Carver College of Medicine Welcomes New Dean

This summer, University of Iowa leaders named Debra A. Schwinn, M.D., as the new dean of the University of Iowa Roy J. and Lucille A. Carver College of Medicine. Dean Schwinn previously served as professor and chair of the Department of Anesthesiology and Pain Medicine, the Allan J. Treuer Endowed Professor of Anesthesiology, and adjunct professor of pharmacology and genome sciences at the University of Washington in Seattle. Schwinn’s appointment became effective November 1, 2012, succeeding Paul Rothman, M.D., who began serving in his new position at Johns Hopkins University in July.

Schwinn is a nationally known investigator in molecular pharmacology with active funding from the National Institutes of Health. She is an elected member of the Institute of Medicine of the National Academies of Science, and numerous other national and international organizations. She holds four U.S. patents and one Australian patent.

“Dr. Schwinn is a highly successful clinician, educator and researcher. We are absolutely delighted that she has agreed to join the faculty of the University of Iowa and lead the world-renowned UI Carver College of Medicine,” said Barry Butler, Ph.D., provost, University of Iowa.

Schwinn received her medical degree from Stanford University School of Medicine, completed a residency in anesthesiology at the Hospital of the University of Pennsylvania, and a clinical fellowship in cardiac anesthesiology at Duke University Medical Center. She completed a research fellowship in the Departments of Biochemistry and Medicine at Duke, as well as the national Executive Leadership in Academic Medicine (ELAM) program.

Wilson Joins UI CCOM Staff

Dr. Sherree Wilson was recently appointed Associate Dean for Cultural Affairs and Diversity Initiatives in the Carver College of Medicine. In this role, Wilson will lead the assessment and implementation of diversity initiatives throughout the College in addition to advising senior leaders and staff on issues related to diversity and inclusion. Wilson has extensive academic administrative experience, having served in a variety of roles with Indiana University-Purdue University Indianapolis (IUPUI), including Special Assistant to the Chancellor and Assistant Dean of the Faculties, prior to coming to the University of Iowa.

Wilson has a B.S. degree in Speech Pathology & Audiology from Ball State University, a M.S. degree in College Student Personnel Administration & Counseling from Indiana University (IU), and a Ph.D. in Higher Education Administration from IU.
Each August, the Practice Partners Research Network (PPRNet) acknowledges their clients who reach the benchmarks set by their program standards for quality healthcare. The Northeast Iowa Medical Education Foundation has been recognized each year since 2007 by PPRNET for their "Best Practices” or “High Performance”. This year’s award reception was held in Charleston, South Carolina. The award recognizes the top 25% of the 224 PPRNet practices involving 1,219 physicians with over two million patients.

Pictured here left to right are Dr. John Sutherland, Dr. Adam Roise, Pam Rottinghaus, Greg Nelson, and Jen Gindrich.

New Faculty at Broadlawns Medical Center

Scott Maanum, M.D. has returned to Broadlawns Medical Center to be part of the residency faculty. Maanum completed his residency training at Broadlawns Medical Center and for the past two years has been practicing in rural Minnesota. Maanum will be teaching the full scope of family medicine, including endoscopy and Caesarian-sections.

James Philson, D.O. has joined the Internal Medicine and Pediatrics departments at Broadlawns Medical Center. Philson is a graduate of A.T. Still University and completed a combined Internal Medicine/Pediatrics residency and a fellowship in Osteopathic Manipulative Medicine. Philson will be working in both Internal Medicine and the Pediatric departments at Broadlawns and will be actively involved with the teaching of residents.

Chris Martin, M.D. has joined the Surgical Department at Broadlawns Medical Center. Martin is a graduate of the University of Illinois. Martin will provide a full scope of surgical services at Broadlawns Medical Center and will be actively involved with the teaching of residents.

Full Accreditation for CRMEF

The Cedar Rapids Family Medicine Residency received notice from the ACGME in mid-October of its Continued Accreditation status through 2015, thus returning the program to full accreditation.

Appointments:

Richard Sidwell, M.D., Director of the General Surgery Residency Program at Iowa Methodist Medical Center, was elected to the Board of Directors of the Association of Program Directors in Surgery.

W. John Yost, M.D., Director of the Internal Medicine Residency Program at Iowa Methodist Medical Center, was appointed to the Publications Committee of the Association of Program Directors in Internal Medicine.

Quinn Turner, M.S., Manager of Medical Education Services at Iowa Methodist Medical Center, was appointed to the Board of Directors of the Training Administrators of Graduate Medical Education. He is also chair of the newly formed Council of Residency Administrators and Coordinators of the Association of Hospital Medical Education.
**UI Family Medicine Staff Changes**

**Linda Streb-Hoover Retires After a 41-Year Legacy** – Linda Streb-Hoover “retired” from her position of residency coordinator effective August 3 and transitioned to a part-time position the following day! Streb-Hoover joined the Department of Family Medicine in November 1971 and has served as the first and only residency coordinator for the University of Iowa Department of Family Medicine. She will work closely with Leah Morlan, who was selected to replace her.

