

NAPCRG newsletter

May 2003

Volume 31, Issue 2

NAPCRG 2003 Annual Meeting to Focus on Collaboration

Are you tingling with excitement about the upcoming annual meeting October 25–28, 2003 at the Fairmont Banff Springs in Banff, Alberta, Canada? OK, maybe it's just me. Some of the more experienced NAPCRG members who attended the annual meeting when it was held there in 1983 talk wistfully about what a beautiful venue it was for a meeting. All you young pups out there who didn't make it the last time around (myself included) should be in for a treat.

As NAPCRG grows and matures, the annual meeting provides more and varied opportunities to disseminate findings to an international audience, learn things from leading researchers, and network with colleagues. This year's meeting should provide opportunities for all of those activities as well as some fun. The 2003 conference will focus on collaboration and linkages between investigators and groups that they deal with to successfully conduct meaningful research, including patients, other investigators, and funders. We have several outstanding plenary speakers who will provide us with insights from their disparate practice and research experience.

The opening plenary will feature **Iona Heath, MD**, a general practitioner in inner city London, UK. In addition to authoring works like *The Mystery of General Practice*, Dr Heath has been active in issues in the delivery of health care to disadvantaged populations and has been the chair of the Royal College of General Practitioners Intercollegiate Forum on Poverty and Health. She has, in her practice, been "granted the most privileged access to an extraordinary di-

versity of human experience." She will bring this experience to bear in a discussion on the linkage of the practitioner/researcher with the patient community, particularly the needs of and issues in working with disadvantaged patients.

The second plenary will be presented by **Allen Dietrich, MD**, of the Department of Community and Family Medicine at Dartmouth Medical School. He is a member of the Institute of Medicine and has received a variety of grants from the National Institutes of Health to fund his research. As a successful family physician researcher, Dr Dietrich will discuss his experience in conducting large-scale studies that require integration with multiple organizations and stakeholders.

In the final plenary, **Brian Hennen, MD**, dean of medicine, University of Manitoba, will discuss issues in developing research from the perspective of organizing and funding. Dr Hennen has attained a leadership position in academics as the first family physician dean of a Canadian medical school. In addition to his present position, he has extensive experience in helping to develop primary care research in his previous positions as chair of family medicine at Dalhousie University and the University of Western Ontario. As such, his perspective on organizing research enterprises and attaining funding to develop and sustain the enterprise should be insightful for junior and senior researchers alike.

Several features of the planned conference deserve mention. First, we purposefully scheduled the NAPCRG Annual Meeting to overlap the CFPC Forum on October 25. The 2003 Fo-

rum will be held in Calgary on October 23–25. We're hopeful that the proximity of the two meetings will allow some cross pollination of the meeting participants. Details on the Forum are available at www.cfpc.ca/cme/fmf/fmfreg2003/call2003.asp.

The mentoring program initiated at the last meeting linking less-experienced researchers with more senior investigators was evaluated as a big success. New things are continually tried and evaluated. We were happy to get a positive response to this initiative and hope to expand and tweak it to better meet the needs of the membership. In addition, as we attempt to take advantage of technology, we have initiated an on-line submission and review system. At this point it is too early to assess the utility of this strategy, but we are optimistic that it will be an improvement over the previous postal version. We hope

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NORTH
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RESEARCH
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Improving Health Globally

The Necessity of Family Medicine/General Practice Research

Preliminary Summary Report WONCA Invitational Research Conference

Background. There are deep concerns about the sustainability and effectiveness of health care systems around the world. Socio-economically disadvantaged communities with insufficient access to health care usually have the highest rates of common diseases with preventable morbidity and mortality as well as the greatest prevalence of unaddressed health risks. Strong primary care is essential to provide equity of health care access and to minimize health risks in disadvantaged communities.

The roles and care provided by family physicians/general practitioners are essential for efficient functioning of all health care systems and are important for integrating primary, secondary and tertiary care. Solutions to many health and health care problems can only be found through research in family medicine/general practice

The Conference. To promote research in family medicine / general practice, the World Organization of Family Doctors (WONCA) organized an invitational conference on March 8–11, 2003, at Queen's University, Kingston, Ontario, Canada. Seventy-four experts from 36 countries ana-

lyzed ways to improve health globally.

Family medicine/general practice research will improve knowledge in the area of:

- Insight into and understanding of the morbidity and health-risk patterns in communities with the objective of achieving the greatest improvement in health and wellness.

