

NAPCRG newsletter

May 2004

Volume 32, Issue 2

FFM Recommendations Confirm Need for Increased Research From Family Physicians

Members of NAPCRG and others might scan the Future of Family Medicine (FFM) report¹ and conclude that research has been neglected, with only 1 of 10 recommendations clearly focused on the science of family medicine. They would, however, be wrong. This family medicine report is laced with research from before its beginning, through the current ignition point, and on into the foreseeable future.

FFM spent most of its money on research and based its deliberations and conclusions on research results from all over the world. As a set of compass headings, versus an exact blueprint, the FFM report declares that further research is a necessity to guide a serious revision of family medicine. The report calls early and often for various types of research, especially effectiveness research because, "These ideas need to be tested in practice."

Among five key challenges facing family medicine, two particularly call out for NAPCRG's assistance: (1) Addressing the public's perception that family medicine is not solidly grounded in science and technology, and (2) winning respect in academic circles. Indeed, just as the report concludes that "the problems afflicting family medicine do not include irrelevance or obsolescence," the same can be safely concluded for the research enterprise so dear to NAPCRG.

The basket of services expected of all family physicians includes quality improvement and practice-based research. The New Model of practice is contrasted with the old model in that the old model consumed knowledge, but the New Model will both consume and produce knowledge. The report calls for further development of practice-based research networks and sentinel practice systems and with remarkable clarity, a reconciliation between family medicine and academic

health centers. Even the identity statement formulated for family physicians acknowledges the role of science in family medicine.

Family medicine residency training of the future is expected in this report to require a "culture of innovation and experimentation." "The educational process must train family physicians who can function optimally in the New Model practice . . . who actively measure outcomes . . . involved in the creation of relevant new knowledge." And repeatedly, the report reminds everyone that future family physicians will be expected to reliably implement evidence-based practice, enabled by robust information management capacities.

Among the declared strategic priorities is "advancing research that supports the clinical decision making of family physicians and other pri-

Continued on page 2

Annals of Family Medicine Selected for Indexing in *Index Medicus* and MEDLINE

Early Selection a Testament to Journal's Quality

The National Library of Medicine (NLM) has selected *Annals of Family Medicine* for inclusion in *Index Medicus* and MEDLINE on its first application. Inclusion in *Index Medicus*, the NLM's premier bibliographic database covering more than 4,500 biomedical journals, is the premier mark of recognition for a biomedical journal.

Indexing in the Library's MEDLARS and MEDLINE databases will

enable readers to search and retrieve all *Annals* articles from past and current issues. While the full content of *Annals* has always been immediately available on-line to readers worldwide at www.annfam.org at no charge, the NLM action will make *Annals'* titles and abstracts available to people conducting searches in the Library's powerful databases, including PubMed.

Continued on page 2

inside this issue

NAPCRG 2004 Annual Meeting ...	Page 3
CFPC Celebrating 50th Birthday .	Page 4
NAPCRG Leader Nominations	Page 4
FAQs on FM Research On-line	Page 5
ICPC's Historic Developments	Page 6
2004 Compendium of Research Directors	Page 7
Conference Calendar	Page 7
STFM Annual Meeting Research Highlights	Page 8



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FFM Recommendations Confirm Need

mary care clinicians,” to place family medicine on equal (or better) footing with the rest of medicine. And indeed, recommendation 5 is explicit about research, calling again to billionize the Agency for Healthcare Research and Quality and for a national entity to lead and fund research, not about an organ or a disease, but about the health and health care of the whole person.

A careful reading of this report suggests that NAPCRG has been working on the right stuff for quite some time, but that much, much more is needed now from NAPCRG, all the family medicine organizations, and others who support transforming frontline medical practice. NAPCRG is creating a task force to help us proactively suggest strategies on how the recommendations will be accom-

The report calls early and often for various types of research, especially effectiveness research because, “These ideas need to be tested in practice.”