**UI Behavioral Scientist** – The University of Iowa Department of Family Medicine program welcomes Kate Jansen, Ph.D., as new behavioral medicine faculty. Prior to this appointment, Jansen completed the health psychology/behavioral medicine fellowship with the University of Mississippi Medical Center Family Medicine Residency. In her new position with the University of Iowa Family Medicine program, Jansen is helping transition the residency clinic to an integrated primary care model.

**New Staff at IMMC:**

Catherine Hackett Renner, Ph.D., was appointed Director of Research for Iowa Health – Des Moines effective August 1st. Renner earned her M.S. and Ph.D. degrees from Ohio University in Experimental Psychology (Quantitative and Cognitive). She has served as a tenured professor at Westchester University and as Director of Institutional Research at the State University of New York in Geneseo.

**New program coordinator:**

Leah Morlan – The University of Iowa Department of Family Medicine program welcomed Leah Morlan as residency coordinator on October 8. Morlan most recently held the position of Medical Staff Coordinator at Mercy Hospital, Iowa City.
Hospitals and clinics across the country are adopting new electronic medical record (EMR) systems that have been demonstrated to improve patient care and to facilitate improved communication between health care providers. These record systems have created new challenges for medical education. Many teaching physicians have struggled to adapt to these new systems, especially more mature faculty who have been labeled “digital immigrants” since they did not grow up in the digital internet world inhabited by the medical students and residents whom they are asked to supervise and teach.

Earlier this year, UI CCOM Community Teaching Scholars from across the state worked with leaders from the UI CCOM Office of Consultation and Research in Medical Education (OCRME) to develop an educational program addressing issues relating to how to teach effectively in the presence of the EMR. Faculty physicians involved in both undergraduate and graduate medical education from across the state were asked about the challenges they were experiencing in using the EMR while teaching. Often cited were limited keyboarding skills, time constraints in completing required patient care documentation, uncertainty about how to best review documentation by learners, and legal and ethical issues in use of the EMR to teach learners.

Workshops were conducted at each of the six UI Regional Medical Education Centers, and each of these issues was addressed and possible solutions discussed.

Regional Workshops
The first area covered in the workshop was how best to incorporate use of the EMR in the outpatient clinic setting. Research has shown that patients actually appreciate physicians who complete necessary documentation in the exam room during clinic visits if attention is paid to how this task is performed. Ideally, clinic exam room geography should be addressed so that physician and patient are positioned so both can view the computer screen while still able to maintain eye contact with each other. Assuring that physicians maintain regular eye contact so that no more than 30 seconds passes with the physician’s gaze fixed on the computer screen is important. Sharing data with patients via the in-room computer screen can be a very effective way of enhancing understanding of test results and data trends. Accessing patient handouts and demonstrating web-based sites that patients can access to learn more about their particular health concerns can also be valuable. The medical education literature suggests that early introduction and practice with the EMR from the start of medical school can greatly enhance the skills that students possess when they graduate and begin residency training.

Another area addressed during the workshop was practical strategies for teaching with the EMR. Recommendations include assuring that learners, at the start of every clinical experience, receive formal instruction and orientation to the particular EMR system they will be using. This should include direct instruction in expected clinical documentation from supervising faculty. Faculty physicians then need to regularly review clinical documentation and provide feedback to learners. Methods to review and provide this feedback may vary depending on the EMR being used and faculty/learner preference.

Some time was spent during the workshops discussing the RIME method for assessing learners and how the EMR system can be used to help determine a learner’s progress in these four areas. The RIME method was first described by Dr. Lou Pangaro in 1999. Dr. Pangaro outlined how learners progress and develop proficiency in the four areas of reporting, interpreting, managing and educating. The workshop explored how faculty can assess a learner’s reporting skills by assessing the accuracy of his/her data entry into the EMR. Faculty can assess a learner’s interpreter skills by reviewing the differential diagnoses generated and documented in the EMR (with or without the support of electronic diagnostic decision tools). Faculty can assess a learner’s manager skills by reviewing the diagnostic and therapeutic management orders entered into the EMR by the learner. Finally, faculty can assess a learner’s skills as an educator by reviewing
how he/she accesses electronic resources and searches the medical literature for answers to key clinical questions and how well the learner then uses this information to help educate other members of the health care team.

The area of legal and ethical issues in use of the EMR to teach learners was addressed. The particular challenge of cutting and pasting in the EMR was discussed in some detail. Many users of EMR systems find it easier to cut and paste information from prior notes when creating new patient entries in the EMR. It was agreed that each institution needs to address this issue, but in general most agree that one should only copy and paste from his/her own prior notes and should assure that the copied information is updated to accurately reflect the status of the patient at the time it is entered into the record system.