- Best practice to manage early signs and symptoms of diseases and to deal with uncertainty and comorbidity, patients' needs, demands and expectations—elements that create the complexity of family medicine/general practice.

- Translation of evidence-based clinical innovations into established practice routines

- Full access to primary care according to need to facilities in the prevailing health care system

- Discovery of the origins of disease, determinants of seeking and getting health care, and factors that enable health.

Improvement of research addressing these fields in any country would improve the health and wellness of the population.

Conclusions. The conference reviewed the many challenges and op-

portunities in the development of family/general practice research and found a considerable number of documented models of success. It is essential that research be directed at the health problems with the highest impact on patients' health and wellness, and here family medicine/general practice is well positioned to contribute. This will vary between communities and emphasizes the importance of sentinel systems to monitor morbidity in the community.

Models with an established value to drive research development, to transfer expertise, to build research capacity, and to change the research culture are:

- Mentoring of aspiring researchers and research institutes by experienced researchers. Mentoring should include systematic support between institutes and countries.

- Practice-based research networks (PBRNs), practices united to examine the problems that beset their patients and to performance of studies in the family/general practice setting. PBRNs facilitate the transfer of research findings into patient care and generation of research questions from the actual problems encountered in practice. Universities and research institutes can facilitate the quality of their own research by extending their studies into the community by linking to PBRNs.

- Participatory research to build partnerships of researchers with communities.

These models of success have been well documented in the family medicine/general practice literature. However there is a need to further disseminate these research achievements, as there remains insufficient understanding of their potential in medico-political and scientific circles.

In the strengthening of family medicine/general practice research, there is a need to guarantee adherence to ethical principles. There is particular reason for concern about the stimulation of family medicine/general practice research in settings without an existing research tradition

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through international cooperation. This is a particular issue in developing countries that lack firm implementation of ethical guidance. The need for research in developing countries requires special attention.

The conference advised WONCA to be involved in the implementation process and to seek partnerships at an international (WHO, World Bank), regional (WONCA regional structure) and national level (national family/general practice colleges, universities, governments, and research-funding bodies)

Recommendations. The recommendations presented in the preliminary report represent the consolidation of 9 papers and 48 small-group sessions. The richness of the international input arising from this effort will be contained in the final report. The core recommendations of

the conference are that WONCA should:

(1) Adopt a policy that best health and health care for all depends on a robust research enterprise in family medicine/general practice. Advancing research in all countries is therefore a WONCA priority.

(2) Develop a strategy to display research achievements in family/general practice to policy makers, health (insurance) authorities, and academic leaders.

(3) Seek the development in all its member countries of sentinel practices to provide surveillance reports on illness and diseases that have the greatest impact on patients' health and wellness in the community.

(4) Organize a clearinghouse for research expertise, training, and mentoring.

(5) Organize an expert group to provide advice for the development of PBRNs around the world.

(6) Organize international ethical standards for international research cooperation and develop an international ethical review process.

(7) Address in any recommendations for family medicine/general practice research the specific needs and implications for developing countries.

—By *Walter Rosser, MD, Queen's University;*
Professor Chris van Weel, MD, University of Nijmegen

WONCA (www.globalfamilydoctor.com/index.htm) acknowledges the support it received for this meeting from Health Canada, the Canadian International Development Agency, Queen's University, the American Academy of Family Physicians, the College of Family Physicians of Canada, the Dutch College of General Practitioners, the Royal Australian College of General Practitioners, the Centre for Studies in Primary Care, Queen's University Kingston, Canada and the Department of Family Medicine, University Medical Centre Nijmegen, The Netherlands.

Publication of the final report is expected by the end of 2003.

The WONCA Invitational Research Conference was organized to promote research in family medicine/general practice. Conference delegates represented 36 countries.



mission&goals

Formed in 1972, the North American Primary Care Research Group is a multidisciplinary organization with a mission to develop and disseminate new knowledge regarding primary medical care.

NAPCRG's goals are to:

- Increase the discipline's capacity for conducting quality research,
- Provide appropriate forums for presentation of original primary care research work,
- Enhance communication among primary care researchers using a variety of technologies, and
- Guide and support the synergy among primary care research, education, and patient care.

