South Carolina, will coordinate initial peer review by reviewers who volunteer in response to this announcement. Based on this initial review, they will select manuscripts for formal peer review by the *Annals*. We will invite authors of the selected papers to submit a revised manuscript for possible inclusion in the supplement.

The anticipated publication date of the supplement is January 2008.

Calling All Nurses Interested or Involved in Primary Care Research to Attend the Annual NAPCRG Meeting

Are you a nurse, nurse practitioner (NP), or advanced practice nurse (APN) engaged in research in primary care? A special interest group just for you is forming this fall at the 34th Annual NAPCRG Meeting in Tucson, Ariz. Join us for breakfast on Monday, October 16, from 7- 7:45 am. Meet and network with colleagues with similar interests, learn about current nursing research activities in primary care, and share ideas for collaboration with nurses from around the world.

Here are some of the topics about nurses in primary care being presented at the conference this year:

Paper Sessions:

A3: How Do Family Practice Residents and Nurses See Birth, Compared to Family Physicians, Obstetricians, and Midwives?

A4: Medical and Midwifery Students, Family Medicine and Obstetrical Residents Responses to Models of Maternity Care: What Might Attract the Next Generation of Intrapartum Care Providers?

P3: Integrating Nurses Into a New Primary Care Setting in Quebec: An Implementation Study

V3: Nurse Triage in Primary Care: What Is the Role and the Future Potential?

Z2: A Survey of Nurses Attitudes Toward Labor and Birth

JJ4: The Bridging Role of Nurse Practitioners in Ontario Community Health Centers

Poster Sessions:

PS168: Nurses Involvement in Quebec Family Medicine Clinics: Changes in the Care Experiences From the User's Perspective

PS173: Physicians and Nurses in Collaborative Practice: Perceptions and Expectations of Patients With Multiple Chronic Conditions

PS174: Diabetes Care in Family Medicine Practices With Nurse Practitioners and Physician Assistants

PS316: Developing a Nurse Practitioner Practice Based Research Network.

This will be the first meeting of the Special Interest Group for nurses, nurse practitioners, and advance practice nurses. Please join us and offer ideas for ongoing communication and collaboration. If you have questions, contact me at sharon.weyer@case.edu.

—*Sharon Weyer, DNP, NP-C*
Case Western Reserve University
Chair of Special Interest Group
for Nurses, Nurse Practitioners,
and Advance Practice Nurses

NAPCRG Past President Appointed to the Order of Canada

On July 24, 2006, Canadian Governor General Michaëlle Jean appointed 77 new members and officers to the Order of Canada, Canada's highest civilian honor. Among the honorees was **Ann Macaulay, MD, CCFP**, from McGill University. A past president of NAPCRG (1999-2001), as well as the co-chair of two of NAPCRG's current Special Interest Groups (the Participatory Research in Primary Care SIG and the Aboriginal Health SIG), Dr Macaulay was bestowed with this honor for her lifetime contributions to primary health care in Canada. In addition to this latest honor, Dr Macaulay is the inaugural director of the Centre for Participatory Research at McGill University, as well as a foreign associate member of the Institute of Medicine of the National Academy of Sciences.

Established in 1967, the Order of Canada recognizes outstanding achievement and service in various fields of endeavor. The three levels of membership—companion, officer, and member—honor people whose accomplishments vary in degree and scope. Further information about the Order of Canada, including a full list of the 2006 honorees, can be found at www.gg.ca/honours/nat-ord/oc/index_e.asp.

mission&goals

Formed in 1972, the North American Primary Care Research Group is a multidisciplinary organization for primary care researchers in the United States, Canada, Mexico, the Caribbean, and throughout the world, with a mission to develop, disseminate, and promote new knowledge regarding primary care.

NAPCRG's goals are to:

- Serve as an incubator for new ideas
- Increase the capacity for conducting research
- Provide appropriate forums for presentation of original primary care research
- Enhance communication among primary care researchers
- Connect primary care research, patient care, and education

In Memoriam: Jack Harvey Medalie, MD, MPH

Jack Medalie, MD, MPH, was a pioneer of family medicine. He was a ground-breaking researcher, a legendary teacher, an astute and beloved physician, and a founding leader.

Dr Medalie received his medical education from Witwatersrand University, Johannesburg, South Africa. He practiced medicine in South Africa and Israel and held the position of professor and founding chair of the Department of Family Medicine, Tel-Aviv University, Israel. He received an MPH (cum laude) from the Harvard School of Public Health in 1958 and subsequently led a large-scaled, NIH-supported prospective ischemic heart disease study of 10,059 Israeli male government employees from 1963-1968. Dr Medalie and colleagues have published more than 50 peer-reviewed papers from this Israeli Ischemic Heart Study. This innovative research was among the first to document that psychosocial factors serve as independent risk factors for CVD.