The legal requirements around faculty use of learner documentation of patient care provided by and billed for by faculty were also addressed. For Medicare patient billing, faculty may only use student documentation of the past medical history, family history, social history and pertinent review of systems. All other areas of patient care documentation must be provided by the billing physician. For Medicare patient billing, faculty may use resident documentation for billing purposes as long as it is clearly documented that the faculty member performed the service or was physically present during the key portions of the service performed by the resident.

Finally, how best to provide learners feedback on their EMR documentation was also addressed during the workshop. It was agreed that institutions will need to decide their own policy in this area. One recommended approach is to allow medical students to enter separate notes into the EMR clearly labeled as medical student notes. Faculty and supervising residents do not need to sign these notes but should review them and provide feedback to students about these notes. Resident physicians must be allowed to enter notes into the EMR. Faculty may either co-sign or amend these notes or they may decide to write an entirely separate note while referencing the resident note. Again, for teaching purposes, it is crucial that faculty review with residents what improvements are needed to assure that resident documentation in the EMR meets expected legal, ethical, and patient care quality standards.

Next Steps

Although the faculty development workshops addressed a number of important issues in teaching using the electronic medical record, it is important to note that different strategies may need to be employed by faculty based on the unique clinical setting in which they teach, the type of electronic medical record system they are using, and the legal requirements established by the hospital and/or clinic in which they teach. It is hoped that the workshops provided faculty with ideas about possible approaches and best practices to address the common concerns raised by faculty when asked to teach and supervise learners in the new era of clinical documentation using electronic medical record systems.

References

Presentations

Dan Harkness, Ph.D., LMFT, Iowa Lutheran Hospital Family Medicine Residency, presented “Collaboration with Community Providers to Improve Outcomes in Sex Therapy” at the Annual Meeting of the American Association for Marriage and Family Therapy in Ft. Worth, Texas.

Sarah Olsasky, D.O., Iowa Lutheran Hospital Family Medicine, presented “Factors Associated with Premature Discontinuation of Implanon” at the 2nd Annual Research Day Forum in Iowa City. The corresponding poster was presented at the Iowa Health System Annual Research Day Symposium in August.

Josh Tessier, D.O., Iowa Lutheran Hospital Family Medicine Residency, presented “Review of an Online Evidence-Based Point of Care Medical Reference as a Scholarly Activity” at the American Academy of Family Physicians Program Directors Workshop in Kansas City.

Publications


Sam Shirk, M.D., Iowa Lutheran Family Medicine Residency, recently published an article, entitled “Hand Injuries in Primary Care.,” Iowa Family Physicians periodical, November 11, 2011.

Awards/Honors

Nikki Ehn, M.D., was selected as a Farm Bureau Scholar. Ehn’s award was presented at the Iowa Academy of Family Physicians Clinical Education Conference, November 2, 2011.

Poster


FACTOID

Iowa has 119 graduate medical education (GME) programs. The University of Iowa sponsors 101 of the training programs and 18 are based in community hospitals. Thirteen of the community-based programs are UI-affiliated, while the remaining 5 programs are independent.

Iowa ranks 26th among all states in the number of GME trainees per 100,000 population. (The calculation is based on trainees in accredited programs.)
An Advanced Life Support in Obstetrics (ALSO) course was held September 10 and 11 at the Holiday Inn in Coralville. Sixty-two participants from the Iowa family medicine training programs successfully completed the course. Through lectures and hands-on training, the ALSO course provides instruction in the management of obstetrical care and emergencies for family medicine residents and practicing physicians.

Utilizing pelvic mannequins, full-term and premature baby mannequins and assorted forceps and vacuum pumps, participants practiced how to handle various complications that can occur in labor and delivery. Sandra Rosenfeld, MD (UI Department of Family Medicine) served as Course Director, and David Bedell, MD (UI Department of Family Medicine) served as the Advisory Faculty. The course was taught by faculty from the Iowa family medicine residency programs.

The ALSO course was developed by the American Academy of Family Physicians (AAFP). AAFP provided an extensive syllabus of reading resources as well as materials for break-out sessions that allow participants to practice treating simulated emergencies. Participants who successfully completed the written exam and megadelivery interactive exam were awarded ALSO Provider status for five years.

The Office of Statewide Clinical Education Programs coordinates the ALSO course each fall. The next Iowa ALSO course will be offered September 19 and 20, 2013.

When asked about the RQC, Douglas B. Dorner, M.D., Senior Vice President of Medical Education and Research commented “patient safety and quality is a major emphasis within our residency education efforts at IH-DM and this committee is a key element in that emphasis.”

For more information on the Resident Quality Council, visit http://www.ihsmeded.org/body.cfm?id=209
Calendar of Events

Nov 27    Regional Faculty Development Workshop, "Evaluating Learner Performance – It's Complicated" Des Moines
Nov 30    Iowa Family Medicine Residents Council Meeting – Des Moines
Dec 7     Community Teaching Scholars – Iowa City
Feb 13    UI Affiliated Residency Directors Meeting – Des Moines