Taken in its totality, this report further validates NAPCRG as an organization. The report indirectly recognizes the wisdom of NAPCRG’s name and traditions of inclusivity and cooperation across disciplines by acknowledging the interdependence of family medicine, a medical specialty, and primary care, a foundational function of successful, sustainable health care systems. Also, the report rests in part on ideas and principles persistently advanced by NAPCRG, eg, the development of primary care classification, practice-based research networks, participatory research, behavioral science in front-line practice, and building research capacity.

plished. We’re going to need participation far beyond the Board to help accomplish these changes.

Watch for future NAPCRG correspondence for ways you can get involved.

Let the games begin!

—Larry A. Green, MD
NAPCRG Representative to the
FFM Project Leadership Committee

REFERENCE

1. Future of Family Medicine Project Leadership Committee. James C. Martin, chair. The Future of Family Medicine: A collaborative project of the family medicine community. *Ann Fam Med* 2004;2, suppl 1:S3-S32.

Annals of Family Medicine

“We are delighted,” said *Annals* Editor and NAPCRG Immediate Past President **Kurt Stange, MD, PhD**, noting that the NLM’s decision to index *Annals* came after the publication of its fourth issue, the earliest a journal can be accepted for indexing. “It is a unique achievement for a journal to be accepted for indexing in the early stages of its publication.”

Indexing makes *Annals* available to thousands of health professionals, scientists, patients, students, lawyers, librarians, medical journalists, and others who annually search through MEDLINE’s extensive database of more than 11 million medical journal articles. According to the NLM, more than 400 million searches are conducted annually using the MEDLINE database.

“One of the primary aims of *Annals* is to stimulate interaction among the diverse communities it serves—from clinicians and patients to researchers and policymakers,” said Dr Stange. “Making the content available through this robust database provides us with yet another way to share important new primary care knowledge free from the limitations of geographic, financial, or disciplinary boundaries,” Dr Stange said.

An unprecedented collaborative effort of six family medical organizations, *Annals* provides a cross-disciplinary forum and a scientific foundation for an integrated, whole-person approach to health care. Recognizing the increasingly fragmented pattern of the current health care system, *Annals* strives to nurture research that bridges the boundaries between disciplines. The journal’s editorial focus is grounded in the central tenets of family practice—comprehensiveness, coordination, continuity and patient focus.

Annals of Family Medicine debuted in May 2003. With its fourth issue in January/February 2004, the journal nearly doubled in size, increasing in length from 64 to 96 pages to accommodate the large number of high-quality manuscripts being submitted.

Complete editorial content and interactive discussion groups can be accessed free of charge on the journal’s Web site, www.annfam.org.

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, napcrg@stfm.org. NAPCRG Web site: www.napcrg.org. For membership information, contact Jenny Wood by e-mail, jwood@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 Editor John Ryan, DrPH, Department of Family Medicine, University of Miami, PO Box 016700 (R-700), Miami, FL 33101, 305-243-2870, Fax: 305-243-2905, jgryan@med.miami.edu.

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NAPCRG 2004 Annual Meeting to Focus on Making a Difference in Research and Clinical Practice

It was just a year ago that I was writing a column for the *NAPCRG Newsletter* to give NAPCRG members an idea about the meeting in Banff. Now it is time to give you an update and a healthy prod to start making your plans to attend the upcoming annual meeting October 10–13, 2004, at the Wyndham Orlando Resort in Orlando, Fla.

As I hope you are aware, NAPCRG will be held just before the Annual Scientific Assembly of the American Academy of Family Physicians (AAFP) and the 17th meeting of the World Conference of Family Doctors, also known as Wonca. In fact, the final day of NAPCRG, October 13, will be a shared day with Wonca. On this shared day with Wonca, there will be a host of offerings at Wonca that NAPCRG meeting registrants can attend free of charge and vice-versa. If you plan to attend Wonca activities beyond October 13, you'll need to register and pay the appropriate registration fee. See www.wonca2004.org for more details. One pundit has said that this confluence of three family medicine organizations at the same time in the same place is "unprecedented in human history." I will leave that assessment to others, but I can say that having so much stuff in one place should definitely provide some interesting offerings and networking opportunities.