In 1975, he came to Cleveland and Case Western Reserve University to found the first Department of Family Medicine at a private medical school in the United States. Three years later, he was the recipient of the first endowed chair in family medicine in the world. From 1979 to 1988, he developed and co-directed the Robert Wood Johnson Foundation Family Medicine Faculty Fellowship Program, one of only five such programs in the country. Many of the 28 graduates have gone on to distinguished research careers and positions of leadership.

Dr Medalie's distinguished career included seminal work in three areas: development of the discipline of family medicine in Israel and the

United States, cardiovascular disease epidemiology, and research on the family. He published three books, seven methodological research manuals, contributed 27 chapters to books edited by others, and published more than 130 articles in peer-reviewed medical journals. His first book, *Family Medicine: Principles and Applications*, was published in 1978 and quickly became a standard. Dr Medalie's research accomplishments have been acknowledged both nationally and internationally. In 1979, he was elected to the Institute of Medicine of the National Academy of Sciences, and in 1987, he was awarded a Fulbright scholarship to teach in Israel and South Africa. From 1984 to 1989, he was a member of the first US National Task Force on Preventive Services and was instrumental in their groundbreaking work, which now sets the standard for evidence-based medicine. In 1988, he received the Curtis Hames Research Award and in 1998, the Maurice Wood Award for Lifetime Contribution to Primary Care Research. He also was elected Honorary Lifetime Fellow of the American Academy on Physician and Patient in 1993.

Around the world, people mourned the passing of Dr Medalie, age 84, on June 20, 2006. He leaves behind his devoted wife June, sons Ilan and Ron, daughter Karin, 8 grandchildren, and one great grandchild. His life is celebrated every day by those who received his family-oriented care as a physician, learned from his grounded, innovative research and teaching, and were inspired by his kindly manner. We celebrate his life and his legacy.

—Stephen Zyzanski, PhD, Case Western Reserve University

Annals Seeks Statistical Consultants

The *Annals* welcomes candidates for the new position of statistical consultant. We seek several statistical consultants to:

- Evaluate selected manuscripts that present questions about study design, instrument development, data analysis, or presentation of data.
- Respond to statistical questions from members of the editorial team.
- Make recommendations about the disposition of manuscripts.

For information, contact the *Annals* at annfammed@case.edu. Interested individuals will be invited to attend a meeting during the NAPCRG Annual Meeting, October 2006, Tucson, Ariz.

conference calendar

NAPCRG Annual Meetings:

34th NAPCRG Annual Meeting
October 15–18, 2006
(Sunday-Wednesday pattern)
Hilton El Conquistador
Tucson, Ariz

35th NAPCRG Annual Meeting
October 20–23, 2007
(Saturday-Tuesday pattern)
Sheraton Vancouver Wall Centre
Vancouver, British Columbia

36th NAPCRG Annual Meeting
(Additional day added to meeting)
November 15–19, 2008
(Saturday-Wednesday pattern)
Westin Del Mar
Rio Grande, Puerto Rico

37th NAPCRG Annual Meeting
November 14–18, 2009
(Saturday-Wednesday pattern)
Le Centre Sheraton
Montreal, Quebec

38th NAPCRG Annual Meeting
November 13–17, 2010
(Saturday-Wednesday pattern)
Westin Seattle
Seattle, Wash

Other Conferences of Note:

AAFP Scientific Assembly
September 27–October 1, 2006
Washington, DC
www.aafp.org/assembly.xml

College of Family Physicians of Canada
2006 Family Medicine Forum
November 1–4, 2006
Quebec City
www.cfpc.ca

STFM Conference on Practice Improvement
(formerly the *Conference on Patient Education*)
November 9–12, 2006, Denver
www.stfm.org

Board Meeting Highlights

The following actions resulted from the April 7-8, 2006, NAPCRG Board of Directors Meeting held in Chicago.

- Approved the 2006-2007 budget, with \$399,640 projected in income and \$398,245 projected in estimated expenses. The proposed 2006 Annual Meeting budget was also accepted.
- Approved support for the National Alliance for Primary Care Informatics of \$1000 per year for the next two years, to begin with the 2006-2007 academic year.
- Jointly purchased with STFM 15 laptop computers for shared use at meetings.
- Approved continued funding support for the Grant Generating Project for 2007-2008 and 2008-2009 at the levels of \$18,760 and \$19,695, respectively.
- Approved the 2007 management agreement between STFM and NAPCRG.
- Re-examined NAPCRG's goals and began to define indicators of success for these goals.
- Created a subgroup to develop a conference proposal for a session on key areas of leadership for the NAPCRG 2006 Annual Meeting.

board NAPCRG members

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Finding Collaborators at the Annual Meeting

Networking is the single most important factor in NAPCRG members' decision to continue their membership with 85% indicating that it is "important" or "very important." In fact, finding research collaborators is one of the most highly rated needs as reported in the Membership Survey with 89% indicating a need for collaborators. In response, the Membership Committee has been exploring ways to facilitate the process of finding collaborators.