NAPCRG 2002—Perspectives From an EGPRW Delegate

Editor's Note: In the last year, NAPCRG and the European General Practice Research Workshop (EGPRW) have started to look at opportunities to share ideas that might mutually benefit each organization as well as primary care research. The collaboration started at the June 2002 WONCA regional meeting in London, where Larry Green, MD, and Robert Phillips, MD, from the Graham Center, met with members of the EGPRW executive committee.

EGPRW is an organization of general practitioners and health professionals with an interest in research in general practice. The organization aims to promote research in general practice and primary care and to initiate and coordinate multinational research projects (www.egprw.org/).

In the spirit of this collaboration, the NAPCRG Board invited a representative from the EGPRW to observe its November Board meeting. We were pleased that Jean Karl Soler, the EGPRW Webmaster, was able to attend the meeting.

What follows is the report Jean Karl delivered to his constituents at the EGPRW.

It was my pleasure to attend the 30th Anniversary North American Primary Care Research Group meeting in New Orleans, from the 17th to 20th November 2002, at the Hyatt Regency Hotel.

The meeting started with a Board of Directors meeting on November 17, which I had the pleasure to attend as an invited observer for EGPRW. It was immediately clear to me that the group has the fortune to have access to considerable assets, especially in the person of the Board members and the staff of the organization. The members are distinguished researchers, and the staff is very efficient. This is coupled with a solid financial base.

Young and experienced researchers alike flock to the meeting in the hundreds, and the meeting is thus richer in this respect than any other I have attended.

Networking is encouraged actively, with new members having an orange dot on their nametags to encourage more experienced members to welcome them and assist them in their first NAPCRG meeting. New members are also welcomed at a special session for them, just before the opening ceremony and reception. Besides the organized mentoring program for attendees, one can attend organized networking dineouts where experienced researchers take a group out to dinner after the daily sessions. Networking certainly happens but is more diffuse than the EGPRW environment due to the large numbers of attendees.

The meeting is preceded by preconference workshops and lecture programs. The meeting itself runs over two and a half days. Each day starts with a plenary session lasting an hour or so. The presenter is usually a key experienced researcher. Afterward, the group moves into breakouts. On some days, we had three distinguished papers to choose from, or a number of workshops running concurrently, or a set of nine concurrent sessions where papers with a common theme are presented in sync, to allow attendees to switch between rooms during sessions and listen to different papers from different sessions (like a WONCA meeting). Coffee breaks are held in a room with posters, where authors are expected to stand by their posters and discuss them with attendees. A very nice touch is that all attendees are expected to return the provided evaluation forms for the plenaries, workshops, papers, posters, and the whole meeting itself. Presenters receive their feedback forms after the conference, and I look forward to receiving mine. Overall, the scientific content and educational value of the presentations, lectures, and workshops is much better than some larger conferences such as the WONCA meetings.

To say that I was impressed by the range and quality of workshops

and plenaries and the organization of the meeting, is an understatement. However, the short time allotted for the concurrent papers (10 minutes for presentation, 5 for discussion), precluded any useful discussion as most presenters ran over time, which was rigorously kept by moderators to allow attendees to move between the synced presentations in the nine rooms. The papers presented were of comparable quality, and similar to what is presented at EGPRW meetings.

The numbers are impressive—more than 700 members, 563 attendees, hundreds of papers and posters, and many workshops, fora, and distinguished papers/plenaries.

I believe that there is considerable potential for networking between the European and North American networks. It would be helpful to facilitate exchange of attendees by sending EGPRW National or Executive Board members to NAPCRG meetings as often as possible, and vice versa. We can also exchange ideas. The EGPRW is looking at how we can enlarge the organization, attract more attendees, and allow for both expert presentations and workshops for young budding researchers. The NAPCRG format offers real working solutions for these dilemmas. On the other hand, the EGPRW can showcase the effective networking and nurturing of research projects and fostering of research ideas by group discussion of papers, and the successful one-slide, 5-minute presentation format.

I am proud to have helped to kickstart this process by being the first EGPRW delegate to the NAPCRG meeting, and I hope to act as a catalyst to help this process gather momentum.

—Jean Karl Soler
EGPRW Webmaster, Malta

Research Phase Completed for Future of Family Medicine Project

With the research data gathered and analyzed, Phase Two of the Future of Family Medicine (FFM) Project is well underway. In this phase, the project's five task forces will consider the data and make recommendations to the FFM's Project Leadership Committee (PLC) in the areas of their respective charges.