This year's NAPCRG meeting will focus on making a positive impact and being relevant in creation of new knowledge and application of knowledge. We have several outstanding plenary speakers from inside and outside of the primary care family who will provide us with thought-provoking insights and comments that should help us in formulating ideas and implementing new knowledge to make a difference.

The opening plenary will feature **Ichiro Kawachi, MD, PhD**, a professor of social epidemiology at the Harvard School of Public Health. Dr Kawachi's work has definitely been focused on the big picture and how macro-level as well as micro-level factors affect health. In addition to being an active researcher and authoring books, such as *The Health of Nations*,

and *Income Inequality and Health: A Reader*, Dr Kawachi serves as the director of the Harvard Center for Society and Health and is the senior editor in social epidemiology for the journal *Social Science & Medicine*. He will talk about evidence and issues in health disparities, as well as possible causes and potential solutions from a local and global perspective.

The second plenary will be presented by **Kevin Oeffinger, MD**, the Dr Bill Ross Professor in Family Practice at the Department of Family Practice and Community Medicine at the University of Texas Southwestern Medical Center. Dr Oeffinger is a successful NIH-funded family physician researcher and long-time NAPCRG member, who is part of a large multi-center collaborative group investigating issues in childhood cancer survivors. Dr Oeffinger will discuss his research in terms of the importance it has for a substantial proportion of the populace (ie, cancer victims, cancer survivors, and their families). Moreover, in keeping with NAPCRG's goal of building research capacity and encouraging collaboration, he will provide practical insights into how he became involved in this multi-center collaborative team.

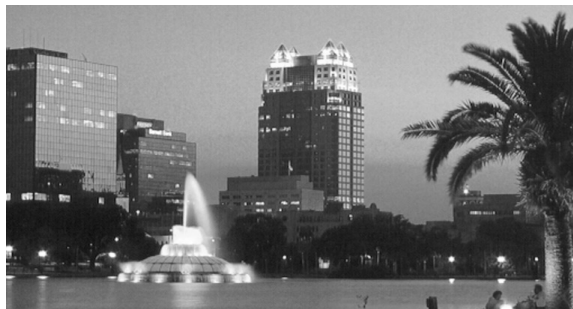
In the final plenary on the overlap day with Wonca, **Richard Smith, MD**, editor of the *British Medical Journal*, will give his perspective on the big issues in research and clinical practice and how primary care researchers can effectively make a difference. As someone who edits one of the world's leading general interest medical journals, he will provide thoughts on the value of multinational research teams in addressing these emerging issues.

This year's member evening event will be held at the Hard Rock Café. Lo-

cated at Universal Studios CityWalk, this venue is one of the top for housing the most rock 'n' roll memorabilia pieces of any Hard Rock in the world. Its expansive display features a full-size 1958 rotating pink Cadillac, a variety of instruments and clothing from U2, Courtney Love, and the Backstreet Boys, and two private rooms with rare Beatles memorabilia, including original bricks from the Cavern Club where the Beatles launched their careers and another room with Elvis memorabilia, including a 14-karat gold Star of David pendant worn by The King. The event includes a buffet dinner and transportation for the short trip to the venue. For those looking for some after-dinner entertainment, we've made it easy for you to visit the clubs at CityWalk to listen to music or test those dance moves. Complimentary passes to CityWalk will be provided by NAPCRG, which allows you entrance to CityWalk venues including Motown Café, Jimmy Buffett's Margaritaville, CityJazz, Latin Quarter, and Pat O'Brien's Orlando. Join your fellow NAPCRG colleagues for this fun and unique evening of food and entertainment.

As I mentioned last year, NAPCRG is a great place to get feedback on your ideas, get fresh perspectives, and establish collaborative relationships. If you feel you don't have a critical mass of researchers in your home institution, a critical mass is definitely available at the meeting to help you formulate your research question, hone in your design, and generally move your specific and primary care research in general to the next level. I look forward to seeing you in Orlando.

—Arch Mainous III, PhD
Program Committee Chair



NAPCRG's Annual Meeting will be held in beautiful Orlando just prior to the AAFP Scientific Assembly and the Wonca meeting.