In addition to plans for using the NAPCRG Web site to locate potential co-investigators, this year's Annual Meeting registration form will ask you to tell us about your specific research

interests and your need for collaborators. Responses to these items will be included on an expanded Participants List that's included in registration packets at the meeting.

To maximize the usefulness of this change, we ask that you (1) register for the conference early (so that you are included on the Participants List), (2) complete these items on the registration form (being as detailed as possible) even if you do not need a collaborator, and (3) use the Message Board at the conference to locate and meet potential collaborators.

Future developments will seek to use NAPCRG's Web site to facilitate ongoing collaborator identification. In

addition to the use of the NAPCRG-L listserve to locate others interested in collaboration, we are planning to revise the Membership Directory to make it more useful for identifying collaborators and are compiling a list of methodological consultants who may be will to serve as collaborators as well.

If you have additional ideas for how we can facilitate collaboration among members, please contact us.

—David Katerndahl, MD
Chair, Membership Committee

NAPCRG 2006 Annual Meeting News

We are looking forward to seeing you at our 2006 Annual Meeting, October 15–18 in sunny Tucson, Ariz. Full meeting details can be found in the conference brochure on our Web site, www.napcr.org. Here are some highlights of what you can expect at this year's meeting:

Laptops

New this year, NAPCRG is making your travel more convenient by providing laptops in all breakout rooms to conference presenters. Bring your presentation on a memory stick or CD-ROM and be ready to connect to the conference laptop. It's that easy!

Laptops with Internet access will also be available throughout the conference to provide you e-mail access.

New Member Orientation

Are you new to NAPCRG and the Annual Meeting? This 30-minute introductory session may be just what you need to learn about the organization, how to successfully navigate the Annual Meeting, and to begin forming your network of fellow primary care researchers. Participants will intermingle with new and veteran members of NAPCRG in an informal discussion setting. After you've met some new faces at the orientation, come by the Welcoming Reception immediately following to finish breaking the ice.

Member's Forum

A new feature this year, the Member's Forum is an opportunity for

you to meet with NAPCRG's Membership Committee and pose your burning questions about the organization, member activities, suggest ideas or new concepts, and voice your needs and concerns. This half-hour session is also designed to inform you about the current and future activities of the organization and obtain your feedback on these activities.

Special Interest Groups (SIG)

Join other NAPCRG members with similar research and academic interests at one or more of our SIG meetings taking place over breakfast during the Annual Meeting. SIGs are wonderful incubators of new ideas and a safe and convenient way to come together with like-minded individuals to collaborate on specific topics of interest. In addition to meeting at the Annual Meeting, active SIGs also communicate throughout the year to share experiences, resources, and future

plans. For a listing of all existing SIGs and their focal topics visit our Web site, www.napcr.org. If you don't see a SIG that meets your needs and you would like to propose a new one, e-mail Kelly Parry at kparry@stfm.org, and we will help you establish a new SIG. All that is needed to start a SIG is a topic of interest that relates to research and an individual willing to serve as chair.

The Last Territory—A Western-Style Party at El Conquistador Resort

It would not be a NAPCRG Annual Meeting without a great conference party! Join us for a western-inspired evening of food, fun, and entertainment. You can look forward to learning about stargazing in the beautiful Arizona night sky from invited astronomers, rope tricks and skilled demonstrations by professional ropers, and some western line dancing lessons. So bring your best western attire, kick up your heels, and have a great time.

Call for ACS Cancer Control Career Development Awards for Primary Care Physicians

Annual Grant Deadline: October 15

The American Cancer Society (ACS) invites applications for the Cancer Control Career Development Awards for Primary Care Physicians. This award encourages and assists in the development of primary care physicians who will pursue academic careers with an emphasis in cancer control. Awards are made for 3 years with progressive stipends of \$50,000, \$55,000, and \$60,000 per year. In addition, salary and benefits for the mentor may be charged to the grant in an amount of up to \$10,000 per year. For additional information, contact Virginia Krawiec, MPA, at 404-329-5734 or Ginger.Krawiec@cancer.org.

The ACS offers several other research and training grants. For a full description of all grants, including applications, instructions, and policies, consult the ACS Web site, www.cancer.org/research, or contact ACS at 404-329-7558, grants@cancer.org.

North American Primary Care Research Group
11400 Tomahawk Creek Parkway, Suite 540
Leawood, KS 66211

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