The goal of the FFM project is to develop a strategy to transform and renew the specialty of family practice to meet the needs of people and society in a changing environment. Market research was contracted through Siegelgale of New York under the direction of the FFM Research Advisory and Project Leadership Committees, which include **Larry Green, MD**, and **Kurt Stange, MD, PhD**. The research consisted of more than 2,000 interviews with various segments of the population (listed below) with a goal of answering the question, "What do people want and expect from health care professionals in the health care delivery system and what is the role that family physicians could or should play?"

Siegelgale Research Population

- People whose care is provided by FPs
- People whose care is not provided by FPs but provided by others
- Consumer advocacy groups
- FPs in practice
- FPs in academia
- Other physician specialists
- Nonphysician health care providers
- Employers, payers
- Government
- FP residents
- Medical students

The FFM data has yielded several of the following insights:

- Patients want a personal physician and a personal relationship with a physician.
- Family physicians want help regarding efficiency and reduction of regulatory burdens.

- Family physicians are confident about their own contributions to patients' lives, but they're worried that the institutional value of the specialty hasn't been well established or marketed.
- Most specialties believe in the importance of family practice.
- Family physicians want to see changes: reimbursement, public opinion about the specialty, managed care, and paperwork.

Future of Family Medicine Task Forces

Task Force 1: Identify the core attributes of family practice, reform family practice to meet consumer expectations, and determine systems of care to be delivered by family practice

Task Force 2: Determine the training needed for family physicians to deliver core attributes and system services

Task Force 3: Ensure that family physicians deliver core attributes and system services throughout their careers

Task Force 4: Determine strategies for communicating the role of family physicians within medicine

and health care, as well as to purchasers and consumers

Task Force 5: Determine family practice's leadership role in shaping the future health care delivery system

A final report of the PLC will be available later in the year. In the meantime, you can access additional information about the project by going to www.futurefamilymed.org. This Web site includes a 3-part PowerPoint presentation for more information on the history, research, and analysis of the FFM project. Access to aggregate data is not available until after the published work of the FFM project. However, you can submit a request to receive slides of data analysis by clicking on the Project Update page of the FFM Web site at www.futurefamilymed.org.

FFM is a joint venture between the seven family medicine organizations: American Academy of Family Physicians, American Academy of Family Physicians Foundation, American Board of Family Practice, Association of Departments of Family Medicine, Association of Family Practice Residency Directors, NAPCRG, and the Society of Teachers of Family Medicine.

—By *Marilyn McMillen, MBA*,
FFM Project Manager,
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The *Annals* Is Launched!

The *Annals of Family Medicine*, the new primary care research journal sponsored by NAPCRG and five other family practice organizations, is publishing its inaugural issue at the end of May. The print version is mailed to all NAPCRG members, and the full text on-line version is available at www.AnnFamMed.org.

The *Annals* features original research, methodology, theory, essays, selected systematic reviews, and editorials. This first issue reflects the diversity and growing strength of the primary care research community in generating new knowledge on important topics in health and primary care.

NAPCRG members are taking an active role in the new journal—serving as authors, peer reviewers, and editors. Editor and NAPCRG President,

Kurt Stange, MD, PhD, "thanks the sponsoring organizations, the authors who have shared their best work, and the peer reviewers who have provided the constructive peer review that is the backbone of a scientific journal."

The all-NAPCRG member editorial team, **Kurt Stange, MD, PhD**, **William Phillips, MD, MPH**, **Benjamin Crabtree, PhD**, **Louise Acheson, MD, MS**, **William Miller, MD, MA**, **Stephen Zyzanski, PhD**, and **Robin Gotler, MA**, encourage NAPCRG members to continue to contribute as authors and reviewers and to participate in the *Annals* on-line discussion groups that accompany each article. These discussions are synthesized in a regular editorial feature called On-TRACK (Topical Response to the *Annals* Community of Knowledge).

Mercer to Add FM Dept Research Section With Grant Funds

Mercer University School of Medicine in Macon, Ga was founded only 20 years ago. The school was created under the premise that it would provide primary care physicians for underserved Georgia. The school has succeeded well in that endeavor, receiving multiple awards for the number of primary care graduates, most of whom remain in Georgia.