CFPC to Celebrate 50th Birthday

The College of Family Physicians of Canada is getting ready for a big cake with lots of candles on it this year—we are celebrating our 50th birthday!

Our history book tells us that on June 17, 1954, over a luncheon (of Pacific salmon!) at the Palomar Supper Club in Vancouver, BC, a handful of general practitioners gathered to witness the inauguration of the CFPC, then called “The College of General Practice of Canada,” and the installation of its first president, Dr Murray Stalker. Well, that supper club no longer exists, but the College of Family Physicians of Canada, as it was later renamed, has continued to grow and thrive!

What daring and creative souls these initial founders must have been. They had the audacity to think that their discipline had something different to offer that was not covered by all of the other medical specialties. Thank goodness for their foresight and initiative! Unfortunately, the last member of this founding group passed away last year, but we take heart that their vision, initially set onto paper 50 years ago, has continued to flourish. This small group of like-minded individuals was concerned about education and the need to keep up with the developments in

their own field of medicine. We hope that they are smiling down upon the CFPC as we enter into our 50th year, with well over 16,000 members.

To celebrate our birthday, various exciting activities are being planned. These include a number of special events taking place on June 17, such as an official gathering at the restaurant that now sits on the same site where the Palomar supper club once existed. Each of the CFPC chapters is planning its own kind of celebration this year, and we are also publishing a commemorative coffee table book on family medicine, tentatively titled *Patients First: The Story of Family Medicine in Canada*, a photographic assemblage and essay of 50 years of family medicine memories.

The birthday celebrations will reach a peak at our annual Family Medicine Forum, which this year will take place in Toronto, Ontario, from November 25–27, 2004. Information about the meeting, as well as the call for papers, is available at www.cfpc.ca. Please consider this your invitation to join us at our birthday party. Many exciting events are being planned, including a series of family medicine research sessions, and we look forward to seeing you all there!

—Inese Grava-Gubins
CFPC Director of Research

Nominations Requested for Future NAPCRG Leaders

The leadership of NAPCRG is critical to NAPCRG’s future and to that of primary care research.

Each year, the Nominations Committee presents a slate of candidates for the officers who will lead NAPCRG. The committee needs and welcomes your assistance, as a function of our member-driven organization, in identifying nominees for leadership positions within NAPCRG.

The Nominations Committee requests your input on names of individuals you would like to have considered as candidates for Board positions or other leadership positions within NAPCRG. Opportunities include serving as a special interest group chair, becoming a member on a committee, representing NAPCRG on an Academic Family Medicine Organizations subcommittee, or serving on the NAPCRG Board. Information about current NAPCRG leaders is listed at www.napcrg.org/org.html. If you are interested in serving in a leadership position within NAPCRG, don’t be shy! Let us know of your interest.

Submit suggestions to Valerie Gilchrist, Nominations Committee chair, at vg@neoucom.edu or send them to Stacy Brungardt, CAE, NAPCRG executive director, at napcrg@stfm.org.

Nominations Committee
Valerie Gilchrist, MD
Sandra Burge, PhD
June Carroll, MD, CCFP
Harry Strothers, MD, MMM

BMJ -USA Available Free to US Family Physicians

Are you getting *BMJ USA*, the free monthly digest of the best primary care articles from the weekly *British Medical Journal*? It includes papers, editorials, and reviews from *BMJ*, as well as original US-commissioned commentaries, editorials, and research.

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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 quality research,
- Provide appropriate forums for presentation of original primary care research,
- Enhance communication among primary care researchers,
- Integrate primary care research, patient care, and education.

Frequently Asked Questions About Family Medicine Research for Medical Students and Residents

You should be aware of a free resource that communicates frequently asked questions about family medicine research for medical students and residents. The document was created by a task force, led by **Frederick Chen, MD, MPH**, and **William Phillips, MD, MPH**, to give individuals a primer on primary care research and some basic information about NAPCRG.

You are welcome to copy this page and share it with others. The document is also posted (in PDF format) on the NAPCRG Web site, www.napcrg.org.

The questions include:

What is family medicine research?

Family medicine research is research done by family physicians about the patients and communities that they serve. This research covers the entire spectrum of clinical problems as well as the organization and delivery of primary care. Key questions include:

- Studying the natural history of common problems and major diseases.
- Understanding how patients, families, communities, and systems deal with health and illness.
- Improving doctor-patient communication, decision making, and partnership.
- Testing systems to improve patient satisfaction, safety, and outcomes.

Family medicine research uses a combination of methods from the biomedical, health services, public health, and social sciences and is often characterized by teamwork that is interdisciplinary, patient centered, and community based.

Why should family physicians do research?

Research is a critical component to the continued growth and development of the field of family medicine. Most patient care occurs in the office of primary care physicians, but most research is done in academic medical centers. The community-based office is an ideal laboratory for the study of patients and their problems.

How do family physicians use research?

Some family physicians do research; all use research. In everyday patient care, family physicians evaluate, select, recommend, and explain new information and clinical interventions.

What role can the family physician play in doing research?

There are many opportunities for family physicians to contribute to the research enterprise, from simply collecting data for a large study to being the primary investigator of a National Institutes of Health (NIH)-funded project. Family physicians are needed at every level. Every family physician should participate in the essential process of identifying and answering questions that change practice and improve the health of our patients.

How do I start doing research?

Organizations such as the North American Primary Care Research Group (NAPCRG), the Society of Teachers of Family Medicine (STFM), and the American Academy of Family Physicians (AAFP) provide opportunities for students, residents,

and practicing family physicians to get involved in research. Many Departments of Family Medicine in medical schools have student research programs, and all family practice residency programs include involvement in research. Start with a limited role that uses your current knowledge and matches your clinical interests. You can learn research methods, data analysis, writing, and presenting skills as you choose to expand your responsibilities. Most importantly, find a faculty mentor who can guide your interests and support your work.

How can NAPCRG help me?

NAPCRG is the premier organization devoted to family medicine and primary care research. It is also a nurturing environment that welcomes and supports new researchers at all stages of their careers. The NAPCRG annual meeting is the place to present your research, build skills through workshops, meet colleagues, and share in building the future of family medicine.

Resources

www.napcrg.org—North American Primary Care Research Group

www.stfm.org—Society of Teachers of Family Medicine

www.annfammed.org—*Annals of Family Medicine*

www.aafp.org/x3201.xml—American Academy of Family Physician's National Research Network

www.aafp.org/x19544.xml—Federation of Practice Based Research Networks

Celebrating ICPC's Historic Developments

I am pleased to celebrate the progress of one of Wonca's oldest and most productive committees. The Wonca International Classification Committee (WICC) has worked tirelessly for many years to evolve a system capable of capturing the complexity of family medicine. At the end of 2003, their efforts were rewarded by significant recognition both by the World Health Organization (WHO) and in North America. The WHO's decision enabled the International Classification of Primary Care (ICPC) to become a part of the WHO's Family of International Classifications. It is the only primary care classification so recognized. A WHO-Wonca joint working group will now be established to facilitate the convergence of ICPC with other classifications.

In North America, a special October 2003 meeting convened in Banff, Alberta, Canada by **Inge Okkes, PhD, MA; Henk Lamberts, MD, PhD; Maurice Wood, MD; and Larry Green, MD**, called for the use of ICPC-2e in the United States, especially since SNOMED (The Systematized Nomenclature of Medicine) had become the standard vocabulary.

The meeting included some 25 people representing the Institute of Medicine, the US Agency for Health Research and Quality, SNOMED, the American Academy of Family Physicians, WICC, and NAPCRG. Their conclusions and recommendations—now known as the “Banff Declaration”—were subsequently endorsed by the NAPCRG Board of Directors.

This important group noted that the United States was about to establish standards for the entire health care system for years to come. Yet the data standards needed for primary care had not yet been sufficiently addressed but now could be. They reminded us that the single largest setting for health care delivery in the United States was the physician's office—not the hospital. If countries establish standards for classification and coding that do not address the primary care setting and assume that whatever works for hospitals works everywhere, then little progress will be made.