The Department of Family Medicine at Mercer realized that graduating primary care physicians was only a part of the mission. It is crucial that primary care also develops a cadre of primary care physicians doing research to ensure the optimal in quality and delivery of primary care is obtained.

For that reason, the Department of Family Medicine at Mercer applied for and received a grant from the Health Resources and Services Administration (HRSA). This award is a \$580,183 grant, which will be used to create a departmental research section for family medicine.

Department Chair **Fred Girton, MD**, served as the project director for the grant, which was modeled after an innovative faculty development program at the University of Toronto. The grant will create a departmental research section and will provide three faculty members with time for research and support needed to pursue major grant funding. Each faculty will be expected to publish at least two articles annually and acquire funding as a principal investigator.

At least 50% of the research projects will be directed toward federal priority research areas including underserved populations, the elderly, individuals with HIV/AIDS, the homeless and victims of substance abuse.

Robert Vogel, PhD, professor and director/coordinator of research education and evaluation, will serve as chief of the research section, and **Paul Seale, MD**, associate professor, **John Boltri, MD**, associate professor, and **Monique Davis-Smith, MD**, assistant professor, will participate in the program.

“Part of our mission is to expand the ability to do primary care research and be on the cutting edge of new knowledge,” said Dr Searle. “This grant strengthens our research area, allowing us to do more and do it better.”

The grant has allowed the department to hire Dr Steven House, a recent graduate of the program. He has taken over many of the routine supervisory and clinical activities of three primary researchers. This has allowed them to attend multiple research development activities as well as concentrate on their own research.

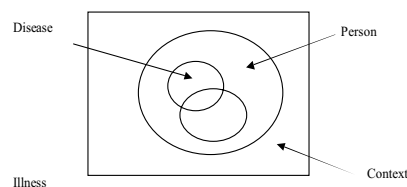
The general attitude of the department has taken on a distinctly positive research-oriented tone. Faculty is aware that we are serious about bringing primary care research to family medicine.

A direct result of the grant is that in only 3-4 months we have developed an ongoing research meeting attended by a multidisciplinary group to discuss research protocols and ideas. Several small grants have been submitted with funding of \$30,000 already approved. Multiple ideas for large NIH grants have been explored. The department has truly gone from “I wish we could” to “we can”.

—By *Fred Girton, MD, Chair, Department of Family Medicine & Principal Investigator*

Themes From NAPCRG 2002 Paper Sessions

Behavioral/Psychosocial



At a conference I attended a few years ago, this diagram was presented by **Judith Belle Brown, PhD**, University of Western Ontario, to illustrate the patient-centered model of patient care. To me, this picture also captures the essence of the six presentations I moderated at the 2002 NAPCRG Annual Meeting.

There was a strong emphasis in the session on the positive and negative interrelationships between context and person, illness, and disease. The presentation by **Luis Zayas, MA**, SUNY at Buffalo, suggested that strong social support networks were positive facilitators, and perceptions of racial discrimination were negative barriers for inner-city and rural adolescents' entry into health profession careers. **Paul Seale's, MD**, Mercer University, presentation indicated an association between interactions with Western culture and significant increases in alcohol-related problems among Native American populations in Alaska and Venezuela and also suggested resourcefulness in developing interventions to limit alcohol-related harm.

Two papers addressed psychosocial perceptions of patients who live and seek medical care in low-income

environments. The presentation by **Alison Karasz, PhD**, Bronx, NY, indicated positive patient attitudes toward particular aspects of psychotherapy and a negative attitude toward medication treatment for an illness primarily viewed as psychological and social in nature.

Tillman Farley's, MD, Salud Family Health Center, Fort Lipton, Colo, presentation indicated a problem-based coping style was associated with better physical functioning, and less perceived stress was related to more positive mental health functioning.

Two papers addressed the effect of the family history context on psychiatric outcomes. The presentation by **David Katerndahl, MD**, University of Texas HSC, San Antonio, suggested relationships between elements of patients' childhood sexual history experiences and levels of psychiatric morbidity. A low psychiatric morbidity cluster was associated with lack of intercourse during preschool, absence of family drug abuse, and strong maternal caring; moderate morbidity with mouth-to-genital abuse during preschool; and high morbidity with family drug abuse and maternal violence directed against the father. **Christine Duclos's, PhD**, University of Colorado, presentation indicated that a family history of suicidal behavior seems more important for non-Indian prison detainees, particularly males. In sum, the results of all presentations reflected the complexity of relationships common in primary care.