The group went on to set the standards for an ideal classification for primary care. They declared that it must reflect the concerns of patients and not the immediate assumptions or beliefs of their doctors. It must characterize episodes of care. It should be capable of connection to existing coding and other classification approaches. They recommended that it should be easy to use routinely, inexpensive, and relevant to any primary care setting. It should be expandable, readily deployed in the evolving electronic health record, and sanctioned by the US government and other insurers.

The Banff Declaration concluded that ICPC-2 was uniquely capable of meeting these standards. The declaration described some of the potential benefits of incorporating ICPC-2e linked to ICD-10 into routine frontline practice. They closely reflect the core values and aspirations of Wonca and its member organizations. Patient-centered care and care based on a continuous relationship becomes more achievable. Improvements in the quality of care become measurable and explicit. Control of error, cost, and waste can be realized.

The threat of bioterrorism and other unpredictable events may become detectable at an early stage. Other benefits include new knowledge about the earliest manifestations of diseases as experienced and expressed by people and quantitative estimates of the probabilities that various patient symptoms and concerns will translate to particular diseases.

The Banff Declaration stated that “the International Classification of Primary Care (ICPC) with its linkage to ICD-10 used as a nomenclature, which is sanctioned by the WHO and included in the US National Library of Medicine's Unified Medical Language System (UMLS), is the only existing classification scheme that meets these standards.”

In the United States, there is a move to allow family physicians to use this as a legitimate way of cod-

ing and reporting their work. It could be/or has been cross-linked to ICD-10 and SNOMED. At the meeting in Banff, the SNOMED editorial board was represented and supportive. These linkages open up the use of all the terms in ICD-10 and SNOMED, enriching the vocabulary while still retaining the ordering principles that matter to family doctors.

Members of WICC point out that classification is not coding. It is the set of principles that permits and encourages the ordering of activities in a family doctor's office, in a way that is at once easy and honest. ICPC-2e is already the best-tested classification for primary care available. It allows the doctor to record the patient's reason for encounter, the diagnosis insofar as it has been defined at the time of recording, and the diagnostic and treatment interventions. It allows a series of encounters to be grouped as an episode of care. The “episode” will probably be the critical unit of analysis for much of family medicine's future research agenda. It has been used in many countries and it works.

These developments taken together represent a significant advance for WICC. It justifies both the courage of the original decision (to continue alone the work to define a system of classification for family practice—primary care) and the recent policy of reopening the dialogue with WHO about joining the WHO Family of Classifications.

Family physicians want a classification and coding system that is easy to use and does not force them to decide prematurely. It must be quick, useful, and timely for clinical decision making. Family physicians everywhere need a simple and honest way to routinely record and retrieve data reflecting their perspective that must be incorporated into national data standards and electronic health records. Clinical research and a fully integrated health information system depend on practical, easily used primary care data standards.

Wonca will do everything within the limits of its resources to capitalize on this achievement. We expect renewed

Continued on page 7

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Conference Calendar

NAPCRG Annual Meetings

October 10-13, 2004

Wyndham Orlando Resort
Orlando, Fla
(held just prior to WONCA/
AAFP Scientific Assembly, Oct
13-17)

October 15-18, 2005

Hilton Quebec
Quebec City

October 15-18, 2006

Hilton El Conquistador
Tucson, Ariz

Other Conferences of Note:

2004 Society for Academic Primary Care

Annual Scientific Meeting
July 14-16, 2004
Glasgow, Scotland, UK
www.sapc.ac.uk

2004 Wonca World Conference/AAFP Scientific Assembly

October 13-17, 2004
Orlando, Fla
www.wonca2004.org

College of Family Physicians of Canada

2004 Family Medicine Forum
November 25-27, 2004
Toronto
www.cfpc.ca

2004 Compendium of Research Directors/Contacts of Family Medicine Departments and Residencies On-line

NAPCRG has resource to help you make connections with other research directors. Each year, NAPCRG updates a list of research directors and research contacts in the United States, Canada, and around the world, compiled from the voluntary contributions of members and colleagues of NAPCRG and family medicine department chairs and residency directors.