—*Doug Post, PhD, Rardin Family Practice Center, Columbus, Ohio*

Meet the Board

Each time a new member joins the NAPCRG Board of Directors, we publish a brief biographical sketch to introduce that individual to the membership. In this issue, we feature **Frederick Burge, MD**, who was elected by the membership in November 2002 as Secretary-Treasurer.

Frederick Burge, MD

Dr Burge is currently senior clinical research scholar and the director of research at the Department of Family Medicine at Dalhousie University in Halifax, Nova Scotia. His research focuses on two areas: health service research and evidence application in primary care. The former has been primarily in the area of end-of-life care. For the last 5 years, he and his colleagues have conducted administrative health data record linkage projects examining how health services are provided to the dying in Nova Scotia. Of particular interest has been the care provided by family physicians, and most particularly, how continuity of care influences health service utilization for the dying. The second area of inquiry, where he is part of a team led by Wayne Putnam, MD, Dalhousie University, has been mostly qualitative, examining the facilitators and barriers to applying research evidence in the primary care setting.

Most recently he is a founding coinvestigator on the team of "TUTOR-PHC" the first Canadian Institutes of Health Research funded interdisciplinary training centre in primary care research. This virtual center is a joint initiative of the University of Western Ontario, Dalhousie University, and McMaster University but has graduate research students from across Canada. He is particularly concerned about creating the next generation of researchers in family medicine, and this training center is one vehicle to ensure they will be there.

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AAFP Foundation to Host Research Training Workshop for Residents/Students

Improving the research skills of family physicians is a major initiative of the AAFP and its Foundation. Once again this year, through a generous educational grant from Pfizer Inc, US Pharmaceuticals, the AAFP Foundation is pleased to sponsor an opportunity for students and residents to test their interest and abilities to make research a part of their family practice careers.

On August 6, 2003, a one-day Research Skills Training Workshop will be held in conjunction with the 2003 National Conference. The workshop is scheduled for 8 am–5 pm at the Kansas City Marriott.

Workshop presenters are:

- **David Govaker, MD**, Pfizer
- **John Hickner, MD, MS**, Michigan State University
- **Michael LeFevre, MD**, University of Missouri-Columbia
- **Barbara Yawn, MD, MSc**, MSPH, Olmsted Medical Center, Rochester, Minn

Following the workshop, family practice residents will be eligible to submit a research proposal to the AAFP Foundation. A maximum of 10 projects will be selected and awarded up to \$2,000 in funding to conduct the research. Reports on the research projects will be submitted and judged to select up to five winning papers. The winning resident investigators will receive a scholarship to attend the 2004 National Conference to give a 10-minute presentation on their research project.

There is no registration fee. Since space is limited, however, preregistration is required. The registration deadline is July 11, 2003. Look for details in the National Conference registration brochure. For information about registration, contact **Susie Morantz**, AAFP Foundation, at 800-274-2237, ext 4470 or smorantz@aafp.org.

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Conference Calendar

NAPCRG Annual Meetings

October 25–28, 2003
Fairmont Banff Springs
Banff, Alberta
www.napcr.org

October 10–13, 2004
Wyndham Orlando Resort
Orlando, Fla
(held just prior to WONCA/
AAFP Scientific Assembly)

October 15–18, 2005
Hilton Quebec
Quebec City

Other Conferences of Note:

**Society of Teachers of Family
Medicine**
36th Annual Conference
September 20–24, 2003
Atlanta
www.stfm.org

**College of Family Physicians
of Canada**
2003 Family Medicine Forum
October 23–25, 2003
Telus Convention Centre,
Calgary
www.cfpc.ca

**2004 WONCA World Confer-
ence/AAFP Scientific Assem-
bly**
October 13–17, 2004
Orlando, Fla
www.wonca2004.org

NAPCRG 2003 Annual Meeting

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to get feedback on this new system for both submitting and reviewing abstracts and papers. Finally, we are pleased at the growth of NAPCRG with new faces, the retention of senior researchers, and the expanding international community of researchers. NAPCRG is a great place to get feedback on your ideas, get fresh perspectives, and establish collaborative relationships. Advance brochures with travel and registration information will be posted on the NAPCRG Web site as well as mailed in early July. Come join us.

—Arch Mainous III, PhD,
Program Committee Chair