The list is posted in PDF format on the NAPCRG Web site at www.napcrg.org. We update the contacts continually as new information becomes available. If you have additions or corrections for this compendium, forward them to Jenny Wood at jwood@stfm.org. 800-274-2237 or 913-906-6000, ext. 5422. Fax: 913-906-6096.

Continued from page 6

Celebrating ICPC's Historic Developments . . .

interest in ICPC-2e as a result and everything will be done to facilitate its dissemination in terms of licenses and translation.

—Michael Boland, MD, President
World Organization of Family Doctors

[Reprinted with permission from the February 2004 issue of Wonca News. The article has been modified slightly to conform with our newsletter style and space limitations.]

Research Woven Throughout STFM Annual Meeting

Stephen Zyzanski to Receive the 2004 Curtis Hames Research Award

For those of you planning to attend the 2004 STFM Annual Spring Conference May 12–16 in Toronto, here's a preview of some of the research offerings you can expect to see. At this year's conference, there is an increasing variety of research presentations available for your enjoyment, whether you are a fledgling researcher or a savvy senior researcher.

One of the highlights will be the presentation of the 2004 Curtis B. Hames Research Award to our own **Stephen Zyzanski, PhD**, from Case Western Reserve University. The Curtis Hames Award is presented each year in recognition of an outstanding career of contributions to family medicine research. NAPCRG is represented on the committee that selects this deserving award recipient.

While his award will be presented at a plenary session on May 15, Dr Zyzanski will also present a 45-minute session later that morning, where he will offer some highlights of his research career.

First, he will present highlights of his early work involving behavioral factors and coronary heart disease. This work brought him into contact with Dr Hames, and he plans to show some findings of the two studies in which they collaborated.

Second, Dr Zyzanski will focus on the importance of fellowship and additional research training in preparing family doctors to conduct primary care research. He will share highlights of a few RWJ Family Medicine Faculty Fellowship research projects for which he was a mentor.

Third, he will present some research highlights of his recent National Cancer Institute-funded work on increasing the delivery of preventive health services in primary care. In Dr Zyzanski's estimation, this body of research best represents his department's research infrastructure and its successful collaborative research efforts.

Dr Zyzanski will conclude by introducing the audience to several methodological issues that are emerging as important in the primary care literature. These are issues that will influence the preparation of future grant applications and papers for publication.

Other special research sessions include:

Wednesday, May 12

•Resident/Student Research Forum

This forum provides residents and students an opportunity to present original research in a national setting.

Thursday, May 13

•Distinguished Paper Session

The Research Committee selects two outstanding research forum proposals for presentation in a highlighted session with additional time allocated for presentation and discussion.

•Research Poster Session—This begins on Thursday evening and runs through Saturday noon. The poster session provides an opportunity for one-on-one discussion of completed original research. A special section is provided for fellows' works-in-progress.

Friday, May 14

•Skill-building Session—This 90-minute session titled, "Perils and Pitfalls in Educational Research," will be presented by a panel of researchers with expertise in educational research.

Saturday, May 15: "Research Day"

•Research Plenary—Mary Marden-Velasquez, PhD, from the University of Texas HSC at Houston, will describe her department's use of the Transtheoretical Model of Behavior Change and Motivational Interviewing.

•Best Paper Award Presentation—

The Research Committee reviews all original research papers published by STFM members over the preceding academic year for selection of a Best Paper Award. The winning paper was "Development of Symptoms of Tobacco Dependence in Youths: 30-month Follow-up Data From the DANDY Study," by **Joseph DiFranza, MD, et al.** Two additional papers were chosen for honorable mention. Dr Zyzanski's presentation will immediately follow the Best Paper Presentation.

For information on other sessions going on at the STFM Annual Spring Conference, go to www.stfm.org/annualconf/an04/index.htm. Contact Marce Alnajar with questions at malnajar@stfm.org, 800-274-2237, ext. 5415.

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